

# Role of Occupational Therapy and Physical Therapy in Acute Care

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# Occupational Therapy

Assessment of patients' ability to complete daily activities in order to regain independence through compensatory techniques, restoration of skills, enhancements of skills, and promotion of wellness

# Occupational Therapy- Areas Assessed

- ROM
- Strength
- Sensory Functions
- Mental Functions- cognition, safety awareness, attention, memory, judgement, problem solving, etc
- Neurological Functions- visual perceptual skills, visual fields, praxis
- Tone
- Coordination and proprioception
- Balance
- Edema
- Functional ambulation

# Occupational Therapy

- Activities of Daily Living (ADLs)
  - Bathing/showering
  - Toileting/toileting hygiene
  - Dressing
  - Feeding
  - Functional mobility
  - Grooming
- Instrumental Activities of Daily Living (IADLs)
  - Care of others
  - Care of pets
  - Child rearing
  - Communication management
  - Driving and community mobility
  - Financial management
  - Health management and maintenance
  - Home establishment and management
  - Meal preparation and cleanup
  - Safety and emergency maintained
  - Shopping



# Physical Therapy

Uses therapeutic exercises, assistive devices, and patient education to preserve, enhance, or restore physical function

# Physical Therapy- Areas Assessed

- ROM
- Strength
- Sensory Functions
- Mental Functions- cognition
- Neurological Functions- ataxia, reflexes, tremors, etc
- Tone
- Coordination
- Balance
- Edema
- Mobility, Gait, Transfers

# Acute Care Therapy

- Roles of OT and PT are to evaluate patients function, provide treatment interventions for remediation/compensatory techniques of deficits, equipment training as appropriate, and provide input on post acute care therapy needs
- If evaluating therapist believes patient should be followed in acute care a frequency is set upon evaluation
- Treatments are prioritized based on diagnosis, patient needs, requests for insurance notes to facilitate discharge, requests for treatment notes to assess a patient's status/provide additional therapy, post acute care recommendations, and Acute Rehabilitation Department Prioritization Document

# Post Acute Care Recommendations

- No PT Needs or No OT needs
- Home with supervision due to physical or cognitive deficits
- Home with home health PT or home with home health OT
- Home with outpatient therapy
- Skilled Nursing Facility
- Inpatient Rehabilitation

# Home

- Home with no needs- patient requires no further therapy or needs can be met in the acute care setting
- Home with supervision for cognitive deficits or physical deficits
  - Patient requires assistance, either physical assist or oversight due to cognitive deficits, for specific tasks which are listed in the documentation
- Home with home health can be set up by TMO with home health orders
  - Does not need evaluation by PT or OT prior to discharge
- Home with outpatient
  - Can provide patient with prescription or send referral in Epic
  - Does not require an evaluation by PT or OT prior to discharge

# Skilled Nursing or Inpatient Rehabilitation

- Skilled nursing facility
  - Patient tolerates less than 3 hours of therapy per day
  - For wound care, IV antibiotics, new PEG tube, stage IV decubitus ulcer without requiring therapy
  - Can go for PT alone
  - If there is a concern that patient will require further supervision/assistance such as long term placement
- Inpatient rehabilitation
  - Requires two disciplines
  - Patient tolerates 3 hours of therapy per day or 15 hours of therapy over 7 days to work up to tolerating 3 hours of therapy
  - Requires intensive family training in order for the patient to be discharged home
  - Specialty rehabilitation (such as for CVA, SCI, amputation, pulmonary, etc)

# Rehabilitation at VUMC

- Therapy evaluation orders are placed and therapy typically responds within 48 hours
- Frequency is set at initial evaluation (unless 1x only evaluation is completed)
- Treatments are then prioritized based on caseloads, frequency set at evaluation, requests for treatment notes, insurance note requests, and patient diagnosis

# Rehabilitation at VUMC

- OT and PT are separate orders
- Placement in SNF/Inpatient rehabilitation typically requires PT and OT evaluations
- OT and PT need activity orders that are not “strict bedrest”

# Rehabilitation at VUMC


- Primary therapist can be found in “Treatment Team” box in Epic with pager for direct contact
- TMO staff (typically the case manager) can place requests directly into Epic Dashboard for treatment note or insurance note for the next day
- Rehab staff is now on Mobile Heart Beat if you need direct contact

# Research

Rogers, A. T., Bai, G., Lavin, R. A., & Anderson, G. F. (2017). Higher Hospital Spending on Occupational Therapy Is Associated With Lower Readmission Rates. *Medical Care Research and Review*, 74(6), 668–686.

<https://doi.org/10.1177/1077558716666981>

- Study used Medicare claims and cost report data
- Looked at spending in hospital and 30 day readmissions for HF, PNA, and MI
- OT is the only category where additional spending was associated with lower readmission rates for all 3 conditions



Thank you for your time. If any  
questions feel free to email.

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