

The Bare Bones:

The Tiers *(patient grouping system)*

Tier 1
Tier 2
Tier 3
Tier 4
Tier 5

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<https://youtu.be/QwzbAdZvV6U>

Mercy Sports Medicine

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Disclosures

- I have the following financial relationship to disclose:
 - I am creating and recording this as part of my responsibilities to Mercy. This responsibility falls under my normal salary.



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INTENT

Provide an understanding of the importance of patient grouping into patient care and appropriate expectations.

CEU's will be provided –upon completion of a quiz and course review- by Outlaw Movement Systems, LLC (OMS).

- This does NOT:**
- Provide technical skills



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Language...

Tier: to arrange in layers; to cascade in an overlapping sequence
(a set of things next to each other in a set order; a series)

Co-morbidity: the presence of one or more disorders (or diseases) in addition to the *primary disease or disorder*; the *affect* of such additional diseases or disorders.

Risk factor: a characteristic that increase risk OR *susceptibility of harm*

Optimal: The best, most favorable or desirable, especially **under some restriction.**



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Determining the correct Tier

- Based on what they **actually** are, not what they self-identify as.
- Co-morbidities do change everything
 - BMI (>35)
 - Diagnosed neurological condition
 - Diagnosed cardiac conditions
 - Other non-orthopedic medical condition that they are being treated for (PE, DVT, etc)
 - Breath Hold (Stange Test) of <20sec
 - Old, unresolved (poorly managed) orthopedic issues that have led to systemic changes – this is *not currently an orthopedic issue*
 - Any systemic health issue (vascular, digestive, endocrine, etc.)
- Is dynamic during the course of our care



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The Tiers

Tier 1 - Competitive Athletes

- Currently on a competitive team or competes individually as part of a sanctioned sport
- Any level: Elementary – professional
- Engaged in frequent/regular practices/training for their sport
- They have a coach



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The Tiers

Tier 2 - Tactical Athletes

- A profession which requires them to be able to physically endure stress with minimal to no prep time or warm up for an unknown duration.
- Fire, PD, Military, HPD, Professional EMS
- Some level of physical testing is associated with their profession



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The Tiers

Tier 3 - Recreational Athletes

- Any age.
- Their **intent** is fitness related, to gain/maintain skill or to stay competitive
- “Play” sports, exercise, workout, run on a frequent basis.
- They coach or stay active in their former competitive sport.
- Their chosen recreational activity is secondary to job, family, or life responsibilities.
- School aged individual enrolled and taking a PE class
- Activity is NOT associated with their job/profession



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The Tiers

Tier 4 – Everyday Humans

- Any age
- Normal human activities (next slide)
- Their job requires them to be physically active (walking, carrying, moving heavy things, being on their feet all day) but does **not** have physical testing requirements
- They want to be able to interact with their kids, grandkids, pets.
- No desire to participate in any sport at any level or workout
- Any non-work activity is driven by pleasure:
 - social interactions
 - interaction with family or nature



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To Be OPTIMALLY Human:

1. *“Learn” new things/skills*
2. *Get up/down (from the ground)*
3. *Grasp items (hold/hang)*
4. *Pick things up*
5. *Move from point-a to point-b*
6. *Carry items*
7. *Martial skills (self protection)*
8. *Recovery/Rejuvenation*
9. Self-care
10. Care for others (empathy)
11. Acquire, prepare, maintain food and shelter
12. Communicate
13. (pro)Create

- Restrictors:
- Not altered/affected/limited by pain
 - Not dependent upon pain meds to accomplish
 - Other medical conditions that limit this list



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The Tiers

Tier 5 – “At Risk”

- **Co-morbidities or other non-orthopedic health conditions are a higher priority than the ortho issue**
- Unable to get through normal human activities or can only get through NHA's with medications to offset pain (not associated/from surgery).
- Their orthopedic situation is not the greatest threat to their health; other co-morbidities/health issues are of a higher priority
 - Something else is the BIGGEST threat to their survival
- Before the injury, they fell below the ability to be optimally human
 - Surgery **complicated** the problem
- ****Appendix****



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Importance of this list....

Liability

- Takers
- Burden
- Problem
- Inward
- Self-focused
- Taking



Asset

- Givers
- Blessing
- Solution
- Outward
- Group (Tribe) focused
- Contributing



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How many co-morbidities does it take...

- **Use your clinical judgement.**
 - We trust you
 - If you mess up, we can change it.

Personal factors/comorbidities	<input type="checkbox"/> 0	<input checked="" type="checkbox"/> 1-2	<input type="checkbox"/> 3
Examination of body systems(s)	<input type="checkbox"/> 1-2	<input checked="" type="checkbox"/> 3+	<input type="checkbox"/> 4+
Clinical presentation	<input checked="" type="checkbox"/> stable	<input type="checkbox"/> evolving	<input type="checkbox"/> unstable
COMPLEXITY	<input checked="" type="checkbox"/> LOW	<input type="checkbox"/> MODERATE	<input type="checkbox"/> HIGH

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To Be Clear:

Equality of care, but adaptable expectations.

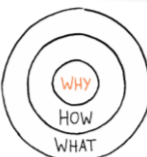


We will not change WHAT we do, but we will adjust HOW we do it.




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Clinically "Why"?



- **Adapt Expectations**
 - Discharge
 - Phase 2
 - Clinical progression
- **Establish a better understanding of the patients' goals.**
- **Establish the priority of their orthopedic issue in regard to their overall Health.**
- **Exit criteria FROM Phase 2**
 - Realistic

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Phase 2 Entrance Expectations

- **Appropriate levels of pain (for condition)**
 - Ideally NONE
 - DOES NOT change their Activities
 - DOES NOT require any Meds
- **No Effusion**
- **ROM**
 - Tier 1- 3: Full
 - Tier 4-5: "Enough"
 - Knee – WB TKE, Flexion > 120
 - Hip – Extension to 0, Flexion >100 with no pinch
 - Shoulders – full Extension, Flexion-biceps to ear, Rotations – enough for EXT/FLEX

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Phase 2 Expectations

- **Critical Shapes**
 - **Pass and no pain** in any set up
 - Displays Competency (C2) in each shape
 - Pain – if C2, move on
 - No pain – if C1, move on
- **Exceptions**
 - ACLR
 - BoL needs to be \geq C1, anterior knee pain is acceptable
 - Shoulder
 - BR can fail, if no pain
 - S.OH can be \geq C1, "pinch" is acceptable
 - Hip
 - BoL needs to be \geq C1, "pinch" is acceptable



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Phase 2 Expectations

- **Ability to Test**
 - All Lower body – Strength test on the Plyopress
 - Single leg
 - Double leg
 - Hip Scope specific – SL (just not fall over); SOP
 - Upper body – 3 position grip test
 - "Comfortable" Overhead position to test – from tension
 - Tier 1 – no increase in pain/or pinching – especially OH
 - T2-5 – tolerable increase (they aren't afraid to test)
 - Thrower specific – 15 second modified Davies



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Contraindications:

- **Directly**
 - TIER 5 do not qualify for Phase 2
 - Tier 4 have the option of Phase 2 – but they must understand the expected consistency, and verbally must commit in our documentation
- **Indirectly** – situationally relevant to surgical procedure
 - Tier 4/5 will often be under **RED** Protocols
 - Tier 1/2 will likely be the **GREEN** Protocols you encounter
 - Tiers 1-4 will be the bulk of the **BLACK** Protocols



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Benefits:

- Better understanding of expectations from the clinician
- Clearer expectations for each clinician regarding discharge, and transition to Phase 2
- An opportunity to open a discussion on health care with the Tier 5 patients regarding the priority of their orthopedic condition



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Requisites:

1. **Openly engage your patient with meaningful discussion to understand what they:**
 - Are currently doing (or what they were doing when they were injured)
 - Want to return to



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Things we struggle with that this will work aid:

- Phase 2 Transition
- 20 visits for an ankle sprain situations – **clinical mismanagement**
- Objective discharge criteria
 - 100% pass on **set up** of critical shapes
 - 80% **loadability score** on Critical shapes
 - Joint specific resolution



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Documentation/Billing

Documentation

- Tier 1
 - Tier 2
 - Tier 3
 - Tier 4
 - Tier 5
- Support tier with what they actually do, and want to do
- “She stays at home, she volunteers at the kids school and coaches volleyball (T4). She likes to hike (T3 or 4), she is active in farming as well (T4), mountain bike (T3 or 4)”
 - “Sally is a freshman where she does track and throws javelin (T1)”
 - “Vet Tech at Bradford Park. Likes to spend a lot of time on rivers floating / kayaking (T3 or 4)/ diving (T3 or 4)/swimming in the summers (T3 or 4).



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To receive CEU's step 1: quiz

- Follow this link using your camera app to take the quiz
- Enter your Name if you want to get a certificate AND the CEU's



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To receive CEU's step 2: eval

- Follow this link using your camera app to give your input on how epic or horrible this was
- ANONYMOUSE



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How can we help?
Contact us:

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If you want more information and more CEU's (an expanded version of this lecture that includes a deeper dive into research as well as patient example and protocols, email the address above to receive the private link to that resource.