Making the most of your rehabilitation services

Janelle Trempe PT, ATC
Kyla Larawary MS, OTD, OTR/L
Kristin Knight MS, CCC-SLP
Objectives:

1. Understand education and training of physical, occupational, and speech therapists.

2. Improve awareness of skills we have and patients we can serve to align expectations.

3. Understand keys to effective communication with rehabilitation providers.
Physical, occupational, and speech therapists are in a unique position in health care in that we see our patients more frequently and over an extended period of time.
Physical Therapy:
1. Neurological (PD, MS, CVA, Concussion)
2. Orthopedics (sports/extremities, spine)
3. Specialty (women’s health, chronic pain, cancer)

Occupational Therapy

Speech & Language Therapy
Specialty programs offered at OHSU PT

Bike fit
Concussion
Golf
Oncology
Orthopedics
Running injuries
Spine rehab
Women’s health
Neurology

Blood flow restriction
Lokomat
FES bike
Re-walk
AlterG
Biodex testing
ASTYM
Chronic pain
Lymphedema
Physical Therapy

PT Education & Credentialing

- Physical therapy programs are a MS or DPT level and must be APTA credentialed. 2020 all will be DPT.
- Completion requires minimum of 28 weeks of clinical practice in various settings.
- Must pass national physical therapy boards.
- Must be licensed in the state where they practice.
Where do PTs work?

- Hospitals: acute care, inpatient rehab, outpatient
- Skilled nursing facilities
- Home health agencies
- Private practices
- Schools
- Sports and fitness facilities
- Universities and professional teams
Physical Therapy

Sub-specialty Areas

Orthopedics
Balance/Movement Disorders
Neurology
Lymphedema
Chronic Pain
Pediatrics
Vestibular

Geriatrics
Women’s Health
Hand
Aquatic Therapy
Cancer
Manual therapy
Bariatric
Physical Therapy
Referrals

Oregon is a direct access state.

Although a physical therapist may see a patient without a referral, OHSU and many insurance carriers require one for reimbursement.
Referrals

- Referral should indicate discipline (PT/OT/SLP)
- Referrals should include diagnosis and ICD-10 code.
- Specifically for Medicaid: the more specific the diagnosis the better chance visits will be authorized.
Communication Tips

1. Specify any limitations with time frames.
   Example: sling for 2 weeks with no AROM, PROM OK

2. “Eval & Treat” will allow the therapist to all our options

3. Be aware that a medical diagnosis and physical therapy diagnosis is not always the same.
Physical Therapy

* Develop relationships with therapists.
* Set up positive expectations with your patients.
* Communicate to patients that therapy takes time and requires their active involvement.
* Hurt does not equal harm!
* Refer sooner than later.
“Occupational therapy is a client-centered profession concerned with promoting health and well being through occupation; enabling people to participate in activities of every day life.”

- Occupations = *meaningful* activities people need, want or are expected to do.
- Emphasis on the therapeutic relationship leads to client-centered goal setting as individuals feel able to share what is meaningful to them.
Experts in Activity Analysis

* What are the demands of the activity?
* What are the barriers to performing the activity?
* What skills are required to complete the activity?
* How does the environment affect participation?
* What is the cultural meaning ascribed to the activity?
Occupational Therapy
Occupational Therapy

Education:

* Undergraduate Bachelors degree
  Biology, kinesiology, psychology, sociology, anthropology, liberal arts, anatomy

* Entry-level Masters or Doctorate degree
  Doctorate required starting 2025
  Level 1- 4 areas of practice=208 hrs
  Level 2-24 week rotations (2)= 1,920 hrs
  Doctoral Capstone Project- 16 weeks= 512+hrs
# Occupational Therapy

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<tr>
<th>Board Certifications</th>
<th>Specialty Certification</th>
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<tr>
<td>5+yrs/500hr service delivery/5000 hrs any</td>
<td>2000hrs as OT/600hrs in cert area</td>
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<tr>
<td>Gerontology (BCG)</td>
<td>Driving and Community Mobility (SCDCM)</td>
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<td>Mental Health (BCMH)</td>
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<td>Pediatrics (BCP)</td>
<td>Feeding, Eating, &amp; Swallowing (SCFES)</td>
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<td>Physical Rehabilitation (BCPR)</td>
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<td>Hand Therapy (CHT)</td>
<td>School Systems (SCSS)</td>
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Where do OTs work?

* Hospitals
  * Acute care/subacute, inpatient rehab, outpatient rehab, mental health
* Schools: K-12
  * Academic and non-academic outcomes: social skills, math, reading and writing, behavior management, recess, participation in sports, self-help skills, prevocational/vocational participation, transportation, and more
* Skilled Nursing Facilities
  * Short-term care: rehabilitation, adaptation, compensatory techniques
  * Long-term care: end of life dignity, enhanced quality of life and engagement
* Other: Correctional facilities, ergonomics, home design, academia, government, adapted recreation/outdoor adventure, home health, community mental health, primary care
# Scope of Practice

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<th>Performance Skills</th>
<th>Performance Patterns</th>
<th>Contexts &amp; Environments</th>
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<td>Education</td>
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<td>Social Participation</td>
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Examples of Appropriate Referrals

- Pre-joint replacement / orthopedic surgery
- Concussion / TBI: Vision therapy and sensory processing
- Medication management
- Oncology Difficulties
- Fall-reduction & home modification
- Driving evaluations and alternative transportation
- Wheelchair seating
- Adaptive communication

- Work & school accommodations
- Sleep hygiene
- Difficulties in ADLs & IADLs
- Chronic conditions: pain, diabetes, obesity, COPD, fibromyalgia, arthritis
- Developmental disabilities, ADHD, ASD
- Productive aging
- Hand function & hand therapy
- Low vision
Occupational Therapy

What should PCPs know before referring?

What OTs do at OHSU:
- Individualized evaluations and treatment planning
- Collaborate with PT/SLP/SW/Psych/PCP

What OTs don’t do at OHSU:
- Comprehensive neurocognitive exams
- In-home safety evaluations (can do this in clinic)
- Gait and balance evaluations (PTs can do this)
Speech and Language Pathology

SLP Education & Credentialing:

- Master’s degree in Speech-Language Pathology, which includes 400 supervised clinical hours
- Successful completion of Clinical Fellowship Year (CFY), including 1,260 supervised clinical hours
- Before practicing without supervision, must apply for and obtain Certificate of Clinical Competence (CCC-SLP) from the American Speech-Language Hearing Association (ASHA)
- State Licensure
Two Speech-Language Pathology Departments at OHSU

Northwest Clinic for Voice and Swallowing (refer to ENT-Speech)
- Dysphagia (Swallowing)
- Voice disorders
- Alternative and Augmentative Communication (AAC)

Outpatient Speech-Language Pathology (refer to REH ST CHH)
- Cognitive-communication
- Language (Aphasia)
- Motor Speech/Dysarthria
- Fluency (Stuttering)
Populations Served in Outpatient Speech Pathology

- CVA
- Concussion and TBI
- MCI
- Aging and Alzheimer’s
- Parkinson’s disease (cognition)
- Multiple Sclerosis
- Oncology
Assessment and treatment in left CVA:

- Evaluation with formal interview and standardized assessments
  - Comprehensive Aphasia Test or Western Aphasia Battery, Reading Comprehension Battery for Aphasia
- Set functional goals with patient and family
- General areas targeted in treatment:
  - Expressive language (speaking, writing)
  - Receptive language (Understanding, reading)
- Development of compensatory strategies:
  - Circumlocution
  - Use of supported communication – gestures, pictures, writing
  - Caregiver training
Assessment and treatment in Concussion and TBI:

- Evaluation with formal interview and standardized assessments
  - Repeatable Battery for the Assessment of Neuropsychological Status (RBANS), Trail Making A and B, Test of Verbal Fluency, Behavioral Assessment of Dysexecutive Syndrome
  - Set functional goals with patient and family
- General areas targeted in treatment:
  - Memory
  - Attention
  - Executive Functions
  - Word-finding
  - Pacing
Assessment and treatment in MCI and early stages of Parkinson’s disease:

- Evaluation with formal interview and standardized assessments
  - RBANS, Trails A and B, Test of Verbal Fluency
- Set goals with patient and family: what do you want to get out of this?
- Education on disease, progression, risks
- Multi-dimensional cognitive intervention program:
  - Areas targeted: development of compensatory strategies for memory, attention, language/communication, and executive functioning
  - Typically 2-4 follow-ups, then tapered check-ins, as needed
  - Brain health education
- Screening for referral for other disciplines: OT, PT, ENT-Speech (voice/swallow), psychology
- Re-assessment 6-12 months
Assessment and treatment in dementia and later stages of PD:

* Baseline objective and subjective measures
  * MoCA or Mini-cog and 6-CIT, interview
* Plan of care frequency:
  * Outpatient setting more beneficial for moderate than advanced
  * Moderate: 2-4 times, check-ins as disease progresses
  * Advanced: SNF, Home health
* Treatment typically more indirect than direct:
  * Caregiver training for communication and orientation strategies
  * Development of visual cueing systems and memory strategies
    * Memory notebooks, calendars, labels/signs, timer
    * Establish daily routines
  * Screen for referral to ENT-Speech (swallow), caregiver support
Compensatory Strategies for Cognition:

- **Attention**
  - Environmental modifications to maximize attention (coordinate with OT)
  - Timers, goals

- **Memory**
  - Internal Memory Strategies: repetition, visualization, association, location, mnemonics
  - External Memory Compensations: daily journals, calendars, white boards, checklists, routines (coordinate with OT)
  - Reading retention strategies (SQ3R)
  - Reminders on phone/apps

- **Executive Function**
  - Initiation Strategies: daily plan, scheduled routine activities, use of a timer to get started
  - STOP (stop, think, organize, plan)
Summary

- Physical, occupational, and speech-language pathologists are highly trained professionals.
- PTs, OTs, and SLPs work in a variety of settings with a variety of patients.
- Creating relationships with rehabilitation professionals can help you assist your patients in achieving their goals.
Questions?

Thank you