

Beyond First Impressions

By Jake Raecker, SPT, CSCS

Washington University, St. Louis MO

During my first clinical rotation, I spent eight weeks at a publicly-funded county hospital; the experience opened my eyes to a patient population that truly deserves the care of physical therapists. The patients I saw at the hospital weren't as straightforward as the case studies presented in my first two semesters of physical therapy school. Many didn't have social or economic fortune on their side, had low health literacy, and felt powerless as chronic pain controlled their lives.

A Shock and a Challenge

As many of these patients feel the healthcare system has let them fall through the cracks, I've found it imperative to express my genuine care in order to gain their trust and find footing on common ground. I do this by asking patients what adds value to their lives, talking to family or friends if there are multiple people in the treatment room, or asking about the patient's tattoos; all thing to help me connect with what is important to them.

But, in that first rotation, when I began evaluating a patient for chronic back and shoulder pain, I discovered two powerful symbols of hate permanently inked across his forearms. I was initially shocked and felt it best to *not* ask about the tattoos' importance.

"Am I even capable of caring for this patient?" I wondered as he went through his subjective history. "I'm just trying to learn about how to treat back and shoulder pain; I never thought I would find myself interacting with somebody whose views are *so different* from mine."

As he continued recounting his story, I remembered that character counts, and that it is easy to be compassionate and kind to those who are vulnerable and need help, but having empathy for those with whom you don't agree is where our character is tested. Keeping this in mind, I tried to apply what I learned during my first year: to focus on the examination, to put my concern about the tattoos in the back of my mind, and instead address the patient's sway-back posture and elevated shoulders.

Relief and a Revelation

Depending on the patient, postural modifications can be a dead end if the link between position and pain can't be established—or they can provide immediate relief if the modifications "click." With this patient, simply pulling the shoulders back and down from his ears brought tears of relief.

“Just by moving differently, you can change your pain. Now you are in control of your symptoms instead of your pain controlling you,” I said, trying to empower him. “You must have been carrying a lot of stress in your shoulders and neck and it’s great this makes you feel better!” After wiping his eyes, with a smile he turned stoic and shared a story that stopped me in my tracks.

“I’ve been carrying so much stress in my neck because...” he paused for a few moments to compose himself. “Because I was just released from prison.” I stood frozen in place as he described the transformative incident that put him behind bars. “It was an accident. I was high on pain killers and don’t remember anything.”

“I went through a lot, some dark times in there,” he continued, gesturing to the tattoos. “I’m getting counseling and I’m learning to forgive myself mentally, and you’re helping me heal physically.”

I am seldom at a loss for words, but after hearing that, I could not speak. Thankfully, the physical therapist who was overseeing the evaluation said something—I can’t remember what—that got us back on track. I tried to regain my composure and work through the rest of the treatment, even though I could only think of this man’s story. When our time was up, he was excited about our first meeting and asked to be

scheduled for another appointment.

My patient steadily returned for more treatments. With a complete plan of care and all of our goals met, he told me he felt I was a valuable part of his road to recovery: “I’m moving like a new man and feel I’ve regained control of the physical part of my life,” he said. He gave me a sincere thank-you and handshake as he exited the clinic pain-free.

A Deeper Approach to Care

As healthcare practitioners, letting first impressions and preconceived notions dominate our thinking can be a barrier on the patient’s path to recovery. By seeing beyond first impressions, we can best serve all people who need and deserve our care.

Learning how to weave a patient’s unique biopsychosocial makeup of depression, homelessness, pain, and violence into effective care not only pushed me to the limit as a student during that first rotation, but it gave me opportunities to practice compassion as a human being.

This was a valuable lesson I’m fortunate to have learned early in my career: No matter my patients’ backgrounds, views, or ways of life, it’s my duty to put all of that aside and give them the high-quality care I was trained to provide.

About the Author



Jake Raecker, SPT, CSCS is a third year DPT student in the class of 2020 at Washington University in St. Louis. He values genuine connections with others above all else, and feels most himself when doing anything outdoors with his wife, Emily, or when taking deep dives into physical therapy or Iowa Hawkeyes athletics. Jake serves on the Nominating Committee of the APTA Student Assembly Board of Directors and is also a member of the Private Practice, Geriatrics, Orthopedics, and Research sections of the APTA.