SUBJECT: TREATMENT PROGRAMS	REFERENCE #8114
DEPARTMENT: REHABILITATION SERVICES	PAGE: 1 OF: 4
	EFFECTIVE:
APPROVED BY:	REVISED:

POLICY:

- Treatment programs are offered in the service of rehabilitation medicine in acute stage and subsequent stages of illness to minimize or prevent dysfunction for the following types of patients:
    - Fractured hip
    - Cerebral Vascular Accident (CVA)
    - Hip replacement
    - Knee replacement
    - Head injury
    - Arthritis
    - Amputee
    - Spinal cord injury
    - Back fracture
    - Spinal fusion
    - Peripheral nerve injury
    - Upper extremity fracture
    - Chronic obstructive lung disease

- Fractured Hip:
    - Post-fracture characteristics will include prior history of self-care, pain and impaired range of motion at the hip which limits independence in lower extremity self-care and increases the patient's risk for falls.
    - Treatment will include education in safety precautions, strengthening of hip and lower extremity musculature, self-care adaptive equipment and promotion of independence in self-care and ADLs to facilitate return to previous level of independence.
- Cerebral Vascular Accident (CVA):
    - Patients who are favorable candidates for (occupational) rehabilitation therapy following CVA exhibit characteristics, such as decreased range of motion, decreased muscle strength, spasticity or sensation deficits, decreased independence in ADL, decreased or impaired functional mobility, or decreased functional use of involved extremity. Patients with impaired sensorimotor function, body image or cognition are eligible.
    - The treatment program will be oriented toward facilitation of increased independence and function. Individual therapy will be oriented toward the specific limiting factors of each patient. Education of family will be included to help facilitate rehabilitation.
- Hip or Knee Replacement:
    - Patients with history of independence in self-care and post-op characteristics including lower extremity pain or weakness, impaired gait, decreased range of motion resulting in decreased self-care and/or ADL independence and who have motivation toward rehabilitation and return to independent living.
    - Treatment will include safety precautions, instruction in use of adaptive equipment; the program will be oriented toward improved functional mobility, and independent self-care and ADL for return to independent living.

- Head Injury:
    - Post injury features will include prior medical history conducive toward rehabilitation, physical deficits such as spasticity, decreased range of motion, loss of motor control, memory loss, attention span deficits, disorientation and sensorimotor deficits.
    - Treatment program will be oriented toward facilitation of patient's maximum functional potential, emphasizing specific limiting factors of the patient. Education of the family shall also be included.
- Arthritis:
    - Patients should have a prior history of independent self-care which has decreased due to diagnosis.
    - Treatment shall include use of adaptive equipment, strengthening exercises and compensatory techniques with emphasis on patient's capabilities rather than deformity of disability.
- Amputee:
    - Patients with history of independent self-care prior to upper extremity amputation with or without prosthesis; lower extremity amputation with prosthesis.
    - Treatment includes instruction in application and removal of prosthesis, instruction regarding maintenance of residual limb, instruction in operation of terminal device of upper extremity prosthesis or one-handed techniques if prosthesis is not indicated. Emphasis will be on independent ADL for return to previous lifestyle.
- Spinal Cord Injury:
    - For patients with physical deficits, including decreased range of motion and motor control, contractures and impaired sensation, functional ability and self-care.
    - Individual treatment programs will be aimed at minimizing deformity and maximizing functional potential in order to attain the highest level of self-care possible.

- Back Fracture:
    - Patients with history of independent self-care prior to decreased independence due to back pain or limitations on range of motion.
    - General treatment shall include instruction in safety precautions, body mechanics and use of adaptive equipment as indicated. Emphasis placed on independent functions.
- Spinal Fusion:
    - Patients with a history of independent self-care prior to decreased independence due to back surgery.
    - General treatment shall include instruction in spinal precautions, body mechanics and use of adaptive equipment as indicated. Emphasis placed on independent functions.
- Peripheral Nerve Injury:
    - Patients with characteristics of weakness or paralysis and sensory loss that prevents independent functions.
    - Treatment approach includes prevention of joint injury, instruction in techniques to compensate for disability and facilitation of return of motor function.
- Upper Extremity Fracture:
    - Patients should have multiple fractures that prevent independent self-care or decreased strength and functional potential.
    - Treatment approach shall emphasize return to independent self-care and ADLs.
- Chronic Obstructive Lung Disease:
    - For patients with impaired independence in self-care and ADLs due to decreased pulmonary function.
    - Treatment approach includes emphasis on residual abilities, not on disabilities, and instruction in energy conservation and breathing control during activity.