ABOUT THE CLINIC

History
In 2012, several University of Utah Department of Physical Therapy students expressed interest in starting a student-run pro bono clinic. At the end of the Fall 2013 semester, a student board consisting of 8 students from the Class of 2015 and 8 from the Class of 2016 was elected via an open voting process within each class. Over the course of the next 2 months, the student board held weekly planning meetings under the guidance of faculty advisor Misha Bradford. The student-run pro bono clinic opened under the name of Midvale CBC Community Clinic Physical Therapy (soft opening) on Saturday, February 15, 2014 in partnership with the Community Building Community (CBC) program of Midvale and the University Healthcare Midvale Family Health Clinic.

Our Mission
Our mission is to provide quality physical therapy services to underserved and underinsured individuals in the greater Salt Lake area, and to enhance the educational experience of University of Utah physical therapy students through service learning.

About Us:

• Services are provided by physical therapy students currently enrolled in the entry-level doctorate of physical therapy program at the University of Utah, while under the guidance of licensed physical therapy practitioners from the local community.
• Services are facilitated primarily through donated time and resources.
• Planning of current and future operation of the clinic is integrated into the curriculum of the department.
• We share the core values of the University of Utah College of Health and Department of Physical Therapy, University of Utah Health Care, and the American Physical Therapy Association (APTA).

We do not discriminate on the basis of race, color, national or ethnic origin, ancestry, age, religion or religious creed, disability or handicap, sex, gender or sexual preference.

Our Vision

• Enhance the education of students and community members alike.
• Address physical therapy needs of the community through evaluation and provision of current evidence-based practice.
• Promote social awareness among students of key issues in the community.
• Create community partnerships.
• Promote the profession of physical therapy through advocacy, professionalism and quality service.

Who We Serve
In 2009, it was estimated 24.7% of the population in Midvale fell below the poverty level compared to Utah’s state average of 15.8%. Furthermore, the disability rate for Midvale is 38% for impoverished males and 21.9% for impoverished females. The clinic aims to target services towards these uninsured and underserved Midvale residents in order to improve their physical health and function, address the high rate of disability, and improve their overall quality of life. That said, the clinic does not turn away patients based on where they live and we hope to expand the geographic reach if and when resources allow.

Initially, we expect most referrals to be for adults or teens with musculoskeletal or neuromuscular types of injuries/impairments. Most patients will also be of Hispanic background. However, as we move forward, we aim to expand our patient population to include a wide variety of pathologies, ages, and backgrounds.

Community Partners

Midvale Family Health Clinic
The goal of the Midvale Family Health Clinic is “to turn no one in need away.” Currently, the primary health
care services at this clinic (medical & dental) are provided by a mix of University of Utah Medical School students and CBC staff. The University of Utah Dental School students will soon be involved in the dental care. We are happy to be in partnership with this clinic to provide quality physical therapy to those truly in need that may not have access to health care.

**Community Building Community (CBC)**
Midvale City began the CBC initiative in 1998 to improve the general well-being of Midvale residents. For further information on the CBC and their goals please visit the following website: http://www.midvalecity.org/dp.aspx?p=28

**CBC Support Staff**
- **Mauricio Agramont**: head of CBC; activities coordinator and administrative director
  - work: (801) 566-6190
  - cell: (801) 647-0333
- **Maria Consuelo**: main CBC contact; patient scheduler and front desk assistant
  - cbcassistant@midvale.com (daily)/mccala@hotmail.com (emergencies)
  - cell: (801) 513-9013
- **Olinai “Oli” Fernandez**: patient scheduling and patient check-in
  - Oclose68@yahoo.com
  - cell: (801) 859-6418

**Karina Abrew (SPT 2017)** - patient scheduling and patient check-in (Wednesday)
- Karina.abrew@utah.edu
- Cell: (909) 618-8468

Bryan Samuelson, Mauricio, Oli and others- assist with translation during patient care & document translation.

**Board & Faculty Members**

**Student Board Members**

**Clinic Director** – responsible for directing board meetings, coordinating interdisciplinary activities, and overseeing general board/clinic communication and logistics
- Class of 2017: Joseph Broadhead joseph.broadhead@utah.edu (702) 581-7581
- Class of 2018: Leslie Cagle leslie.cagle@utah.edu (917) 723-4268

**Secretary** – responsible for taking minutes during board meetings, sending out monthly newsletters, managing/updating Canvas page, and helping Directors with clinic logistics
- Class of 2017: Ann Goding ann.goding@utah.edu (612) 269-0892
- Class of 2018: Sarah Ward sarah.ward@hsc.utah.edu (801) 792-4266

**Treasurer** – responsible for creating budget, soliciting donations, and keeping supplies inventory
- Class of 2017: Jennifer Gebhardt Jennifer.gehardt@utah.edu (801) 809-9258
- Class of 2018: Casey Smith Casey.Shane.Smith@utah.edu (919) 815-8594

**Student Liaison** – responsible for recruiting, training & scheduling student PTs and optimizing their experience through collecting/incorporating feedback and providing educational resources
- Class of 2017: Scott Allred jscott.allred@utah.edu (503) 729-8624
- Class of 2018: Janessa Milne janessa.milne@utah.edu (801) 209-5755

**Attending Liaison** – responsible for recruiting and scheduling attending PTs from the surrounding community and optimizing their experience through collecting/incorporating feedback
- Class of 2017: Christopher Whetten christopher.whetten@utah.edu (801) 920-1991
- Class of 2018: Laila Gerase laila.gerase@utah.edu (503) 753-8858

**Community Liaison** – responsible for soliciting help from the communities and seeking out patient referrals
- Class of 2017: Alex Engar alex.engar@utah.edu (801) 834-5987
- Class of 2018: Andrea Corwin Andrea.corwin@utah.edu (801) 520-9879

**Technology Coordinator** – responsible for updating/maintaining website and developing EMR
- Class of 2017: Neil Scheuermann neil.scheuermann@hsc.utah.edu (801) 389-5313
Auxiliary Student Positions

Student Administrative Coordinator – responsible for checking and forwarding clinic voicemail/email messages and obtaining/distributing patient information on a weekly basis

Faculty Board Members
Misha Bradford, MPT, DPT misha.bradford@hsc.utah.edu (801) 243-6673
Robin Marcus, PT, PhD, OCS robin.marcus@hsc.utah.edu (801) 581-8681
Heidi Lane, PT, DPT, PCS heidi.lane@hsc.utah.edu (801) 581-8681
Jim Ballard, PT, DPT jim.ballard@hsc.utah.edu (801) 587-9161
Lee Dibble, PT, PhD lee.dibble@hsc.utah.edu (801) 581-4637

CLINIC OPERATIONS

Clinic Site:
Location: 49 Center Street Midvale, UT 84047
Hours: Open Saturdays 8:00 AM-12:30 PM (subject to change)
Various Wednesday’s 6:00 PM-9:00 PM

Physical Layout
Please see Clinic Photo “Tour” & Orientation for virtual walk-through of building layout, treatment spaces, location of materials/equipment, etc.

Overall Clinic Flow & Patient Care Model

Patient Recruitment, Qualification & Scheduling
Patients are currently recruited by the CBC via word of mouth, including a local program called Neighbor to Neighbor that distributes flyers explaining the medical, dental, and now physical therapy services provided.

In order to qualify to receive services at Midvale CBC Community Clinic Physical Therapy (or basic medical/dental services), patients must be at or below 150% of the poverty line. This is determined by the CBC staff using an Income Verification form which patients fill out on an “honor system” basis.

Patients seeking physical therapy are scheduled by the CBC staff (Oli or Maria) on a first-come, first-serve basis. The CBC staff then relays pertinent patient information to the Student Administrative Coordinator.

Basic Treatment Structure & Schedule
Physical therapy is provided at the clinic using a team approach with an attending PT to team ratio of 1:2. Each team consists of 2 student physical therapists (SPTs), one a senior SPT and the other a junior SPT.
The attending PT will be available for consultation with students at any point during patient care if needed. However, students are encouraged to problem solve and apply clinical reasoning as a team first. Students will be REQUIRED to check in with the attending PT at predetermined check points during each patient visit to ensure optimal patient care, encourage proper clinical reasoning, and enhance the clinical education and collaboration experience (see Policies and Procedures section for required check-in points).

Including patient care plus documentation time, initial evaluations are allotted 2 hours while follow-up/return visits are allotted 1 hour. Each team will typically/ideally see one new patient (Initial eval) and two returning patients (Return visit) per shift according to the below schedule. However, this structure may vary slightly depending on current patient waitlist needs and accommodating for unforeseen patient cancellations/no-shows. There is a possibility of 4 (Saturday) and 3 (Wednesday) different scheduling formats, please be prepared for any one of the following.

SATURDAY’S POSSIBLE SCHEDULES

Example 1:

<table>
<thead>
<tr>
<th>Time</th>
<th>Student Group 1</th>
<th>Student Group 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>8:00 am</td>
<td>New patient evaluation</td>
<td>New patient evaluation</td>
</tr>
<tr>
<td>10:00 am</td>
<td>New patient evaluation</td>
<td>New patient evaluation</td>
</tr>
</tbody>
</table>

Example 2:

<table>
<thead>
<tr>
<th>Time</th>
<th>Student Group 1</th>
<th>Student Group 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>8:00 am</td>
<td>Return patient follow-up</td>
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</tr>
<tr>
<td>9:00 am</td>
<td>Return patient follow-up</td>
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<tr>
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<td>Return patient follow-up</td>
</tr>
<tr>
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<td>Return patient follow-up</td>
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Example 3:

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</tr>
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</tr>
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</tbody>
</table>

WEDNESDAY’S POSSIBLE SCHEDULES

***(note students must arrive by 5:30 pm (plan for traffic i.e. leave early) and will leave by 9:00 pm). Karina Abrew will be the front-desk secretary and act as if she were Oli.

Example 1:

<table>
<thead>
<tr>
<th>Time</th>
<th>Student Group 1</th>
<th>Student Group 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>6:00 pm</td>
<td>Return patient follow-up</td>
<td>Return patient follow-up</td>
</tr>
<tr>
<td>7:00 pm</td>
<td>Return patient follow-up</td>
<td>Return patient follow-up</td>
</tr>
<tr>
<td>8:00 pm</td>
<td>Return patient follow-up</td>
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In addition to the attending PT and the 4 student PTs providing patient care, there will also be an individual assigned as a “Floater” for each shift. This individual will be present from 7:30 am until close just like the other students and their duties include:

- Prior to patients arriving: 1) collect & file student paperwork, 2) help CBC staff to assemble patient clipboards with appropriate blank forms, 3) lead a brief pre-treatment meeting with the students & attending, 4) set up the printer, and 5) be on-hand to help with remainder of clinic set-up
- As patients arrive: responsible for 1) greeting patients, 2) helping them sign in and begin filling out the necessary paperwork (recruiting interpreter if/when necessary), 3) tallying outcome measure scores, 4) Take vitals (HR, BP, O2Sats) and then 5) passing completed paperwork along to treating students
- During patient care: responsible for 1) maintaining smooth clinic flow, 2) providing treatment teams with “time checks”, 2) helping with “aide-like” or secretarial needs (i.e. making copies, printing documentation, tracking down supplies/personnel, tallying pt outcome measure scores, etc.), 3) as needed assisting-supervising any patients checked in to participate in the wellness program, and 4) helping distribute, collect, & file patient satisfaction surveys.
- After patient care: responsible for 1) recording and emailing to clinic Directors any notes/feedback that came up during the day for relaying to the board members at the weekly meeting and 2) helping with clean-up as needed.

Payment model
In the start-up phase of this clinic, all patient care will be provided free of charge, in keeping with the philosophy of the CBC and Midvale Family Health Clinic. Patients will make a $25 deposit that will be returned to them upon being discharged by the SPTs. The student Research/Outcomes Coordinators will be tracking outcomes in an ongoing manner to determine if/when this model needs adjustment to optimize patient care outcomes.

Services Provided
Initially, the physical therapy services provided at the clinic will be primarily targeted at musculoskeletal or neuromuscular impairments/functional limitations. As we continue to expand our outreach efforts, it is our hope that we will provide a continually broader scope of therapeutic services and may even hold certain “specialty clinics” as needs are identified.

We host a wellness program, which is available for patients. Patients are welcome to come during clinic hours and use the clinic space and equipment to perform their home exercise program. However, priority on space and equipment is given patients with scheduled appointments for physical therapy. Once wellness patients have checked in (see Clinic Reference Manual binder), the Student Floater is responsible for supervising them as needed.
We also provide patient education, which is especially important given the high demand for services, which puts a strain on scheduling availability. In addition to in-visit patient education, we also hope to provide periodic health education seminars and informational booths at community events in the future.

Lastly, we provide patient referral for things such as social services, laboratory testing, general medical care, imaging, etc. that are beyond our scope of practice.

**POLICIES & PROCEDURES**

**Scheduling**

All scheduling will be done online via the Volunteerspot link on the clinic’s website ([http://www.health.utah.edu/physical-therapy/clinics/pro-bono.php](http://www.health.utah.edu/physical-therapy/clinics/pro-bono.php)). Students are currently not limited in the number of shifts they may sign up for. Once signed up, students will receive 1) a confirmation email from the Student Liaisons containing further instructions for completing all necessary training materials and paperwork (also available online). Additional reminders containing pertinent patient information may be sent in the week prior to each shift.

**Cancellation/Late Policy**

In the event that a student is unable to fulfill their assigned volunteer commitment for whatever reason, **IT IS THE STUDENT’S RESPONSIBILITY TO 1) INFORM BOTH STUDENT LIAISONS AND THEN 2) TRY AND FIND AN APPROPRIATE REPLACEMENT** according to the following steps:

1. First, try to find another student from the same class (or the class above) who is able to cover the shift.
   - A Summer Availability student contact information list is available on the website under the Student Resources tab.
   - Student replacements must have already volunteered at the clinic or be able to complete all necessary training/paperwork prior to the shift!
2. In the event that no student replacement can be found, contact the MEMBERS OF THE STUDENT BOARD to see if anyone is able to cover the shift.
   - A Board Member contact list is available in the Student Training Manual.
3. If the above options have been exhausted and no replacement has been found, students shall contact the Student Liaisons and the Observing Board Member/Floater may step in to cover the shift.

In the event that a student will be **late for an assigned shift**, they must notify the Floater via phone. (**Note: student scheduled as floaters must notify any one of the SPTs scheduled for that shift**)

Students who follow the above cancellation/late policy procedures will not be penalized. However, students who no-show for their assigned shift OR are late without giving notice will **NOT** be allowed to sign-up for shifts in the clinic for the remainder of the month.

**Responsibilities/Expectations**

Students volunteering at this clinic are expected to abide by the same APTA Code of Ethics and Core Values which govern behavior in any other past, present, or future clinical ventures (**see Appendices A and B**).

In addition, student volunteers are responsible for the following:

**PRE-SHIFT expectations**:

- Read through the:
  - Student Training Manual
  - Clinic Photo “Tour”/Orientation
  - Professional Conduct & Dress Policy
  - Grand Rounds Format & Example
  - Documentation Cheat Sheet
- Take the online Training Quiz.
- Read & sign the:
  - Training & Requirements Statement of Completion
• Confidentiality and Information Security Agreement
• Media/Photo Release Form
• Student Contact/Emergency Contact Info Sheet

• When you receive the reminder email prior to your shift, read through the pertinent patient information and REVIEW ANY RELEVANT TESTS & MEASURES, TREATMENT INTERVENTIONS, OR OTHER CLINICAL SKILLS!

DAY OF EXPECTATIONS:
General:
• Remember to dress professionally and WEAR YOUR NAME TAG! (refer to Professional Conduct & Dress Policy for details)
• Try to carpool with other students if at all possible
• Arrive 30 minutes prior to when patient care is scheduled to begin (i.e. no later than 7:30 am)
  • Note: the doors are not unlocked until the CBC staff arrives at 7:15 am SO arriving earlier doesn’t allow you to get a jumpstart on setup/preparation unfortunately. We have recently changed this from 7:30 so that you may meet with your partner and look over your patient’s charts.
• Please bring your laptop with you if you have one (each team will need one)
  • Note: only ENCRYPTED laptops are allowed (because your documentation will contain PHI)
• Please bring your “PT tool kit” (i.e. gait belt, reflex hammer, tape measure, goniometer(s), blood pressure cuff, stethoscope, etc.)

Before patients arrive:
Complete Opening checklist (found in Clinic Reference Manual binder):
• Make sure waiting/reception area, treatment room, and exercise gym are set up and supply carts are well-stocked.
• Check-in with CBC staff OR Floater to obtain patient charts and paperwork.
• Meet with student partner to review patient charts, devise initial assessment/treatment approach, and assign roles
  • Assign roles based on experience, comfort level, preferences, etc. so that it is clear who’s doing what once the patient arrives
    ▪ Caveat: you may adjust these roles as you go along as needed BUT ONE STUDENT SHOULD BE ACTIVELY DOCUMENTING AT ALL TIMES so that you do not get behind on your paperwork! (see Documentation section for further details)
• Communicate to the attending PT what level of “hovering” you would like and when based on your experience, the patient’s presentation, etc.
  • Other than this, it is NOT necessary that you check-in with the attending PT at this point (but you may consult with them if you have questions re: plan)
• On the team laptop, connect to the wireless network and transfer a copy of the necessary electronic documents from the Box account (refer to the Accessing/Downloading/Uploading Electronic Documents section of Clinic Reference Manual for details).

• The USB drives will no longer be used unless there are any problems with your UBox account. In this case please contact the Student Liaisons, Clinic Directors and Technology Liaisons.

During patient care:
Once the patient arrives, the Floater (please see “floater responsibility list” for a complete list of assignments) will greet them and help them to begin filling out the necessary paperwork (i.e. the patient intake form and/or a regional outcomes assessment form). At this point the Floater will obtain interpreter assistance if needed. Once all initial/returning paperwork is completed, the Floater or CBC staff (Olí or Maria) will pass the patient’s clipboard along to the students who will then greet the patient in the waiting area, introduce themselves & the attending PT, and direct the patient back to the treatment room.
Students shall provide patient care in a manner that is consistent with both the ICF model and the APTA Patient Care Model (see Appendices C and D) and shall seek to optimize care through collaboration with their team partner as well as the attending PT and/or other student peers present/available.

Out of the 2 hours allotted for an initial evaluation, students should aim to complete the patient care portion in 1.5 hours allowing 30 minutes remaining to complete documentation. The Floater will provide “time checks” at 30-minute increments during the care episode. Likewise, out of the 1-hour allotted for a return visit, students should aim to complete the patient care portion in 45 minutes allowing 15 remaining minutes to complete documentation. The Floater will provide “time checks” at 15-minute increments during the care episode.

Although you are free to consult the attending PT at any point during the episode of care, there are 3 REQUIRED check-in points during an initial evaluation and 2 REQUIRED check-in points during a return visit:

<table>
<thead>
<tr>
<th>INITIAL EVALUATION</th>
<th>RETURN VISIT</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. After taking the history (before performing the examination)</td>
<td>1. After re-examination/additional questioning (before performing any interventions)</td>
</tr>
<tr>
<td>2. After examination (before performing any interventions)</td>
<td>2. After episode of care has been completed (before the patient leaves)</td>
</tr>
<tr>
<td>3. After episode of care has been completed (before the patient leaves)</td>
<td></td>
</tr>
</tbody>
</table>

Check-ins with the attending should be done in the Computer Room and carried out in a “grand rounds” format to streamline communication (refer to “Grand Rounds Format-Example” for details). During this check-in, KEEP THINGS CONCISE (5 minutes or less) and take notes to direct the next phase of your assessment/intervention.

In addition to the attending PT, there are several other resources which are available for your reference/use during treatment: 1) Each other!

2) Examination/Treatment Reference Binder on the supply cart- includes copies of:
   - T&M outlines (organized by body region)
   - Treatment classification algorithms (lumbar, cervical)
   - Various relevant CPRs

3) Textbooks on the supply cart

Some clinical pearls to guide students in optimizing care and maximizing efficiency:

• Be aware that the schedule is subject to change the DAY OF CARE! Be prepared for cancellations, different patients, and a new schedule. Be confident in your skills as a SPT and remember that the attending PT is there to help you more when you need it.

• It is important to let the patients know that you will be seeing them over multiple visits and that usually after the initial evaluation they may be a little more sore than usual but that you will give them a good program to help them and they will feel better etc.

• Before beginning, introduce the patient to all parties involved in their care, including yourselves (as students) and the attending PT (as a “supervisor”).

• Patient history and examination should be thorough yet directed. In the circumstance that there are multiple impairments, find the one/ones that need to be addressed first. YOU MAY NOT GET TO ALL OF THEM IN ONE DAY. Although 2 or 1 hours may seem like ample time to complete an evaluation or a return visit, respectively, it is important that students tease out pertinent questions, tests, and measures based on given information and/or findings.
  - NOTE: if you are seeing a returning patient, refer to the initial evaluation “Plan of Care” section for a summary of any comparable signs to help direct your re-assessment

• Interventions should be based on sound clinical reasoning and evidence if at all possible.

• Goal setting should be patient-centered and objective.
• Collaboration with your student team partner is KEY!
  o While one student is conducting the history/tests & measures, the other should be documenting the findings.
  o While one student is performing or teaching interventions, the other can be photocopying the HEP and finishing documentation.
• When working with Spanish-speaking individuals, use what Spanish you know (they will love it) BUT don’t be afraid to ask for an interpreter- that’s what they’re there for! When working with an interpreter, be sure to still speak to/make eye contact with the patient and use your non-verbal communication skills. Also, be aware that using an interpreter will inherently prolong the communication/treatment process-plan accordingly!
• Patient education is an important part of your patient interaction.
  o When teaching patients their home exercises, emphasize the importance of compliance and showing up for future visits.
  o When patients return for follow-up visits, take time to demonstrate to them the value of their therapy by drawing attention to improvements in their outcome measure score and/or other signs/sxs/limitations. To check for understanding of exercises, use the teach-back method and have them show you the exercises they’ve been doing.
• Before the patient leaves, help the CBC staff/Floater remember to have them fill out a patient satisfaction survey to collect feedback for improving their next visit.

**Discharging Patients:**
Upon discharge from care, patients are entitled to receive their $25 deposit back. When discharging a patient fill out the discharge receipt with the patient and give it to the CBC staff. The discharge receipt can be found on the Clinic Box Website and instructions can be found in the Clinic Reference Manual Binder.

Other important things to know:
• **Anyone under 18 must have a parent or legal guardian present to be treated!**
• Late policy for patients:
  o Patients are given a 30-minute grace period to arrive without risk of losing their appointment slot.
  o If the patient is later than 30 minutes, it is up to the treatment team (i.e. the students & attending) to decide whether or not it is appropriate to see them if/when they arrive. If it is not appropriate, have Oli/Maria call or speak with the patient to reschedule.
• **Interprofessional communication is KEY!**
  
  **If any RED FLAGS are encountered during the episode of care AND/OR you deem that the patient requires a referral for imaging or any other reason:**
  ***In order to document correspondence and establish consistent professional communication among other doctors we will be sending emails through the Pro Bono Clinics Umail account.***

**STEP 1:** Have the patient talk with Oli or Maria to schedule an appointment for the upcoming Tuesday at the medical clinic.

**STEP 2:** Email PBC Secretaries (Ann Goding) at uofuprobbonopt@utah.edu a word doc/letter containing the patient name and body part that needs imaging and/or the reason for the referral. (For a template go to Ubox under "Pro Bono Clinic --> Templates --> Communication --> "PBC_Referral to Primary Care"). MAKE SURE TO PUT “PHI” IN THE SUBJECT LINE (HIPPA regulation)! The Secretaries will then forward that message to Dr. Samuelson wayne.samuelson@hsc.utah.edu (the head physician over at the Midvale Family Health Clinic) for further consultation.

**STEP 3:** Be sure to save the word document/letter to the patients file on the Ubox account with an appropriate title (Last name, First name _Visit number_HEP)

**STEP 4:** Proceed with/discontinue care accordingly and educate the patient as to your decisions!
If a patient needs to schedule a return visit:
  o All scheduling is done through the CBC staff (primarily Oli).
  o Bring the patient back into the Reception Area and let Oli know when you’d like to see them next

  **NOTE:** due to high demand for our services, the timeframe within which the patient will be able to
be seen again may not be ideal...keep this in mind when devising HEPs for patients and making
recommendations for frequency of follow-up...confer with the attending PT beforehand!

- Although tough given the constant rotation of student providers, tracking patient progress is another
  must! Remember to monitor outcome measure scores and patient subjective reports of how therapy
  seems to be going. A lack of significant/clinically meaningful progress should be a cue that re-evaluation,
  referral, and/or discharge is necessary.
  o **CLINIC POLICY** is that students will re-test/re-evaluate goals & write a more thorough “Progress
    Note” every 4th visit for returning patients (this can be done using the Daily Note template).
  o Students will be in charge of helping to “flag” patient charts on the 3rd, 7th, 11th, etc. visit by
    placing a reminder note on the front of the chart stating “Progress Note Needed”.

- When assigning/devising patient HEPs, there is a kit located on the supply cart containing various
  exercise cards that can be photocopied for handouts (clear sheath also included in kit to help organize
  cards for copying). The computer room is also available for using online HEP resources (**instructions for
  online HEP2go database located in Clinic Reference Manual**)

- A local gym (Copperview Rec Center) has generously donated day passes for us to distribute to patients
  who may benefit from access to their facility in the interim between visits. However, we have a limited
  supply; thus, discretion should be used before distributing them.

- If you distribute any supplies to the patient (i.e. Theraband, braces, etc.), make sure to record it on the
  supplies tracking sheet hanging on the side of the supply cart. If any items need restocking, let the Floater
  know so that they may alert the board.

- For liability reasons, under no circumstances should students offer to provide patients transportation
to/from the clinic.

**DOCUMENTATION**

All student documentation (Including HEP handouts) will need to be saved in an ELECTRONIC FORMAT on
the Box account.

  **NOTE:** students will have paper versions of these fillable electronic documents available at their
discretion for note-taking during the episode of care if so desired

- Download the appropriate body region-specific Evaluation Form (if initial evaluation) OR Daily Note (if
return visit) template from the file named Templates on box.

- Fill out the form and document while your treatment partner is treating.
  o Make a note in the “Plan of Care” section of any comparable signs that should be re-assessed in
future visits to track the patient’s progression.
  o **MAKE SURE TO INCLUDE THE PATIENT’S FULL NAME & DATE ON ALL DOCUMENTATION.** We
need your help keeping things organized and labeled appropriately!
  o Record “billable units” in each patient’s chart based on interventions and timeframe allotted to
each (record at the top of the Initial Evaluation Form OR Daily Note)

  **NOTE:** a “cheat sheet” for counting units is taped on the front of each clipboard

- Save an electronic copy and upload it to box to the “completed documentation” folder by last name, first
name.

- Print a paper copy and make sure it gets put in the patient’s folder along with their intake form (if initial
evaluation), outcome assessment form, and a copy of their HEP.
  o “Cheat sheets” for scoring outcome assessments are taped on the front of each respective file
folder in the storage closet & on each clipboard
  o Students should make 2 copies of HEP (one for the patient & one for the patient’s chart)- put the
patient’s name and date on both!

- File completed patient satisfaction surveys and/or incident reports behind the blank ones in their
respective folders in the bottom filing cabinet drawer.
NOTE: make sure to notify Floater of any incidents & place a copy of the report in the patient’s file if the incident was patient related

To ascertain that documentation is completed in a timely manner, students should aim to document in as “final” of a format as possible as they go along through the visit. Before moving on to the next patient, all documentation from the previous patient must be complete & signed off by the attending PT!

For instructions on how to use the printer and copier, refer to the Clinic Reference Manual binder. For helpful tips on documentation, refer to the “Documentation Cheat Sheet” and/or Appendix E.

Following assigned shift:

Complete Closing Checklist (found in Clinic Reference Manual binder):

- **FINISH ALL DOCUMENTATION BY 1:00 pm:** the attending PT *must* sign off on your documentation and we do not want to keep them past 1:00...this will require efficiency and collaboration within your student team during patient care so plan accordingly and set yourself up for success!
  - Shred (or put in shred folder) any papers containing PHI that are NOT being put in patients’ files
- Attend brief 5-10 minute wrap-up with the attending PT & other SPT teams- chance to get feedback and share any significant clinical experiences/lessons learned with the group
  - If you are interested in getting more structured/in depth feedback on your clinical skills/performance from the attending OR your teammate, there are also feedback forms at your disposal (located in the bottom drawer of the filing cabinet). These are optional, but are a great way to practice working out concerns you may encounter in the future with CIs, colleagues, etc.
- Make sure the treatment area is clean & equipment cart is well-stocked- should look the same as OR better than when you arrived!
  - Soiled linens (towels, pillowcases) should be placed in a plastic bag (from the supply cart) and given to the CBC staff for cleaning
  - If any items need restocking, please notify the floater so that they may inform the board.
- Complete the post-shift survey that will be emailed to all student volunteers (via Google calendar).

**EMERGENCY/SAFETY PROCEDURES AND OTHER IMPORTANT PROTOCOLS**

All clinic emergency/safety procedures are outlined in the Emergency Protocols section of the Clinic Reference Manual (*see Appendix F* for details).

As for other potential situations that might arise, please follow the following protocols:

- Unprofessional or unethical attending PT: please email Student Liaisons AND Attending Liaisons directly
- Inappropriate/difficult patient:
  1) Notify attending PT
  2) Then notify Student Liaisons directly via email

**WHAT DOES THE FUTURE HOLD?**

- Several of our board members are currently attending a bioinformatics course offered through the University of Utah and are working on developing an electronic charting (EMR) system for the clinic that is catered towards physical therapy. Once developed, our plan is to do all documentation at the clinic on tablets. More to come soon!
- We also hope to instate monthly Student Education Sessions in the future to help students further hone their clinical reasoning and evaluative/intervention skills where needed so that they may continue to provide optimal care in the clinic. These sessions will consist of guiding students through relevant, student-proposed case examples with a large focus on hands-on education/review (e.g. correct hand positioning for a specific test or good mechanics to do a transfer, the best modality, etc.) Our hope is to have each session led by one or more faculty members, community physical therapists, or other specialists who can help provide insight and depth to the knowledge students have already gained from curriculum and/or previous clinical experience. Stay tuned!
- The leading physician at the Midvale Family Health Clinic, Wayne Samuelson, is very excited to have us involved in this amazing project to provide all necessary health care services to the community. Currently, primary medical & dental services are offered at another nearby location. However, once the
new Midvale Senior Citizens Center is built, Dr. Samuelson's plan is to offer medical, dental, physical therapy, and other services such as nutrition/meal planning all under one roof at the current Midvale Senior Citizens Center building.

OTHER OPPORTUNITIES
Aside from providing patient care, here are some other ways you can get involved and stay connected:

- Sign up for staff/committee positions- will be advertised periodically by the board as needs are identified
  - Currently the only position available (starting this summer) is that of the "Floater" (see Clinic Operations section of this Training Manual for job description)
  - We will need ONE Floater per shift
  - Students may sign up for a Floater at anytime.
- Subscribe to our newsletter (and encourage others who are interested in knowing more about the clinic to do so as well!). To subscribe: send an email to sympa@lists.hsc.utah.edu with the subject "Subscribe probono_pt_clinic YOUR NAME".
- Add us on Facebook (University of Utah Student Run Pro Bono Physical Therapy Clinic) OR follow us on Twitter (@UofUProBonoPT).
- Become an attending PT after graduating from the program!

APPENDICES
A. APTA Code of Ethics
Code of Ethics for the Physical Therapist

Preamble
The Code of Ethics for the Physical Therapist (Code of Ethics) delineates the ethical obligations of all physical therapists as determined by the House of Delegates of the American Physical Therapy Association (APTA). The purposes of this Code of Ethics are to:

1. Define the ethical principles that form the foundation of physical therapist practice in patient/client management, consultation, education, research, and administration.
2. Provide standards of behavior and performance that form the basis of professional accountability to the public.
3. Provide guidance for physical therapists facing ethical challenges, regardless of their professional roles and responsibilities.
4. Educate physical therapists, students, other health care professionals, regulators, and the public regarding the core values, ethical principles, and standards that guide the professional conduct of the physical therapist.
5. Establish the standards by which the American Physical Therapy Association can determine if a physical therapist has engaged in unethical conduct.

No code of ethics is exhaustive nor can it address every situation. Physical therapists are encouraged to seek additional advice or consultation in instances where the guidance of the Code of Ethics may not be definitive.

This Code of Ethics is built upon the five roles of the physical therapist (management of patients/clients, consultation, education, research, and administration), the core values of the profession, and the multiple realms of ethical action (individual, organizational, and societal). Physical therapist practice is guided by a set of seven core values: accountability, altruism, compassion/caring, excellence, integrity, professionalism, and social responsibility. Throughout the document the primary core values that support specific principles are indicated in parentheses. Unless a specific role is indicated in the principle, the duties and obligations being delineated pertain to the five roles of the physical therapist. Fundamental to the Code of Ethics is the special obligation of physical therapists to empower, educate, and enable those with impairments, activity limitations, participation restrictions, and disabilities to facilitate greater independence, health, wellness, and enhanced quality of life.

Principles

Principle #1: Physical therapists shall respect the inherent dignity and rights of all individuals.
(Core Values: Compassion, Integrity)

1A. Physical therapists shall act in a respectful manner toward each person regardless of age, gender, race, nationality, religion, ethnicity, sexual orientation, health condition, or disability.
1B. Physical therapists shall recognize their personal biases and shall not discriminate against others in physical therapist practice, consultation, education, research, and administration.

Principle #2: Physical therapists shall be trustworthy and compassionate in addressing the rights and needs of patients/clients.
(Core Values: Altruism, Compassion, Professional Duty)

2A. Physical therapists shall adhere to the core values of the profession and shall act in the best interests of patients/clients.
2B. Physical therapists shall provide physical therapy services with compassionate and caring behavior that incorporate the individual and cultural differences of patients/clients.
2C. Physical therapists shall provide the information necessary to allow patients or their surrogates to make informed decisions about physical therapy care or participation in clinical research.

2D. Physical therapists shall collaborate with patients/clients to empower them in decisions about their health care.
2E. Physical therapists shall protect confidential patient/client information and may disclose confidential information to appropriate authorities only when allowed or as required by law.

Principle #3: Physical therapists shall be accountable for making sound professional judgments.
(Core Values: Excellence, Integrity)

3A. Physical therapists shall demonstrate independent and objective professional judgment in the patient/client’s best interest in all practice settings.
3B. Physical therapists shall demonstrate professional judgment informed by professional standards, evidence (including current literature and established best practice, practitioner experience, and patient/client values).
3C. Physical therapists shall make judgments within their scope of practice and level of expertise and shall communicate with, collaborate with, or refer to peers or other health care professionals when necessary.
3D. Physical therapists shall not engage in conflicts of interest that interfere with professional judgment.
3E. Physical therapists shall provide appropriate direction and communication with physical therapy assistants and support personnel.
**Principle #4:** Physical therapists shall demonstrate integrity in their relationships with patients/clients, families, colleagues, students, research participants, other health care providers, employers, payers, and the public.
(Core Value: Integrity)

4A. Physical therapists shall provide truthful, accurate, and relevant information and shall not make misleading representations.
4B. Physical therapists shall not exploit persons over whom they have supervisory, evaluative, or other authority (e.g., patients/clients, students, supervisors, research participants, or employees).
4C. Physical therapists shall discourage misconduct by health care professionals and report illegal or unethical acts to the relevant authority, when appropriate.
4D. Physical therapists shall report suspected cases of abuse involving children or vulnerable adults to the appropriate authority, subject to law.
4E. Physical therapists shall not engage in any sexual relationship with any of their patients/clients, supervisors, or students.
4F. Physical therapists shall not harass anyone verbally, physically, emotionally, or sexually.

**Principle #5:** Physical therapists shall fulfill their legal and professional obligations.
(Core Values: Professional Duty, Accountability)

5A. Physical therapists shall comply with applicable local, state, and federal laws and regulations.
5B. Physical therapists shall have primary responsibility for supervision of physical therapist assistants and support personnel.
5C. Physical therapists involved in research shall abide by accepted standards governing protection of research participants.
5D. Physical therapists shall encourage colleagues with physical, psychological, or substance-related impairments that may adversely impact their professional responsibilities to seek assistance or counsel.
5E. Physical therapists who have knowledge that a colleague is unable to perform their professional responsibilities with reasonable skill and safety shall report this information to the appropriate authority.
5F. Physical therapists shall provide notice and information about alternatives for obtaining care in the event the physical therapist terminates the provider relationship while the patient/client continues to need physical therapy services.

**Principle #6:** Physical therapists shall enhance their expertise through the lifelong acquisition and refinement of knowledge, skills, abilities, and professional behaviors.
(Core Value: Excellence)

6A. Physical therapists shall achieve and maintain professional competence.
6B. Physical therapists shall take responsibility for their professional development based on critical self-assessment and reflection on changes in physical therapist practice, education, health care delivery, and technology.
6C. Physical therapists shall evaluate the strength of evidence and applicability of content presented during professional development activities before integrating the content or techniques into practice.
6D. Physical therapists shall cultivate practice environments that support professional development, lifelong learning, and excellence.

**Principle #7:** Physical therapists shall promote organizational behaviors and business practices that benefit patients/clients and society.
(Core Values: Integrity, Accountability)

7A. Physical therapists shall promote practice environments that support autonomous and accountable professional judgments.
7B. Physical therapists shall seek remuneration as is deserved and reasonable for physical therapist services.
7C. Physical therapists shall not accept gifts or other considerations that influence or give an appearance of influencing their professional judgment.
7D. Physical therapists shall fully disclose any financial interest they have in products or services that they recommend to patients/clients.
7E. Physical therapists shall be aware of charges and shall ensure that documentation and coding for physical therapy services accurately reflect the nature and extent of the services provided.
7F. Physical therapists shall refrain from employment arrangements or other arrangements that prevent physical therapists from fulfilling professional obligations to patients/clients.

**Principle #8:** Physical therapists shall participate in efforts to meet the health needs of people locally, nationally, or globally.
(Core Value: Social Responsibility)

8A. Physical therapists shall provide pro bono physical therapy services or support organizations that meet the health needs of people who are economically disadvantaged, uninsured, and underinsured.
8B. Physical therapists shall advocate to reduce health disparities and health care inequities, improve access to health care services, and address the health, wellness, and preventive health care needs of people.
8C. Physical therapists shall be responsible stewards of health care resources and shall avoid overutilization or underutilization of physical therapy services.
8D. Physical therapists shall educate members of the public about the benefits of physical therapy and the unique role of the physical therapist.
## B. APTA Core Values

<table>
<thead>
<tr>
<th>Core Values</th>
<th>Definition</th>
<th>Sample Indicators</th>
</tr>
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<tbody>
<tr>
<td>Accountability</td>
<td>Accountability is active acceptance of the responsibility for the diverse roles, obligations, and actions of the physical therapist including self-regulation and other behaviors that positively influence patient/client outcomes, the profession and the health needs of society.</td>
<td>1. Responding to patient’s/client’s goals and needs. 2. Seeking and responding to feedback from multiple sources. 3. Acknowledging and accepting consequences of his/her actions. 4. Assuming responsibility for learning and change. 5. Adhering to code of ethics, standards of practice, and policies/procedures that govern the conduct of professional activities. 6. Communicating accurately to others (payers, patients/clients, other healthcare providers) about professional actions. 7. Participating in the achievement of health goals of patients/clients and society. 8. Seeking continuous improvement in quality of care. 9. Maintaining membership in APTA and other organizations. 10. Educating students in a manner that facilitates the pursuit of learning.</td>
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<td>Altruism</td>
<td>Altruism is the primary regard for or devotion to the interest of patients/clients, thus assuming the fiduciary responsibility of placing the needs of the patient/client ahead of the physical therapist’s self-interest.</td>
<td>1. Placing patient’s/client’s needs above the physical therapists. 2. Providing pro-bono services. 3. Providing physical therapy services to underserved and underrepresented populations. 4. Providing patient/client services that go beyond expected standards of practice. 5. Completing patient/client care and professional responsibility prior to personal needs.</td>
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<td>Compassion/ Caring</td>
<td>Compassion is the desire to identify with or sense something of another’s experience; a precursor of caring. Caring is the concern, empathy, and consideration for the needs and values of others.</td>
<td>1. Understanding the socio-cultural, economic, and psychological influences on the individual’s life in their environment. 2. Understanding an individual’s perspective. 3. Being an advocate for patient’s/client’s needs. 4. Communicating effectively, both verbally and non-verbally, with others taking into consideration individual differences in learning styles, language, and cognitive abilities, etc. 5. Designing patient/client programs/interventions that are congruent with patient/client needs. 6. Empowering patients/clients to achieve the highest level of function possible and to exercise self-determination in their care. 7. Focusing on achieving the greatest well-being and the highest potential for a patient/client. 8. Recognizing and refraining from acting on one’s social, cultural, gender, and sexual biases. 9. Embracing the patient’s emotional and psychological aspects of care. 10. Attending to the patient’s/client’s personal needs and comforts. 11. Demonstrating respect for others and considers others as unique.</td>
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<td>Excellence</td>
<td>Excellence is physical therapy practice that consistently uses current knowledge and theory while understanding personal limits, integrates judgment and the patient/client perspective, embraces</td>
<td>1. Demonstrating investment in the profession of physical therapy. 2. Internalizing the importance of using multiple sources of evidence to support professional practice and decisions. 3. Participating in integrative and collaborative practice to promote high quality health and educational outcomes. 4. Conveying intellectual humility in professional and interpersonal situations. 5. Demonstrating high levels of knowledge and skill in all aspects of the profession. 6. Using evidence consistently to support professional decisions.</td>
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<td>Responsibility</td>
<td>Social Duty</td>
<td>Professional Duty</td>
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<td>advancement, challenges mediocrity, and works toward development of new knowledge.</td>
<td>Wellbeing.</td>
<td>Professional duty is the commitment to meeting one's obligations to provide effective physical therapy services to patients/clients, to serve the profession, and to positively influence the health of society.</td>
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<td>7. Demonstrating a tolerance for ambiguity.</td>
<td>1. Abiding by the rules, regulations, and laws applicable to the profession.</td>
<td>1. Demonstrating beneficence by providing &quot;optimal care&quot;.</td>
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<td></td>
<td>2. Adhering to the highest standards of the profession (practice, ethics, reimbursement, Institutional Review Board [IRB], honor code, etc.).</td>
<td>2. Facilitating each individual’s achievement of goals for function, health, and wellness.</td>
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<td></td>
<td>3. Articulating and internalizing stated ideals and professional values.</td>
<td>3. Preserving the safety, security and confidentiality of individuals in all professional contexts.</td>
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<td>4. Using power (and avoiding use of unearned privilege) judiciously.</td>
<td>4. Involved in professional activities beyond the practice setting.</td>
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<td>5. Resolving dilemmas with respect to a consistent set of core values.</td>
<td>5. Promoting the profession of physical therapy.</td>
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<td>7. Taking responsibility to be an integral part in the continuing</td>
<td>7. Taking pride in one's profession.</td>
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<td>management of patients/clients.</td>
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<td>8. Knowing one's limitations and acting accordingly.</td>
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<td></td>
<td>9. Confronting harassment and bias among ourselves and others.</td>
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<td>10. Recognizing the limits of one's expertise and making referrals</td>
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<td></td>
<td>appropriately.</td>
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<td>11. Choosing employment situations that are congruent with practice</td>
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<td>values and professional ethical standards.</td>
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<td></td>
<td>12. Acting on the basis of professional values even when the results of the behavior may place oneself at risk.</td>
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<td>Social responsibility is the promotion of a mutual trust between the profession and the larger public that necessitates responding to societal needs for health and wellness.</td>
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<tr>
<td>1. Advocating for the health and wellness needs of society including access to health care and physical therapy services.</td>
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<td>2. Promoting cultural competence within the profession and the larger public.</td>
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<td>3. Promoting social policy that effect function, health, and wellness needs of patients/clients.</td>
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<td>4. Ensuring that existing social policy is in the best interest of the patient/client.</td>
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<tr>
<td>5. Advocating for changes in laws, regulations, standards, and guidelines that affect physical therapist service provision.</td>
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<td>6. Promoting community volunteerism and providing leadership in the community.</td>
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<td>9. Understanding of current community wide, nationwide and worldwide issues and how they impact society’s health and well-being and the delivery of physical therapy.</td>
<td>10. Participating in collaborative relationships with other health practitioners and the public at large.</td>
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<td>10. Participating in collaborative relationships with other health practitioners and the public at large.</td>
<td>12. Ensuring the blending of social justice and economic efficiency of services.</td>
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C. ICF model

![ICF Model Diagram]

D. APTA patient care model

![APTA Patient Care Model Diagram]
E. APTA Elements of Defensible Documentation

**TOP 10 TIPS**

1. Limit use of abbreviations.
2. Date and sign all entries.
5. Document at the time of the visit when possible.
6. Clearly identify note types, e.g., progress reports, daily notes.
7. Include all related communications.
8. Include missed/cancelled visits.
9. Demonstrate skilled care and medical necessity.
10. Demonstrate discharge planning throughout the episode of care.

**Documenting Skilled Care**

- Document clinical decision making/problem-solving process
- Indicate why you chose the interventions/why they are necessary
- Document interventions connected to the impairment and functional limitation
- Document interventions connected to goals stated in plan of care
- Identify who is providing care (PT, PTA, or both)
- Document complications of comorbidities, safety issues, etc.

**Documenting Medical Necessity**

- Services are consistent with nature and severity of illness, injury, medical needs
- Services are specific, safe, and effective according to accepted medical practice
- There should be a reasonable expectation that observable and measurable improvement in functional ability will occur
- Services do not just promote the general welfare of the patient/client

**Tips for Documenting Evidence-Based Care**

- Keep up-to-date with current research through journal articles and reviews, Open Door, Handout on Evidence at www.apta.org
- Include valid and reliable tests and measures as appropriate
- Include standardized tests and measures in clinical documentation

**Documentation Format**

**INITIAL EXAMINATION**

- **History** — May include:
  - Pertinent medical/surgical history
  - Social history
  - Growth and development
  - Living environment
  - Work status
- **Cultural preferences**
- **General health status**
- **Previous/current functional status/activity level**
- **Medication and other clinical tests**
- **Current condition(s)/chief complaint(s)**

- **Systems Review** — Brief, limited exam to rule out problems in the musculoskeletal, neuromuscular, cardiovascular/pulmonary, and integumentary systems that may not be related to the chief complaint and may require consultation with others. Also may include:
  - Communication skills
  - Cognitive abilities
  - Learning preferences

- **Tests and Measures** — Used to prove/disperse the hypothesized diagnosis or diagnosis includes:
  - Specific tests and measures, increased emphasis placed on standardized tests/measures, e.g., OPTIMAL
  - Associated findings/outcome

- **Evaluation** — A thorough process leading to documentation of impairments, functional limitations, disabilities, and needs for prevention. May include:
  - Synthesis of all data/findings gathered from the examination highlighting pertinent factors
  - Should guide the diagnosis and prognosis
  - Can use various formats: problem list, statement of assessment with key factors influencing status

- **Diagnosis** — Should be made at the impairment and functional limitation levels. May include:
  - Impact of condition on function
  - Common terminology, e.g., ICD-9-CM coding or Preferred Physical Therapist Practice Patterns

- **Prognosis** — Conveys the physical therapist’s professional judgment. May include:
  - Predicted functional outcome
  - Estimated duration of services to obtain functional outcome

- **Plan of Care** — May include:
  - Overall goals stated in measurable terms for the entire episode of care
  - Expectations of patient/client and others
  - Interventions/treatments to be provided during the episode of care
  - Proposed duration and frequency of service to reach goals
  - Predicted level of improvement in function
  - Anticipated discharge plans
Tips for Documenting Progress

- Update patient/client goals regularly.
- Highlight progress toward goals.
- Clearly indicate if this is a progress report by demonstrating patient/client improvement.
- Show comparisons from previous date to current date.
- Shift focus on function.
- Re-evaluate when clinically indicated.

Avoid

- "Patient/client tolerated treatment well"
- "Continue per plan"
- "As above"
- Unknown/confusing abbreviations — use abbreviations sparingly

Other Tips

Confidentiality

- Keep patient/client documentation in a secure area.
- Keep charts face down so the name is not displayed.
- Patient/client charts should never be left unattended.
- Do not discuss patient/client cases in open/public areas.
- Follow HIPAA requirements:
  - http://www.cms.hhs.gov/hipaainfo/

Coding Tips

- Have a current CPT, ICD-9, and HCPCS book.
- Review code narrative language.
- Select codes that accurately describe the impairment or functional limitations that you are treating.
- Use the most specific code that accurately describes the service.
- Know when a modifier is necessary and accepted by a payer.

Additional Resources:

- State Licensing Boards:
- Joint Commission: http://www.jointcommission.org/
- CARF: http://www.carf.org/
- CMS: http://www.cms.hhs.gov/
- Physical Fitness: http://www.apta.org/pfp

For additional information on Defensible Documentation, please visit: http://www.apta.org/documentation

RE-EXAMINATION

Is provided to evaluate progress and to modify or redirect intervention. Should occur whenever there is:

- An unanticipated change in the patient/client's status
- A failure to respond to physical therapy intervention as expected
- The need for a new plan of care and/or time factors based on state practice act, or other requirements

- Includes findings from repeated or new examination elements

VISIT/ENCOUNTER NOTES

Document implementation of the plan of care established by the physical therapist.

Includes:

- Changes in patient/client status
- Patient/client/caregiver report
- Interventions/equipment provided
- Patient/client response to interventions
- Communication/collaboration with other providers/patient/client/family/significant other
- Factors that modify frequency/intensity of intervention and progression of goals
- Plan for next visit(s) including interventions with objectives, progression parameters, precautions, if indicated

DISCHARGE SUMMARY

Required following conclusion of physical therapy services, whether due to discharge or discontinuation.

May include:

- Highlights of a patient/client’s progress/tack of progress towards goals/discharge plans
- Conveyance of the outcome(s) of physical therapy services
- Justification of the medical necessity for the episode of care

Top 10 Payer Complaints about Documentation (Reasons for Denials)

1. Poor legibility.
2. Incomplete documentation.
3. No documentation for date of service.
4. Abbreviations — too many, cannot understand.
5. Documented does not support the billing (coding).
6. Does not demonstrate skilled care.
7. Does not support medical necessity.
8. Does not demonstrate progress.
9. Repetitious daily notes showing no change in patient status.
10. Interventions with no clarification of time, frequency, duration.

Supplement to PT Magazine
F. EMERGENCY/SAFETY PROTOCOLS

Contacting Emergency Services:
Dial 911 (no need to dial 9)

In case of an emergency with a patient or other individual at the clinic, the following actions should be taken:

1) The person that is first on scene OR with the patient/individual at the time of the incident takes charge. This person shall stay with the patient make sure the patient/individual is safe and stable (performing CPR and First Aid as necessary) and assign the following:
   a) One person to call 911 and go direct them into the building if necessary.
   b) One person to go get the AED if necessary (located next to the front door inside the reception area)
   c) One person to alert the Attending PT and help keep others from congregating near the scene.

2) After Emergency Personnel arrive & take over, relay any necessary information to them then fill out an Incident Report Form. File ORIGINAL in the filing cabinet under “Completed Incident Reports” and (for patients) a COPY in the patient’s folder.

Safety procedures for other non-life threatening patient/individual scenarios*:

- Lightheaded: stop what you’re doing, have patient sit down, & check vitals
  - If diabetic: check blood sugar and if necessary get a snack/fruit juice and give it to them (extra snacks stocked in the First Aid kit on the supply cart)
- Minor cut, abrasion, burn, etc.:
  - Use PPE (personal protection equipment) and appropriate First Aid supplies from First Aid Kit located on the supply cart.

*For the above, be sure to document the incident in the patient’s chart.

In case of a building emergency (e.g. smoke alarm, flooding, etc.):

a) Follow emergency evacuation procedure: FIND THE NEAREST EXIT AND HELP SAFELY EVACUATE THE PATIENTS and call 911.

b) Notify Midvale Public Works and the CBC:
   - Midvale Public Works (801) 255-4207
   - Mauricio Agramont (801) 647-0333

In case of a small contained fire:

1) Use fire extinguisher: There are three extinguishers. One located at the main entrance of the clinic (patients waiting area), the second is located on the hallway between the exam rooms and the back entrance of the dental room (the door closer to the holding cells/PT storage) and the third one is located at the west entrance of the building by the large room.

*If anything seems odd or strange, just use your head!