HACKETTSTOWN MEDICAL CENTER PHYSICAL/OCCUPATIONAL THERAPY PROCEDURE MANUAL NEW PATIENT REFERRALS AND APPROPRIATENESS OF REFERRALS

Effective Date: July, 1984 Policy No: 5200-2.012/5300-2.012

Cross Referenced:

Reviewed Date: 09/12, 03/16

Origin: Physical/Occupational Therapy
Authority: Therapy Services Manager

Revised Date: Page: 1 of 3

POLICY

Physical and Occupational therapy treatments are initiated with an order from a licensed practitioner for inpatient service. For outpatient service, the therapist shall inform the patient's licensed health care professional of record regarding the patient's plan of care within 30 days of initial treatment.

Acceptable Physical Therapy referrals include those from M.D., D.O., D.P.M., or D.C. (only if diagnosis is related to the spine) and Nurse Practitioners. Acceptable Occupational Therapy referrals include those from M.D., D.O., or P.H.D. Psychology and Nurse Practitioners.

A referral for physical and/or occupational therapy will be deemed appropriate if:

- 1. The services must be considered under accepted standards of practice to be specific and effective treatment for the patient's condition.
- 2. The services must be of such a level of complexity and sophistication or the condition of the patient must be such that only a therapist can safely and effectively perform the services required. Services that do not require the performance or supervision of a therapist are not considered necessary therapy services, even if performed by a therapist.
- 3. There must be a reasonable expectation that the condition will improve in a reasonable period of time or the services must be necessary to establish a safe and effective maintenance program.

Medical staff and laymen can also initiate inpatient referral for Physical and Occupational therapy services. For inpatient care, the therapist will provide screening assessments to identify need for services and treatment will be initiated once physician order is obtained.

PROCEDURE

Inpatient Referrals

Physician order:

- 1. Nursing transcribes orders from the medical chart to HIS and appropriate therapy order is generated.
- 2. Consult to therapy is received through HIS in task list.
- 3. Based upon the information on the order, the patient is then scheduled for an appointment within 24 hours for PT and 72 hours for OT.

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Outpatient Referrals

- 1. A prospective patient usually presents with a written referral from their doctor. An assessment can be completed without an order and treatment can be initiated but plan of care must be certified by the patient's physician.
- 2. The patient calls the Therapy Center for an appointment for their initial evaluation.
- 3. Outpatient pre-registration papers are to be completed prior to the initial visit and submitted to the financial counselor for insurance verification and precertification.
- 4. After the initial evaluation, subsequent appointments are made which are convenient for the patient and the department.

A therapist shall refer a patient to another licensed professional:

- When the therapist during the examination, evaluation or intervention has reason to believe
 that service is contraindicated or symptoms or conditions are present that require services
 outside the scope of practice.
- When a patient has failed to demonstrate reasonable progress within 30 days of the initial treatment.

GUIDELINES

1. **Hot/Cold Pack, Hydrocollator, Infrared Treatments, Paraffin Baths and Whirlpool Baths**Heat treatments of this type and whirlpool baths do not ordinarily require the skills of a qualified therapist. However, in a particular case, the skills, knowledge and judgment of a qualified therapist might be required in such treatments or bath; e.g., where the patient's condition is complicated by circulatory deficiency, areas of desensitization, open wounds, or other complications. Also, if such treatments are given prior to but as an integral part of a skilled therapy procedure, they would be considered part of the therapy service.

2. Gait Training

Gait evaluation and training furnished a patient whose ability to walk has been impaired by neurological, muscular or skeletal abnormality requires the skills of a qualified physical therapist. However, if gait evaluation and training cannot reasonably be expected to significantly improve the patient's ability to walk, such services would not be considered reasonable and necessary. Repetitious exercises to improve gait or maintain strength and endurance and assistive walking, such as provided in support for feeble or unstable patients, are appropriately provided by supportive personnel, e.g., aides or nursing personnel, and do not require the skills of a qualified physical therapist.

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3. Ultrasound, Shortwave, and Microwave Diathermy Treatments

These modalities must always be performed by or under the supervision of a qualified therapist.

4. Range of Motion Tests

Only the qualified therapist may perform range of motion tests.

5. Therapeutic Exercises

Therapeutic exercises which must be performed by or under the supervision of the qualified therapist or by a qualified therapy assistant under the general supervision of a qualified therapist due either to the type of exercise employed or to the condition of the patient would constitute physical and/or occupational therapy. Range of motion exercises require the skills of a qualified therapist only when they are part of the active treatment of a specific disease which has resulted in a loss or restriction of mobility (as evidenced by therapy notes showing the degree of motion lost and the degree to be restored). Generally, range of motion exercises which are not related to the restoration of a specific loss of function but rather are related to the maintenance of function do not require the skills of a qualified therapist. The repetitive services required to maintain function generally do not involve complex and sophisticated therapy procedures. However, in certain instances, the specialized knowledge and judgment of a qualified therapist may be required to establish a maintenance program.