

Signs, symptoms:

- Asymmetry/weakness of leg, abnormal gait (observed during SPPB)
- Vestibular symptoms
- Excessive fear of falling
- Need for mobility device (reported on PVQ)
- Parkinson's disease in EHR (or "signs" observed during SPPB)

¹See CMS definition for homebound next on page

Instructions for Use:

1. Does patient have pain affecting physical function? If no, use left side of flow chart; if yes, use right side.
2. Use appropriate SPPB score
3. Determine homebound status
4. Identify whether there is cognitive impairment or signs/ symptoms
5. Follow color-coded flow to exercise intervention.
6. Consult with patient for mutually agreeable intervention

¹**CMS Definition Homebound:** (see: <http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R192BP.pdf>)

1. A physician must certify that the patient is confined to his/her home. In determining whether homebound criteria are met, the patient's condition over a period of time rather than for short periods within the home health stay should be examined.
2. CMS makes clear that the aged person who does not often travel from home because of feebleness and insecurity brought on by advanced age would not be considered confined to the home for purposes of receiving home health services unless they meet the specific criteria outlined below.
3. CMS Criteria for Homebound Status
 1. **Criteria One:** The patient must either:
 - Because of illness or injury, need the aid of supportive devices such as crutches, canes, wheelchairs, and walkers; the use of special transportation; or the assistance of another person in order to leave their place of residence or
 - Have a condition such that leaving his or her home is medically contraindicated.
 - If the patient meets one of the Criteria-One conditions, then the patient must also meet two additional requirements defined in Criteria-Two
 2. **Criteria Two:**
 - There must exist a normal inability to leave home AND
 - Leaving home must require a considerable and taxing effort.

Strength Gait and Balance
Communication of Initial Recommendations to the Patient's PCP

Recommendations

Strength, balance, or gait problems

A. Refer to HH (use STRIDE order sheet)

or

Refer to outpatient PT per patient preference. Patient is capable of attending appointments (use STRIDE order sheet)

Background:

- Patient has severe mobility limitations, no significant pain, and normal cognition (SPPB < 4, BPI < 3, Mini-Cog NI)
- Patient has severe mobility limitations, no significant pain, and cognitive impairment (SPPB < 4, BPI < 3, Mini-Cog Abnl*)
- Patient has severe mobility limitations, clinically significant pain, and normal cognition (SPPB < 4, BPI >3, Mini-Cog NI)
- Patient has severe mobility limitations, clinically significant pain, and cognitive impairment (SPPB < 4, BPI >3, Mini-Cog Abnl*)

Assessment: Patient has severe mobility disorder and would benefit from home physical therapy.

* Patient has severe mobility disorder and would benefit from home physical therapy. Patient's cognitive status may influence therapy program and subsequent need for supervision.

B. Refer to outpatient PT (use STRIDE order sheet)

or

Patient referred to community-based exercise program, per patient preference

Background:

- Patient has moderate to severe mobility limitations, no significant pain, and normal cognition (SPPB 4-10, BPI < 3, Mini-Cog NI)
- Patient has moderate to severe mobility limitations, no significant pain, and cognitive impairment (SPPB 4-10, BPI < 3, Mini-Cog Abnl*)
- Patient has moderate to severe mobility limitations, clinically significant pain, and normal cognition (SPPB 4-10, BPI >3, Mini-Cog NI)
- Patient has moderate to severe mobility limitations, clinically significant pain, and cognitive impairment* (SPPB 4-10, BPI >3, Mini-Cog Abnl*)

Assessment: The patient has moderate to severe mobility disorder and is appropriate for physical therapy but does not meet criteria for being homebound.

* The patient has moderate mobility and balance disorder and is appropriate for physical therapy but does not meet criteria for being homebound. Patient's cognitive status may influence therapy program and subsequent need for supervision.

C. Patient referred to community-based exercise program

Background:

- Patient has minimal mobility limitation, has no significant pain, and normal cognition (SPPB >10, BPI < 3, Mini-Cog NI)

Assessment: Based upon the observed limitations, we would recommend community based exercise for this patient.

D. Refer to outpatient PT (use STRIDE order sheet).

Background:

- Patient has minimal mobility limitation, has no significant pain, and normal cognition (SPPB >10, BPI < 3, Mini-Cog NI)
- Patient has minimal mobility limitation, has no significant pain, but is cognitively impaired (SPPB >10, BPI < 3, Mini-Cog Abnl*)
- Patient has minimal mobility limitation but has clinically significant pain, and has normal cognition (SPPB >10, BPI >3, Mini-Cog NI**)
- Patient is not mobility limited, but has clinically significant pain, and is cognitively has minimal mobility limitation impaired (SPPB >10, BPI >3, Mini-Cog Abnl***)

Assessment: Patient has minimal mobility limitation but the following condition[s] justifies the need for PT: asymmetry, leg weakness, or abnormal gait found on Short Physical Performance Battery; vestibular symptoms; excessive fear of falling; need for device or brace modification; Parkinsonian symptoms

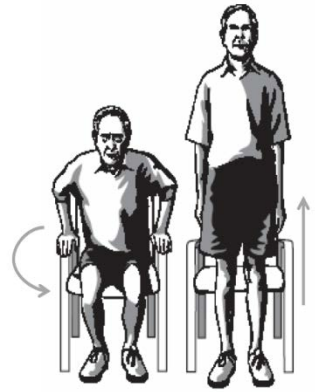



* Patient has minimal mobility limitation and outpatient PT recommended because of cognitive impairment. Patient's cognitive status may influence therapy program and subsequent need for supervision.

** Patient has minimal mobility limitation and outpatient PT is recommended because of clinically significant pain.

*** Patient has minimal mobility limitation and outpatient PT recommended because of clinically significant pain and cognitive impairment. Patient's cognitive status may influence therapy program and subsequent need for supervision.





E. Patient declines to participate in HH, PT, or CBE programs. (Can be used with any of the above Background and Assessments).

EXERCISE 1: Sit-to-Stand

Level 1	Level 2	Level 3	Level 4
Sit to Stand Using Two Hands	Sit to Stand Using One Hand	Sit to Stand Using No Hands	Sit to Stand Quickly Using No Hands
			
INSTRUCTIONS FOR ALL CHAIR STAND EXERCISES			
<p>Sit on a firm, well supported chair that is not too low. See illustration. Position chair back against a wall Point feet forward, lean forward over your knees and stand up</p>			
Push off with both hands when you stand up.	Push off with one hand when you stand up.	Stand up without using your hands to push.	Stand up quickly without using your hands.
Repeat ___ times	Repeat ___ times	Repeat ___ times	Repeat ___ times
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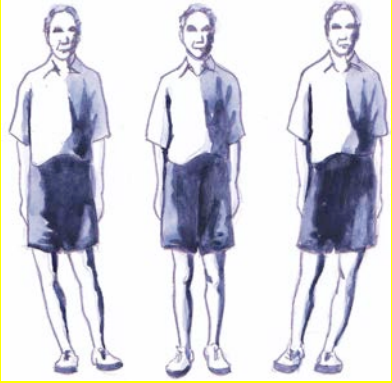



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EXERCISE 2: Heel Raises

Level 1	Level 2	Level 3	Level 4
Heel Raise Hold Using Two Hands	Heel Raise Hold Using Two Fingers	Heel Raise Without Holding	Toe Walking, one hand or 2 finger support
			
INSTRUCTIONS FOR HEEL RAISE EXERCISES			INSTRUCTIONS
<p>Use a table or chair for support. Look straight ahead, feet hip width apart and pointing forward. Come up as high as you can on your toes, lower heels to floor, repeat.</p>			<p>Use an open wall, table, or counter for support. Hold as needed. Point feet forward.</p>
Hold with one or two hands.	Hold with one hand or two fingers.	Try not to hold on but be close to support if needed.	Come up on toes then walk ___ steps. Lower heels and repeat in opposite direction.
Repeat ___ times	Repeat ___ times	Repeat ___ times	Repeat ___ times
DO THIS EXERCISE <input type="checkbox"/>	DO THIS EXERCISE <input type="checkbox"/>	DO THIS EXERCISE <input type="checkbox"/>	DO THIS EXERCISE <input type="checkbox"/>

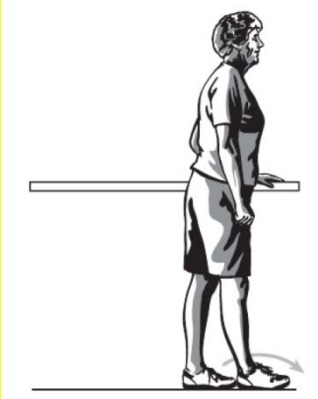



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EXERCISE 3: Weight Shifting and 1-Leg Balance

Level 1	Level 2	Level 3	Level 4
Side-to-Side Weight Shifting	Single Leg Stance Using One Hand for Support	Single Leg Stance Using Two Finger Support	Single Leg Stance Without Holding
			
INSTRUCTIONS FOR WEIGHT SHIFTING While standing, place feet slightly wider than hip width apart.	INSTRUCTIONS FOR ONE-LEG STAND EXERCISES Stand up tall beside a table, counter top, or chair. Point feet forward, raise one foot backward. Stand on one leg. Try to hold this position for 10 seconds on each leg.		
Lean the body gently to the right while keeping both feet in contact with the floor. Repeat in opposite direction.	Hold on with one hand.	Hold on with two fingers.	Try to do this exercise without holding but stand close to support if you need it.
Repeat ____ times	Repeat ____ times	Repeat ____ times	Repeat ____ times
DO THIS EXERCISE <input type="checkbox"/>	DO THIS EXERCISE <input type="checkbox"/>	DO THIS EXERCISE <input type="checkbox"/>	DO THIS EXERCISE <input type="checkbox"/>



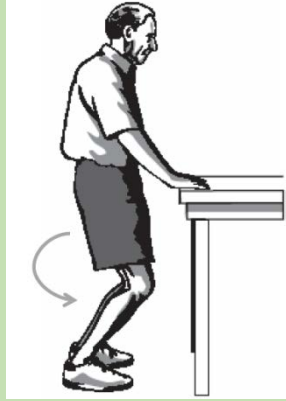

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EXERCISE 4: Heel to Toe Standing and Walking

Level 1	Level 2	Level 3	Level 4
Heel-Toes Standing One Hand Support	Heel-Toes Standing No Support	Heel-toe Walking One Hand Support	Heel-toe Walking No Support
			
<p>INSTRUCTIONS HEEL TOE STANDING Stand up tall beside a table or chair for support. Place one foot directly in front of the other foot so your feet form a straight line with feet pointing forward. Hold this position for 10 seconds. Change position of feet, opposite foot forward.</p>		<p>INSTRUCTIONS HEEL-TOE WALKING Stand up tall beside an open wall or table. Place one foot directly in front of the other foot so your feet form a straight line pointing forward. Alternate foot position front to back as you walk ahead Repeat for 10 or more steps. Turn around and repeat.</p>	
Hold onto the table with one hand. Try to maintain the foot position for 10 seconds.	Try not to hold onto the table while doing this exercise except as needed to regain balance.	Hold on with one hand and progress to two fingers when ready.	Try to do this exercise without holding but be close to support if you need it.
Repeat ___ times	Repeat ___ times	Repeat ___ times	Repeat ___ times
DO THIS EXERCISE <input type="checkbox"/>	DO THIS EXERCISE <input type="checkbox"/>	DO THIS EXERCISE <input type="checkbox"/>	DO THIS EXERCISE <input type="checkbox"/>

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EXERCISE 5: Knee Bends

Level 1	Level 2	Level 3	Level 4
¼ Knee Bends Using 1 or 2 Hands for Support	¼ Knee Bends No support	½ Knee Bends Hold support	½ Knee Bends No support
			
<p>INSTRUCTIONS FOR KNEE BENDS</p> <p>Stand up tall facing a table or chair for hold for support as needed. Place your feet hip-width apart and pointing forward. Slowly bend knees squatting down either a fourth or half the way down – see instructions below. Stop if knees go in front of your toes When you feel your heels start to lift, straighten up.</p>			
Hold on with one or both hands. Squat down about one fourth of the way.	Have a table or sturdy object nearby to touch if needed. Squat down ¼ way without holding on.	Hold on with one or both hands. Squat down about half way.	Have a table or sturdy object nearby to touch if needed. Squat down half way without holding on.
Repeat ___ times	Repeat ___ times	Repeat ___ times	Repeat ___ times
DO THIS EXERCISE <input type="checkbox"/>	DO THIS EXERCISE <input type="checkbox"/>	DO THIS EXERCISE <input type="checkbox"/>	DO THIS EXERCISE <input type="checkbox"/>

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