USING YOUR SYSTEM IN A THERAPY SETTING

Treatment intervention should always focus on the clinical plan of care with documentation that supports skilled necessity. The iN2L system can be a powerful tool to help therapists keep residents engaged while fostering longer, more thorough clinical treatment sessions.

THERAPY BUTTON

The therapy button is located on the Apollo start page and contains the existing iN2L content laid out in a way that supports the therapist's clinical thought process. You will also find therapy-specific content aimed at making the iN2L system a more robust therapy tool for Physical, Occupational and Speech Therapists. A few applications unique to the therapy button include:

- **Balance Camera**
  - This interactive web cam enabled application offers visual feedback to the therapist and resident on posture, balance and range of motion.

  > The data created by a customer using the Balance Camera Application (still images saved to the system) may constitute protected health information as defined by the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"). As such, it shall be the responsibility of the customer – and not iN2L – to ensure that appropriate safeguards are in place to ensure the confidentiality, availability and integrity of the information stored on the customer's information systems, including any hardware purchased from iN2L, as required by HIPAA.
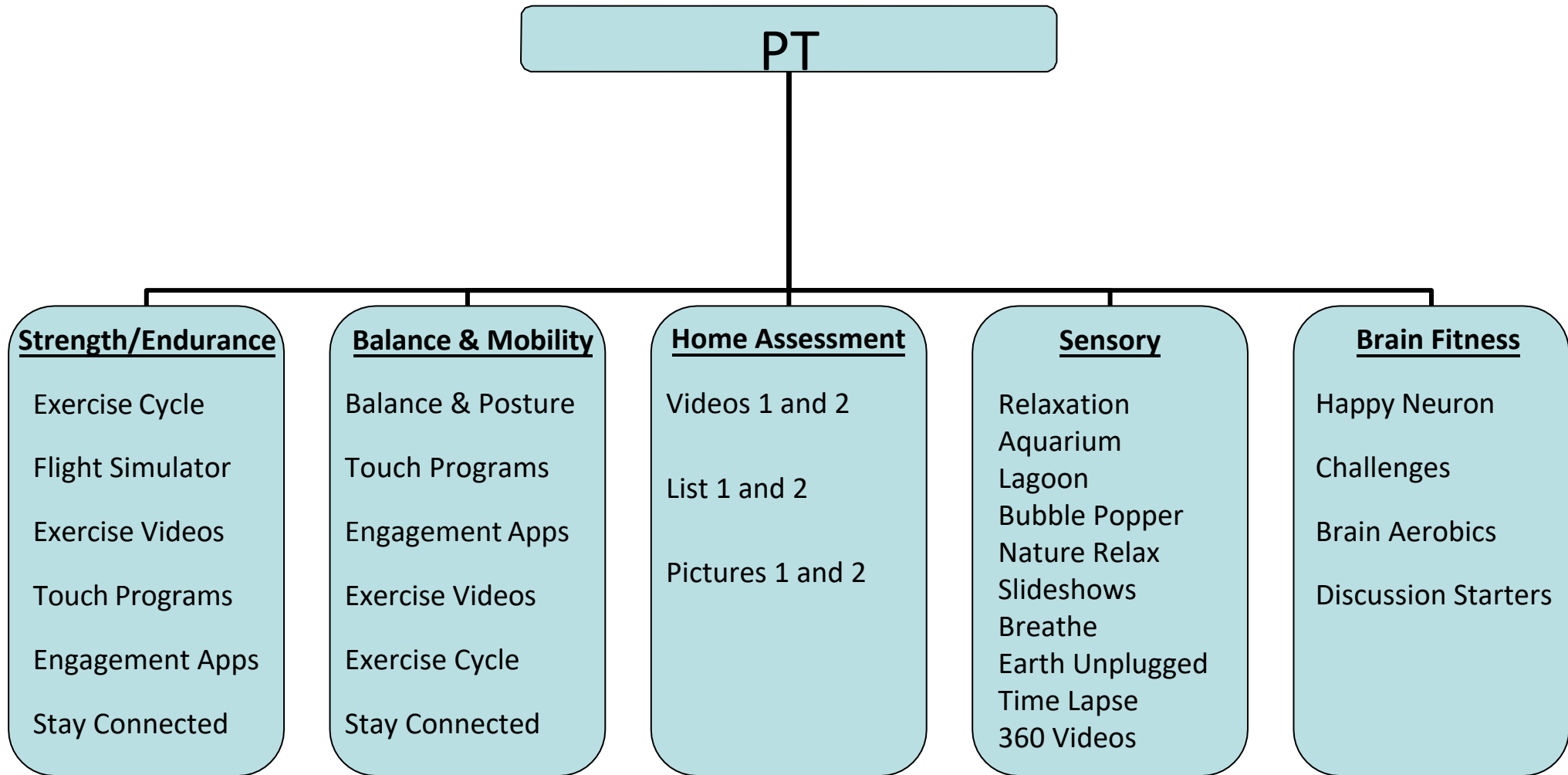
- **Video Home Assessment**
  - The Video Home Assessment gives the therapist a tool for working on home safety preparations.

Intuitive Layout

The iN2L Therapy content is designed with the therapists clinical thought process in mind. First, the therapist clicks on the button to their corresponding discipline. Next, click on the button that most closely represents the type of clinical intervention for that particular patient and treatment session. From there, it's all about choosing a topic of interest to the patent or finding the program that best addresses the rationale for treatment. If you get "lost" or want to change the program or approach, just click the back button to return to the previous page or hit the exit button to jump back to the main page.

PHYSICAL THERAPY

PT

Strength/Endurance

Exercise Cycle

Flight Simulator

Exercise Videos

Touch Programs

Engagement Apps

Stay Connected

Balance & Mobility

Balance & Posture

Touch Programs

Engagement Apps

Exercise Videos

Exercise Cycle

Stay Connected

Home Assessment

Videos 1 and 2

List 1 and 2

Pictures 1 and 2

Sensory

Relaxation
Aquarium
Lagoon
Bubble Popper
Nature Relax
Slideshows
Breathe
Earth Unplugged
Time Lapse
360 Videos

Brain Fitness

Happy Neuron

Challenges

Brain Aerobics

Discussion Starters

*Guides & Resources can be found under PT, OT, and ST sections

OCCUPATIONAL THERAPY

OT

Functional Mobility

Exercise Videos

Balance&Posture

Exercise Cycle

Touch Programs

Engagement Apps

Stay Connected

Endurance

Exercise Videos

Exercise Cycle

Flight Simulator

Balance & Posture

Touch Programs

Engagement Apps

Home Assessment

Videos 1 and 2

List 1 and 2

Pictures 1 and 2

Cognition

Happy Neuron

Challenges

Strategy & Target

Word Games

Matching Games

Puzzles

Mahjong

Solitaire

Psycho Social

Travel

Music

Stay Connected

Sensory

Holiday Ideas

Creative Arts

*Guides & Resources can be found under PT, OT, and ST sections

SPEECH THERAPY

ST

Cognition

Happy Neuron

Challenges

Strategy & Target

Word Games

Matching Games

Puzzles

Mahjong

Solitaire

Dysphagia

Evaluation Process

Interventions

Consistencies

3D Swallowing

Resources

Aphasia

Word Games

Slideshows

Audio Books

Challenges

Aphasia Website

ASHA Aphasia

Psychosocial

Travel

Music

Stay Connected

Laughter

Sensory

Holiday Ideas

Creative Arts

Home Assessment

Videos 1 and 2

List 1 and 2

Pictures 1 and 2

*Guides & Resources can be found under PT, OT, and ST sections

TECHNO-CLINICAL PATHWAY: CARDIAC/COPD

TREATMENT APPROACHES/ACTIVITIES

- PROM/AAROM/AROM/ARROM
- Review pain status/considerations for treatment
- Postural control (sitting/standing)
- Strengthening
- Weight shifting – Graded Balance
- Graded Gross/Fine Motor activities
- Home assessment/Caregiver education

PROGRAM APPLICATIONS

- Review precautions as clinically indicated.
- Start with a touch program, such as Virtual Globe or the Lagoon.
- Position pt. in front of touch screen sitting to start, then transition to standing and sit to stand activity as indicated.
- Adjust screen height to challenge reach and UE flexion/ROM as well as for grading strength and dynamic balance activities. Add cuff weights as needed.
- Sitting: focus on – UE strength, trunk flexion and anterior/posterior pelvic tilt, consider side-sitting to promote trunk rotation, reaching, and weight shift.
- Standing: track time in standing, overall balance performance, have patient stand on compromised surface. Change position of patient/touch screen to facilitate weight shifting and challenge balance.
- Endurance/ROM: track and challenge activity tolerance via computer program selection and pt. interests. Use Bike Simulator, track time and tolerance.
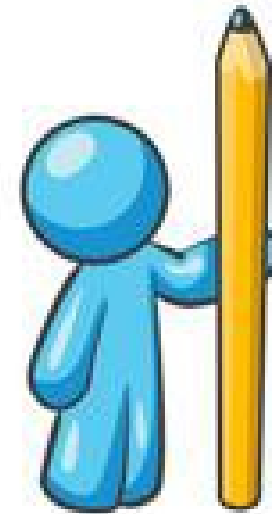
TECHNO-CLINICAL PATHWAY: COGNITIVE

TREATMENT APPROACHES/ACTIVITIES

- Graded functional cognitive tasks
- Postural Control (sitting, standing)
- Strengthening, endurance, activity tolerance
- Graded Balance activities
- Graded Gross/Fine Motor activities
- Home assessment/Caregiver Education

PROGRAM APPLICATIONS

- Grade activity to match cognitive issue/ability.
- Position pt. in front of touch screen sitting to start, then trasition to standing and sit to stand activity as indicated.
- Adjust screen height to challenge reach and UE flexion/ROM as well as for grading strength and dynamic balance activities. Add cuff weights as needed.
- Sitting: focus on – UE strength, trunk flexion and anterior/posterior pelvic tilt, consider side-sitting to promote trunk rotation, reaching, and weight shift.
- Standing: track time in standing, overall balance performance, have patient stand on compromised surface. Change position of patient/touch screen to facilitate weight shifting and challenge balance.
- Endurance/ROM: track and challenge activity tolerance via computer program selection and pt. interests. Use Bike Simulator, track time and tolerance.

TREATMENT APPROACHES/ACTIVITIES

- PROM/AAROM/AROM/ARROM
- Tonal Inhibition/facilitation
- Postural control (sitting/standing)
- Strengthening
- Weight shifting – Graded Balance
- Graded Gross/Fine Motor activities
- Home assessment/Caregiver education

PROGRAM APPLICATIONS

- Review precautions as clinically indicated.
- Start with a touch program, such as Virtual Globe or the Lagoon.
- Position pt. in front of touch screen sitting to start, then transition to standing as tolerated.
- Adjust screen height to challenge reach and UE flexion/ROM as well as for grading dynamic balance activities.
- Sitting: focus on – shoulder flexion, forward reaching, trunk flexion and posterior/anterior pelvic tilt, consider side-sitting to promote trunk rotation.
- Standing: track time in standing, overall balance performance, activity tolerance.
- If used in conjunction with modality, or in group setting, be sure to document on the appropriate daily form.
- As with all treatment interventions, be sure to incorporate progress/response to treatment into your weekly progress note.
- Make sure documentation appropriately reflects billing/coding choices.

TECHNO-CLINICAL PATHWAY: GENERAL DEBILITY

TREATMENT APPROACHES/ACTIVITIES

- PROM/AAROM/AROM/ARROM
- Tonal Inhibition/facilitation
- Postural control (sitting/standing)
- Strengthening
- Weight shifting – Graded Balance
- Graded Gross/Fine Motor activities
- Home assessment/Caregiver education

PROGRAM APPLICATIONS

- Start with a touch program, such as Virtual Globe or the Lagoon.
- Position pt. in front of touch screen sitting to start, then transition to standing as tolerated. Depending on pt. condition.
- Adjust screen height to challenge reach and UE flexion/ROM as well as for grading strength and dynamic balance activities. Add cuff weights as needed.
- Sitting: focus on – UE strength, trunk flexion and posterior/anterior pelvic tilt, consider side-sitting to promote trunk rotation, reaching, and weight shift.
- Standing: track time in standing, overall balance performance, have patient stand on compromised surface. Change position of patient/touch screen to facilitate weight shifting and challenge balance.
- Endurance: track and challenge activity tolerance via computer program selection and patient interests.
- Ensure documentation appropriately reflects billing/coding choices.

TECHNO-CLINICAL PATHWAY: HIP/KNEE

TREATMENT APPROACHES/ACTIVITIES

- PROM/AAROM/AROM/ARROM
- Review pain status/considerations for treatment
- Postural control (sitting/standing)
- Strengthening
- Weight shifting – Graded Balance
- Graded Gross/Fine Motor activities
- Home assessment/Caregiver education

PROGRAM APPLICATIONS

- Review surgical precautions as needed.
- Start with a touch program, such as Virtual Globe or the Lagoon.
- Position pt. in front of touch screen sitting to start, then transition to standing and sit to stand activity as indicated.
- Adjust screen height to challenge reach and UE flexion/ROM as well as for grading strength and dynamic balance activities. Add cuff weights as needed.
- Sitting: focus on – UE strength, trunk flexion and posterior/anterior pelvic tilt, consider side-sitting to promote trunk rotation, reaching, and weight shift.
- Standing: track time in standing, overall balance performance, have patient stand on compromised surface. Change position of patient/touch screen to facilitate weight shifting and challenge balance.
- Endurance: track and challenge activity tolerance via computer program selection and patient interests. Use Bike Simulator, track time and tolerance.

THOROUGH TREATMENT PLANNING

REVIEW YOUR PLAN OF CARE

➢ Problem list
➢ Clinical considerations
➢ Goals
➢ Objectives

CONSIDER PATIENT POTENTIAL/ENGAGEMENT

➢ Mood, affect
➢ Cognitive status/condition
➢ Physical condition: pain, fatigue, posture

PREPARE FOR THE TREATMENT SESSION

➢ Set time specific time frames to make up treatment session
    o **15, 20, 30 mins/goal**
➢ **Plan to address each pertinent goal**
➢ **Stick to your plan!**
➢ **Switch between goals, adjusting to patient engagement**

DOCUMENTATION QUICK GUIDE

Use this quick guide to ensure that your clinical intervention with iN2L is supported by documentation that justifies skilled service. Your documentation should "paint a clear picture" of the patient's overall situation that requires skilled intervention. Include appropriate formal tests & measurements to show objective functional improvement.

DOCUMENTING SKILLED CARE

➢ Document skilled analysis, clinical decision making, and problem solving
➢ Services must be at a level of complexity and sophistication or the condition of the patient must be of a nature that requires the judgment, knowledge, and skills of a qualified therapist
➢ Document specific techniques or interventions, not just the task
➢ Document facts; use objectives versus subjective terminology
➢ Document trail of variety of approaches and effectiveness with patient
➢ Clearly document why the skills of a therapist are needed
➢ Document certain techniques that can only be safely performed by a therapist
➢ When progress is difficult to document, report on subcomponents of function/task/safety

DOCUMENTATION DETAILS

➢ Always follow company guidelines and policies regarding documentation
➢ Document your skilled intervention, not necessarily the specifics of the computer program unless it was clearly used to support skilled service delivery
➢ Demonstrates progress using objective, measureable and comparative data
➢ Skilled interventions billed are listed along with the clinical reasoning for each intervention/procedure
➢ Summary of significant progress toward goals identified in functional terms
➢ Level of intensity of services is clearly noted when pt.'s medical status changes, preparations for D/C home
➢ Modality notes are used to indicate parameters and response to treatment
➢ Goals are analyzed as "met, revised, updated" and new goals clearly identified
➢ If no progress noted – barriers are addressed, skill is broken down, interventions are clearly identified or titration of therapy noted
➢ Caregiver/Patient training – addresses who was trained, what was trained, and how responded – i.e. return demo or how instructions were understood
➢ Justification for skilled services – clearly stated to address current impairments that require skilled therapy services

iN2L THERAPY AND REHAB

TREATMENT PREPARATION

1. Rehab Tech (if available) to prepare equipment

2. iN2L computer on and first program prepared per therapist direction

3. Have support tools ready (Theraball, weights, timer, goniometer, etc.)

4. If used for group or with modalities have daily note form ready

5. Patient or iN2L computer transported to treatment space

CLINICAL THINGS TO CONSIDER

➢ Diagnostic comorbidities, PMH

➢ Review of Goals/Problem list

➢ HR/BR – before, during, and after treatment

➢ Standardized tests to validate interventions: Borg, Walk Test, KELS, etc.

➢ As with all treatment interventions, be sure to incorporate progress/response to treatment into your weekly progress note

POTENTIAL CLINICAL INTERVENTIONS

➢ Cognition
➢ Trunk/LE – Strengthening, Neuromuscular re-ed
➢ Bed, W/C mobility, Transfer Training
➢ Balance (static-dynamic), Gait analysis/training

➢ Endurance/Activity tolerance
➢ UE ROM-Gross motor strength/coordination
➢ ADL skills/DC preparation
➢ Home/community integration

THERAPY TREATMENT EXAMPLES

AREAS TO BE ADDRESSED

1. Standing/Activity Tolerance
2. UE Strength
3. Dynamic Balance

GOALS

1. Pt. will demonstrate an increase in bilateral triceps strength from 2/5 to 3/5 to facilitate safe sit to stand technique using armrests, in preparation for safe transfers.
2. Pt. will reach to (L) and (R) past midline during standing activity with no LOB in order to improve safety with ADL's at home and in community.
3. Pt. will tolerate 30 min tx session with > 2 rest breaks of 1-3 mins while maintaining pursed lip breathing throughout activity.

APPROACH: USING THE 20 MIN PER GOAL FORMAT

(Planned session time: 60 minutes – 20 min per 3 goals)

Programs: Google Earth, Solitaire, Bike Simulator, Comedy shows, Skype/Email, Timer

➤ Have patient work on sit-stand while interacting with the touch screen. Add weight(s) as tolerated.

➤ Standing with computer positioned on patients (R) or (L) have pt. rotate, reaching to each side, crossing midline to touch the screen to interact with various computer programs.

➤ Set up bike simulator. In sitting, patient can pedal with feet or hands. In standing, patient can pedal with hands while bike is on high/low table.