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ACADEMY OF ACUTE CARE PHYSICAL THERAPY

Core Competencies for Entry-Level Practice in Acute Care Physical Therapy

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Academy of Acute Care Physical Therapy – APTA Minimum Skills Task Force

2015 Members

Kristin Greenwood, PT, DPT, EdD, MS, GCS | Chair

Eric Stewart, PT, DPT

Erin Milton, PT, DPT, NCS

Melissa Hake, PT, DScPT

Lauren Mitchell, PT, DPT

Babette Sanders, PT, DPT, MS, FAPTA

Introduction

Acute care practice encompasses the knowledge and skills suitable to thoroughly examine and appropriately intervene with patients in medically compromised situations encountered in any acute care hospital environment across the lifespan, from children to adults. In the acute care environment, there is a need for all healthcare members to provide safe, efficient and effective care for their patients. Physical therapists (PTs) are essential members of the healthcare team, providing therapy in acute care settings and responsible for making high-level clinical decisions, in a rapid and dynamic environment, for the care of their patients. To prepare future PTs for these environments, academic and clinical educators are tasked with teaching students as part of entry-level clinical practice on how to efficiently make complex decisions for any patient in the acute care environment with any diagnosis. While this task has previously been guided by core documents and literature *(Table 1)*, no single guiding document has existed. The Minimum Skills Task Force was convened in response to this need from acute care clinicians, educators, and – most importantly – patients receiving physical therapist services in the acute care environment. The focus of this task force was to create a guiding document to clarify to all stakeholders the unique and overlapping skills required for an entry-level clinician to be independent, safe and effective on day one of practice. The outcome of this task force is the following document: "The Core Competencies for Entry-level Practice in Acute Care Physical Therapy."

"The Core Competencies for Entry-Level Practice in Acute Care Physical Therapy" identifies the necessary knowledge, actions and behaviors that are required of a clinician in the acute care environment. These competencies are presented in five sections: 1 – Clinical Decision-Making (an integral component of all of the sections); 2 – Communication; 3 – Safety; 4 – Patient Management; and 5 – Discharge Planning. Each of these sections is interconnected and requires the PT to be equally competent in all for safe and effective patient care *(see Figure 1, page 4)*.
Clinical decision-making is the first section of this document. The primacy of this section is to emphasize that all acute care actions, behaviors and skills are to be guided by the best evidence and the ability to revise and shift thinking in complex and often medically challenging environments. The entry-level clinician must be able to make competent and confident clinical decisions in collaboration with the medical team to provide the best individual care for each patient across the lifespan. Important to the acute care environment is the extensive knowledge and skills that must be synthesized, as the environment and the patient's status constantly evolve. Inherent in the decisions that physical therapists make is the selection of the best measures that will provide the most accurate information to help the patient, caregiver and the healthcare team determine if physical therapy is appropriate for the patient, and plan for immediate and future care.

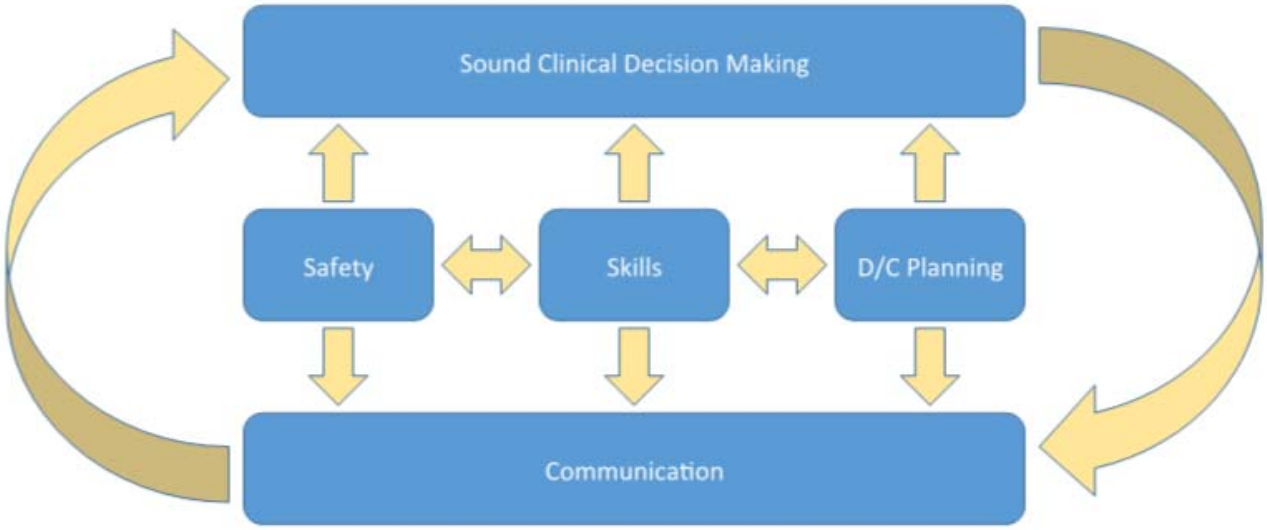
The remaining four sections – Communication, Safety, Patient Management Skills and Discharge Planning – complete the five-section framework. Each of these additional sections is imperative for acute care practice. The goal is that the entry-level acute care PT, guided by sound acute care clinical decision-making, will be able to assist patients with achieving their optimal heath outcomes as part of physical therapy best practice in acute care.

While each individual facility has a unique structure of staff orientation and mentoring for proficiency, this orientation is focused on facility-specific standards and not to assist the entry-level clinician with obtaining the competencies outlined in this document. In the truest sense of entry-level, these competencies are expected to

be achieved by graduation not through post-graduation mentoring. This document provides a framework that represents best practices encompassing the majority of patient situations in most acute care hospital environments. This document is designed to accompany all core documents of the profession of physical therapy, including *A Normative Model of Physical Therapist Professional Education, Minimum Required Skills of Physical Therapist Graduates at Entry-Level, the Guide to PT Practice 3.0,* and all relevant American Physical Therapy core documents. While it is not possible to describe

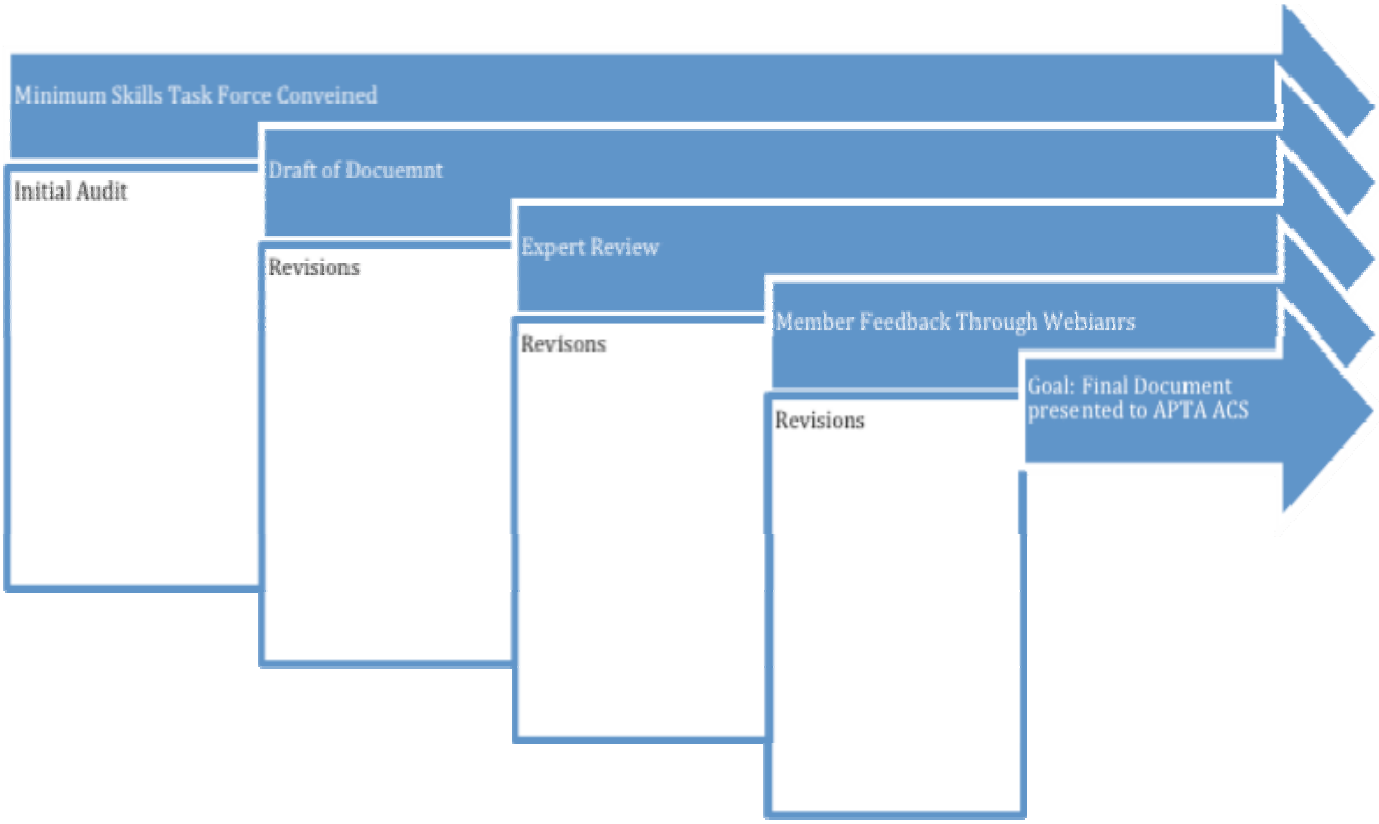
the actions necessary for each individual patient encounter in the acute care environment, an entry-level clinician who demonstrates competence with knowledge, actions and behaviors outlined in this document will be best equipped to perform patient care in the acute environment efficiently, effectively and safely.

Figure 1



Six members with different experiences and a common expertise as acute care practice clinicians comprised a task force that developed this document. The creation and evolution of this document was done over the course of 15 months with multiple revisions after expert reviews and acute care section members' feedback. Figure 2 (*page 5*) outlines the development process of the document.

Figure 2


Minimum Skills Task Force Conveined
Initial Audit
Draft of Docuemnt
Revisions
Expert Review
Revisons
Member Feedback Through Webianrs
Revisions
Goal: Final Document presented to APTA ACS

1: Entry-Level Clinical Decision-Making in Acute Care

Clinical reasoning is the deliberation about a course of action within a specific context and with an ability to anticipate outcomes guided by a framework of previous experiences and knowledge of best evidence. In acute care, clinical reasoning serves as the foundation for competency in all areas – including communication, safety, discharge planning and patient management.

The acute care decision-making process centers on the impact of the patient's current and evolving functional medical status. This includes the examination and interpretation of patients' health conditions, vital signs, lab values, co-morbid conditions, medications, possible adverse drug events, anticipated clinical course, and the possibility of multiple simultaneous precautions. The entry-level clinician is expected to demonstrate the following to make sound clinical decisions:

- Be aware of one's own limitations in knowledge, skill and experience.
- Be observant to the details of the patient's history, physical examination and the complex environment.
- Integrate information from multiple sources and distinguish what is relevant to differentially diagnose the patient's physical therapy diagnosis and impairments.
- Predict patient presentation and anticipate needed resources.
- Screen the medical record to determine whether the patient will benefit from physical therapy services at that point and time, and then clearly communicate the clinical rationale to the medical team post assessment.
- Choose appropriate examination and intervention elements at onset and throughout the session.
- Assess the patient in the moment and adjust intervention choices and dosage based on patient response.
- Identify and differentiate underlying health conditions, body and system impairments, contextual factors, activity limitations, and participation restrictions to address the impact on the patient's function.
- Critically reflect on information, knowledge, experience and evidence to create a comprehensive physical therapy care plan that is individualized and focused on patient and caregiver goals and circumstances.
- Utilize evidence-based practice to predict the patient's expected level of improvement in order to accurately determine goals, discharge needs and rehab prognosis.
- Prioritize and optimally dose specific interventions to improve function, safe mobility and quality of movement and to prepare the patient for discharge.

2: Entry-Level Communication in Acute Care

Entry-level PTs are expected to communicate with all members of the interprofessional medical team – including the patient and family – to ensure the patient receives optimal care. The entry-level clinician is expected to demonstrate the following communication abilities:

- Select the most appropriate communication style, with consideration of the patient's age, learning style, cognition, culture and communication needs, communicating for understanding by both the patient and the patient's family.
- Clearly communicate the PT's clinical decisions, with supporting data as available, in regard to: the patient's safe mobility status; the need for ongoing therapy services in the acute environment; referral for additional services (occupational therapy, speech therapy, social work, orthopedics, neurology, chaplain, education, psychology, patient liaison, etc.); needed assistance from the interprofessional team post discharge; and future physical therapy needs.
- Implement an evidence-based care plan and communicate it in a manner that advocates and represents the PT's independent clinical judgment in order to determine initiating, continuing, withholding or discontinuing the PT's services.
- Collaborate with the interprofessional team to create an environment that eliminates barriers to the patient accessing physical therapy services and promotes safe and effective care. This includes using communication strategies such as: Situation, Background, Assessment, and Recommendation (SBAR*); briefs/debriefs; and huddles, as indicated.
- Educate members of the interprofessional team including the patient and patient's family of the patient's circumstances that impact the therapy plan of care, including safe mobility status, tolerance of activity and coordination of therapy services with medical interventions and medications.
- Provide clear instruction to support personnel (physical therapist assistants, physical therapy aides) and other members of the interprofessional team in order to supplement the patient's physical therapy care plan.
- Communicate aspects of the patient's care through formal and informal conferencing in a manner that respects regulations, team members, the patient's needs/wants and the PT's best clinical judgment.
- Initiate and maintain professional communication with every team member at all times, including adverse, challenging and crucial conversations.

3: Entry-Level Safety in Acute Care

Due to the medical complexity of patients in the acute care setting, the entry-level clinician needs to possess the ability to create and maintain a safe environment and plan of care for their patients. The entry-level clinician is expected to demonstrate the following in regards to safety:

- Integrate information from the medical record – including the patient's past medical history, current medical status, laboratory values and medication – to determine a preliminary precautions list and plan. Included in this process are a detailed look at the patient's mental status, fall risk, risk of further deterioration, and both a medical review of systems and a physical therapy systems review.
- Interpret information obtained from medical chart review, patient self-report and vital sign monitoring. Use this information to communicate with the interprofessional team to determine appropriateness of PT services, the extent (intensity and duration) of PT services appropriate at a given time, the determination of an activity schedule outside of times with therapy, and the appropriate monitoring parameters for the patient.
- Consider, anticipate and plan for the possibilities whereby movement might compromise medical stability, or how medical conditions or medications might affect the patient's physiological responses to movement or compound safety issues. Be able to discuss how those considerations impact each specific patient with the interprofessional team.
- Determine the need for and don/doff personal protective gear prior to, during and after the physical therapy session to protect the patient, the PT and the environment from infection transmission. Follow hospital protocol for infection control as it impacts patient mobility.
- Prior to initiation of mobility, survey the patient and the environment for all safe movement barriers. This includes but is not limited to: locking all moveable objects; donning non-slip foot wear; applying gait belt, if appropriate; clearing a space sufficient to allow for maximal mobility, yet prepared for minimal mobility as well; positioning beds and chairs optimally; and locating all lines, tubes and monitoring equipment.
- Identify what role the line/tube is serving for the patient, specific precautions related to it, and pre-position the patient/environment to manage it during mobility without disruption of the line/tube and with minimal effect on the patient's mobility.
- Independently and safely manage the patient's lines and tubes, seeking assistance when needed. Decide: "I can manage;" "I need help managing;" or "I need further training to manage." *(This document is not meant to outline which lines and tubes entry-level clinicians should be able to manage and which ones they will need assistance with, as this standard will change over time as practice changes. In the majority of situations the entry-level clinician should be able to manage lines and tubes without needing assistance or further training.)*
- Demonstrate basic understanding of ventilator settings and equipment as they impact the patient's physical therapy plan of care, and have the didactic knowledge appropriate for additional clinical training.
- Independently seek assistance from the interprofessional team and/or colleagues for managing patients that require intensive monitoring when deemed necessary for the safety of the patient.

- Utilize and manage all common equipment encountered in the acute care setting, including: hospital beds; commodes; air mattresses; bed alarms; call bells; and wheelchairs. In case of unfamiliarity, seek self-directed help in understanding the equipment prior to use.
- Integrate the use of lifting technologies in a manner that simultaneously maximizes patient function and promotes safety for the patient, the therapist and other staff.
- Respond to any emergent situation by identifying needs, keeping the patient safe, activating emergency response systems, communicating with responders, and being ready to assist as needed.

4: Entry-Level Patient Management

ENTRY-LEVEL MEDICAL RECORD REVIEW AND DOCUMENTATION

The medical record serves as the official record of the patient's past and current status along with a documentation of all procedures the patient has experienced. It is one of the primary sources of patient information for the PT to gain information about the patient as well as to share pertinent details of the patient's therapy session. In all aspects of medical record review, the entry-level clinician maintains confidentiality of protected health information based on ethical and regulatory guidelines, including HIPAA and the APTA Guide from Professional Conduct and Code of Ethics. The entry-level clinician is expected to demonstrate the following in regard to medical record review and documentation:

- Gather and interpret medical information to determine the appropriateness of therapy in the context of potential medical instability and unpredictability (right patient, right time and right setting). Articulate clinical rationale to referring provider when mobilization is not indicated on the basis of available chart information and communication.
- Analyze medical information to formulate an initial image of patient presentation to prognosticate an appropriate management strategy for communication, clinical exam, mobility interventions and discharge based on priorities, risks and time/resource availability. A detailed description of medical chart elements an entry-level clinician must be able to synthesize to make acute care decisions is found in Table 2.
- Create clear and defensible documentation – consistent with facility specific standards – that articulates clinical decision making.
- Reflect all relevant aspects of the patient encounter in a manner that can be understood by all members involved in the patient's care and can be reproduced and continued by other PTs, including patient medical status, safety items, and parameters that guide intervention.
- Document immediately following care to establish patient medical status and facilitate healthcare provider communication.
- Document re-evaluations as needed to update a patient's plan of care.
- Use clinical judgment to determine when immediate communication beyond documentation is required for safe coordinated patient care.

EXAMINATION

A thorough and thoughtful evaluation of the patient is an essential component of patient management in acute care. Based on the initial systems screen, the PT must select the appropriate examination components to help define the patient's current and emerging physical therapy needs. The entry-level clinician should be able to determine if an examination is appropriate and execute the evaluation in a safe efficient and effective manner. A logical sequence of examination procedures is found in Table 3.

ENTRY-LEVEL INTERVENTIONS

The entry-level clinician must determine if follow-up care and physical therapy interventions are indicated for patients in the acute care setting. These decisions consider: the patient's length of stay, discharge destination, and if an anticipated intervention will lead to significant improvement in a reasonable time frame; if interventions require the level of complexity and sophistication that only a qualified PT can achieve; if the care can be provided by a physical therapist assistant; and/or if the establishment of a functional maintenance program is warranted. A description of common interventions is found in Table 4.

5: Entry-Level Discharge Planning

The entry-level acute care clinician must be able to make clinical decisions surrounding a safe discharge plan and communicate these decisions with all members of the interprofessional medical team – including the patient and caregiver(s) – in a manner that ensures the patient receives optimal care. The entry-level clinician is expected to demonstrate the following in regard to discharge planning:

- Determine destination, level of support, need for continuity of care in post-acute settings (rehabilitation, outpatient, home, sub-acute or other), additional services, and follow-up needs.
- Critically assess patient safety (cognition, function).
- Determine optimal equipment needs, with consideration of reasonable and necessary standards, in context of available funding and patient's individual circumstances.
- Synthesize patient's life context, including: pre-hospitalization status; age; suitability of home environment; caregiver support; follow-up/transportation needs; risk factors for re-hospitalization; and economic resources.
- Assess expectations and desires of stakeholders (e.g., patient, family, caregiver, medical services, surgical services).
- Understand regulations imposed by the healthcare systems and payers.

Table 1: Reference List

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Wainwright SF, Shepard KF, Harman LB, Stephens J. Novice and experienced physical therapist clinicians: a comparison of how reflection is used to inform the clinical decision-making process. *Phys Ther.* 2010; 90:75-88.

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Advanced Practice Guidelines for Acute Care Specialization

Clinical teaching documents and lecture materials from task force committee members

Table 2: Elements of a Medical Record Review

A. Confirm PT referral and activity orders
B. Admission note (H & P from consulting services)
C. Patient demographic
    a. Age
    b. Gender
    c. Height/weight
D. Admission date and reason for admit
E. Past medical history
F. Reason for PT consult
G. Information pertaining to discharge (ex: prior level of function, home setting)
H. Social history, including home set up
I. Consult/specialist notes
J. Lab values
K. Vital signs
L. Nursing documentation (ex: activity/safety, pain, incisions/drains)
M. Patient-specific orders (ex: restrictions, activity orders, weight bearing status)
N. Operative reports and anesthesia
O. Imaging and radiology
P. Pharmacology
Q. Resuscitation status, power of attorney, medical release authorizations, clinical pathways

Table 3: Elements of an Examination

A. Patient consent
    a. Introduce yourself – first and last name – and role.
    b. Confirm the patient's identity through use of two patient identifiers.
    c. Educate patient regarding reason for referral and role of physical therapy.
    d. Determine relationship(s)/name(s) of all individuals present/involved in care and confirm if it is appropriate to proceed and/or discuss health information in their presence.
    e. Determine patient's understanding of hospitalization and ability to benefit from physical therapy.
    f. Use motivational interviewing techniques, collaborative goal setting and problem solving to determine patient's goals and barriers.

B. Anticipate and perform actions necessary to maintain patient's physical, emotional and personal modesty and privacy.

C. Perform proper hand hygiene, and follow all infection control policies as warranted.

D. Facilitate an environment that promotes and ensures patient safety, including use of safety equipment, securing furniture and chairs, managing lines/tubes/drains, and utilizing alarms, as appropriate.

E. Collect and synthesize an inclusive, relevant patient history.
    a. Determine patient's level of support within their residence, including physical, emotional and social support.
    b. Determine type of residence and barriers or support associated with the environment, such as stairs, location of necessities and wheelchair accessibility. When appropriate, determine other environmental obstacles/barriers (ex: throw rugs, small pets).
    c. Explore and recognize social roles and responsibilities, including child or elder care and employment.
    d. Determine patient's experience with current or previous physical therapy treatment.
    e. Determine patient's level of function prior to admission or onset of acute symptoms.
        i. Functioning
        ii. Need for assistance
        iii. Endurance/activity tolerance
        iv. Fall history
        v. Current exercise regime
        vi. Airway clearance program
    f. Perform a relevant risk-factor analysis, including signs of elder or child abuse.
    g. Assess patient's current access to and use of equipment (ex: gait aids, bathroom/other equipment). Confirm the quality/safety of the stated equipment.
    h. Confirm patient's ultimate anticipated discharge plan, including where patient is planning on going, who will be available to help, and how often help is available. Confirm their ability to determine a safe plan.

F. Perform systems screen of all four practice patterns.
    a. Consistently monitor vital signs prior to, throughout and following evaluation/treatment as appropriate for patient's condition.
    b. Perform appropriate examination measures (refer to *Minimum Required Skills of Physical Therapist Graduates at Entry-level*) based on medical record review and systems review.

c. Perform a multi-system exam for more complex medical patients (add systems as appropriate).

G. Perform appropriate tests and measures using standardized outcome measures as appropriate for patient's current status and point within the lifespan. Utilize results to determine patient's appropriateness for therapy as well as to guide interventions. Tests, measures and objective findings include but are not limited to:

a. Cognition: arousal; orientation; attention; memory; calculation; language; construction; abstraction; speed of processing; problem-solving; motor planning; command following; delirium; and Confusion Assessment Method (CAM) positive.
b. Speech and language ability (ex: aphasia, word finding, apraxia, dysarthria).
c. Appearance: skin color (ex: cyanosis, pallor, jaundice); cachetic moon face; muscle wasting/temporal atrophy; positioning upon entering room.
d. Cardiopulmonary: edema; respiratory rate; heart rate; heart rhythm; blood pressure; oxygen saturation; jugular venous distension; ECG observations/telemetry; dyspnea; posture/chest shape (ex: respiration patterns, chest excursion, wheezing. accessory breathing, barrel chest); cough; sputum/hemoptysis; nail appearance; auscultation; supplemental O2/respiratory equipment.
e. Musculoskeletal (ex: strength/myotomes, ROM, posture).
f. Neurologic: balance; gait quality; cranial nerves; vision; tone; coordination; reflexes; sensation; tremor; vestibular testing.
g. Integumentary: edema; skin integrity; burns/wounds (ex: location, length/depth/area, drainage type/amount, color percentages, tracts/undermining, perimeter condition-attached, indistinct/well-defined, thickened/rolled, hyperkeratosis); sensation; capillary refill.
h. Pain: at rest; with activity; with recovery; quality of pain; interventions to address pain.
i. Functional mobility: rolling; supine to/from sit; sit to/from stand; transfers; ambulation; stairs; curb; wheelchair mobility.

Table 4: Common Interventions

A. Select and utilize appropriate functional interventions based on patient's current status, impairments, and care plan:
B. Therapeutic Exercise
    a. Strength
    b. Aerobic/endurance/cardiac/pulmonary
    c. Flexibility
    d. ROM
C. Functional mobility training
    a. Rolling
    b. Scooting
    c. Supine to/from sit
    d. Sit to/from stand
    e. Transfers between surfaces (e.g., bed to chair, wheelchair to commode, etc.)
    f. Pressure relief
D. Locomotor training, as indicated
    a. Gait training, with or without assistive devices
    b. Stair training
    c. Wheelchair mobility & management

E. Neuromuscular re-education
    a. Balance
    b. Coordination
    c. Vestibular interventions & exercises
F. Manual Therapy
G. Posture Training
H. Orthotic/prosthetic fitting/training
I. Functional activity training
J. Airway clearance, pelvic floor, respiratory muscle training
K. Biophysical Agents
L. Select and perform appropriate education intervention for patient, family or other caregiver:
    a. Role of therapy
    b. Impairments/limitations
    c. Barrier modification
    d. Health/injury risk factor modifications
    e. Adaptive equipment
    f. Energy conservation
    g. Pain management
    h. Relaxation techniques
    i. Safety
    j. Precautions
    k. Airway clearance

l. Fall prevention
m. Functional mobility training
n. Caregiver training
o. Home exercise program
p. Positioning/pressure relief
q. Discharge recommendations
r. Plan of care
s. Role of patient, care team and caregivers to supplement therapy
t. Anticipated prognosis

M. Creation of plan of care with patient/family.
N. Facilitate, educate and communicate discharge recommendations regarding further therapy, other healthcare professional referrals, safety and equipment needs.