Case Client with Osteo Arthritis – To LA Roleplay DHL – SDM + Decision Aid	
Setting	Private practice
First/ second/ …. visit	1st-line physiotherapy practice
Name client and age	Eva/Edward (or your own name)
Marital status	60 years old, divorced, small social network.
Current Work or education	Lives in small apartment (third floor, no elevator), works in factory/ cleaning, low level of education.
Reason for coming (request for help)	Client has pain in the left knee. Client has been examined by the doctor. X-rays have also been taken. It appears that client has knee osteo arthritis. Client does not need surgery and has been referred to a physiotherapist. Request for help: wants to get rid of the pain in the left knee; client can't work now, is sitting a lot and does not leave home often.
Somatic aspects: localization, appearance and external symptoms and nature of the complaints	Pain in the left knee, not in one specific place. The knee is swollen and warmer than the right knee. Pain in rest VAS 3, when walking VAS 5 up to 8. Stiffness in the knee is worse in the morning.
Origin	Complaints in the knee started 2 years ago.
Functional disorders and limitations in activities	Pain is the worst when client maximally bends and extends the knee, with climbing stairs and walking for a longer time (> 15 minutes). Walking downstairs is more difficult than upstairs. Riding the bicycle is still possible. Sitting on the left knee is impossible.
Complaints over time	Complaints are getting worse, needs to rest more often.
Intensity: aggravating and mitigating factors	Walking for a longer time (> 15 minutes) and climbing the stairs VAS in rest 3 VAS walking 5 up to 8. Getting up from the couch is also painful. Also see functional disorders above.
History: additional complaints, previous treatments. Information that is already known before the anamnesis.	Also, some stiffness in the finger joints. BMI of client is 29. Tried several times to loose weight. Lost 6 pounds last 2 years, mostly because of the working circumstances and by drinking less beer.
Contextual aspects: a) Cognitions b. Health information access and comprehension	The client thinks that moving less, will reduce the knee pain. The client is afraid that moving will damage the knee. Client does not know much about the body and health and doesn't understand everything right away as wel.

Emotions (concerns, perception)	The client is afraid losing his/her job and not being able to do grocery shopping. The client does not like to ask for help and wants to be independent. "Today I have my first consultation with the physiotherapist. I have a feeling of embarrassment because I don't understand everything right away. During the consultation, I try to answer as well as I can. Sometimes I do not understand what is meant by a question, so I just say 'yes' or 'I don't know'. I wonder if the physio will understand me and help me get rid of the pain in my knee.
Behavioral consequences a. Current health behavior: b. Health promotion barriers and support:	a. The client is moving less, does not leave the house that often (only to visit the doctor and to do grocery shopping). Client is sitting more than he/she used to do and does not leave the house often (only to visit the doctor and b. It is difficult to leave the house (because of the stairs).
Social consequences (and perception of them) Supportive professional and personal relationships hobbies, sports, (informal) care tasks	Small social network, becoming smaller since client does not go to work. Often alone and asking for help is difficult. Needs to return to work – in cooperation with integration doctor. Does not do sport - used to ride bicycle to work (misses these bike rides).
Examination results	ROM limited, swelling, pain VAS
Physiotherapeutic diagnosis	Client with OA in the left knee, would like to be independent and continue to work
Shared decision, options for treatment	Think of different options for shared decision making. - Lifestyle changes (lose weight, more exercise) - Pain medication or injections - Treatment options (exercise in a group/alone, cycling/ swimming/?, at home or in a gym, etc.)
Instructions how to play the client	• You make little or no eye contact • You have a closed body posture • You doubt when giving answers (you also show that in the facial expression) • Your answers are socially desirable and do not always fit the question asked • You wait a while before answering. • You are a bit ashamed of your weight

	The client lacks skills to engage in conversation with the physical therapist about her/his own health. Interactive health skills are limited. Interactive health skills are more advanced cognitive skills used together with literacy and social skills to actively participate in daily activities to find information and derive meaning from different forms of communication and to apply new information to changing circumstances.

The role of the Physiotherapist
Shared decision making: Treatment options and risks estimation with the help of decision aids

Giving information:

How do you explain the disease osteoarthritis to a client with limited HL? Use plain language and look for appropriate supporting material (e.g. pictures)

Treatment options and risks

Focus in on the main treatment options:

1) Lifestyle change:
- What does this mean for the client?
- What are the advantages/disadvantages?
- What can be the results and what problems can the client encounter?

2) Pain medication / Injections:
- What can be use of pain medication, what are the side effects?
- What are the advantage/disadvantage of injections with hyaluronic acid?

3) Comparing treatments (non-surgical treatment vs. surgery)

Personal decision options

What is important to the client and support the decision-making.

Please note that you use communication skills for clients with limited HL.

Case Client with Osteoarthritis_ Providing specific training	
Setting	Private practice
First/ second/ …. visit	1st-line physiotherapy practice
Name client and age	Eva (or your own name)
Marital status	60 years old, divorced, small social network
Current Work or education	Lives in small apartment (third floor, no elevator), works in factory/ cleaning, low level of education.
Reason for coming (request for help)	Client has pain in the left knee. Client has been examined by the doctor. X-rays have also been taken. It appears that client has knee osteoarthritis. Client does not need surgery and has been referred to a physiotherapist. Request for help: **the client wants to get rid of the pain in the left knee to restart bicycling (500 m).**
Somatic aspects: localization, appearance and external symptoms and nature of the complaints	Pain in the left knee, not in one specific place. The knee is swollen and warmer than the right knee. Pain in rest VAS 3, when walking VAS 5 up to 8. Stiffness in the knee is worse in the morning.
Origin	Complaints in the knee started 2 years ago.
Functional disorders and limitations in activities	Pain is the worst when client maximally bends and extends the knee, with climbing stairs and walking for a longer time (> 15 minutes). Walking downstairs is more difficult than upstairs. Riding the bicycle is still possible. Sitting on the left knee is impossible.
Complaints over time	Complaints are getting worse, needs to rest more often.
Intensity: aggravating and mitigating factors	Walking for a longer time (> 15 minutes) and climbing the stairs VAS in rest 3 VAS walking 5 up to 8. Getting up from the couch is also really painful. Also, see functional disorders above.
History: additional complaints, previous treatments. Information that is already known before the anamnesis.	Also, some stiffness in the finger joints.

Contextual aspects: a) Cognitions b. Health information access and comprehension	The client thinks that moving less, will reduce the knee pain. The client is afraid that moving will damage the knee. Client does not know much about the body and health and also doesn't understand everything right away.
Emotions (concerns, perception)	The client is afraid not being able to do grocery shopping. The client does not like to ask for help and wants to be independent. "Today I have my first consultation with the physiotherapist. I have a feeling of embarrassment because I don't understand everything right away. During the consultation, I try to answer as well as I can. Sometimes I do not understand what is meant by a question, so I just say 'yes' or 'I don't know'. I wonder if the physio will understand me and help me get rid of the pain in my knee."
Behavioral consequences a. Current health behavior: b. Health promotion barriers and support:	a. The client is moving less, does not leave the house that often; client is sitting more and does not leave the house often. b. It is difficult to leave the house (because of the stairs).
Social consequences (and perception of them) Supportive professional and personal relationships hobbies, sports, (informal) care tasks	Small social network; searches for online contacts via different social networks. Often alone and asking for help is difficult. Does not do sport - used to ride bicycle to work (misses these bike rides); plays online games
Examination results	ROM limited, swelling, pain VAS 5
Physiotherapeutic diagnosis	Client with OA in the left knee, would like to be independent and continue to work
Instructions how to play the client	• You make little or no eye contact • You have a closed body posture • You doubt when giving answers (you also show that in the facial expression) • You wait a while before answering • You are open-minded to use digital tools for physiotherapy when it supports your goal (reducing pain, bicycle again) • You are afraid that you will be left alone with the digital training program by the physiotherapist • You are unsure in performing physical exercises

The role of the Physiotherapist:
Identifying client's barriers and provide adequate support

1. **<u>Identifying client's doubts</u>**
   Identify Eva's doubt(s) regarding digital training.
   To do so, use open questions, active listening strategies, create a shame-free environment and be patient and empathetic in your approach. When you think you identified the doubt(s), summarise these in plain language.

2. **<u>Provide support on the identified doubt(s)</u>**
   Explain in simple language the model of "blended therapy", digital social networks, and the possibility of online therapy to check the exercise performances.

3. **<u>Provide a specific exercise</u>**
   Think about:
   - What is client's goal for the therapy?
   - What exercise can do the client at home alone?
   - How can you counteract client's doubt(s)?
   - What might be other barriers for digital training?

   Please note that you use communication skills for clients with limited HL.

Case Client with Chronic Obstructive Pulmonary Disease (COPD) – LA – DHL_Supporting self-tracking	
Setting	Clients Home
First/ second/ …. Consultatoin	3rd consultation
Name client and age	Mr./ Mrs. Idrisi, age 65
Marital status	Married
Current Work or Education	Employee catering, 4 days a week Hobbies: volunteer at the petting zoo (tours), likes to ride the bicycle, looks after grandchildren 1 day a week (2 grandchildren, 1 and 3 years old).
Referral	Mr./Mrs. Idrisi received a referral for physiotherapy from the hospital's lung specialist.
Reason for requesting a home consultation (request for help)	On the referral note, it says: "would like your guidance for the client, who has been diagnosed with COPD". No request for help yet at the start. Is found out during the first consultation: "I want to get rid of my shortness of breath and increase my activity level". *NOTE: medication policy primarily important; PT can help to cope better with the shortness of breath. However, the request for help is initially made in this case.*
Somatic aspects: localization, appearance and external symptoms and nature of the complaints	Data from a pulmonary function test were sent along with the referral; it states: "Obstructive pulmonary function disorder consistent with COPD".
origin	Smoking since the age of 16 (almost 49 years); in recent years about 6-10 cigarettes a day.
functional disorders and limitations in activities	Client was short of breath on admission to hospital; currently client is no longer short of breath at rest, but is still short of breath during exertion, e.g. moving around (climbing stairs, going to the toilet). The client has difficulty getting up from the sofa; he/she is walking slow. Living arrangements: lives in a three-storied house with family, no adaptation aids in the house; medium-sized garden, which the client maintains. Before hospitalization:

	Client thinks to have had an average activity level, sometimes takes the bike, sometimes the car to go shopping, goes by car to work and to his/her grandchildren, and by car to the petting zoo. Client does not do any sports.
complaints over time	The client was admitted last week after suddenly becoming very short of breath. During examination (an X-ray of the lungs, a lung function test, and blood tests) COPD, GOLD I, was diagnosed. After being hospitalized for a few days, the client can continue the treatment at home.
intensity: aggravating and mitigating factors	Now, the client has shortness of breath during exertion, not in rest. See: functional disorders and limitations in activities.
history: additional complaints, previous treatments. Information that is already known before the anamnesis.	In retrospect, the client has had symptoms of tightness of the chest, and sometimes coughing.
Medication and medical history:	Current medication list: Salbutamol 4 dd- 200 microg., Fluticason 2 dd- 500 microg Medical history: Appendectomy in 1971. Client must continue to take medication, this time not via infusion, but in tablet form.
Contextual aspects: a. Cognitions (cause, prognosis, consequences, treatment) b. Health information access and comprehension c. Living situation	a. He/she had not heard of COPD before he/she came by the physiotherapist. Client thinks the situation is caused only by smoking. Doesn't understand the need of being more active b. Children helped client to find information on internet. c. Client lives in a family home with a partner, a three-story house, no adaptations in the house; a medium-sized garden which the client maintains.
Emotions: (concerns, perception)	Upon examination, the client was found to have COPD which was a great shock. The client is not able to control the breathing problems and finds that very frightening. At the moment the client is afraid to become short of breath again whit activities. The client is often depressed, anxious and tense and feels embarrassed when having a cough. The client cannot yet think of working. He is worried about his health.
Behavioral consequences: a. Current health behavior:	a. Client was urgently advised by the lung specialist to stop smoking; client finds this difficult and does not know where to get help.

b. Health promotion barriers and support:	b. Family members offered to quit smoking together.
Social consequences Supportive professional and personal relationships. (hobbies, sports, and/or (informal) care tasks) and how they are experienced	Partner helps as much as possible during and after the hospital with daily needs. Children are also willing to help but the client sees they are also very busy with their young children. The client does not want to be an extra burden. Hobbies: volunteer at the petting zoo (tours), likes to ride the bicycle, looks after grandchildren 1 day a week (2 grandchildren, 1 and 3 years old).
Daily activities	○ Getting up from the sofa is exhausting ○ Walking: small steps, takes a lot of support from furniture. Client gets increasingly distressed, especially breathing frequency increases, client stops talking; max. 10-15 steps, then period of rest ○ Climbing stairs is exhausting ○ Dressing and going to the toilet taking a long time, some breaks in between
Instructions how to play the role of the client	○ Client lies on the sofa, supported by pillows in the back ○ Breathing frequency at rest around 20 p/m ○ Looks very tired ○ Moves carefully (sitting down, standing up, walking); does not use aids ○ Maintains support while moving and at rest (at chair, table, partner) ○ Signs of hyperinflation: shoulder elevation, thoracic inhalation position ○ Client does not feel comfortable talking about personal matters **Signs of LHL** ○ You make little or no eye contact ○ You doubt when giving answers (you also show that in the facial expression) ○ You wait a while before answering ○ You hardly ask questions **Your concerns about the use of self-tracking** ○ You have problems (technically) to add your medical health conditions to the app. Written Instructions are not clear for you. You did not ask your wife for help, because she didn't get the instruction.

	○ You have lost your motivation to keep on adding your personal health data to the app EVERY day.

The role of the Physiotherapist:

Supporting self-tracking: Identifying clients concerns about self-tracking and provide adequate support

1. **Identifying the reason for inconsequent self-tracking**
   Identify the reason why Mr/Mrs Idrisi stopped self-tracking.
   To do this, use open questions, active listening strategies, create a shame-free environment and be patient and empathetic in your approach. When you think you have found out the reason for stopping using the app, summarise the problem in plain language.

2. **Support the client in self-tracking**
   Talk with the patient about:
   - What is the client's goal for the therapy?
   - What does self-tracking contribute to achieve this goal?
   - What are other barriers (besides technical problems) to continue with self-tracking?
   - What does the client need to continue with self-tracking? / What are appropriate strategies for the client to persevere with self-tracking?

3. **Providing information**
   Explain in simple language how Mr/Mrs should use the app while addressing his/her technical problem. Explain why it is important to collect those data. Use the app to support your explanations. Ask the partner to join if possible. Use the teach-back method for both of them.

Please note that you use communication skills for clients with limited HL.