

SUBJECT: PHYSICAL THERAPY CARE, TREATMENT AND SERVICES	REFERENCE #8110
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APPROVED BY:	EFFECTIVE: REVISED:

**POLICY:**

- Physical Therapy staff provide care, treatment and services as follows:
  - Coordination and Control Training:
    - Graded activity to improve coordination
    - Recommend positioning for optimal function
    - Train in compensatory techniques
  - Functional Therapeutic Exercise:
    - Graded activity that requires active assistive, active or resistive movement
    - Graded activities of daily living to improve strength
    - Instruction to family and patient regarding range of motion techniques
    - Train in body positioning to facilitate motor control and increase or maintain patterns
    - Utilize techniques to inhibit abnormal reflexes and abnormal movement patterns
    - Utilize techniques to facilitate normal developmental reactions and other normal movement patterns, including oral musculature, trunk and extremities
    - Techniques to facilitate reduced muscle tone
    - Techniques to inhibit increased muscle tone
  - Endurance Training and Energy Conservation:
    - Train in energy conservation techniques during functional activity
    - Provide graded activities to increase level of endurance

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- Recommend and/or provide adaptive equipment
  - Train in proper body mechanics during functional activity
  - Recommend work simplification methods
  - Provide functional activities for patient to identify activity tolerance level
- Pain Management:
  - Note underlying cause of pain
  - When indicated, provide joint mobilization techniques for the (upper extremity) affected area
  - When indicated, provide joint immobilization devices (i.e., splints, adaptive equipment) for the affected extremity
  - Provide a supportive atmosphere to facilitate patient's optimum functioning
  - Recommend and/or provide relaxation techniques
  - Provide functional training to identify activity tolerance level of the patient
  - Train in proper body mechanics during functional activities
  - Train in proper joint protection techniques to prevent deformity
  - Provide prevocational evaluation and training when indicated
- Edema Control:
  - Note underlying cause for edema
  - Provide proper positioning techniques and/or adaptive devices to reduce edema (i.e., elevation of part, position of part, positioning splints, arm rest)

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- Recommend and/or provide adaptive devices or other methods for application of pressure, such as ace wrapping, Jobst pressure garments, isotonic gloves
  - Teach patient self ranging techniques to reduce edema, if appropriate for patient
  - Provide graded activities and exercise to reduce edema
  - Recommend and/or provide contrast baths to reduce edema, if indicated
  - Provide edema massages as necessary, and educate patient on self-massage if appropriate
- Body Scheme/Retaining:
  - Evaluate body scheme development
  - Provide specific tactile, kinesthetic/proprioceptive and vestibular input to enhance the development of body scheme
  - Provide specific activities that facilitate the integration of visual, kinesthetic, proprioceptive, tactile and vestibular input for the development of body scheme
- Somato-Sensory/Stimulation:
  - Evaluate the tactile and/or kinesthetic/proprioceptive sensory systems
  - Provide carefully monitored tactile and kinesthetic/proprioceptive, input through the following methods: brushing, icing, rubbing, touch, pressure, vibration, joint approximation and resistive exercises
  - Provide movement activities that incorporate various tactile experiences
  - Provide graded tactile activities to improve tactile discrimination

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- Gait Training:
  - Provide appropriate equipment to decrease risk of falls and increase patient independence during ambulation
  - Adjust equipment for each patient, whether the equipment is the patient's personal equipment or property of the gym
  - Assess the gait pattern and make corrections to increase the efficiency of the patient's gait, decrease the energy expended and decrease the risk of falls
  - As the patient becomes proficient with one assistive device, advance the patient to a less restrictive device as deemed safe by the therapist