

Documentation Cue Card
Rehab Optima Eval - PT

Diagnoses:

Medical and Treatment Diagnoses.

Include only those related to current condition or impact on functional progress. List primary dx first.

Plan of Treatment

Short Term Goals: include time frame (*Picture the goals on the ruler*)

Include goal for FAT using the test language of the criteria item expected to improve & tie it to a fxml level

Long Term Goals: include time frame

Include goal for FAT overall score

Treatment Approaches May Include: *List all planned techniques*

Freq: no ranges

Duration: *Depends on the focus of therapy, time frame to meet LTGs*

Intensity:

Cert Period:

Pt and Caregiver Goals: *Utilize OPN interview method, document pt concern/s and goal/s. Looking for 3. Be sure to utilize patient's or caregiver's own words in quotes and identify most important. You are attempting to obtain consensus with the pt on what is important to them to address in therapy to allow them to return home or maximize their function in the facility.*

Potential for Achieving Goals: *good for set goals due to _____*

Participation: *What level of participation was used to obtain concerns and goals? Open ended, Multiple choice, confirmed choice, forced choice, no choice*

Initial Assessment / Current Level of Function & Underlying Impairments

Factors Supporting Medical Necessity

Current Referral *Reason for referral (What changed and why?) Begin to tie functional loss to Underlying impairments*

Hx/Complexities *Current hx leading to functional loss - related to diagnosis / condition; and any others that will impact on tx and progress*

Previous Tx *Outcomes of previous therapy services and when*

Residence *Describe prior living environment and plan for D/C*

Prior Level(s) *Be specific including previous functional level for all current functional deficits*

Background Assessment

Medical *Precautions, code status, respiratory status*

Behaviors *any potential impact of function and progress*

Other

Range of Motion

Measure the Underlying impairments

Strength / Manual Muscle Testing

Measure the Underlying impairments

Balance

Sitting

Standing

measure specific impairment information

Balance loss

Reactions & Strategies

Additional Abilities/Underlying Impairments

Any other impairments not noted above that can be impacting current function - specific measurements:

Cardiopulmonary: *vital signs, O2 sats, etc*

Pain

Tone and Posture

Skin and edema

Coordination

Sensation

Visual Spatial Perceptual skills

Cognition

Etc

Functional Assessment

Specific information on all functional deficits and link them to the UI's as described above

Objective Tests/Measures & Additional Analysis

Document the functional assessment tests that were reviewed. The scores and the meaning of the scores.

Assessment Summary

Impressions: *Tie it all together; what changed and why - and how UI's are impacting FD's*

Skilled Justification: *Why do they need you right now?*

Risk Factors:

Focus of POT ← Prevention ↔ Restoration ↔ Compensation ↔ Adaptation →

Documentation Cue Card
Rehab Optima Progress Note

Objective Progress / Short-Term Goals

Short Term Goal #1 - Continue or Update or Discharge

Goal is rewritten:

Current level is compared to baseline and previous note

Skill	Baseline level	Previous level	Current Level
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Short Term Goal #2 - Continue or Update or Discharge

Goal is rewritten:

Current level is compared to baseline and previous note

Skill	Baseline level	Previous level	Current Level
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Short Term Goal #3 - Continue or Update or Discharge

Goal is rewritten:

Current level is compared to baseline and previous note

Skill	Baseline level	Previous level	Current Level
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Short Term Goal #4 - Continue or Update or Discharge

Goal is rewritten:

Current level is compared to baseline and previous note

Skill	Baseline level	Previous level	Current Level
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Objective Progress / Long-Term Goals

Long Term Goal #1 - Continue or Update or Discharge

Goal is rewritten:

Current level is compared to baseline and previous note

Skill	Baseline level	Previous level	Current Level
-------	----------------	----------------	---------------

Long Term Goal #2 - Continue or Update or Discharge
Goal is rewritten:

Current level is compared to baseline and previous note

Skill	Baseline level	Previous level	Current Level
-------	----------------	----------------	---------------

Long Term Goal #3 - Continue or Update or Discharge
Goal is rewritten:

Current level is compared to baseline and previous note

Skill	Baseline level	Previous level	Current Level
-------	----------------	----------------	---------------

Assessment Summary

Background: *Precautions and Anticipated DC plan; prior level of function vs current level of function*

Skill: *Interventions Provided: to avoid redundancy: document "see daily TEN for skilled details"*

Pt and caregiver Education: *if in TEN: document "see daily TEN for training details" otherwise be specific here on what education has been provided
Any adjustments made to approach, tasks, environment*

Objective Tests/Measures: *FAT's performed, pt score & meaning of score or place in S/O section if test chosen not an option in this section – if there is a goal for a test the weekly outcome should be above in the current level for that goal*

Patient Response: Progress & Response to Treatment: *OPN: Highlight the Patient's perceived Results Achieved, Actions Taken using pt quotes here "I was able to... because of..."
Pt responds to the functional improvement/s as evidenced by _____; What skills had the greatest impact; complicating factors having a negative impact; did change in UI impact the FD;*

Comments: Subjective/Objective: *Utilize OPN interview to capture revised concerns & revised goals. Include pt quotes. Focus should be on what needs to be resolved to ensure a safe DC from therapy such as Are there any remaining concerns about going home? Include FATs here if not in Obj tests and measures or if not updating the goal status for that test.*

Supervision: *Amt of on-site consult with assistants; any adjustments in plan made?*

Communication: *Document any relevant communication for the week*

Justification for Skilled Services

Impairments: *Review remaining UI's and how they are currently impacting function*

Rehab Potential: *Prognostic statement re: likelihood of therapy success.*

Continued Skill: *Explain any changes in plan, approach; why the skills of therapist remain critical - why are you still needed now.*

Documentation Cue Card
Rehab Optima Discharge Summary

D/C Destination:

D/C Reason:

Objective Progress/Functional Comparison with Goals

Short-term Goals

STG #1 - Met on _____ or Discontinued on _____

Goal is rewritten:

Discharge level is compared to baseline and previous note

Skill	Baseline	Previous	Discharge
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STG #2 - Met on _____ or Discontinued on _____

Goal is rewritten:

Discharge level is compared to baseline and previous note

Skill	Baseline	Previous	Discharge
-------	----------	----------	-----------

STG #3 - Met on _____ or Discontinued on _____

Goal is rewritten:

Discharge level is compared to baseline and previous note

Skill	Baseline	Previous	Discharge
-------	----------	----------	-----------

STG #4 - Met on _____ or Discontinued on _____

Goal is rewritten:

Discharge level is compared to baseline and previous note

Skill	Baseline	Previous	Discharge
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Long-term Goals

LTG #1 - Met on _____ or Discontinued on _____
Goal is rewritten:

Discharge level is compared to baseline and previous note

Skill	Baseline	Previous	Discharge
-------	----------	----------	-----------

LTG #2 - Met on _____ or Discontinued on _____
Goal is rewritten:

Discharge level is compared to baseline and previous note

Skill	Baseline	Previous	Discharge
-------	----------	----------	-----------

LTG #3 - Met on _____ or Discontinued on _____
Goal is rewritten:

Discharge level is compared to baseline and previous note

Skill	Baseline	Previous	Discharge
-------	----------	----------	-----------

LTG #4 - Met on _____ or Discontinued on _____
Goal is rewritten:

Discharge level is compared to baseline and previous note

Skill	Baseline	Previous	Discharge
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Summary Since last progress report

Skill: *Interventions provided; if treatments occurred since the last progress report make note to “see daily treatment encounter notes for full description of skilled interventions”*

Patient and Caregiver Training: *If caregiver training addressed since last progress report – make note of it here including the outcome. If it was documented in the treatment encounter note you can simply state “see daily treatment encounter note for full description. If not, add in any training and outcome. In addition, add in that home pass was offered and the outcome. For example: Home pass was*

offered and completed. Both caregiver and patient describe the pass as going “very well, we will be fine at home”

Summary since Eval /SOC

Skill: Quick summary of interventions provided; adjustments made since Eval

Patient and Caregiver Training: Quick summary of the training and final outcome; For example: All training has been completed with primary caregiver with adequate/safe return demonstration.

Pt response: Pt progress and Response to Tx; Analysis of how UI's impact FD's
Include Pt's perceived results achieved / actions taken using quotes since the eval, what worked.
Include final FATs and results or it should be noted as the DC status if the goal was written for the test.

Discharge Status and Recommendations

Location: D/C location

Prognosis: Prognosis to maintain CLOF

Functional Outcomes: Final status at Discharge with primary functional skills

D/C Recommendations: Include Pt's &/or caregiver's concerns and goals regarding transitioning to the home environment, how they have been addressed in facility and if any remain -how they need to be addressed further upon DC. Include pt's / caregiver's own words in quotes. If all concerns have been resolved, state that but then document what further services you are recommending and why.
Example: Per pt, all concerns have been addressed to ensure a safe transition home. “I don't have any more concerns, I should do fine at home.” Recommend outpatient therapy to continue progressing in community reentry goals.

Documentation Cue Card
Rehab Optima Eval -OT

Diagnoses:

Medical and Treatment Diagnoses:

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Plan of Treatment

Short Term Goals: *include time frames (Picture the goals on the ruler)*

Include goal for FAT using the test language of the criteria item expected to improve & tie it to a fxml level

Long Term Goals: *include time frames*

Include goal for FAT overall score

Treatment Approaches May Include: *list all planned techniques*

Freq:

Duration: *Depends on the focus of therapy*

Intensity:

Cert Period:

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Factors Supporting Medical Necessity

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Previous Tx *Outcomes of previous therapy services and when*

Residence *Describe prior living environment and plan for D/C*

Prior Level(s) *Be specific including previous functional level for all current functional deficits*

Background Assessment

Medical *Precautions, code status, respiratory status*

Behaviors *any potential impact of function and progress*

Other

Range of Motion

Measure the underlying impairments - UE

Strength / Manual Muscle Testing

Measure the underlying impairments - UE

Balance

Sitting

Standing

measure specific impairment information

Balance loss

Reactions & Strategies

Additional Abilities/Underlying Impairments

Any other impairments not noted above that can be impacting current function - specific measurements:

Cardiopulmonary: *vital signs, O2 sats, etc*

Pain

Tone and Posture

Skin and edema

Coordination

Sensation

Visual Spatial Perceptual skills

Etc

Cognition

Problem solving:

Specific information and can tie to function

Other cognitive Processes:

Functional Skills Assessment - ADLs and IADLs

Self feeding

Hygiene& grooming

Bathing

Toileting

*specific information on all functional deficits and link to
The underlying impairments*

UB dressing

LB dressing

Housekeeping

Community

Functional Skills Assessment - Mobility during ADLs

Bed mobility prep for ADLs

Transfers (shower/tub; toilet)

*specific information on all functional deficits and link to
The underlying impairments*

W/c mobility

W/c management

Other mobility

Other Analysis

Objective Tests/Measures & Additional Analysis

Document the functional assessment tests that were reviewed. The scores and the meaning of the scores

Assessment Summary

Impressions: *Tie it all together; what changed and why - and how UI's are impacting FD's*

Skilled Justification: *Why do they need you right now?*

Risk Factors:

Focus of POT *← Prevention ↔ Restoration ↔ Compensation ↔ Adaptation →*

Documentation Cue Card
Rehab Optima Eval - ST

Diagnoses:

Medical and Treatment Diagnoses:

Only those related to current condition or impact on functional progress

Plan of Treatment

Short Term Goals: : include time frames (Picture the goals on the ruler)

Include goal for FAT using the test language of the criteria item expected to improve & tie it to a fxml level

Long Term Goals: include time frames

Include goal for FAT overall score

Treatment Approaches May Include: list all planned techniques

Freq:

Duration: Depends on the focus of therapy

Intensity:

Cert Period:

Pt and Caregiver Goals: Utilize OPN interview method, document pt concern/s and goal/s. Looking for 3. Be sure to utilize patient's or caregiver's own words in quotes and identify most important. You are attempting to obtain consensus with the pt on what is important to them to address in therapy to allow them to return home or maximize their function in the facility.

Potential for Achieving Goals: good for set goals due to _____

Participation: What level of participation was used to obtain concerns and goals? Open ended, Multiple choice, confirmed choice, forced choice, no choice

Initial Assessment / Current Level of Function & Underlying Impairments

Factors Supporting Medical Necessity

Current Referral Reason for referral (what changed and why?) Begin to tie functional loss to underlying impairments

Hx/Complexities Current hx leading to functional loss - related to diagnosis / condition; and any others that will impact on tx and progress

Previous Tx Outcomes of previous therapy services and when

Residence Describe prior living environment and plan for D/C

Prior Level(s) Be specific including previous functional level for all current functional deficits

Background Assessment

Medical Precautions, code status, respiratory status

Behaviors any potential impact of function and progress

Other

Intake previous Intake status

Receptive/Expressive Language and Communication Abilities

Auditory comprehension

Specific and measurable terms to describe ability

Verbal Expression

Motor Speech Skills

Specific and measurable terms to describe ability

Intelligibility

Cognition

General Processes

Problem Solving

Specific information and can tie to function

Problem Solving Processes

Memory

Oral Peripheral Exam

General, Facial, and Mandibular

Specific and measurable terms to describe ability and link to loss in function

Lingual Structure & Function

Pre-swallow Assessment

Specific and measurable terms to describe ability

Clinical Bedside Assessment of Swallowing: Neuromuscular / Anatomic Disorders

Overall Abilities

Oral Prep phase

Specific and measurable terms to describe ability and link to loss in function

Oral phase

Pharyngeal phase

Esophageal phase

Clinical Bedside Assessment of Swallowing: Diet Texture Analysis

Liquids

Specific and measurable terms to describe ability and link to loss in function

Solids

Objective Tests/Measures & Additional Analysis

Document the functional assessment tests that were reviewed. The scores and the meaning of the scores

Analysis

Swallow Tests

Other

Additional Analysis

Recommendations

Intake

**Supervision
Strategies**

Further Testing

Assessment Summary

Impressions: *Tie it all together; what changed and why - and how UI's are impacting FD's*

Skilled Justification: *Why do they need you right now?*

Risk Factors:

Focus of POT *← Prevention ↔ Restoration ↔ Compensation ↔ Adaptation →*