

Madigan Army Medical Center Referral Guidelines

Inpatient Rehabilitation for Patients with Impaired Mobility and/or Activities of Daily Living

Diagnosis/Definition

To provide guidance on when to consult Physical Medicine, Occupational Therapy, and Physical Therapy for discharge planning of medically stable patients with new impairments in mobility and/or activities of daily living. This guideline is especially applicable to patients with neurologic conditions or status post surgical procedures.

Initial Diagnosis and Management

Determine if there is impaired ability to ambulate in a safe manner with or without an assistive device (cane, walker etc.) and/or inability to transfer safely (bed to wheelchair, wheelchair to commode, walker to commode, etc.) and/or impaired cognition affecting memory, judgment, problem solving and motor planning.

Ongoing Management and Objectives

To improve patient's functional ability with rehabilitative interventions with continued goal setting and re-evaluation.

Indications for Specialty Care Referral

- Consult Physical Therapy for impairments in mobility (ambulation, stairs and transfers, assistive device recommendations, canes, walkers, etc.) and recommendation for rehabilitation, including outpatient physical therapy, home health physical therapy or placement in a rehabilitation center for acute rehabilitation or skilled nursing facility for subacute rehabilitation.. For patients undergoing surgical procedures who require post-op consults, please describe the surgical procedure and precautions on the consult.
- Consult Occupational Therapy for impaired activities of daily living (ADLs), home safety concerns, upper extremity function, cognitive evaluation to include changes in vision, simulated home safety skills for IADL performance, recommendation for assistive devices and Rehabilitation services in the hospital, placement in a SNF (skilled nursing facility) or Acute Rehab, Home Health OT services, or Outpatient OT Rehabilitation.
- Consult Physical Medicine for patients requiring sub-acute versus acute rehabilitation. Determination based on integration of abilities and activity tolerance demonstrated in therapies and medical complexity of current and underlying medical conditions.
- Please do not refer the following types of patients:
 - Patients requiring only custodial care
 - Patients with end-stage disease requiring only passive range of motion
 - Referral for conditions previously assessed by Physical Medicine, Occupational Therapy and Physical Therapy on an outpatient basis
 - Patients admitted for exacerbation of a chronic condition requiring only passive range of motion to prevent deconditioning or loss of range of motion
 - ICU patients requiring only passive ROM

- Patients requiring inpatient cardiac rehabilitation

Criteria for Return to Primary Care

Patient is discharged to home from Madigan or inpatient rehabilitation setting.

References

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Ostrow, P., & Kuntavanish, A. (1983). Improving the utilization of occupational therapy: A quality assurance study. *The American Journal of Occupational Therapy*, 37(6), 388-391.

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Referral Guidelines require review every three years.

Maintained by the Madigan Army Medical Center - Quality Services Division
Clinical Practice and Referral Guidelines Administrator