



Management of the Non-Traditional Rehabilitation Patient

Presented by: HARMONY UNIVERSITY The Provider Unit of Harmony Healthcare International, Inc. HHI

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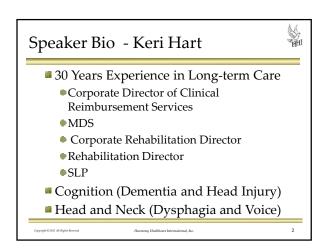
Management of the Non-Traditional Rehabilitation Patient: How Do We Help?

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Management of the Non-Traditional Rehabilitation Patient

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Management of the Non-Traditional Rehabilitation Patient Disclosure

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Speaker:

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Keri Hart, MS CCC-SLP, RAC-CT Director of Rehabilitation & Reimbursement

- The speaker has no relevant financial relationships to disclose
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- Complete Sign-in and Sign-Out on Attendance Form
- Attendance for entire session
- Completion and submission of speaker evaluation form

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Objectives

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- The learner will be able to identify underlying deficits leading to Behaviors
- The learner will be able to define interdisciplinary assessment techniques

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The learner will be able to identify Management Strategies

The Ideal Therapy Patient

- A decline in function is noted
- A definitive prior level of function is addressed
- Good to excellent rehabilitation potential

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- A reason for referral applies directly to skilled therapy
- The patient and the therapists goals are similar

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The Non-Traditional Therapy Patient

- Deficits prior to decline
- Medically Complex

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- Cognitive and Behavioral issues
- A reason for referral does not directly relate to skilled therapy (increase Behaviors)
- May not reach full prior level of function

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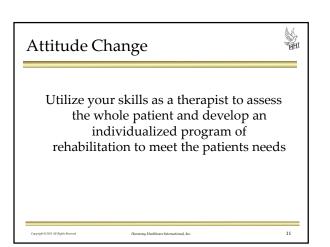
Progress may be hard to measure

Skills of a Therapist

"The deciding factors are always whether the services are considered reasonable, effective treatments for the patient's condition and require the skills of a therapist, or whether they can be safely and effectively carried out by non-skilled personnel without the supervision of qualified professionals"

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Dementia Statistics

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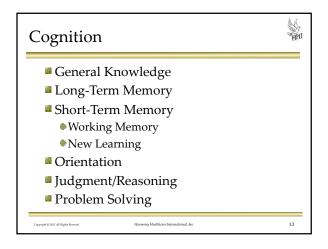
The prevalence among elderly nursing home residents is estimated to be 60%-80%

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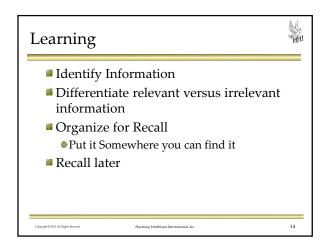
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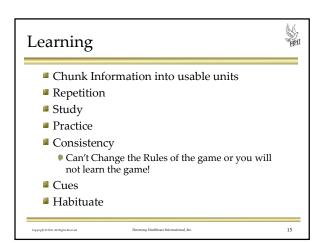
- Patients with dementia have a risk of falling that is 2 to 3 times higher than that of cognitively intact elders
- The current annual incidence of falls for patients with dementia is nearly **60%**

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Findings on Function

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National Institute on Aging - Todd M. Manini Sin and Sin an

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- Movement and activity is vital to longevity in elderly individuals.
- 20% 40% of all elderly will experience functional decline during hospitalization

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Findings on Function Contributors to functional decline during hospitalization: Bed rest / immobility (even for one or two days) Bed rest / immobility resulting from the use of physical restraints Poor nutrition Seniors, who were most active, regardless of whether they exercised, were nearly 70% less likely to die during the six-year study period than those who were most sedentary



Restoration

This applies to patients in the early to middle stage of dementia that can still learn/relearn information Sin and Sin an

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- Physical functioning can improve.
 Treatment includes the underlying
 - impairments
- Learning requires repetition
 Focus on organizational skills, problem solving, sequencing, attention, following directions

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Compensation Compensatory strategies may be developed and utilized by the resident Visual aids within the environment for redirection Items for dressing set up in a specific order to promote independence Treatment may focus on altering the task for increased success Without established strategies, there is a potential the patient might not be able to complete the task

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Adaptation

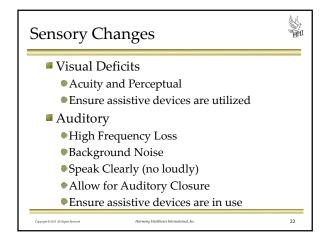
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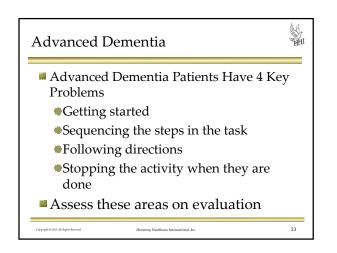
- Changing of the environment and tasks to promote the resident's function
 - Eliminate visual, auditory distractions
 - Adaptive equipment during ADLs
 - Improve lighting
 - Visual cueing
 - Labeling

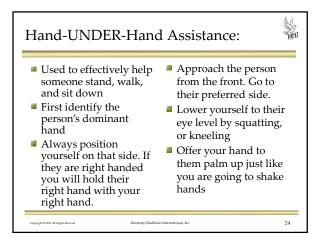
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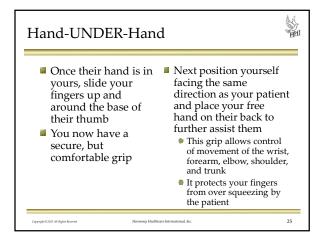
Eliminate clutter within environment

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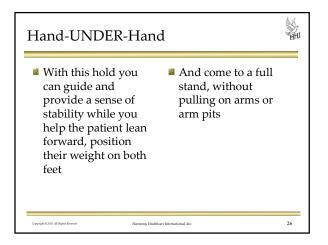














Physical prompts with pushing or pulling results in resistance

As language skills deteriorate, it becomes more difficult for people with dementia to understand words and instructions

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- More words don't always help
- Stay on topic

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Following Directions

- Concrete languageWhat we can see and touch
- Decrease non-essential words
- Could you please **stand** up for me vs. stand

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Utilize writing cues

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- Decreases auditory stimuli
- End stage dementia may retain ability to read basic words

Following Directions Allow additional time for response Patience Break multiple step commands down to one at a time Stand up and walk to the door Simplify complex commands Before you stand you need to put your walker in front of you

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Following Directions

- Utilize gesture
- Provide a functional object cue
 Visible Environmental Prompts

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Sometimes silence is Golden

Take Your Time

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Patience is a virtueAllow additional time for the patient to respond

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Visible Environmental Prompts		
 Being able to see a destination is an effective cue Leaving the bathroom door open frequently initiates the steps necessary for the person to get up and go to the toilet 	 In later stages demonstration or imitation can be a valuable aid 	
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Familiarity

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- Design a predictable environment that is familiar and comfortable
 - Walk in familiar places with familiar shoes and clothes
 - If the person comes from a culture in which body modesty is extremely important, having a male caretaker attempt to help a female patient with a bath, could result in problem behavior

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Familiarity

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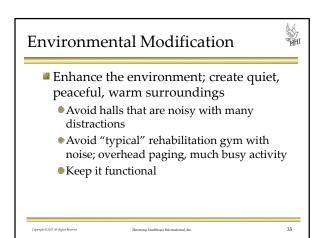
- Routines are important behavior stabilizers for persons with dementia
 - Requiring a person to take a bath first thing in the morning when he/she has never been a morning person, and usually took one in the evening, may result in problem behavior

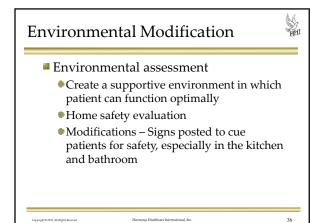
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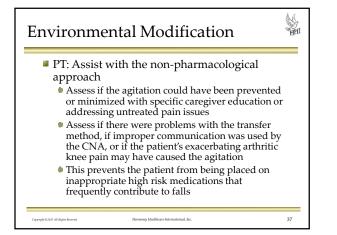
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Asking a person to take a bath or shower rather than a sponge bath, when he/she has never taken a shower or bath due to fear of water from a neardrowning accident as a child is likely to result in problem behaviors

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Is Your Patient in Pain?

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Pain affects more Americans than diabetes, heart disease and cancer combined. The chart below depicts the number of chronic pain sufferers compared to other major health conditions.

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Cost of Pain

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The total annual incremental cost of health care due to pain ranges from \$560 billion to \$635 billion (in 2010 dollars) in the United States, which combines the medical costs of pain care and the economic costs related to disability days and lost wages and productivity

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An estimated 20% of American adults (42 million people) report that pain or physical discomfort disrupts their sleep a few nights a week or more

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Pain Frequency 138 elderly ambulatory visitors to a senior citizens club were asked to fill in a standardized

- questionnaire dealing with symptom pain
 88% of those participating indicated that they
- experienced pain at least occasionally
 50% chaits the supering increases the least occasionally
- 50% admitted to experiencing pain on the day of the investigation
- Pain most commonly involved joints and legs
- 75% claimed that they use analgesics
- 80% admitted to taking painkillers at least once a week; 39% reported daily usage

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Pain Management Program Development Assessment Tools: Numerical pain scale,

Facial pain scale, Goniometry and Manual Muscle Testing and Sensory testing kits MDS Section J Pain Interview

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- Root Cause Analysis of Pain
 - Time
 - Activity
 - Motion

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Modalities

Pain Management Program Development

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Patients with cognitive-communication deficits may not effectively communicate they are in pain

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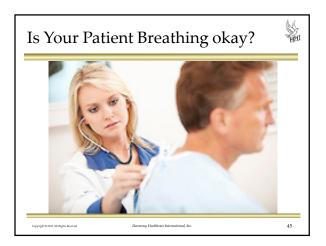
Socially the patient may feel it is not appropriate to communicate they are in pain

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COPD	Hu
The increasing burden of obstructive lung diseases, such as Asthma and Chronic Obstructive Pulmonary Disease (COPD) appears to be caused, at least in part, by the aging	
The World Health Organization estimates that between the years 2000 and 2050, the proportion of persons over 65 years of age is expected to represent up to 17% of the total world population	2
In the case of asthma, the prevalence in the elderly is also	50

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high, affecting greater than 10% of patients over 60 years of age, while the estimated prevalence for COPD represents a 20% to 30% in patients greater than 70 years
       of age
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Is Your Patient Breathing okay?

Shortness of breath or dyspnea is a frequently reported complaint in the elderly. Dyspnea is defined as a more limited or difficult respiration than expected given the current level of activity. In the literature, prevalence estimates in the elderly range from 20% to 60%.

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As COPD gets worse, you may be short of breath even when you do simple things like get dressed or fix a meal. It gets harder to eat or exercise, and breathing takes much more energy. People often lose weight and get weaker. Dyspnea occurs frequently in the

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elderly, is associated with poor health, and interferes with daily functioning. Results suggest that dyspnea contributes to mortality.

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Early Detection

- More attention to dyspnea, including its early detection and management, may be important for a variety of reasons:
 - Dyspnea is a common complaint with a marked negative influence on daily functioning and quality of life
 - Acute or severe dyspnea requires prompt and adequate pharmacological intervention and it is an important contributor to mortality

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 Early evaluation of dyspnea can have a positive influence on the patient's functional condition, thus promoting and prolonging an active and independent lifestyle

Respiratory Assessment

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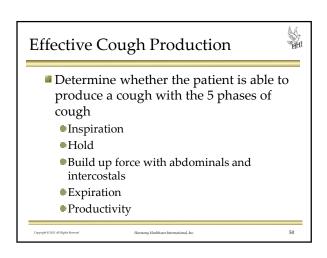
- Enhancing respiratory assessment and treatment include:Use of a dyspnea scale during assessment
 - Assess breathing pattern (diaphragmatic, purse lip, accessory, shallow, irregular, etc.)

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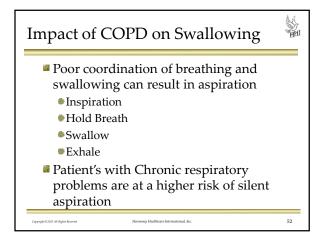
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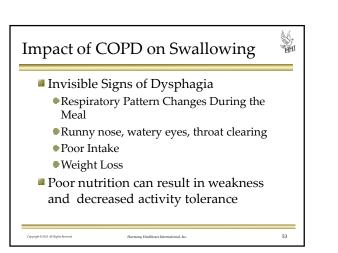
- Assess breathing ratio (ratio of inhalation to exhalation)
- Assess abdominal muscles, chest movement during breathing, and strength of diaphragm
- Monitor vital signs including 02 saturation during activity (at rest, during activity, immediately after activity, then at rest again)
- Assess the patient's ability to coordinate speech and respiration
- Assess inspiration with incentive spirometer

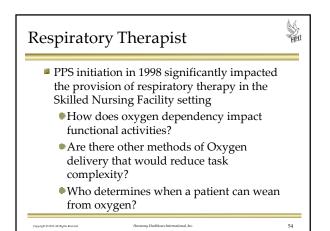
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Effective Cough Production In Patients with cognitive deficits may not be able to sequence the steps to an effective cough







Why You Can Treat

The skills of a therapist are required to assess and manage medical complexities to promote recovery

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- Value your skills as a therapist to adapt rehabilitation management techniques to the medically complex patient
- Collaborate with Nursing to develop an individualized plan of care

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Focus on Function !

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Medical Management Pain: Modalities, relaxation techniques, medication scheduling Respiratory deficits: Breathing techniques, oxygen management, reduce work of breathing Weakness: Split sessions

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Identifying Barriers to Function

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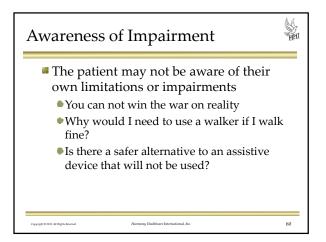
- Root Cause Analysis
 - •Why? Why? Why?

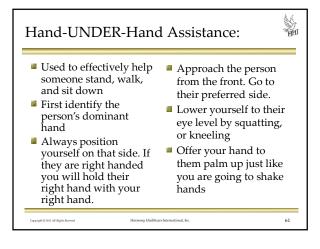
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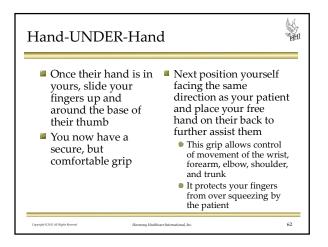
- Why is the patient unable to complete ADL? (pain)
- •Why does the patient have pain? (Decreased UE ROM)?
- Why does the patient have decreased ROM?

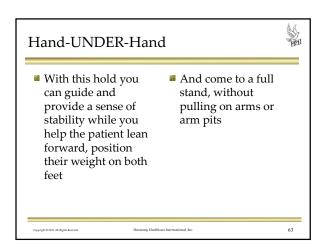
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Behavior Prevention

Allow the patient to control the activityOffer choices of activities

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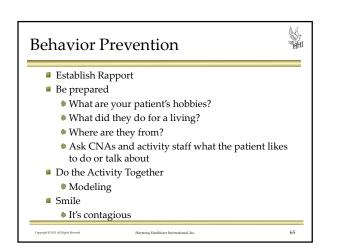
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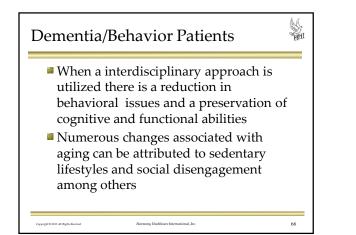
Be flexiblePatience

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- Exude relaxation and participation
- Functional, Fun and Familiar activities
 - When is the last time you played with a Balloon versus put groceries away?

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Team Approach

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An SLP Evaluation and development of plan to identify the patients cognitive and communication strengths and weaknesses for effective therapy provision

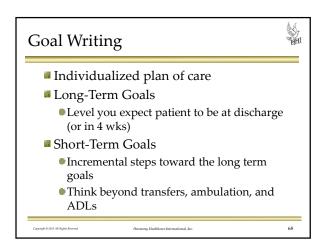
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An OT Evaluation and development of plan to identify sensory deficits impacting performance

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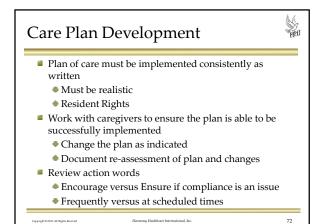
A PT evaluation to identify respiratory management techniques





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Management Plan Problem: High Falls Risk related to balance deficit and reduced visual acuity Goal: The patient will not have a fall for 90 Days Interventions: Encourage patient to sit in chairs with arms Bed in low position to facilitate ease of transfer Keep laundry basket elevated in closet Elastic shoe laces Large Print label on bathroom Door "Toilet"



The Importance a Skilled Maintenance Plan 🕷

- The development of a plan of care constitutes a skilled service when because of the patient's physical or mental condition the involvement of technical or professional personnel is required to meet the patients needs, promote recovery, ensure medical safety and/or prevent or slow further deterioration in his or her clinical condition
- Jimmo settlement extends coverage to rendering care
- This must be supported by documentation of the need for a therapist's skilled hands

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The Importance a Skilled Maintenance Plan

CMS: "While an expectation of improvement would be a reasonable criterion to consider when evaluating, for example, a claim in which the goal of treatment is restoring a prior capability, Medicare policy has long recognized that there may also be specific instances where no improvement is expected but skilled care is, nevertheless, required in order to prevent or slow deterioration and maintain a beneficiary at the maximum practicable level of function."

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What is a Skilled Maintenance Plan Skilled Therapy : The patient's special medical complications require the skills of a therapist to perform a therapy service that would otherwise be considered non-skilled OR The needed therapy services are of such complexity that the skills of a therapist are required to perform the procedure

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How to Write a Skilled Maintenance Plan

Document:

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• The patient's special medical complications

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- Level of complexity of the procedures being performed (not repetitive exercises)
- Assessment and outcome of trials and modifications to the treatment plan
- Risk factors associated **without** services provided by the licensed therapy professional

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Adjustments to the plan of care

Examples of a Skilled Maintenance The patient is at an increased risk of further contracture given limited hand mobility, current shoulder contracture complicated by his Diagnosis of Multiple Sclerosis Aggressive and Progressive ROM is warranted given... Goal: Maintain 90 Degrees of Lateral External rotation of the Shoulder to allow UB dressing, and axial cleaning without pain or injury

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References

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- Lanny Butler, M.S., OTR
- Fortshcr Med 1996 May 10;114(13):153-6 Medizinische Klinik, Klinikum Nürnberg Nord der Universität, Erlangen-Nürnberg "Incidence of pain in elderly patients. A questionnaire survey of healthy members of a senior citizen meeting."

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