



## The Role of a Physical Therapist

Mimi Jacobs, PT, OCS, CSCS

Physical therapy (PT) services strive to maximize functional independence in the assisted living (AL) environment and community by restoring functional mobility and preventing disability. The role of a PT in AL is two-fold. For the resident, the provision of PT services is an extension of traditional home care medical services. For the interdisciplinary team, consisting of administrative, medical, and caregiver staff, the PT brings expertise and insight to the functional level of each resident, as well as to facility-wide programs, including fall prevention, group exercise classes, and staff education.

An AL residence is considered the resident's home. Medicare acknowledges 2 types of home care PT services. First, traditional home care services through a visiting nurse association (VNA) company can be billed under Medicare Part

Medicare Part B, the resident does not have to be homebound. The goals of this type of PT are to maximize the daily function of the resident in their own environment and the community. Companies that provide Medicare Part B outpatient PT in the home are not as common as VNA companies, but may be worthwhile investigating.

### Restoration of Functional Mobility

A common reason for referral to PT is the functional decline of a resident after the occurrence of an adverse event, a fall, or hospitalization. A PT is able to design a progressive therapeutic exercise program to improve mobility, strength, balance, and cardiovascular endurance. The PT can also provide training to improve a resident's abilities in the areas of bed mobility, transfers, and ambulation in order to facilitate

their return to leisure activities in the AL home and community. For example, instruction in safe and efficient gait patterns to promote dependable mobility and improved gait endurance may help a resident achieve their functional goal, whether it be ambulating to the dining room or going out to lunch with family and friends.

If a resident does not demonstrate the potential to return to their prior level of function, a PT can recommend and assist with the procurement of adaptive equipment, including transfer benches, com-

modes, canes, walkers, and wheelchairs. Such equipment can help maximize a new, independent, and safe functional level for a resident.

Staff education, especially of direct caregivers, about residents' capabilities, safety issues, and new functional levels is an integral part of PT services. This interdisciplinary approach to resident care maximizes carry-over throughout the rehabilitation process and encourages residents to achieve their functional goals.

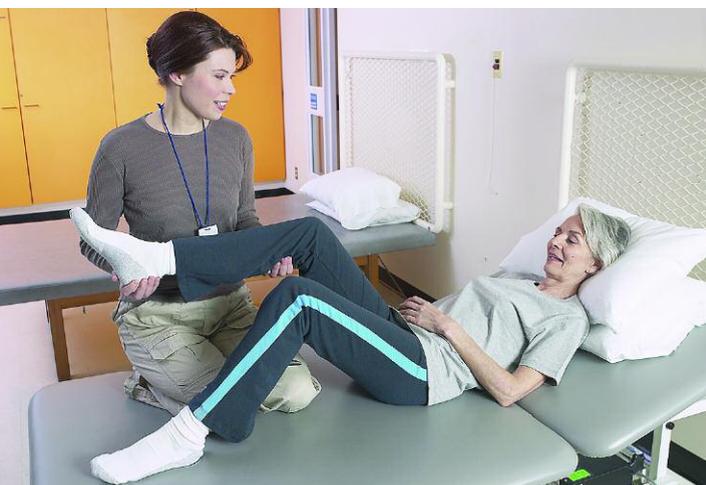
### The Proactive Approach: Preclude Disability

The interdisciplinary team has the opportunity to be proactive in the care of their residents. In the absence of an adverse event or hospitalization, the team should actively screen for risk factors that may result in a resident's functional decline.

A PT can play a key role in fall prevention, providing a fall risk assessment that includes an extensive balance evaluation with objective tests to quantify a resident's fall risk. A PT is then able to develop an individualized therapeutic exercise program to improve strength and balance and reduce the resident's risk and fear of falls. For a resident with an unsteady gait, a PT may recommend the introduction of an assistive device and proper gait training to further reduce the risk of falling.

In collaboration with the interdisciplinary team, a PT can design a group exercise program that includes strength, flexibility, and balance exercises to maintain a safe functional level in all residents. Furthermore, PT interventions can be utilized in pain management to

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A. The goals of this type of PT are to maximize function and safety in the home only, and the resident must be homebound. Second, under Medicare Part B, the resident can receive PT services on an outpatient basis, with the site of service being their AL home. Under

# Roundtable Update

## **Medco Removes Prior Authorization for Alzheimer's Drugs**

In response to a June 12, 2006 Alzheimer's Association letter to the Centers for Medicare and Medicaid Services (CMS), Administrator, Dr. Mark B. McClellan, Medco removed its prior authorization policy for Alzheimer's drugs for Medicare Part D beneficiaries over age 65. As of July 15, 2006, Medco no longer requires prior authorization for all FDA-approved drugs to treat Alzheimer's disease.

The Alzheimer's Association applauds Medco for making this important change to its formulary policy. With Medco's policy change, only 2 national plans still require prior authorization: RxAmerica and Silverscript (Caremark). However, Silverscript (Caremark) is in the process of developing a modification to its prior authorization requirements and is in discussion with CMS.

The Medco policy reversal is a significant advocacy victory. It is the Alzheimer's Association's position that the doctor-patient relationship should be at the core of medical treatment, and that only the clinical judgment of the treating physician in conjunction with the patient/family should determine the appropriateness of a drug for a patient and how long it should be used.

For more information about this topic, access the Alzheimer's Association Fact Sheet, "Important Things to Consider When Choosing a Medicare Drug Plan for People With Alzheimer's Disease," available at: [www.alz.org/Resources/FactSheets/MedicareRX\\_PWDChooseplan.pdf](http://www.alz.org/Resources/FactSheets/MedicareRX_PWDChooseplan.pdf). ALC

## **The Interdisciplinary Team**

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reduce the functional decline and disability in AL residents with chronic pain. Lastly, education of individual residents, as well as staff, on safety, fall prevention, transfer techniques, joint and energy conservation, general health and wellness, and the effects of immobility is also within the scope of PT services.

### **PT for Residents with Cognitive Impairment**

As the disease process progresses, the functional needs of a resident will change. Consequently, the role of the PT and the goals of therapy will also change to reflect the progression of the disease process. Frequent interdisciplinary communication and education of the direct caregivers are essential aspects of PT interventions for cognitively impaired residents.

### **Mild Cognitive Impairment**

In residents with mild cognitive impairment, a PT can provide a fall prevention assessment, including a balance evaluation, and initiate an exercise program to maintain mobility, strength, balance, and gait. A PT can also teach residents with mild cognitive impairment strategies, including verbal and visual memory cues, to maintain their level of independence during functional activities.

### **Moderate Cognitive Impairment**

As a resident's mental status progresses to a level of moderate cognitive impairment, repeated fall prevention assessments are indicated. Balance and gait training that includes the use of an assistive device, additional caregiver education, and modifications to the environment may be warranted. A PT can educate the caregiver staff on how to best assist the resident with functional activities, as well as recommend strategies to prevent and

manage challenging behaviors.

### **Severe Cognitive Impairment**

When a resident demonstrates severe cognitive impairment and can no longer ambulate safely, a PT can recommend and assist with the procurement of a custom wheelchair and seating system. A resident is of-

**A PT can teach residents with mild cognitive impairment strategies to maintain their level of independence.**

ten able to safely self-propel when properly fitted in a wheelchair. As the disease progresses to its end stage, a custom wheelchair can encourage proper posture, resulting in improved breathing, feeding, and socialization. Pressure relief and wound prevention are also potential benefits of a custom wheelchair and seating system.

### **Final Thoughts**

PTs are experts in safe functional mobility and its components, including gait, balance, fall prevention/management, transfers, cardiovascular endurance, strength, flexibility, wheelchair mobility, and therapeutic exercise. The utilization of PT services by residents and interdisciplinary teams can be beneficial in maintaining safe functional independence and maximizing the quality of life for AL residents. ALC

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