THERAPEUTIC ACTIVITY SKILL EXAMPLES

- Instructed in hip/knee flexion for push off into side lying and push up from elbows to come to sitting
- Instructed in rolling toward the unaffected side
- Instructed in log rolling technique to reduce back pain
- Sit to stand training
    - instructed in slumping technique to move to edge of seat
    - focusing on weight shifting to scoot to edge of seat
    - facilitating trunk elongation and shortening to improve weight shifting
    - facilitating forward bend of trunk for weight shift of trunk over feet
    - facilitating movement to upright with tactile stimulation at pelvis and shoulders
    - focusing on proper sequencing
    - focusing on proper hand foot placement
    - instruction in (right or left) leg extended to maintain weight bearing precautions and/or total hip precautions
    - instruction/facilitation in controlled descent into chair descent
- Instructed in pivot transfer toward the unaffected side
- Instructed in slide board transfer with weight shifting for placement of board
- Instructed in slide board transfer using UEs to lift and scoot along board

NM RE-ED SKILL EXAMPLES

- Facilitated static/dynamic balance perturbation training with min challenge to alter COG and improve stability of BOS inside parallel bars to stimulate righting reactions to prevent falls
- Facilitated standing balance exercises with marching, weight shifting, heel raise x 10 reps to improve dynamic balance
- Mild perturbations in standing to stimulate righting reactions (can evolve into moderate perturbations as the patient improves)
- Marching, partial squats and side steps x 10 reps x 2 sets to improve dynamic balance
- Braiding, side stepping, backward stepping, tandem walking to improve balance/stability
- Facilitated standing balance exercises with one step forward, back stepping
- Obstacle navigation with instruction in increased base of support for changing directions
- Moderate perturbations in sitting at EOB to stimulate righting reactions and protective extension to increase trunk strength to increase sitting balance
- Upper body mobility on stability tasks to stimulate righting reactions
- Instructed in: Tandem walking, backward stepping, braiding, side-stepping, one-legged standing to stimulate righting reactions

GAIT TRAINING EXAMPLES

In all cases, the type of assistive device (or parallel bars or no device) needs to be noted.

- Instructed in exaggerated dorsiflexion to facilitate proper heel toe pattern
- Focused on improved foot clearance during ambulation
- Instructed in marching during ambulation to facilitate increased hip flexion and foot clearance
- Focused on increased base of support
- Manual cues to facilitate weight shift to (left or right) for increased stance time
- Manual cueing to facilitate vertical alignment to prevent backward fall

- Instructed in step over step stair climbing with unaffected extremity first (with no rail, one rail, two rails)
- Instructed in side stepping on stairs (with no rail, one rail, two rails)
- Instructed in stair negotiation up and down in sitting position
- Facilitated trunk rotation for improved arm swing
- Facilitation of gluteals to reduce Trendelenburg
- Tactile facilitation of quads for improved knee extension/stability during stance
- Instructed and enforced proper weight bearing
- Focused on sequencing of gait with use of assistive device
- Instructed in proper distance of body from walker
- Instructed patient on curbs requiring increased one-legged stance time
- Facilitated safe ambulation on inclines maintaining trunk over feet alignment
- Facilitated safe ambulation on declines maintaining trunk over feet alignment

SELF-CARE TRAINING EXAMPLES

In all cases, the specific adaptive equipment (AE) and the specific ADL, and the specific compensatory strategy/energy conservation/work simplification technique needs to be identified.

- Manual cueing to (location) increase proprioceptive awareness during (specific ADL)
- Focus on sequencing with (ADL)
- Instructed in over learning technique with (ADL)
- Instructed in hemi-dressing technique
- Assessed need for AE to facilitate ADLs followed training by….
- Instructed in use of (AE) for (ADL) to compensate for (deficit)
- Instructed in compensatory strategy of (ID strategy) for (specific ADL)
- Instructed in energy conservation techniques including (ID techniques)
- Instructed in work simplification techniques including (ID techniques)
- Assessed environment to facilitate ADL safety/ability followed by training of…
- Environmental adaptations including (ID adaptations)
- Provided tone normalization to (location) techniques during (ADL)
- Instructed LE dressing in supine working to pull pants over hips through bridging
- Instructed in threading technique for donning shirt
- Instructed in backward/forward chaining for….

THERAPEUTIC EXERCISE

Strengthening is the most difficult service for which to provide examples as there is such a wide variety of methods that can be utilized. The most important thing in capturing skill is to show evidence of the need for skilled personnel by pointing out any upgrades or modifications made in the complexity or method of exercise instructed. Non-skilled personnel are unable to perform manual muscle testing. Even if they were trained to do the actual testing, they don't have the skills to analyze the findings, to develop an exercise program, nor to progress or downgrade it based on the patient's response.

Based on the patient's response/progress document:

- More complex exercise
- Increased weights
- Increased reps
- Change in position
  - E.g. progressed from gravity eliminated ex to anti-gravity due to an inc in strength to 3/5

Supervised exercise is not considered skilled. In addition to showing modifications to the exercise program, any time spent on skilled instruction is also billable such as tactile cueing to improve patellar tracking during the exercise or to facilitate end range extension via tapping to increase muscle recruitment, etc.

COGNITIVE RE-TRAINING EXAMPLES

Include cue types (verbal, tactile, modeling, demonstration, visual, gestural, auditory, written, associative, phonemic, graphic, tangible). Skill can be demonstrated in the documentation by first determining which cueing is most beneficial to the patient and secondly changing it as the patient progresses. For example, it is skilled to move a patient from more concrete cueing to more abstract real-life cueing.

- Developed space retrieval prompts to increase safety and independence with (functional task)
- Provided supportive environment and cueing to increase attention and maintenance of topic.
- Working to create spreading for activation of associative cognitive networks
- Presented with prospective memory tasks
- Assessment of functional performance and latent skills resulting in training…..
- Presented with compensation strategies (name strategies)
- Presented with behavioral techniques-shaping, cueing, over learning and reinforcement
- Utilized domain-specific learning techniques
- Analysis of strategy effectiveness with (identified) adjustments based on patient use/effectiveness
- Provided environmental controls
  - Quiet non-distracting room
  - Natural tone of voice w/o exaggerated movements or excessive volume
  - Slow rate of speech
  - Additional time allowed for processing response
  - Structured environment
  - Non-structured environment
  - Familiar listener
  - Unfamiliar listener
  - In small group
  - In conversation
- Provided with functional med management tasks facilitated by (cue types)
- Provided with functional money management tasks facilitated by (cue types)
- Did facility tour to identify landmarks to facilitate room locations
- Instructed in use of call light with (cue type or compensatory strategies) to facilitate use

- Presented with functional objects with (cue type or compensatory strategies)to accurately identify
- Presented with functional problem solving situations including (ID tasks) facilitating appropriate response via…..
- Facilitated appropriate response through (cueing or method) NOTE: This could be added to most of the things you are working on. First you doc that you presented it, then add this to show how you facilitated it)
- Instructed patient to guide SLP to locate room utilizing learned memory strategies
- Instructed use of rehearsal to facilitate recall
- Instructed patient to identify unsafe situations and to provide a solution facilitating via…..

SPEECH/COMMUNICATION EXAMPLES

Cue types (verbal, tactile, modeling, demonstration, visual, gestural, auditory, written, associative, phonemic, graphic, tangible) to be included with all treatment techniques. Please refer to Cognitive Retraining Examples for more information on cueing.

Also, as noted in the Cognitive Re-Training Examples, this phrase can and should be used frequently to show the skill:

Facilitated appropriate response through (cueing or method) NOTE: This could be added to most of the things you are working on. First you doc that you presented it, then add this to show how you facilitated it)

- Presented with copy and recall activities to facilitate word retrieval for (address, phone number, functional phrases and biographical information)
- Presented with visualization training to increase word finding skills
- Instructed in guided verbal encoding
- Presented with semantic associative cueing
- Sensory stimulation to evoke associations
- Facilitated lexical activation
- Respiratory awareness training to facilitate speech volume
- Presented with pre-linguistic multimodality-auditory localization to facilitate _____
- Presented with visual tracking and localization to facilitate _____
- Presented with matching/object identification to facilitate _____
- Presented with expression/reception-tactile pacing
- Presented with alternative communication of _____
- Instructed in pointing response protocol
- Instructed in melodic intonation therapy
- Instructed in visual action therapy
- Instructed in slowed rate of speech
- Instructed in syllable-by-syllable attack
- Instructed in consonant exaggeration
- Instructed in isolation practice of difficult phonemes
- Instructed in semantic self-cueing strategies
- Instructed in circumlocution
- Tapping, brushing and reflexes to attempt to elicit RLE ankle movement with no mm activation palpated or observed with B movements encouraged to improve overflow.

THESE ARE SOME ADDITIONAL EXAMPLES-ENTRIES WRITTEN BY ACTUAL CLINICIANS:

- Activities included standing in // bars with weight shift in Sagittal plane with PT blocking R knee to prevent buckling.
- Instruction in standing without UE support with LUE moving in transverse plane to simulate functional activities.
- PT progressing gait this date with initiation in the //bars and then transitioning to the hemi Walker. PT facilitating lateral weight shift in the //bars.
- Facilitation to promote RLE mm activation and stability. PT then progressing to 4 inch tap ups on the LLE and 2 in on the RLE with Max A for completion due to poor hip flexor activation.
- After step ups, PT noting improve QL and hip flexor activation to complete swing through on the R. PT then
- Focused on ability to initiate and complete RLE swing. PT most often providing min-mod A for swing for the RLE and facilitation to promote more active stance on the RLE during LLE swing to improve number of repetitions and improve coordination.
- Instructed in 3-direction pressure relief tactics in w/c to alleviate pressure to buttocks.
- Mat activities include contract/relax tech to rt to improve symmetry in bridging/repositioning in bed. Bal re-ed in sit, reaching out of BOS to promote wt. shift and equilibrium reactions.
- Rhythmic stab in hook-lying to improve trunk control during segmental rolling.
- Initiated gait outside of parallel bars.
- Advanced patient from a rolling walker to a quad cane.
- Worked w/ pt in //bars on wt shifting to rt w/ manual cues at pelvis and scapula to promote trunk elongation during rt. lateral wt. shift.
- Facilitated slow controlled movement in standing w/ use of AD w/ multi-directional weight shifting to inc proprioception feedback in bilateral LE.
- Reduced intensity of patellar glides, distraction to Grade II-III to begin weaning from manual therapy to exercise based program
- Trained in flexing knees to increase reach for LBD.
- Patterning or movement reeducation to facilitate hand-mouth coordination for self feeding.
- Instructed pt to hold tongue depressor with lips, only, as SLP attempted to remove depressor for labial strengthening.
- Instructed pt in strategies including over articulation and inc volume to facilitate intelligible speech
- Instructed to chew on strong side of mouth to reduce aspiration risk
- Pt was trained to utilize a carrier phrase to request items (e.g. I want juice. I want fruit.)
- Pt was provided w/ tactile cues during thin liquid-mixed consistency trials w/ verbal prompts to utilize hard swallow technique for increased airway closure during deglutition.
- Pt was provided w/ written cues & cues to self assess performance during meal time to increase independent use of compensatory strategies.
- Pt was provided w/ written cues & cues to self assess performance during meal time to increase independent use of compensatory strategies.
- Verbal cues to utilize hard swallow technique during p.o. intake to facilitate increased laryngeal elevation/excursion.
- Masako Maneuver verbally modeled to inc BOT retraction to dec vallecular residue
- Intelligibility @ sentence length targeted through metronome/rate control tasks with segmentation of phonemes and visual prompts for inc accuracy of articular placement.

- Problem solving addressed through role play situations w/ cause/effect relationship education to inc pt ability to effectively advocate for wants in environment.
- Addressed sequencing through the use of tactile manipulation and verbal syntax correction activities to verbally express and physically complete tasks.
- Problem solving tasks, social dialogue, and sentence recall activities provided with models of articular displacement for phonemes and rate reduction prompts utilized to inc sentence length intelligibility.
- Word finding increase through categorization and inferencing abstracts to increase accuracy and speed of word retrieval.
- Word finding delay in processing dec and target accuracy inc thru the use of word deduction, list completion, and categorization tasks with semantic and initial phoneme cueing