Therapy Goals and Reassessments:
Setting the Expectations

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Highest Risk Areas

• Measurement AND Analysis on Assessment
  ➢ PT – Gait
  ➢ OT – ADLs
  ➢ SLP – Function

• Measureable AND Meaningful Goals

• Reassessments

Assessments

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

- Goals create the vision of the patient’s situation as a result of therapy interventions.

- Goals correlate to:
  - Assessment findings
  - PLOF
  - Patient Input

Strength Goal

- 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
- Write a goal for strength.

Fall Risk Goal

- Mrs. Bettis is asked to complete the Timed Up and Go (TUG) 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 seconds indicating a risk for falls as score exceeds 14 seconds.
- Write a goal using the TUG data.
Gait Goal

• 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.

• Patient ambulates 75 feet with quad cane and supervision due to left LE weakness and anxiety related to a history of falls.

• Write a goal for gait.

Bathing Goal

• 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.

• 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.

• Write a goal for bathing.

Swallowing Goal

• 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.

• Write a goal for swallowing.
Setting Goals

Need to expand view beyond being functional in the home environment for those patients that want to re-enter the community.

Community Access

- Carry a 5 pound weight for >1000 feet?
- Carry packages averaging 6-7 pounds for short distances?
- Walk a minimum of 1000 feet per errand for 2 – 3 errands per trip?
- Change speeds and maintain balance?
- Negotiate safely around obstacles, slopes, or curbs while looking in a variety of directions?
- Multi-task while walking (walk and talk, walk and look from side-to-side or up and down)?

Community Access

- Carry a package up and down the stairs?
- Safely engage in postural transitions such as changing directions, reaching, looking up or down or sideways, move backwards?
- Rise from a chair without the use of arms with minimal effort?
- Walk at 4 feet per second for at least 1 minute to cross a street?
- Walk at a minimum speed of 160 feet per minute or about 2.6 feet per second?
150 Feet “Rule”

“Any ‘rules of thumb’ that would declare a claim not covered solely on the basis of elements, such as lack of restoration potential, ability to walk a certain number of feet, or degree of stability, is unacceptable without individual review of all pertinent facts to determine if coverage may be justified. Medical denial decisions must be based on a detailed and thorough analysis of the beneficiary’s total condition and individual need for care.”

“Measureable” Goals

- **CONSIDER:**
  - ROM
  - MMT
  - Distances
  - Level of assistance
  - Environment
  - Testing Scores
  - Specific Equipment
  - Caregiver role
  - Specific Instructions
  - Any Complicating Factors

- **AVOID:**
  - “Fair/good/poor”
  - WFL
  - “LRAD”
  - “Household”
  - “Community”
  - “Safe”
  - “Increase”
  - “Improve”
  - “Min/mod”
  - “Modified Independent”

“Meaningful” Goals

- **Connection to what is meaningful TO THE PATIENT**

- **Consider:**
  - “to allow patient to”
  - “so patient can”
  - “to comply with”
**Strength Goal**

- 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
- Strength of bilateral knee extensors will be 4/5 to improve gait quality and decrease fall risk.

**Fall Risk Goal**

- 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 seconds indicating a risk for falls as score exceeds 14 seconds.

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

**Gait Goal**

- 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.

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

- 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.
Bathing Goal

- 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.

- 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.

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

Swallowing Goal

- 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.

- Patient will adhere to mechanical soft diet independently with no evidence of coughing during meals.

Reassessments

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

“We believe that when a unique condition of an individual patient requires more therapy than a typical Medicare HH rehabilitation patient, such a patient should be more closely monitored by a qualified therapist to ensure high-quality, effective services are being provided and/or acceptable progress towards goals is being achieved.”

Proposed PPS 2013

Multiple Therapies

- Currently
  - Missed Reassessment impacts ALL therapy visits

- Proposed PPS 2013
  - Only the therapy that missed the Reassessment is impacted

- Implications for counting??
When Coverage Resumes

• Currently
  ➢ AFTER the Reassessment is completed
  ➢ 11, 12, 13, 14, 15 (RA done), 16, 17 (DC)
  ➢ Total covered visits = 15

• Proposed 2013
  ➢ ON the Reassessment visit
  ➢ 11, 12, 13, 14, 15 (RA done), 16, 17 (DC)
  ➢ Total covered visits = 16

Multiple Therapies

• Currently
  ➢ "Close to" 13 and 19 with no specified ranges

• Proposed PPS 2013
  ➢ Ranges of 11 to 13 and 17 to 19 in place

• Implications for scheduling??

Compliance

• Timing
  ➢ 30 days
  ➢ 13/19 visits
  ➢ Single / Multiple
  ➢ Rural / Urban

• Content
  ➢ What should a reassessment look like?
Reassess Strength

• When in a seated position, Mr. Adams is now able to lift his right leg until he could straighten his knee and able to hold this position briefly when pressure is applied. He can also now lift the left foot off the floor through full knee extension but cannot tolerate resistance.

Reassess Strength

• Initial Assessment:
  ✓ Right knee extensors = 3/5
  ✓ Left knee extensors = 2/5

• Current Assessment:
  ✓ Right knee extensors = 4/5
  ✓ Left knee extensors = 3/5

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

Reassess Fall Risk

• Mrs. Bettis is asked to complete the Timed Up and Go as part of her initial reassessment. 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.
Reassess Fall Risk

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

- Current Assessment:
  - 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.

- Reassessment???

Reassess Gait

- Mr. Cavanaugh continues to use a quad cane when walking due to weakness in his left leg. He lives alone in his own home. He is able to walk 125 feet before his left foot begins to demonstrate decreased swing phase. He reports his pain is not limiting his walking anymore. His stability has improved while walking but he continues to require supervision.

Reassess Gait

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

- Current Assessment:
  - Patient ambulates 125 feet with quad cane and supervision due to decreased swing phase of left LE related to muscle weakness.

- 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.

- Reassessment???
Reassess Bathing

• Mrs. Dawson has had macular degeneration and impaired sensation in her hands and feet for the last several years. Her new shower chair was delivered last week but remains unused as she is waiting for the therapist to set it up. She reports having less trouble setting the temperature of the water when showering so her son only helps her occasionally. He no longer helps her get out when she is finished.

Reassess Bathing

• Initial Assessment:
  ➢ 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.

• Current Assessment:
  ➢ Patient transfers out of the shower independently and requires intermittent min assist to manage set up due to visual and sensation issues. Newly delivered shower chair set up on this visit and training initiated with patient and caregiver. Required 75% verbal cues due to how the new seat fits in the shower.

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

• Reassessment???

Reassess Swallowing

• Mr. Eastman was placed on a mechanical soft diet three weeks ago after his most recent MBS results indicated moderate issues with proper bolus formation. He has new dentures but he “doesn’t like them” and he has been inconsistent in wearing them when eating. His wife reports he has been following his diet is she monitors his meals and only coughs “occasionally” when eating. During the visit the therapist noted one cough while consuming mashed potatoes.
Reassess Swallowing

- Initial Assessment:
  - 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.

- Current Assessment:
  - Patient requires supervision during meals to ensure compliance with mechanical soft diet and appropriate use of dentures.

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

- Reassessment???

Evaluation vs. Reassessment

- Evaluation of the patient for the purposes of forming a diagnosis and plan of treatment.

- Reassessment focuses on the plan of care using relevant patient information.

Upcoming Session

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