

## **Provider Checklist-Outpatient Rehab**

### **Checklist: Pulmonary Rehabilitation Post Evaluation**

Required Clinical Documentation submitted after Eval visit

medical evaluation,  
prescribed exercise,  
pulmonary risk factor modification,  
established patient goals based on medical evaluation and identified risk factors;;  
development individualized interventions, including education and counseling  
components per goal;  
demonstrated patient progress for each component of risk factor modification goals **per visit, after initial set of visits authorized**

Due to patients' differences related to medical status, condition knowledge basis, physical capabilities and limitations, previous and current medical regimes, current risk factors, pulmonary rehabilitation programs are very individualized. The following represent the pulmonary rehabilitation programs components providers can request:

#### **Exercise Program**

Standard parameters of the training prescription vary in duration, frequency, and intensity. An exercise prescription will be developed, taking into consideration the following factors:

1. Patient's past medical history
2. Recent cardiac or pulmonary event with symptomatology, interventions, estimated ejection fraction, complications in recovery process
3. Risk factor identification
4. Current medications, oxygen use
5. Past exercise history
6. Exercise history since pulmonary event
7. Barriers to learning
8. Vocational and leisure time activities

The **duration of the exercise programs**: 6 to 8 weeks; pending documented improvement by the provider, additional concurrent reviews can be authorized

**Session frequency**: 3 sessions per week;

**Duration of exercise sessions:** 50 minute session and may include the following:

1. The exercise program should be supervised and should provide cardiovascular reconditioning with endurance and muscle strength training.
2. Endurance training should be performed to improve physical endurance.
3. Lower limb strength training should be performed to improve exercise tolerance (walking, cycling); upper extremity training improves arm strength.

### **Education and Self-Management**

1. Patients with a prior hospitalization should be referred for pulmonary rehabilitation.
2. Educational components and self-management programs should be included in rehabilitation programs, as it can reduce exacerbations, hospital admission, and length of stay.
3. Self-management programs should include the following:
  - a. Skills training to optimally control the disease;
  - b. Education about medications, nutritional therapy and devices and how to use them properly, if applicable;
  - c. Instruction on how to deal with exacerbations;
  - d. Other aspects of coping with the disease

The duration **of the education and self-management program components:**

2 to 4 weeks; pending documented improvement by the provider, additional concurrent reviews can be authorized

**Session frequency:** maximum 2 sessions per week; can be same day of other program components

**Duration of exercise sessions:** usually no greater than 50 minute session

### **Psychosocial/Behavioral/Educational Interventions**

Evidence to date does not support the benefits of short-term psychosocial interventions as single therapeutic modalities, but longer-term interventions may be beneficial. Although scientific evidence is lacking, expert opinion supports the inclusion of educational and psychosocial interventions as components of comprehensive pulmonary rehabilitation programs for patients.

Intervention may include the following:

- yoga: breathing exercises and yogic postures;
- physiotherapy: relaxation exercises, breathing exercises, leg and trunk exercises
- nurse-administered stress management sessions;
- individualized plan including education, relaxation techniques, identifying social support, and coping strategies;
- dyspnea management treatment (lung disease and dyspnea education, PMR, breathing retraining, pacing, self-talk, panic control);
- psychosocial/behavioral assistance/support re: smoking cessation program

The **duration of the psychosocial/behavioral/educational interventions:** average 6 to 8 weeks; pending documented improvement by the provider, additional concurrent reviews can be authorized

**Psychosocial/behavioral/educational interventions session frequency:** average 3 sessions per week;

The **duration of the psychosocial/behavioral/educational interventions** program component: 6 to 8 weeks; pending documented improvement by the provider, additional concurrent reviews can be authorized

**Session frequency:** maximum 2 sessions per week;

**Duration of psychosocial/behavioral/educational interventions sessions:** 50 minute session

## **CONTRAINDICATIONS:**

### **Relative Contraindications for Participation in Pulmonary Rehabilitation**

- Patients with conditions that might interfere with the patient undergoing a rehabilitation program (e.g., coronary artery disease, cognitive impairment interfering with learning, severe psychiatric disturbances)
- Patients with conditions that might place the patient at risk during exercise training; many patients with chronic obstructive pulmonary disease (COPD) are older with a history of cigarette smoking and are at risk for heart disease. Cardiac and pulmonary stress testing should be routinely performed to exclude silent cardiac disease and assure safety during exercise training