

This case will potentially be posted on the HCA website to share with other health coaching health practitioners from your profession or that have similar roles. Please ensure that any client data used is de-identified. Use as much space as you need to enter the required details below.

Clinician details	
<u>Profession:</u> Physiotherapy <u>Role:</u> Manipulative Physiotherapist in city centre private practice <u>Type of program:</u> NA <u>Type of organisation:</u> Physiotherapy private practice Name and Contact Details if you are happy for other clinicians to contact you to discuss this case: Caroline Bills cfbills@optusnet.com.au	
Client demographic details (de-identified)	
<u>Fictitious name:</u> Doris <u>Age Group:</u> 35-40 <u>Gender:</u> Female <u>Other:</u>	
Presenting issues	
<u>Referral issues:</u> Work related left biceps tendonitis and neck pain  <u>Client-identified issues:</u> Pain in the left shoulder/neck area. Client is concerned she won't be able to return to original duties and doesn't understand why the problem has occurred.	
Initial general goal selected to work on	
<u>Selected General goal:</u> Perform neck and shoulder stretches	<u>Decisional Balance Conducted?</u> No
<u>Initial RIC scores/categories:</u> R= high I= high C = low	<u>Subsequent RIC scores/categories (if appropriate):</u> R= I= C =
Barriers to health behaviour change identified in consultation (BEST)	
<u>Main Barrier/s:</u> Concerned stretching might increase her pain. <u>Other Identified Barriers:</u> Never done much exercise before. Client is very anxious and thinks all pain means damage or danger. Fear avoidance behaviour – not using left arm at all.	
Facilitators for health behaviour change identified in consultation (BEST)	
<u>Intrinsic motivators identified:</u> Wants to return to original duties and be free of pain. <u>Facilitators identified or applied to address barriers:</u> Education regarding how to stretch safely and the difference between acceptable and not acceptable pain.	
HCA techniques used to identify and address barriers and improve RIC	
Education about how the pain system works is woven in throughout the consultation to increase the client's confidence. eg getting pains in other areas is common because the system is more alert after an injury. Reassurance that pain can mean "sensitive" or "overloaded" rather than damaged. Used cognitive re-framing to help the client to think about her pains as messages of overload that can be helped rather than a terrible injury that will incapacitate her. Reinforcement that skill development (ie learning to exercise well) takes time and repetition.	

<b>Outcome from initial session</b>
<p><u>Specific goal/s:</u> Perform 3 neck /sh stretches x3reps held 10 seconds, x3 per day for 1 week</p> <p><u>Action plan/s:</u> Perform in am, lunch time and pm, Check written reminder about good and bad pains to help decide how far to stretch Follow up appointment in under one week to check technique</p> <p><u>RIC Scores/categories:</u> R= high I= 10 C= 8</p>
<b>Number and Time Frame of Sessions</b>
<p><u>Number of Sessions with Client:</u> 4 but ongoing</p> <p><u>Time frame from 1<sup>st</sup> to last session:</u></p> <p><u>Future Follow-up:</u> will be assisting with return to work plan</p>
<b>Results over time</b>
<p><u>Behavioural:</u> Now doing regular stretching and happy to consider strength program.</p> <p><u>Physiological:</u> pain now resolved in biceps and now intermittent and mild only in left neck/scapular area.</p> <p><u>Motivational:</u></p> <p><u>Psychological:</u> Reported much less anxiety regarding injury. Gaining confidence in own ability to “read” her body.</p>
<b>Spontaneous changes (behaviour changes not planned in consultations, but enacted by client)</b>
<p>Started to practice correcting her posture at work.</p> <p>Reduced fear-avoidance behaviour. Now happy to use her left arm to assist with lifting light objects.</p>
<b>Thank you for contributing to the collective knowledge of health coaching health practitioners!</b>

Notes:

1. If you do NOT want your case posted on the HCA website, please note this on the bottom of your case and we will respect your request. Otherwise, we will post selected cases in the Resources Section of the HCA site and build up a library of cases over time from various professions and roles: [www.healthcoachingaustralia.com.au](http://www.healthcoachingaustralia.com.au).
2. Feel free to scan and attach any worksheets or other documents (e.g., mind map or decisional balance details) that you think would help to illustrate your client case.

Please describe how you use or have adapted health coaching techniques to suit your professional role:

I now use simple flow charts with evidence-based treatment options listed for common conditions. This makes it easier to present options to clients.