

# MEDITECH Expanse TIP SHEET

## CHG0357652 Therapy Charge Sections FYI Changes



### Overview

Assessments	
* Burn PT Treatment Times/Eval	
Acute PT Treatment Times/Evaluation Type	
Treatment Times	
PT treatment start time	
PT treatment stop time	
PT treatment total time	
Evaluation Type	
PT evaluation type	<input type="radio"/> PT evaluation low complexity <input checked="" type="radio"/> PT evaluation moderate complexity <input type="radio"/> PT evaluation high complexity <input type="radio"/> PT re-evaluation
PT Evaluation Moderate Complexity Minutes/Units	
PT evaluation moderate complexity minutes	60
PT evaluation moderate complexity units	1
Intended Therapy/Treatments	
PT therapies provided this session	<input type="checkbox"/> PT electric stimulation <input type="checkbox"/> PT manual therapy <input type="checkbox"/> PT neuromuscular re-education <input type="checkbox"/> PT orthotics subsequent visits <input type="checkbox"/> PT sensory integration <input type="checkbox"/> PT therapeutic exercise <input type="checkbox"/> PT ultrasound <input type="checkbox"/> PT gait training <input type="checkbox"/> PT massage therapy <input type="checkbox"/> PT orthotics fitting and training <input type="checkbox"/> PT prosthetic fitting and training <input type="checkbox"/> PT therapeutic activity <input type="checkbox"/> PT training self home <input type="checkbox"/> PT wheelchair management
PT Wound Therapy	<input type="checkbox"/> PT canath <input type="checkbox"/> PT electric stimulation unattended not wound care <input type="checkbox"/> PT group therapy <input type="checkbox"/> PT mechanical traction <input type="checkbox"/> PT whirlpool <input checked="" type="checkbox"/> PT electric stimulation for wound care <input type="checkbox"/> PT group caregiver training <input type="checkbox"/> PT hot/cold packs/therapy <input type="checkbox"/> PT vasopneumatic devices
Removal of Devascularized Tissue	<input type="checkbox"/> Debridement <input type="checkbox"/> Negative pressure 50 cm or less <input type="checkbox"/> Negative pressure > 50 cm <input checked="" type="checkbox"/> Removal of devitalized tissue <input type="checkbox"/> Unna boot, 1 leg <input type="checkbox"/> Unna boot, 2 legs
Caregiver Training	
PT caregiver training minutes	
Other Times	
PT total untimed therapy minutes	30
PT total untimed therapy units	2
PT total timed therapy minutes	
PT total timed treatment units	
PT total timed minutes/units reviewed	<input type="radio"/> Yes
PT total timed extended therapy minutes	
PT total timed extended therapy units	
PT session minutes reviewed	<input type="radio"/> Yes

- Changes: Added **PT evaluation complexity units** right under evaluation complexity minutes. Units will always populate with **1** since evals are untimed therapies. Added wound minutes and units for all **types of wound** therapy provided under PT Wound Therapy **except for debridement**. Units will always populate with 1 since all these therapies are untimed. Added **PT total untimed therapy minutes and PT total untimed therapy units** under Other Times to total all untimed therapy minutes

and units provided in 1 session.

2. Added PT wound debridement minutes.

3. Under Other times: Added PT total timed extended therapy minutes and PT total timed extended therapy units to total all therapies that are not untimed and are not timed that followed the 15-minute rules. Example, Debridement therapy and PT caregiver training therapy.

4. Similar changes will be made to all OT evals and Notes, Speech evals and notes for

Acute PT Treatment Times/Evaluation Type	
Treatment Times	
*PT treatment start time	
*PT treatment stop time	
*PT treatment total time	
Evaluation Type	
*PT evaluation type <input type="radio"/> PT evaluation low complexity <input checked="" type="radio"/> PT evaluation moderate complexity <input type="radio"/> PT evaluation high complexity <input type="radio"/> PT re-evaluation	
PT Evaluation Moderate Complexity Minutes/Units	
*PT evaluation moderate complexity minutes 60	
*PT evaluation moderate complexity units 1	
Timed Therapy Treatments	
PT therapies provided this session	
<input type="checkbox"/> PT electric stimulation <input type="checkbox"/> PT manual therapy <input type="checkbox"/> PT neuromuscular re-education <input type="checkbox"/> PT orthotics subsequent visits <input type="checkbox"/> PT sensory integration <input type="checkbox"/> PT therapeutic exercise <input type="checkbox"/> PT ultrasound <input type="checkbox"/> PT gait training <input type="checkbox"/> PT massage therapy <input type="checkbox"/> PT orthotics fitting and training <input type="checkbox"/> PT prosthetic fitting and training <input type="checkbox"/> PT therapeutic activity <input type="checkbox"/> PT training self home <input type="checkbox"/> PT wheelchair management	
Untimed Therapy Treatments	
PT untimed therapies provided this session	
<input type="checkbox"/> PT canaliculi <input type="checkbox"/> PT electric stimulation unattended not wound care <input type="checkbox"/> PT group therapy <input type="checkbox"/> PT mechanical traction <input type="checkbox"/> PT whirlpool <input type="checkbox"/> PT electric stimulation for wound care <input type="checkbox"/> PT group caregiver training <input type="checkbox"/> PT hot or cold packs therapy <input type="checkbox"/> PT vasopneumatic devices	
PT Wound Therapy	
<input checked="" type="checkbox"/> Debridement <input type="checkbox"/> Negative pressure 50 cm or less <input type="checkbox"/> Negative pressure > 50 cm <input checked="" type="checkbox"/> Removal of devitalized tissue <input type="checkbox"/> Unna boot, 1 leg <input type="checkbox"/> Unna boot, 2 legs	
PT Wound Debridement	
*PT wound debridement minutes 30	
*Wound debridement in SQCN 30	
*Wound debridement blocks of SQCN 2	
Removal of Devitalized Tissue	
*Removal of devitalized tissue minutes 30	
*Removal of devitalized tissue units 1	
PT Caregiver Training	
PT caregiver training minutes 50	
PT caregiver training units 2	
Other Times	
PT total untimed therapy minutes 90	
PT total untimed therapy units 2	
PT total timed therapy minutes 30	
PT total timed therapy units 1	
PT total timed extended therapy minutes 30	
PT total timed extended therapy units 1	
PT session minutes reviewed <input type="radio"/> Yes <input checked="" type="radio"/> No	

Acute PT Treatment Times/Evaluation Type	
Treatment Times	
*PT treatment start time	
*PT treatment stop time	
*PT treatment total time	
Evaluation Type	
*PT evaluation type <input type="radio"/> PT evaluation low complexity <input checked="" type="radio"/> PT evaluation moderate complexity <input type="radio"/> PT evaluation high complexity <input type="radio"/> PT re-evaluation	
PT Evaluation Moderate Complexity Minutes/Units	
*PT evaluation moderate complexity minutes 60	
*PT evaluation moderate complexity units 1	
Timed Therapy Treatments	
PT therapies provided this session	
<input type="checkbox"/> PT electric stimulation <input type="checkbox"/> PT manual therapy <input type="checkbox"/> PT neuromuscular re-education <input type="checkbox"/> PT orthotics subsequent visits <input type="checkbox"/> PT sensory integration <input type="checkbox"/> PT therapeutic exercise <input type="checkbox"/> PT ultrasound <input type="checkbox"/> PT gait training <input type="checkbox"/> PT massage therapy <input type="checkbox"/> PT orthotics fitting and training <input type="checkbox"/> PT prosthetic fitting and training <input type="checkbox"/> PT therapeutic activity <input type="checkbox"/> PT training self home <input type="checkbox"/> PT wheelchair management	
Untimed Therapy Treatments	
PT untimed therapies provided this session	
<input type="checkbox"/> PT canaliculi <input type="checkbox"/> PT electric stimulation unattended not wound care <input type="checkbox"/> PT group therapy <input type="checkbox"/> PT mechanical traction <input type="checkbox"/> PT whirlpool <input type="checkbox"/> PT electric stimulation for wound care <input type="checkbox"/> PT group caregiver training <input type="checkbox"/> PT hot or cold packs therapy <input type="checkbox"/> PT vasopneumatic devices	
PT Wound Therapy	
<input checked="" type="checkbox"/> Debridement <input type="checkbox"/> Negative pressure 50 cm or less <input type="checkbox"/> Negative pressure > 50 cm <input checked="" type="checkbox"/> Removal of devitalized tissue <input type="checkbox"/> Unna boot, 1 leg <input type="checkbox"/> Unna boot, 2 legs	
PT Wound Debridement	
*PT wound debridement minutes 30	
*Wound debridement in SQCN 30	
*Wound debridement blocks of SQCN 2	
Removal of Devitalized Tissue	
*Removal of devitalized tissue minutes 30	
*Removal of devitalized tissue units 1	
PT Caregiver Training	
PT caregiver training minutes 50	
PT caregiver training units 2	
Other Times	
PT total untimed therapy minutes 90	
PT total untimed therapy units 2	
PT total timed therapy minutes 30	
PT total timed therapy units 1	
PT total timed extended therapy minutes 80	
PT total timed extended therapy units 4	
PT session minutes reviewed <input type="radio"/> Yes <input checked="" type="radio"/> No	

**Acute and OP  
therapy. This  
will help us  
pull data to  
productivity  
reports.**

# MEDITECH Expense TIP SHEET

## CHG0355316 - Therapy Standard Tests



### This change impacts the following Interventions:

- Acute PT Evaluation Reevaluation + (1220650)
- Acute PT Treatment Note + (1220652)
- Acute OT Evaluation Reevaluation (1220660)
- Acute OT Treatment Note + (1220662)
- OP PT Evaluation Reevaluation + (1220750)
- OP OT Evaluation Reevaluation + (1220760)

Therapy Balance/Function Tests

Balance/Function Tests

<input type="checkbox"/> 4 Stage Balance Test	<input type="checkbox"/> Gait Speed	<input type="checkbox"/> Oxford Hip Score
<input type="checkbox"/> 30 Second Chair Stand	<input type="checkbox"/> Harris Hip Score	<input type="checkbox"/> Oxford Knee Score
<input type="checkbox"/> Activity-Specific Balance Confidence Scale	<input type="checkbox"/> High Level Mobility Assessment Tool (hMAT)	<input type="checkbox"/> Postural Assessment Scale for Stroke (PASS)
<input checked="" type="checkbox"/> Barthel Index for Stroke	<input type="checkbox"/> Hip Dysfunction and Osteoarthritis Outcome Score, Jr (HOOS, Jr)	<input type="checkbox"/> Romberg
<input type="checkbox"/> BEGS	<input type="checkbox"/> Knee Injury and Osteoarthritis Outcome Score, Jr (KOOS, Jr)	<input type="checkbox"/> Sharpened Romberg
<input type="checkbox"/> Dizziness Handicap Inventory (DHI)	<input type="checkbox"/> Lymphedema Life Impact Scale (LLIS)	<input checked="" type="checkbox"/> Stroke Rehab Assessment of Movement (STREAM)
<input type="checkbox"/> Dynamic Gait Index	<input type="checkbox"/> Lymphedema Quality of Life Tool (LYHQQL) - Arm	<input type="checkbox"/> Tandem Standing
<input type="checkbox"/> Eyes Open/Closed	<input type="checkbox"/> Lymphedema Quality of Life Tool (LYHQQL)- Leg	<input type="checkbox"/> Timed Up and Go
<input type="checkbox"/> Functional Assessment of Cancer Therapy (FACT)	<input type="checkbox"/> Lyndon Knee Scale	<input type="checkbox"/> Trunk Impairment Scale
<input type="checkbox"/> Functional Gait Assessment	<input type="checkbox"/> Modified Falls Efficacy Scale	
<input type="checkbox"/> Functional Reach Test (FRT)	<input type="checkbox"/> Motion Sensitivity Quotient	

Barthel Index for Stroke

Barthel Index for Stroke score

Barthel Index for Stroke interpretation

Dizziness Handicap Inventory

Dizziness Handicap Inventory (DHI) score

Dizziness Handicap Inventory (DHI) interpretation

Stroke Rehab Assessment of Movement

Stroke Rehab Assessment of Movement (STREAM) score

Stroke Rehab Assessment of Movement (STREAM) interpretation

1. Additional balance and functional tests have been added to the **Therapy/Function Tests** section. All the score questions have been changed to **“Numeric”** values in order to pull data to reports more easily.

### This change impacts the following Interventions:

- OP PT Evaluation Reevaluation + (1220750)
- OP PT Progress Note + (1220752)
- OP PT Discharge Note + (1220753)

OP PT Skeletal/General Assessment

Standardized functional tests done  Yes  No

Standardized Functional Tests

Standardized functional tests done  Bates-Jensen Wound Assessment Tool (BWAT)  Lower Extremity Functional Scale  Oswestry Low Back Disability Questionnaire

Canadian Occupational Performance Measure (COPM)  Neck Pain Disability Index Questionnaire  Quick Dash Outcome Measure

Dash Outcome Measure  Optimal  Upper Extremity Functional Index (UEFS)

Dash Outcome Measure

Dash Outcome Measure Disability/Symptom Score

Dash Outcome Measure Work Score

Dash Outcome Measure Sports/Performing Arts Score

Dash Outcome Measure Interpretation

Quick Dash Outcome Measure

Quick Dash Outcome Measure Score

Quick Dash Outcome Measure Interpretation

Upper Extremity Functional Scale

Upper Extremity Functional Scale (UEFS) Score

Upper Extremity Functional Scale (UEFS) Interpretation

2. Added additional tests to the **Standardized Functional Tests** section. All the score questions have been changed to **“Numeric”** values in order to pull data to reports easily.

**This change impacts the following Interventions:**

- OP OT Evaluation Reevaluation + (1220760)
- OP OT Progress Note + (1220762)
- OP OT Discharge Note + (1220763)

**OP OT Skeletal/General Assessment**

- Posture
- Muscle Tone
- Neurological Tests Done
- Coordination/Sensation
- Coordination/Sensation Special Tests Done
- Functional Coordination
- Standardized Functional Tests Done
  - Standardized functional tests done  Yes  No
- Standardized functional tests done
  - Bates-Jensen Wound Assessment Tool (BWAT)
  - Canadian Occupational Performance Measure (COPM)
  - Dash Outcome Measure
  - Lower Extremity Functional Scale
  - Neck Pain Disability Index Questionnaire
  - Optimal
  - Oswestry Low Back Disability Questionnaire
  - Quick Dash Outcome Measure
  - Upper Extremity Functional Index (UEFS)
- Dash Outcome Measure
  - Dash Outcome Measure Disability/Symptom Score
  - Dash Outcome Measure Work Score
  - Dash Outcome Measure Sports/Performing Arts Score
  - Dash Outcome Measure Interpretation
- Quick Dash Outcome Measure
  - Quick Dash Outcome Measure Score
  - Quick Dash Outcome Measure Interpretation
- Upper Extremity Functional Scale
  - Upper Extremity Functional Scale (UEFS) Score
  - Upper Extremity Functional Scale (UEFS) Interpretation

3. Added additional tests to the **Standardized Functional Tests** section. All the score questions have been changed to **“Numeric”** values in order to pull data to reports easily

**This change impacts the following Interventions:**

- Acute SLP Communication Cog-Ling Eval + (1220670)
- OP SLP Communication Cog-Ling Eval + (1220770)
- OP SLP Discharge + (1220775)

**SLP Language**

- Reason Not Assessed
  - Did not assess due to  Cognitive impairment  Fatigue  Language impairment  Medical condition  Mental status change  Time constraint  Other
  - Other reasons patient not assessed
- Language Tests
  - Language tests
    - ABA-2 Aphasia Battery
    - Aphasia Impact Questionnaire (AIQ-21)
    - Boston Diagnostic Aphasia Exam (BDAX)
    - Bedside Western Aphasia Battery Revised Bedside- (Bedside WAB-R)
    - Boston Naming Test – Short Form
    - Frenchay Dysarthria Assessment (FDA-2)
    - Functional Assessment of Verbal Reasoning and Executive Strategies
    - Quick Aphasia Battery (QAB)
    - Western Aphasia Battery-Revised (WAB-R)
  - ABA-2 Aphasia Battery
    - 1 Diadochokinetic Rate Raw Score
    - 2A Increasing Word Length Raw Score
    - 2B Increasing Word Length Raw Score
    - 3A Limb Apraxia Raw Score
    - 3B Oral Apraxia Raw Score
    - 4 Utterance Time for Polysyllabic Words Raw Score
    - 5 Repeated Trisyllabic Words Raw Score
    - 6 Inventory of Articulation Characteristics of Apraxia Raw S
    - ABA-2 Aphasia Battery Interpretation
  - Aphasia Impact Questionnaire (AIQ-21)
    - Aphasia Impact Questionnaire (AIQ-21) Score
    - Aphasia Impact Questionnaire (AIQ-21) Interpretation
  - Frenchay Dysarthria Assessment (FDA-2)
    - Frenchay Dysarthria Assessment (FDA-2) - Reflexes
    - Frenchay Dysarthria Assessment (FDA-2) - Respiration
    - Frenchay Dysarthria Assessment (FDA-2) - Lips
    - Frenchay Dysarthria Assessment (FDA-2) - Palate
    - Frenchay Dysarthria Assessment (FDA-2) - Laryngeal
    - Frenchay Dysarthria Assessment (FDA-2) - Tongue
    - Frenchay Dysarthria Assessment (FDA-2) - Intelligibility
    - Frenchay Dysarthria Assessment (FDA-2) Interpretation

4. Added additional tests to the **Language Tests** section.

**This change impacts the following Interventions:**  
 Acute SLP Communication Cog-Ling Eval + (1220670)  
 OP SLP Communication Cog-Ling Eval + (1220770)  
 OP SLP Discharge + (1220775)

SLP Cognitive-Linguistic

Reason Not Assessed:  Cognitive impairment  Fatigue  Language impairment  Medical condition  Mental status change  Time constraint  Other

Other reasons patient not assessed: \_\_\_\_\_

Cognitive-Linguistic Tests

Brief Cognitive Assessment Tool (BCAT)  Montreal Cognitive Assessment (MoCA)  Scales of Cognitive and Communication Ability for Neurorehabilitation  
 Cognitive Linguistic Quick Test (CLQT)  Ross Information Processing Assessment-2 (RIPA-2)  Saint Louis University Mental Status Exam (SLUMS)  
 Mini-Cog  Ross Information Processing Assessment-Genetic (RIPA-G)

RIPA-G Core Subtests

Immediate memory score  
 Recent memory score  
 Temporal orientation score  
 Spatial orientation score  
 Orientation to environment score  
 Recall of general information score  
 Problem solving and abstract reasoning (for hospital ADLs)  
 Organization of information score  
 Auditory processing and comprehension score  
 Problem solving and concrete reasoning (assessing independent)

RIPA-G Supplemental Subtests

Functional and reading score

Scales of Cognitive and Communication Ability for Neurorehabilitation (SCCAN)

Oral Expression (OE) score  
 Oral Expression (OE) percentage score  
 Orientation (OK) score  
 Orientation (OK) percentage score  
 Memory (ME) score  
 Memory (ME) percentage score  
 Speech comprehension (SP) score  
 Speech comprehension (SP) percentage score  
 Reading comprehension (RD) score  
 Reading comprehension (RD) percentage score  
 Writing (WR) score  
 Writing (WR) percentage score  
 Attention (AT) score  
 Attention (AT) percentage score  
 Problem solving (PS) score  
 Problem solving (PS) percentage score  
 SCCAN interpretation

5. Added additional tests to the **Cognitive-Linguistic Tests** section.

**This change impacts the following Interventions:**  
 Acute SLP Communication Cog-Ling Eval + (1220670)  
 OP SLP Communication Cog-Ling Eval + (1220770)  
 OP SLP Discharge + (1220775)

SLP Motor-Speech

Reason Not Assessed:  Cognitive impairment  Fatigue  Language impairment  Medical condition  Mental status change  Time constraint  Other

Other reasons patient not assessed: \_\_\_\_\_

Motor-Speech

Single word intelligibility:  WFL  Mild impairment  Moderate impairment  Severe impairment

Short phrase intelligibility:  WFL  Mild impairment  Moderate impairment  Severe impairment

Sentence intelligibility:  WFL  Mild impairment  Moderate impairment  Severe impairment

Conversation intelligibility:  WFL  Mild impairment  Moderate impairment  Severe impairment

Precision:  WFL  Mild impairment  Moderate impairment  Severe impairment

Rate:  Normal  Diminished rate-too slow  Rapid rate-too fast

Intensity/volume:  WFL  Fluctuating  Too loud  Too soft

Motor planning:  WFL  Sound groping  Sound substitutions/omissions  Unable to initiate vocalization of isolated sounds  Other

Other motor planning: \_\_\_\_\_

Breath support pattern:  Normal  Clavicular  Infrequent inspiration  Poor depth of inspiration  Upper thoracic  Other

Other breath support patterns: \_\_\_\_\_

Respiratory support:  None  High flow nasal cannula  Swallowing and speaking valves  Trach: 7  Trach: Cuffed  Trach: Inflated  Trach: Shiley  Vent: CPAP/PS  Vent: Trach collar

Other respiratory support:  BPAP  Mid flow nasal cannula  Trach: 4  Trach: Deflated  Trach: Jackson  Trach: Uncuffed  Vent: mask  XLT

Respiratory support present during evaluation for trach/vent:  Yes  No  Comment: \_\_\_\_\_

Respiratory support present during evaluation for trach and/or vent monitor:  Yes  No  Comment: \_\_\_\_\_

Vocal quality:  Normal  Aphonia  Breathily  Diplophonia  Hard glottal attack  Harsh  Hoarse  Phonation breaks  Pitch breaks  Strained  Vocal fry  Other

Other vocal qualities: \_\_\_\_\_

Pitch:  Normal  High habitual pitch  Low habitual pitch  Restricted pitch range  Other

Other pitch: \_\_\_\_\_

Resonance:  Normal  Hypernasal  Hyponasal  Nasal emission  Other

Other resonance: \_\_\_\_\_

Prosody:  Normal  Excessive variability  Inadequate variability

Motor-speech comments/details: \_\_\_\_\_

Voice Handicap Index

Voice Handicap Index - Functional Score  
 Voice Handicap Index - Physical Score  
 Voice Handicap Index - Emotional Score  
 Voice Handicap Index Score  
 Voice Handicap Index Interpretation

6. Added the **Voice Handicap Index** to the **Motor-Speech** section.

**Impacts OP PT and OT Therapy only:**

OP PT Treatment Times/Therapy Type

Treatment Start/Stop Times

PT treatment start time  
 HPT treatment stop time  
 PT treatment total time

Timed Therapies

PT timed therapies provided this session:  None  PT aquatic exercise  PT electric stimulation  PT massage therapy  PT prosthetic fitting and training  PT training self home

PT biofeedback training  PT gait training  PT neuromuscular reeducation  PT sensory integration  PT ultrasound

PT community/work integration  PT Hubbard  PT orthotics fitting and training  PT orthotics subsequent visits  PT both assessment assist  PT wheelchair management

PT contrast bath  PT manual therapy  PT orthotics subsequent visits  PT therapeutic activity  PT physical performance test/measurement  PT therapeutic exercise

Untimed Therapies

PT untimed therapies provided this session:  None  PT group caregiver training  PT mechanical traction  PT needle insertion(s) without injection(s), 1 or 2 muscle(s)  PT vasopneumatic devices

PT health repositioning  PT group therapy  PT hot/cold packs  PT needle insertion(s) without injection(s), 3 or more muscle(s)  PT whirlpool

PT electrical stim for wound care  PT infrared  PT paraffin bath

Other Times

Total timed therapy minutes  
 Total untimed therapy minutes  
 Total rest minutes  
 Total timed therapy units  
 Total untimed therapy units  
 Total timed minutes/units reviewed  Yes

7. Added None to questions **Timed therapies provided this session** and **Untimed therapies provided this session** in the OP PT and OT

OP OT Treatment Times/Therapy Type ✓

Treatment Start/Stop Times

NOT treatment start time

NOT treatment stop time

NOT treatment total time

Evaluation Type/Times

NOT evaluation type

OT evaluation low complexity  OT evaluation moderate complexity  OT evaluation high complexity  OT Reevaluation

Timed Therapies

NOT timed therapies provided this session

None	<input type="checkbox"/> OT contrast bath	<input type="checkbox"/> OT massage therapy	<input type="checkbox"/> OT prosthetic fitting and training	<input type="checkbox"/> OT training self home
<input type="checkbox"/> OT aquatic	<input type="checkbox"/> OT electric stimulation	<input type="checkbox"/> OT neuromuscular reeducation	<input type="checkbox"/> OT sensory integration	<input type="checkbox"/> OT ultrasound
<input type="checkbox"/> OT biofeedback training	<input type="checkbox"/> OT gait training	<input type="checkbox"/> OT orthotics fitting and training	<input type="checkbox"/> OT tech assessment assist	<input type="checkbox"/> OT wheelchair management
<input type="checkbox"/> OT cognitive skills	<input type="checkbox"/> OT iontophoresis	<input type="checkbox"/> OT orthotics subsequent	<input type="checkbox"/> OT therapeutic activity	
<input type="checkbox"/> OT community/work integration	<input type="checkbox"/> OT manual therapy	<input type="checkbox"/> OT physical performance test/measurement	<input type="checkbox"/> OT therapeutic exercise	

by NP ✓

OP OT Treatment Times/Therapy Type ✓

Untimed Therapies

NOT untimed therapies provided this session

None	<input type="checkbox"/> OT electrical stim NOT for wound care	<input type="checkbox"/> OT infrared	<input type="checkbox"/> OT paraffin bath	<input type="checkbox"/> OT whirlpool
<input type="checkbox"/> OT health	<input type="checkbox"/> OT group caregiver training	<input type="checkbox"/> OT low level laser therapy postop	<input type="checkbox"/> OT ultraviolet	
<input type="checkbox"/> OT electrical stim for wound care	<input type="checkbox"/> OT group therapy	<input type="checkbox"/> OT mechanical traction	<input type="checkbox"/> OT vasopneumatic devices	

evals and Notes. Also, **required** the Timed therapies and untimed therapies provided this session questions.

8. Add “Excellent” as an option for OP “Potential for rehab”

**Impacts the following interventions:**

- OP OT Evaluation Reevaluation + [1220760]
- OP OT Pediatric Evaluation Reevaluation+ [1220765]
- OP PT Evaluation Reevaluation + [1220750]
- OP PT Pediatric Evaluation Reeval + [1220755]
- OP SLP Pediatric Discharge + [1220772]
- OP SLP Pediatric Evaluation Reevaluation [1220777]
- OP SLP Pediatric Progress Note + [1220779]

