

**20XX Goal:**

Review current evidenced based recommendations for usage, parameters, precautions and contraindications for electrophysiologic agents (EPA) including but not limited to ultrasound, TENS, NMES, Traction, Laser therapy, and Shockwave Therapy.

**Service User on 20XX Learning Plan:**

Myself, clients, employer, co-workers, students.

**Status:** Please check one.

- Completed  
 Ongoing  
 Other (please explain):

**Accomplishment Statement: Provide a summary of the impact of your learning.** (TIP: Link your outcome(s) back to your goal and reflect explicitly on **how** your PT practice has been enhanced)

Reviewing the Electrophysiological Agents: Contraindications and Precautions (*Physiotherapy Canada* 62(5), 2010) was a valuable tool that I think every therapist would benefit from keeping a copy handy in the clinic to refer back to. As we continue to see a large variety of patients with varying co-morbidities it is important for us to stay up to date on what is considered safe for use to protect both the patient and the therapist. I've noticed that I've had a lot of patients with pacemakers, cancer, impaired circulation, and pregnancy so again reviewing the contraindications and precautions was very useful. It also affected my practice as I've placed a greater stress on manual therapy and thorough exercise prescription and instruction (making sure the patient is performing the exercises correctly) versus rushing through the exercises and consistently using modalities. Modalities are still considered an effective tool for physiotherapists to utilize, however, the majority of the evidence stresses greatest effectiveness when the modality is combined with the use of manual therapy and/or therapeutic exercise.

My last goal of researching articles on Laser and Shockwave helped me to see that at this point, there needs to be more research done regarding the use of Shockwave before I would consider investing in this machine for the clinic. Laser seems like an affordable modality to add in the clinic as there was strength in the evidence to support it for a variety of conditions.

**Date: MONTH/DAY/YEAR**

**ID Number: XXXXXX**

**Please complete and attach to your Professional Portfolio. The completed sheet will be requested when your portfolio is audited.**