

A photograph of a hospital room. In the foreground, a hospital bed with a grey frame and blue accents is partially visible, covered with a green blanket. In the background, another bed is visible, and an IV stand with a clear bag hangs near a window with white curtains. The room has light-colored walls and a wooden floor.

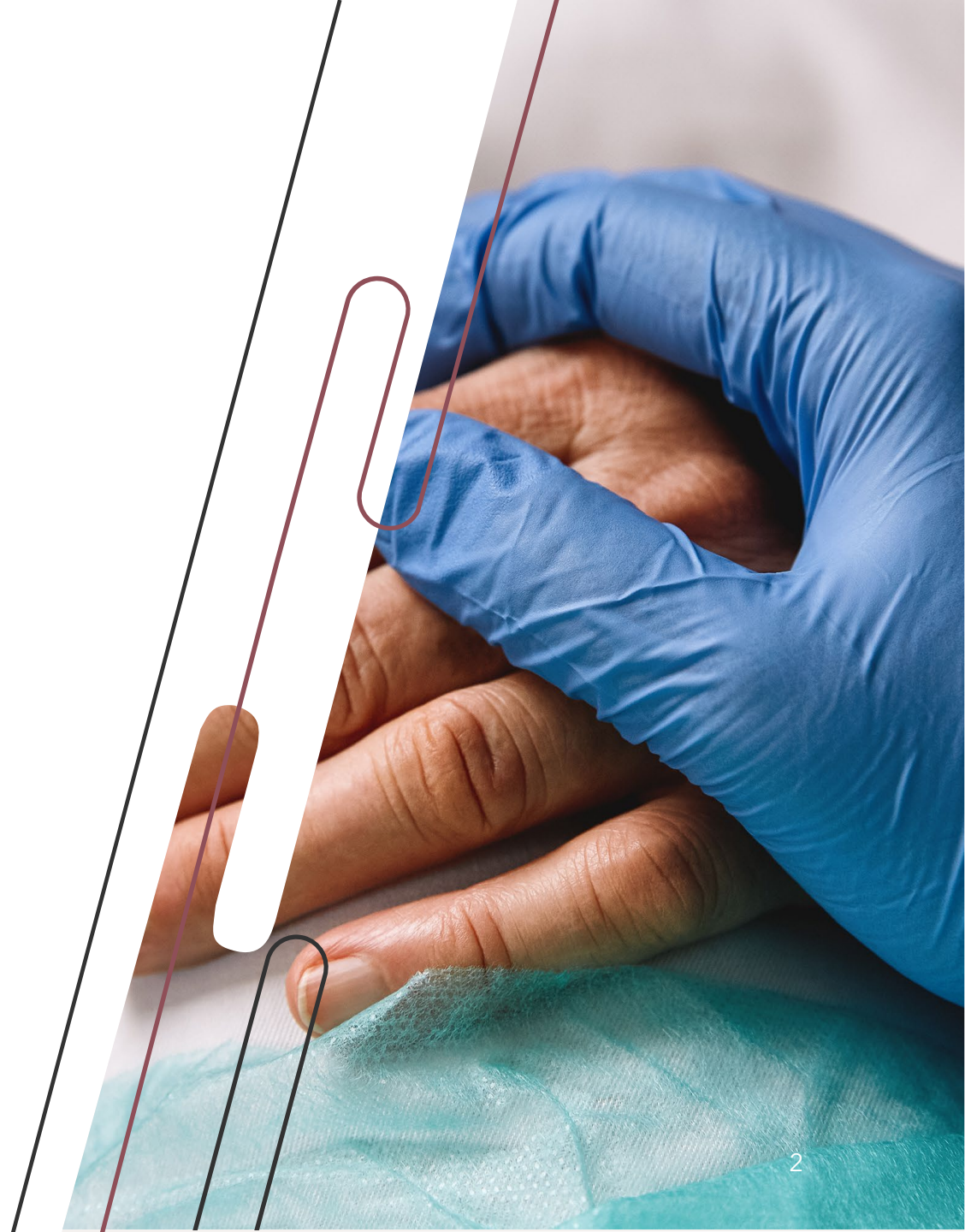
# Acute Care Therapy Goals

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# Objectives

- o1. Consulting therapy services
- o2. Assessment
- o3. Goals for physical & occupational therapy
- o4. Discharge planning
- o5. Special considerations



# Considerations for consult

- History of falls or co-morbidities likely to impact mobility
- Change in weight bearing status
- Post-operative precautions





# Initial Assessment

Historical  
Intake

History of  
Falls

Identify  
Impairments

Functional  
Tasks

Cognition



# Physical Therapy

- Pain management
- Education (weight-bearing status, precautions)
- Early mobility
- Fall prevention
- Safe discharge



# Occupational Therapy

- Self-care & Functional transfers
- Safety/fall Prevention
- Use of Assistive Devices
- Cognition
- Engagement in leisure activities
- Caregiver Education
- Energy conservation & work simplification



# Discharge recommendations

## Home Health Care



2-3x/week for 30-60 min

Patient requires minimal physical assistance and has necessary social supports

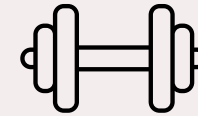
## Skilled Nursing facility



5-7x/week for 1-2 hours

Requires daily therapy but unable to participate in intense rehab/meet medical complexity

## Inpatient Rehabilitation



6-7x/week for 3 hours

Requires intensive daily therapy and has medical complexity



# Reasons for recommending a rehab-based placement

- Comorbidities
- Prior level of function
- High fall risk
- Safety concerns
- Post-operative complications





# Geriatrics and Orthopedics

- Cognition
- Bone Integrity
- Hospital Delirium
- Age related fall risk
- The 4 M's Approach



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# Thank you

Questions

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