

## CONCLUSION

**EDUCATION TAILORED TO BURN THERAPY  
COMPETENCIES POSITIVELY IMPACTS THERAPY  
SESSIONS PERFORMED BY NON-BURN THERAPISTS.**

## RESULTS

- Burn therapy competencies improved with overall retention scores increasing from 73% to 95%.
- Non-burn therapist learned, on average, 2 additional methods of assessing burn wounds and subsequent therapy interventions.

## SIGNIFICANCE STATEMENT

Burn therapy staff is not available 24/7 which often leads to a delay in physical therapy, decreased burn specific therapy, and decreased burn patient activity levels.

## DATA SOURCE/POPULATION

- 15 non-burn therapy staff participated.
- Annual education was provided during an hour in-service focusing on burn therapy competencies including cutaneous functional units (CFU).
- A pre- and post-test was administered.
- Pre- and post-test results were used to tailor on-going education focusing on hands-on education and small focus groups.

## LESSONS LEARNED

Since the implementation of tailored education, there has been 100% compliance with non-burn therapist evaluating patients within 24 hours of admission.

Cutaneous Function Units: The Future of Burn ROM Evaluation?

- When evaluating a burn patient, ROM limitations are primarily used to:
  - To diagnose a pathological site
  - For treatment planning
  - To assess muscle strength
  - ROM limitations are not useful in the evaluation of burn patients
- ROM limitations in patients with burn injuries are mostly due to:
  - Pain
  - Edema
  - Inelastic eschar/burn scar contractures
  - All of the above
- Standard practice goniometric measurements are the best method to assess a patient's return to their baseline functional status after a burn injury.
  - True
  - False
- What are cutaneous functional units?
  - Measurements of skin utilized for burn grafts
  - Fields of skin associated with ROM
  - New units in the ICU that manage patients with skin pathology
  - None of the above
- A patient presents in the BICU with burns to their anterior and posterior trunk. Which ROMs may be limited during your physical examination?
- A patient presents with burn injuries to the posterior lower leg. When assessing ankle dorsiflexion, the only components that need to be evaluated are Achilles tendon contracture, gastrocnemius, soleus shortening, and ankle arthrokinematic restrictions.
  - True
  - False
- Burn scar contractures are most common in which regions?
  - Anterior neck and torso, anterior/posterior axilla, and anterior arm
  - Posterior thigh/leg
  - Anterior arm, volar forearm, dorsal hand/fingers
  - All of the above
- Revised goniometry considers functional positions, but fails to consider unique characteristics of skin impairment and kinematics and does not correlate with CFUs.
  - True
  - False

