

rehabINK Podcast

PT Spotlight with Emily Brewer

SUMMARY KEYWORDS

physiotherapist, physiotherapy, patients, working, day, learned, research, rehab, moving, assessment, physio therapist, graduating, important, outcome measures, clinicians, hospital, areas, practice, chronic pain, treating

SPEAKERS

Jennifer Ryan, Emily Brewer

Jennifer Ryan 00:14

Hello and welcome back to the RehabINK Podcast. This is the third installment of the Spotlight Series where we interview allied health professionals at different stages of their careers. My name is Jennifer Ryan and I'm a physiotherapist at Holland Bloorview Kids Rehabilitation Hospital and a PhD candidate at the Rehabilitation Sciences Institute at the University of Toronto. In today's episode, we are spotlighting physiotherapists or PTs. Most people have encountered a PT at some point in their life, however, they may not be aware of all of the areas where PTs practice. Today we will meet a PT who is relatively new to clinical practice and works in an acute care hospital. We will discuss her path to a career in physiotherapy, what it is like to transition from school to clinical practice, and the challenges of working in acute care during the COVID-19 pandemic. Today I'm joined by physiotherapist Emily Brewer. Emily has a Bachelor of Science in Kinesiology from the University of British Columbia and a Master of Science in Physical Therapy from Queen's University. Emily graduated from Queen's in 2019. She currently works full time at Sunnybrook Health Sciences as a float physiotherapist in General Internal Medicine and casually at Providence Health Care in Geriatric Rehabilitation. She is also a member of the Canadian Physiotherapy Association. Hi, Emily, thanks so much for taking the time to speak with me today.

Emily Brewer 01:52

Thank you for having me. I'm very excited to be here.

Jennifer Ryan 01:55

In five words or less can you describe what pPhysiotherapy is to our audience?

Emily Brewer 02:01

Physiotherapy is about movement and optimizing someone's function.

Jennifer Ryan 02:06

Can you expand a little bit on the words movement and function?

Emily Brewer 02:11

I think at its core, physiotherapy is about getting someone back to doing the things that they love. I think it's about improving someone's sort of function and overall mobility. People move in all sorts of different ways. So it could be working with someone who uses a wheelchair to mobilize, it could be working with someone who's using a walker or cane, it could be working with an athlete.

Jennifer Ryan 02:35

Can you describe some of the range of clinical areas where PTs practice?

Emily Brewer 02:39

When a lot of people think of physiotherapy, they think of the sort of the, the therapist that works with athletes or that works with a, you know, works in a private practice clinic. It's a really wide and diverse profession. There are physiotherapists that work in private practice or community clinics, and they might practice more a sort of orthopedic or musculoskeletal physiotherapy. So, you know, your sprains, your strains, your post op hip replacements or knee replacements. We're also working with neurological populations. So maybe working with someone after they've had a spinal cord injury or a brain injury or a stroke. And that might be in an acute care hospital or a rehabilitation hospital, or, you know, a private practice clinic as well. There's also cardiorespiratory physiotherapy. So that's working with someone who might have pneumonia, or COPD, or, you know, certain lung conditions like cystic fibrosis. Sometimes we think of these areas as being separate, but they also all, you know, interact together, right? You're always treating the whole person. And I think as you go through school, you learn about these sort of like three separate areas, and it's all new when you're learning it. So you think of them as very separate. And then I think you get into clinical practice, and you realize how interconnected they all are, right? Because you might be treating someone for a shoulder injury. But if they also have trouble breathing, that's something you can address. So when I'm at Sunnybrook, a lot of what I do is getting patients up and moving again, right? They might be in the hospital for a few days, they might have become deconditioned, because they've been sick. So we're sort of getting them moving again, which I guess could be considered that sort of musculoskeletal sort of area, but we also help with their breathing, we might be adjusting their oxygen if they're on supplemental oxygen or helping them get off supplemental oxygen. So there's that cardiovascular aspect, we might be treating their chest and then certainly, you know, in the hospital, we see patients who may have had a stroke or have had a spinal cord injury. So then you have that sort of neurological aspect.

Jennifer Ryan 04:43

Can you tell me how you decided to become a physiotherapist?

Emily Brewer 04:49

I was about 13 or 14 when I decided and I was inspired by my mom who is a pediatric physiotherapist sort of grew up with a firsthand and sort of understanding about what physiotherapy was. And I was I was lucky in that she'd worked in cardiorespiratory physiotherapy at a hospital and then sort of transitioned into pediatric neuro. So working with kids with brain injuries. So again, I had sort of an inside look into, you know, physiotherapy just isn't necessarily about, you know, working in the clinic

and working with an athlete or someone who's sprained their ankle. There's so much more to it. So, you know, I certainly grew up listening to her talk about her day and the things that she was doing and it always seemed really interesting to me. And then, you know, when you're in grade nine, you go to work with your parents one day, and so I went to work with my mom. And I thought it was the coolest thing ever, you know, you get to be active, you get to be moving around, you get to work with people.

Jennifer Ryan 05:50

So can you tell me now a little bit about a common misconception that you may have encountered that people have about physiotherapy?

Emily Brewer 05:59

One that I that I hear often is like every physiotherapist can treat everything, even though there's so many different specialized areas. So I think we graduate as generalists, so you have a good sense of the various areas; so that musculoskeletal, that neurological, and that cardiorespiratory. But I think once you once you dive into your sort of practice area, and you've been in that practice area for a few years, it's, you know, if you're not using some of the information you've learned on a daily basis, it's easy to sort of not remember it as well, right. So I think when I tell people I'm a physiotherapist, they might say, oh, oh, my back is hurting, like, can you fix it, or I sprained my ankle. And it's, again, like I don't I don't practice in sort of that musculoskeletal private practice clinic setting.

Jennifer Ryan 06:45

So when you first started working, what aspects of clinical practice did you feel like you were prepared for?

Emily Brewer 06:53

I think I knew generally, what I was getting into in terms of the types of patients I would be working with, especially going into a hospital, I knew I'd be working with patients who were maybe deconditioned, or, you know, below what we might call their baseline. So you know, maybe before they came into the hospital, they were walking around on their own, no difficulties with their balance and their strength. And then you know, in the hospital, now, they haven't been out of bed in five days. So I knew sort of that would be, you know going in your job is going to be getting them moving again, preparing them to go home, or if they can't go home, if they're still needing help to walk, you know that, well, we have to explore other options. So I generally knew, you know, what I was going to be getting into, right?

Jennifer Ryan 07:44

And were there any specific challenges that you were expecting to encounter as you moved into clinical practice?

Emily Brewer 07:52

I was expecting that there would be challenges sometimes with patients where, you know, you have this great plan in your mind and, you know, it doesn't always work out, or you go to change it, or something happens. So I think I expected that to be a challenge. And I think it's been challenging and maybe other ways that I didn't necessarily expect. But I think I knew going in it, it would be a challenge. Not everything was going to be straightforward, like, day one, you assess them, day two, they're up and

walking, day three, they're out the door, right? Rehab is not sort of a linear process necessarily. And I think I, I knew that going in. But until you're really involved in it and going through it, you don't necessarily understand what that means and how you have to work with someone, or change your approach.

Jennifer Ryan 08:41

What types of unexpected challenges did you encounter then?

Emily Brewer 08:46

I think the biggest one was really the pandemic. I started my career as a, you know, in geriatric rehab, it was a very short four-month contract. And that was sort of in the, the pre-Covid time. So everything as it was before, and then I started my job now, which is in acute care, general medicine. Two weeks into that lockdown started, changed everything. So you know, it felt like sort of the rules and infection control was sort of changing daily. And then a month into working in acute care. I happen to be working with a patient who was who was later diagnosed with Covid-19. So then I had to go in quarantine. I was only a month into my job, and suddenly, I was in quarantine for two weeks. So that that was a lot of stress, because I was worried about, you know, I was just starting to sort of feel comfortable and suddenly you're taken away for two weeks, which is almost half as long as I had been working there in the first place. And you also have your colleagues that, you know, they now have to kind of pick up the pieces or the patients that you were working with. So I would say that was certainly unexpected challenge. And I think the other piece and again, it goes along with sort of that pandemic early on, was the speed at which they were trying to get patients out of the hospital. Because again, no one wants to be exposed, especially as not as much was sort of known about Covid early on. So early on, in that pandemic, there was a really big push to get people out. And as someone who was really new to the discharge process, and really learning what people need to get home, I found that very difficult, because you know, you want to protect their health, but you also want to make sure they're safe. And, you know, I'm brand new at, you know, discharging people. So that was definitely a bit of an unexpected challenge, just sort of the pace that we were trying to work at.

Jennifer Ryan 10:45

When you were first starting to work, was there any particular advice that you received that was helpful for you or resonated with you?

Emily Brewer 10:57

Specific to sort of working in acute care, I was taught just about the importance of, I mean, working with all team members, but particularly the nursing staff, and that's really stuck with me. And certainly, in my day-to-day practice, you know, working alongside the nursing staff is really important, because, you know, if I want to see a patient at 10, and, you know, maybe they need to be, they need their pain medication, or they need to be taken to the bathroom first, you know, you want to collaborate with the nurse. So maybe you can help them do something that they need to do with the patient, or, you know, maybe they can give you some really important information about how they saw the patient moving earlier that might help your assessment. So I've learned just how important it is to sort of work alongside the nursing staff. So that's definitely stuck with me and certainly, I love all the nurses that I work with. They're all very helpful. I think other piece is really the importance of observation. When I

really first started, and I'd be thinking oh, like I didn't, I didn't do manual muscle testing, or I didn't, I didn't assess their active range of motion fully, like, I didn't do a full assessment. And then I sort of learned now that just because you didn't sort of formally assess it, that didn't mean that you didn't actually see it. So it's sort of the importance of looking at how someone is moving because that's really going to, that's also going to tell you what their strength is like, what their range of motion is like. So, you know, watching how someone gets out of bed, you know, are they able to use their arms to sort of push their trunk up, push their upper body up? Did they swing their legs over the edge of the bed easily? That's also telling me about their strength and their range of motion, and also their balance as they're sitting up at the edge of the bed. Yet, I'm not necessarily formally testing it. So particularly in acute care where time management is so important, it's sort of, I've really learned to sort of pick up on the things that I see if I don't necessarily have time to assess it formally.

Jennifer Ryan 12:53

Do you feel like your observational skills, that you've been able to hone them now that you've been working for about two years? Are you able to sort of reflect back and see how your abilities have changed?

Emily Brewer 13:07

They've definitely improved. I think the more you work, the more that you see, because then you can sort of have those comparisons in your mind. And I think certainly with MSK pieces, I observe much more than I probably than I probably did before, or I'm kind of putting the pieces together.

Jennifer Ryan 13:29

Who are the other members of the healthcare team that you would interact with in your daily work?

Emily Brewer 13:36

I think one of the great things about working in an acute care setting is it's such a team-based environment. So I mean, that's one of the things that drew me into the hospital. I love working as part of a team. I would say in terms of who I work with the most closely, it would be our occupational therapists. I work with an amazing group of OTs, who I've learned so so much from and you know, we'll do initial assessments together, sometimes we will do reassessments or treatment sessions together if they're still a two-person assist, or we'll do discharge assessments together if we're kind of coming up with a plan together, because they have a slightly different lens, but there's also some overlap within the professions. So I think it's really nice to kind of put our heads together, especially if I'm unsure about something. So I can say, this is what I'm thinking, you know, I think I think they might need rehab or I think they're okay to go home and they might have their own sort of opinion and then we can talk about it together. So certainly, we work really closely together and I really value that sort of collaboration and that relationship.

Jennifer Ryan 14:44

If there is such a thing, what does a typical day at work look like for you?

Emily Brewer 14:50

Every day is very different. I am the float physiotherapist in general medicine so that means I float around to the different units or I might be covering a physiotherapist if they're off. So I get very used to sort of picking up a new caseload every day. When I come in in the morning, I am figuring out who the new referrals are, so who needs physiotherapy. And then I'm also reading up on the patients that I'm following, seeing if there's any updates in their charts from the medical team or various specialties. And then I sort of, after I've kind of caught up, figure out who is on my patient list, I have to come up with the priorities. I wish I could see everyone every day, and there are not enough hours in the day to do that. So it's sort of figuring out who needs to be seen. And that's typically the patients who are going to be going home soon, or the patients who are new and they need an assessment. And then I'll frequently coordinate with the OT. They might be seeing some of the same patients, so we might decide to go together. And then start my day. So I'll start seeing patients, maybe I'll chart a little bit. And then you know, within our day, we might have rounds, or I might be attending a family team meeting.

Jennifer Ryan 16:04

When you leave work at the end of the day, what sort of has to happen for you to feel like oh, today was a good day?

Emily Brewer 16:13

It's all about the little things that really make your day go well or make me really happy as I leave. So it could be helping someone transfer, you know, this is the first time they've gotten out of bed and we got them sitting up in a chair. That's really rewarding. Or we've been able to transfer them to a commode chair so now they can be getting up and going with nursing staff. Getting to know someone I think in acute care, they're often there for such a short period of time, really getting to know them is really rewarding, especially if you kind of find those tips and tricks that help you engage with them and help them engage in therapy. More recently, I was lucky enough to work with a very sweet older lady who had pretty advanced dementia. So sometimes sort of following commands to sort of participate in therapy and try to stand up or try to sit in a chair was really difficult for her. She was worried about falling. But she loved to sing like old show tunes old songs. Once we figured this out, the OT and I, we would go in, we would get her singing, we once brought in our phones so we could play music for her. And she would just sing through the whole therapy session and we could get her into a chair, we could get her sitting up for lunch. You know, when you have things like that, it's just so rewarding to be a part of and certainly, you know, you go home happy that day.

Jennifer Ryan 17:35

I know that during your Masters of Physical Therapy, you were involved with research. And then I also know that you were involved in research at the Bloorview Research Institute before you went into physiotherapy school. Can you tell me a little bit about the research that you have been involved with?

Emily Brewer 17:52

I took a year off between my undergraduate and starting school. So I worked at the Bloorview Research Institute, working with a clinician scientist, Dr. Virginia Wright, who's also a physiotherapist by training. So I was lucky enough to work as a research assistant in some of the studies that she was doing. And one of them was looking at the Lokomat, which is sort of a body weight supported treadmill, and they were doing some studies to see how it might impact someone's walking. So they were looking at

children with cerebral palsy. So I was lucky enough to sort of see the Lokomat and action, see the kids using the Lokomat, as well as sort of the pre and post assessments that the physiotherapist would run. And Virginia also creates outcome measures and she had created a few outcome measures that I was kind of involved with some of the data collection for and one of them was called the Challenge. There's a few variations of it, but it's sort of a, it's a really neat outcome measure looking at sort of higher level gross motor activities for children with cerebral palsy and sort of an assessment to see how they do. So I was really lucky to sort of be involved get to kind of see physiotherapy research and action. And my first physiotherapy student placement was at a chronic pain clinic. And that sort of certainly sort of sparked my interest in treating chronic pain. And you know, how physiotherapy can help with the treatment and management of chronic pain. And so I was lucky enough that my research project in physiotherapy school was in that area, and it was looking at sort of a chronic pain self-management program that was run by physiotherapists. So we were lucky enough to interview some of the physiotherapists who sort of implemented this program and delivered it to sort of gain their perspectives on what they thought about it.

Jennifer Ryan 19:49

How did your involvement in that research then contribute to your desire to become a physiotherapist?

Emily Brewer 19:57

I think I mean, I still knew that I wanted to be a physiotherapist when I was sort of involved in that research, but it certainly made me realize just how much I wanted to be a physiotherapist. So, you know, when I was doing that research, I was frequently observing or sometimes videotaping the sessions that the physiotherapist would do with the research participants. Again, this is pediatric research so it's a lot of like, fun and games and just seeing you know, the kids improve and get to try new things and seeing how much fun the physiotherapists were having really just made me want to be a physiotherapist that much more.

Jennifer Ryan 20:37

So was there anything that you learned in that role that you feel better prepared you to become a physiotherapist?

Emily Brewer 20:47

I think the importance of communication just in the role that I had as the research assistant. I really was communicating with the patients or the research participants and their family members. I learned a lot about the importance of communication. And I think also the importance of just sort of evidence based practice, particularly seeing, you know, Virginia create these new outcome measures to help sort of physiotherapists have a tool, like an outcome measure, to use to measure change. And I think I really learned that, you know, it is important to have outcome measures have, sort of quantitative things that you can use to sort of help you understand a little bit more as a physiotherapist.

Jennifer Ryan 21:31

In your daily practice now, do you find that you're looking to the research to answer some of the clinical questions you have?

Emily Brewer 21:40

I think the first sort of year of practice is such a whirlwind that you're kind of figuring out what are the basics I even need to be doing before I sort of dive into anything else? So I think it's something I'd like to be doing more of. But certainly there are times when maybe I think I've learned about something in school, but I'm not sure. So then I might sort of dive back in and see like, what is the evidence for this? Because I mean, again, you want to be implementing an intervention that works. So it's certainly something that I think about, and especially with, again, having a role in some chronic pain research, I know that there's a there's a lot of really important research out there around chronic pain and how to manage and how to treat it from a physiotherapy point of view. So certainly, if I'm working with someone who's here with chronic pain, certainly that's when I, I find that I'm most often kind of diving into the literature to see what should I be doing to kind of implement best practice or whatever I can do to kind of make it as best as it can be for them. I think what has been interesting within the Covid pandemic is the breadth of information that has been made available to clinicians working in that environment. There's been a ton of talks and articles about particularly physiotherapy management for patients with Covid.

Jennifer Ryan 23:07

Do you think that there's a way that researchers could potentially better consider the needs of someone in your position, so a frontline clinician who is just starting off in their clinical journey, and does not have a lot of time or is trying to absorb a lot of new information?

Emily Brewer 23:31

Yeah, I mean, I think reach reaching out, I think, speaking to the clinicians on the frontline are involving them in the research process in some way. Because I think when you're involved with it, that really kind of solidifies the information in your mind. And the more you sort of are involved, you kind of gain that appreciation of what you should be doing or what maybe you need to be moving away from depending on the evidence. That knowledge translation piece as well, getting the research out there, but then finding a way to have it translate into the actual frontlines or whatever sort of setting you've done the research in. I think that's the tricky piece. Involving the clinicians in sort of that research process would probably help in that sort of knowledge translation.

Jennifer Ryan 24:18

So finally, do you have any advice that you would give to other students who are graduating from professional program in healthcare or for students who might be interested in pursuing a career in physiotherapy?

Emily Brewer 24:34

Yeah, I think for those who are graduating and are kind of about to get into practice and dive right in, I would say, I think it's really important to sort of stay positive and remember that you know more than you think, and I think you're capable of more than you think. So you get a really good foundation in school and I think it's really important to kind of trust that, that you know, you wouldn't have you wouldn't have gotten you wouldn't have gone through school if you didn't know what you needed to know. I think it's a profession where there's lifelong learning. I know I'm always learning every day. So you're going to continue to learn, but I think it's important to really be confident in what you do know, as

well as keeping an open mind to all the learning that is going to come. To people who are interested in pursuing physiotherapy, I would encourage them to try and get involved in as many different aspects of physiotherapy as they can.

Jennifer Ryan 25:31

Emily, thank you so much for joining me today to explain physiotherapy and the experiences that you've had so far in the profession. I think it'll be really helpful for our listeners to sort of hear similarities of what other new graduates might be experiencing. For students, I think it's wonderful to be able to look slightly into the future to see what it holds. So thank you so much.

Emily Brewer 26:00

Thank you so much for having me. This was a pleasure.

Jennifer Ryan 26:04

And this concludes the third episode of our Spotlight series. Thank you for listening. Please subscribe, like, and follow us on social media. You can find the RehabINK Podcast on Podbean, Spotify, Apple Podcasts, and Google Podcasts, or on the rehabinkmag.com/podcast website that's R E H A B I N K M A G dot com slash podcast. Be sure to tune in next time.