

Telehealth Pain Management Presenting Procedure

1. SCOPE

- 1.1. MCHS Telehealth Presenters
- 1.2. Facilities and departments included in the scope listed above are further defined in the [Scope Definition Resource Guide](#) if not specifically outlined above.

2. DEFINITIONS & EXPLANATIONS OF TERMS

- 2.1. Abbreviations
 - MCHS: Marshfield Clinic Health System
- 2.2. Definitions
 - Aortic valve: located at 2nd right intercostal space at the sternal border
 - Codec: the video conferencing system
 - Point of Maximal Impulse (PMI): located at the apex; fifth intercostal space at midclavicular line
 - Pulmonic valve: located at the second left intercostal space at the sternal border
 - Secondary aortic: located at the third left intercostal space at the sternal border
 - Telehealth presenter: Clinical staff presenting patient to Marshfield Clinic Health System provider. This may be a Registered Nurse, Licensed Practical Nurse, or Medical Assistant
 - Tricuspid valve: located at the fifth left intercostal space at the sternal border

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3. PROCEDURE BODY

Purpose Statement: All clinical staff responsible for the presenting of patients to Pain Management or any provider who may need a component of pain management history or physical exam shall be proficient in providing a pain exam while working within the scope of practice via Telehealth technologies and shall be appropriately trained.

3.1. Pre-Consult Preparation

a. See Core Telepresenting Procedure [Document](#). This procedure includes verifying medications, allergies, reason for visit

Vitals

- Weight
- Blood Pressure

Refer to [Lippincott Procedures](#)

- Pulse

Enter results in dashboard under the vitals tab. Be sure to select the appropriate provider's appointment before entering vitals

Fill out the Pain Management Questionnaire located in document manager under the provider seeing the patient.

- Pain Questionnaire

3.2. Provider Directed Physical Exam

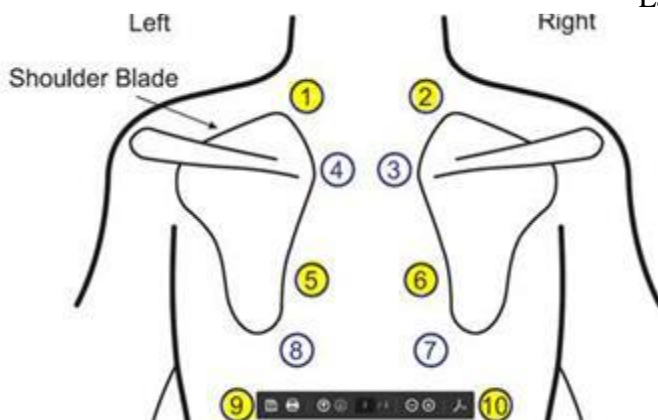
a. Most of the Pain Management interaction is interview-based, minimal or no physical exam may be conducted during the visit.

b. Lungs

Position patient so the posterior side is to the room camera. If patient is not positioned so the provider can see placement of stethoscope, must verbally state location

Place limited pressure with the digital stethoscope at the six posterior lung fields for two complete inspirations and expirations. Watch the provider for cues to move to the next landmark

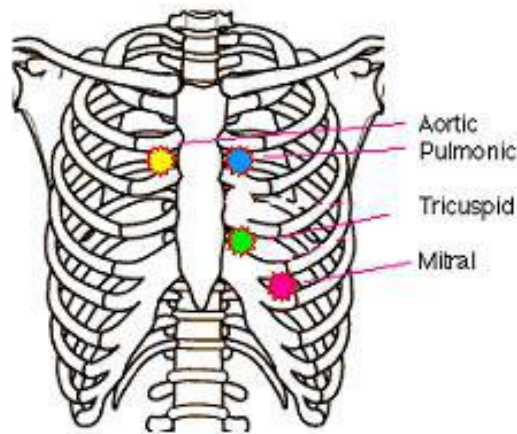
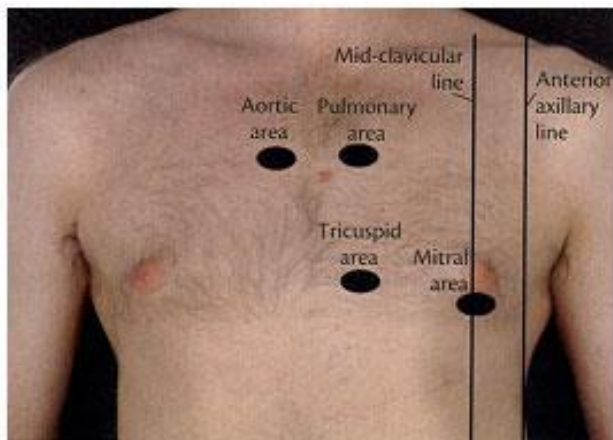
Begin with upper lobes of lung, moving the diaphragm of the stethoscope in a ladder-like pattern, from one side to the other. This will allow the provider to identify patterns of breath sounds and compare symmetric areas of the lungs



- If provider requests anterior lung fields, position patient with anterior side facing the room camera. Use the digital stethoscope to auscultate two anterior lung fields

c. Heart

- With the patient's anterior side to the room camera, apply limited pressure to the digital stethoscope to auscultate. S3 is most important



- Aortic valve
- Pulmonic valve
- Tricuspid valve
- Point of Maximal Impulse (PMI)
- Watch the provider for cues to move to the next landmark.

d. Deep Tendon Reflexes

- Radial
- Biceps
- Triceps

- Knee
- Ankle
- Hoffmans Sign
- Ankle Clonus
 - Refer to [Reflex Guide](#)
 - Encourage patient to relax.
 - Position limbs properly and symmetrically. Hold reflex hammer loosely between your thumb and index finger so that it swings freely in an arc within limits set by your palm and other fingers.
 - With wrist relaxed, strike tendon briskly using a rapid wrist movement. Reflex response depends partly on the force of your stimulus. Compare response of one side with other.
 - Clinician will grade reflexes based on following scale:
 - 4+= Very brisk, hyperactive with clonus (spasmodic alternation of muscular contraction and relaxation).
 - 3+= Brisker than average; possibly but not necessarily indicative of disease.
 - 2+= Average; normal
 - 1+= Somewhat diminished; low normal
 - 0= No response/ absent.

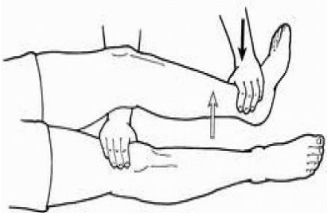
e. Low Back Range of Motion






- Have the patient bend forward at the waist
- Have the patient extend backwards as the waist
- Then have the patient twist side to side

f. Palpation of lower back


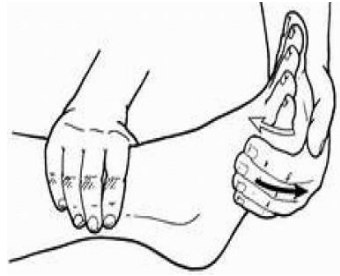

- Assess for pain
- Assess for symmetry

g. Strength testing of the lower extremities

<p>Upper Leg Quadriceps L2, 3, 4 Knee Extension</p>	<p>Straighten your lower leg.</p>	<p>Patient prone, Stabilize thigh by placing one hand just above knee. Place other hand just above ankle and provide resistance. quadriceps for a contraction with stabilizing hand.</p>	
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<p>Upper Leg Quadriceps L2, 3, 4 Knee Extension</p>	<p>Straighten your lower leg.</p>	<p>Alternate method: sitting on side of examining table: direct patient to extend knee</p>	
<p>Upper Leg Hamstrings L5, S1, S2 Knee flexion</p>	<p>Flex your knee. Bring foot towards head</p>	<p>Examiner grasps partially flexed knee about 4 inches above ankle and stabilizes hip with other hand; provides resistance against flexion.)</p>	
<p>Upper Leg Hamstrings L5, S1, S2 Knee flexion</p>	<p>Ask patient to bend knee and keep it bent while you provide resistance.</p>	<p>Alternate methods: have patient sit on edge of examining table with legs dangling. Ask patient to bend knee and keep it bent while you provide resistance or ask patient to squat in a deep knee bend (should be able to flex both knees symmetrically).</p>	
<p>Lower Leg and Ankle Anterior Tibialis L4, 5 Ankle Dorsiflexion</p>	<p>Examiner positions ankle in neutral position and then places other hand on top of foot near fifth metatarsal. Pull your toes toward your nose.</p>	<p>Anchor ankle by stabilizing heel; with your flattened fingers on top of foot, provide resistance to dorsiflexion. Patient attempts to dorsiflex foot against resistance; contraction of tibialis anterior can be seen and palpated</p> <p>Alternate method: ask patient to walk on heels.</p>	
<p>Lower Leg and Ankle Gastrocnemius S1, 2 Plantarflexion of ankle</p>	<p>Press down like on gas pedal.</p>	<p>Anchor ankle by stabilizing heel; with your palm on bottom of foot, provide resistance to plantarflexion. Patient attempts to plantar flex foot at ankle joint against resistance; Contraction of gastrocnemius and</p>	

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		<p>associated muscles can be seen and palpated</p> <p>Alternative method: ask patient to walk on toes.</p>	
<p>Ankle and Foot</p> <p>Foot inversion</p> <p>L4, 5</p>	<p>Try to move your foot outward and down.</p>	<p>Position thumb to dorsiflex and invert foot. Patient attempts to raise inner border of foot against resistance; tendon of fibialis posterior can be seen and palpated just behind medial malleolus</p> <p>Try to force foot into plantarflexion and eversion by pushing against head and shaft of first metatarsal; tendon of fibialis posterior can be seen and palpated behind medial malleolus.</p>	 <p>A line drawing showing a person's right foot being held by two hands. The right hand is on the medial side of the ankle, and the left hand is on the lateral side, pushing the foot inward to test inversion.</p>
<p>Ankle and Foot</p> <p>Foot eversion</p> <p>S1 J</p>	<p>Turn your foot outward.</p>	<p>Secure ankle by stabilizing heel and place your other hand that forces plantarflexion and eversion. Provide resistance to eversion by pushing on fifth metatarsal with palm. Patient attempts to raise outer border of foot against resistance; tendons of peronei longus and brevis can be seen and palpated just above and behind lateral malleolus.</p> <p>Alternative method: patient walks on medial borders of feet.</p>	 <p>A line drawing showing a person's right foot being held by two hands. The right hand is on the medial side of the ankle, and the left hand is on the lateral side, pushing the foot outward to test eversion.</p>
<p>Toe Extensor</p> <p>Halucis Longus (EHL) muscle</p> <p>L5</p> <p>Big toe extension</p>	<p>Ask patient to move large toe against resistance up towards their face.</p>	<p>Apply downward resistance on big toe while patients tried to pull toe up towards face. This tests extensor halucis longus muscle.</p>	 <p>A photograph showing a person's right foot. One hand is holding the big toe and pulling it upwards towards the face, while another hand applies downward pressure to the toe to test the extensor hallucis longus muscle.</p>

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- The provider will ask the patient to move actively against the clinician's resistance or to resist movement.
- The clinician will assess muscle strength according to the following scale:

0= No muscular contraction detected

1= A barely detectable flicker or trace of contraction

2= Active movement of the body part with gravity eliminated

3= Active movement against gravity

4= Active movement against gravity and some resistance

5= Active movement against full resistance without evident fatigue. This is normal muscle strength

3.3. Post Clinical Exam Considerations

a. See Core Telepresenting Procedure [Document](#)

b. Labs are entered by the Pain Management provider's staff to ensure accuracy.

- Direct the patient to the lab. If the labs are ordered after the appointment, the patient will need to check in again at the reception desk.
- Patient will be scheduled labs and follow-up at appointment as appropriate

3.4. Post Considerations: See Core Telepresenting [Document](#)

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4. ADDITIONAL RESOURCES

4.1. References:

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4.2. Supporting documents available:

- [Lippincott Procedures](#)

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5. DOCUMENT HISTORY

Version No.	Revision Description
1.0	Conversion from Policy Handbook to Document Control. Procedure #2868.3
2.0	Removed Marshfield Clinic Logo, Updated Quick Part in Header. 3.1. a. Change ACO Blood Pressure Screening Process to Lippincott link Add Lippincott to 4. Additional Resources

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6. DOCUMENT PROPERTIES

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