

### **Titled Pain Physiotherapist**

#### Guidelines for submission of evidence portfolio and clinical exam

This document provides an overview of the skills, competencies, and capabilities a pain physiotherapist should demonstrate to be credentialed as a Titled Pain Physiotherapist. This will be assessed via submission of a portfolio of evidence and a clinical examination. The submitted portfolio will need to demonstrate evidence of a physiotherapist operating at Milestone 3 of the <a href="https://physiotherapy.com/Physiotherap

This document is to be read in conjunction with the *Titling Evidence Portfolio Learning Outcomes* document.

#### **Evidence Portfolio & Clinical Practice Domains**

It is within the Physiotherapy Practitioner role that the specific clinical practice domains for Milestone 3 Pain sits. Overall, pain physiotherapy involves competent assessment and management of pain conditions throughout the body, promotion of health, implementation of a psychologically-informed treatment paradigm and often working within inter-disciplinary teams.

A pain physiotherapist operating at Milestone 3 will have achieved clinical competence in delivering safe and effective management of a broad range of complex conditions associated with pain within a variety of clinical settings. The pain physiotherapist clinical practice domains are:

- A. Spinal pain (lumbar, cervical, thoracic)
- B. CRPS
- C. Peripheral joint pain
- D. Widespread body pain
- E. Chronic primary pain\*
- F. Chronic secondary pain\*

\*as per ICD-11 Pain Diagnoses, Treede et al. 2019

At least three (3) of the above clinical practice domains must be evidenced in the portfolio submission and/or clinical examination

#### A Titled Pain Physiotherapist will be able to:

- Apply a comprehensive knowledge of biological, psychological, and social sciences relevant to pain physiotherapy practice
- Conduct a client-centered, biopsychosocial assessment (interview and examination) to inform a comprehensive understanding of a patient with a complex pain condition (as per the clinical practice domains). The assessment should demonstrate a clear sequence and flow, and can be appropriately adapted for:
  - o the type of condition
  - the individual patient based on the patient's psycho-social needs, values, biases, gender and culture
  - o trauma-informed care





- As part of the assessment, identify other health determinants which may affect the patient, their condition, and their clinical outcome, including:
  - o Co-morbidities
  - o Psycho-social influences, including trauma
  - Past medical and surgical history
  - o Cultural influences
- Select appropriate outcome measures from different domains to aid assessment and reassessment of the patient
- Collaboratively discuss the assessment findings and differential hypotheses with a patient
- Appropriately interpret the results of any imaging or tests to inform differential diagnoses.
  For Pain, this may include exploring the patient's understanding of the meaning of the investigations
- Demonstrate precise clinical reasoning and shared decision making in interpreting findings and formulating an accurate differential diagnosis and tailored holistic management plan
- Demonstrate knowledge and patient-specific application of evidence-informed practice in clinical reasoning and treatment planning
- Demonstrate execution of the selected intervention/s in a skillful and safe manner as appropriate and progresses or modifies the intervention/s based on patient's response
  - Competency in a range of psychologically-informed approaches is expected.
    Examples are patient-specific education, motivational interviewing, goal-setting, management of patient emotions, graded activity or graded exposure (competency could be demonstrated with appropriate courses, workshops or micro-credentials)
- Appropriately communicate with other relevant treatment providers to ensure co-ordinated, inter-disciplinary care is provided. For Pain, demonstration of participation in team-based care is expected (appropriate to the setting of the candidate)

#### Clinical Examination - notes to candidate

The clinical examination will provide the candidate the opportunity to demonstrate competence in the practitioner role. However, the assessment will also incorporate the roles of communicator, professional and collaborator. The candidate selects one client who is able to provide consent or that consent can be obtained from a person who has a formal/legal decision-making role for the client. A video of BOTH an initial assessment and follow up is to be submitted.

#### **Client selection**

Ideally, the candidate should conduct an initial assessment of a new client. However, the candidate could select an existing client to undergo another "initial assessment" taking on the assessment clients' needs at that point in time. A follow-up consultation must also be presented – ideally this should be the same patient. However, if that is not possible, then another patient may be





substituted and the examiner provided with details of their initial examination and the reasoning when planning the follow up. For candidates who find their employer unable to support the video assessment, they may wish to assess a contact outside of their working role e.g. a family member.

The assessor is looking at the candidate's overall interaction with the client, their ability to collect information and perform assessment (across the biopsychosocial domains) as well as their ability to generate a management plan and demonstrate their thought processes. As noted previously, Pain candidates would be expected to demonstrate appropriate psychologically-informed skills in their videoed consultations.

#### Case selection

Cases should include clinical presentations of conditions commonly associated with chronic pain.

Examples include complexity in the clinical practice domains:

- A. Spinal pain (lumbar, cervical, thoracic)
- B. CRPS
- C. Peripheral joint pain
- D. Widespread body pain
- E. Chronic primary pain\*
- F. Chronic secondary pain\*

Please note: some degree of complexity of patient choice is expected. Presenting features such as depression, anxiety, strong belief structures, avoidant behavioural patterns, sensory hypersensitivity, complex social environment etc. should be considered.

In the clinical examination, the candidate will be required to:

- Demonstrate the ability to establish therapeutic alliance to set the person's goals where past treatment failures have tarnished this ability
- Conduct a client-centred biopsychosocial assessment to inform diagnosis and focused, optimally tailored physiotherapy management
- Demonstrate skills in motivational interviewing or other interviewing skills in order to evoke the person's goals as opposed to clinician-dictated goals
- Demonstrate the ability to show a broader holistic and multidimensional perspective on goal-setting across the biopsychosocial spectrum
- Demonstrate the appropriate use of outcome measures regarding goal attainment including but not limited to functional, psychometric and quality of life questionnaires
- Demonstrate appropriate choice of physical examination techniques, adapting as necessary for dominant pain type(s)
- Demonstrate ability to perform targeted neurological and/or clinical sensory testing, taking into consideration pain types and psychological presentation
- Integrate, demonstrating sound clinical reasoning, multiple sources of information to derive a multi-dimensional formulation of the patient presenting with chronic pain. Demonstrate the difference between a pain diagnosis and pain formulation.
- Demonstrate the ability to use a raft of outcome measures to determine prognosis, individualise the intervention to the person and monitor progress toward goal attainment





and across the spectrum (i.e. emotional, physical and cognitive), including but not limited to measures of pain behaviour, understanding and coping

- Demonstrate the initiation of your treatment plan and communicate with your patient how you will progress their management
- Demonstrate appropriate recording and reporting skills

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