

## OASIS Alert

### Therapy: Don't Underestimate What Your Therapist Can Contribute

#### Therapy can bring you more than extra dollars.

If your patients or physicians resist occupational therapy because the patient does not need an occupation, it's time to help them move into the modern world.

Unless you break away from the "hip, knee and stroke" model of therapy, you are undermining your patients' success and your agency's, suggested **Cindy Krafft**, director of rehabilitation for Peoria, IL-based **OSF Home Care**.

"There really is no such a thing as a 'therapy patient'" - instead, many patients with many diagnoses need therapy services for a wide variety of reasons, Krafft told listeners in a Nov. 17 **Eli Research** teleconference, "Effective Management of Therapy Services in Home Health."

A diagnosis may be a clue to therapy needs, but therapy referrals shouldn't be diagnosis-driven, Krafft says. Clinicians should primarily look at "the functional impact of the diagnosis," she advises.

Once you begin looking at therapy as a way to enhance the quality of your care, you will be able to look beyond concerns about the 10 therapy visit threshold and focus on how therapy can help, Krafft counsels. Depending on your therapists' skills, therapy can participate in almost any outcome you are addressing, she adds.

Agencies that understand how therapy services can affect patient outcomes will find many situations where a therapy referral will benefit both the patient and the agency, Kraft instructs.

#### Physical therapy can:

1. Provide both assessment and treatment to prevent falls.
2. Prepare families for handling declining abilities in patients with progressive neurological diseases.
3. Assist with incontinence issues.
4. Help patients with pain management.
5. Contribute to wound care programs.

#### Occupational therapy can:

6. Maximize the value of home health aides - and improve aide job satisfaction at the same time - by working together to improve a patient's bathing or dressing skills.
7. Teach energy conservation to patients with congestive heart failure or chronic obstructive pulmonary disease.
8. Evaluate functional cognition for medication management.
9. Teach and assess breathing exercises.
10. Recommend equipment and techniques for caregivers of dementia patients.

**Speech therapy can:**

11. Assess cognition to determine reasons for a compliance problem.
12. Teach families communication skills for working with dementia patients.
13. Address oral motor issues to improve nutrition or prevent aspiration.
14. Evaluate problems with swallowing.
15. Assess cognition for falls prevention.

Editor's Note: To order a tape, CD or transcript of Krafft's teleconference, go to [www.elihealthcare.com](http://www.elihealthcare.com); click on audio learning.