

### **Recovery Exercise Program Index (REP – Index)**

This tool is designed for use by physical therapists treating patients in substance use disorder (SUD) addiction recovery settings. It is designed to provide meaningful clinical outcome data that can be used to assess the effectiveness of physical therapy, including therapeutic exercise, on treating pain and other factors that contribute to substance abuse. It can also be used as a part of the screening process to aid the physical therapist in identifying referral needs including behavioral health and medical providers. The REP-Index is not a validated measure to date but, when possible, it integrates previously validated measures and screening tools.

The REP-Index designed to be completed by the patient independently, but the treating PT may decide to do it orally with the patient if needed. It can be adapted for the acute care or outpatient PT setting by omitting the beginning section. The REP-Index is designed to be used with other screening tools and outcome measures in the general PT evaluation process. For persons with substance abuse problems, other recommended outcome measures include the Adverse Childhood Experience (ACE) Questionnaire, Primary Care PTSD Screen for DSM-5 (PC-PTSD-5), and the Central Sensitization Inventory (CSI).

The REP – Index is designed to be used at various timepoints depending on the context of the treatment setting. Recommendations for timepoints are as follows: Initial physical therapy evaluation, 1 month, 2-month, 3-month, 6-month, 9- month and 12- month. Also, it may to be used weekly or every 2 weeks in a 30-60-day drug rehab facility to support the plan of care.

The REP-Index includes questions specifically to assess the effectiveness of pain neuroscience education (PNE) as it is important for physical therapists that are treating persons with SUD to integrate PNE interventions into the treatment plan of care. Evidence-based resources for PNE can be found on the following websites:

- <http://www.ispinstitute.com>
- <https://www.noigroup.com>
- <https://www.painrevolution.org/chronic-pain-resources-public>
- <https://bodyinmind.org>
- <https://noijam.com>

All PTs should implement trauma-informed care. The REP-Index recognizes this by integrating screening tools for anxiety and depression. Here are some evidence-based resources to learn more about trauma-informed care:

- [https://www.samhsa.gov/sites/default/files/programs\\_campaigns/childrens\\_mental\\_health/atc-whitepaper-040616.pdf](https://www.samhsa.gov/sites/default/files/programs_campaigns/childrens_mental_health/atc-whitepaper-040616.pdf)
- [https://www.physio-pedia.com/Physical\\_Therapy\\_with\\_Survivors\\_of\\_Torture\\_and\\_Trauma](https://www.physio-pedia.com/Physical_Therapy_with_Survivors_of_Torture_and_Trauma)
- [https://cdn.ymaws.com/www.aptahpa.org/resource/resmgr/CSM/Gamble\\_CSM\\_Working\\_with\\_Surv.pdf](https://cdn.ymaws.com/www.aptahpa.org/resource/resmgr/CSM/Gamble_CSM_Working_with_Surv.pdf)
- <https://www.wcpt.org/wcpt2017/FS-12>

If a physical therapist needs assistance in the decision-making process regarding supporting a patient in accessing SUD care in the out-patient PT setting, the PT SUD Critical Pathway may be helpful (see at [www.johnsonptconsulting.com](http://www.johnsonptconsulting.com)). It is to be utilized after a PT evaluation and an assessment of readiness is completed to ensure that appropriate recommendations are made. The assessment of readiness can be conducted via motivational interviewing or a contemplative stage screening tool .( <http://www.h3daily.com/uncategorized/readiness-for-change-quiz/>)

Developed by:

Dr. Holly Johnson PT, DPT, Cert.MDT - [hollyjohnson.pt.dpt@gmail.com](mailto:hollyjohnson.pt.dpt@gmail.com)

Dr. April Gamble PT, DPT - [april.dpt@gmail.com](mailto:april.dpt@gmail.com)

**REP – Index**

Client's Name: \_\_\_\_\_

Name of physical therapist: \_\_\_\_\_

Client Number: \_\_\_\_\_

Date: \_\_\_\_\_ Timepoint of assessment: \_\_\_\_\_

By answering the following questions, you are helping the physical therapist understand what problems you may have so that they can develop a treatment plan to support your recovery.

For each question, write in your answer or circle one answer.

1. What is your drug or drink of choice? \_\_\_\_\_

2. How many months sober are you? \_\_\_\_\_

3. I was prescribed Suboxone:

- No <sup>(1)</sup>
- Yes <sup>(2)</sup>

4. I currently take Suboxone:

- No <sup>(1)</sup>
- Yes <sup>(2)</sup>

5. I have been prescribed Naltrexone and /or 1 or more Vivitrol injections AND allowed to participate in PT and behavioral health services as needed.

- Yes <sup>(1)</sup>
- No <sup>(2)</sup>

6. I have a desire to use my drug or drink of choice to deal with my emotional triggers.

- Strongly disagree <sup>(0)</sup>
- Disagree <sup>(1)</sup>
- Neutral <sup>(2)</sup>
- Agree <sup>(3)</sup>
- Strongly agree <sup>(4)</sup>

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Dr. Holly Johnson PT, DPT, Cert.MDT - hollyjohnson.pt.dpt@gmail.com

Dr. April Gamble PT, DPT - april.dpt@gmail.com

7. In general, how would you describe your health today? \*

- Very good <sup>(0)</sup>
- Good <sup>(1)</sup>
- Moderate <sup>(2)</sup>
- Bad <sup>(3)</sup>
- Very Bad <sup>(4)</sup>

\*Full version of Self-rated health status

8. At least once a week, do you do any regular activity long enough to work up a sweat?

This could be many different types of physical activities like walking fast, heavy work, cleaning, exercise including your PT exercise program. \*

- Yes <sup>(0)</sup>
- No <sup>(1)</sup>

If yes, write down how many minutes or hours per week do you do these activities? \_\_\_\_\_

\*Adapted from the College Alumni Health Study Questionnaire

9. Because of instruction in pain science, I understand the cause of my pain in a healthier way.

- Strongly agree <sup>(0)</sup>
- Agree <sup>(1)</sup>
- Neutral <sup>(2)</sup>
- Disagree <sup>(3)</sup>
- Strongly disagree <sup>(4)</sup>

10. Because of instruction in pain science, I can manage my pain successfully.

- Strongly agree <sup>(0)</sup>
- Agree <sup>(1)</sup>
- Neutral <sup>(2)</sup>
- Disagree <sup>(3)</sup>
- Strongly disagree <sup>(4)</sup>

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11. Do you experience pain currently? \*

- No <sup>(0)</sup>
- Yes <sup>(1)</sup>

If yes, please complete questions 11a and 11b. If no, skip to question 12.

11a and 11b:

For each question, please rate how confident you are that you can currently do the activity despite the pain. Circle one of the numbers on the scale, where 0= not at all confident and 6 = completely confident. \*

11a. I can still accomplish most of my goals in life, despite the pain.

- 0 Completely confident
- 1
- 2
- 3
- 4
- 5
- 6 Not at all confident

11b. I can live a normal lifestyle, despite the pain

- 0 Completely confident
- 1
- 2
- 3
- 4
- 5
- 6 Not at all confident

\*Adapted from the 2 item Pain Self-Efficacy Questionnaire (PSEQ-2)

12. How often do you take prescribed pain medication for pain relief?

- Never <sup>(0)</sup>
- Less than 2 times per week <sup>(1)</sup>
- 2-4 times per week <sup>(2)</sup>
- At least 5 times per week <sup>(3)</sup>

13. How often do you take or use other substances like alcohol, marijuana, or non- prescribed medication for pain relief? \*

- Never <sup>(0)</sup>
- Less than 2 times per week <sup>(1)</sup>
- 2-4 times per week <sup>(2)</sup>
- At least 5 times per week <sup>(3)</sup>

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14. During the past month, how would you rate your sleep quality overall? \*

- Very good (0)
- Fairly good (1)
- Fairly bad (2)
- Very bad (3)

\*Adapted from the Pittsburgh Sleep Quality Index

15. How often do you take sleeping pills or other substances to help you sleep?

- Never <sup>(0)</sup>
- Less than 2 times per week <sup>(1)</sup>
- 2-4 times per week <sup>(2)</sup>
- At least 5 times per week <sup>(3)</sup>

\*Adapted from the Pittsburgh Sleep Quality Index

16. Over the last 2 weeks, how often have you been bothered by little interest or pleasure in doing things? \*

- Not at all <sup>(0)</sup>
- Several days <sup>(1)</sup>
- More than half the days <sup>(2)</sup>
- Nearly every day <sup>(3)</sup>

17. Over the last 2 weeks, how often have you been bothered by feeling down, depressed or hopeless? \*

- Not at all <sup>(0)</sup>
- Several days <sup>(1)</sup>
- More than half the days <sup>(2)</sup>
- Nearly every day <sup>(3)</sup>

\*Full length Patient Health Questionnaire (PHQ-2)

18. Over the last 2 weeks, how often have you been bothered by feeling nervous, anxious or on edge? \*

- Not at all <sup>(0)</sup>
- Several days <sup>(1)</sup>
- More than half the days <sup>(2)</sup>
- Nearly every day <sup>(3)</sup>

19. Over the last 2 weeks, how often have you been bothered by not being able to stop or control worry? \*

- Not at all <sup>(0)</sup>
- Several days <sup>(1)</sup>
- More than half the days <sup>(2)</sup>
- Nearly every day <sup>(3)</sup>

\* Full length Generalized Anxiety Disorder 2 item (GAD-2)

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20. On a scale of 0 to 10 where 0 is strongly disagree and 10 is strongly agree, how much do you agree with this statement: During the past week, I was unable to work (or perform most normal tasks in my daily life

- 0 - Strongly disagree
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10 Strongly agree

Adapted from General Pain Scale

-----END OF QUESTIONNAIRE-----

Developed by:

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**REP INDEX SCORING SHEET**

To be completed by the physical therapist

The REP INDEX includes 12 distinct sections to aid the physical therapist in monitoring the effectiveness of physical therapy. Record each section score here followed by the total score at the end.

SECTION	SCORE	Considerations
Recovery data – Sum for questions 1 to 5		Information gathered here will guide best practices for use in tapering programs.
Cravings and triggers – Question 6		Consider this when monitoring outcomes of treatment and risk of relapse.
Self-rated health – Question 7		Consider this when monitoring outcomes of treatment and risk of relapse.
Physical activity level – Question 8		Consider if the person meets the international physical activity guidelines of at least 150 minute of medium intensity physical activity per week. If they do not meet this, then consider this a goal when developing the treatment plan.
Understanding pain science – Sum for Questions 9 and 10		Consider this response when integrating pain neuroscience education into the treatment plan and for monitoring the effectiveness of this intervention.
Pain Self-Efficacy – Sum for questions 11a and 11b		Consider this when developing a treatment plan to address pain and to improve the self-management of pain. Use this response to monitor the effectiveness of pain treatments.
Pain Coping Mechanisms – Sum for questions 12 and 13		Consider this when developing a treatment plan to address pain and to improve the self-management of pain. Use this response to monitor the effectiveness of pain treatments.
Sleep Coping Mechanisms – Question 14		Consider this when developing a treatment plan to address sleep quality. Use this response to monitor the effectiveness of interventions for sleep.

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Sleep Quality – Questions 15		Consider this when developing a treatment plan to address sleep quality. Use this response to monitor the effectiveness of interventions for sleep.
Screening for depression - Sum for questions 16 and 17		If the sum is greater than 3, the patient should be evaluated by a mental health professional for depression. Use this for continuous monitoring of mental health.
Screening for anxiety – Sum for questions 18 and 19		If the sum is greater than 3, the patient should be evaluated by a mental health professional for anxiety. Use this for continuous monitoring of mental health.
Functional level – Question 20		Consider this when developing a treatment plan to address functional ability. Use this response to monitor the effectiveness of interventions.
<b>TOTAL COMPOSITE SCORE</b>		

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