

Outpatient Rehabilitation Candidacy Guidelines

These guidelines will be updated as population specific evidence-informed outpatient rehabilitation clinical service delivery plans are developed. Where population specific outpatient rehabilitation candidacy guidelines are not available, the generic candidacy guidelines are used.

| Outpatient Rehabilitation Candidacy Guidelines | |
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| Target Population | <ul style="list-style-type: none"> • Clients with identifiable functional goals for rehabilitation that are highly sensitive to improvement with Outpatient Rehabilitation. |
| Minimal Level of Function | <ul style="list-style-type: none"> • Able to tolerate the program demands/schedule. • Able to follow at minimum one-step commands, with communication support if required. • Has sufficient attention, short term memory, and insight to progress through their rehabilitation process. |
| Transportation / Attendance | <ul style="list-style-type: none"> • Able to, or has assistance with, organizing transportation to and from the program. • Able to attend therapy alone, or if assistance is required, a caregiver is available to attend therapy sessions. |
| Consent | <ul style="list-style-type: none"> • Client or substitute decision maker has consented to participation in the program. |

| Outpatient Rehabilitation Generic Exclusion Guidelines |
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| <ul style="list-style-type: none"> • Requires services identified as not a Health Authority priority, including: <ul style="list-style-type: none"> • Ultraviolet light therapy • Sports injuries • Fractures (with the exception of hip fractures) • Soft tissue injury/ surgery • Voice training unrelated to medical condition (e.g., muscle tension dysphonia) • Needs are best represented by another service e.g. Home Health, MHSU, Palliative, TIA/Stroke clinic, mobile falls clinic, pulmonary rehab, cardiac rehab • Third party insurer involvement e.g. ICBC, WCB • Exhibits behavior putting self or others at risk • Not willing to participate in outpatient services • Lives in Long Term Care (*some exceptions for SLP) • Admitted to acute care • Does not live in the Fraser Health geographic catchment |

MUSCULOSKELETAL (MSK) – Outpatient Rehabilitation Population Specific Candidacy Guidelines

Arthroplasty

Target:

- Hip and knee arthroplasty (total, uni-compartmental, hemi- arthroplasty)
- Shoulder arthroplasty
- Arthroplasty revisions

Exclusion

- More than 3 months post-surgery
- Clients who have received vouchers for therapy in a private clinic

Hip Fracture

Target:

- Hip fracture due to a low velocity fall

Exclusion:

- More than 3 months post injury/surgery

Amputations (Lower Extremity)

Target:

- Prosthetic training following transtibial amputation, transfemoral amputation or knee disarticulation amputation if referred by a health care provider
- Pre-prosthetic training if patient has been deemed a prosthetic candidate

Exclusion:

- Residual limb not healed
- Midfoot, forefoot, or toe amputations
- No potential to ambulate or transfer safely +/- assistance and a prosthesis does not enhance their quality of life or mobility.

Other

Target:

- Medically complex clients following a prolonged hospitalization who have the potential to become independent ambulators in the community

LYMPHEDEMA – Outpatient Rehabilitation Population Specific Candidacy Guidelines

Upper Extremity**Target:**

- Acute or new exacerbation of lymphedema in clients with hx of breast surgery

Lower Extremity**Target:**

- Presence of edema. Referral must include results of a recent Ultrasound (US) and an Arterial Brachial Index (ABI) to rule out arterial insufficiency.
- Onset within 1 year.

PEDIATRICS – Outpatient Rehabilitation Population Specific Candidacy Guidelines

Pediatrics**(< 17 years old)****Target:**

- Torticollis and/or Plagiocephaly (Infants only)
- Positional foot deformities
- Erb's Palsy
- Recent surgery
- Acute neurological event (e.g. pediatric CVA, GBS, SCI)

Exclusion:

- Soft tissue or sport injuries
- Developmental delay

NEUROLOGICAL – Outpatient Rehabilitation Population Specific Candidacy Guidelines

Acute CNS Injury**Target:**

- CVA
- Acquired or Traumatic Brain Injury
- Traumatic or non-traumatic SCI (including Cauda Equina Syndrome)
- Guillain-Barre Syndrome

Exclusion:

- CVA >1 year post-diagnosis
- ABI or TBI >2 years post-diagnosis
- SCI >1 year post-diagnosis
- SCI: AIS A (complete) or B (incomplete but no motor function)
- Peripheral nerve injuries
- FH does not offer rehab for bladder/bowel, sexual health, vocational, or driving

Progressive Neurological Conditions**Target:**

- Newly diagnosed or acute exacerbation/decline of a progressive neurological condition (e.g. MS, Parkinsons)
- Service provided will include consultation and education, not ongoing rehab

SPEECH LANGUAGE PATHOLOGY - Outpatient Rehabilitation Population Specific Candidacy Guidelines

Communication

Target:

- CVA within the last year
- Neurological condition that is impacting ability to communicate and patient is either a good treatment candidate or would benefit from compensatory strategies to improve communicative success
- Other communication impairments that arise due to a medical condition within the past year (e.g., trach, vocal cord paralysis)

Exclusion:

- Voice disorders not related to a medical condition (e.g., muscle tension dysphonia)

Dysphagia

Target:

- Oral Pharyngeal Dysphagia – new assessment, re-assessment if there is documented change, ongoing dysphagia treatment

Exclusion:

- Third party insurer involvement e.g., ICBC, WCB (exception is instrumental assessments. Fraser Health will do the instrumental assessment and pass recommendations back to private therapist for implementation)

Instrumental

Exams for

Dysphagia

(FEES and MBS)

Target:

- Instrumental assessment has been recommended by an SLP

Exclusion:

- Barium swallows or UGI series to investigate esophageal issues (these must be forwarded directly to medical imaging)