ORGANIZATION	Is there preoperative involvement by Physical Therapy (PT) (Evaluation/consult only versus Outpatient Physical Therapy or other)?	At what time frame do you initiate PT (day 0, day1….)?	How many days/treatments do you typically see pts with PSF before you discharge?	How often a day do you typically see post op PSF?	Do you have any specific expectations on nursing for the care of patients with PSF related to mobilization?	Are outpatient services typically recommended post discharge?
ORG A	not usually, only if we're already seeing the patient	day 1	1-2, 2 if requiring more practice or not discharging early	1	Be aware of safety precautions and able to make sure patient and family are following recommendations for transfers and walking	not typically
ORG B	Sometimes patients go to Sports/Ortho PT prior to surgery	OOB to chair day 1, progressive ambulation day 2- 4	Typically about 4-5 times	First day we see them twice, the rest is typically once unless they are not progressing	After the first time up, nurses assist in returning patients back to bed and short distance ambulation to the restroom	Typically not unless there are complications.
ORG C	e do pre-op educations on precautions and what to expect in recovery	POD #1, nurses dangle them at edge of bed the first night.	2	1	Yes, they dangle the first night and then get patients out of bed and walk once cleared for safety with PT	Op needed unless there are issues/complications.

ORG D	No formal pre-surgical PT eval or consult takes place - either in regards to an outpatient PT visit or PT presence in an orthopedic clinic.					Ten years ago, one of our spinal surgeons followed a more formal rehab pathway: patients participated in outpatient aquatic PT from about week 3 to week 8 (after the incisions were healed). Then from week 8 to week 16 (months 3 and 4 post-op) the patient would participate in "land-based" outpatient ortho/sports PT at a frequency of one time per week. After that time, most patients would be independent with their HEP and would be functional with nearly all tasks, We might see them later on if they needed help returning to a higher-level sport/activity. When this surgeon

						left, this “protocol” was not sustained and we instead fell back to using outpatient PT on an “as needed” basis. Currently, when a patient is seen at their first orthopedic post-op visit at 1-2 weeks following discharge from the hospital and they are found to be struggling with pain, limited mobility, or the family is requesting PT services, then the surgeon will order outpatient PT. So it is more for kids who are having problems, not a standard clinical pathway for all. Personally, I do think elevating PT once again to a level of being part of the expected care pathway for this population would be a move in a better direction

ORG E		1	I don't have data on the typical # of days/treatments. When the patient is able to safely perform transfers and ambulate with the family and is doing so consistently, we discontinue PT.			
ORG F	some patients are seen for an outpatient course of care pre-operatively. Some of our therapists are Schroth certified and treat accordingly. Often the patients that are seen in outpatient are those with lesser curves that are more controllable.	- PT eval on POD #1. Patients sit on edge of bed with nursing on POD #0. Patients begin gait training on POD #1.	The goal is to get them out of the hospital on POD #3, however there have been some patients that are ready to leave on POD #2. So either 2 or 3 days of PT before they have met their goals for safe discharge home.	- 1x/day. They also receive OT 1x/day.	- Nursing will sit patient on edge of bed on night of surgery (POD #0) - Starting POD #1 patients must get out of bed at last 3x/day so nursing assists with this outside of therapy sessions - When patient is safe enough, they will take walks outside of therapy sessions (at least 3x/day) and nursing will help with this. - Nursing completes	- Outpatient referral is not standard upon discharge from the acute care setting. Typically patients are seen back at ortho ~6 weeks after surgery and needs are determined at that point. I would say the majority do not follow up with outpatient however those that are higher level athletes and/or those that may be still having any impairments will follow up post-op with outpatient PT.

					positions changes q 2 hr.	
ORG G	The orthopedic surgeons nurse practitioners hold a pre op appointment 1-3 days prior to their spinal surgery on what to expect and PT's protocol. The ortho MD's NP's and PT's collaborated in creating this handout for pre op spine patients.	have just started over the last 6 months or so, seeing some spines post op day 0, however this is also dependent on when the patient has their surgery, if it's a late afternoon surgery, PT will not start until day 1 in the AM. If they had an early surgery, PT will get them up day 0 for PT eval. Overall, day 0 sessions have gone well, with less complaints of pain and stiffness from patients on day 1, 2 etc.	Variable, but on average 5-6 sessions over 3-4 days.	Day 0 - 1 PT session, Day 1- two PT sessions, Day 2, Two PT sessions, Day 3- 1-2 PT sessions, Day 4- One session (if needed).	Inform patient and nursing to avoid having patient bending from the spine, and twisting while in bed, using log rolling to assist the patient to get out of bed. Also, once patient can safely walk around the unit without loss of balance and without safety concerns, PT encourages RN staff to walk with patient 2-3 times a day.	Less than 5% are referred to outpatient, and this 5% is typically referred to out patient PT after their first outpatient orthopedic follow up appointment. Frequency is typically 1-2x for 4 weeks.
ORG H	Two years ago we		Will the last	2 times a day	Yes, nursing	Outpatient PT post

	started a program of Scoliosis Specific Exercises (SSE) when one therapist completed training through Schroth-Barcelona Institute. The orthopedic physicians and orthotist screen people with AIS for appropriateness for referral to PT. Criteria include: diagnosis of AIS (without neuromuscular or other causes of scoliosis), Cobb angle between 10-50 degrees, and stated willingness or ability to participate in a home exercise program 20-30 minutes 5 days a week. The goals of physical therapy and SSE are to improve flexibility and strength in key muscle groups, increase Day 1 posture awareness by understanding (at an age appropriate level) the mechanics of the spine and their particular curve type, perform the exercises in		progress note be discipline specific or the discipline that last saw the child?		assists patients with sitting on the edge of bed if they have an early surgery on post-op day 0. Nursing also assists with helping patients to the restroom, chair, or short walks if parents request this outside of PT sessions throughout the day.	discharge is not routinely prescribed. This is open for discussion on a case by case basis, depending on the patient's overall goals. In the past 6 months, we have seen two competitive athletes for 3 to 5 post-operative visits to address core strength in neutral spine, learn proper lumbopelvic alignment (particularly when the lumbar spine was not included in the selective thoracic fusion), and to work on mechanics for return to sport. We have also seen select patients for residual shoulder/scapular elevation or asymmetry post fusion. These are definitely the exception and not the norm.

	the best possible spinal alignment, improve comfort of brace wear (thereby improving brace wearing compliance), and to address any muscular back pain that may be present in select patients with AIS. The patients are seen for an initial evaluation, and 4 to 5 follow up visits for instruction on the initial/foundational exercises. Once they demonstrate a good understanding of the exercises, and have a well-established home exercise program, they return to PT after their periodic orthopedic visits so the exercises can be progressed or modified based on any changes in the curve pattern. For operative cases: Patients and parents attend spine class. Here they are educated on expectations and discharge goals of					

	physical therapy during the hospital course. They have the opportunity to answer questions regarding their surgery and outcomes					
ORG I	No, not for idiopathic scoliosis. We will set a pre-operative PT eval to assess equipment for neuromuscular scoliosis.	Yes, PT is part of the order set for any spinal fusion. Day 0 when possible.	Typical stays are 3-5 days for idiopathic and PT usually able to see them progress enough within 3 days to be independent with mobility in hospital without any complications of pain or hematocrit counts.	2 times a day	Yes – They are trained in bed mobility and assisting to bedside commode. Nursing helps with daily care plan and PT sessions just progress the plan. Parents are also trained to assist as part of the care team.	No. Not for idiopathic scoliosis. They are to keep walking at home to build up endurance and surgeon will guide their return to activities.