



DETERMINING LEVEL OF CARE—ACUTE-CARE PHYSICAL THERAPY REFERRAL RESPONSE STANDARD

LEVEL 1--DAY OF CONSULT	LEVEL 2 ≤24HOURS	LEVEL 3 ≤48HOURS	LEVEL 4 ≤72HOURS
Impairment Rationale: 1. Patient requiring joint/trunk stabilization, necessitating immediate splint/brace measurement and application. 2. Patient requiring immediate joint/trunk mobilization, which, if delayed, could detrimentally impact the patient's eventual functional outcome.	1. Patient s/p surgery involving joints with intensive ROM needs. 2. Patient requiring evaluation for proper positioning needs. 3. Patient requiring evaluation and determination of need for assistive device. 4. Patient with acute onset of impairment, where delaying intervention beyond 24 hours will have an eventual detrimental impact on outcome.	1. Patient with limited ability to participate due to uncontrolled pain, altered mental status, or bedrest orders. 2. Patient with extended length of stay, referred to reverse deconditioning/optimize functional strength. 3. Patient with non-acute impairment or exacerbation of chronic condition affecting function.	1. Patient who was independent with functional mobility prior to admission and is currently close to functional baseline (unless patient has a pre-admission impairment that would otherwise qualify patient for earlier response or put patient at high risk for functional deterioration).
Disposition Considerations: A. Patient with imminent discharge on day of consult, pending PT evaluation. B. Patient identified by referrer and other appropriate hospital staff as having potentially complicated discharge needs, with imminent discharge on day of consult, pending PT evaluation.	A. Patient with admission for fall or high fall risk, necessitating assessment of mobility, safety awareness and home situation. B. Patient is medically stable and has the potential to be discharged to either home or an ECF within the next 48 hrs, pending PT evaluation.	A. Medically stable patient whose discharge is not anticipated within the next 48 hrs from day of consult, but who requires evaluation for rehabilitation placement.	A. Medically unstable patient who requires physical therapy input, but due to ongoing medical/ surgical issues, discharge date is not directly affected by the initiation of physical therapy.

****In cases where there is insufficient information on the referral to effectively use the above criteria, additional screening should occur in the form of a telephone call to the RN, referring physician, or other appropriate hospital staff.**

****When existing subspecialty protocols proscribe referral response time, these will supercede physical therapy response standards (as detailed above)**

Revised April 2006.

Reviewed: February 2010