



## » PT DURING CLINIC SHUT-DOWNS

# I Didn't Feel I Was Out There Totally on My Own

Chris Beurmann expected to receive physical therapy in a clinic after rotator cuff surgery for a work-related injury.

**But then COVID-19 happened, and area PT clinics closed suddenly. When his nurse case manager asked if he would consider telerehab, he reluctantly agreed.**



## » CHRIS' STORY

Chris Beurmann was a working supervisor for a company that made – among other things – ink pads for printing presses. Over the years, packing bulky products in 90” tall boxes weighing over 200 pounds took a toll on his left shoulder

On March 5, 2020, he had a quite involved surgery to repair his left rotator cuff, some torn muscles, and clean up tissues around his collar bone and shoulder blade. A clinic (not a MedRisk provider) near his Michigan home conducted an initial evaluation, but when he returned to start therapy, he learned the clinic was closing due to COVID-19.

Stunned, Chris felt he was all on his own.

When his nurse case manager suggested telerehab, he hesitated. He was not sure how well he'd recover without the kind of hands-on PT he'd had for a previous injury on his right rotator cuff. But with clinics closed, he decided to give it a try.

Under normal circumstances, MedRisk would not recommend starting Chris' therapy with telerehabilitation. “Someone with a surgery this involved would go to a clinic for several sessions before moving to telerehab,” said Stephanie Kraft Rada, PT, DPT, a Clinical Reviewer and Telerehab Therapist on MedRisk's staff.

But these were not normal circumstances and delaying physical rehabilitation could result in long-term functional mobility deficits and a decreased tolerance for lifting. These could prevent return to full duty and even impede the ability to perform activities of daily living.

Chris, who returned to work on March 29, started telerehab from his workplace in early April. During the first visit, Stephanie talked with him about his injury, surgery, clinic experience, and started his exercises. She could see how he performed them, guide him and correct positioning.

Stephanie also sent him a rope and pulley he could use right away and answered his questions on how hard to push. If doing an exercise bothered him, she offered an alternative. After each session, she emailed a list of the exercises with links to videos to remind him how to do them properly.

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**“Stephanie did a wonderful job and I didn’t feel like I was totally out there on my own,” Chris said.**

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In the beginning he reported a 7-out-of-10 pain level and trouble sleeping. By his 10th session in late May, they had completed all the therapy in the surgeon’s strict protocol except for hands-on techniques. Chris was sleeping well and reported 2-out-of-10 pain levels that only occurred with activity. Plus, his mobility increased; he went from no range of motion to almost full motion.

“Chris was an amazing patient, very focused on doing everything possible to speed his recovery and return to full duty,” Stephanie said.

His doctor prescribed another 16 weeks of PT to address any residual joint mobility restrictions and soft tissue dysfunction with manual joint movement. Now that local clinics were reopening, Stephanie recommended he finish treating in one.

“I needed the hands-on therapy, somebody to push my arm,” Chris said. “I’ll only inflict so much pain on myself.” He finished PT in a nearby clinic and continues stretching and exercising at home.

Telerehab patients need self-discipline, according to Chris. “Whether in a clinic or through telerehab, you get as much as you put into it,” he said. “And, you need a therapist with the right tools who can tell you what you’re doing right and wrong.”

Telerehab was not the first choice for Chris Beurmann. Nor was it MedRisk’s first choice for the case. But it was the right choice under the circumstances.