

## Part 2: Documenting Therapeutic Exercises and the Use of Exercise Equipment - 97110

*The following information may or may not be appropriate to your clinical setting. Please review the information and determine the appropriateness of the content prior to sharing with your staff.*

**Eligible for LMS Credit:**  Yes

### When Providing any Kind of Therapeutic Exercise Documentation should Include:

- **Rationale**, i.e., reciprocal pre-gait activities, reciprocal UE motion, improving ROM, strength, tone, flexibility, coordination, reduce pain, reduce edema, improvement in balance, cardiovascular endurance, respiratory status and functional ability, etc.
- **Relationship to specific therapeutic goals or functional activity**
- **Measurable improvements and the use of standardized tests for example** for strength (MMT, 5XSST), ROM (goniometric measurements), pain (pain scale), decreased level of assistance, increased functional mobility, cardiovascular and respiratory efficiency (vital signs, Borg Rating Perceived Exertion (RPE), Shortness of Breath, 6 Minute Walk), balance (Berg, Functional Reach, Get-Up and Go, Four Square Step Test), gait (TUG, Dynamic Gait Index, 10m Walk Test, 3m Walk Test), coordination (Standard Finger to Finger (SFTN), Heel to Shin, Rapid Alternating Movements (RAMs), Point to Point Movement Evaluation), etc.
- **Details of specific exercises and techniques** performed to which muscles for example: closed chain, open chain, passive, active assistive, active, resistive, stretching, reps, weights, etc. and or the use of specific equipment
- **Instructions provided to the patient with patient's response** (for example: hand placement, safe completion of exercises, return demonstration, and verbalization of understanding in measureable terms)
- **Impact of the limitations on the patient's quality of life**
- **How improvement** in one or more of these measures **leads to improved function**
- **Description of new exercises added or changed** to the exercise program to support gains or address barriers to improvement
- Description of the **transition to an independent or caregiver-assisted exercise program** (HEP, FMP, restorative program) with patient or caregiver education and understanding of training

### Examples of Documentation when using Exercise Equipment: What, Why and Outcome

1. Initiated therapeutic exercise program utilizing a stationary bike to increase right knee flexion. Direct 1:1 contact was required to instruct patient in gentle ROM using pedal rocks to improve right knee flexion. Pre treatment R knee flexion 55 degrees and post treatment 60 degrees. The increase in knee ROM has allowed decreased assist with transfers from mod assist to min assist X1.
2. Instructed patient in safe completion of 15 full revolutions utilizing a stationary bike to improve right knee flexion and decrease pain followed by contract relax stretching in sitting. Pre treatment pt c/o 6/10 knee pain and R knee flexion was 65 degrees and post treatment pt reported 4/10 knee pain and R knee flexion was 70 degrees. The reduction in pain and increased ROM enabled patient to ambulate from 20 feet with a rolling walker with min. assist to 80 feet with a rolling walker with min. assist with increased stride length and a step through gait pattern.

## **Examples of Documentation when using Exercise Equipment: What, Why and Outcome - Continued**

3. Initiated direct 1:1 therapeutic exercise program utilizing the Nu-Step to assist with resistive reciprocal UE movement to provide overflow from non-involved extremity (RUE) to involved extremity (LUE) to improve LUE strength and coordination for completion of self care UB bathing and dressing. Pre treatment LUE shoulder strength was 3-/5 and although patient's strength did not improve as evidenced by the MMT, the patient increased the time on the NuStep from 5 to 7 minutes from the day before without a rest break enabling her to don and doff her blouse with minimum assist.
4. Initiated the Omnicycle Elite for 15 minutes utilizing the ortho mode with direct 1:1 contact for active assisted cycling to decrease left hip edema and pain and increase ROM and strength. Pre treatment 2+ edema, 7/10 pain, 65 degrees of hip flexion and 2/5 strength. Post treatment 1+ edema, 4/10 pain, 75 degrees of hip flexion and 2+/5 strength. The reduction in pain and edema and increased hip flexion enabled patient to roll side to side with the use of the siderails and contact guard assist.
5. Instructed patient in the use of the Omnicycle to increase bilateral hand grip for fine motor tasks and trunk strength for ADL in sitting. Patient positioned in stationary chair without arms and completed 8 minutes of full revolutions without a rest break with direct 1:1 contact for safety and verbal cues to maintain grasp. Pre treatment left grip strength using a dynamometer was 11.2 kg and right grip strength 13.4 kg. Post treatment left grip strength increased to 11.8 kg and right grip strength increased to 14 kg. Pt. did not display any loss of balance and the increase in grip strength enabled patient to feed self with built up utensils with moderate assist.
6. Instructed patient in the use of a treadmill to increase gait speed to reduce risk for falls. Pt. walked for a total of 6 minutes with direct 1:1 contact to monitor safety, pulse ox and provide verbal cues to increase base of support, heel strike and gait speed. Pre treatment pt's pulse ox was 96% and TUG score was 23 seconds indicating pt is a high risk for falls. Post treatment pt's pulse ox was 92% and TUG score was 20 indicating pt's fall risk reduced to a moderate risk. After a 3 minute recovery, pt's pulse ox increased to 96%.

## **Examples of Therapeutic Exercise Documentation:**

1. Instructed patient in bilateral straight leg raises (SLR), 10 reps with 5# weight vs. last week 20 reps without weight, increasing quadriceps strength from 3/5 to 3+/5 reducing knee buckling in single limb stance and risk for falls.
2. Patient instructed in 20 reps of bilateral shoulder and elbow flexion with a 2# weight from 30 reps without weights previous week which has strengthened the deltoids from 2-/5 to 3/5 and biceps from 3/5 to 3+/5 in preparation for UE dressing and bathing.
3. Initiated oral motor exercises, 3 sets of 10 reps each with minimal cues and visual feedback improving the patient's speech intelligibility to 40% accuracy.
4. Instructed and trained patient in oral motor exercises, 2 sets of 15 reps each requiring 25% cues which improved labial function, lingual ROM, strength, coordination and buccal tension resulting in less food and liquid spillage from the oral cavity.
5. Instructed patient in progress resistive strengthening exercises to left quads and hamstrings 20 reps with 3# weight in supine and sitting to increase strength in preparation for stair climbing. Per MMT left quads and hamstrings increased from 3+/5 to 4-/5 .

### Refer to:

- Fast Facts Friday 3.18.16 - "Where are you going? *Pedaling with a Purpose* "
- Fast Facts Friday 3.20.15 – "Therex (97110) Skilled Or Not Skilled"