Therapy Visit Notes:
Setting the Standards for “Medical Necessity”

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Instructions and Handouts for:
Therapy Visit Notes: Setting the Standard for “Medical Necessity”

It is very important that you have these materials printed and ready to use prior to the start of the training.

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Dial 1-877-615-4339 at least 10 minutes prior to the start of the webinar.

1. When asked, enter Passcode 8929014#

2. Give your agency’s name.

3. At this time you will be entered into the call and in “listen mode.”

4. If at any time you need assistance you may press *0 for the operator.

5. There will be a Q & A period toward the end of the session. Questions will be answered in the order in which they are received. To ask a question, press *1. You will have the opportunity to ask your question and then be returned to “listen mode.” Do not press *1 prior to this time.

6. To view the presentation online you must click on the link sent to you from GoToWebinar.
Assessments

Evaluation of the patient for the purposes of forming a plan of treatment.

Goals

Create the vision of the patient’s situation as a result of therapy interventions.
Reassessments

Evaluation the plan of care for the purpose of determining effectiveness.

Visit Notes

Create the structure of medical necessity by connecting assessments to goals by moving the plan forward.

Strength

• When in a seated position, Mr. Adams is able to lift his right leg until he could straighten his knee. When pressure was applied by the therapist, he was unable to hold his right foot up. He can only lift the left foot off the floor about 75% of his available ROM and cannot tolerate resistance.

• Right knee extensors = 3/5
• Left knee extensors = 2/5

• Select interventions to address strength.
Fall Risk

- Mrs. Bettis is asked to complete the Timed Up and Go as part of her initial assessment. She is able to stand from the chair without assistance. She walks without a device 10 feet and turns around to return to the chair. She sits down without issues. Her total time is 17 seconds to complete the task.

- \( TUG = 17 \text{ seconds indicating a risk for falls as score exceeds 14 seconds.} \)

- Select Interventions to address Fall Risk.

Gait

- Mr. Cavanaugh uses a quad cane when walking due to weakness in his left leg and anxiety about falling again. He lives alone in his own home. He is able to walk 75 feet before asking to stop and rest due to pain in his back. Since he became unsteady a couple of times during the walk, the therapist thinks he should be supervised for now.

- \( \text{Patient ambulates 75 feet with quad cane and supervision due to left LE weakness and anxiety related to a history of falls.} \)

- Select Interventions to address gait.

Bathing

- Mrs. Dawson has had macular degeneration and impaired sensation in her hands and feet for the last several years. She complains of having trouble setting the temperature of the water when showering so her son helps her get set up. He also helps her get out when she is finished due to her fatigue. She uses a very old shower chair that is missing the back support and is wobbly.

- \( \text{Patient transfers out of shower with min. assist due to fatigue and requires min. assist to manage water temperature safely due to macular degeneration and impaired sensation. Recommend replacement of current shower chair due to instability and missing pieces.} \)

- Select Interventions to address bathing.
Swallowing

- Mr. Eastman was placed on a mechanical soft diet last week after his most recent MBS results indicated moderate issues with proper bolus formation. He has an appointment for new dentures as they “make his mouth hurt” and he has been inconsistent in wearing them when eating. His wife reports he has been coughing during meals and she found him eating crackers last evening.

- Patient requires supervision during meals to ensure compliance with mechanical soft diet and appropriate use of dentures. Patient has an appointment for new dentures scheduled.

- Select Interventions to address swallowing.

Selecting Interventions

“Training” or “teaching” are actually categories and NOT patient specific without additional details.

Skilled Interventions

- Intervention = “interference”

- Disruption of the current process

- Driven by the assessment findings
Standing Alone??

Strength

• Mr. Adams:
  ➢ Right knee extensors = 3/5
  ➢ Left knee extensors = 2/5

• Goal:
  ➢ Strength of bilateral knee extensors will be 4/5 to improve gait quality and decrease fall risk.

• Interventions:
  ➢ Strengthening
  ➢ HEP

Strength Training

• LE Strengthening
  ➢ Repetitions
  ➢ Resistance
  ➢ Therapist Activity

• Gait / Transfer Training
  ➢ Focus on strength
  ➢ Functionally driven

• HEP
  ➢ Therapist Role
  ➢ Patient / Caregiver Role
Fall Risk

- Mrs. Bettis:
  - TUG = 17 seconds indicating a risk for falls as score exceeds 14 seconds.

- Goal:
  - TUG score will be under 14 seconds to indicate a decrease in fall risk.

- Interventions:
  - Gait Training
  - Balance Training
  - Home Program

Fall Risk Reduction

- Gait Training
  - Velocity
  - Environmental distractions

- Balance Training
  - Strengthening
  - Anxiety

- Home Program
  - Therapist Role
  - Patient / Caregiver Role

Gait

- Mr. Cavanaugh:
  - Patient ambulates 75 feet with quad cane and supervision due to left LE weakness, interfering pain and anxiety related to a history of falls.

- Goal:
  - Patient will ambulate 200 feet with quad cane independently in order to access vehicle and attend medical appointments with normalized gait pattern, decreased interfering pain and decreased fall risk as measured by the TUG score.

- Interventions:
  - Gait Training
Gait Training

- QUANTITY
  - Distance
  - Device
  - Level of Assistance
  - Surface

- QUALITY
  - Gait Pattern
  - Anxiety
  - Interfering Pain

Bathing

- Mrs. Dawson
  - Patient transfers out of shower with min assist due to fatigue and requires min assist to manage water temperature safely due to macular degeneration and impaired sensation. Recommend replacement of current shower chair due to instability and missing pieces.

- Goal:
  - Patient will transfer in/out of the shower and bathe with supervision using a proper shower seat.

- Interventions:
  - Bathing Training
  - Transfer Training

Bathing Training

- Bathing
  - Visual Issues
  - Sensory Issues
  - Equipment Issues
  - Fatigue

- Transfer
  - Visual Issues
  - Sensory Issues
  - Equipment Issues
  - Fatigue
Swallowing

• Mr. Eastman
  ➢ Patient requires supervision during meals to ensure compliance with mechanical soft diet and appropriate use of dentures. Patient has an appointment for new dentures scheduled.

• Goal:
  ➢ Patient will adhere to mechanical soft diet independently with no evidence of coughing during meals.

• Interventions:
  ➢ Oral Motor Training
  ➢ Home Program

Swallowing Training

• Oral Motor Training
  ➢ Physical Issues
  ➢ Cognitive Issues
  ➢ Caregiver Issues

• Home Program
  ➢ Therapist Role
  ➢ Patient / Caregiver Role

Redefining “Skilled Care”

“Medically Necessary”

An imperative requirement or need for something

“Interventions”

Interference in the current process and set on a new path

INDESPENSIBLE DISRUPTION
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