Online Supplement to 'Diagnosis is a Team Sport' (Diagnosis, 2016)

Original Email from Dana Thomas of physical therapy reaching out to David Newman-Toker of oto-neurology regarding her dilemmas with her role in diagnosing patients with acute dizziness.

From: Dana Thomas
Sent: Tuesday, February 22, 2011 10:38 PM
To: David Newman-Toker
Subject: HINTS article

Dr. Newman-Toker,

I'm hoping you have some time to entertain some questions I have for you. I am a physical therapist in a large trauma center/acute care hospital in Raleigh, NC. I have been a PT for nearly 20 years and specialize in neurological/vestibular assessment and treatment. I am recognized by my peers and by many physicians (hospitalists and neurologists) as having a high level of skill in assessing and treating patients with neurological and vestibular system pathologies. Although I do quite a bit on the vestibular rehab end of things (i.e., canalith repositioning maneuvers, treatment of peripheral vestibular hypofunction and treatment of central vestibular deficits that occur as a result of TBI/CVA/MS, etc.), I often receive PT consults and am performing my complete neurological/vestibular exam on the front end, when the diagnostic workup phase is still in progress. As a PT, diagnosis is not within the scope of my practice, and I avoid any documentation that would insinuate diagnosis. I will, in verbal conversation with physicians, at their requests, give them my opinion, based on objective examination findings. I have referred to the HINTS article on several occasions, in hopes of finding physicians who are aware of its huge implications. Most are not aware of the article and do not routinely implement the recommended exam techniques mentioned. Most also seem to be unfamiliar with the concept that a negative initial MRI does not necessarily rule out stroke. With lengths of stay decreasing, and insurance not likely to cover it, very few patients end up having repeat MRI, so there are likely those with small brainstem lesions not found on the initial MRI who are never diagnosed. Have you and your colleagues mulled this over? I'm sure this is the state of affairs in hospitals all across the U.S. Do you have any suggestions for how I might encourage use of this instrument on a more routine basis? Or how to get across the idea that the clinical exam and the history of onset might be the most important pieces of diagnostic information?

Any input you have would be great.

Thank you,
Dana B. Thomas, PT