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Use of guidelines in Primary assistance Å e Å ~ *Loaders Å» Perspectives. *Fam Pration*. 1998; 15: 105 Å *11.Cas article PubMedo Goggio ScholarÅ, 64.OOVERMEER T, Boersma K, Denison and, Linton S. teach physical therapists for Offer a biopsychosocial treatment program resulted in the patient's best results? A randomized controlled process. *Physical*. 2011; 91: 804 - 18.articleÅ e PubMedÅ e Google scholarÅ e Page 2 Strategy key messages s: simplify the regime 1. of exercises at a minimum of 2 exercises of 2 people. 2. Reduce the exercises that require an environment and equipment specified Ali. 3. Match the exercises to the preferences of patients, in priorities, abilities and previous skills 4. Design programs with minimum possible complex. 5. Incorporate the operating routine into intentional newspapers. 1 - Impart Knowledges 1. Let's talk using NonTechnical Language. 2. Explain the risks and benefits of each treatment option. 3. Create teaching moments using information on the Internet presented by patients. 4. Communicate the tests appropriately to facilitate the decision-making process. M - Edit psychological response and beliefs 1. Evaluate and review psychosocial barriers to exercise. 2. Facilitate the behavior of change by establishing readiness, availability and trust for exercise. 3. Include motivational and behavioral techniques for treating OHEREMENT. 4. Avoid talking or action that strengthens the experience and behavior of pain. P Å e Å ~ *Promote therapeutic alliance 1. Create an atmosphere that is to be challenging and enhanced for patients. 2. Provide constructive feedback on the progress plateau. 3. Search agreement on objectives and tasks Treatment. 4. Establish and maintain the relationship with patients. 5. Drill the patient's centered communication. L - Behind 1. Avoid patient stereotypes that connote the negative qualities of mail. 2. Recognize and respond to different cultural perspectives 3. Make recommendations based on proofs instead of beliefs and personal attitudes. 4. Recognize your cultural prejudice and its influence on clinical practice. And - evaluate adherence 1. Develop a strategy that patients can use for their own adhesion. 2. Review the record of attendance, the operating skills and the overall involvement during clinical encounters. 3. Consider the use of measures of therapist and patient to track adherence. 4. Make simple and direct questions on accession. T Å e ~ *Technology can be useful 1. Use text messaging, phone or reminders by e-mail when appropriate. 2. Consider TelereHebaitationing Vis Skype when feasible. 3. Create a short video training using mobile devices the patient. 4. Include treatment web-based tools and outcome measures in the treatment plan. I Å e ~ *Identify and mitigate barriers 1. Recommend efficient exercises. 2. Provide education about pain, sleep and energy influence on the ability to exercise. 3. Suggest fun ways to exercise. 4. Plantar Transport and weather challenges. 5. Discuss strategies to help patients remember to exercise. P Å e ~ *Plan for follow-up 1. Provide boosterÅ e sessions for long-term conditions. 2. Refer patients to community based on exercise programs. 3. Keep the contact information update the patient. 4. Take time to review the patient's progress, the symptoms of pain and function. S Å e ~ *set goals 1. Encourage the setting of sSMART goals. 2. Adjust the lens setting the context and the individual. 3. The setting of objectives should be a collaborative effort involving other professionals, patients, families and carers. 4. Use the setup measures the patient's specific objectives. measures.

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