**Provider Checklist-Outpatient –Rehab OT**

**Checklist: OT, Outpatient Rehabilitation & Chiropractic:**

**Initial/Ongoing after Evaluation**

Initial Requests after evaluations (initial authorization period = 1st 4 weeks)

Describe the Occupational impairment presentation including symptoms & findings from initial evaluation of an injury, surgery, or an exacerbation of a pre−existing condition when there has been no prior outpatient treatment. Secondary (physician) review is indicated for a reoccurrence of a previously treated condition.

Describe the rehab potential with expectation for clinical / functional improvement

Describe Occupational progressive therapy program including the following:

Therapeutic exercise / Manual Therapy

 Splint / brace fabrication application (if applicable)

 Instruction and continued home Rx program

 Goals including All the following:

 Reduce intensity and frequency of Sx / findings

 Gain independence in home exercise program

 Maximize functional independence with Occupational impairment

 Reduce / Eliminate impairment

Describe functional status including the following:

Symptoms frequency and intensity re: Occupational impairment

Decreased ROM / strength / muscle atrophy

Decreased grip / pinch strength

Difficulty with motor coordination of involved extremity

Adaptive equipment / devices / Braces and activity / task modification necessary

Functional limitations

Ongoing Requests: (next 8 weeks after the initial visits have been completed).

Describe the subsequent Occupational impairment presentation including symptoms & findings of the injury, surgery, or an exacerbation of a condition since the initial evaluation

Describe the continued rehab potential with continued expectation for clinical / functional improvement

Describe Occupational therapy progressive therapy program needing to be continued including the following:

Therapeutic exercise / Manual Therapy / Endurance /Splint assessment / modification (if applicable)

Continued splint / brace fabrication

Continued teaching/instruction and evaluation results of knowledge retention for home Rx program

 Partial progress made in meeting treatment goals including All the following:

 Reduction in intensity and frequency of Sx / findings

 Improvement in function and reduction in limitations

 Independence in self-management

 Document patient’s adherence to home exercise program

 Functional independence with Occupational impairment

Describe continued functional status including the following:

Symptoms frequency and intensity re: Occupational impairment

Decreased ROM / strength / muscle atrophy

Decreased grip / pinch strength

Difficulty with motor coordination of involved extremity

Functional limitations