

Gauging clinician satisfaction with the person-centered, shared decision-making approach to manual therapy (MT) with voice and swallowing disorders.

- Wales Institute for Work Based Learning
- BMPF7010
- Walt Fritz
- Student ID 1922505
- 11 September 2024



WALT FRITZ, PT

FOUNDATIONS

IN MANUAL THERAPY:

Voice and Swallowing Disorders

Manual Therapy for Voice and Swallowing

A Person-Centered Approach

Walt Fritz



compton
publishing

Therapeutic artistry vs. protocol-based approaches

Acknowledging both perspectives, while narrowing the gap between the two, providing a product useful to the end user.

Allowing for a personal perspective but framed by evidence-based practice.

- Daniels et al. (2024)
- Thomson et al. (2014)

Shared decision-making

- Shared decision-making (SDM) states that the clinician presents the patient with all salient facts without bias and allows them to be involved with treatment choices.
- SDM, in my model, allows for the personal perspectives of both my patient and myself, framed by evidence-based practice. By tempering my past learnings on MT with perspectives from the patient, we are finding a center point between artistry and science.
- Fritz (2021)



Research Question

**To what extent have my
courses changed the
clinical encounters of the
SLP end-user who
utilizes this work?**

Literature Review

- Foundation for this study was established through: Fritz (2020, 2021, 2022)

Newer concepts presented in my current paper:

- The complexities of mechanisms in laryngeal manual therapy: Fritz (2024)
- Meta-therapy provided me a conceptual framework for my approach: Helou (2017)
- Self-determination theory warned me to not go too far to incentivize patient participation: Castro et al. (2023)
- Shared decision-making: Leng (2017) and Thomson (2023)
- Evidence lacking for SDM in manual therapy: Tousignant-Laflamme (2017)

Literature review

- Petty et al. (2022) states that meta-therapy is not the “what of the treatment” (the specifics of the technique), but the “how”, which is our crafted dialogues that guides the patient towards intended outcomes.
- Tilton-Bolowsky et al. (2022) comments that is method of moving into the “how” of therapy is seldom taught, leaving the clinician to slowly discover it over time.

Methodology

- Used a mixed methods design (Ryu, 2020), which allowed perspectives from the existing literature, individual perspectives and experiences from end-users to coalesce .
- Survey distributed via email to those who took my in-person seminars from April 2020 – August 2023, with 1020 requests sent, and through social media postings to speech-language pathologists (SLPs).
- 53 people responded to the survey, with 2 excluded for non-eligibility, leaving 51 active responders.
- As all respondents were known to me, my sample is considered a non-probability sample (Mulisa, 2022), vs. a completely random sample.

Methodology

- A total of 31 questions were asked in three formats: yes/no questions, 5-point Likert Scale (Awang, 2016) questions, and free-text responses for elaboration and context (Abraham et al., 2020).
- Questions polled respondents for feedback on past experience and preferences using various forms of manual therapy, their experiences and patient feedback using manual therapy and SDM, and opinions on whether using both added value to clinical encounters and outcomes.
- From the free-text responses, I established common themes (Saldana, 2016) to better understand and interpret the data.

Ethical considerations

- Possible concern: In asking for comparisons between traditional laryngeal manual therapy (LMT) and my approach (Foundations in Manual Therapy, or FMT).
- Of those who learned and used LMT, exposure was typically brief and informal (see later), with instruction typically supplied by a co-worker or supervisor.
- Exposure to my work involved an intensive 2-day training, with potential influences from time/money invested. As an expert in the field, no matter how I attempt to remain neutral in my presentation, one may see the experience of attending my workshop as potentially providing a strong bias towards my views.
- Such attention may not result in an SLP feeling neutral about both approaches, no matter their past experiences. These ethical concerns are clearly stated.

Ethical considerations



- Many SLPs who responded had no prior manual therapy exposure.
 - Most had little exposure to SDM.
 - With the singular attention that I provide my learners, and the time invested learning these topics, awareness of insider research concerns must be maintained (Fleming, 2018).
- 

Ethical considerations

- I acknowledge the potential influence I had on all respondents, with their feedback reflecting that influence. They possibly become a member of my “tribe” (Kahuna, 2000), with potential enmeshment within my views and perspectives, influencing their positions.
- I am an insider, polling members of my tribe.
- Understanding these ethical concerns, I felt that feedback would still benefit me in evolving my seminars in the future.

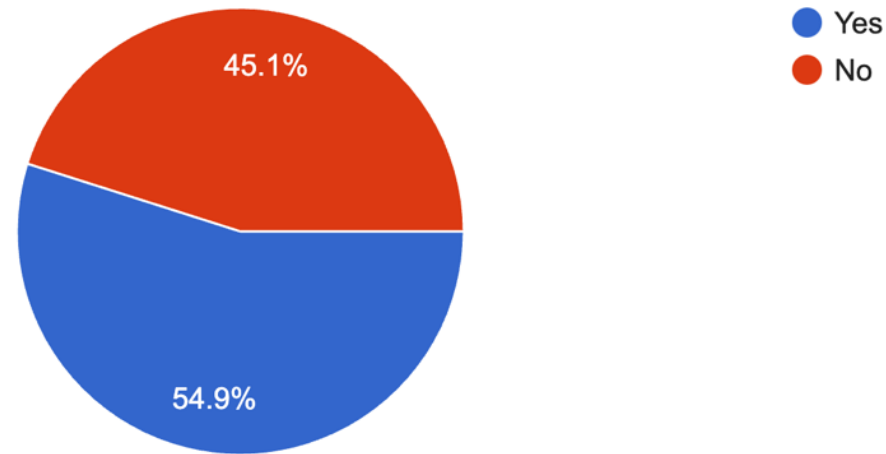


Findings

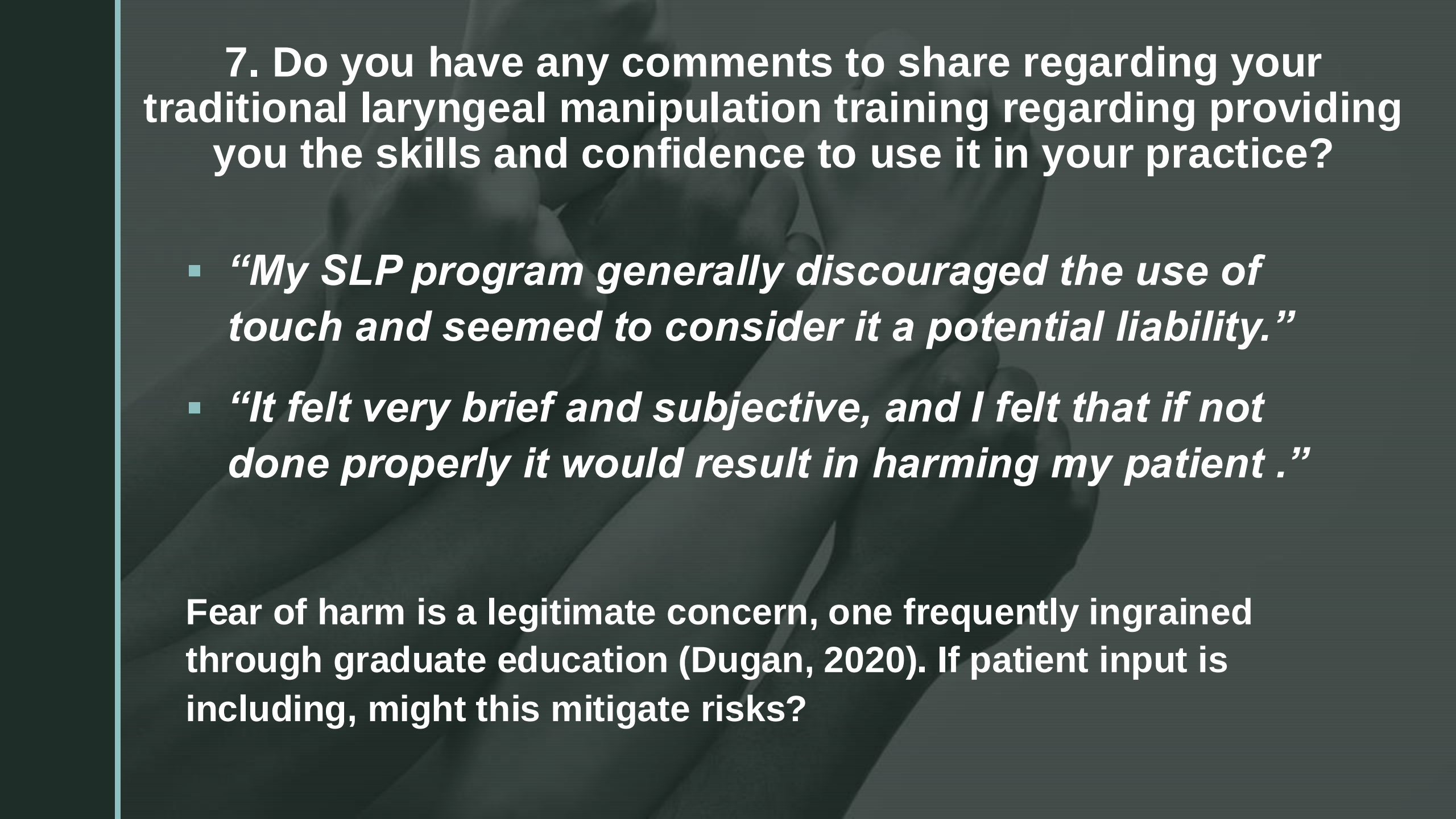
- As a thorough analysis of the responses from all 31 questions in the survey would require too much time, I've chose to focus on a few key relatable points and questions.
- Some of these questions may reflect positive responses to confirm my assertion that the teaching of an SDM approach renders the therapeutic process one that clinicians find easy to enact and patients find bolsters outcomes.
- Other responses may point to gaps and deficits within my program, indicating a need for change or updating.

4. Before taking the FMT seminar, did you receive any training in your SLP education (undergraduate or graduate level) or through work-based mentoring to use manual therapy interventions?

51 responses



The relatively high percentage of respondents who answered “Yes” was surprising. In each seminar, I ask for a show of hands from those who’ve had previous training in manual therapy. Typically, only approximately 10% respond in the affirmative.



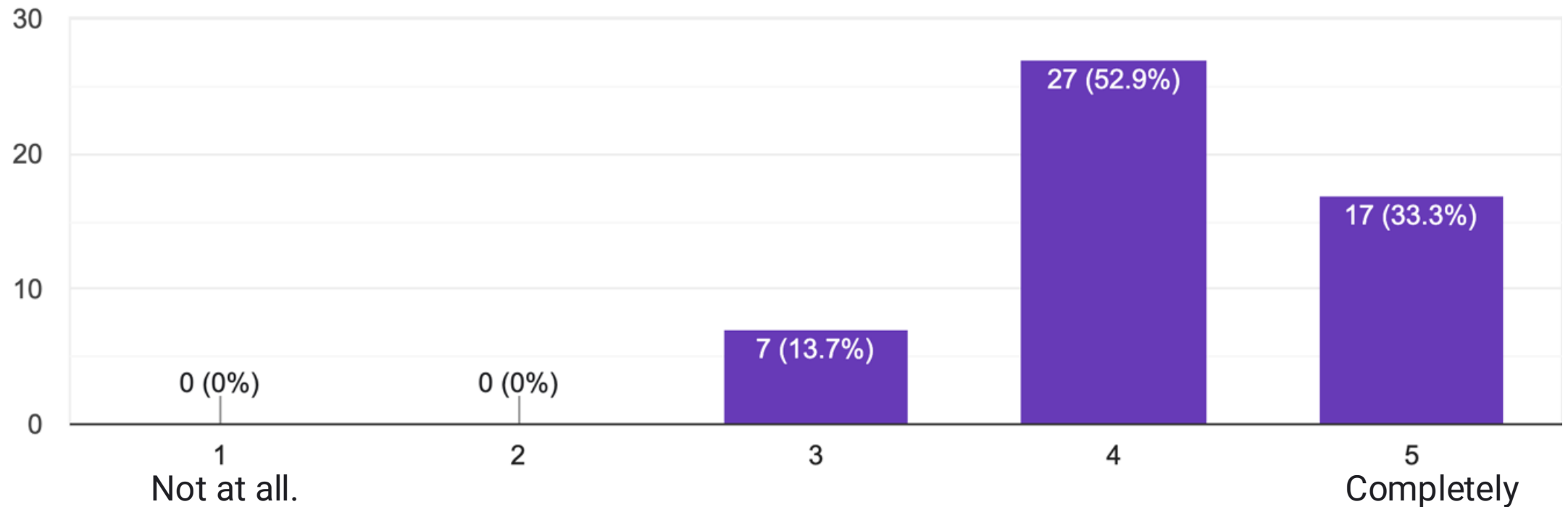
7. Do you have any comments to share regarding your traditional laryngeal manipulation training regarding providing you the skills and confidence to use it in your practice?

- *“My SLP program generally discouraged the use of touch and seemed to consider it a potential liability.”*
- *“It felt very brief and subjective, and I felt that if not done properly it would result in harming my patient .”*

Fear of harm is a legitimate concern, one frequently ingrained through graduate education (Dugan, 2020). If patient input is including, might this mitigate risks?

8. Did the education supplied in the FMT seminar give you the skills and confidence to use it in your practice?

51 responses



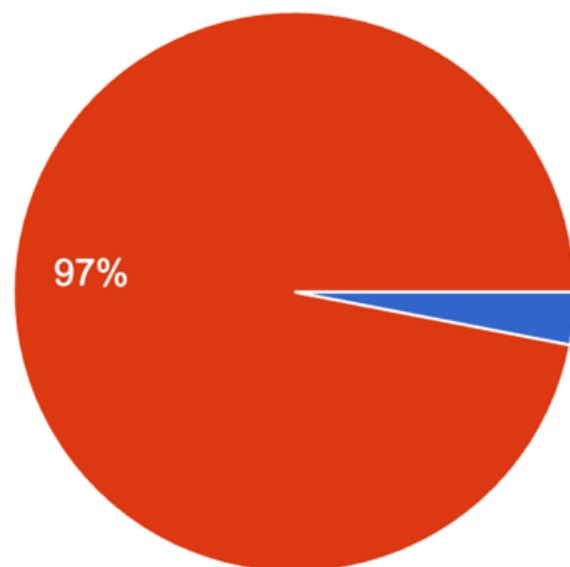
9. Do you have any comments to share regarding your FMT training regarding providing you the skills and confidence to use it in your practice?

- *“Walt presents the information precisely with a hands-on approach while emphasizing dialogue with the person and not the “patient”. What a loving way to connect.”*
- *“FMT has completely changed the way I practice when treating people with head and neck cancer. It has been a vital component of my clinical practice and has been beneficial in improving patient outcomes both functionally as seen with FEES/MBSS (laryngeal assessments) and per their reports.”*

- *“FMT took away the cookbook and the idea that there can only be one right way. The focus was shifted back to the patient and the patient determined what was meaningful, where therapy needed to progress to. This acknowledgment in the coursework about the "gray areas" of manual therapy boosted my confidence.”*

10. If you've learned both traditional laryngeal manipulation and the FMT approaches, did/do you prefer one approach over the other?

33 responses



- Prefer traditional laryngeal manipulation approach.
- Prefer FMT approach

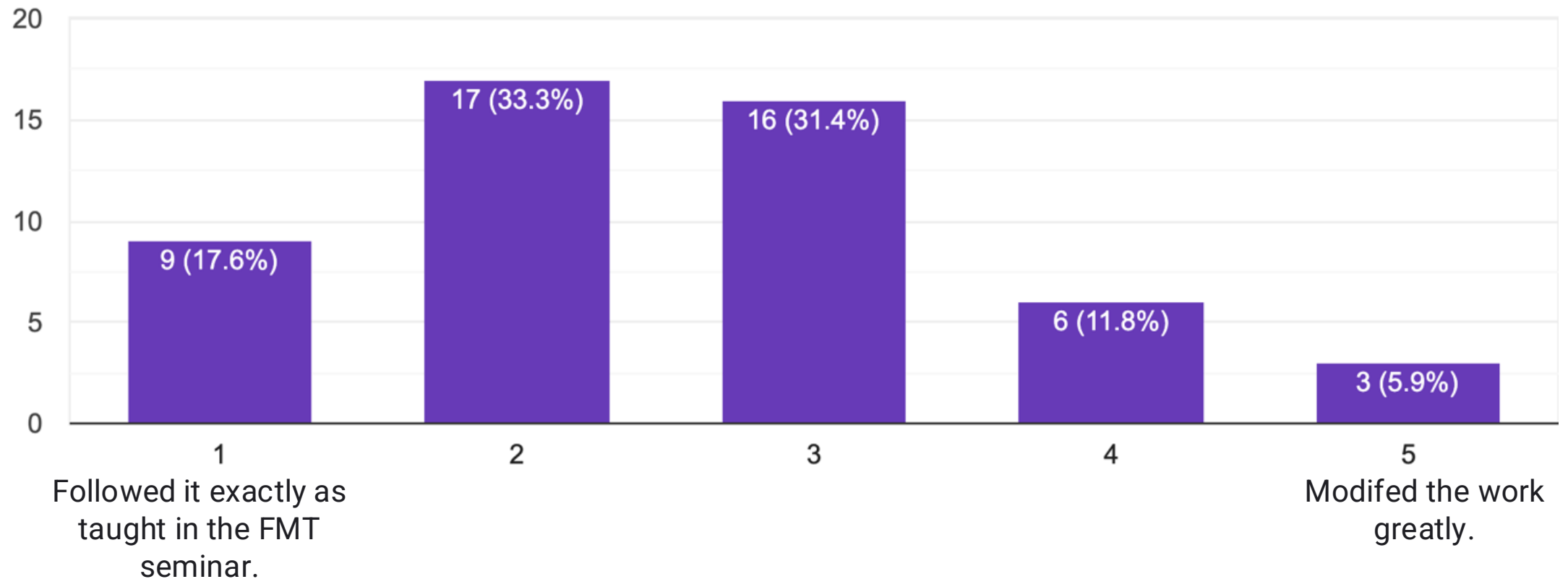
11. Can you comment on what informed your preference?

- ***“My preference is for a shared decision-making, person-centered approach (FMT) rather than the clinician-as-expert model I observed in my experiences of traditional laryngeal manipulation. Elevating the provider may lead to passivity, confirmation bias, unrealistic expectations, dependency, or diminishing personal role in meeting/maintaining outcomes over time.”***

“I wish there was an answer for “no preference”. I believe they are different, and both have their application, depending on the patient. For oral, head, and neck cancer patients, I prefer FMT. For muscle tension dysphonia (MTD), traditional laryngeal manipulation still tends to be my go-to because it is generally effective, and I have years of experience successfully applying it. FMT is a back up for me in those cases.”

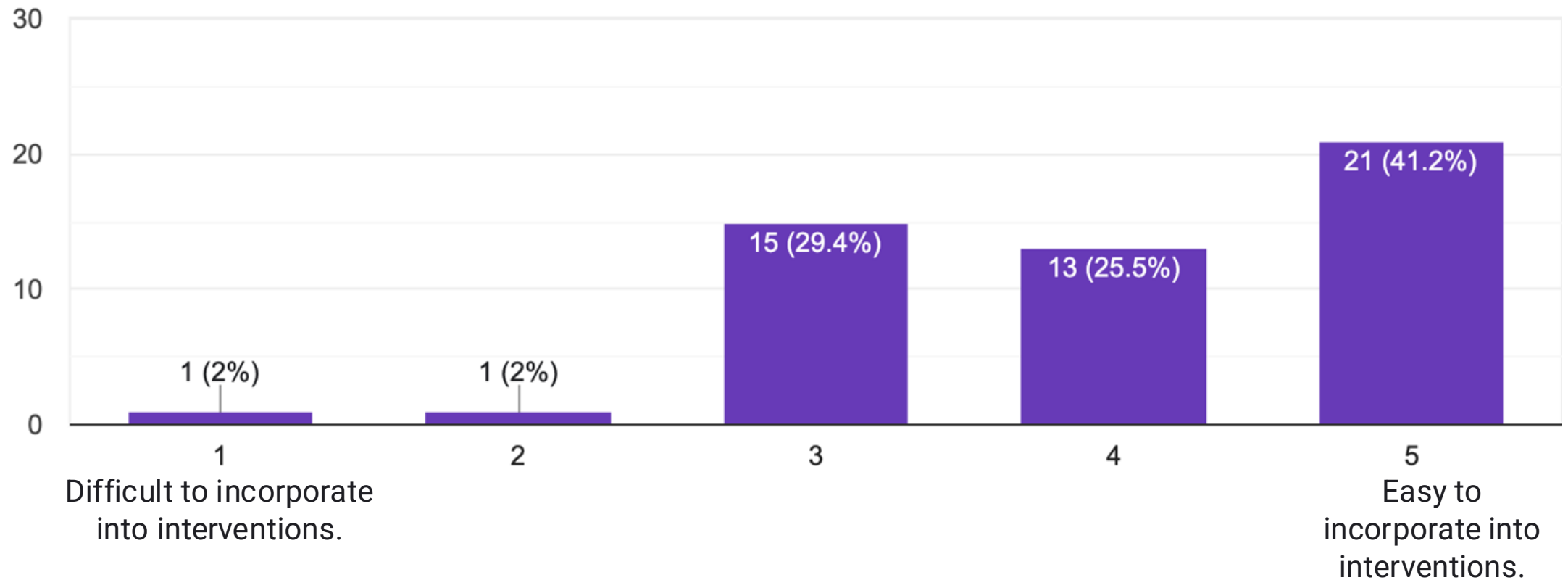
12. Did/do you modify the material presented in the FMT class, or did/do you closely follow how it was initially presented?

51 responses



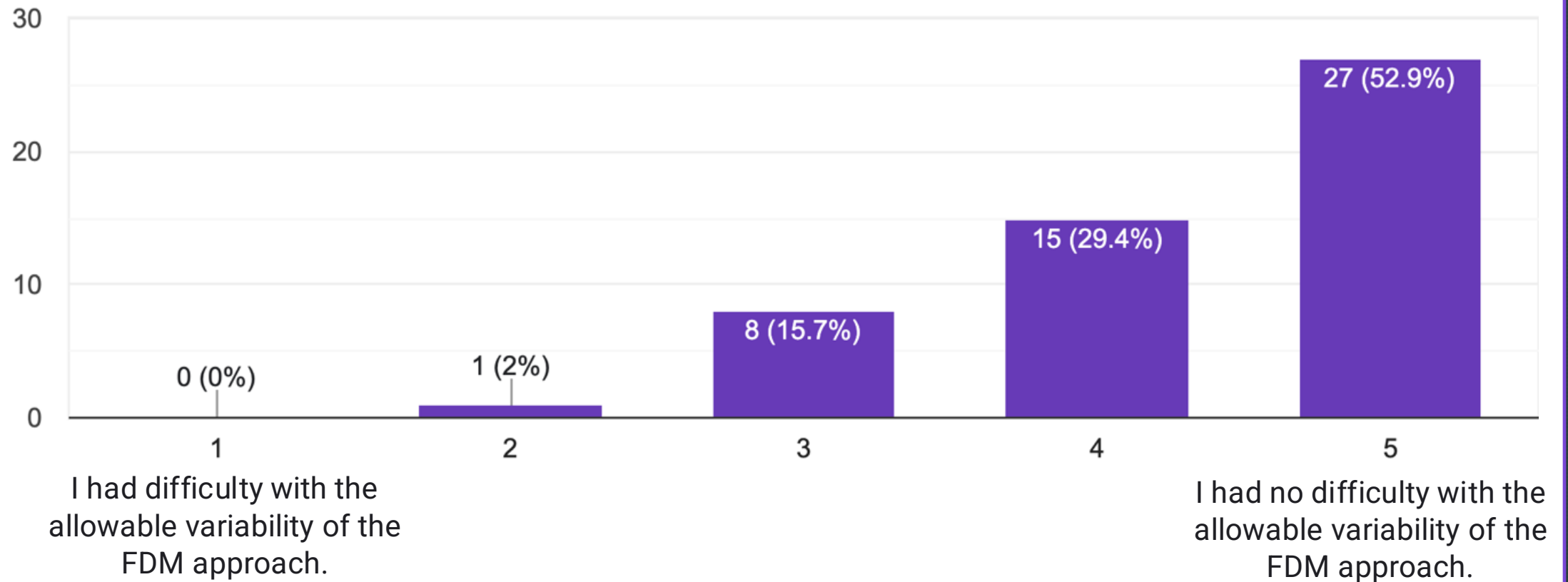
14. When you began using the work, did you initially find the model presented in the FMT approach easy to incorporate into your interventions?

51 responses



16. Did/do you find the variability presented in the FMT seminar regarding the need to modify the amounts of pressure, the direction of stretch, and ... response to patient feedback easy to incorporate?

51 responses

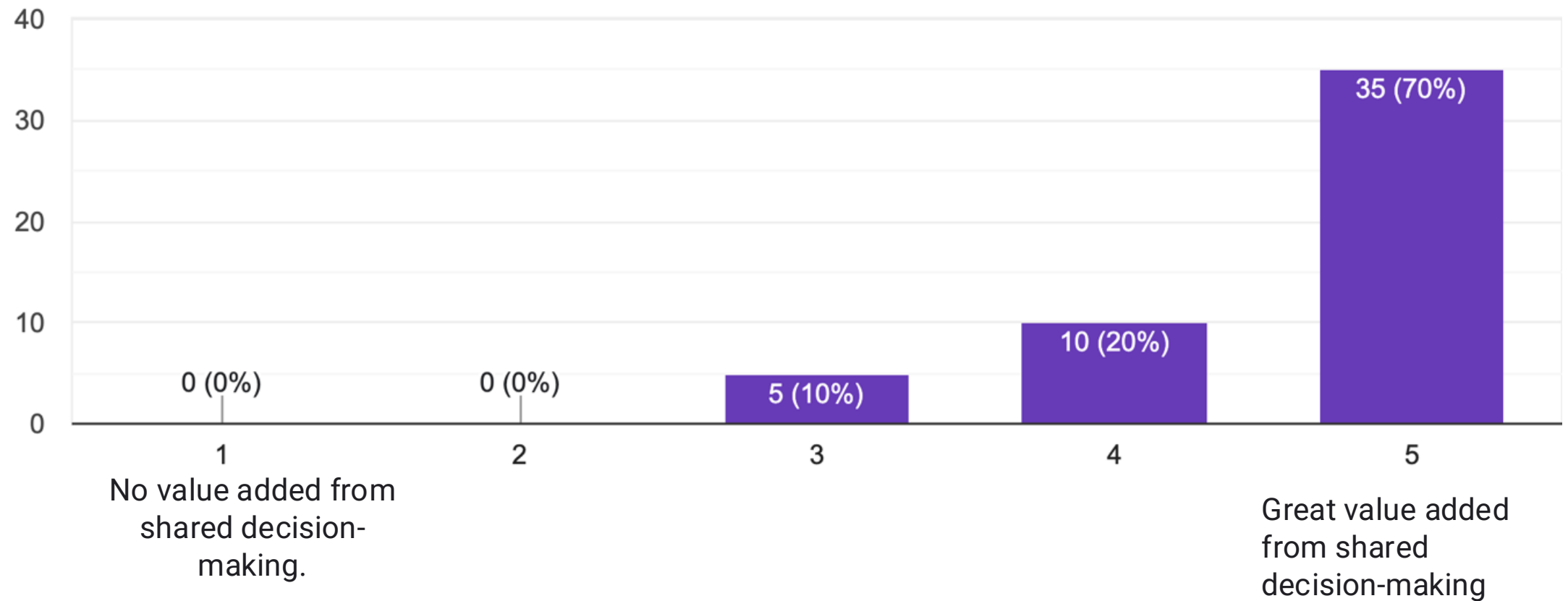


17. Do you have any comments on the inclusion of variability into the FDM approach into your interventions?

- *“I appreciate the variability and the focus on that in the course. No approach is a one size fits all.”*
- *“Yes, that was fantastic. Patients so much WANT to be included and so asking them to guide my pressure, direction, etc. was super fabulous!”*
- *“Working with stroke patients who have very often cognitive impairments can make it difficult for them to answer my questions and to know what feedback to give me (difficulty to identify what they are feeling; ex., sensory impairment, anosognosia, etc.).”*

18. Does shared decision-making add value to your interventions?

50 responses

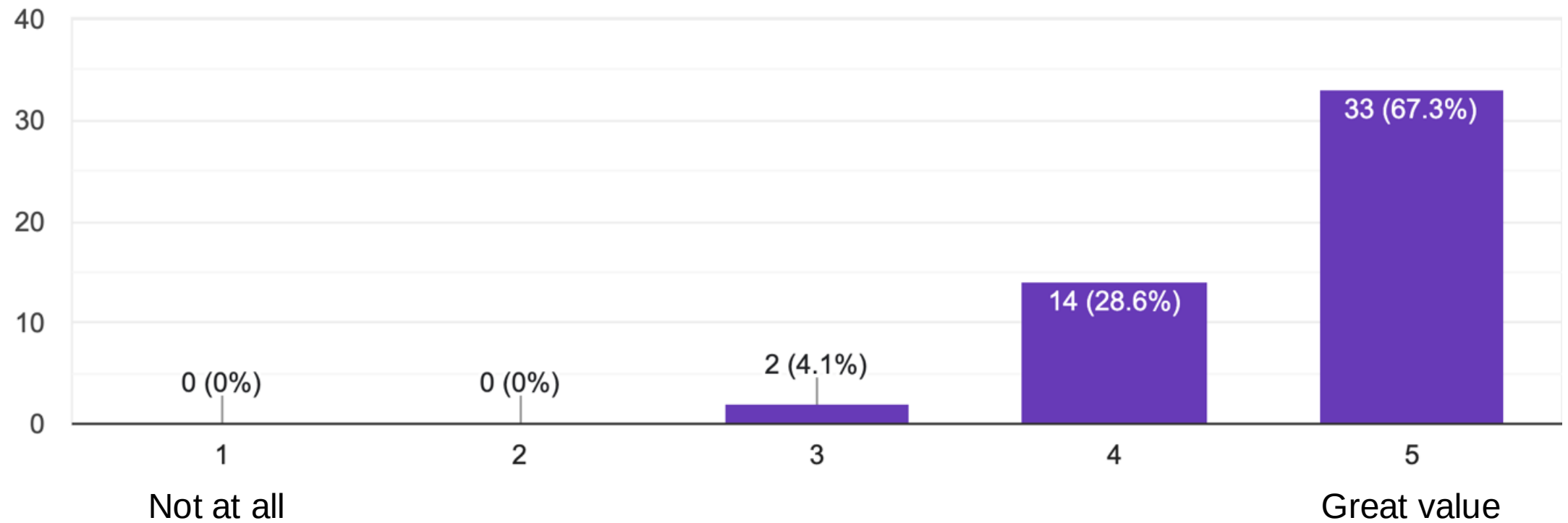


19. Do you have any comments on the value shared decision-making added to your interventions?

- *“I'm still working on it. Often, I get the sense patients are providing answers they think I want to hear or hold onto a belief that tolerating more pressure means quicker healing. Taking the extra time to work through these issues with patients is beneficial in the long run and I think builds better patient/therapist trust.”*

25. Does manual therapy add value to your interventions?

49 responses



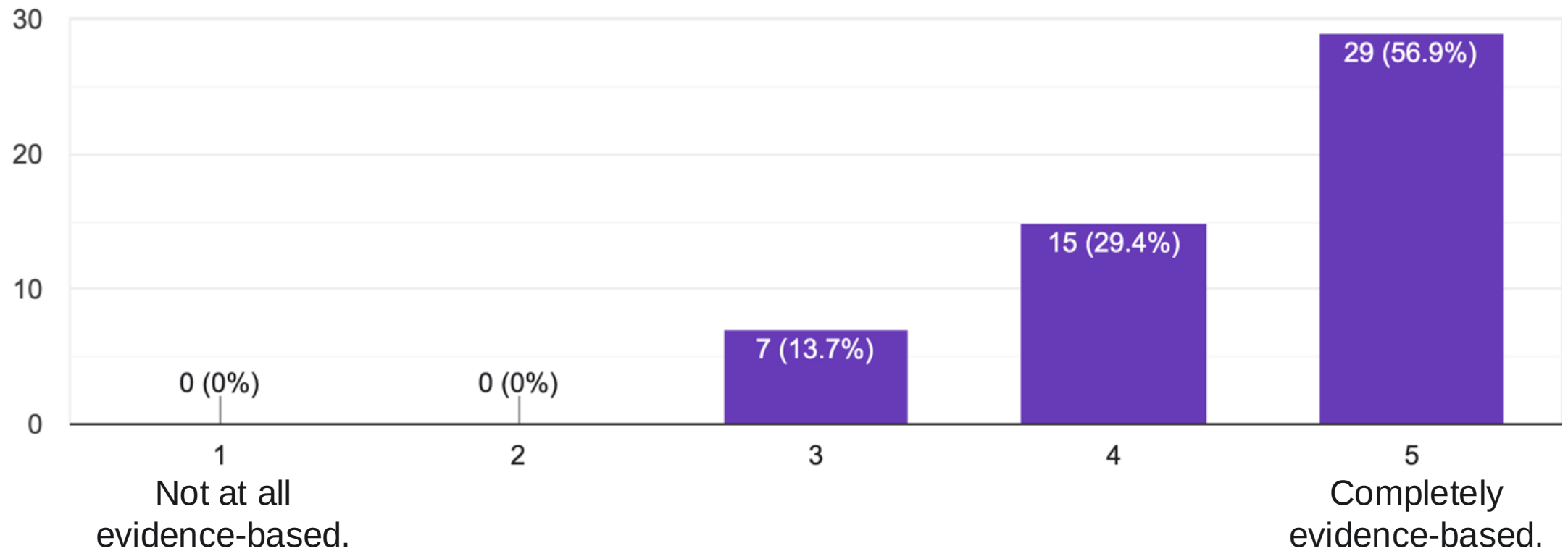


**26. Do you
have
comments
on the value
manual
therapy adds
(or doesn't
add)?**

- *“FDM has assisted me in improving patient outcomes; particularly with the more severe or complicated patients who do not immediately respond to more traditional approaches.”*
- *“Manual therapy completely changed my career and patient outcomes - specifically for people with head and neck cancer. It was the missing tool I needed to help my patients succeed. “*
- *“One value I think it adds is that it makes it easy for the patient to be seen as a whole person, not just their disorder, and to emphasize the patient's sense of control over their recovery.”*

27. Do you feel the approach taught in the FDM seminar is aligned with evidence-based practice?

51 responses



- 28. Do you have any comments on the alignment of the FDM approach with evidence-based practice?

“I find it difficult to give evidence/ articles if/when people ask me.”

Conclusions and Application to Practice

- Based on the results given by past learners in this study, and assessment of my research question, “***To what extent have my courses changed the clinical encounters of the SLP end-user who utilizes this work?***” I would conclude that those clinical encounters have been positively influenced. Though variability is present, most learners found value in the work and approach I teach.
- It also seem apparent that learning manual therapy and shared decision-making resulted in a significant advancement in the clinical encounters of the SLP.

Influences On My Practice

- As mentioned, I need to continually evolve through consideration of the limitations and gaps provided through the extensive responses presented in the full study.
- Additionally, through this study, and the newer research resources mentioned in the literature review (Helou, 2017; Castro et al., 2023), I've developed a better understanding of my role with patients. For example, while I may encourage them to be a partner in their care, I must allow them the ability to say "No, I'd like you to make the choices."

This change applies to how I teach my seminars and how I interact with patients in my private practice.

Influences on the Greater Aspects of Clinical Practice

- Through my recently published paper, I provided evidence to support a more multifactorial view of the mechanisms of action of laryngeal manual therapy (Fritz, 2024).
- I envision that paper, along with the results of this study, may foster researchers to explore a wider range of options when conducting manual therapy (MT) research in the voice and swallowing field.

Influences on the Greater Aspects of Clinical Practice

- Given the reportedly poor representation of MT in graduate SLP education, the results of this study may encourage interest in including basic MT education at that level.
- Such a move may destigmatize MT as dangerous and allow for a larger pool of clinicians to bring this work to patients.

Limitations

- Formatting and wording of my questions was a weakness. I was unable to capture nuances that may have better informed changes to my curriculum.
- I had embarked with a goal to show a preference of one model of MT to be shown as superior to the other.
- However, the free-text replies caused me to begin including traditional LMT in my seminars, which was humbling, but will enhance the quality of the product I supply.

31. Thanks for your responses. If you have additional comments or suggestions for changes to the curriculum, please leave them below.

- ***“Walt, thanks for all you do. You have made a huge impact on our profession ♥”***

References

- Abraham, T. H., Deen, T.L., Hamilton, M, et al. (2020). Analyzing free-text survey responses: An accessible strategy for developing patient-centered programs and program evaluation. *Evaluation and Program Planning*, 78, 101733.
- Awang, Z., Afthanorhan, A., Mamat, M. (2016). The Likert scale analysis using parametric based Structural Equation Modeling (SEM). *Computational Methods in Social Sciences*, 4(1), 13-21.
- Castro, M. E., Enclade, H., Biel, M. (2023). Self-Determination Theory Applications in Culturally Responsive Voice Therapy. *ASHA SIG 3*, https://doi.org/10.1044/2023_PERSP-23-00168.
- Daniels, K., Chanda, A., Berry, L., Edke, A., Patel, P., Wun, A., & Krisciunas, G. P. (2024). A Survey of Manual Therapy Techniques and Protocols Used to Prevent or Treat Dysphagia in Head and Neck Cancer Patients During and after Radiation Therapy. *Global advances in integrative medicine and health*, 13, 27536130241263349. <https://doi.org/10.1177/27536130241263349>
- Dugan, C. (2020). *A Survey of Speech Pathologists Regarding Self-Administered Laryngeal Massage on Singers*. Miami: University of Miami.
- Fleming, J. (2018). Recognizing and resolving the challenges of being an insider researcher in work-integrated learning. *International Journal of Work-Integrated Learning*, 19(3), 311-320.
- Fritz, W. (2020). An investigation into the multifactorial impacts of manual therapy on voice. Historical perspectives and their perceived limitations. Unpublished.

- Fritz, W. 2021. Module 4: BMPF7013F. Unpublished
- Fritz, W. (2022). Module 5: BMPF7013G. Unpublished.
- Fritz, W. (2024). The mechanism of action for laryngeal manual therapies: the need for an update. *Current Opinion in Otolaryngology & Head and Neck Surgery*, 32(3), 151-155.
- Helou, L. (2017). Crafting the Dialogue: Meta-Therapy in Transgender Voice and Communication Training. *Perspectives of the ASHA Special Interest Groups, SIG 10*, 2(Part 2), 83-91.
- Kanuha, V. (2000). "Being" native versus "going native": Conducting social work research as an insider. *Social Work*, 45(5), 439-447.
- Leng, G., Clark, C. I., Brian, K., Partridge, G. (2017). National commitment to shared decision making. *British Journal of Medicine (Clinical research ed.)*, 359, j4746. <https://doi.org/10.1136/bmj.j4746>
- Mulisa, F. (2022). Sampling techniques involving human subjects: Applications, pitfalls, and suggestions for further studies. *International Journal of Academic Research in Education*, 8(1), 75-84.
- Petty, B. E., Gillespie, A. I., van Leer, E. (2023). Meta-therapy applications for the voice evaluation. *Perspectives of the ASHA Special Interest Groups*, 8(4), 620-624.

- Ryu, S. (2020). The role of mixed methods in conducting design-based research. *Educational Psychologist*, <https://doi.org/10.1080/00461520.2020.1794871>, 1-12.
- Saldana, J. (2016). *The Coding Manual for Qualitative Researchers*. London: Sage.
- Thomson, O.P., and MacMillan, A. (2023). What's wrong with osteopathy? *International Journal of Osteopathic Medicine*, 48, 100659.
- Thomson, O.P., Petty, N.J., & Moore, A.P. (2014). A qualitative grounded theory study of the conceptions of clinical practice in osteopathy - a continuum from technical rationality to professional artistry. *Manual therapy*, 19(1), 37-43.
- Tilton-Bolowsky, V. E., Davis, A. S., and Zipse, L. (2023). Mapping meta-therapy onto the treatment of cognitive-communication and language disorders in adults. *Perspectives of the ASHA Special Interest Groups*, 8(4), 640-658.
- Tousignant-Laflamme, Y., Christopher, S., Clewley, D., et al. (2017). Does shared decision making results in better health related outcomes for individuals with painful musculoskeletal disorders? A systematic review. *Journal of Manual & Manipulative Therapy*, 25(3), 144-150.