

**State of Indiana
FSSA
Outreach Services of Indiana**

Making the Most of Therapy Appointments

Before requesting an order for or making a therapy appointment, the Team needs to determine what specific areas need to be evaluated or what specific questions need to be answered.

Below are examples of client concerns and the discipline that might be able to address that concern.

PHYSICAL THERAPY

- Fall assessment including need for protective devices/head gear during seizures
- Gait evaluation due to stumbling, change in walking pattern, decreased endurance, change in balance, difficulty climbing stairs, getting in/out of vehicles
- Decrease in leg strength, range of motion and endurance
- Need for or fit and recommended use of mobility device such as walker, cane, ankle or leg braces, transfer or gait belt, adapted shoes, knee pads

PHYSICAL OR OCCUPATIONAL THERAPY

- Transfer and lifting
- Positioning methods with sequence of position changes and recommended duration of positions
- Adaptive equipment for positioning to address dysphagia
- Wheelchair fit and function (Seating and Mobility Evaluation – does w/c fit, does everything work properly, does it need repair parts or adjustments, are all seating components in good condition, is it meeting the needs of the user)
- Adapted equipment such as commodes, support/grab bars, shower chairs
- Home/job/day service accessibility assessment
- Transportation accessibility

OCCUPATIONAL THERAPY

- Mealtime adaptive equipment for self feeding
- Strength, range of motion and endurance of arms to complete functional daily routine
- Splint assessment for hand, wrist or elbow
- Functional use of arms for Activities of Daily Living (ADLs) such as eating, dressing, bathing, toileting, grooming or tooth brushing
- Sensory processing screening/evaluation

PHYSICAL, OCCUPATIONAL OR SPEECH THERAPY

- Environmental access controls
- Assistive technology devices

Making the Most of Therapy Appointments

SPEECH THERAPY

- Mealtime evaluation (tableside) due to swallowing problems
- Mealtime techniques related to dysphagia
- Communication evaluation
- Communication device assessment

BEFORE MAKING THE APPOINTMENT

- Talk with therapist about needs or questions identified to make sure that s/he is competent, able and willing to complete the needed evaluations.
- Ask therapist how long the appointment is expected to take (approximately).
- Alert therapist to any special needs or concerns about the client.
- Discuss what medical or baseline historical information is needed by therapist to compare current data to.
- Ensure that therapist knows that comparing current status to previous status is a necessary part of the evaluation so that the team can determine if the client is “getting better” or “getting worse”.
- Obtain Release of Information form, if needed, to share information with therapist.
- If justification letter are needed for third party payment, verify that the therapist is able to and will complete as part of the evaluation documentation.

GOING TO THE APPOINTMENT

- Make sure to take:
 - Insurance information
 - All information requested by therapist
 - Consultation Visit form (completed prior to the appointment) indication need for evaluation
 - Adaptive equipment used – all parts
 - Communication equipment
 - Needed supplies (undergarments, change of clothing, snacks, drink, thickener).
- Made sure client is comfortable, dry, clean and is not ill, hungry or thirsty.
- Familiar staff must accompany the client.

DURING THE APPOINTMENT

- Advocate for the client; speak up if s/he is getting too tired, upset or not getting the requested assessments.
- Provide accurate information or offer to find out and send information later.
- Take detailed notes; clarify any confusing details.
- If equipment needs to be changed, repaired or replaced ask therapist to include in the report recommendations regarding who/where can assist in getting that done.
- Make sure that a complete evaluation, not just a summary or one line statement will be sent to the client at her/his home. Ask when to expect the evaluation in the mail. Make sure the evaluation will include statements comparing current status to baseline status that you have provided.

Making the Most of Therapy Appointments

- Ask how to reach the therapist in case evaluation is not received or if there are any clarifications needed.
- Ask therapist to provide training to residential staff member who is responsible for training home residential staff. Ensure that residential staff are provided opportunity for return demonstration to provide correct implementation.
- Ask the therapist what data or responses they need to have documented to show if the intervention is effective or not at the client's return visit.
- Ensure the therapist completes the Consultation Visit form.

AFTER THE APPOINTMENT

- Follow up with any additional information the therapist needs.
- Share details and outcome recommendations with the Team.
- Follow outcome or goal recommendations or document why the recommendations are not going to be followed.
- Follow up with any additional appointments per Team decision. Discuss what specific questions and concerns are going to be addressed; start back at Step 1 of Before Making the Appointment.
- If evaluation did not address the needs of the client after the therapist had said that they s/he would address the needed areas, the Team needs to determine what course of action to take. Minimally, this needs to be conveyed back to the therapist or therapy department manager so appropriate actions can be taken. Alternate therapy service providers need to be found if services requested on behalf of the client cannot be provided.

IMPLEMENTING THE INTERVENTIONS

- Any new changes or interventions agreed on by the Team should be added to the client's Health Risk Plan. The plan should identify the issue or problem that the new interventions/recommendations are addressing, how often to complete the intervention, who is responsible for implementing it, what to watch for or monitor specifically regarding response to intervention, where to document observations and data, who and when to call if questions/concerns, who will monitor and how often to monitor to ensure that intervention continues to be implemented correctly and consistently.
- Staff responsible for implementing the recommendations should be trained to competency prior to implementing the recommendations.
- Determine if the interventions need to be implemented at sites other than at home (for example, at day services or school). Develop and include in the plan how that is to be done, who is taking that information and training to the day services or school staff and how will information be communicated back and forth to home staff.