Cochise Regional Hospital
Physical Therapy Policies and Procedures

Physical Therapy Care and Services

POLICY

The Physical Therapy Department is one of the professional service departments of Cochise Regional Hospital. Its primary function is patient treatment. This is a direct service to the patient provided by the department at the request of a physician. The purpose of the department is to assist the physician through ancillary treatment in providing the best care for his/her patient.

Cochise Regional Hospital provides for a comprehensive Physical Therapy department functioning on an inpatient and outpatient basis. A wide variety of treatment techniques are provide, including but not limited to therapeutic modalities, manual manipulation, and exercise. These methods are delivered by competent professionals who are qualified with professional state licensure, regulation, registration, certification, training, and continuing education.

- Physical Therapy

Specific policies and procedures which apply to Physical Therapy care and services are maintained in that department. A Physical Therapy plan, developed in a multi-disciplinary and collaborative manner by a qualified professional, based upon the assessment of individual age-specific needs, is created to guide the provision of Physical Therapy services. The patient's physical, cognitive behavioral, communicative, emotional, and social status are identified as facilitating factors that may influence alignment of Physical Therapy care. For inpatients, a referral for Physical Therapy services is triggered by a written physician's order. For outpatients, a referral is triggered by receipt of a physician prescription and the appropriate authorization. Patients are encouraged to make choices about their participation in Physical Therapy and develop a sense of achievement in progress. Patients and families receive information about potential benefits and risks of Physical Therapy services in order to make informed decisions and understand his/her overall plan of care. His/her expectations are considered and documented in the Physical Therapy plan.

Reviewed: 11/14
Revised: 11/14
Physical Therapy Plan of Care

A collaborative, interdisciplinary approach helps coordinate care and planning to meet patient care goals and achieve optimal outcomes. Based on assessment of the patient’s physical, cognitive, emotional and social status, a written plan of treatment is developed that identifies the patients Physical Therapy needs. The plan incorporates at least:

- The patient’s personal goals for rehabilitation.
- Physical Therapy goals and objectives related to activities of daily living, functional activity and working level.
- Measures and time frames for achievement of Physical Therapy goals and objectives, and factors that may influence use of services or goal achievement.

The Physical Therapy plan is designed to provide the skill, support, education, practice, experience, and treatment necessary to help the patient reach reasonable personal Physical Therapy goals. The plan includes:

- Long-term Physical Therapy goals and short-term skill development objectives, in functional terms and developed in collaboration with the patient and family.
- Strategies and time frames for reaching Physical Therapy goals.
- Who will help the patient and monitor progress.
- Measures of Physical Therapy goal attainment.
- Changes in patients level of functioning.
- Barriers other than patient’s primary problem.
- Criteria for transition to more independent, less restrictive environment and successful adaption in natural community settings.
- Patient skill and support requirements for living, learning, and working with optimal independence and choice.

Physical Therapy Services are provided to meet patient’s needs according to the plan.

Reviewed: 11/14
Revised: 11/14
COCHISE REGIONAL HOSPITAL
Physical Therapy Policies and Procedures

Medical Directorship

POLICY

The Physical Therapy Department is directed by a physician member of the medical staff, functioning independently or as a chairman with the responsibilities of:

- Assisting the Department Director in the development, review and revision of departmental policies and procedures. This review will occur as indicated by changes in departmental operations and patient population.

- Monitoring of the Physical Therapy services rendered on a scheduled basis through the hospital quality assurance committee.

- Acting as Liaison with the medical community.

The Medical Director of the Physical Therapy Department is Dr. Luciano Fochesatto.

Reviewed: 11/14
Revised: 11/14
Definitions, Goals and Objectives of the Physical Therapy Department

POLICY

The Physical Therapy Department develops, coordinates, and utilizes selected knowledge and skill in planning, organizing, and directing programs for the care of individuals whose ability to function is impaired or threatened by disease or injury. Physical Therapy focuses primarily on those individuals whose potential or actual impairment is related to neuromusculoskeletal, developmental, pulmonary and cardiovascular systems; on methods of evaluating the functions of those systems; and on the selection and application of appropriate therapeutic procedures to maintain, improve, or restore those functions. Physical Therapy Services are planned to respond to each patient's unique needs (including age-specific) and expectations. Physical Therapy outcomes are restoration, improvement, or maintenance of the patient's optimal level of functioning, self-care, self-responsibilities, independence, and quality of life.

Evaluation includes performing and interpreting tests to assist in differential diagnosis, and to determine the degree of impairment of relevant aspects such as: muscle strength, cognitive development, motor development, motion restrictions, functional capacity, or respiratory and circulatory efficiency. Evaluation provides the basis for the selection of the appropriate therapeutic procedures and the appraisal of the results of the treatment.

Therapeutic procedures include exercises for increasing strength, endurance, coordination, and range of motion, stimuli to facilitate motor activity and development and cognitive learning; instruction in activities of daily living and the use of assistive devices, fabrication of splints to enhance movement or inhibit deformity. The general goals and objectives are:

- To provide for the Physical Therapy(therapy specific) needs of the inpatients and outpatients of the hospital by:
  - Providing evaluation and treatment of patients upon referral by a licensed physician.
  - Providing input into overall quality of care in the hospital by providing personnel to serve on committees as requested and appropriate.
  - Providing training and instruction to patient's family and others regarding physical therapy treatments or programs.
  - Providing for adequate referral of patients whose needs cannot be met by department due to lack of equipment, space, or qualified experienced personnel.

Reviewed: 11/14
Revised: 11/14
COCHISE REGIONAL HOSPITAL
Physical Therapy Policies and Procedures

Department Plan for Providing Care/Service

POLICY
Scope of Service

Type of Customers
Physical Therapy provides services to any individual of any age whose current medical diagnosis or condition, physical disability or impairment requires physical therapy as deemed necessary by an M.D. or D.O.

Procedures/Services
Physical Therapy scopes of service include but are not limited to:

PHYSICAL THERAPY

• Strapping/Taping
• Functional Activities
• Sensory Motor Processing
• Manual Therapy
• Neuromuscular Re-education
• Pain Management Modalities
• Therapeutic Exercises
• Wound and Burn Care
• Developmental Training

Hours of Operation
The Physical Therapy Department is open from 7:00 AM to 5:30 PM, Monday through Friday, with 30-60 minute lunch break during an eight (8) hour shift as allowed by patient load.
CRITERIA FOR ENTRY/ADMISSION TO SERVICE

Patient Needs/Acuity:

Patients are seen by the Physical Therapy Department when referred by physician.

GOALS OF DEPARTMENT/SERVICE

Goals:

It is the stated goal of the Physical Therapy Department to provide the best possible service to all patients of the hospital and OP clinic as services are requested. Patients are treated both inpatient and outpatient as the condition of the patient warrants and as the referring physician desires. This is to provide a full comprehensive continuum of care.

STAFFING

System to Determine Staffing Levels:

All staff members of the Physical Therapy Department have documented evidence of competency in skills specific to rehabilitative procedure. All therapist and therapist assistants have documented licensure or a certificate as required by state and federal association criteria.

Staffing Plan:

Full time, part time and per diem personnel are utilized to staff the department to provide adequate coverage for the average number of cases per day. Additional staffing requirements are met by Alta Therapy Company oriented to Physical Therapy services and with verified licensure and competency. Staff work the number of hours required to provide patient care.

Reviewed: 11/14
Revised: 11/14
COCHISE REGIONAL HOSPITAL
Physical Therapy Policies and Procedures

Assessment/Reassessment of Patients

POLICY

All patients admitted to Physical Therapy Services receive an evaluation upon the first visit to determine the current level of functioning, self-care, self-responsibility, independence, and quality of life. Assessments are done upon receipt of orders directly from physicians with proper authorization from the insurance company or payor source.

Initial Assessment

Inpatient/Acute: Routinely conducted within 24-28 hours (M-F) and 72 hours (over weekend) of receipt of a physician’s order.

Outpatient: Scheduling of outpatients is completed within 3-5 days (or per patient schedule) of receipt of physician’s referral with appropriate authorization of payor source.

Reassessments

Inpatient/Acute: Reassessment is an on-going process that is completed daily for all inpatients receiving treatment. The reassessment for recognizing progress toward goals and objectives and allows for revision of goals and objectives as needed.

Outpatients: Reassessment is completed dependent on number of treatments ordered by physician, when indicated by patient condition, and upon discharge.

Discharge Planning: Discharge planning from Physical Therapy services in integrated into the functional Physical Therapy assessment.

Reviewed: 11/14
Revised: 11/14
COCHISE REGIONAL HOSPITAL
Physical Therapy Policies and Procedures

Medical Staff Services

POLICY

It is the stated goal of this department to provide the best possible service for all patients of Cochise Regional Hospital, as such services are requested. To this end, clients are treated both as inpatients and outpatients, as the convenience and conditions of the patients warrant and as the referring physician desires.

NO patient will be accepted for treatment in the Physical Therapy Department unless referred by a physician.

It is the responsibility of the referring physician to provide a specific written order for specific therapy requested to include diagnosis, specific modalities (prn), area to be treated, frequency and duration of treatment, as well as any precautions/contradictions.

In the absence of a complete order or with an order for an "Evaluation" or "Consultation", the therapist will evaluate the patient and suggest a complete treatment plan. It is the referring physician's responsibility to review the evaluation and suggested treatment plan, make changes in the treatment plan as needed, based on any change in the patient's condition and to be available for consultation with the therapist as required.

It is also the physician's responsibility to review all progress notes and to make changes in the treatment plan as needed based on any change in the patient's condition and to be available for consultation with the therapist as required.

The physician and therapist will have a collaborative relationship in order to endure the patient receives the best and most suitable quality of care.

Reviewed: 11/14
Revised: 11/14
All Other Department Services

POLICY

The Physical Therapy Department will cooperate with and help coordinate activities with other departments of Cochise Regional Hospital. Any conflict arising out of relationships with other departments will be handled by the Department Director in conjunction with the department head of the area in conflict. The hospital administration will be notified when appropriate.

The Physical Therapy Department will provide in-servicing to any department that requests special training for its personnel to minimize work related injuries. This may include proper lifting, ergonomics, work station assignments, etc. Scheduling for said in-services will be managed by the Physical Therapy Director.
Professional Consultation Services

POLICY

A patient may be sent by a physician to the therapist for "Consultation" or "Evaluation". In this case, the therapist will evaluate the patient, using whatever test and measurements that are indicated and provide a written report to the physician including all findings and, where indicated, a suggested treatment plan. No treatment will be initiated until the treatment plan is approved by the physician.

The therapist may require consultation with the referring physician with regard to a specific patient. The physician is responsible to be available for such consultation when necessary.

The therapist may require, at times, professional consultation with another therapist concerning a patient undergoing treatment. The therapist can consult with other therapists by phone, fax, in writing, and in person. All such information will be held confidential by both parties in keeping with the ethical standards of the profession.

Reviewed: 11/14
Revised: 11/14
COCHISE REGIONAL HOSPITAL
Physical Therapy Policies and Procedures

Request for Service: Inpatient/Outpatient

POLICY

Physician's orders regarding therapy services must initiate all treatments.

For inpatients, there must be an order in the patient's chart. The order must be send to
the Physical Therapy Department before service can be initiated. This is done via the
computer. In the event that the computer is down, a follow-up call should be made to
the department to notify the therapist of an order on the chart. Requisition must contain
the following information:

- Patient's full name, age, room and bed number
- Diagnosis
- Type of treatment

For outpatients, the order and referral from the 3rd party payor source must be received
before therapy services can be initiated. If the patient is self pay, prior arrangements
will be made with the Business Office.

- Patient's full name, age, diagnosis, and type of treatment
- Insurance number with authorization number if required.

Reviewed: 11/14
Revised: 11/14
COCHISE REGIONAL HOSPITAL
Physical Therapy Policies and Procedures

**Operational Procedure: Outpatient**

**POLICY**

Physical Therapy treatments are non-emergency elective services which are subject to our prior approval policies for third party payor clients and cash or payment arrangement policies for self-pay clients. Therefore, no clients are to be treated until approval or arrangements have been made.

**PROCEDURE**

The procedure for admitting and discharging a Physical Therapy patient at Cochise Regional Hospital (CRH) is as follows:

- When potential clients present themselves to CRH for therapy treatments, they are to be directed to the Physical Therapy Department.

- The Physical Therapy Department will determine if prior approval authorization is required. If the patient is self-pay, financial arrangements will need to be made in the Business Office before treatment begins.

- After determining necessity of authorization, the Physical Therapy Department will provide appropriate paperwork for Admissions. Admissions will register the client and send the client to the Physical Therapy Department with his registration card, physician's order and appropriate 3rd party payor information.

- The therapist will review the orders and do an initial evaluation. Treatment may be initiated the same day if order states treatment and if authorization is received for treatment. If authorization of payment is for evaluation only, the evaluation with plan of treatment will be faxed to the physician's office for review and authorization for additional treatments. Medicare evaluations require signature on original and will be mailed.

- The Physical Therapy Department will return the ID card to the Business Office within 7 days after the patient is discharged in order to monitor and control recurring outpatient accounts.

- Written requests for therapy notes for billing purposes or collection purposes must be answered by the Physical Therapy Department and returned to the Business Office within 5 days of receipt.

Reviewed: 11/14
Revised: 11/14
Communications with Patient and/or Significant Other

POLICY

Prior to beginning evaluation of any new patient, the patient or Significant Other (S.O.) will be informed that the procedures are tests and evaluation procedures and that no change in the patient's condition can be expected as a result of the evaluation procedures.

After the evaluation, the patient and/or S.O. will be informed that the results of the evaluation will be given to his/her physician and that any questions should be addressed to the physician.

Once a treatment plan has been established and approved and properly ordered by a physician, the patient and/or S.O. will be informed of the type of treatment that will be given, the results that can be expected (goals), and the duration of the treatment. They will also be informed of any possible side effects of the treatment.

At discharge from physical therapy services, the following items will be discussed with the patient and/or S.O. and documented in the patient chart.

- The patient's condition at time of discharge and any limitations he/she may have.
- Follow-up - What type of follow-up is indicated and who will be providing this care.
- Home care - Any home program indicated will be given in writing with individualized instruction involving patient and/or S.O. (Note: When home program is indicated, follow-up is essential.)

Reviewed: 11/14
Revised: 11/14
Discharge Planning

POLICY

Inpatient/Acute

In order to properly plan for a patient's discharge, the Physical Therapy Department should be notified at least 24 hours prior to anticipated discharge.

The therapist will consult with the nursing department and physician regarding any discharged patient to coordinate proper after-care. Recommendation for after-care must be written in Physical Therapy progress notes and verbally inform the physician. The therapist will be available for any discharge planning meeting held by nursing personnel involving Physical Therapy patients. A formal discharge note is not required by therapy in the acute care setting.

Outpatient

The treating therapist, the patient and the referring physician will all participate in the discharge process. A discharge summary will be faxed to the physician. If a patient self-elects not to return to therapy, and does not notify therapy after a 2 week consecutive absence, a discharge summary will be faxed to the physician, outlining the patient's choice of care.
Priorities in the Use of Physical Therapy Services

POLICY

Although, in most cases, all patients requiring Physical Therapy can be treated promptly and efficiently, there may be times when priorities must be established between two patients requiring treatment at the same time. In this case, the therapist will set priorities based on the patient's medical condition and the guidelines below. Where any questions exist on priorities, the department’s medical advisor will be consulted. Unless extenuating circumstances exist, priority will be given to patients based on the conditions listed in descending order:

- Other open wounds.
- Post surgical shoulders.
- Total hip and total knee replacements.
Medical Records

POLICY

All inpatient records will be maintained with the patient's chart by the Hospital Medical Records Department.

All outpatient records will be maintained for a period of one year in the Physical Therapy Department. At the end of one year, the outpatient records will be transferred to the Hospital Medical Records Department.
COCHISE REGIONAL HOSPITAL
Physical Therapy Policies and Procedures

**Initial Evaluation and Treatment Plans**

**POLICY**

Every patient treated in the Physical Therapy Department should be evaluated by the specified therapist prior to treatment. The evaluation should include at least:

- Subjective findings (patient's statement of what is wrong).
- Objective findings (specific results of tests and measurements).
- Goals of treatment; both long and short term (with time frame).

- Treatment Plan
  - If the physician's order was specific, it can be restated as the treatment plan.
  - If the physician's order is not specific or does not include all necessary information, then the treatment plan should be rewritten to include all necessary information. In this case, the treatment plan and evaluation must be countersigned by the physician.

- The treatment plan must include:
  - Treatment to be given.
  - Frequency of treatment.
  - Duration of treatment.

- Family involvement.

- Discharge plan.

- Pertinent patient information:
  - Age
  - Sex
  - Onset

Reviewed: 11/14
Revised: 11/14
COCHISE REGIONAL HOSPITAL
Physical Therapy Policies and Procedures

**Daily & Progress Notes**

**POLICY**

A daily note must be made on all patients treated. A progress note will be completed every 10th visit.

**PROCEDURE**

Daily notes must include at a minimum:

- Specific treatment rendered. "Treatment as ordered", "Treatment as per treatment plan", etc. are not sufficient.

- Number of times treatment performed: 2X BID, TID, etc.

- Area treated: Shoulder, neck, lumbar spine, etc.

- Progress must be noted as it occurs or a minimum of weekly notations.

- A re-evaluation of patients should be performed monthly or as indicated by change in status.

- A therapy Start and Stop time must be documented on all Medicare patients.

- Progress notes will be faxed to the Physician and must be completed as per insurance purposes.

Reviewed: 11/14
Revised: 11/14
COCHISE REGIONAL HOSPITAL
Physical Therapy Policies and Procedures

Housekeeping

POLICY

The Hospital's Housekeeping Department or their designee will do the heavy cleaning and waxing.

Physical Therapy personnel will be responsible as follows:

Daily
• Dust tops of all equipment.
• Straighten weights.
• Fold and store linens.
• At end of day, make sure all plinths are made, curtains pulled back, machines (except hold/cold pac units) unplugged or turned off and everything in its proper place.

Weekly
• Order supplies. Director of Physical Therapy will sign appropriate requisitions:
  • Office supplies and forms
  • Clinical supplies
  • Patient supplies
• Clean weights
• Fill alcohol, gel and lotion bottles

Monthly or PRN
• Empty and clean hot pack machine.
• Wipe plastic covered mattresses and pillows with soap and water.
• Inspect/oil exercise equipment as indicated by manufacturer.
• Fill alcohol, gel and lotion bottles.

Occasionally (as directed by supervisor or as time permits)
• Empty bookcase, dusting books, shelves
• Empty shelves under beds and wipe with damp cloth.
• Empty cabinet shelves and drawers and wipe with damp cloth.
• Clean supply cupboards and storage shelves.

Reviewed: 11/14
Revised: 11/14
COCHISE REGIONAL HOSPITAL
Physical Therapy Policies and Procedures

Accident/Incident Reporting

POLICY

All accidents/incidents involving employees, patients, visitors, property damage, or nursing articles will be reported via an Incident Report Form. The reporting of an incident does not necessarily mean that there was an injury or that a liability claim resulted. The prompt and accurate reporting of accidents/incidents puts the hospital in the position to:

• Take action to correct errors or omissions.
• Guard against recurrences through education and training.
• Make preparations in the event of pending legal action.
• Inform our insurance agent so that any necessary claims investigation can be made.
• Quality Assurance Monitor.

Once an accident/incident has occurred, it is a matter of history. Nothing more can be done to prevent it. It is possible however to learn from any accident/incident what kind of action will be needed to prevent similar occurrences in the future. The department head should seek the answers to what happened, why it happened, and what preventive action should be taken.

Follow all hospital procedures for accidents/incidents. Submit a report immediately to Administration on all accidents/incidents to Risk Management/Administration.

Reviewed: 11/14
Revised: 11/14
COCHISE REGIONAL HOSPITAL
Physical Therapy Policies and Procedures

General Safety

POLICY

The safety procedures listed herein will be followed by all personnel assigned to the Physical Therapy Department to assure the safety of patients, employees and others within the departmental area. The Director of Physical Therapy will assure enforcement.

SCOPE

The following procedures in this section cover electrical safety of medical equipment, fire safety and safe practices concerning patient transfer and treatments. Specific procedures related to patient treatment and evaluations are included by treatment in Therapy Treatment Procedures section.

DEFINITIONS

**Electrical energized equipment**: Equipment utilized by the Physical Therapy Department that is energized by electrical energy supplied from wall receptacles located throughout the physical plant.

**Patient transport equipment**: Equipment utilized by the Physical Therapy Department to transport, move or life patients from one location to another. Such devices include wheelchairs, stretchers, mechanical hoisting devices, and other related devices.

**General medical therapy equipment**: Equipment utilized by the Physical Therapy Department for medical purposes that does not require electrical energy for operation. Such equipment includes exercise equipment of all types.

**Battery operated equipment**: Examples: TNS and Biofeedback.

GENERAL INFORMATION

**Applicable code information**: The regulations presented in this document are based on requirements listed by the Joint Commission of Accreditation of Hospitals for Physical Therapy Departments, the National Fire Protection Association, Standard 76bt (Tentative Standard for the Safe Use of Electricity in Patient Care Facilities), and manufacturer’s recommendations.
Ground Fault Interrupter: Ground fault interrupters are installed in locations adjacent to equipment that utilizes water or conductive fluids for therapy procedures. The ground fault interrupters are designed to disconnect power from the equipment if specified current limits are exceeded.

Exit Signs: Exit signs are posted designating routes to exits.

Emergency Power: Electrical power is automatically supplied to the Physical Therapy Department in the event of a failure of the main power system. Emergency light switched and emergency receptacles are designated by red cover plates.

Patient Alarm System: Allows for patients to notify department personnel when immediate assistance is needed - may be electrical or mechanical.

Reviewed: 11/14
Revised: 11/14
COCHISE REGIONAL HOSPITAL
Physical Therapy Policies and Procedures

Electrically Energized Equipment

POLICY

Generally, all Physical Therapy personnel utilizing any piece of electrically energized equipment will be thoroughly familiar with the operation of the device and the physiological effects of the apparatus. The operational manual is available in the Physical Therapy Department for reference.

The following items will be checked prior to use as per the following paragraph below:

• Ultrasound units
• Hydrocollator unit
• Hydrotherapy Unit
• Paraffin wax bath
• Electrical stimulators
• Exercise equipment, i.e., Stairmaster, Treadmill
• Electrical powered mobilization or treatment tables

Prior to the operation of electrically energized equipment, the operator will comply with the following:

• Know correct operation and application of equipment.
• Visually inspect equipment prior to use for damage to power cord, plug, equipment dials and meters, and treatment accessories prior to use.
• Any equipment failing the visual inspection will be considered unsafe for use and should be tagged "unsafe, do not use" before being set aside.
• Report unsafe equipment to the Director of Rehabilitation.
1.A.21
Page 2 of 2
R: 3/99

- Regularly check equipment for proper function on a monthly basis.

During the use of electrically energized equipment, the operator will be aware of the following:

- Know physiological effects and treatment information specified per modality in Therapy Treatment Procedures Section.

- Listen to unusual noises and vibrations while operating equipment. Report unusual conditions to Physical Therapy Director.

- Observe patient reaction.

- Be alert for unusual meter or dial readings. Discontinue use immediately when observing unusual readings; verify switch positions, pad placement, etc. to insure proper operation before continuing. Persistent unusual readings will indicate an unsafe condition. Discontinue use immediately, tag unit "unsafe, do not use", and report the failure to the department director.

Reviewed: 11/14
Revised: 11/14
COCHISE REGIONAL HOSPITAL
Physical Therapy Policies and Procedures

Patient Transport Equipment

POLICY

Generally, equipment in this category is used to move patients from location to location within the hospital and Physical Therapy Department. Failure of such equipment could cause injury to patient or employee.

The following equipment will be checked prior to use as per the paragraph below:

- Wheelchairs
- Stretchers
- Mechanical hoisting equipment

Prior to and during use of patient transfer equipment, the employee will comply with the following:

- Know the proper operation and use of the equipment.
- Visually inspect the equipment for damaged mechanical components, missing screws, bolts or linkages, and bent or misaligned components.
- Report problems with equipment to the Director of Rehabilitation.
- Equipment that is judged unsafe shall be removed from service until it can be repaired.

Reviewed: 11/14
Revised: 11/14
COCHISE REGIONAL HOSPITAL
Physical Therapy Policies and Procedures

General Medical Therapy Equipment

POLICY

Generally, equipment in this category is used in the treatment of patients. All personnel will be knowledgeable in the proper use of such devices.

The following equipment will be checked prior to use as per the paragraph below:

- Exercise equipment
- Crutches
- Walkers
- Parallel bars
- Pulley and weight systems
- Whirlpool
- Ultrasound/Electrical Stimulation Machine
- Paraffin Bath
- Iontophoresis
- Resisted GT Thera-Band

Prior to and during use of the general medical therapy equipment, the personnel will comply with the following:

- Know the proper operation and use of the equipment.
- Visually inspect prior to use for damaged components, missing screws, bolts, etc., and bent or misaligned components.
- Observe operational characteristics and be aware of unusual motion or noises.
- Report problems with equipment to Director of Rehabilitation.
- Equipment that is judged unsafe shall be moved from service until it can be repaired.

Reviewed: 11/14
Revised: 11/14
Equipment Maintenance

Policy

Equipment maintenance is divided into three areas:

- Operator checks
- Preventive maintenance, calibrations and safety checks
- Repair maintenance

Operator checks: Prior to use on a patient, all equipment will be inspected by the personnel using the equipment. Specific inspection criteria were listed in this section.

Preventive Maintenance and Calibration: Annual major inspections, cleaning, lubrication, calibration and safety checks will be performed on selected equipment items within the department. This maintenance is designed to assure the continued operation and accuracy of all equipment.

Repair Maintenance: Equipment malfunctions will be reported to the Director of Physical Therapy or the person acting in his/her behalf. The Director of Physical Therapy will contact the designated service repair personnel for repair.

Maintenance Records: The annual reports will serve as a record of maintenance performed on selected items within the department. Persons performing operational inspections and safety checks; preventive maintenance and calibrations; and repair maintenance actions will record such actions in each report. Annual inspections and maintenance will comply with all governing agencies and equipment manufacturer’s recommendations.
COCHISE REGIONAL HOSPITAL
Physical Therapy Policies and Procedures

Infection Control Guidelines

POLICY

The Director of Physical Therapy has the responsibility to:

• Assess patient care and safety within the department.

• Evaluate products.

• Ensure proper maintenance and cleaning of all equipment.

• Periodically review and update all procedures and policies relevant to Rehabilitation.

• Submit all policies and procedures that may present an infection hazard to the infection control committee for review before adoption and implementation.

Reviewed: 11/14
Revised: 11/14
COCHISE REGIONAL HOSPITAL
Physical Therapy Policies and Procedures

Patients

POLICY

Isolation Precautions
- The nursing unit should notify the Physical Therapy Department when a patient requiring Physical Therapy is placed in isolation.
- Patients on strict isolation should not treat in the Physical Therapy Department.
- Patients having protective isolation should receive "clean technique care". Personnel should wear gown, mask, gloves and shoe covers.
- All other categories of isolation practiced by the nursing staff must be used by the Physical Therapy staff.

Burn Therapy
- Sterile technique must be used when redressing or debriding a burn wound.
- Clean or sterile linen must be placed over the stretched or wheelchair when transporting patient to Physical Therapy Department.
- Clean technique practices must be observed while providing other routine care for patient.

Wound Management
- All open wounds should be dressed or debrided with "sterile dressing" techniques only.
- Any unexplained drainage, redness or swelling of wound should be reported to the charge nurse or referring physician.

Scheduling
- Patients with burns or on protective isolation should be scheduled during times of minimal clinical activity.
- Patient with contaminated wounds should be scheduled during times of minimal clinical activity.

Reviewed: 11/14
Revised: 11/14
COCHISE REGIONAL HOSPITAL
Physical Therapy Policies and Procedures

Personnel

POLICY

Employee Health

• All personnel in direct patient care should be free of skin lesions and upper respiratory or other infections. Procedures of this hospital requiring medical/laboratory exams must be complied with by all Physical Therapy personnel.
• Personnel with an infection or off duty for more than three days because of an illness should be cleared by the department medical advisor or personal physician before returning to work.

Dress Code

• Sweaters should not be worn when in direct patient contact.
• Jewelry, other than wedding band and watch, should not be worn in direct patient contact.

Hand washing

• Hands must be washed with soap and water before and after each patient contact.
• Surgical scrub should be used prior to any special procedure involving open wounds.

Continuing Education

• All employees in the Physical Therapy Department should be instructed in proper isolation techniques.
• Periodically, classes in infection control policies and procedures should be conducted in the Physical Therapy Department.

Reviewed: 11/14
Revised: 11/14
COCHISE REGIONAL HOSPITAL
Physical Therapy Policies and Procedures

Visitors

POLICY

Visitors should not be routinely permitted in the wound care area.

Visitors can be permitted in the physical therapy area for teaching and demonstrating purposes.

Reviewed: 11/14
Revised: 11/14
COCHISE REGIONAL HOSPITAL
Physical Therapy Policies and Procedures

Materials

POLICY

Sterile Products

• All instruments and materials must be packaged according to approved procedure instituted by this hospital.
• The Director of Physical Therapy must be certain that all requirements of cleaning, wrapping, packaging and storing are met, and that all stored sterile supplies are routinely checked for integrity and expiration date.

Disposable Items

• Must be properly stored and not reused.
• Must be discarded via proper procedure for type of material (i.e., glass, burnables, and so on).

Reusable Items

• Instruments that require sterilization should be rinsed, bagged and returned to surgical area.

Linen

• Isolation linen should be bagged and then returned to laundry.

Reviewed: 11/14
Revised: 11/14
COCHISE REGIONAL HOSPITAL
Physical Therapy Policies and Procedures

Equipment

POLICY

The Director of Physical Therapy is responsible for written policies on proper maintenance and cleaning of all equipment. A routine preventive maintenance schedule, semi-annual, is strictly adhered to for personnel and patient safety.

Records of maintenance and cleaning should be kept.

Certain equipment requires decontamination and cleaning such hydrocollator machines. This equipment may be routinely cultured as part of the QA program with lab report attached to the following page 13.45.

Culturing equipment with culturette.

- Using a sterile culturette, remove swab from the rube, taking care to use the cardboard and not touch the swab.
- Swab the surface to be cultured.
- Return the swab to the tube and break the culture media.
- Take the culture to the lab.
- Examine the report, place on 13.45 and take necessary steps to alter positive report.

Hydrotherapy tanks should be rinsed, cleaned thoroughly with approved disinfectant and rinsed immediately after use.

Turbines should be cleaned by immersing the vent in a solution of disinfectant and circulating the solution by turning the turbine on a low setting. The disinfectant should be discarded after use. The exterior of the turbine should be cleaned with a disinfectant and rinsed with water.

Reviewed: 11/14
Revised: 11/14
Monitoring

POLICY

Environmental cultures may be ordered at any time by the Director of Physical Therapy to check control or work up on outbreak.

Policies and procedures that deal with an infection hazard should be submitted to the Infection Control Committee for review before adoption.
COCHISE REGIONAL HOSPITAL
Physical Therapy Policies and Procedures

Isolation Technique

POLICY

Infection Control

PURPOSE

The separation for the period of communicability of the infected person from other persons, under such conditions as will prevent the direct or indirect conveyance of the infectious agent.

To protect the isolated patient from a superimposed infection.

PROCEDURE

Mask - when indicated:
• Unfold mask and apply securely over nose and mouth.
• Change mask when contaminated.

Gloves - when indicated:
• Put on gloves pulling over cuff and sleeve.
• Discard gloves after use or when contaminated.

Gown - when indicated:
• Always use a clean gown.
• Secure ties on gown so the uniform is completely covered.
• When removing gown, untie belt, wash hands, untie at neck, fold sleeves to slide down over hands, remove gown, put into bag and wash hands thoroughly.
• Hand washing is done using the following technique:
  • Use clean paper towel to grasp faucet when turning on.
  • Use running water to rinse thoroughly.
  • Dry hands on clean paper towel.
  • Turn off faucet with paper towel.
• Removal of instruments from the area:
  • Wash well with phenola/appropriate agent.
  • Rinse under running water.
  • Dry with paper towel.
  • Wrap instruments on paper towel and bag labeled "isolation".
  • Return to sterile supply for further sterilization.

Transportation of Isolated Patients

Drape clean sheet over stretcher or wheelchair.

Put on isolation garb.

Mask patient if he has a respiratory infection. Explain reason to patient.

Assist patient to stretcher or wheelchair and cover patient with draw sheet.


Remove isolation garb according to procedure.

When finished transporting patient, scrub transportation apparatus with phenola/appropriate agent. Cover patient with a clean sheet. If a child needs to be transported, use an extra crib if possible.
COCHISE REGIONAL HOSPITAL
Physical Therapy Policies and Procedures

Notification of Suspected Infection

POLICY

In the event that a suspected infectious lesion is noticed on a patient you are treating, it should be reported to the Director of Rehabilitation, who in turn should make note in the chart of the lesion and verbally notify the charge nurse on the floor of the problem, or the physician if an outpatient.

The status of the lesion should be recorded in the admission evaluation and treatment note, progress notes, and significant change should be reported verbally to the charge nurse of physician.

Reviewed: 11/14
Revised: 11/14
Prevention of Cross Contamination

POLICY

To control cross contamination to patients and personnel, "sterile technique" or "isolation technique", when indicated by this hospital’s infection control procedures, should be used when working with confirmed or suspected infectious cases.

Contaminated articles used on the patients should be disposed of in an appropriate manner.

Reviewed: 11/14
Revised: 11/14
COCHISE REGIONAL HOSPITAL
Physical Therapy Policies and Procedures

Equipment Cleaning/Sterilization

POLICY

Cleaning of hydrotherapy equipment
Hydrotherapy tank is to be cleaned with hospital approved disinfectant or cleaner before and after patient treatment.

The agitator is to be lowered into a bucket of diluted hospital approved disinfectant and run for three to five minutes to clean inside of agitator.

All instruments and apparatus used in hydrotherapy are to be cleaned with a solution of hospital approved disinfectant.

For burn patients or patient with skin lesions, tank and agitator will be cleaned twice according to the above procedures. Tank will be rinsed with hot water and filled again for use.

Betadine Whirlpool Concentrate will be added at a concentration of one ounce per twenty gallons of water to disinfect water; chlorine bleach may be added instead of Betadine. One/half cup of bleach for an extremity (small) whirlpool; one cup of bleach for a full body (large) whirlpool. Any hospital approved disinfectant may be substituted for above.

Alternate method of cleaning
Hydrotherapy tank is to be cleaned with a solution of B-K power at a 200 PPM concentration of chlorine (two level spoons per two gallons water) and allowed to sit for three to five minutes.

For burn patients or patients with skin lesions, hydrotherapy tank cleaned once as above and a second time using 600 PPM concentration of chlorine (six level spoons of B-K power to two gallons water). The agitator is to be lowered into the 600 PPM solution and run for three to five minutes.

Betadine Whirlpool Concentrate or chlorine bleach may be added to water during treatment.

Reviewed: 11/14
Revised: 11/14
Universal Precautions

POLICY

All patients with Blood borne Pathogens cannot be reliably identified. Therefore, in order to minimize the risk of exposure to blood and body fluids, precautions will be consistently used for all patients.

Universal Precautions are intended to prevent parenteral, mucous membrane and nonintact skin exposure to Health Care Workers to Blood borne Pathogens. These precautions apply to blood and other body fluids containing visible blood. Universal Precautions also apply to semen, vaginal fluids, cerebrospinal fluids (CSF), synovial fluids, pleural fluids, pericardial fluids, and amniotic fluid.

Universal Precautions do not apply to feces, nasal secretions, sputum, saliva, sweat, tears, urine, or vomits unless they contain visible blood.

These precautions do not apply to human breast milk. However, gloves may be worn by Health Care Workers in situations where exposure to breast milk might be frequent, as in breast milk banking.

UNIVERSAL PRECAUTIONS ARE SUMMARIZED AS FOLLOWS:

Gloves: Personnel are to wear gloves for touching blood and body fluids, mucous membranes, non-intact skin of all patients, for handling items or surfaces soiled with blood or other blood/body fluids containing blood and for performing venipuncture and other vascular access procedures. Gloves are to be changed after contact with each patient.

Hand washing: Hands and other skin surfaces shall be washed immediately and thoroughly. If contaminated with blood/body fluids. Hands shall be washed immediately after gloves are removed.

Masks & protective eyewear or Face mask: Personnel are to wear masks and protective eyewear during procedures that are likely to generate blood/body fluid droplets in order to prevent exposure of mucous membranes of the mouth, nose and eyes.
Gowns/Aprons: Personnel are to wear gowns or plastic aprons during procedures likely to generate splashes of blood or other body fluids.

Needles/Sharps: All personnel are to take precautions to prevent injuries caused by needles, scalpels, and other sharp instruments during procedures, cleaning, and disposal. Needles are not to be recapped, bent or cut or manipulated by hand. All used needles/sharps are to be placed in the puncture-resistant containers provided. These containers are located in all departments where needles/sharps are used. In patient care areas, the containers are located in all medication rooms, on the medication carts and in the rooms. Small needle holders are provided and are to be used to transport used needles to the puncture-resistant container.

Emergency Resuscitation: In order to minimize the need for emergency mouth-to-mouth resuscitation, mouthpieces, resuscitation bags or other ventilation devices are available for use in areas where the need for resuscitation is predictable.

Lesions/Dermatitis: Personnel who have draining lesions or weeping dermatitis should refrain from all direct patient care and from handling patient equipment until the condition resolves. Personnel with open cuts that cannot be covered by gloves or other forms of barrier protection shall refrain from patient care.

Pregnant Personnel: Pregnant personnel are not known to be at greater risk of contracting blood borne diseases than non-pregnant workers. However, if an
develops during pregnancy, the infant may be at risk. If at all possible, the pregnant Health Care Worker should not work with patients with known blood borne diseases. The pregnant Health Care Worker should be especially familiar with and adhere to precautions to minimize blood/ body fluid risks.

**Blood/Body Fluid Spills:**

For cleaning up blood/body fluid spills: wear gloves; wipe up spills carefully with paper towels, spray area with a 1 to 10 dilution of Sodium Hypochlorite (household bleach), allow to stand for 2 to 3 minutes; wipe area thoroughly with clean paper towels. Discard towels and gloves in the Plastic lined trash containers. Wash hands carefully.

**Blood/Body Fluid Specimens:**

All specimens of blood/body fluids are placed in leak-proof containers and placed in a plastic bag for transportation to the laboratory. Care should be taken when collecting the specimen to prevent contamination of the outside of the container.

Reviewed: 11/14
Revised: 11/14
Disposal of Infectious Waste

POLICY

Infectious waste is red-bagged and ready for pick up in the Physical Therapy Department.

All infectious waste will be taken to end enclosed waste holding bin by the Housekeeping Department to be incinerated daily by the Maintenance Department.

The holding bin is located on the north back end of the hospital, in front of the incinerator.

Reviewed: 11/14
Revised: 11/14
COCHISE REGIONAL HOSPITAL
Physical Therapy Policies and Procedures

Fingernails

POLICY

Artificial fingernails, long nails, and polished nails with chipped or cracked polish and all forms of fingernail jewelry are prohibited in direct patient care staff.

PURPOSE

To establish policy governing the wearing of long, artificial, polished fingernails or fingernail jewelry in direct care staff.

Several studies have confirmed that the presence of long fingernails, artificial fingernails, fingernail jewelry, and nails with chipped or cracked polish harbor bacteria which can be transmitted person to person during care. Fingernails which are long, artificial or polished are known to impede the use of good gloving technique and adequate hand washing. To prevent transmission, support good gloving technique and proper hand washing, it is the policy of Cochise Regional Hospital that these nails will not be utilized by direct care staff.

Direct care staff means any employee, medical assistant, intern, student, physician or volunteer who has direct physical contact with the patient in providing for physical care of the patient. Direct care staff will include Nursing, including RNs, LPNs, and CNAs. Direct care staff will also include Laboratory, Respiratory Therapy, Rehabilitation, Dietary, Housekeeping and Radiology.

Long nails means any fingernail, natural or artificial, which is longer than 3mm beyond the growth surface of the natural nail.

Artificial means any applied fiberglass, acrylic or other chemical overlay used to lengthen or strengthen the nail which could create a seam or joining at the surface of the nail.

Polish is any form of paint, coloration or chemical applied to the surface of the nail.

Fingernail jewelry is any applied device used to enhance or decorate the nail, including decals and dangling hoops or rings placed through the nail.

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COCHISE REGIONAL HOSPITAL
Physical Therapy Policies and Procedures

Paraffin Bath

POLICY

Preparations

Check the paraffin bath temperature.
• Use candy or dairy thermometer.
• Do not apply paraffin if the temperature is above 130°F. To lower the bath temperature, either unplug the line cord or remove the lead unit.

Have saran wrap and towels ready to use.

Place the unit or the patient's chair in such a position that the patient and you have easy access to the paraffin.

Starting the Treatment

Remove watches and rings if in the treatment area. If rings cannot be removed, cover them with several thickness of gauze and hold the gauze in place with tape.

Protect the patient's clothing from paraffin.

Protect the flow around the unit from paraffin. If any paraffin drips onto the floor, allow it to harden and then scrape it up.

Explain the procedure to the patient.
• The paraffin will feel hot, but it will not burn.
• Caution the patient about touching the insides of the unit.

Inspect the part to be treated:
• The skin must be clean in order not to contaminate the tank. Have (help) the patient wash with soap and water.
• The skin must be dry and free from perspiration as water droplets may cause burns.
• Any open or draining lesions, rashes or infections are contraindications for treatment. Small scratches may be covered with gauze.
• Check skin sensation.
  • If skin sensation is not normal, use paraffin with caution.
  • Be sure the bath temperature is not over 130° F.

Paraffin Dip

• The patient's fingers (toes) should be relaxed.
• Instruct (help) the patient to dip the part into the paraffin. After the first layer of paraffin has been applied, the patient should not move the part as cracks may open, allowing the paraffin to seep in, causing hot spots.
• As soon as the part is covered with paraffin (few seconds), remove the part.
• Hold the part over the tank allowing the excess paraffin to drip off.
• As soon as the paraffin has solidified and lost its shiny appearance, the part should be dipped again.
• Repeat the dipping procedure about five times. Dip to the SAME level each time, make sure not to touch the sides or bottom of the paraffin bath.
• Place plastic bag around the final layer being sure to cover all the exposed paraffin.
• Wrap the part neatly in saran wrap and then a towel
• Close lid.
• Leave the paraffin in place for fifteen to twenty minutes.

Terminating the Treatment

• Remove the wrappings.
• Peel off the paraffin and discard to avoid contamination between patient use.
• Dry off the patient.
• Check the patient's skin.

Care of the Equipment (Thermo-Electric Corporation)

• Most paraffin baths should be sterilized once a month depending on usage.
  • Paraffin should be liquid.
  • Unplug the line cord.
  • Dip out the paraffin into another large container down to the slats.
  • Remove and clean the slats:
    • Allow the paraffin to solidify.
    • Scrape off as much paraffin as possible.
    • Dispose of this paraffin.
    • Wash the slats in hot soap and water.
• Dip out and dispose of the paraffin remaining in the bottom of the tank. Use paper towels to remove the dregs; DO NOT attempt to pour out the paraffin.
• Replace slats and paraffin mixture.

Home Use of Paraffin

• Paraffin is VERY flammable. Caution the patient about keeping the paraffin away from any open flame.
• A double boiler must be used.
• Heat the paraffin and oil in the top of a double boiler until the paraffin is melted. The ratio of mineral oil to paraffin is one-half to one ounce of oil to one pound of paraffin.
• Cool the mixture until a thin coating forms on the top.
• Check the temperature of the mixture using a dairy or candy thermometer.
• Instruct the patient:
  • How long the paraffin should remain on the part.
  • How many times a day to use the treatment.
  • The part must be dry before using the paraffin.
  • How to clean up any spilled paraffin.

Contraindications

• Disturbed thermal sensory function.
• Skin infections.
• Peripheral vascular diseases.
• Open wounds.

Reviewed: 11/14
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COCHISE REGIONAL HOSPITAL
Physical Therapy Policies and Procedures

Ultrasound Contact Technique via Gel or Gel Pak

POLICY

Preparations

Determine the procedure to be used:

• Contact method:
  • This technique is used over relatively smooth surfaces and where some pressure can be tolerated.
  • The transducer is held in contact with the skin on the area to be treated.
  • A coupling medium must be used between the skin and the transducer.

• Select continuous or pulsed ultrasound:
  • Most units have a switch which will provide the desired ultrasound.
  • Continuous ultrasound is used for its heating effects.
  • Pulsed ultrasound is used for its mechanical effects.

Check the unit to be used:
• The unit should be grounded.
• Know how to operate the unit.
• All switches should be off.
• Transducer and plug connections should be tight.
• The face of the transducer should be clean.
• Make sure the unit is operating safely and efficiently.
• Warm up the unit if necessary.

Have materials ready to use such as coupling medium, towels, etc. The coupling may be a commercially made lotion to gel or a gel pack.

Starting the Treatment

Explain the procedure to the patient:
• The treatment will be short.
• He may not necessarily feel anything.
• If he has ANY pain in the area being treated, he should tell you IMMEDIATELY.
Check the area to be treated:
• The skin should be clean, dry and free from oils, creams, lotions, etc.
• Check skin sensation. If sensation is not normal, use low intensity.
• Avoid treating over abrasions or recent scar tissue.
• If treating a large area, divide it into sections about six to eight inch squares.
• Avoid bony areas during treatment unless gel pack is coupling medium.

If the patient complains of pain during the treatment:
• Switch to pulsed ultrasound.
• If pain persists, treatment is terminated.

NEVER treat any part of any patient who has an external or implanted pacemaker that is sensitive to ultrasonic or electrical fields or on any area where bone break is present.

Set the ultrasound switch on CONTINUOUS (pulsed).

Tell the patient you are going to put some lotion (Oil, gel) onto his skin.

Apply room temperature coupling medium LIBERALLY and directly onto the skin of the area to be treated.
• Be sure the patient is not sensitive to the coupling medium.
• Protect any clothing and linen from the coupling medium.
• Spread the coupling medium evenly over the skin with the transducer.
• Too much coupling medium is better than too little.
• DO NOT place the coupling medium container on top of the unit.

Turn on the unit (unless preheated).

Recheck to be sure the intensity is at ZERO.

Turn on the automatic timer to the desired or prescribed treatment time.
• Treatment time is usually five to ten minutes.
• Never treat longer than the prescribed time.

Warn the patient that the transducer will feel cold.

Apply the transducer to the skin.
• The transducer contact must be FIRM but not heavy.
• Hold the transducer at a RIGHT ANGLE to the skin: The firm pressure and right angle should be maintained from the moment the intensity is increased from zero to the end of the treatment.

With the transducer CONSTANTLY MOVING, adjust the intensity control to the desired or prescribed watts per square centimeter.
• The intensity is usually 1 to 2 w/cm:
  • The upper scale is usually total watts.
  • The lower scale is usually w/cm.

• The transducer CANNOT remain stationary while adjusting the intensity any must always have contact on patient skin. With some units, the intensity may be adjusted while the transducer is in its holder.

The transducer MUST be kept moving throughout the treatment.
• Use either small circular movements or small longitudinal strokes.
• The next stroke should cover 50 per cent of the previous stroke.
• The speed of the stroke is about one to two inches per second.

NEVER hold the transducer in the air with intensity turned up as the face of the transducer will become hot:
• The patient can be burned when the transducer is placed on the skin.
• The transducer can be damaged.
• A new unit (Dual Diasonic, Mettler Electronics Corp.) has a 50 cm transducer which will not become hot or damaged at six watts or less. Short intervals of no contact are safe at over six watts, but the transducer should be checked for heat before continuing treatment.

The coupling medium MUST be kept on the skin of the area being treated.
• Tip the transducer on its edge and push the coupling medium back onto the skin.
• DO NOT keep the transducer in this position for more than a few seconds at any one time.

Terminating the Treatment
• The unit will shut off automatically at the completion of the treatment time.
• Turn the intensity control off.
• Turn off the unit, unplug the line cord, and move the unit out of the patient's way.
• Wipe off the coupling medium from the transducer and replace it in its holder.
• Wipe off the coupling medium from the skin. If mineral oil has been used, use alcohol to clean the skin.

• Check the patient's skin.
Ultrasound Underwater Technique

POLICY

Preparations

Determine the procedure to be used:

- Underwater technique:
  - This technique is used around uneven surfaces such as the knee, wrist, hand, etc. where good contact is not possible or where the surface to be treated is sensitive to pressure.
  - The part to be treated and the transducer are immersed in the water.
  - The coupling medium is the water.
  - The transducer is held from one-half to one inch from the skin.

- Select continuous or pulsed ultrasound:
  - Most units have a switch which will provide the desired ultrasound.
  - Continuous ultrasound is used for its heating effects.
  - Pulsed ultrasound is used for its mechanical effects.

- Stationary or moving transducer: The moving technique is usually used with the small transducers.

Check the apparatus to be used:

- The unit must be grounded.
- Know how to operate the unit.
- All switched should be off.
- Transducer and plug connections should be tight.
- The face of the transducer should be clean.
- Make sure the unit is operating safely and efficiently.
- Warm up the unit if necessary.

Have all materials ready to use:

- A container will be needed which is large cough to immerse the part to be treated, the transducer, and the therapist's hand.
- The water temperature should be body temperature.
Starting the Treatment

Set the ultrasound switch on continuous or pulsed.

If the patient complains of pain during the treatment:
• Reduce the intensity.
• If pain persists, terminate treatment.

Explain the procedure to the patient:
• He may not feel anything although ultrasound is felt more readily in water. BEFORE the part to be treated is placed in the water, hold the transducer under the water with the face pointing up toward the surface. Turn on the unit and increase the intensity unit, small ripples can be seen.
• If he has any pain in the area being treated, he should tell you IMMEDIATELY.

Check the area to be treated:
• The skin should be clean and free from oils, lotions, cream, etc.
• Check sensation. If sensation is not normal, use low intensity.

NEVER treat any part of any patient who has an external or implanted pacemaker.

Have (help) the patient immerse the part in the water. The water must completely surround the part to be treated.

Immerse the transducer in the water:
• NEVER touch the skin with the transducer if the intensity is up from ZERO.
• Hold the transducer at a right angle to the part and at a distance of from one-half to one inch from the skin.

Turn on the unit (unless preheated).

Turn on the automatic timer to the desired or prescribed treatment time. Treatment time is usually five minutes.

With the transducer CONSTANTLY MOVING slowly back and forth parallel to the part, adjust the intensity control to the desired or prescribed watts per square centimeter.
• The intensity is usually 1 to 2 w/cm.
• The transducer CANNOT remain stationary while adjusting the intensity. With some units, the intensity may be adjusted while the transducer is in its holder.
The transducer MUST be kept moving throughout the treatment:
• Small longitudinal strokes parallel to the part are recommended as these are easier to control under water than circular movements.
• NEVER take the transducer out of the water with the intensity up from ZERO for more than a few seconds at any one time.

When air bubbles appear on the skin and/or transducer, they should be wiped away IMMEDIATELY with your hand.

**Terminating the Treatment**

• The unit will shut off automatically at the completion of the treatment time.
• Turn the intensity control off.
• Remove the transducer from the water, dry it thoroughly, and return it to its holder.
• Turn off the unit, unplug the line cord, and move the unit out of the patient's way.
• Remove the extremity from the water and dry it thoroughly.
• Check the patient's skin.
COCHISE REGIONAL HOSPITAL
Physical Therapy Policies and Procedures

**Moist Heat Packs**

**POLICY**

**Preparations**

Check the unit:
- The unit should be grounded.
- The unit should be hot, 150° to 170° F.
- The water should cover the packs at all times. If water needs to be added, add it at the end of the day.

Check the packs:
- The proper size packs should be ready to use.
- The packs should be thoroughly soaked.
- The packs should be hot:
  - Allow from twenty to thirty minutes for the packs to heat between patients.
  - Department routine may place the used packs in the rear (front) of the unit.

Tongs will be needed for removing small packs from the unit.

Have all necessary materials ready to use: towels, wraps for heat packs 6-8 towel layers (a wrap accounts for about 2-3 layers); 8-10 layers if a patient will be lying directly on it.

**Starting the Treatment**

Special problems may arise with the very young, the elderly, and patients under relaxant medications and impaired.

Explain the procedure to the patient:
- The heat from the packs should be comfortable warm and not hot, and tell him why.
- It may take several minutes for him to feel the warmth.
- If the packs are too hot or too heavy or if any other discomfort develops, he should call you IMMEDIATELY.
- He should not move as unwrapped packs can cause burns.

Use CAUTION: the packs are hot and heavy and the patient can be easily burned.
Check the skin. Be careful to check the skin for any unusual marks before treatment is started: i.e., scars, lesions.

Check the skin sensation. Use hot packs with EXTREME caution if sensation is lacking or diminished.

Toweling may be needed with a neck pack, obese patients, or with patients lying on their back.

Drape patient according to preserve modesty and promote relaxation.

No part of an unpadded pack should touch the patient.

Commercial pack covers may be used. Several thickness of Turkish toweling should be used on the area to be treated for hygienic purposes and insulation.

Check the patient after a few minutes.
- More toweling may be added between the pack and the patient.
- DO NOT remove toweling or change the packs as they begin to cool.

The treatment time is usually twenty to thirty minutes.

**Terminating the Treatment**

- Remove the pack from the patient.
- Remove the toweling from the pack and/or patient.
- Replace the pack in the unit.
- Close the unit lid.
- Dry the patient thoroughly.
- Check the skin carefully for any unusual redness.
- Dispose of the towel used next to the patient.
- Hang or spread the other towels to dry. DO NOT use wet or damp towels on any patient.
Notes

• DO NOT allow packs to dry out as they will become hard and brittle.

• New packs should be soaked overnight.

• The unit should be cleaned once a month depending on usage:
  • Drain the tank.
  • Clean the tank using a mild disinfectant and soap. DO NOT use abrasives.
Commercial Cold Packs

POLICY

Preparations

Determine the procedure to be used:
- Wet Wrap Pack
- Dry Wrap Pack

Check the unit:
- The cold pack unit is usually kept at 10°C.
- The unit will need periodic defrosting.

Check the packs. The packs should be cold.
- Four to five hours must be allowed to thoroughly chill new packs.
- It will take approximately one hour to chill packs after a treatment.
- The packs may be used with or without their terry covers.

Have all materials ready to use. Towels need to be at least 2-3 layers of protection.

Starting the Treatment

Explain the procedure to the patient:
- Towels will be placed between the pack(s) and his skin to allow him to feel the cold gradually.
- He should inform you if any discomfort occurs.
- Describe the sensation he will feel.

Check the area to be treated:
- If the patient's skin sensation is not normal, use caution.
- Hypersensitivity to cold is a contraindication for the use of cold.
- If the area to be treated has been frostbitten at any time, DO NOT use cold.
Wet Wrap Pack:
• Protect any clothing and linen from moisture.
• Dampen a Turkish towel in warm water.
• Wring out any excess water.
• Spread out the towel on a flat surface.
• Remove the correct size pack from the unit.
• Close the unit lid.
• Place the pack on the towel.
• Wrap the pack in the damp towel in such a way that one side of the pack has only one or two thicknesses on it. If using more than one pack, wrap each pack separately.
• Warn the patient that you are about to place the pack on the area to be treated.
• Place the pack on the skin with the thinly wrapped side next to the patient. The pack may be placed under the patient if he will be comfortable throughout the treatment.
• Cover the pack with a dry Turkish towel to retard warming.

Dry Wrap Pack:
• Protect any clothing and linen from moisture.
• Place a dry pillowcase on a flat surface.
• Remove the correct size pack from the unit and place it on the pillowcase.
• Close the unit lid.
• Wrap the pack in the pillowcase in such a way that one side of the pack has only one or two thicknesses on it. If using more than one pack, wrap each pack separately.
• Warn the patient that you are about to place the pack on his skin. The pack may be placed under the patient.
• Cover the pack with another dry Turkish towel to retard warming.

No part of any unwrapped pack should touch the patient's skin.

Do not replace the packs as they warm up.

The treatment time is usually five to fifteen minutes.

Make sure the patient is otherwise warm throughout the treatment.

**Terminating the Treatment**

Remove the pack and toweling from the patient and replace the pack in the unit.
Close the unit lid.

Dry the patient thoroughly.

Check the patient's skin.

**Notes - The unit will have to be defrosted and cleaned periodically.**

Unplug the unit.

Remove the packs.

Leave the unit lid open.

Open the unit drain to allow the melted frost to empty.

Wipe out the remaining moisture with paper towels.

Allow the unit to dry thoroughly.

Plug in line cord, replace packs, and close the lid.

**Contraindications**

Hypersensitivity to cold.

Rheumatoid Arthritis.

Caution over bony prominence.
COCHISE REGIONAL HOSPITAL
Physical Therapy Policies and Procedures

Foot Bath

POLICY

Preparations

Determine the procedure to be used:
• Select the patient’s position.

Fill the clean foot bath approximately two-thirds full of water:
• Close the foot bath drain.
• The water temperature is usually 96° to 100° F.
• Agitator intakes should be well covered with water.
• Do not overfill the tank.

Check the foot bath:
• The foot bath must be grounded. A hospital approved ground fault interrupter must be used on the circuit.
• The line cord plug must be secure.
• Check the operation of the turbine.
  • Turn on the turbine and adjust the water pressure and bubbles to a soft flow.
  • Never turn on the turbine unless the intakes are well covered with water.
  • Never cover the intakes on the motor.

Add hospital approved disinfectant is necessary:
• A disinfectant may be added to the water when treating an open or infected lesion.
• A disinfectant may be used as a psychological aid.

Have all necessary materials ready:
• Drinking water should be readily available.
• Towels for padding and drying should be ready.
Starting the Treatment

Explain the procedure to the patient:
• Tell him the water is warm.
• Explain the action of the turbine.
• Instruct him not to cover the agitator intakes or outlets with his hand or foot and tell him why.
• Caution him never to touch switches, the conducting cord, or any electrical outlets.

Have the patient remove his clothing as necessary and provide him with a T binder, gown, or other appropriate clothing.
• If treating the upper extremity, have the patient remove his shirt (dress, blouse) to prevent it from wrinkling or becoming wet from the water or perspiration.
• If treating the lower extremity, have the patient remove shoes, socks, dress, or trouser to prevent them from wrinkling or becoming wet. Do not allow patients to roll up the trouser legs as this may impair circulation.
• Have the patient remove his watch if appropriate.

Remove all bandages, tape, dressings, etc. as these will damage an operating turbine. Do not pull off dressings that stick. Allow them to soak in the foot bath with the agitator off.

Remove all braces and splints unless contraindicated.

Recheck the water temperature and position the patient as necessary.
• If the patient is sitting outside the tank, pressure points caused by the edge of the tank should be padded with rubber sleeve or a folded towel. Do not allow the towel to touch the water.

Position the turbine. For the first treatment, it may be desirable to direct the water and bubbles away from the area being treated.

Turn on the turbine. Adjust the water and air bubbles as desired.

If large patches of dead skin begin to slough off during the treatment as will happen when treating burn and frostbite, shut off the turbine occasionally during the treatment and remove the skin from the tank.

If the patient’s face becomes flushed, place a cold cloth on his head and offer him a drink of water.

Treatment time is usually ten to twenty minutes. Never leave children, elderly, or impaired
patients unattended.

Terminate the treatment if the patient becomes dizzy, tired, nauseated, or overheated.

**Terminating the Treatment**

Turn off the turbine and move it to one side.

Remove the patient from the water and dry him thoroughly.

Inspect the skin.

Empty and clean the tank. The possibility of cross-infection must be considered.

- If you have treated an open or infected lesion, wear rubber gloves and use a disinfectant when cleaning the tank.
- Do not touch your eyes or mouth until you have thoroughly washed your hands.
Contrast Baths

Policy

Preparations

Determine the procedure to be used. Timing routines may vary, but they should be exact.
• Always start with warm and end with warm.
• Examples:
  • Three minutes in warm and one minute in cold; alternate for thirty-one minutes.
  • Four minutes in warm and one minute in cold; alternate for thirty minutes.
  • Five minutes in warm and two minutes in cold; alternate for thirty-five minutes.

Set up the treatment where warm water and ice are easily available to maintain the proper water temperatures.

You will need two containers large enough to immerse the parts to be treated. Large plastic or polyethylene wastebaskets may be used for lower extremity baths.

Fill the clean containers two-thirds full of water.
• DO NOT fill the containers too full as immersion of the extremities will cause the water to overflow.
• The water temperature in one container should be between 50\(^\circ\) and 61\(^\circ\) F.
• The water temperature in the other container should be between 100\(^\circ\) and 104\(^\circ\) F.
• A disinfectant should be added to the water if the patient has an open or infected lesion.

Use a thermometer to check the water temperature.

Starting the Treatment

Advanced arteriosclerosis and advanced peripheral vascular disease should be treated with EXTREME caution if at all.

If the lower extremities are to be treated:
• Provide a chair low (high) enough for the patient's feet to rest comfortably in the bottom of the containers when immersed.
• Or elevate the containers to a comfortable height.
- The containers should not be too tall as the edges may cause pressure points under the knees.

Explain the procedure to the patient:
- One container contains warm water and the other contains cold water.
- Tell him what the water temperatures are. Allow him to feel the water if necessary.
- A timing routine must be followed. Explain what you want him to do and the timing routine to be followed.
- Immersion into one container from the other must be immediate and complete, and tell him why.
- He should let you know if any discomfort occurs.

Instruct the patient to remove the appropriate clothing. Keep the patient properly draped.

Remove his watch if appropriate.

Protect his remaining clothing and the floor from the water.

Inspect the parts to be treated.

Instruct (help) the patient to immerse the part(s) into the warm water.

Keep the patient warm throughout the treatment.

**Terminating the Treatment**

Remove the extremity and dry thoroughly.

Check the skin.

Wipe up any water on the floor before allowing the patient to move from the area.

**Notes**

Home use of contrast baths:
- Tell the patient about using plastic wastebaskets.
- Write down:
  - The water temperatures for each container.
  - The timing routine he is to follow.
  - How many times a day he should use the contrast bath.
Instruct him to always check the water temperature with a dairy or candy thermometer.

**Contraindications**

- Advanced arterial sclerosis.
- High Blood Pressure (if large area).
- General weakness.
- Aged.
- Open wounds.
- Extremely fragile skin.
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Physical Therapy Policies and Procedures

Massage

PROCEDURE

STEP 1  Check Procedure:
ACTION: Review prescription form, patient chart, or call physician for
Clarification is needed.

STEP 2  Check Supplies:
ACTION: Make sure towels, and lotion or powder are readily available.

STEP 3  Prepare Patient:
ACTION: Proper positioning and draping techniques should be
followed.
ACTION: Skin should be clean, free from oils, lotions, cream, etc.

STEP 4  Inspect Treatment Area:
ACTION: Inspect treatment area and record information on chart.

STEP 5  Start Treatment:
ACTION: Explain procedure and treatment to patient.

STEP 6  Giving a massage

NOTE: A LUBRICANT WILL USED SUCH AS TALCUM POWDER OR LOTION
ACCORDING TO THE SKIN OF THE PATIENT.

Stroking Movement

Superficial Stroking: This consists of the passage of the hand over an area of the
patient's skin with a slow, gentle and rhythmic movement. The time of the movement is
slow in order to be rhythmic and the technician's movement is continuous and in the
same tempo even when the hand is not in contact with the patient. To secure the reflex
effect, the pressure must be gentle. It should be firm but light, with the hand adapted to
the contour of the patient's body, a combination which can be secured only with the
muscles of the hand relaxed. Rhythmic movements are also essential to secure an
even stimulus. This is attained by making the time identical between the beginning and
end of each stroke and between strokes. The direction of the movement is unimportant
in this form of massage provided it is the same throughout the treatment.
**Deep Stroking Massage**: Have the patient's muscles relaxed to take advantage of gravity, to make the movements deep but not heavy and to make them always in the direction of the venous flow. To secure relaxation, the patient should always be recumbent even when deep massage is being given to an extremity. With the muscles relaxed, deep movement is transmitted to all the structures under the hand. Heavy pressure is not needed as the venous pressure is slight and a heavy irregular movement may set up a protective reflex muscular contraction to defeat the purpose of the treatment. The direction is always with the venous flow. In using this form of massage on the limbs, the proximal segment should be treated in the beginning.

**Compression Movements**

**Kneading**: This consists in grasping, wringing, lifting, rolling or pressing a part of a muscle or muscle group. Absolute relaxation of the patient's muscles is essential for effective kneading. Too heavy pressure may force the arterial blood against the stream. Moderation in pressure, and timing and direction of movement are again necessary. The operator's hand grasps a part of the muscle (or a group of muscles), lifts it up as much as possible and kneads it. Then the hand moves up a hand's breadth and repeats the same manipulations. One or both hands may be used. When the muscles cannot be lifted, as on the back, the movement may be that of rolling or pressing one muscle over the other. In kneading, a thorough knowledge of the anatomy of the muscles is essential.

**Friction**: This consists in pressing deeply on the part under treatment and moving the hand in a circular direction, moving the superficial over the underlying parts. The effect of friction is to free adherent skin, to loosen scars and adhesions of deeper parts, such as tendons on the back of the hands, and to aid in the adsorption of local effusion. Friction is an important massage manipulation around joints and for the small areas, such as the hand, foot and face. The movement is done with one or two fingers or a part of the hand closely applied to the skin, motion being over the underlying tissue in small circles or in other direction. Again, the pressure should be moderate and the movement should have a certain rhythm. This pressure may later be increased progressively if conditions are favorable.

**Percussion Movements**

Clapping consists of bringing the hands, help partly open so that the fingers and palm form a concave arch alternately into contact with the patient's body. The movement is performed chiefly from the wrists. Hacking is done by striking the area with the ulnar side of the fingers so that the fifth finger comes in contact with the body first and is followed by the others in quick succession.
Tapping is done with the tips of the fingers, which are used as in piano playing.

In beating, the half-closed fist is used to percuss the body. The movements are mostly used on healthy persons and are usually employed by gymnasiurns and in Turkish bath establishments.

**STEP 7** Terminating Treatment:
**ACTION:** Dry patient and advise them to get dressed. Return all unused supplies to storage area. Let all towels dry and place with soiled linens.

**STEP 8** Inspect Treatment Area:
**ACTION:** Inspect treatment area and record information on chart.
**NOTE:** LOOK FOR ANY UNUSUAL MARKS THAT WERE NOT THERE BEFORE THE TREATMENT STARTED.

**STEP 9** Release Patient:
**ACTION:** Have patient get dressed. Also let the patient know if they have any problem with the treatment to let you know.

**STEP 10** Clean Area:
**ACTION:** Return all unused supplies to storage area. Let all towels dry and place them with soiled linens.

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Physical Therapy Policies and Procedures

Ice Massage

PROCEDURE

Preparations

Have the ice ready. Water can be frozen in plastic cups or ice cups may be used.

Have towels ready to use.

Starting the Treatment

Explain the procedure to the patient:
• The ice will be applied directly to the skin.
• Describe the sensations he will feel.
  • The first sensation will be that of coolness. Then he will experience a burning sensation.
  • After approximately three minutes, he will feel an aching type of pain.
  • Then the skin will feel numb.
• Instruct the patient to tell you when each of these sensations is attained.
• Reassure the patient that the treatment is completely safe and that the skin will not be frozen.
• Tell him how long the treatment will be.

Check skin sensation. If sensation is lacking or diminished, use caution. With all patients, do not use ice massage for longer than five minutes.

Checks the patient's hypersensitivity to cold.
• Hypersensitivity is a contraindication to the use of ice massage.
• If the area to be treated has been frostbitten at any time, do not use ice massage.

Protect any clothing and linen from the water.

Protect your hands from the ice.
• If using ice in a plastic cup, tear off the upper half of the cup and hold the ice in the bottom half.
• If using ice cubes, wrap half of the cube in a washcloth, towel, or several thickness of gauze.

Warn the patient before you start the ice massage.
Apply the ice directly to the skin.
• Use either a circular or back and forth movement.
• The speed of the movement is about four inches per second.

If treating a large area, divide it into areas no more than six inches in diameter. Massage each area separately until all effects have been attained.

Massage on or around (or both) the involved area.
• Avoid massaging over bony prominence.
• Pressure should be firm but not heavy.

**Terminating the Treatment**

Stop the ice massage when the skin anesthesia has been attained for each area.

Dry the patient thoroughly, but without using friction.

Check the patient's skin.

Disconnect the appliance from the unit and remove it from the extremity.

Check the extremity to determine if there were any undue pressure points caused by wrinkles in the stockinet.

Remeasure the extremity and compare the difference in girth as measures before start of the treatment.
• Note difference and record on chart.
• Measure for Jobst stocking if ordered.

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Physical Therapy Policies and Procedures

Electrical Muscle Stimulation

PROCEDURE

Select appropriate sized single patient use electrodes for each client.

Prepare room and patient for treatment. The following items are necessary:
Electrical stimulation machine and leads.

Apply alcohol to cleanse area where electrodes are to be applied.

Attach electrodes to stimulation unit and apply to patient. Be sure there is good contact between the electrodes and the patient.

Select treatment duration.

Select appropriate mode of stimulation.

GRADUALLY increase the intensity.

Never apply electrodes when the intensity is on. Do not lift and replace the electrode without returning intensity to ZERO.

Apply treatment according to the indications of the patient's diagnosis and prescription.

Turn off the current at the termination of treatment.

Remover electrodes.

Inspect areas where the electrodes have been applied.

It is desirable that:

• The patient is in a comfortable position and is relaxed.

• The part to be treated is well supported.
• The patient has no apprehension regarding the current.

• Skin irritation be kept to a minimum.

• Good contact is always maintained between the skin and the electrodes.

**Avoid:**

• Sudden increases in intensity.
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**Iontophoresis**

**PROCEDURE**

**Preparations**

Determine the procedure to be used.

**Starting the Treatment**

Check the patient's sensitivity to the drug.

Explain the procedure to the patient:
- Describe the sensation he should feel. It should be a gentle prickly sensation which later turns to one of warmth.
- Tell the patient not to move and tell him why.
- Tell him not to touch the electrodes or the unit and tell him why.
- Explain that he should tell you immediately if he experiences any burning sensation or other discomfort.
- It may be necessary to demonstrate on yourself first or let him feel the current with his hand before starting the treatment.
- Explain to the patient that he may see a redness on the area after the treatment.

Check the area to be treated:
- Skin sensation should be normal.
- The skin should be clean and free from lotions, creams, etc.
- Do not treat over abrasions, cuts, new skin or recent scar tissue.
- NEVER treat ANY part of ANY patient who has an implanted or external anatomic or conventional pacemaker that is covered to external electrical fields.
- Protect any remaining clothing from water.

Remove all metal under or near the active and dispersive electrodes to prevent burns.
If treating the wrist or hand, remove all rings, bracelets and watches. (Insulate any removable rings).
Storage of Medications and Chemicals

Small quantities of prescription medications and chemicals required in iontophoresis procedures may be kept in the Physical Therapy Department.
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Physical Therapy Policies and Procedures

Transcutaneous Electrical Nerve Stimulation

PROCEDURE

Preparations

This is a generic procedure. Specific instructions pertaining to various units must be operated according to the manufacturer’s operations manual.

Patient will provide a TNS unit or one will be supplied on a lease basis by a third party provider.

Check unit as follows:
• Battery fully charged.
• Line cord units should be grounded.
• Know operational procedure for unit.
• Observe cords for integrity.

Materials ready:
• Electrodes: plain or pre-gelled.
• Gel.
• Alcohol wipes to clean skin prior to electrode application.
• Adhesive covers for plain electrodes.

Starting the Treatment

Explain the procedure to the patient.
• Why it is being done.
• Sensation to expect.
• Reassurance that it will not “shock”.
• Demonstrate on self if patient appears anxious.

Check area to be treated.
• Skin should be clean, no lotion, creams or oil.
• Check skin sensation.
• Remove all metal in area. If unable to remove metal, metal should be padded well with dry gauze/cotton with rubber/plastic.
• Protect clothing in area from gel.

Prepare electrodes.
• Cover conductive side of rubber electrodes with gel. (This step is not necessary with pre-gelled electrodes.)
• Attach lead wires to electrodes.
• Tell patient you are placing electrodes on his skin.
  Placement can be:
  • On either side of pain site.
  • On nerve roots at spinal cord.
  • On peripheral nerves serving the painful area, and proximal or distal to the point of pain.
  • On pain site.
  • On nerve root and painful area.
Complete contact between electrode and skin surface is essential throughout treatment time.
• Electrodes should not touch each other.
• Electrodes can be held in place with sandbags, straps, taping, etc.

• Skin irritation may occur.
  • Change conducting medium.
  • Change positions of electrodes.

• Starting unit.
  • Check for zero settings.
  • Turn unit on, informing patient of your actions.
  • Adjust stimulus.
    • Slowly increase intensity until patient feels sensation. Adjust to comfort. Muscle contraction is not desired.
    • Duration of stimulus (width) and number of times (rate) are based on observation/experience.

• Treatment time: Variable.
  • Patient is instructed to use TNS until pain is gone.
  • Patient in instructed NOT to use TNS unit while sleeping.
  • Patient is instructed that the current intensity may need to be adjusted to accommodation of the body to electrical current.
Terminating the Treatment at Home

Return intensity control slowly to ZERO.

Turn unit off.

Remove electrodes.

Check treatment area for changes:
• Dial settings for intensity, width, and rate.
• Electrode placement sites.
• Duration of treatment.
• Amount of pain relief.
• Unusual response to treatment.
• Specific unit used.

Follow-up

Electrode care.
• Wash and dry plain electrodes.
• Pre-gelled electrodes should be attached to their plastic covers and sealed in the re-sealable packet.

Contraindications to TENS

• Any part of any patient with implanted or external conventional or atomic stimulation devices such as cardiac pacemaker.
• Any part of any patient with coronary heart disease.
• Any area over the heart.
• Recent scar tissue, new skin.
• Open cuts, abrasions.
• On or near recent or nonunion fracture site, if possible muscle contraction could occur.

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Bandaging and Taping

PROCEDURE

Preparations

Definition - Bandage: A strip or piece of gauze or other material for wrapping or applying over a body part.

Classification of areas which can be bandaged:
• Ovoid - head, hands, feet.
• Cylinder - trunk, arm, ankle, wrist.
• Cone - forearm, upper leg, thigh.

Basic turns (unit structure of bandaging)
• Circular
  • Applied to cylindrical parts.
  • Turns are at right angles to long axis of part.
  • Each turn overlaps preceding turn.
  • Used to anchor or terminate the bandage.

• Spiral
  • Also called oblique b., used on cylinder.
  • Carried upward and obliquely.
  • Overlap 1/2 to 2/3 width.
  • Ascending, descending.
  • Slow, to splint or immobilize.
  • Fast, or rapid, - to hold a dressing.

• Spiral reverse - used for cones
  • At each turn bandage reverses on itself.
  • Reverse prevents gapping; keeps bandage flat.

• Recurrent - applied to avoid shape
  • Recurring layers.
• Figure-of-8 - for use joints and stump
  • A number of turns applied each a little higher or lower than last.

• Purposes of bandaging (are rarely sterile).
  • Asepsis - to keep area clean.
  • Pressure to prevent bleeding - compression bandage.
  • Fix a dressing in place.
  • Increase temperature of the part (secondary effect).
  • Give support.
  • Anchor or fix a splint in place.
  • Restrict, limit, or assist motion.
  • Shape and shrink amputee stump.

• Materials used in bandaging.
  • Muslin strips - Used to increase temperature of part and restrict or limit motion; apply compression.
  • Gauze, kling, kerlix (to hold a dressing).
  • Flex-Net
  • Adhesive tape - Ace - has resilience in weave.
    • Restricts motion, assists motion.
    • Gives support.
    • Controls circulation through the area by pressure.
    • Anchor splints.

• General rules of bandaging.
  • Hold bandage in the proper position.
  • Face work.
  • Bandage snugly, not tightly.
  • Skin surface is never bandaged to skin surface.
  • Use proper width bandage - lean toward narrow rather than wide.
  • Apply neatly.
  • Use necessary amount.
  • Terminate the end with proper fastenings (tape).
  • Bony prominences protected with cotton or foam.
• Bandaging the amputee stump.
  • Classifications of stumps - A/K, B/K, A/E, B/E.
  • Purpose of stump.
    • Shape and shrink the stump.
    • Future success of prosthetic fitting and use.
    • Excessive fatty (adipose) tissue reduced.
    • Prevents adductor roll in A/K.

  • Support soft tissue in early healing stages reduce accumulation of fluid.

• Materials:
  • 2", 3", 4" and 6" ace bandages.
  • Number and width vary according to size and length of stump, generally 6" on A/K stump; 4" on B/K.

• General rules for bandaging stumps:
  • Bandage is maintained continuously - 24 hours.
  • Ideally is left on for four hours provided it is secured and comfortable.
  • Apply pressure under moderate tension - guard against a tourniquet - like action at the proximal end; never use a circular turn.
  • Cover the whole stump.

• Supporting bandages: May be classified as those bandages which give support, anchor, or fax a splint in place and restrict, assist motion.
  • The most commonly used material in our field is tape or ace bandages.

**Taping**

This is a generic procedure. The application and function of the taping is dependent on the specific type used.

McDonnell Taping - Two layer tape system used primarily for support and stabilization of a body part.

Kinisio Tape - One tape system. Indications are for correct muscle fen, improve circulation, pain relief, or re-position, subdued joint.

Athletic Tape - One tape system used primarily for temporary correction of either suspiration or provocation of the feet.
• Pronation
  • Three strips of tape successively applied from base of volar surface of great toe, proximal amina hc and extending distal to base of little toe.

• Supination
  • Three strips of tape successively applied in reverse order to pronation taping - e.g., from little tow to hulcord to base of great toe.

• Anchor
  • Both tapings are secured by a single piece of tape applied to volar surface of splayed rays and secured on dorsal surface of forefoot.

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Physical Therapy Policies and Procedures

Stump Wrapping for an Above Knee (AK) Stump

PROCEDURE

Use Three 6" Ace Bandages. Have patient stand if possible.

Purpose of Bandaging

• To shape the stump.

• For comfort of the patient due to total contact of the bandage.

• Prevention of an "adductor" roll (second bandage).

• To hold the stump IN and BACK to prevent contracture (third bandage).

• To prevent swelling of the stump and to reduce edema.

First bandage used to wrap primarily the bottom half of the stump.

• Begin wrapping the stump with the bandage placed at an angle. Continue with the "figure 8" applying upward pressure only at the end of the stump.

Use second bandage to wrap the top half of the stump.

• Start wrapping where first bandage ends and continue "figure 8" making sure to:
  • Wrap as high as possible in the groin area to prevent a roll of fatty tissue (adductor roll) from forming.
  • Wrap high on the outside to compress any excess tissue.
  • The end of the second bandage may be anchored around the bottom of the stump.

Wrapping third ace bandage.

• Place Ace bandage in front of stump and wrap away from body.

• Take bandage toward the back of stump and bring through legs, overlapping in on first wrap.
• Bring bandage behind waist and bring around front of waist.

• Continue taking bandage around back until reaching back of stump, then use safety pin where bandages overlap.

• After pinning, take bandage between legs and bring forward, pulling tightly away from body. Continue wrapping stump with regular "figure 8" wrap until bandage runs out.

The completed bandage should:

• Be wrinkle free.

• Be firm and slightly hard at the bottom of the stump indicating that the pressure of the bandage is pulling forward.

• Be without pressure around the stump.

• Be high on inside of the leg (groin region) and high on the outside to compress any excess tissue.

• Be holding the leg "back" and "in".

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Stump Wrapping for a Below Knee (BK) Stump

PROCEDURE

Use Tow 4" Ace bandages for BK.

Purpose of Bandaging

• To shape the stump into a conical shape. To have the bottom of the stump smaller than the top. This makes the prosthesis easier and less painful to put on.

• To reduce the swelling by pushing the fluids up and out into the bloodstream.

First Ace used to wrap primarily the bottom of the stump up to the knee joint.

• Start wrapping stump with the bandage placed at an angle on the stump.

• Bring the bandage behind the stump, forming a "figure 8" (APPLY NO PRESSURE AROUND THE STUMP) and add pressure on the BOTTOM of the stump pulling UPWARD.
  • Stagger the bandage - DO NOT place too much thickness over the front of the prominent bone in the leg. This could cause blood circulation to be cut off resulting in an ulcer.
  • "Lay" the bandage on around the stump applying the pressure only at the bottom of the stump.

Second Bandage - primarily for the top half of the stump.

• Continue the "figure 8" putting very little pressure on the bandage making sure:
  • The knee is covered plus the area 3-5" above the knee.
  • The bandage has been wrapped around the bottom of the stump once.
The completed bandage should:

- Be without wrinkles.
- Be without pressure around the stump.
- Be firm and slightly hard at the bottom of the stump indicating that the pressure of the bandage is pulling upward.
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Physical Therapy Policies and Procedures

Exercise

POLICY

This modality is the most variable used in the department. Factors influencing utilization are diagnosis, age therapist preference, therapist training, equipment available, etc. The therapist's good judgement is the most important single factor. Patient's tolerance is highly significant.

In general, if pain from exercise, the pain should be of no longer than 1-2 hours duration.

Specific exercise prescriptions and descriptions should be in the patient's medical chart.
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Physical Therapy Policies and Procedures

Gait Training

POLICY

The therapist should be aware of the weight bearing status of patient. If ever there is doubt regarding weight bearing status, instruct patients in non-weight bearing until physician informs otherwise.

All patients should be monitored constantly while in department for gait training.

Patient should be instructed in proper use of any assistive devices prior to attempted gait, i.e., walker, crutches, cane.

Gait belts may be used if, in the therapist's judgment, they are needed or will aid the patient's progress.

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Physical Therapy Policies and Procedures

Protocol for Transferring a Patient In or Out of Bed

POLICY

Due to the delicate medical status of some patients which often necessitates multiple monitor systems, drainage and/or alimentation tubes as well as supplemental respiratory equipment, the following precautions should be exercised when getting a patient in or out of bed.

• Contact a nurse on duty to assist with transfer, if necessary.

• With assist of nurse, temporarily disconnect patient from any systems or equipment that could hinder the patient's safety when being moved, especially feeding tubes (NG or GI).

• Utilize appropriate transfer technique with no less than two people. Check to make sure chair, bed, stretcher, etc. are securely locked. Briefly discuss transfer approach and designate individual responsibilities.

• Once the patient has been moved, see that he is positioned comfortably and securely (restraints if necessary) and assist the nurse in reconnecting or attaching any systems or equipment that were temporarily removed or stopped to facilitate the patient's transfer.

• Upon departing from room, establish an approximate time that P.T. will return to provide further patient treatment and notify the nurse of the patient's status.

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SKIN CARE PROTOCOL

POLICY

Venous Insufficient Ulcers.
- No whirlpool - will increase edema constricting arteries.

Apply dressings.
- Non-adherent layer.
- Occlusive dressings: all emulsion, foam, alginate, hydrocollard

Exercises.
- Walking daily.
- Elevate lower extremities periodically throughout the day.
- Perform ankle pumps throughout the day.

Patient must wear stocking and exercise for their Lifetime!

Rationale

Problem is with production of fibrinolytic agents and lack of muscle pump to decrease fluid. Treatment is focused toward decreasing edema by aiding muscle pump. Decreased fluid will reduce constriction of arteries thereby increasing blood flow promoting healing. Whirlpool in dependent position will increase edema which could aggravate patients' condition. Hydrocolloid occlusive dressing used over ulcer aids in healing as mimic function of skin temporarily and promotes moist wound environment. Exercise important to use muscle pump to lower edema.

Arterial Ulcerations

Treatment

Explain the procedure to the patient.


Irrigate wound with sterile water.
Debride necrotic tissue.

Cover with hydrocolloid occlusive dressing.
- Change dressing every 2-3 days.
- Protect from trauma.
- Good nutrition.
- Keep insulated.

Rationale

Firmly packing wound can contact inhibition or tension and stop the healing process of contraction of wound edges toward the center so wound needs to be loosely packed. Saline has not been found to inhibit healing as it mimics normal body environment whereas Dakin's has been noted to delay healing 6% and Betadyne 10%, both are cytotoxic. Covering the wound with a Hydrocolloid occlusive dressing promotes healing as it is oxygen-impermeable preventing formation of necrotic tissue and also acting as a bacterial barrier. Hydrocolloid occlusive dressings have been found to promote epidermal resurfacing up to 35%. Heals faster because essentially using dressing to take over function of skin temporarily. Dressing does not need to be changed daily as decreased air exposure to wound will prevent formation of necrotic tissue and bacterial contamination.

Pressure Sore Ulcerations

Classifications

STAGE I  Intact skin with non-blanchable edema.

STAGE II  Partial thickness skin loss involving epidermis, dermis or both, but not through the skin.

STAGE III  Full thickness skin loss involving damage to or necrosis of subcutaneous tissue down to, but not through, underlying fascia. The ulcer clinically presents as a deep crater.

STAGE IV  Full thickness skin loss with extensive destruction, tissue necrosis, damage to muscle, bone or supporting structures.
Treatment

STAGE 1

• Cleanse, protect, replenish, moisturize
• Remove/prevent excess moisture
• Reduce/relieve pressure, friction and shear
• Dressing options
  • Liquid barrier film
  • Transparent dressings
  • Hydrocolloid dressings
  • Foam dressings
  • Padding

STAGE II

• All steps from STAGE I PLUS
• Manage exudate
  • Protect from contamination
• Dressing options - dry wounds
  • Liquid barrier film
  • Moist saline gauze
  • Hydrogel
• Dressing options - draining wounds
  • Liquid barrier film
  • Transparent dressing
  • Hydrocolloid dressing
  • Foam
  • Moist saline gauze

STAGE III

• All steps from STAGE I & II PLUS
• Debride if necrotic
  • Mechanical - tweezers, scissors, gauze scalpel
  • Chemical - enzymes
  • Autolytic - types of dressings

• Dressing options - dry eschar
  • Liquid barrier film
  • Hydrogel

• Dressing options - draining wounds
  • Liquid film barrier
  • Hydrocolloid
  • Alginate
  • Foam
  • Saline gauze

• Dressing options - clean granulating wounds
  • Liquid film barrier
  • Hydrogel
  • Hydrocolloid
  • Foam
  • Transparent dressing

STAGE IV

• All steps from STAGE I, II, III PLUS

• Obliterate "dead space" - dead space refers to undermining or tunnels which provide an environment for bacterial and abscess formation. There is also the risk of premature wound closure.

• Dressing options - tunneled/undermined wounds
  • Alcohol free, Liquid barrier film
  • Hydrogel gauze
  • Alginate dressing
  • Cover dressing


- Dressing options - clean wounds
  - Liquid film barrier
  - Hydrogel
  - Saline gauze
  - Hydrocolloid
  - Foam

**Diabetic Ulcers**

Treat as pressure ulcer.

OR casting of the body part where ulcer is located - 6 weeks - UNA boot.

**Rationale** - Casting beneficial as problem with diabetic ulcer is usually lack of sensation to area resulting in ulcerations due to pressure. Castings will relieve pressure to area allowing wound to heal.
COCHISE REGIONAL HOSPITAL
Physical Therapy Policies and Procedures

Physical Therapy/Sports Medicine Wellness Program

POLICY

The wellness program is open to all individuals who have completed a prescribed course of physical therapy. The purpose is to encourage the patient to continue with exercise as a lifestyle change. The patient is entitled to one month free use of the gym equipment at termination of treatment. After one month, a monthly fee of $20.00 must be paid in advance at the first of each month. Hours are from 7:00 AM - 5:00 PM. Patient will be requested to sign a release of liability.

The following rules will be strictly enforced:

• Patients receiving therapy will be given precedence over wellness individuals with respect to use of equipment.
• $35.00 fee will be paid to "CRH Physical Therapy/Sports Medicine Wellness Program". Receipts will be given at that time.
• Those who wish to participate and are not one of the 30 participants will be placed on a waiting list and will be notified as soon as a vacancy occurs.
• All equipment must be utilized appropriately by patrons as demonstrated by staff.
• The department reserves the right to direct wellness individuals to exercise during certain timeframes as needed. There may be certain variable hours during which the patient load would dictate the necessity of same.
• Non-compliance with any of the above mentioned rules will be grounds for immediate dismissal.

Reviewed: 11/14
Revised: 11/14
COCHISE REGIONAL HOSPITAL
Physical Therapy Policies and Procedures

Supervision for Support Staff

POLICY

Support staff (physical therapy aides, secretaries, etc.) will not do or permit to be done any physical treatment that will be billed as physical therapy unless a licensed physical therapist is on site at Cochise Regional Hospital. As part of the job description, which is signed by all support that work at CRH, is as follows:

1. BASIC PURPOSE - Under immediate supervision, a physical therapy aide is responsible for maintaining department supplies at the appropriate level for current patient volume, keeping treatment area clean and prepared for patient use, performing monthly department tasks, transporting appropriate patients between their rooms and the department, treating appropriate patients as prescribed by the therapist, and assist the therapist with patient care.

2. DELEGATED TASKS FOR PHYSICAL THERAPY AIDE - Physical therapy aides take responsibility in the following:
   a. To assist in the provision of the following treatments to patients in a safe, appropriate, professional manner, all of which are done under the supervision of a licensed physical therapist.
   b. Ultrasound, electrical stimulation, therapeutic exercise, hot packs, cold packs, phonophoresis, whirlpool and dressing changes.

3. NON-DELEGABLE TASKS FOR PHYSICAL THERAPY AIDES - In no way will a physical therapy aide, under any condition, do any evaluations, debridement, interpretation, design or modify or establish treatment programs independently, or do any treatment that is included in the physical therapy plan of care.

Disciplinary Policy

Any physical therapy aide found guilty of failing to adhere to the Supervision Policy will be treated as follows: First Offense: verbal warning and two days suspension without pay; Second Offense: Immediate termination.

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