**Critique of Clinical Assessment**

**Introduction**

Clinical assessment refers to the overall evaluation relating to the physical condition of the patients along with prognosis on the basis of information, which is gathered from physical, as well as, laboratory examinations. This also includes the history of the patient’s clinical conditions. Acromioclavicular joint is located at the top region of the shoulder and can also be defined as a junction between scapula and acromion, which significantly forms the shoulder’s highest point. The objective of the study is to critique the overall clinical assessment related to left acromio clavicular joint decompression with respect to the patient named Mrs. JS.

**Scenario of the Patient**

The name of the patient is Mrs JS, who is 85 years old. The patient has been referred to attend community physiotherapy after being discharged from the hospital due to the issue of left acromio clavicular joint decompression. Mrs. JS was observed to be admitted to the hospital for the period of the 7 days. The patient has been suffering from severe pain in her left arm. She further complained that the patient was not feeling well ever since she was discharged from the hospital, as she was facing problems related to breathing on mild exertion. Additionally, she was suffering from the problems of cough and secretion. In this context, she was found to have been diagnosed with hospital-acquired pneumonia.

**Role of Health Professionals**

Health refers to the condition, which focuses on mental, physical, and social wellbeing but it does not mean that the person exclusively lacks illness. In this context, physiotherapy can be defined as the active healthcare profession, which focuses on helping the individuals to achieve, maintain, and restore the highest physical functioning throughout life. This particular practice concentrates on remediating impairment, thereby promoting mobility, quality of life, diagnosis, physical intervention, and function. In this particular context, it can be stated that orthopaedic physiotherapy often deals with the diagnosis along with managing, and treating disorders. Furthermore, it focuses on engaging in the treatment of the injuries related to the musculoskeletal system, which also includes rehabilitation following the orthopaedic surgery. This is often found to be essential relating to the outpatient clinical environment. This particular type of physiotherapy also assists in dealing with issues such as fractures, arthritis, strains, sprains, and amputation among others. Hence, orthopaedic physiotherapy can be used in treating Mrs. JS, as she has been suffering from left acromio clavicular joint after decompression.

Physiotherapy plays a vital role in the overall recovery of the patients suffering pain from acromio clavicular joint decompression with the support of some pain relieving approaches. This includes interferential therapy, wax therapy, ultrasonic, and exercises for the purpose of strengthening the muscles. Thus, the healthcare professionals can focus on using these approaches for the restoration of movement, as well as for the function, when an individual is affected by injuries, disability or illness. The profession of physiotherapy has gone through significant changes with respect to the domain of medicine as compared to the early years. Hence, the benefit of physiotherapy in the treatment of Mrs JS is that is can be conducted privately based on the patient’s conditions.

The shoulder has been observed to become one of the most common factors for causing musculoskeletal consultation within the primary health care. This includes prevalence related to shoulder pain, which further estimates 16% and 26%. The treatment-related to acromio clavicular can be done with the support of physiotherapy along with occupational therapy. It has hence been observed that most of the issues related to shoulder pain can be benefitted from using of physiotherapy. Hence, the healthcare professional, which in this case is the physiotherapist, will significantly assist in assessing the overall condition of patients, who in this particular scenario is Mrs. JS. Therefore, using physiotherapy will help in enhancing the overall symptoms related to problems faced by Mrs JS. Thus, the application of physiotherapy can also assist in restoring the overall functions to the utmost level possible. The therapists will hence select a method based on the nature of the problems, whether it is long-term or short-term.

Hence, in order to treat Mrs. JS, it is essential to include some essential activities within physiotherapy. Thus, it may involve exercises, which can help in strengthening the muscles, which are weak, thereby changing the overall coordination, as well as, improving the function. In addition, the physiotherapist can also focus on advising Mrs. JS for enhancing the shoulder posture. This will further include exercises, which will help in maintaining physical activities for assisting the prevention from stiffness. Thus, with the assistance of physiotherapy, exercises can help Mrs. JS to increase the movement of the joints. Additionally, the physiotherapist can also focus on the application of the adhesive tape, which can also assist in reducing the overall strain on the tissues. Thus, this can help in increasing the awareness relating to the shoulder’s position, in addition to the shoulder blade. Furthermore, the manual treatments can also be used for treating joints and soft tissues. Subsequently, physiotherapy can be used for managing and improving pain that can further help in enhancing the flexibility and strength within the patients.

With respect to the breathing problem associated with the Mrs. JS, it becomes essential for the healthcare professionals to understand the needs of the patients, in addition to population, and communities. It is also vital for the healthcare professionals to significantly consider the overall resources that are available for the wellbeing and health system along with the potential effect of earlier diagnosis, as well as, better management. Furthermore, the healthcare staff can concentrate on understanding particular activities, which can further assist in preventing, promoting, and protecting public health. Additionally, it helps in identifying alongside investigating unwarranted fluctuation within the activities and outcomes. Thus, at an individual level, it can be stated that that the healthcare professionals can provide Mrs. JS with advice related to inhaler techniques, which can be checked on a yearly basis. In addition, they can also focus on offering an action plan to all the patients, as it would assist in reducing the rate of readmissions to a large extent.

**A Critique of Consultation Models - Patient’s Consultation**

There are two most essential and primary responsibilities of the consulting therapist with respect to the treatment of the patients. The first thing is to provide clinical consultation mostly to the care managers. On the other hand, these individuals are also responsible for offering direct consultation to the patients. In this context, it has been evident that the patient, who in this particular case is Mrs. JS had acromio clavicular joint decompression and was advised to take physiotherapy, she was unable to bear any weight on her left arm. Furthermore, she was also advised to continue with exercises for the left shoulder on the basis of the protocol. She was not feeling well after being discharged and was suffering from breathing problem along with secretions and cough.

**Consultation Models**

With respect to the breathing problems that are being faced by Mrs. JS, consultation models can be used in order to formulate a differential diagnosis in various directions. In this context, there are various types of consultation models that can be applied. This includes Byrne–Long model, Pendleton’s model, and neighbour model among others. Furthermore, Byrne–Long model focuses on interacting with doctors about the problem that the patient has been facing in details. This model therefore comprises six stages. In the initial stage, the doctors develop a rapport with a particular patient followed by their focus on clarifying the reasons with respect to the surgery that has taken place. This is then followed by performing an examination. The next stage is to consider the issue either with or without the patients. The doctor thus makes the plan for treating the patients effectively. Finally, the discussion or consultation is ended by the doctors;.

The second consultation model is the Pendleton’s model, which mostly focuses on the approach of learning along with teaching. The model therefore focuses on seven tasks, which the patients and doctor must complete during the consultation. The first task is that the doctors should concentrate on establishing the reasons with respect to the problems related to the patient’s problems along with its causes and beliefs. This is followed by a doctor considering the other problems if any. For instance, applicable health promotion problems include the risk factors associated with it. The next task is for both the patients and doctors, which includes selecting the relevant management plan. The fourth task is to work together for the purpose of achieving shared understanding of the issues. Hence, the next stage focuses on including the patient within the management. This also involves encouraging the patients for adopting taking of the problems. This was then followed by using resources in an efficient way. Finally, the healthcare professional can emphasise using the consultation by establishing and promoting a long-term trust.

The third model is the Neighbour Consultation model, which focuses on inner consultation and is known to be salient, as well as, one of the most widely accepted models. This model includes five stages, which will allow the doctors to consult in a more efficient and intuitive manner. In addition, the doctors need to be more skilful while dealing with the patients. At the initial stage, the doctors need to build a rapport with the individuals and understand the viewpoint of the patients. This stage is followed by summarising the manner, in which the doctors have presented the opportunity to understand the requirements of the patients. Hence, this allows the patients to amend themselves. The next stage is a handover, in which the patients along with the doctors focus on the development of the management plan. This will further provide the patients with options for helping them to check their overall understanding, as well as, their negotiation skills. Additionally, it also involves transferring the responsibilities to the patients. This is then followed by the stage of safety netting, where the plan of contingency is formed. The final stage of Neighbour Consultation model is housekeeping, which was considered as a step, which helps in prompting to deal with various emotions, which emerges from the consultation prior to seeing the next patient. This can help in preventing any unfavourable impact on the next consultation.

Hence, on the basis of the understanding gained from the consultation, it can be stated that the most appropriate consultation that can be used in case of Mrs JS Byrne–Long model. Since, the patient is an elderly person, building a positive rapport can help in understanding the reasons for which the patients have been facing the surgery. Another reason is that the doctors take full responsibility for patients, which can help them to develop management with respect to treating the patients. In this case the issues were found to be the breathing problem along with cough and secretions. In addition, this particular model is also helpful in providing a logical framework with respect to consultation. This can further assist in understanding the dysfunctional consultation along with addressing it.

**Anatomy, Physiology and Pathology - Physiology of Dyspnea**

Discomfort in breathing can be considered as distressing symptoms, which are often experienced by the patients, such as in this case is Mrs. JS. However, it has been observed that there is no particular symptom relating to the overall prevalence of the issues. In addition, it has been identified that epidemiology with respect to pulmonary along with cardiac diseases highlights that the magnitude of the disease is significantly large. Cardiac disease is thus regarded as one of most common causes of deaths. In this particular context, based on the differential diagnosis, however, it has been found that Mrs JS has no risk factors, which can lead to the situation of heart failure.

**Pathology of Dyspnea**

Dyspnea is often perceived as the symptom, which is found to be emerging from impairment along with alerts. It has hence been observed that the discomfort mainly occurs due to either compromising respiratory or cardiovascular systems, in addition to metabolic derangements along with neuromuscular or psychogenic disorder conditions. Thus, this particular condition is perceived to be tightness along with respiratory work. The factor that can cause dyspnea is mostly due to cardiac or respiratory origin. A patient, who is suffering from dyspnea is often observed to complain about difficulty in breathing, which Mrs. JS experienced while suffering from left acromio clavicular joint decompression. However, it has been evident that Mr JS has been facing problems such as cough. This was because during clinical diagnosis, the patient was found to be diagnosed with hospital-acquired pneumonia. This mostly emerged from crepitation’s dyspnea along with low saturation and pyrexia.

With respect to the condition of Mrs. JS, differential diagnoses were conducted, which included chest infection/ pneumonia, pulmonary embolism, lung cancer, anaemia, and heart failure. Thus, in this particular context, it can be stated that the healthcare professional conducted these diagnoses to understand the condition of Mrs. JS. The diagnosis was done relating to a chest infection and pneumonia as result of crepitation for finding symptoms such as crackle in the left lower lobe along with productive cough. On the other hand, pulmonary embolism was done to understand the causes of the problems being faced by Mrs. JS. In addition, diagnosis related to lung cancer was conducted, as she was suffering from dyspnea. However, it was also observed that Mrs. JS have not lost any weight.

Furthermore, due to dyspnea, the diagnosis was done with respect to the anaemia but the results highlighted no indication of bleeding. In addition, considering the diagnosis relating to heart was also done likely because of SOB, but not due to oedema and involved risk factors on the basis of nocturnal distribution. On the basis of the diagnosis, it has been evident that Mrs. JS was prescribed with antibiotics for weeks. In addition, she was also advised to call for medical help, as soon as possible. It was also observed that the healthcare professional also informed the care agency for the purpose of providing additional assistance to the Mrs. JS to recover and monitor general wellbeing.

**Working Diagnosis and Management**

**Medical History of Mrs. JS**

From the information collected from the past, it can be stated that Mrs. JS has been associated with polymyalgia rheumatica, high cholesterol level, and left shoulder arthritis. In addition, the past medication of the patients included the use of prednisolone (10mg) along with paracetamol, and simvastatin (40mg). It was also observed that her father died due to stroke. Additionally, Mrs. JS was feeling unwell ever since she was discharged from the hospital after acromio clavicular joint decompression. After getting released from the hospital at a gap of one week, she began to have a problem of a mild cough, as well as breathlessness. Furthermore, things got worse with the initiation of a productive cough, in addition to yellow sputum. The breathlessness was also observed to be on minimal exertion, but, Mrs. JS did not feel. It was also evident that she felt chesty, as well as, confused. Her blood pressure was 140/76, which is considered as a high blood pressure.

Based on the above-mentioned diagnosis, it can be stated that working diagnosis refers to the selection of the most appropriate diagnosis related to the patient, which helps in guiding diagnostic tests along with provisional treatment. Hence, the symptoms of Mrs. JS have been diagnosed as the possibility of pneumonia. Since it has been observed to have symptoms such as a productive cough, it can be stated that she was suffering from hospital-acquired pneumonia. In this context, hospital-acquired pneumonia refers to the disease, which she significantly experienced within the healthcare system. Therefore, the pathophysiology includes aspiration, inhalation, and hematogenous through which the bacteria reaches the lungs of the patients. These organisms enter the body of an individual through oropharyngeal secretions in lower airway. Hence, the prognosis within the patients suffering from hospital-acquired pneumonia largely relies on pre-existing cardiopulmonary function, as well as host defences.

All the patients suffering from hospital-acquired pneumonia need to undergo testing, which is done mostly to rule out the circumstances leading to mimicking of the disease. It has often been observed that the diagnosis of hospital-acquired pneumonia is difficult to be diagnosed, as it can be presented in a non-specific manner. Thus, the Infectious Diseases Society of America (IDSA) along with American Thoracic Society (ATS) has focused on providing practice guidelines with respect to the management of hospital-acquired pneumonia. Therefore, diagnostic testing can be mostly done for two purposes, which includes defining whether a patient is suffering from pneumonia for constellating new signs and determining etiologic pathogen. The diagnosis of the hospital-acquired pneumonia is thus suspected, if the patient is found to possess a radiographic infiltrate, which is considered to be new as well as progressive in nature. Hence, Mrs. JS needs to possess a complete medical history of her and hence needs to undergo the required physical examination.

As the suspicion of hospital-acquired disease is overly sensitive, further strategies related to diagnostic are required for the purpose of optimal management. Thus, the goals related to diagnostic approaches within the patients, which in this case are Mrs. JS can focus on prompting empiric therapy. This therapy is thus based on experience, referring to the lack of absence.

**Conclusion**

Based on the study findings, it can be inferred that Mrs. JS has been suffering from the problem of the mild breathlessness and has also been found to have secretions along with a cough. This further turned into a productive cough with yellow sputum, which happened just after being released from the hospital due to acromio clavicular joint decompression. From the diagnosis, it can be stated that Mrs. JS has suffered from hospital-acquired pneumonia. It can hence be inferred that she is suffering from this condition, as she has been showing similar symptoms. On the other hand, for the problem associated with the left acromio clavicular joint can be done through an weight bearing approach, she has undergone surgery on her shoulder.

**References**

Abraham, C. et al., *Health Psychology*, 11th edn, UK, Routledge, 2016, p. 240

American Thoracic Society, & Infectious Diseases Society of America, ‘Guidelines for the Management of Adults with Hospital-acquired, Ventilator-associated, and Healthcare-associated Pneumonia’, *American Journal of Respiratory and Critical Care Medicine*, vol. 171, no.4, 2005.

Arthritis Research UK, ‘Shoulder Pain’, *Condition Shoulder Pain*, 2015, pp. 1-2.

Arthritis Research UK, ‘Simple Exercises’, *Shoulder Pain*, 2012, p. 18.

Authors, ‘What are Consultation Models For’, *InnovAiT*, vol. 6, no. 9, 2013, p. 592-599.

Coccia, C. B. I. et al., ‘Dyspnoea: Pathophysiology and a Clinical Approach’, *SAMJ*, vol. 106, no. 1, 2003, pp. 32-36.

Crown, *Respiratory disease: Applying All Our Health*, [website], 2015, (accessed 30 December 2017).

CTI Reviews, *Kinesiology Foundations for Otas*, USA, Cram101 Textbook Reviews, 2016.

Cunha, B. A. and Brusch, J. L. ‘*Hospital-Acquired Pneumonia (Nosocomial Pneumonia) and Ventilator-Associated Pneumonia*’ [website], 2017 (accessed 1 January 2018).

Docimo, S, et al., ‘Surgical Treatment for Acromioclavicular Joint Osteoarthritis: Patient Selection, Surgical Options, Complications, and Outcome’, *Current Reviews in Musculoskeletal Medicine*, vol. 1, no. 2, 2003, pp. 154-160

Khalid, M. T. et al., ‘Current Role of Physiotherapy in Response to Changing Healthcare Needs of the Society’, *International Journal of Education and Information Technology*, vol. 31, no. 3, 2003, pp. 105-110.

Leigh, H and Streltzer, J, *Handbook of Consultation-Liaison Psychiatry*, Germany, 2014.

Mosby, *Mosby's Medical Dictionary - E-Book*, Netherlands, Elsevier Health Sciences, 2016, p. 381.

Moulton, L., *The* *Naked Consultation: A Practical Guide to Primary Care Consultation Skills, Second Edition,* New York, CRC Press, 2017.

Oxbridge Solutions Ltd, *Pendleton (The Doctor's Tasks)*, [website], 2016, (accessed 1 January 2018).

Pawlikowska, T et al., ‘Consultation Models’, 2006 [website], (accessed 1 January 2018).

Schwartzstein, R. M., Stoller, J. S and Hollingsworth, H ‘*Physiology of Dyspnea*’, [website], 2017 (accessed 1 January 2018).

**Bibliography**

Owens, B. D. and Young, C. C, ‘*Acromioclavicular Joint Injury’*, 2017 [website] (accessed 1 January 2018).

Rotstein, C. et al., ‘Clinical Practice Guidelines for Hospital-Acquired Pneumonia and Ventilator-Associated Pneumonia in Adults’, *Canadian Journal of Infectious Diseases and Medical Microbiology*, vol. 19, no. 1, 2008.

U.S. National Library of Medicine, ‘*Hospital-Acquired Pneumonia’* 2017 [website] (accessed 1 January 2018).