

Case Client with Osteo Arthritis – To LA Roleplay DHL – SDM + Decision Aid	
Setting	Private practice
First/ second/ visit	1st-line physiotherapy practice
Name client and age	Eva/Edward (or your own name)
Marital status	60 years old, divorced, small social network.
Current Work or education	Lives in small apartment (third floor, no elevator), works in factory/ cleaning, low level of education.
Reason for coming (request for help)	Client has pain in the left knee. Client has been examined by the doctor. X-rays have also been taken. It appears that client has knee osteo arthritis. Client does not need surgery and has been referred to a physiotherapist. Request for help: wants to get rid of the pain in the left knee; client can't work now, is sitting a lot and does not leave home often.
Somatic aspects: localization, appearance and external symptoms and nature of the complaints	Pain in the left knee, not in one specific place. The knee is swollen and warmer than the right knee. Pain in rest VAS 3, when walking VAS 5 up to 8. Stiffness in the knee is worse in the morning.
Origin	Complaints in the knee started 2 years ago.
Functional disorders and limitations in activities	Pain is the worst when client maximally bends and extends the knee, with climbing stairs and walking for a longer time (> 15 minutes). Walking downstairs is more difficult than upstairs. Riding the bicycle is still possible. Sitting on the left knee is impossible.
Complaints over time	Complaints are getting worse, needs to rest more often.
Intensity: aggravating and mitigating factors	Walking for a longer time (> 15 minutes) and climbing the stairs VAS in rest 3 VAS walking 5 up to 8. Getting up from the couch is also painful. Also see functional disorders above.
History: additional complaints, previous treatments. Information that is already known before the anamnesis.	Also, some stiffness in the finger joints. BMI of client is 29. Tried several times to loose weight. Lost 6 pounds last 2 years, mostly because of the working circumstances and by drinking less beer.
Contextual aspects: a) Cognitions	The client thinks that moving less, will reduce the knee pain. The client is afraid that moving will damage the knee.

b. Health information access and comprehension	Client does not know much about the body and health and doesn't understand everything right away as wel.
Emotions (concerns, perception)	The client is afraid losing his/her job and not being able to do grocery shopping. The client does not like to ask for help and wants to be independent. "Today I have my first consultation with the physiotherapist. I have a feeling of embarrassment because I don't understand everything right away. During the consultation, I try to answer as well as I can. Sometimes I do not understand what is meant by a question, so I just say 'yes' or 'I don't know'. I wonder if the physio will understand me and help me get rid of the pain in my knee.
Behavioral consequences a. Current health behavior: b. Health promotion barriers and support:	a. The client is moving less, does not leave the house that often (only to visit the doctor and to do grocery shopping). Client is sitting more than he/she used to do and does not leave the house often (only to visit the doctor and b. It is difficult to leave the house (because of the stairs).
Social consequences (and perception of them) Supportive professional and personal relationships hobbies, sports, (informal) care tasks	Small social network, becoming smaller since client does not go to work. Often alone and asking for help is difficult. Needs to return to work – in cooperation with integration doctor. Does not do sport - used to ride bicycle to work (misses these bike rides).
Examination results	ROM limited, swelling, pain VAS
Physiotherapeutic diagnosis	Client with OA in the left knee, would like to be independent and continue to work
Shared decision, options for treatment	Think of different options for shared decision making. - Lifestyle changes (lose weight, more exercise) - Pain medication or injections - Treatment options (exercise in a group/alone, cycling/ swimming/?, at home or in a gym, etc.)
Instructions how to play the client	<ul style="list-style-type: none"> ● You make little or no eye contact ● You have a closed body posture ● You doubt when giving answers (you also show that in the facial expression) ● Your answers are socially desirable and do not always fit the question asked ● You wait a while before answering.

	<ul style="list-style-type: none">• You are a bit ashamed of your weight <p>The client lacks skills to engage in conversation with the physical therapist about her/his own health. Interactive health skills are limited.</p> <p>Interactive health skills are more advanced cognitive skills used together with literacy and social skills to actively participate in daily activities to find information and derive meaning from different forms of communication and to apply new information to changing circumstances.</p>
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The role of the Physiotherapist

Shared decision making: Treatment options and risks estimation with the help of decision aids

Giving information:

How do you explain the disease osteoarthritis to a client with limited HL? Use plain language and look for appropriate supporting material (e.g. pictures)

Treatment options and risks

Focus in on the main treatment options:

1) Lifestyle change:

- What does this mean for the client?
- What are the advantages/disadvantages?
- What can be the results and what problems can the client encounter?

2) Pain medication / Injections:

- What can be use of pain medication, what are the side effects?
- What are the advantage/disadvantage of injections with hyaluronic acid?

3) Comparing treatments (non-surgical treatment vs. surgery)

Personal decision options

What is important to the client and support the decision-making.

Please note that you use communication skills for clients with limited HL.