

## One Hour Physical Therapy Evaluation Responses

Location	Are ALL pt types scheduled for one-hour evaluations?	What happens if a therapist is not able to complete the evaluation in an hour, e.g., is standardized testing done in a follow up visit?	Besides the typical elements that would be included in an eval, what other functions are performed within the hour scheduled for the eval? For example, our PTs review the Therapy Participation Agreement which outlines our responsibilities and those of the parent/caregiver	Additional Comments or Contact?
A	We usually allow 2 hours for an evaluation to allow for write up, follow up with MD, etc. If we can't schedule it a straight 2 hours, we'll do 1 hour or 1 ½ hours with the remainder of the time blocked to any follow up needed.			Wheelchair assessments we allow 3 hours: includes working with the preferred vendor, all the required documentation for funding, etc.
B	yes it can be done at 2 <sup>nd</sup> visit, but usually the eval is completed at the first visit We do this also and have the parent sign the form. We would also confirm future appts			
C	We do allow some options with our assessments. We have 60, 90, and 120 minute options available. Based on what is being asked of the therapist during the assessment a different time will be allowed. For example, Bayley assessment is allowed 120 minutes, general ortho assessment is allowed 60 minutes.			
D	The only exceptions for us are equipment evaluations: 90 – 120 minutes depending on the number of different types of equipment requested and protective helmet evaluations (30 minutes).	(In the event that it can't be completed, the staff may complete the standardized testing during a subsequent visit. The majority of the time, the staff are able to capture sufficient data to know if services are warranted, what level of services, what goals to focus on, etc in one visit) This is if the family arrives on time.	The therapists are expected to be completing the Therapy Participation Agreement/Episodes of Care and the Attendance policy within the 1 <sup>st</sup> or 2 <sup>nd</sup> visit. I can't say that this occurs 100% of the time. We are considering having the secretary hand these out to the new evaluations in advance of the appt with the therapists answering any questions.	
E	NO, we have 5 - 2 hr PT evals a week and the rest are 1 hr. The 2 hr evals are complicated developmental cases, and are booked out about 6-8 weeks because the 2 hr slot is set. The 1 hr eval consist of babies/young children,	If we do have a patient in a 1 hr. slot that needs more time, we tell the therapist to get the most important information that qualifies him/her for PT. Address other issues at first visit of treatment.	We have an attendance policy that the family signs and they are given a copy when they sign in. The therapist is to verbally review this at the end when recommendations are reviewed.	

## One Hour Physical Therapy Evaluation Responses

	ortho, acute, equipment, orthotics – and these can be scheduled when there is a 1 hr. opening – for 1 hr. eval or treatment.			
<b>F</b>	<p>I am responding from the perspective of a hospital based outpatient clinic.</p> <p>Yes</p>	<p><b>As much of the evaluation is completed as possible and it is prioritized. For example, we would include at least some element of a standardized test on evaluation to capture that objective data on the first session, and may need to finish the test or other tests on the next session. -</b></p>	<p><b>As much as possible, we also try to issue a home program on the first session except in cases when prior auth is needed to treat after an evaluation is completed. We have just developed a therapy participation agreement and once these are finalized and printed this will also be part of our first session.</b></p>	
<b>G</b>	<p>NO, not all our evaluations are one hour. Our standard eval length is one hour, but the evals can vary from 30 minutes (initial pain clinic evaluations for example) to 90 minutes (standardized testing for some tests such as a Bayley). It is dependent upon the diagnosis and type of evaluation</p>	<p>Either they will do a shortened visit or if there is more that needs to be done they may bring the patient back, do it in a subsequent visit, or refer to their school or outpatient therapist to complete</p>	<p>There may be some training that occurs, family education, discussion on other items the family may have concerns or need to discuss. We have a therapy participation agreement, but generally have not spent time during the evaluation on that discussion as it is more tied to the ongoing therapy appointments than the evaluation.</p>	
<b>H</b>	<p>Going to one hour evaluations has been a struggle. OT/PT seem to be handling it better than speech.</p> <p>Yes, we only allow one hour and they have to find time in the day to write it up as there is no write up time.</p>	<p>An hour is usually enough if they are on time, but for all divisions we do what testing is needed to make a diagnosis and get them to the waiting list and if more testing is needed, we do it when we start therapy UNLESS it is something crucial. Then we either keep them longer and run late or bring them back no charge one day to finish</p>	<p>We just have to wipe down the room, we go over the therapy participation agreement the first day of therapy versus in the evaluation. We just feel they have too much information to absorb in the evaluation.</p>	
<b>I</b>	Yes	Completed in follow-up visit	<p>If therapist believes therapy will be recommended, she gives the caregiver an orientation packet and briefly review the Partnership Agreement. We're adding a process so that if therapist believes therapy will</p>	

## One Hour Physical Therapy Evaluation Responses

			not be recommended, she gives the caregiver a resource list.	
J	<p>We usually schedule all our outpatient as an hour unless we know for sure they will be short or they are just to instruct in crutch use (which these are typically walk ins and not on our schedule). For example a pre bone marrow transplant never takes an hour so we would adjust the schedule for that type of patient. Also, patients who are discharged from our inpatient rehab and then come to our outpatient are typically by the outpatient therapists ahead of time so don't take an hour known.</p>	<p>We will charge for the evaluation on the day it is started and then charge a statistical unit (indicating time spent) at the next visit.</p>	<p>Besides the evaluation which of course includes a history (which of course can sometimes be lengthy) and all the details of the evaluation the therapists also do what we call an Attendance Agreement which they review with the family and have them sign and sometimes it takes a bit of a while to actually schedule the patient which the therapists do at the time of the evaluation.</p>	
K	<p>Most but not all evaluations are completed in one hour slots. Some are 45 minutes and are driven by program area. For example, some providers will do evaluations in 45 minutes if they feel they can complete it during that time. 30-45 minute evaluations are sometimes completed in multi-disciplinary clinics as well.</p>	<p>Some items if not completed at the first session are completed at the following visit.</p>	<p>If I am understanding your <i>Therapy Participation Agreement</i> correctly, we have something similar called the <i>Therapy Partnership Folder</i> and it is completed at the first visit as well and followed up with at the 2<sup>nd</sup> visit and beyond as appropriate</p>	
L	<p>Most of our evals are scheduled in 1.5hr blocks of time. The patient visit typically lasts for about an hour and the remaining time is used for documentation. For walk in's or evals scheduled in less than 24hrs, we usually schedule them in an hour slot and the therapist does the documentation at another time.</p>	<p>They can use the entire 1.5 hr visit for assessment and plan of care development. If additional time is needed, the assessment will continue into another visit.</p>	<p>The therapist reviews the health hx form with the caregiver (previously filled out by the caregiver) and at the end of the assessment, following discussing results and determining plan of care, they may provide treatment and/or initiate family education. The therapists did review the Patient Guidelines (which I assume may be similar to your <i>Therapy Participation Agreement</i>) during that first visit but we moved most of that to the front office staff. However, the therapists do remind, as part</p>	

## One Hour Physical Therapy Evaluation Responses

			of developing the plan of care, the caregiver about our attendance policy.	
<b>M</b>	We do have 30, 60, 90, 120 min evals based on acuity and/or dx	our goals is to complete enough to obtain enough to write goals and provide standardized testing. If we can't finish, we can sometimes bring back within a day or so, to complete but this is rare.	We review the therapy participation agreement, if we know they are coming right back into tx. We may wait on some routine kids who will not get in right away, to review at first tx session	
<b>N</b>	All developmental, neuro type patients are 60 minutes Our pain rehab patient evals are 90 minutes, but we are trying to decrease this to 60	Testing would be completed during the first treatment session, if unable to complete during eval. We encourage the therapist to be comprehensive not exhaustive in their evaluations, can you justify the need for therapy?	Our Admissions staff review our agreement during their intake on day of admission, the attendance policy is reviewed by the treating therapist at the first session as well.	I would be happy to talk to someone if you would like.
<b>O</b>	Our outpatient PT evals are typically in two hour slots with the exception of our Acute Care follow-up and Ortho evals which are typically scheduled in 90 minute slots. We have seen priority patients for Torticollis and less complicated babies, etc in one hour. I am curious as to what you find out about this as we are considering decreasing our time for evals and will most likely need to decrease the requirements of what is included.			