Musculoskeletal Practice Pattern

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<th>BID</th>
<th>QD</th>
<th>QOD/TIW</th>
<th>BIW</th>
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ROM/Joint mobility:

- Patient in the acute stages of tissue healing, presenting with a known history of joint stiffening and/or formation of adhesions.
- Patient with bilateral extremity involvement, requiring increased intensity of intervention due to extent of involvement.
- Patient unable to tolerate complete session such that critical goals of that day’s intervention are unable to be met, therefore two or more interventions are warranted.
- Patient in the acute stages of tissue healing, presenting with ROM impairments and an inability to retain a significant amount of ROM achieved between QD interventions. This patient needs increased intensity of treatment.

(Continued ↓)

- Patient in the acute stages of tissue healing, who is making expected daily gains in ROM/joint mobility. Patient requires QD skilled intervention to retain progress between interventions.
- Patient admitted with underlying condition different from admitting diagnosis, such that admitting diagnosis prevents patient from carrying out ROM/joint mobility program without skilled intervention. Patient requires QD skilled intervention to retain progress between interventions.
- Patient requires bracing/splinting to stabilize specific joint(s). Initial and optimal fitting achievable with QD intervention.

- Patient presenting with ROM/joint mobility restrictions. Patient/caregiver is independent and compliant with ROM program and patient is demonstrating measurable gains in ROM between interventions. Patient requires QD skilled follow-up to reassess and progress.
- Patient admitted with underlying condition different from admitting diagnosis, where admitting diagnosis prevents patient from carrying out ROM/joint mobility program. Patient/caregiver is independent and compliant with current ROM program, making measurable gains in ROM/joint mobility. Patient requires TIW skilled follow-up to reassess and progress.
- Patient admitted with underlying condition different from admitting diagnosis, where admitting diagnosis prevents patient from carrying out ROM/joint mobility program. Patient/caregiver is independent and compliant with current ROM program, making measurable gains in ROM/joint mobility. Patient requires BIW skilled follow-up to reassess and progress.
- Patient/caregiver has achieved independence/maximal gains with ROM program. Patient presents with the potential for a decline in ROM, and is therefore monitored weekly for change in status and reassessment as indicated.
- No criteria for regular weekly intervention have been identified for orthotic needs. This is with the understanding that patient with consistently well fitting orthotic, where the likelihood of change in fit is minimal. Also, patient/caregiver are independent with orthotic management. PT will be reconsulted in the event of change in status.
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**ROM/Joint mobility (con’t):**

- **achieve goals w/in expected time frame.**
- Patient with complicated bracing/splinting needs, critical to ensure stability of specific joints, requiring BID intervention until such time as optimal fit has been achieved.

**Gait/Locomotion:**

- Patient requires physical therapy intervention to optimize functional mobility. Patient presents with potential to meet goals within two interventions, and only criteria for discharge from hospital is achievement of physical therapy goals.
- Patient unable to tolerate one complete intervention; therefore, two briefer treatment sessions are warranted.
- Once brace fitting is achieved, patient/caregiver requires QD intervention to achieve independence with brace management.
- Patient presents with impaired functional mobility, making significant daily gains toward achieving maximal functional independence. Patient requires QD skilled intervention to retain progress between interventions.
- Patient with established mobility program that can be safely and effectively carried out by caregiver. Patient requires daily repetition of current program before progression can be made by physical therapist. Patient requires follow-up by skilled physical therapist TIW to reassess and progress mobility program.
- Patient with well-fitting brace/splint, presenting with the potential for a change in fit due to underlying medical/surgical conditions, thereby necessitating periodic readjustment.
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- Patient with established mobility program that can be safely and effectively carried out by caregiver. Patient requires daily repetition of current program before progression can be made by physical therapist. Patient requires follow-up by skilled physical therapist BIW to reassess and progress mobility program.
- Patient/caregiver has achieved independence/maximal gains with mobility program, seen weekly to ensure compliance and progression with program. Patient presents with the potential for a decline in mobility, and is therefore monitored weekly for change in status and reassessment as indicated.
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**Muscle Performance:**

- No criteria for BID muscle performance intervention have been identified for the Musculoskeletal Practice Pattern in the acute setting.
- Patient admitted with reversible condition, presenting with strength less than Fair, and an inability to carry out any aspect of strengthening program without skilled manual assistance. Patient presents with the potential to make gains on a daily basis.
- Patient/caregiver independent with the current strengthening program, presenting with the ability to achieve measurable strength gains through repetition of program. Patient requires skilled intervention TIW to advance/revise program.
- Patient/caregiver independent with the current strengthening program, presenting with the ability to achieve measurable strength gains through repetition of program. Patient requires skilled intervention BIW to advance/revise program.
- Patient/caregiver has achieved independence/maximal gains with strengthening program. Patient has the potential for a decline in strength, and is therefore monitored weekly for change in status and reassessment as indicated.

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