



Provider Checklist-Outpatient –Rehab OT

Checklist: OT, Outpatient Rehabilitation & Chiropractic: Initial/Ongoing after Evaluation

Initial Requests after evaluations (initial authorization period = 1st 4 weeks)

Describe the Occupational impairment presentation including symptoms & findings from initial evaluation of an injury, surgery, or an exacerbation of a pre-existing condition when there has been no prior outpatient treatment. Secondary (physician) review is indicated for a reoccurrence of a previously treated condition.

Describe the rehab potential with expectation for clinical / functional improvement

Describe Occupational progressive therapy program including the following:

Therapeutic exercise / Manual Therapy
Splint / brace fabrication application (if applicable)
Instruction and continued home Rx program
Goals including All the following:

Reduce intensity and frequency of Sx / findings
Gain independence in home exercise program
Maximize functional independence with Occupational impairment
Reduce / Eliminate impairment

Describe functional status including the following:

Symptoms frequency and intensity re: Occupational impairment
Decreased ROM / strength / muscle atrophy
Decreased grip / pinch strength
Difficulty with motor coordination of involved extremity
Adaptive equipment / devices / Braces and activity / task modification necessary
Functional limitations

Ongoing Requests: (next 8 weeks after the initial visits have been completed).

Describe the subsequent Occupational impairment presentation including symptoms & findings of the injury, surgery, or an exacerbation of a condition since the initial evaluation



Describe the continued rehab potential with continued expectation for clinical / functional improvement

Describe Occupational therapy progressive therapy program needing to be continued including the following:

Therapeutic exercise / Manual Therapy / Endurance / Splint assessment / modification (if applicable)

Continued splint / brace fabrication

Continued teaching/instruction and evaluation results of knowledge retention for home Rx program

Partial progress made in meeting treatment goals including All the following:

Reduction in intensity and frequency of Sx / findings

Improvement in function and reduction in limitations

Independence in self-management

Document patient's adherence to home exercise program

Functional independence with Occupational impairment

Describe continued functional status including the following:

Symptoms frequency and intensity re: Occupational impairment

Decreased ROM / strength / muscle atrophy

Decreased grip / pinch strength

Difficulty with motor coordination of involved extremity

Functional limitations