

Physiotherapy - Prevention, Assessment & Treatment of Skin & Wound Care Issues

Survey Results & Analysis

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Executive Summary

This report contains a detailed statistical analysis of the results to the survey titled *Physiotherapy - Prevention, Assessment & Treatment of Skin & Wound Care Issues*.

Background

The Practice Guideline Advisory Task Force from The Physiotherapy Association of BC (PABC) identified the prevention, assessment and management of skin & wound issues as one of three foci for 2009/2010. PABC, together with several partners (UBC Dept of Physical Therapy and the Interdisciplinary and OT Vancouver Coastal Health/ Providence Health Care Skin & Wound Care Committees and the VCH/PHC Physiotherapy Skin & Wound Knowledge Translation Group), are working to provide physiotherapists in BC with evidence-based, practical information and tools for skin & wound prevention, assessment & treatment.

The *purpose* of this survey was to ascertain current practice patterns for skin & wound care issues and needs and preferred strategies for supporting practice in this field. The information obtained from this survey will be used to inform a knowledge translation plan to enhance physical therapy prevention, assessment and treatment of skin & wound issues in BC.

Summary of results

The results analysis includes responses from 243 participants who completed the survey in the 33 day period from Friday, November 13, 2009 to Tuesday, December 15, 2009.

- **Experience:** The greatest percentage of respondents graduated 26 or more years ago (35.1%); the least percentage was those who graduated less than 2 years ago (6.2%).

- **Practice Setting:** Respondents practiced in the following order of settings – Acute care (45.3%), community (28.6%), private practice (18.9%), rehabilitation (15.6%), residential (13.6%) and other (8.6%).

- **Prevention of wounds:** 27.1% of respondents report that they currently undertake risk assessments for wounds. Of those who assess patients for risk of developing wounds, the two most commonly used risk assessment tools were the Braden Pressure Ulcer Risk Assessment (17.7%) and pressure mapping (5.8%).

- **Assessment of wounds:** 9.7% of respondents undertake a detailed assessment of wounds. The two most common sources of training for detailed assessment of wounds are theory-based inservices (9.9%) and practical workshops (6.8%). A total of 1.2% of respondents reported training at the recognized Canadian Association of Wound Care courses. With respect to use of recognized wound assessment tools the two most commonly used tools were the Ankle Brachial Index (4.9%) and Picalere (4%).

- **Treatment of wounds:** With respect to treatment of wounds using electrophysical agents, the four most commonly utilized modalities (in descending order) were: hydrotherapy (12%), Low level laser therapy (9.3%), Ultrasound (4.8) and electrical stimulation (3.6%). Interestingly, this utilization pattern is a reversal to the evidence of effectiveness: electrical stimulation > ultrasound > LLLT.

- **Where PTs currently seek guidance on skin & wound care issues:** The three most commonly reported sources (in descending order) were: other disciplines (81.5%), PT colleagues (42%) and practice guidelines (30%).

- **How PTs would like to learn more:** Respondents reported preference (in descending order) for the following methods of learning more about skin & wound care issues: theory-based inservices (39.9%), practical workshops (36.2%), working with a mentor (34.6%), videoconferencing (28.6%), DVDs (20.6%), online courses (14.8%) and joining a network of colleagues (12.6%).

Second level of analysis: Association between years since graduation and prevention / assessment / treatment of skin & wounds

In order to ascertain whether there was an association between years since graduation with prevention, assessment and treatment of skin & wound care issues, cross-tabbing was undertaken.

Prevention: There was a tendency to greater use of a risk assessment tool with increased experience.

Assessment: There was no evident association between undertaking a detailed assessment and increased experience.

Treatment: There was no association for use of UVL, tendency to increased use for LLLT and US, and a reverse relationship for use of electrical stimulation more recently graduated therapists reported using electrical stimulation.

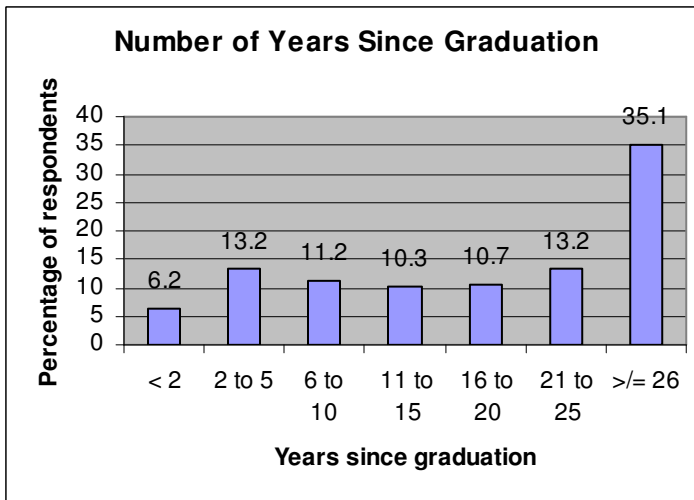
RECOMMENDED OBJECTIVES

- To increase the awareness of BC PTs re the importance of preventing wounds.
- To increase the number of BC PTs who utilize a wound risk assessment tool ie. Braden Pressure Ulcer Risk Assessment.
- To increase the number of BC PTs who utilize electrical stimulation for management of wounds.
- To provide BC PTs with access to skin & wound care resources in order to aid evidence-informed decision-making for prevention, assessment and treatment.

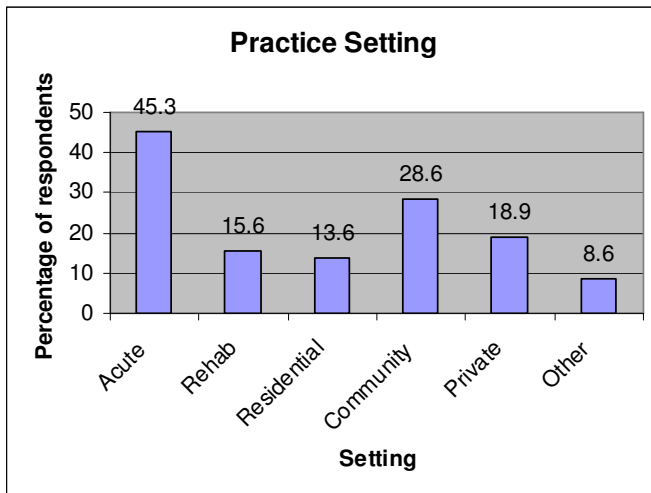
RECOMMENDED STRATEGIES TO ACHIEVE OBJECTIVES

- Develop and disseminate targeted messages to be distributed through PABC and via public and community practice avenues regarding the importance of preventing wounds.
- Develop and disseminate learning resources to support use of the Braden Pressure Ulcer Risk Assessment Tool.
- Develop and disseminate learning resources to support use of electrical stimulation for management of wounds.
- Develop and post on the PABC and UBC Dept of PT websites an inventory of skin & wound care resources which include links to websites, tools to guide application of estim, listing of courses and a directory of experienced PTs who may be contacted as 'mentors'.

1) How many years have you worked since graduating as a physiotherapist?



2) What is your area of practice? (choose all that apply)

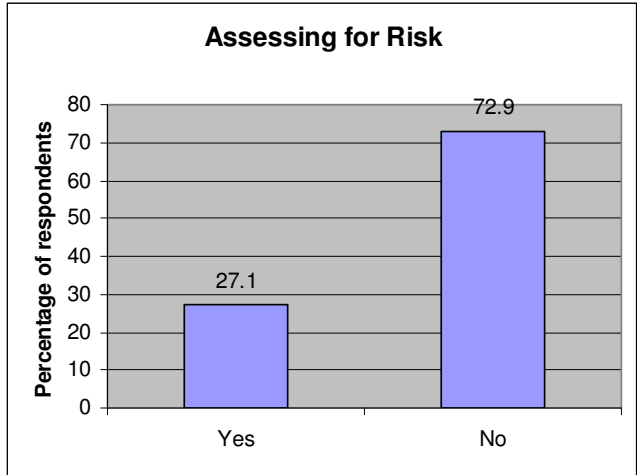


Other Responses:

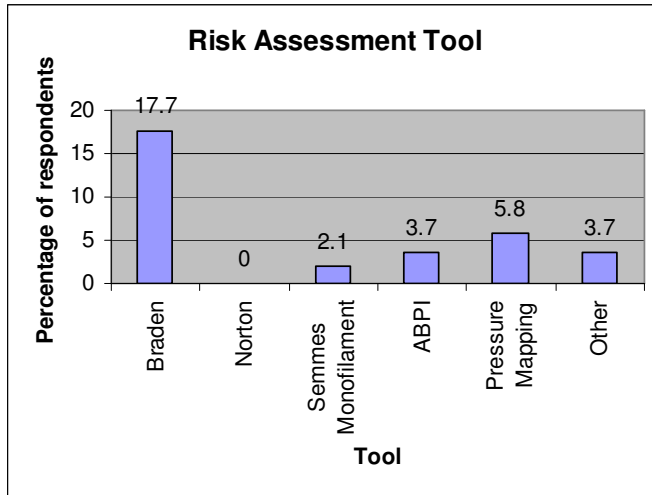
Practice Leader
Convalescent Geriatric
Outpatient physio in hospital
Outpatients and cast clinic, hospital
Outpatient Rehab
Neonatal follow up clinic
Research and Evaluation as well.
Mostly outpatient and arthritis clinics
Clinical Educator in public hospital

Hospital outpatient department
Outpt dept of health unit
Out Patient Ortho
Orthotics only
On study leave
Hands
Athletic trainer for a hockey team
Workers' Compensation
Combo outpatients, LTC, community
Outpatient rheumatology
Hand Therapy
Convalescent care/hospital outpatients
Sole charge
University clinic
Practice Leader
General practice in hospital and community
Transitional care/ discharge planning
General Practice (Acute, rehab and private practice)
Primary health care

3) Do you currently aid in prevention of wounds by assessing patients for risk of developing wounds (eg. use a risk assessment tool such as the Braden Pressure Ulcer Risk Assessment)?



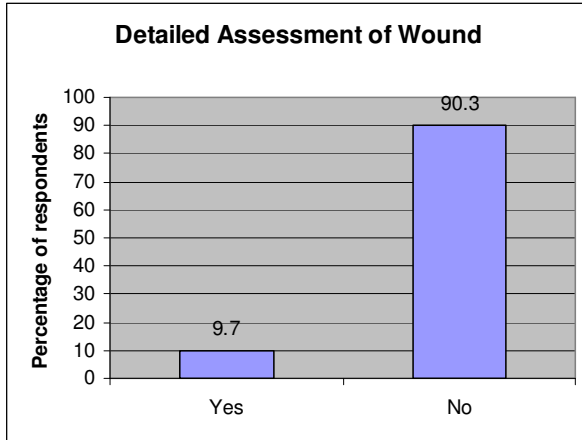
4) If you answered yes to the previous question, which wound risk assessment tool(s) do you currently use?



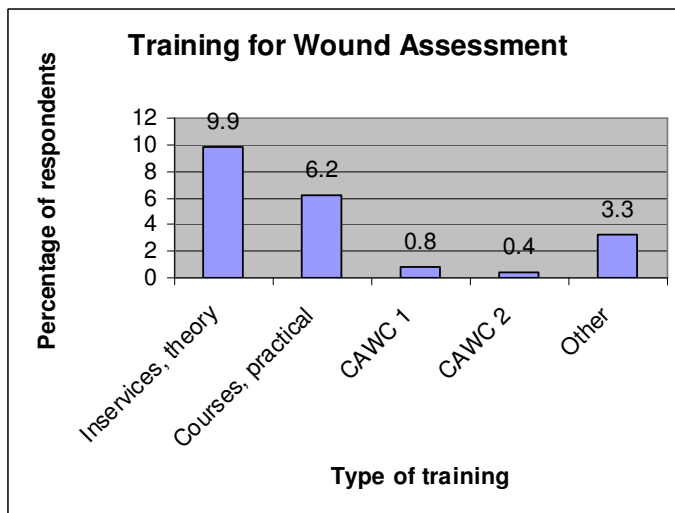
Other Responses:

VIHA's Skin Integrity Risk Assessment
OT's in our hospital do this
OTs responsible for this on site.
Lower extremity assessment from Alberta
Observation
Education for outpatient + skin monitor
Nursing do this routinely on my ward
When equipment is available
Observation and client/parent concern
Not using a standardized ax tool, help OTs
OT on team does Braden Assessment
Experience, observation, interview
Visual skin inspection
Don't use any
SIRA
Sharp/Dull Testing, 2 pt discriminator
Report observations back to OT/RN
No formal tool - knowledge + experience
Assessing w/c cushions and footwear

5) Assessment of wounds can be basic (e.g. deep/superficial, approximate size) or very detailed (eg. staging system for pressure ulcers [NUPAC]; measure size, depth or volume, determine presence of undermining; determine type of wound [pressure, arterial, venous or mixed] etc). Do you undertake detailed assessments of wounds?



6) If you answered yes to the previous question, what specific training have you had the opportunity to take? (Choose all that apply)

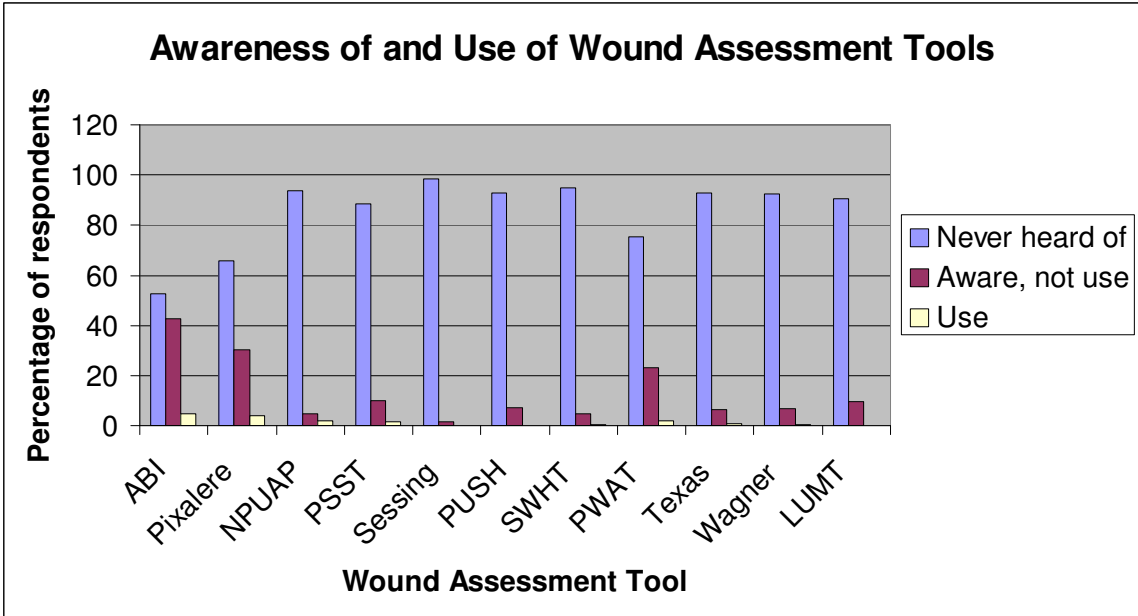


Other Responses:

Team does this together or nurses alone.
Capital Health in house training, AB
Previous training at work, Hand Unit WCB
CAWC course
Royal Alex Debridement group

Collaborate with hand therapists
Worked in USA - more physio wound care
American Burn Conferences
Nurses on team document wound assessment
Interprfsnl Wnd Mgt: Adj Mods (U of Wes.)

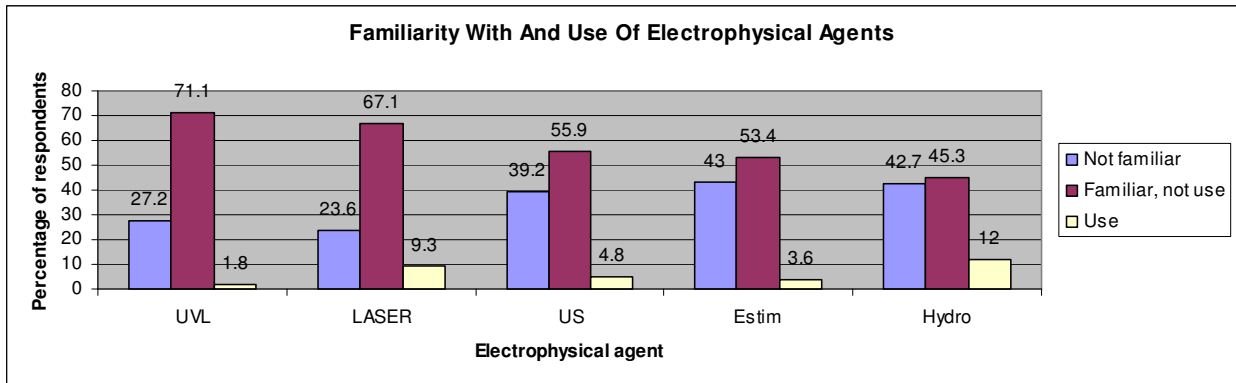
7) There are a number of wound assessment tools. Please indicate how familiar you are with each of the following:



Comment Responses:

PPG
I work with acute not chronic wounds
Also use Toe ppgs
This hospital uses Pixalere
This is done by the RN's & Wound care RN
Rarely see wounds in my job.
Never treated wounds... don't want to.
Nurses on team do Pixalere entries
I work in paed's- these tools not used

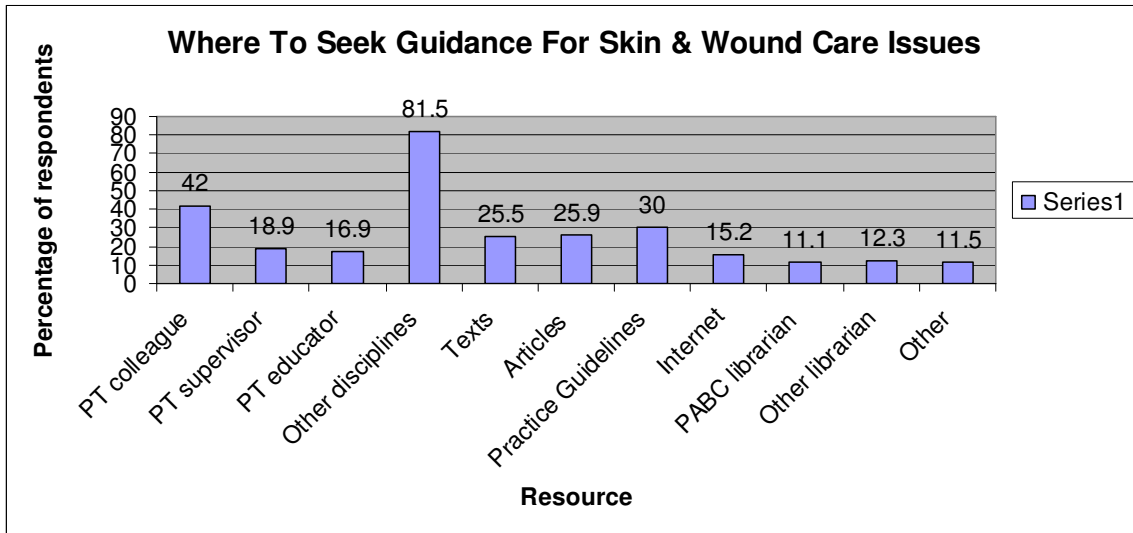
8) Please indicate how familiar you are with the use of the following electrophysical agents (EPAs - e.g. Ultrasound, LASER etc.) to treat wounds.



Comment Responses:

Used to use UV ++ years ago
We have wound nurse who assesses wounds
Used hydrotherapy in acute care
VAC is also available in our HA.
We rarely have ulcers on our ward.
No equipment available in my facility
Work in community pediatrics.
Hydro - isn't that old school?
No access to some equip
Rarely any more
No access to any of these in acute care
Not appropriate in pediatrics
Haven't needed to rx a wound but could
Aware of UV, laser, and US not details
Took e-stim course, equip not available
I don't actually treat wounds
For use in Hand Therapy
residential care is not equipped

9) If you are uncertain as to the best intervention to treat a patient's wound, where do you go to obtain guidance? (Choose all that apply).

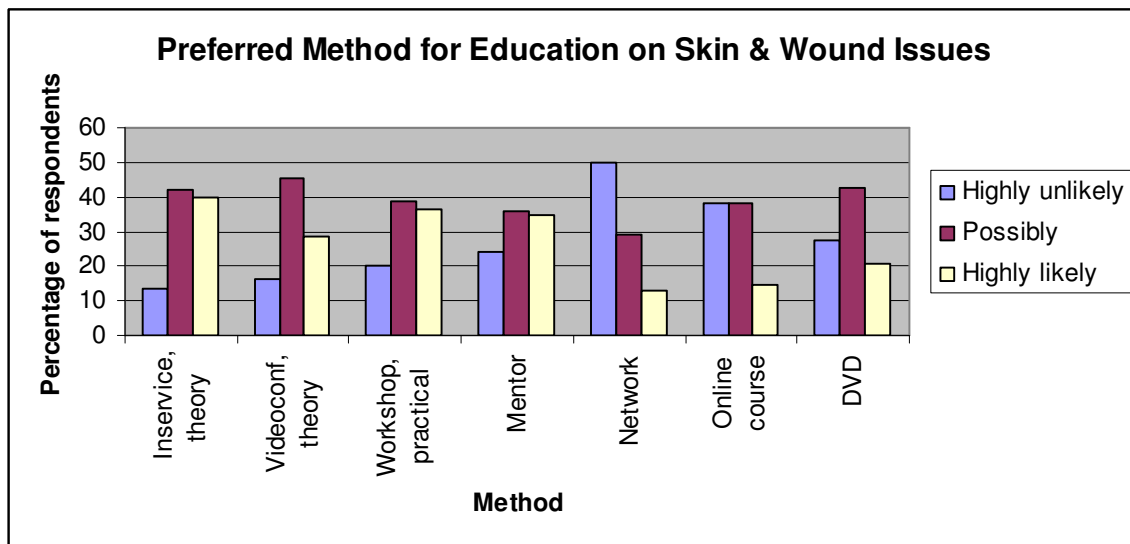


Other Responses:

VIHA Wound and Skin Care intranet site
Wound care consultant for region
Home care nurse
Cochrane Collaboration and DARE
Wound nurse, plastic surgeon available
CAWC
Wound specialist. OT for seating
A nurse or OT
Ask the doctor in charge
I have never been asked to do wound tx
Nursing Wound Care Specialist
I would need to take a course
OT's or wound care nurse
University Professor
Wound Care Nurse
Don't treat wounds directly
Outreach seating & positioning /SunnyHill
Don't
Refer elsewhere
I do not treat wounds
Wound Care Clinician, clinical team

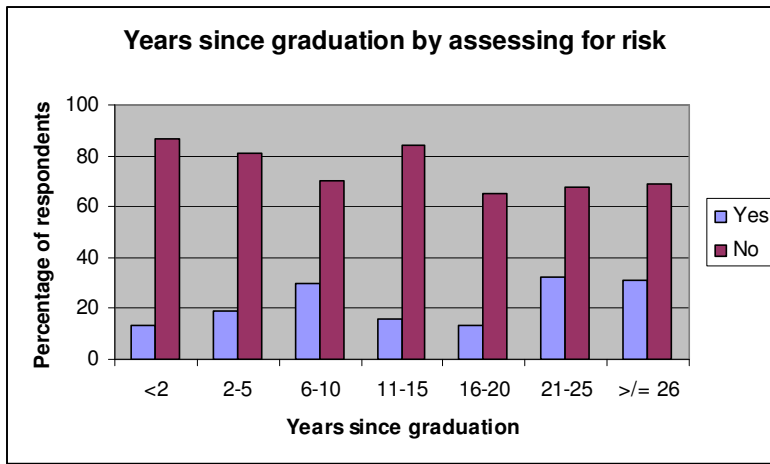
Physiatrist
Cochrane review
Occupational therapy colleague
Course info - Pamela Houghton
Consult Van. Coastal Health Com. Physio.
Consult Van Coastal H. Com Physio Dept
Nursing staff
OT
Refer them to another treatment source
Do not treat wounds
Again I don't treat wounds
Consult our team physician
OT Senior
Plastic Surgeon at Hand Clinic
OCCUPATIONAL THERAPY

10) Please rate how likely you would be to use one of the following methods to obtain more information/guidance on preventing, assessing and treating skin & wound issues

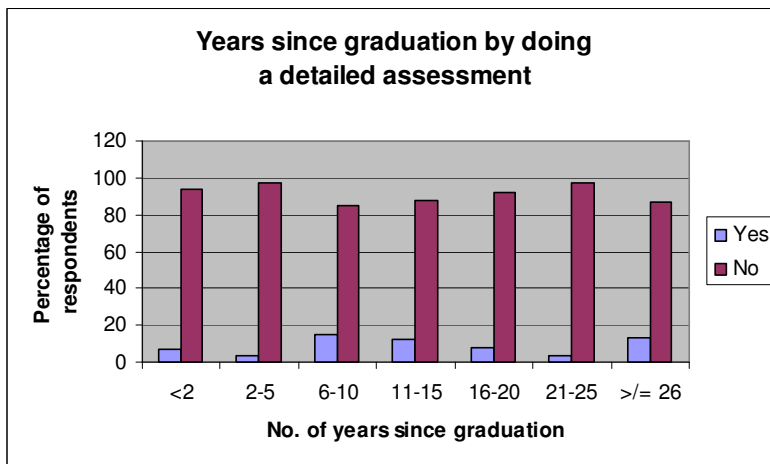


The following section explores the association between the responses regarding prevention, assessment and treatment and the years of experience indicated by years since graduation.

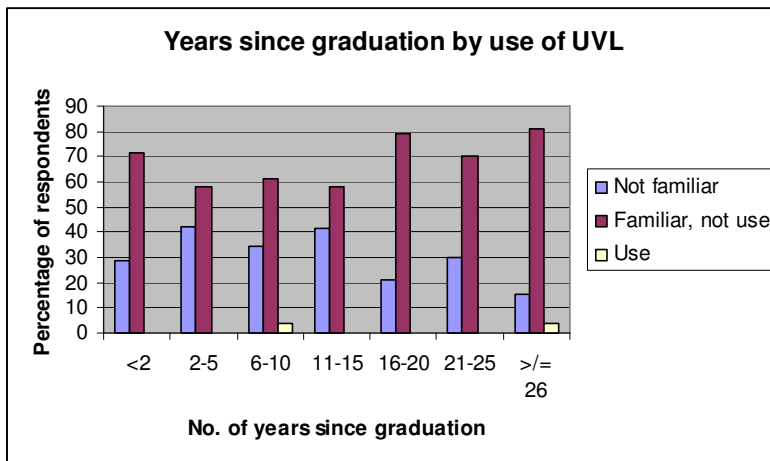
1. Prevention: Assessing for Risk



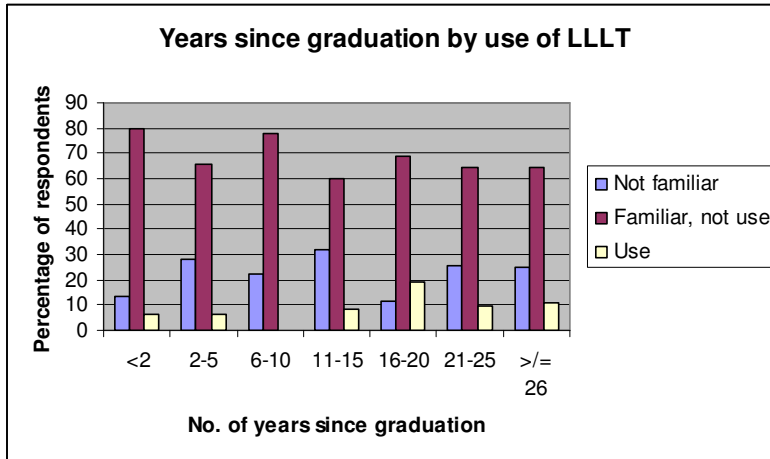
2. Assessment: Detailed Assessment



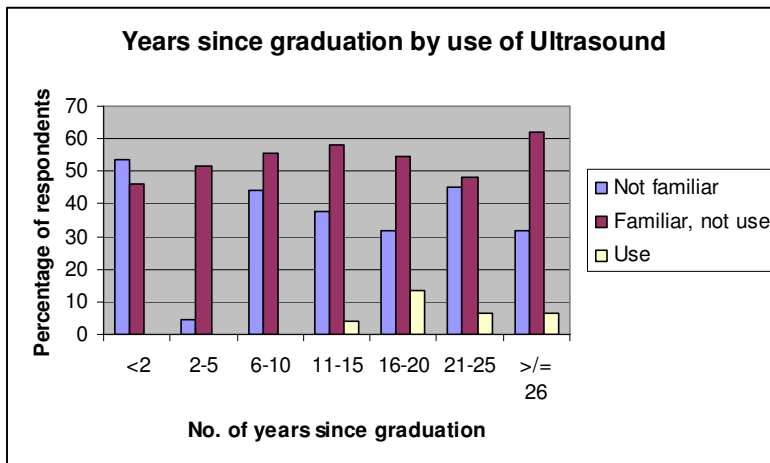
3. Treatment: Use of Ultraviolet Light



4. Treatment: Use of Low level laser light (LLLT)



5. Treatment: Use of Ultrasound (US)



6. Treatment: Use of electrical stimulation (Estim)

