Treating Patients in Poverty: A Case Study Approach

Date: Friday, September 30, 2016
Time: 3:15 PM - 5:15 PM

Session ID & Location: 4C: MtgRm3
CEU Eligibility: 0.20

Presented by: Zachary Rethorn, PT, DPT

Session Description: Many of the 8.8 million Americans who gained health insurance for the first time in 2015 are living in poverty. Are you prepared to treat them in your setting? An understanding of the systemic factors contributing to poverty and the negative influence of poverty on health conditions is needed for practitioners to effectively address these patients' needs. This session will provide a comprehensive look at the personal and social challenges faced by people in poverty through the eyes of three patients utilizing a case study approach. Attendees will take away knowledge of the challenges faced by those in poverty, tools for screening for poverty, and strategies for better managing patients in this challenging and underserved population.

- Examine structural factors involved in the creation and maintenance of poverty
- Understand the negative health effects of living in poverty
- Articulate the need for screening for poverty in outpatient physical therapy settings
- Identify tools for screening for poverty in outpatient physical therapy settings
- Develop strategies for managing patients who live in poverty

Presenter Bio(s): Zachary Rethorn is a physical therapist and orthopedic physical therapy resident at BenchMark Physical Therapy in Chattanooga, NT. His research interests include the role of physical therapists in improving population health, the effect of psychosocial factors on the patient experience in physical therapy, and the role of patient education on outcomes in patients with chronic pain.
Treating Patients in Poverty: A Case Study Approach Pre/Post-test

Pre-test:

1. When does poverty begin to affect one’s brain?
   a. In utero
   b. At birth
   c. 2 years old
   d. 5 years old
2. Lack of a high school diploma increases the likelihood of poor health by how much?
   a. 2x
   b. 3x
   c. 4x
   d. 5x
3. Poverty cannot be screened for in an outpatient PT setting.
   a. True
   b. False
4. What is the most effective communication style to build a relationship with someone in poverty?
   a. Using formal register discourse patterns and specific word choice
   b. Using formal register discourse patterns and general word choice
   c. Using casual register discourse patterns and specific word choice
   d. Using casual register discourse patterns and general word choice
Handouts were not provided for this session. If made available, the handouts will be provided onsite and/or in a post meeting supplement of this book.
Treating Patients in Poverty: A Case Study Approach Pre/Post-test

Post-test:

1. When does poverty begin to affect one’s brain?
   a. In utero
   b. At birth
   c. 2 years old
   d. 5 years old

2. Lack of a high school diploma increases the likelihood of poor health by how much?
   a. 2x
   b. 3x
   c. 4x
   d. 5x

3. Poverty cannot be screened for in an outpatient PT setting.
   a. True
   b. False

4. Which of the following best illustrates a way in which a clinician can more effectively communicate to build a relationship with someone in poverty?
   a. Using formal register discourse patterns and specific word choice
   b. Using formal register discourse patterns and general word choice
   c. Using casual register discourse patterns and specific word choice
   d. Using casual register discourse patterns and general word choice