



MARIANO MARCOS
STATE UNIVERSITY

**Community Access to
Rehabilitation and Extended
health care services
(CARE) clinics**

PROCEEDINGS

JANUARY–MARCH 2023





MARIANO MARCOS STATE UNIVERSITY

College of Health Sciences

03 April 2023

DR. MARILOU P. LUCAS

Director, Extension

This University

Madam:

Greetings!

We would like to respectfully submit the proceedings of our extension activity titled ***Community Access to Rehabilitation and Extended health services (CARE) clinics*** under our extension program entitled ***Community-based Healthcare Services Program through CARE. BUILD. REACH Interventions (CHS-CBR program 3.0): Developing an inclusive and accessible health care through community-based rehabilitation.*** The activity is under Project CARE of the said program and was conducted from January to March 2023.

We would also like to express our gratitude to the directorate for their continuous support and assistance in the implementation of our activities. We hope that you will always continue to support us in our endeavors to create a more health-aware community.

Respectfully,

MARILOU J. RAVAL

Leader, CARE clinics & Project CARE

FRANCIS CLARENCE C. CHUA

*Leader, CHS-CBR program 3.0 and
Extension coordinator, CHS*

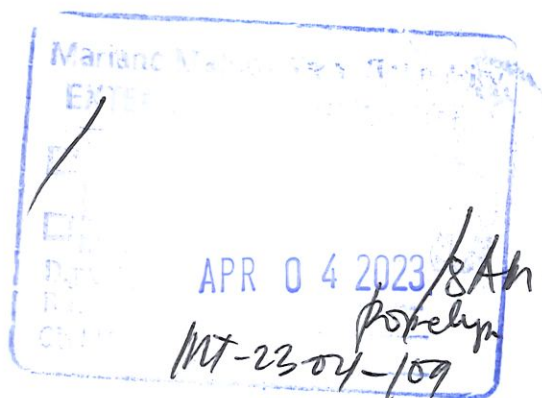
Endorsed by:


MYRA R. LAMPITOC

Chair, Department of Physical Therapy

RYAN DEAN T. SUCGANG

OIC-Dean, College of Health Sciences



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I. Preliminaries

1. Title

- Activity: CARE Clinics
- Project: CARE (Community Access to Rehabilitation and Extended health services)
- Program: Community-based Healthcare Services Program through CARE. BUILD. REACH Interventions (CHS-CBR program 3.0)

2. Date: January to March 2023

3. Venue:

1. Municipal Health Office – San Nicolas
2. Florentino Camaquin Integrated School – Inclusive Learning Resource Center (FCIS-ILRC)

4. Implementing Units and Agencies:

1. College of Health Sciences – Department of Physical Therapy

II. Rationale


The Mariano Marcos State University (MMSU) through the CBR program under the leadership of the Department of Physical Therapy of the College of Health Sciences (CHS-DPT) has continuously initiated and supported the implementation of community services aimed at improving the quality of life the local residents and the health and well-being of the community, especially the persons with disabilities. There are other health concerns that need to be addressed like health care management, health dynamics, community engagements including the existence of relevant influencing health determinants and indicators.

Because of this, there is a greater challenge in local health development that needs to be addressed through the inclusivity, responsiveness, and resiliency especially to those with special needs and disability.

Many persons with disabilities live fulfilling and successful lives. However, most of them also face barriers and inequalities rooting from social isolation, discrimination, and stigma (Rohwerder, 2015). Lack of accessibility prevents persons with disabilities from independence and participation in society as well as access to essential services (Rohwerder, 2015). Unfortunately, most still face discrimination and inequality across relevant sectors of development such as the Health Sector. They often experience poorer levels of health and require more healthcare than the general population, often having a diverse range of health needs but are often discriminated from their right to health (WHO, 2010).

Currently, the Philippines bears the triple disease burden – communicable diseases, non-communicable diseases, and vulnerability to injuries caused by climate change, industrialization, and urbanization (Asan, 2019). However, several concerns surrounding the Philippine health care system exists in the country.

Accessibility. Access to basic healthcare services remains a major challenge because of scarcity and maldistribution of health facilities. Around 50% of the population do not have access to primary care facilities that are within 30 minutes of their homes (Flores, Tonato, dela Paz, & Ulep, 2021).

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Affordability. Overall healthcare spending has consistently grown in recent years and over 50% of this was financed by Filipino households (Asan, 2019). An estimated 16.7% of Filipinos are already living in poverty (Asian Development Bank, 2021), thus, millions of Filipinos have been prevented from obtaining the health care services they need.

Availability of personnel. Most cities and municipalities in the country (75%) have an insufficient number of healthcare workers (Philippine Institute for Development Studies, 2021) since most health care professionals have opted to migrate for better career opportunities. Those that remain are more likely to work in areas where earnings are potentially high and near communities where they were trained (Asan, 2019).

Lacking health literacy. The majority of Filipinos have limited health literacy (HL) highlighting the need for targeted interventions focusing on improving the HL of specific population groups (Tolabing et al., 2022). The low level of HL among Filipinos, notably among the underprivileged, is a key driver in the alarming number of unhealthy Filipinos. It has been linked to poor health outcomes and a higher healthcare cost (Santiago, 2019).


To address this, the CHS-CBR 3.0 program was conceptualized as a response to all the existing concerns surrounding health and rehabilitation of the disadvantaged population. Specifically, for their concerns, the CARE clinics under Project CARE was proposed. Mainly, this activity and the project it falls under are dedicated to attaining the goals and outcomes outlined by Universal Healthcare Act as well as SDG 3 (Good health and wellbeing) by aiming to enhance the health outcomes, health literacy, functional status, and quality of life of persons with disabilities and other disadvantaged and at-risk individuals.

III. Objectives

This activity aimed to provide accessible, appropriate, and affordable rehabilitation services to those that are vulnerable, resource-constrained, or geographically-hindered in the community of San Nicolas (through the MHO) and Vintar (through FCIS-ILRC).


Specifically, this activity aimed to:

1. provide affordable and accessible rehabilitation services to persons with disabilities and other patients in need of rehabilitation.
2. prevent the formation and progression of secondary complications amongst persons with disabilities.
3. restore the skills lost or teach the skills that are difficult to learn because of the disabling impacts of chronic injuries, illnesses, and diseases.
4. shift the focus of rehabilitation services from institution-based to community-based, enabling individuals with disabilities to receive care and support in their own communities.
5. promote the active involvement of persons with disabilities and their families in the rehabilitation process

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IV. Logical Framework

Narrative Summary/ Intervention Logic (ILO)	Objectively Verifiable Indicators (OVI)	Means of Verification (MOV)	Important Assumptions
Goal Developed inclusive, sustainable, and responsive rehabilitation system in Ilocos	% of identified patients with satisfactory functional capacity and quality of life	Case and observational studies Testimonies Surveys	Sustainable support from the government and health care institutions Thriving inclusive development culture Open-minded participants and community
Objective Enhance the health outcomes, functional capacity, and quality of life of geographically and financially-constrained patients, especially the vulnerable populations	Number of patients with enhanced functional capacities Perceived quality of life of the patients	Outcome measures PT examination forms Monitoring and evaluation reports	Open-minded participants and community High retention of the learnings to the participants Interested participants and partners Participants apply what they have learned during the activities
Outputs Provided accessible, affordable, appropriate, and available rehabilitation services to geographically and financially-constrained individuals	Number of patients provided with rehabilitation services Number of services provided free of charge and with easy access	Patient census PT examination forms Proceedings Activity evaluation forms	High retention of the learnings to the participants Good internet connectivity and technical resources Appropriate teaching and learning skills and activities of the resource speakers


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Narrative Summary/ Intervention Logic (ILO)	Objectively Verifiable Indicators (OVI)	Means of Verification (MOV)	Important Assumptions
			<p>Participants consistently attend their sessions</p> <p>Other stakeholders are committed to supporting the activity</p> <p>Budget and other resources are available</p>
Activities Project CARE – CARE clinics	<p>Number of rehabilitation sessions provided</p> <p>Number of activities conducted</p>	<p>Approved proposal</p> <p>Attendance sheets</p> <p>Photo documentation</p>	<p>Proposals are approved</p> <p>Participants are interested and willing to participate</p>
Inputs Program management team Consultants Resource speakers Partners Supplies and equipment Teaching and learning materials	<p>Number of available facilitators, assistants, and consultants</p> <p>Number of supplies and equipment needed</p>		<p>Committed PMT</p> <p>Functional ICT equipment</p> <p>Promptly disbursed budget</p> <p>Supportive administration</p>

V. Methodology/Mechanics of Implementation

Rehabilitation services, mainly physical therapy and physiatrist services, were provided for free within specific satellite clinics.

The first clinic was located at the MHO of San Nicolas. Services were offered from 8 am to 12 pm (Monday to Thursday). The second clinic was located at the FCIS-ILRC. Services will be offered from 1 pm to 5 pm (Monday to Thursday). This is to ensure that services provided to the patients are accessible to them.

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Patients are referred to the clinic by either the municipal health officer or by external physicians. The physiatrist needs to be consulted by the patients first prior to conducting physical therapy services. The physiatrist rendered face-to-face patient consultations when on duty. The physiatrist when not available, however, provides teleconsultation services.

Once consultation is finished, the physiatrist prescribes the patients for physical therapy. Physical therapists typically follow a specific process when providing services to patients. The process included the following steps:

Evaluation. The physical therapist evaluated the patient's medical history, physical abilities, and any relevant diagnostic test results to determine the patient's physical therapy needs. The therapist also assessed the patient's current level of functioning and identify any impairments or limitations that may require intervention.

Diagnosis. Based on the evaluation, the physical therapist made a diagnosis, which is a clinical judgment regarding the patient's physical therapy needs. The diagnosis included specific conditions, impairments, or functional limitations that require treatment.

Treatment Planning. The physical therapist created a personalized treatment plan that outlines the specific goals and interventions for the patient. The plan included exercises, manual therapy techniques, education, and other interventions designed to improve the patient's mobility, strength, flexibility, and overall function.


Treatment. The physical therapist provided the treatment identified in the treatment plan, which involves one-on-one sessions with the patient, group therapy, or supervised exercises. The therapist monitored the patient's progress and adjusted the treatment plan as needed to ensure the patient is making progress towards their goals.

Re-evaluation. The physical therapist periodically re-evaluated the patient's progress and adjusted the treatment plan as needed. This involved modifying exercises, adding or removing interventions, or adjusting the treatment frequency or duration.

Discharge. Once the patient has achieved their goals or reached a plateau in their progress, the physical therapist discharged the patient. The therapist provided the patient with a home exercise program or other recommendations to maintain their progress and prevent future injuries.

The clinicians also performed auxiliary duties such as inventory, coordination with the MHO, communication with the physiatrist, and setting up patient schedules.

This activity was conducted alongside the internship program of the BSPT interns. The CARE clinics served as their clinical training centers. Therefore, the interns were mainly tasked in conducting patient care with supervision from the physical therapy staff. They were also tasked to maintain the cleanliness and orderliness of the clinic.

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VI. Participants
CARE San Nicolas

	Name	Age	Sex	Diagnosis	Address
1.		48	F	(L) CVA; (R) hemiparesis	San Nicolas
2.		41	M	(R) CVA; (L) hemiparesis	San Nicolas
3.		69	M	(L) CVA; (R) hemiparesis	San Nicolas
4.		55	M	(R) CVA; (L) hemiparesis	San Nicolas
5.			F	Thoracic dextroscoliosis	San Nicolas
6.		45	M	(L) CVA; (R) hemiparesis	San Nicolas
7.			M	(L) CVA; (R) hemiparesis	San Nicolas
8.		48	M	(R) CVA; (L) hemiparesis	San Nicolas
9.		56	M	CVD, Bleed Thalamus (L); Neuropathy 2° HTN	San Nicolas
10.			F	Sciatica	San Nicolas
11.		36	M	(R) CVA; (L) hemiparesis	San Nicolas
12.			M	TBI	San Nicolas
13.		45	F	Cerebral infarct	San Nicolas
14.		52	M	s/p CVA	San Nicolas
15.		58	M	t/c L CVA	San Nicolas
16.			F	(L) LE Fx	San Nicolas
17.			M	(L) CVA	San Nicolas
18.			M	(R) CVA	San Nicolas


CARE Vintar

	Name	Age	Sex	Diagnosis	Address
1.		8	M	Cerebral Palsy	Vintar
2.		12	M	IDD	Vintar
3.		6	F	Cerebral Palsy	Vintar
4.		7	M	Cerebral Palsy	Vintar
5.		10	F	Spinal Compression	Vintar
6.		12	M	Cerebral Palsy	Vintar
7.		7	F	Down Syndrome	Vintar
8.		13	F	Down Syndrome	Vintar
9.		8	M	ASD	Vintar
10.		8	M	Cerebral Palsy	Vintar
11.		10	M	ASD	Vintar
12.		15	M	Traumatic Brain Injury	Vintar

VII. Activity Management Team

Name	Role
Marilou J. Raval	Project & activity leader
Chester Marc B. Cariaga	Clinician
Daven Kayte S. Cocson	Clinician
Mary Audrey D. Vilorio	Clinician
Jeffreel M. Concepcion	Clinician

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Name	Role
Kriza G. Ganotisi	Clinician
Leiron Kaizer A. Ganal	Clinician
Lordman Gregor D. Aldoz	Clinician
Marsha Angela Y. Manuel	Clinician
Francia Greeciel P. Purisima	Facilitator


VIII. Funding
The activity did not utilize any funds or budget from the University. The expenses used for the maintenance of the clinic is under MHO-San Nicolas and FCIS-ILRC.

- IX. Highlights**
- A. January 2023**
- 25 patients were treated this month
 - Most of the patients treated were diagnosed with cerebrovascular disease and cerebral palsy.
 - A total of 80 PT sessions were provided this month
 - A total of four physiatrist consultations were provided this month
- B. February 2023**
- 27 patients were treated this month
 - Most of the patients treated were diagnosed with cerebrovascular disease and cerebral palsy.
 - A total of 83 PT sessions were provided this month
 - A total of three physiatrist consultations were provided this month
- C. March 2023**
- 28 patients were treated this month
 - Most of the patients treated were diagnosed with cerebrovascular disease and cerebral palsy.
 - A total of 92 PT sessions were provided this month
 - A total of four physiatrist consultations were provided this month

X. Evaluation
The evaluation tool used was adapted from the study of Scholte et al. (2014) and is composed of three dimensions: personal interaction, program organization, and patient outcome. The tool was used to measure the quality of physical therapy services provided in the CARE clinics from the perspective of the patients. Another item in the tool was based on the Global Perceived Effect (GPE) scale to gather their opinions on the physical therapy service provided.

A. Personal Interaction

Element	Mean	Descriptive Rating
1. The treatment time is appropriate	4.02	Agree
2. There is a fit between the actual and expected intervention period.	4.52	Strongly agree
3. The staff tried to understand my problem.	4.35	Strongly agree
4. The staff informed me about the course of my disease.	4.75	Strongly agree

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Element	Mean	Descriptive Rating
5. The staff explained to me my daily exercises.	4.65	Strongly agree
6. The staff advised me about my quality of life.	4.32	Strongly agree
7. The staff shows an open attitude to questions.	4.75	Strongly agree
8. The staff gives clear explanations.	4.65	Strongly agree
9. The staff gives clear interventions.	4.50	Strongly agree
10. The staff shows empathy.	4.38	Strongly agree
11. The staff is an attentive learner.	4.45	Strongly agree
12. The staff can be taken seriously.	4.75	Strongly agree
13. The staff takes into account my specific needs.	4.75	Strongly agree
14. The staff works together with me to reach my intervention needs.	4.65	Strongly agree

B. Practice organization

Element	Mean	Descriptive Rating
15. The clinic and its staff can be reach easily through phone or social media.	4.75	Strongly agree
16. I can freely choose my therapist.	4.15	Agree
17. The clinic provides a waiting time for us.	4.50	Strongly agree
18. The staff demonstrates appropriate expertise.	4.75	Strongly agree
19. The clinic is accessible.	4.65	Strongly agree
20. The exercise room is comfortable.	4.25	Agree
21. The waiting room is comfortable.	4.05	Agree
22. There are comfortable chairs in the waiting room.	4.38	Strongly agree
23. I've experience being treated by more than one therapist.	4.75	Strongly agree

C. Patient outcome


Element	Mean	Descriptive Rating
24. There is an improvement in the performance of my daily activities.	4.63	Strongly agree
25. There is a fit between the actual result and the result I expected.	4.50	Strongly agree
26. How would you rate your current status of recovery?	3.71	Recovered

D. Comments

- Limited space and old equipment (CARE clinic San Nicolas)
- Sometimes interns are more present than staff (CARE clinic San Nicolas)
- Limited number of days where MMSU is going to the clinic (CARE clinic Vintar)

XI. Insights / Lessons Learned

1. Look into the possibility of conducting whole day services for both San Nicolas and Vintar.
2. Coordinate with MHO-San Nicolas on the scheduling of house-to-house visits at San Nicolas.
3. Look into the possibility of conducting Monday-Thursday duties at Vintar.
4. Coordinate with MHO-San Nicolas on hiring more PT staff at the MHO.
5. Conduct a re-evaluation of all patients and conduct a triage for the type of management given to the patients.

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XII. Appendices

a. Program/invitation

Community-Based Rehabilitation



FREE

CONSULTATION AND TREATMENT

RESTORE HEALTH IS OUR PRIORITY

WE PROVIDE SERVICES TO:

- Stroke
- Low back pain
- Arthritis
- Fracture
- Cerebral Palsy
- Dislocation
- Scoliosis
- Sports Injuries
- Frozen shoulder

- Trigger Finger
- Down Syndrome
- Joint pain
- Muscle pain
- Strain and Sprain
- Brain and nerve injuries
- Bell's Palsy
- Pulmonary Conditions

WE OFFER THE FOLLOWING SERVICES:

- Electrical Therapy
- Functional Training
- Heat Therapy
- Manual Therapy
- Musculoskeletal Rehabilitation
- Neurological Rehabilitation
- Pain management
- Post-Injury Rehabilitation
- Post-Operative Rehabilitation
- Strength Training
- Therapeutic Exercise

Contact Us



09167012791

Brgy 3 San Ildefonso,

Municipal Health Office - San Nicolas,

Ilocos Norte


www.fb.com/MMSU.UPTRC.CBR

You may visit us during the following schedule:

MONDAY to FRIDAY

(8:00 am to 12:00 pm)


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b. Photo documentation







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MARIANO MARCOS STATE UNIVERSITY

College of Health Sciences

SURVEY QUESTIONNAIRE ON THE EXPERIENCE OF PATIENTS IN THE CSR CLINIC

I. Demographic profile

Instruction: Fill in the blanks or check the boxes with the appropriate answer.

Name: Isagani Dacanay

Age: 36 Sex: M Address: Barangay 6, San Nicolas

Diagnosis: CVA Contact No.: _____

II. Survey Questionnaire

Instruction: Please rate the items below using the following scale: (1) Strongly Disagree, (2) Disagree, (3) Agree, and (4) Strongly Agree



A. Personal Interaction

Element	4	3	2	1
1. The treatment time is appropriate				
2. There is a fit between the actual and expected intervention period				
3. The staff tried to understand my problem				
4. The staff informed me about the course of my disease				
5. The staff explained to me my daily exercises				
6. The staff advised me about my quality of life				
7. The staff shows an open attitude to questions				
8. The staff gives clear explanations				
9. The staff gives clear interventions				
10. The staff shows empathy				
11. The staff is an attentive learner				
12. The staff can be taken seriously				
13. The staff takes into account my specific needs				
14. The staff works together with me to reach my intervention needs				



B. Practice organization

Element	4	3	2	1
15. The clinic and its staff can be reached easily through phone or social media				
16. I can freely choose my therapist				
17. The clinic provides a waiting time for us				
18. The staff demonstrates appropriate expertise				
19. The clinic is accessible				

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Element

Element	4	3	2	1
20. The exercise room is comfortable				
21. The waiting room is comfortable				
22. There are comfortable chairs in the waiting room				
23. I've experience being treated by more than one therapist				

C. Patient outcome

Element	4	3	2	1
24. There is an improvement in the performance of my daily activities				
25. There is a fit between the actual result and the result I expected				
26. How would you rate your current status of recovery?				

-5 -4 -3 -2 -1 0 1 2 3 4 5

Vastly Worse Worsened Unchanged Recovered Completely recovered

III. Interview questions

Instruction: Kindly answer the following questions below.

1. What aspects of the clinic do you think needs improvement/s?

Space limit

Room layout

2. What do you think are the factor/s that limit/s the clinic?

Kurang gamit

3. What other services would you like to be offered?

OT



4. Would you recommend the clinic to other patients?

☒ Yes

☐ No

Reason: Nalain sa ben naging posit

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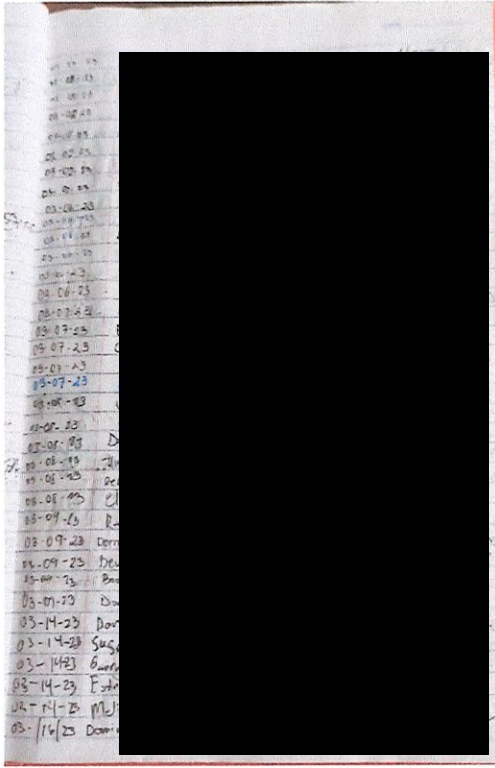
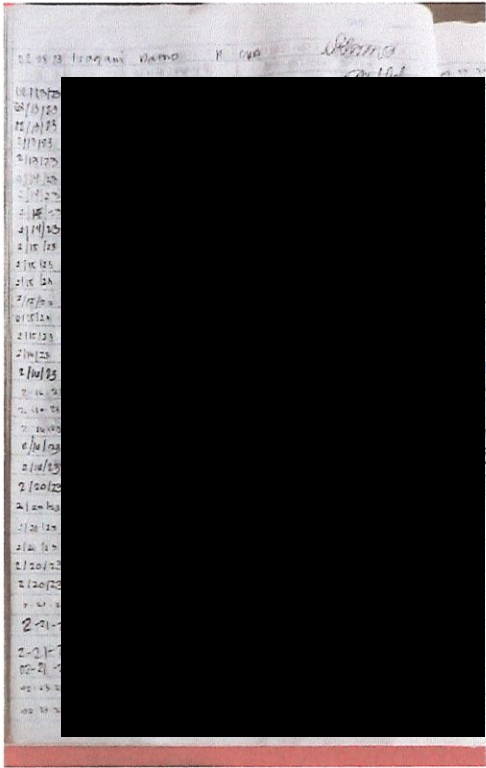
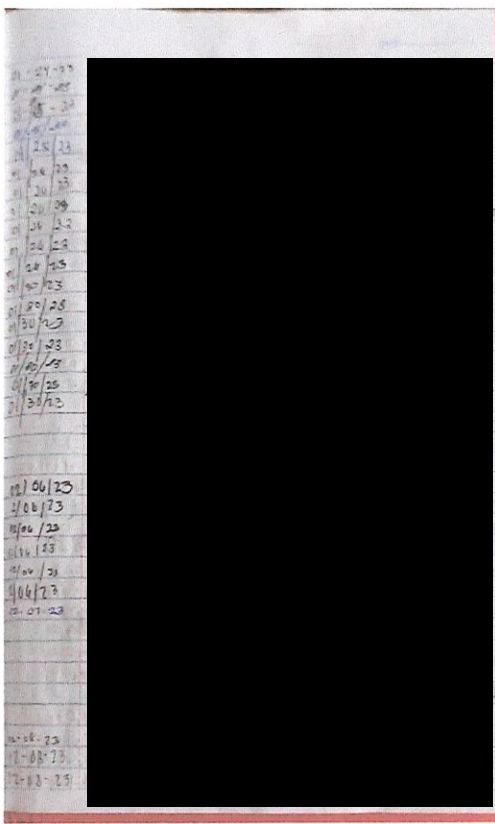
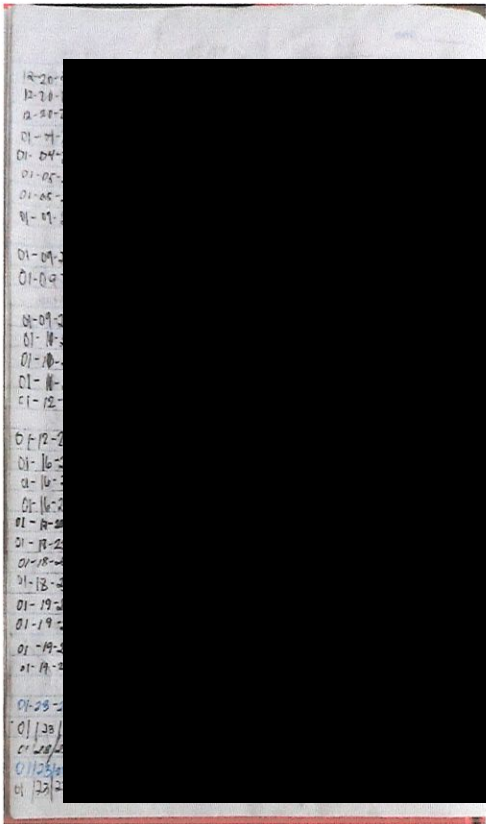



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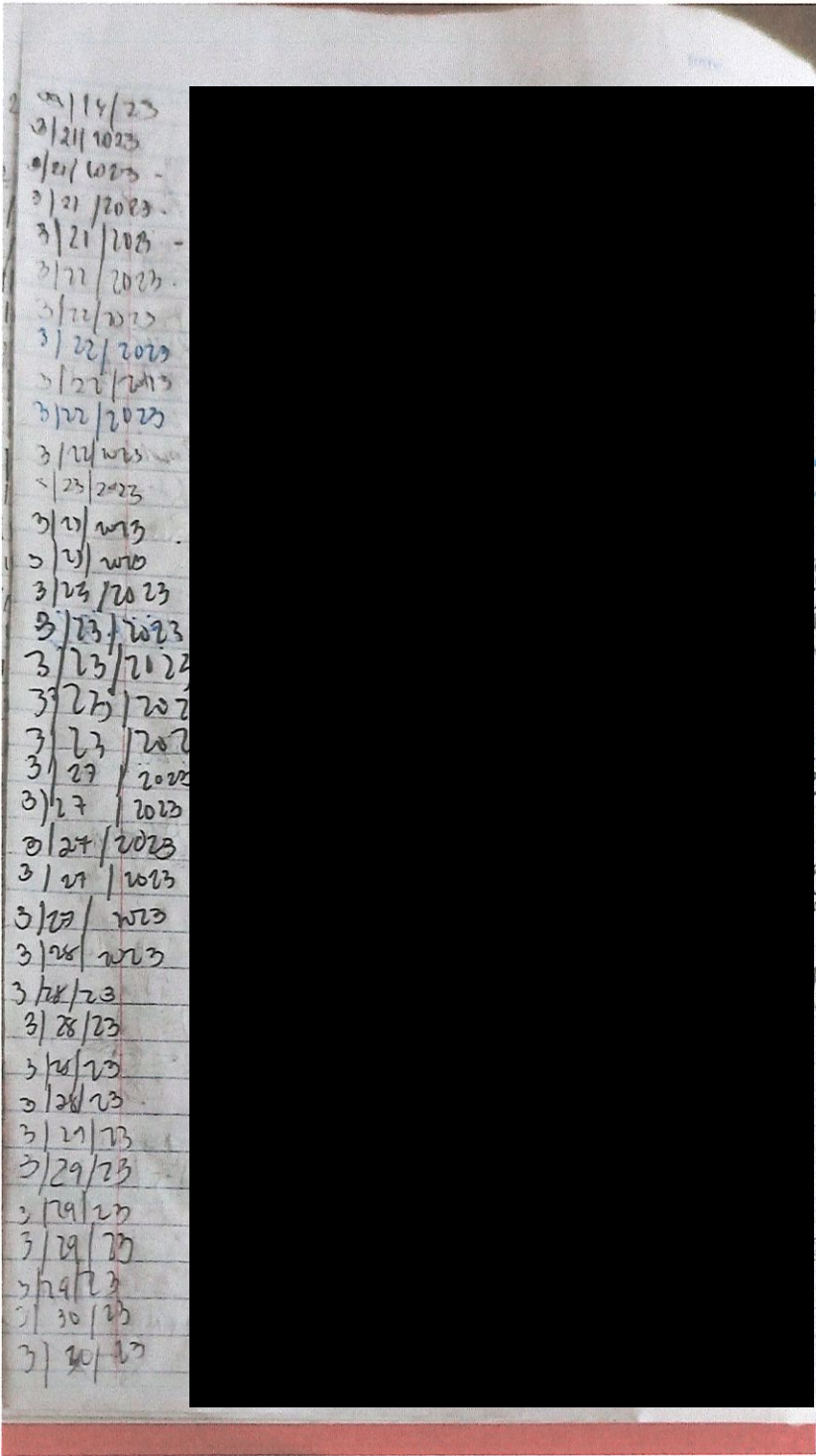
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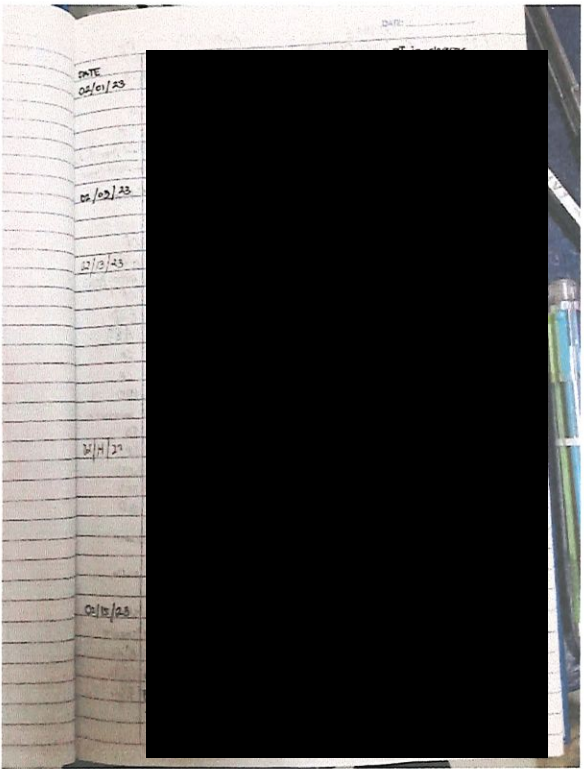
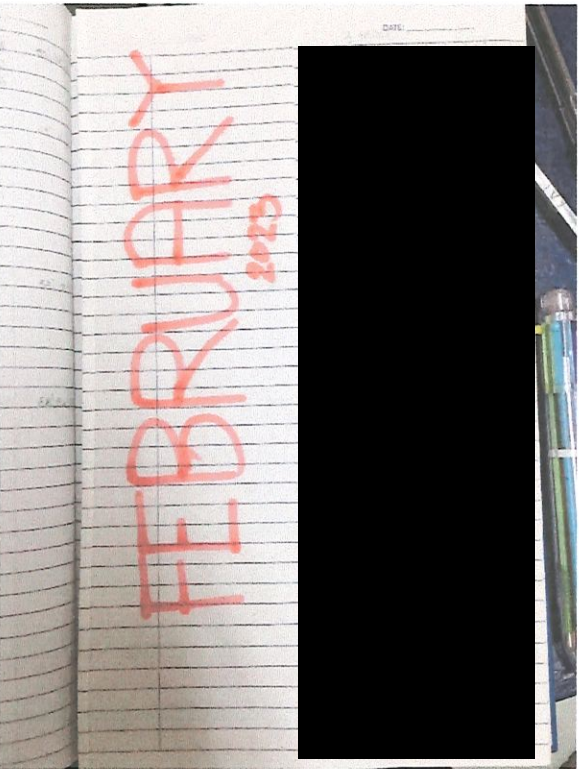
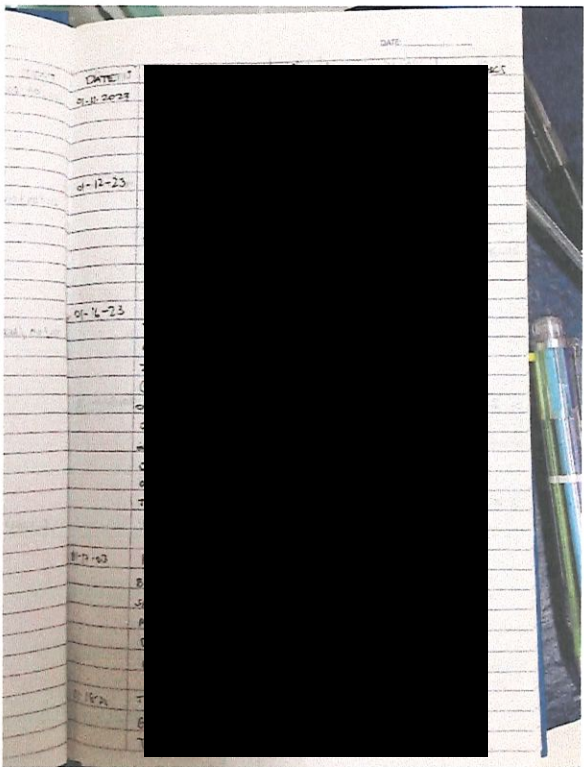
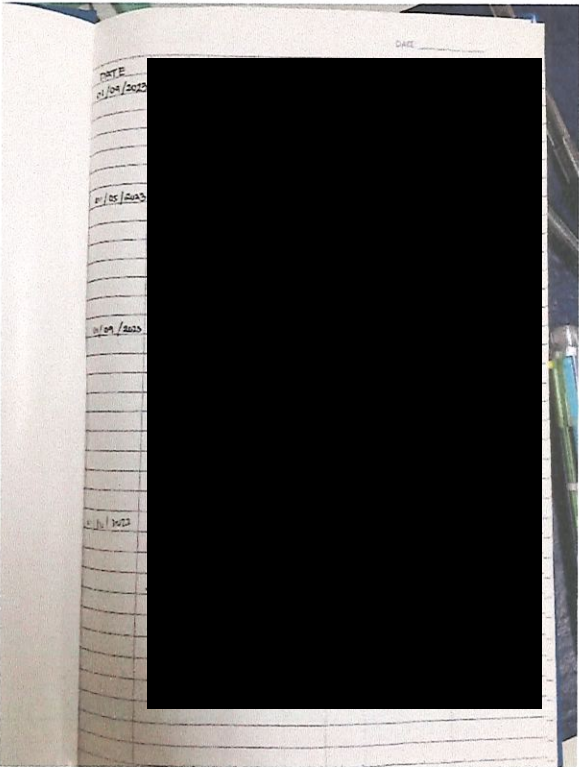
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II. Proponent Department of Physical Therapy (DPT) College of Health Sciences Email address: chs.ph@mmarcsu.edu.ph Office landline number: 600-43-36													
III. Collaborating Units													
University partners	<ol style="list-style-type: none">1. College of Health Sciences (CHS)2. Department of Pharmacy (DPR)3. Department of Nursing (DN)4. University Physical Therapy and Rehabilitation Center (UPTRC)5. Physical Therapy Students Organization (PTSO)6. Extension Directorate (ED)7. Gender Equal Root System (GERS)8. Health and Wellness Directorate (HWD)9. Center for Human Movement Studies (CHAMS)												
Community and private partners	<ol style="list-style-type: none">1. Florentino Camaguan Integrated School (FCIS)2. Batai Tarlac												
Government partners	<ol style="list-style-type: none">1. Local government of San Nicolas2. Local government of Vintar, Ilocos Norte3. City government of Batai4. Provincial government of Ilocos Norte5. Provincial government of Ilocos Sur6. Local Social Welfare and Development offices7. Local Department of Education divisions												
Non-government partners	<ol style="list-style-type: none">1. Philippine Physical Therapy Association												
IV. Proposed Clientele The clientele for the program would be the general Ilokano population. Specifically, the following would be our identified clientele: <table><tr><td>1. Persons with disabilities</td><td>7. Rural health workers</td></tr><tr><td>2. Children with disabilities</td><td>8. Licensed physical therapists</td></tr><tr><td>3. Elderly community</td><td>9. Physical therapy students</td></tr><tr><td>4. Women community</td><td>10. Wellness and fitness clients</td></tr><tr><td>5. Primary education students</td><td>11. Athletes and performers</td></tr><tr><td>6. Senior high school students</td><td>12. Community Health Development Workers</td></tr></table>		1. Persons with disabilities	7. Rural health workers	2. Children with disabilities	8. Licensed physical therapists	3. Elderly community	9. Physical therapy students	4. Women community	10. Wellness and fitness clients	5. Primary education students	11. Athletes and performers	6. Senior high school students	12. Community Health Development Workers
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5. Primary education students	11. Athletes and performers												
6. Senior high school students	12. Community Health Development Workers												
V. Extension Sites <ol style="list-style-type: none">1. Municipal Health Office (MHO) and the municipality of San Nicolas, Ilocos Norte2. Florentino Camaguan Integrated School and the municipality of Vintar, Ilocos Norte3. Batai Tarlac - Cabasao and Mapungal, Ilocos Sur4. University Physical Therapy and Rehabilitation Center5. Primary education schools in the City of Batai6. Senior high school (SHS) institutions in Ilocos Norte7. Online via Facebook™, Line and Zoom™													
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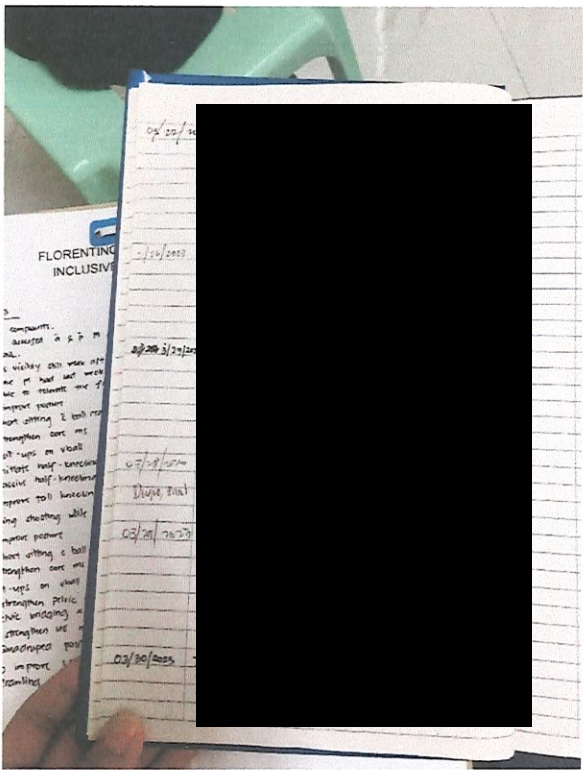
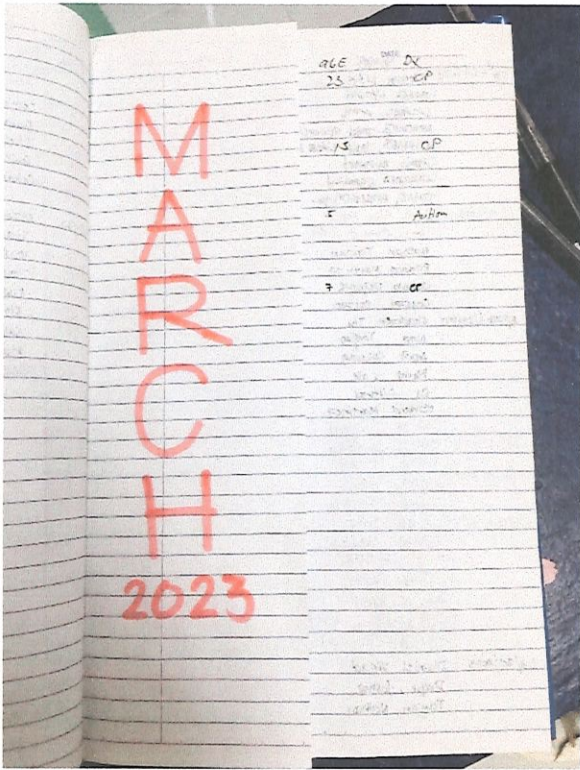
e. Attendance sheet




	MARIANO MARCOS STATE UNIVERSITY Extension Directorate	Document Code	ED- TEMP-002	
	PRESCRIBED TEMPLATE FOR PROCEEDINGS OF AN EXTENSION PROGRAM/PROJECT/ACTIVITY	Revision No.	2	Page 19 of 22
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		Effectivity Date	August 29, 2019	

Prepared by:



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Extension coordinator, CHS*

Endorsed by:



MYRA R. LAMPITOC

Chair, Department of Physical Therapy



RYAN DEAN T. SUCGANG

OIC-Dean, College of Health Sciences

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