

Provider Checklist-Outpatient –Rehab PT

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

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

Describe the clinical 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 progressive therapy program including the following:

Therapeutic exercise

Instruction in home Rx program

Goals including All the following:

Reduce intensity and frequency of Sx / findings

Gain independence in home exercise program and self-management

Maximize functional independence with ambulation / ADLs / IADLs

Reduce / Eliminate impairment

Describe functional status including the following:

Symptoms frequency and intensity;

Decreased ROM and strength;

Functional limitations

Adaptive equipment / devices / braces and activity / task modification necessary

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

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



Therapeutic exercise

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 home exercise program and self-management

Document patient's adherence to home exercise program

Functional independence with ambulation / ADLs / IADLs progress

Progress towards reduced / eliminated impairment

Describe continued functional status including the following:

Symptoms frequency and intensity;

Decreased ROM and strength;

Functional limitations;

Adaptive equipment / devices / braces and activity / task modification necessary