Guidelines for Ordering PT, OT, and Speech

Physical therapy

- **FUNCTIONAL MOBILITY**: Assess mobility, make DME recommendations (i.e., FWW, crutches, wheelchair, and etc.), instruct patients and family on mobility techniques, and assist with planning for safe discharge.
- **RECOMMENDED FOR:** Patients with decreased mobility, balance, or safety with mobility.
- Orders that prevent or limit therapy (PT and OT):
    - **BED REST**: Must be discontinued or modified (i.e., "Ok for PT/OT evaluation and treatment")
    - **SPINE PRECAUTIONS**: CTL spines must be cleared, or an activity order specifying activity level with which brace must be written prior to evaluation.
    - **ULTRASOUND TO RULE OUT DVT**: Must have an order, "Ok for PT/OT in light of pending ultrasound," or "Ok for PT/OT in light of DVT."
    - **WEIGHT BEARING PRECAUTIONS**: Must be written as an order for all affected limbs.
- **STANDING PRIOR TO AN X-RAY**: Often patients with spine injuries need to stand or walk with PT prior to an x-ray. PT needs orders to clarify (i.e., "Ok to stand in TLSO with PT prior to standing x-ray).

Occupational therapy

- **ADL INDEPENDENCE:** Assess self-care activities such as dressing, bathing, toileting, and etc.
- **RECOMMENDED FOR:** Patients with changes in vision, cognition, strength, fine motor/coordination, activity tolerance, or weight bearing precautions.
- Limited by same orders as PT.
- **SPLINTING/HAND THERAPY**: For patients at risk for contractures due to orthopedic injury, brain injury, or stroke.

Speech Pathology

- **AREAS OF EXPERTISE**: **Cognition:** Attention, memory, problem solving, executive functioning; **Communication**: Motor speech, apraxia, dysarthria; **Voice:** Phonation quality, pitch, loudness; **Fluency:** Stuttering; **Language:** Receptive and expressive; **Swallowing:** Oral and pharyngeal phase
- **BEDSIDE SWALLOW EVALUATION RECOMMENDED FOR**:
    - **ALTERED COGNITIVE STATUS:** waxing/waning alertness, confusion, impulsivity, etc.
    - **NEUROLOGICAL DISEASE/DYSFUNCTION**: i.e., CVA, TBI, dementia, cerebral palsy, ALS, Parkinson's, etc.
    - **RESPIRATORY COMPROMISE**: such as prolonged intubation (defined as greater than 48 hours) due to increased risk of silent aspiration.
    - **ORAL, PHARYNGEAL, OR LARYNGEAL ANOMALIES**: i.e., cleft lip/palate, oral-motor dysfunction, upper airway obstruction, velopharyngeal insufficiency, vocal fold pathology, tracheal stenosis, tracheostomy.
- **FORMAL DIAGNOSTIC SWALLOW STUDIES**: Recommended by SLP if more information is needed after bedside swallow evaluation. 1) FEES with ENT and speech or 2) swallow study with videofluoroscopy.
- **PASSY MUIR SPEAKING VALVE EVALUATION**: Assessment recommended for all tracheostomy patients on or off ventilator for optimal voicing and communication.
- **COGNITIVE/COMMUNICATION EVALUATION**: Recommended for any patient with LOC, concussion, traumatic brain injury, cerebral vascular accident.

PT: x45324 or pager 8595 -- **OT**: x45189 or pager 1424 -- **SPEECH**: x43909 or pager 1547

- Order for ANY severity of brain injury: including mild TBI (emphasis on higher level cognitive skills) and severe TBI (coma recovery program).