Outside the Box: Tests and Measures as a Treatment Plan

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Outside the Box: Tests and Measures as a Treatment Plan

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Disclosure

■ No conflicts of interest
Your Presenters

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  - Doctor of Physical Therapy
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  - Involved in implementation of OIG corrective action plan improving Therapy claims to 100% billing accuracy for a Medicare certified HHA
  - Served on Advisory Board at Tennessee State University
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- **Cindy Krafft PT, MS, HSC-O**
  - CEO of Kometti & Krafft Health Care Solutions
  - Past President Home Health Section APTA
  - Editorial Board – Home Healthcare Now publication
  - Nationally recognized educator in the areas of OASIS, regulations and interdisciplinary care management
  - Serving on several Technical Expert Panels specific to payment reforms and outcome measures
  - Actively audits documentation from across
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Learning Objectives

- Upon completion of this session you will
  - Understand how tests and measures fits into the Principles of Physical Therapist Patient and Client Management model
  - Understand the importance of choosing the most appropriate test and measures by utilizing the ICF model
  - Understand how to combine tests and measures with Wolff’s Law, the SAID principle and the Overload principle in order to improve patient outcomes
  - Understand how to incorporate tests and measures into the treatment plan
  - Understand how outcomes correlate with chosen tests and measures
Why We HATE Documentation

New Student

Independent Practitioner

Variability of Instruction

Subsequent Clinical Experiences

First Clinical Experience

Top Denial Reasons – Home Health

- Documentation submitted did not provide enough information to make determination the HH services were medically necessary.
- Homebound Status unsupported
- Face to Face incomplete
- Therapy not meeting criteria for skilled, reasonable and necessary care.
Defining Skilled Care – Home Health

Medicare Benefit Policy Manual; Ch 7; 40.2.1

- The service of a PT, SLP, or OT is a skilled therapy service if the inherent complexity of the service is such that it can be performed safely &/or effectively only by or under the general supervision of a skilled therapist.
- To be covered, the skilled services must also be reasonable and necessary to the treatment of the patient’s illness or injury or to the restoration or maintenance of function affected by the patient’s illness or injury.
- The development, implementation, management & evaluation of a patient care plan based on the physician’s order constitute skilled therapy services, when, because of the patient’s condition, those activities require the skills of a qualified therapist to ensure the effectiveness of the treatment goals and ensure medical safety.

Skilled, Reasonable and Necessary?

- “faint periods of forgetfulness”
- “anxiety and depression gentleman with shelved look”
- “by time he made it home he had started having word salad”
- “Patient using Google Tylenol for pain”
- “Patient endorses stress incontinence”
Skilled, Reasonable and Necessary?

- "patient is fairly independent with ADLs"
- Referral Dx: L total shoulder replacement
- Primary Dx: pain in unspecified shoulder
- "patient showered this RN in the bathroom"
- Wound #1: proximal to head part of body. Wound #2: lateral to wound #1
- "Due to fall risk recommend patient get rid of her dog"

State of therapies...

<table>
<thead>
<tr>
<th>What we “do”</th>
<th>What we document</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prescribe individualized, exercise programs</td>
<td>“3 x 10 toe tapping and seated marching”</td>
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<tr>
<td>Progressive resistive</td>
<td>“I had PT before. They walked me and did leg kicks.”</td>
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<tr>
<td>Progressive aerobic</td>
<td>1lb weight x 30 reps</td>
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<td>Educate on positioning, range of movement,</td>
<td>Yellow theraband resistance</td>
</tr>
<tr>
<td>substitution, delayed onset of muscle soreness</td>
<td>for all exercises/on all patients</td>
</tr>
<tr>
<td>Monitor both patient &amp; program for appropriateness</td>
<td>Programs that never change.</td>
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</table>
Are Tests and Measures REQUIRED?

- NO specific tests or measures are mentioned in regulations.
- NO specific number of measurements are mentioned in regulations.
- Alignment between all measurements completed at the initial assessment, reassessment and discharge is NOT required.

PROFESSIONAL JUDGMENT TO SUPPORT SKILLED, REASONABLE AND NECESSARY

Are these Measurements?

- Independent, Supervision, SBA, CGA, Min A, Mod A, Max A, Total, Dependent quantifies assistance.
- It is the qualitative details that address WHY the level of assist is required and WHAT skill the therapist is providing to improve the functional limitation.
Connecting the Dots

- Patient transfers from sit to stand with moderate assistance.
- Patient requires minimal assistance to dress upper body.
- Patient ambulates 80 feet with a walker and CGA.

Weakness
Balance
Pain
Cognition
Environment
Fatigue
Fall Risk

I get it, BUT.....

- The time for excuses is over – too much is at stake.
- This is about professionalism and NOT about “getting paid”
- The day is FAST approaching when therapy visits will no longer directly contribute to revenue

- Examination
  - History
  - Systems review
  - Tests and Measures
- Evaluation
- Diagnosis
- Prognosis
- Interventions
- Outcomes
Why Do Physical Therapists Utilize Tests and Measures?

- To test clinical hypothesis
- To determine a diagnosis and prognosis
- Objective data collection
- Measure disease processes
- Measure functional impairments
- Advocate for the patient
- Establish a baseline
- Defensible documentation
- Determine appropriate interventions
- To improve patient outcomes

WHO: International Classification of Functioning, Disability and Health (ICF) Model

[Diagram showing the ICF model with Health Condition, Impairment, Activity Limitation, Participation Restriction, Environmental Factors, and Personal Factors]
Choosing Tests & Measures

- Must be appropriate based on patient unique characteristics
- Must be appropriate based on patient diagnosis
- Clinical judgement
- Based on patient history and PLOF
- Must be valid - meaningful
- Must be reliable - test/re-test, intra- and inter-rater consistency
- Closely relates to the interventions
- Directly impacts outcomes

Guide to Physical Therapist Practice

- Standards for Tests and Measurements in Physical Therapy Practice
- Measurement - the numeral assigned to an object, event, or person, or the class (category) to which an object, event, or person is assigned according to rules
- Goals - defined as the intended impact on functioning (body functions and structures, activities, and participation) as a result of implementing a plan of care
- Outcomes - the actual results of implementing the plan of care that indicate the impact on functioning.
APTA Guide to PT Practice
Test & Measure Categories

- Aerobic Capacity/Endurance
- Anthropometric Characteristics
- Assistive Technology
- Balance
- Circulation (Arterial, Venous, Lymphatic)
- Community, Social, and Civic Life
- Cranial and Peripheral Nerve Integrity
- Education Life
- Environmental Factors
- Gait
- Integumentary Integrity
- Joint Integrity and Mobility

APTA Guide to PT Practice
Test & Measure Categories cont...

- Mental Functions
- Mobility (Including Locomotion)
- Motor Function
- Muscle Performance (Including Strength, Power, Endurance, and Length)
- Pain
- Posture
- Range of Motion
- Reflex Integrity
- Self-Care and Domestic Life
- Sensory Integrity
- Skeletal Integrity
- Ventilation and Respiration
- Work Life
Common problems associated with Tests and Measures

- Does not uphold the APTA's Standards for Tests and Measurements in Physical Therapy Practice
- Tests and Measures only performed at eval, reassessment, and discharge
- Tests and measures not interpreted in patient specific terms
- Tests and measures not utilized as interventions of the treatment plan
- Training and specificity is overlooked
- Standardized tests often are not performed as designed
- Often are not appropriate for the patient condition
- New tests are not introduced during the treatment plan
- Tests are modified and quantified with the normative data associated with the unmodified version of the test

Common Standardized Tests & Measures

<table>
<thead>
<tr>
<th>TUG</th>
<th>Berg Balance Scale</th>
<th>Tinetti POMA</th>
<th>30 sec sit to stand</th>
<th>2 minute step test</th>
<th>Gait velocity test</th>
<th>Dynamic Gait Index</th>
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<tr>
<td>30 sec arm curl test</td>
<td>Balance Confidence</td>
<td>Functional Reach</td>
<td>Falls Efficacy Scale</td>
<td>Braden Scale</td>
<td>Wong Baker Pain Scale</td>
<td>Montreal Cognitive Assessment (MOCA)</td>
</tr>
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</table>
Use the Law Appropriately

- Wolffs’ Law as defined by Mosby Medical Dictionary
  - “a law according to which biologic systems such as hard and soft tissues become distorted in direct correlation to the amount of stress imposed upon them.”

- SAID Principle

- Overload Principle

SAID Principle

- Specific Adaptation to Imposed Demands
- Extension of Wolff’s Law
- Body systems will adapt overtime to the stress placed on them
- Training and specificity
  - Time
  - Duration
  - Velocity
  - Resistance
  - Repetition
  - Task oriented

Kisner & Colby 2012
Overload Principle

- If improvement is to be achieved, the load must challenge the body system appropriately (Kisner & Colby 2012)
- Clinical decisions guide safe progression
- If you want to be a great football player, would you practice basketball?

Follow Up Methodically

- Tests and measures ultimately become the treatment plan
- Utilize the components of the tests and measures
- Prioritize the components
- Use the Laws to your advantage
  - Wolff’s Law
  - SAID Principle
  - Overload Principle
- Establish expectations and educate the patient on progress and/or deficiencies
Timed Up and Go (TUG)

Categories of Mobility

<table>
<thead>
<tr>
<th>Time Range</th>
<th>Mobility Category</th>
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<tbody>
<tr>
<td>&lt;10 Seconds</td>
<td>Independent</td>
</tr>
<tr>
<td>10-20 Seconds</td>
<td>Mostly Independent</td>
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<tr>
<td>20-30 Seconds</td>
<td>Moderately Impaired</td>
</tr>
<tr>
<td>&gt;30 seconds</td>
<td>Severely Impaired</td>
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>14 seconds = Fall risk

Timed Up and Go (TUG)

Components
- Initiation of sit to stand
- Transfer Sit to Stand
- Ambulation 10 feet
- Direction change
- Ambulation 10 more feet
- Direction change
- Stand to sit

Sub-components
- Each component can be deduced to sub-components
- Task oriented approach allows the clinician to determine which component is impaired
- Is it balance, strength, coordination, sequencing, etc...?
Timed Up and Go (TUG)

- Treat each sub-component separately
- Combine sub-components as indicated to make components
- Progress each component and sub-component by utilizing the Laws appropriately
- Combine components to build toward the full task
- Measure each component and/or sub-component for objective improvements from visit to visit
- Document with specificity and purpose

TUG Progression

Sit to stand
- Bilateral UE support
- Unilateral UE support
- Adjust foot placement
  - Narrow base of support
  - Semi-tandem
  - Tandem
- Introduce foam

Ambulation
- Posterior to Anterior facilitation to increase gait speed
- Metronome to increase cadence
- Eyes open and closed
- Introduce perturbation
- Consider the gait pattern generators
**TUG Progression**

**Direction Change**
- Eyes open and closed
- With perturbation
- Gaze stabilization
- Turn stop reverse
- Repetition

**Stand to Sit**
- Adjust seat height
- Bilateral UE support
- Unilateral UE support
- Modified box squat

**TUG Progression**

- Combine components methodically
- Progress the combinations
- Inform the patient of progression or deficiency
- Revisit anticipated expectations often
- Document, document, document!!!
Berg Balance Scale

- Multi-factorial balance assessment
- 14 components
- Multiple tests embedded in the assessment
- Scored from 0-4
- 56 points is the highest score
- <45 indicates fall risk
- Minimal Detectable Change 6-8 points depending on population

Berg Balance Scale Considerations

- Identify deficiencies
- Prioritize the deficiencies
- Combine similar items during interventions (most bang for the buck)
- Re-test items individually
- Remember the Laws!
- Get Creative
- Explain why to the patient and in the documentation
Berg Balance Scale

Items 1-7

- Sitting unsupported
- Change of position: sitting to standing.
- Change of position: standing to sitting
- Transfers
- Standing unsupported
- Standing with eyes closed
- Standing with feet together

Berg Balance Scale

Items 8-14

- Tandem standing
- Standing on one leg
- Turning trunk (feet fixed)
- Retrieving objects from floor
- Turning 360 degrees
- Stool stepping
- Reaching forward while standing
Results of Using the Test as the Treatment

- Improved patient outcomes
- Quantifiable outcomes (Improved OASIS M questions)
- Improved Patient satisfaction
- Simplicity of documentation
  - Improved test scores and performance
  - Minimal detectable change
  - Increased defensibility of documentation

Test and Measures Resources

- APTA Home Health Section: THE HOME HEALTH SECTION TOOLBOX OF STANDARDIZED TESTS & MEASURES

- http://www.ptnow.org/tests-measures

References


