

HEALTH SERVICES QUALITY IMPROVEMENT IMPLEMENTATION GUIDE

Exercise 36

SUBJECT: PHYSICAL THERAPY STANDARD OPERATING PROCEDURES

PURPOSE: The United States Coast Guard (USCG) delivers full range of physical therapy services with a full-time uniformed physical therapist at the Training Center Cape May and Coast Guard Academy clinics. Other CG clinics may utilize contract providers for physical therapy services per Medical Manual Chapter 11.A.2. Under the direction of the Chief, Health Services Division and Senior Medical Officer, this standard operating procedure (SOP) should be adapted to best meet the appropriate level of service and beneficiary needs within the context of the clinic's business based fiscal resources. If a clinic delivers physical therapy services, it will be required to maintain an SOP. This SOP serves as a guide to the daily operation of the physical therapy department, provides a reference for orientation of new personnel, and provides information to answer questions in the absence of the regular physical therapist/physical therapy technician.

DISCUSSION: Enclosure (1) provides a template of a basic physical therapy SOP. Sections required include cover page, table of contents, introduction, personnel responsibilities, hours of operation, and quality control. Using this template in developing the SOP ensures a standardized format among USCG physical therapy service locations. Specific clinic physical therapy policy and procedures will vary by clinic and will include clinic mission, makeup of beneficiary population, budget constraints, and proximity of military and other physical therapy services. The policy and procedures manual must be updated annually or more frequently if necessary. Updates and revisions to both SOP and policy and procedures manual shall be dated and signed on the cover page. The signature pages will be maintained for a period of three years.

ACTION: All clinics providing physical therapy service must maintain an SOP that will be updated annually. Additionally, USCG Medical Clinics at TRACEN Cape May and at the Academy will develop a policy and procedures manual that shall serve to provide detailed guidance and policy regarding the operation of the physical therapy clinic. This policy and procedures manual will be updated annually. Enclosure (1) is a sample copy of an SOP.

ENCLOSURE: (1) Sample Physical Therapy SOP

SAMPLE

UNITED STATES COAST GUARD HEALTH CARE FACILITY

YOUR LOCATION HERE

PHYSICAL THERAPY STANDARD OPERATING PROCEDURES

DATE OF ISSUE

REVIEWED/REVISED

Date

Signature/Physical Therapist

Date

Signature/Lead HS

PHYSICAL THERAPY STANDARD OPERATING PROCEDURE

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CHAPTER 1. INTRODUCTION

A. Designation of Responsibility for Physical Therapy

This manual is to be used for training personnel in physical therapy standard operations and as a source of information when the assigned physical therapy staff is unavailable. Direct questions regarding this manual or physical therapy policy to **RESPONSIBLE INDIVIDUAL'S NAME HERE AT PHONE NUMBER HERE**. The alternate information source is **ALTERNATE'S NAME HERE** at **PHONE NUMBER HERE**.

B. Physical Therapy Clinic Responsibilities

The physical therapy clinic is responsible for:

1. Proper ordering, maintenance, and storage of all physical therapy equipment and supplies in the clinic.
2. All record keeping associated with patient care.
3. Inspection of all equipment for safety and cleanliness.
4. Performance of daily start-up and shut-down of automated physical therapy equipment.
5. Training of clinic staff in physical therapy procedures.
6. Review and update of physical therapy Policy and Procedures Manual annually.
7. Quality control, quality assurance, and risk management as they relate to physical therapy functions.

CHAPTER 2. PHYSICAL THERAPY PERSONNEL RESPONSIBILITIES

A. The physical therapist (PT), an Active Duty Commissioned Officer or contractor employee, will:

1. Develop written administrative and patient care policies and procedures.
2. Provide direct patient care including evaluation and treatment through the use of therapeutic exercise, massage, mechanical devices and therapeutic agents.
3. Delegate duties to other staff consistent with their education and experience.
4. Maintain appropriate patient and administrative records.
5. Report and interpret results of treatment.
6. Perform administrative, supervisory, in-service education and instructional duties.

B. The physical therapy technician, (PT Tech) who is a "C" school trained, designated Qual Code "10", will:

1. Perform physical therapy plan of care after the patient has been evaluated by the physical therapist.
2. Perform his/her duties under the direction and supervision of the physical therapist.
3. Perform administrative functions within the department including patient appointments, proper preparation and disposition of patient records, etc.

4. Maintain physical therapy department cleanliness (clean all necessary equipment and counter spaces with appropriate germicidal disinfectant).
5. Perform daily warm-up and shut down of all automated equipment in the physical therapy department.
6. Act as a liaison with other physical therapy facilities used by the clinic.
7. Prepare a weekly order for replenishing supplies.
8. Assume other duties as deemed necessary by physical therapist/clinic supervisor/CHSD.

C. General duty health services technicians assigned to the physical therapy department shall:

1. Perform his/her duties under the direction and supervision of the physical therapist.
2. Perform administrative functions within the department including patient appointments, proper preparation and disposition of patient records, etc.
3. Maintain physical therapy department cleanliness (clean all necessary equipment and counter spaces with appropriate germicidal disinfectant).
4. Perform daily warm-up and shut down of all automated equipment in the physical therapy department.
5. Prepare a weekly order for replenishing supplies.
6. Assume other duties as deemed necessary by physical therapist/clinic supervisor/CHSD.

D. Personnel undergoing orientation are responsible for:

1. Reviewing and understanding the contents of this manual and the detailed policies and procedures manual (if applicable).
2. Ask questions of physical therapy personnel as needed, so that the orientation period is a beneficial learning experience.

CHAPTER 3. HOURS OF OPERATION

A. Normal Hours of Service

1. The physical therapy services are provided during the following hours:

Monday thru Friday: INSERT YOUR HOURS OF OPERATION HERE

2. The physical therapy clinic will be closed:
 - a. INSERT SCHEDULED TRAINING HOURS HERE for in-service training.
 - b. on Federal Holidays.
 - c. weekends

B. After Hours Service. NONE

CHAPTER 4. PHYSICAL THERAPY ACCESS POLICY

In support of the role performed by the medical officer, a licensed, credentialed and privileged physical therapist must evaluate, assess and establish appropriate treatment plan for neuro-musculoskeletal conditions. Physical therapy will be provided only upon referral from a licensed health care provider. The patient must be referred back to the appropriate medical provider if no improvement is noted within two weeks of starting physical therapy. Upon appropriate evaluation and establishment of a physical therapy treatment plan by a physical therapist, a physical therapy technician may carry out the plan of care.

The PT Tech shall report any changes (adverse or beneficial) to the physical therapist. The PT must perform a follow up evaluation every two weeks or ten treatments, whichever comes first. Physical therapist will notify the referring provider if there is no improvement noted within two weeks of beginning the physical therapy program.

- A. Providers authorized to refer to Physical Therapy: The following health care providers are authorized to refer eligible beneficiaries to physical therapy:
1. Coast Guard and DoD physicians, physician assistants, nurse practitioners, and dentists.
 2. Outside (non-Coast Guard) civilian physicians, nurse practitioners, and dentists.
- B. Physical Therapy Consult Information. Referrals to the Physical Therapy for evaluation/treatment shall be submitted via electronic referral system using CHCS or PGUI. The request will contain the following information:
1. Patient's name (last, first, middle initial).
 2. Sponsor's SSN (last 4 digits only) and branch of service.
 3. Patient's date of birth.
 4. Duty station and phone number, if active duty; home phone number if non-active duty.
 5. Complaints, medical findings, and reason for referral
 6. Pertinent medical history
 7. Date of referral
 8. Referring Provider's legible signature along with typed, stamped or printed name.

NOTE: It is the responsibility of the referring provider to advise the Physical Therapy Department of all conditions that might affect treatment.

- C. Civilian Requests. Request by non-Coast Guard medical or dental providers for eligible beneficiaries to receive physical therapy services will normally be honored if:
1. The treatment is available or offered by this clinic.
 2. There are no budgetary constraints which make it necessary to suspend or limit this service.

- D. Beneficiary Priority. Physical Therapy services may be reserved for active duty members when, in the opinion of the Chief, Health Services Division, treatment of non-active duty beneficiaries would leave the department unable to serve the needs of active duty members.

CHAPTER 5. OPERATING PROCEDURES

A. Daily Preparation.

1. Turn on and check all necessary physical therapy equipment.
 - a. Hydro-collator (hot), check water level and temperature.
 - b. Hydro-collator (cold), check temperature.
 - c. Cryo-cuff, fill with water and ice.
2. Check working stock and restock if necessary.

B. Processing New Patients.

1. Greet the patient and receive the physical therapy request form. Ensure that ID information on chart is complete.
2. The patient is being scheduled for evaluation by physical therapist as soon as possible.
3. After evaluation the therapist must explain the plan of treatment to the patient.

C. Chart Preparation.

1. Review medical record and ensure the information on PGUI/AHLTA or SF-513 or SF-600 is complete.
2. A licensed, credentialed, and privileged physical therapist (only) shall conduct an evaluation, documenting the following in PGUI/AHLTA:
 - a. History, chief complaint, or other pertinent information
 - b. Subjective data
 - c. Objective and evaluative data
 - d. Assessment
 - e. Plan of treatment
 - f. Frequency and duration of treatment and follow-up plan
3. Follow-up PT visits will be documented in PGUI /AHLTA and will include the following:
 - a. Current subjective and objective status
 - b. Current level of function
 - c. Change in patient's symptoms
 - d. Changes in treatment plan
 - e. Further follow-up visits required

4. When indicated, communication with the referring provider shall be made by the physical therapy staff and documented in the electronic medical record (EMR)

D. General Regulations.

1. All personnel working in the physical therapy department will wear protective garment (Lab coat for therapists and scrubs for technicians). The protective garment must be removed when leaving the clinic. Gloves will be worn when performing any wound care.
2. Wash hands before and after each patient.
3. Physical therapy counters and equipment shall be decontaminated with an approved germicidal surface disinfectant after each patient.
4. All contaminated material, including gauze, will be placed in a biohazard waste container and disposed in accordance with Chapter 13, Medical Manual, and state and local laws.
5. Avoid dispute with patients at all times. Refer dissatisfied patients to the clinic supervisor.

E. End of Workday

1. Secure all necessary equipment.
2. Ensure all areas are cleaned and disinfected.
3. Complete filing and ensure all patient records have been completed and secured.
4. Ensure duty section is aware of any problems in the physical therapy clinic spaces.

CHAPTER 6. EMERGENCIES

A. Management of medical emergencies:

1. If two HSs are present, one summons help while the other attends the patient.
2. If one HS is present, gently lower the patient to the floor, summon help, and return to the patient.

B. Fire:

1. Evacuate patients from the physical therapy department to the designated safe area outside the clinic.
2. Follow clinic fire and safety procedures.

CHAPTER 7. TREATMENTS

A. Basic Modalities that can be delivered by an HS

1. Cryotherapy

a. Indications:

- (1) Traumatic injuries (acute and chronic)
- (2) Insect bites

- (3) Headache
- (4) Acute/Chronic Muscle spasm

b. Objectives:

- (1) To improve blood flow
- (2) Reduce edema
- (3) Decrease pain
- (4) Reduce muscle spasm

c. Basic Technique:

- (1) The pack is never applied directly on the skin. Place the pack in a pillow case.
- (2) The area to be treated is left free of clothing, but the remainder of the patient should be covered to prevent chilling.
- (3) The Cold Pac may be secured with an ace wrap.
- (4) Usually the treatment will last 20 minutes but no more than 30 minutes.

d. Precautions:

Patients with acute heart conditions e.g. acute angina, MI and/or arterial fibrillation.

2. Moist Heat Packs

a. Indications:

- (1) Inflammatory conditions (arthritis, bursitis)
- (2) Neuromuscular conditions

b. Objectives:

- (1) To increase blood flow
- (2) To relieve muscle tightness/pain

c. Basic Technique:

- (1) Remove clothing from area being treated.
- (2) Lift packs from unit, place into hydro-collator wrap, and cover with towels. A minimum of four layers of towels must be between the pack and the skin.
- (3) Apply to area, check skin periodically and adjust layers to the packs as needed to prevent burning or to increase heat if sufficient warmth is not noted by the patient.
- (4) Cover with a towel to retain heat.
- (5) Usually the treatment will last 20-30 minutes.

d. Contraindications or Precautions:

- (1) On extremities with arterial insufficiency as it may cause burns.

- (2) On open wounds to prevent contamination.
- (3) Acute sprains/strains/muscle spasms

B. The following treatments may be performed by the PT Techs (as authorized by the CHSD) and under the direction of licensed and privileged physical therapist:

Traction
Ultrasound
Phonophoresis
Electrical Stimulation,
Iontophoresis
Therapeutic Exercise
Transcutaneous Electrical Nerve Stimulation
Myofascial Release
Soft Tissue Mobilization
Peripheral or Spinal Joint Mobilization
Neuro-rehab
Pediatric rehab

and others as determined by the physical therapist (*PLEASE REFER TO THE POLICIES AND PROCEDURES MANUAL IF APPLICABLE*)

CHAPTER 8. CANES AND CRUTCHES

A. The Fitting and Proper Use of a Cane

1. Proper cane length is measured by placing the cane next to the individual being fitted. The person should be standing with their hands at their sides. The cane should come to the Ulnar styloid of the patient's wrist, with elbow flexed at 30 degrees.
2. Normally, the cane is carried in the hand opposite the affected side. As the patient steps out with the affected leg, the hand holding the cane should swing forward naturally and allow for increased balance.
3. To climb stairs, the patient should be instructed to step up with the unaffected leg followed by the affected leg and cane together. To descend, step down with the affected leg and cane followed by the unaffected leg.

B. The Fitting and Proper Use of Crutches

1. To measure a patient, have them stand and place one crutch under the arm with the tip six inches forward and six inches away from the patient's foot. The axillary pad should come to within 3-4 inches of the patient's axilla. If the crutch is too long or short, remove the screws in the crutch leg and adjust. The hand grips must also be adjusted so that the elbows are flexed at 30 degrees in a resting position.
2. The patient should be instructed to keep the affected leg moving with the crutches at all times. As the crutches are move forward the patient steps out with the affected leg. The unaffected leg is then swung forward past the crutches in as normal a step as possible.

NOTE: Non-weight bearing patients must be instructed not to place any weight on the affected leg. Partial weight bearing patients are instructed to place as much weight as they can without discomfort.

3. Full weight bearing patients can bear all their body weight on the affected leg while ambulating. The crutches are to be used for balance. To climb stairs, the patient should be instructed to step up with the unaffected leg and to bring the affected leg and crutches up at the same time. To descend stairs, step down with affected leg and crutches first, followed with the unaffected leg.

CHAPTER 9. QUALITY IMPROVEMENT

A. Quality Improvement Studies (QIS) Ref: MEDMAN CH 13.H

QIS exercises are studies which examine the quality and appropriateness of the care provided in the treatment of a specific diagnosis or condition. QIS should be developed by qualified staff members to determine ways in which care might be improved and recommend a follow-up to ensure the proposed solutions are effective.

B. Recommended QIS

1. Initial visit compliance/tracking of patients referred for physical therapy.
2. Study to document decrease in time to return to duty with early physical therapy intervention of acute musculoskeletal injuries.
3. Cost savings for US Coast Guard for physical therapy provided in the clinic versus referred out for civilian care.
4. Patient compliance with exercise program when performed in the clinic versus home program alone.
5. Follow up visit compliance of patients referred back to medical provider.