

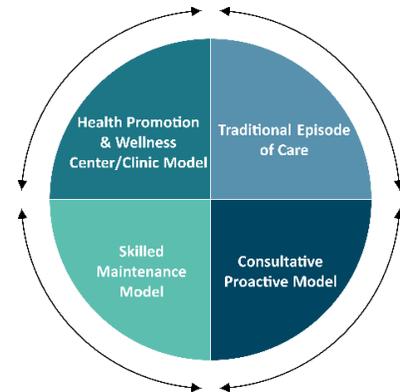
# ACADEMY OF NEUROLOGIC PHYSICAL THERAPY

## Re-Framing the Revolving Door: Physical Therapy Delivery Models Incorporating Health Promotion & Wellness:

### A Clinical Decision Tree

**Purpose:** The purpose of this clinical decision tree is to aid clinicians in selecting the physical therapy (PT) delivery model incorporating health promotion and wellness (HPW), see figure 1, best suited for the client and setting. It is to help re-frame the revolving door phenomenon of reactive PT care and encourage proactive health-focused models of practice.

**How to use:** This clinical decision tree, see figure 2, should be used as knowledge translation tool for clinical application of the delivery models published in “Health Promotion and Wellness in Neurologic Physical Therapy: Strategies to Advance Practice”<sup>1</sup> (see text and tables 4-5). Clinicians should use clinical expertise, evolving evidence, and client values in ultimate delivery model selection.



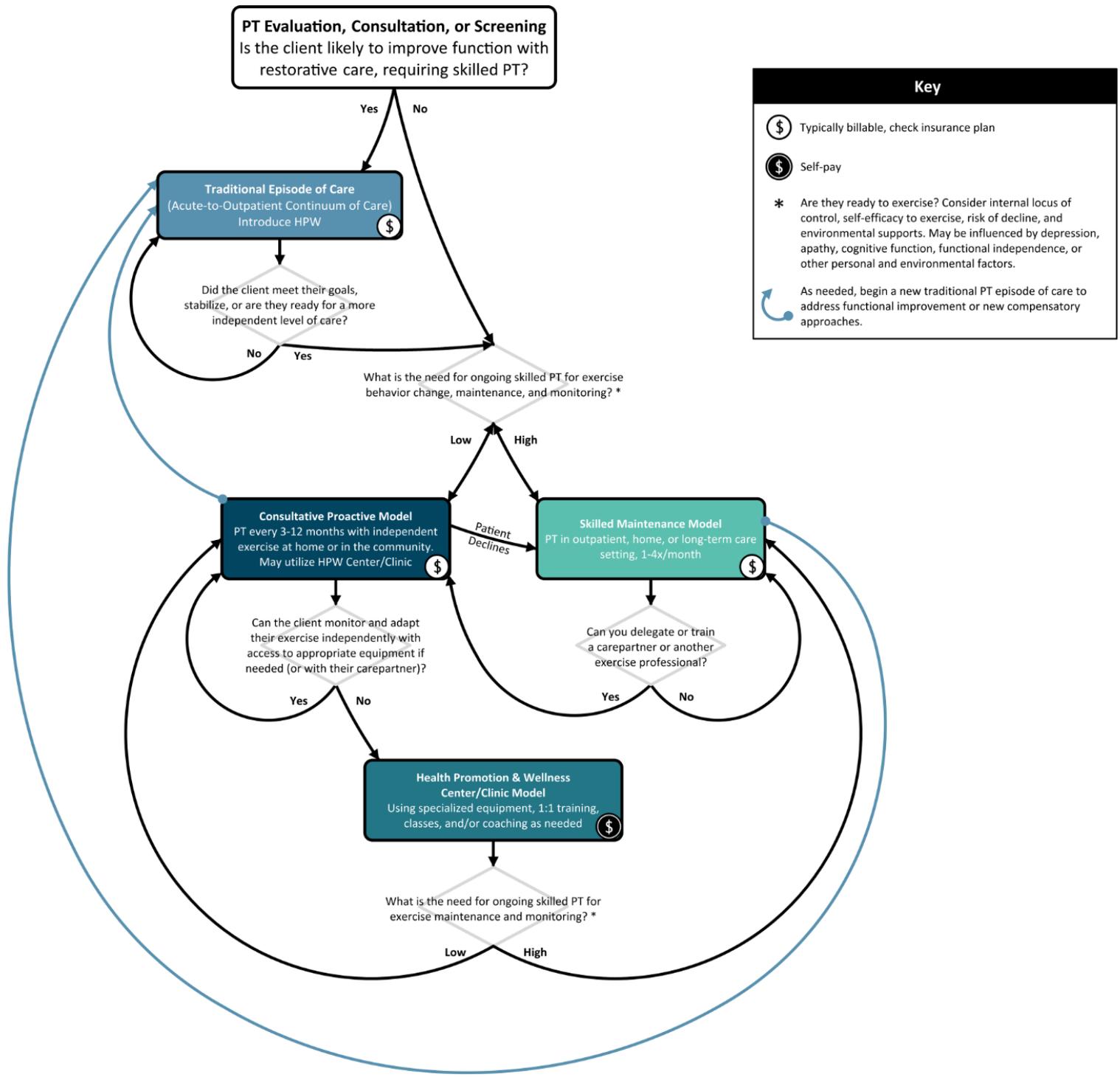
**Figure 1: Delivery Models**

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**Reference:** <sup>1</sup> Rafferty MR, Held Bradford EC, Fritz S, Hutchinson KJ, Miczak K, Resnick A, Billinger SA. Health Promotion and Wellness in Neurologic Physical Therapy: Strategies to Advance Practice. J Neurol Phys Ther. 2022 Apr 1;46(2):103-117.

**Figure 2: Physical Therapy Delivery Models Clinical Decision Tree**



## Steps for Applying the Clinical Decision Tree to Practice:

At the **initial PT evaluation, consultation, or screen**, ask the question 'Is the client likely to improve function with restorative care, requiring skilled PT?'

1. If **yes**, select '**Traditional Episode of Care and the appropriate setting within the acute-out-patient continuum**'. Introduce HPW behaviors and a proactive approach. Prepare the client for discharge to 1 of the other 3 models once goals are met, the client stabilizes, or they are ready for a more independent level of care.
2. If **no**, evaluate the need for skilled PT care for exercise behavior change, maintenance, or monitoring. Consider client self-efficacy, locus of control, risk of decline in physical activity or function, and environmental supports. Also consider potential influencers of client depression, apathy, cognitive function, functional independence, and other personal and environmental factors.
  - a. If **low need** for change, maintenance, or monitoring, select the Consultative Proactive Model.
  - b. If **high need** for change, maintenance, or monitoring or high risk of unpredictable declines in physical activity or function, select the Skilled Maintenance Model.
3. Within the **Skilled Maintenance Model**, promote HPW behaviors, development of client self-efficacy and an internal locus of control, and gain of appropriate environmental supports. Conduct periodic reassessments including risk of decline and ask, 'can you delegate or train a care partner or another exercise professional?' to deliver care needed.
  - a. If **no**, continue within Skilled Maintenance Model [typically 1-4 visits per month] with regular reassessments.
  - b. If **yes**, select the Consultative Proactive Model.
4. Within the **Consultative Proactive Model**, support HPW behaviors, client self-efficacy, internal locus of control, and utilization of appropriate environmental supports. Conduct periodic reassessments including risk of decline and ask, 'can the client monitor and adapt their exercise independently with access to appropriate equipment if needed (or with their care partner)?'.
  - a. If **yes**, continue within Consultative Proactive Model with reassessments every [3, 6, 12] months, as appropriate.
  - b. If **no**, select the Health Promotion & Wellness Center/Clinic Model.
5. Within the **Health Promotion & Wellness Center/Clinic Model**, the client works with exercise professionals at a community-based center/clinic to support HPW behaviors utilizing specialized equipment, 1:1 training, fitness classes, and/or coaching. PT may or may not be directly involved in care. The referring PT should work with exercise professionals at the center/clinic to determine, 'what is the need for ongoing skilled PT exercise maintenance and monitoring?' Consider personal and environmental factors noted above.
  - a. If **high**, refer to Skilled Maintenance Model. Client may continue within both models simultaneously to meet all needs.
  - b. If **low**, refer to Consultative Proactive Model. Client may continue within both models simultaneously to meet all needs.

### Additional Notes:

- At any point it may be appropriate to refer to a Traditional Episode of Care and the appropriate setting within the acute-out-patient continuum' (e.g., if there is new potential to improve function through restorative care or new compensatory approaches).
- Sometimes it may be most appropriate for a client to move from the Consultative Proactive Model to the Skilled Maintenance Model (e.g., if they decline).
- Skilled PT care is covered by most insurances. Documentation justifying skilled need is required for all skilled PT care.
- This clinical decision tree was originally developed and presented at 'Re-Framing the Revolving Door: Alternative Delivery Models to Optimize Outcomes in Neurologic Physical Therapy', American Physical Therapy Association Combined Sections Meeting, an Education Session, San Antonio, TX, 2022. It has been adapted based on targeted feedback and repeated review from multiple clinical stakeholders. Additional input is welcomed. Please share feedback or questions via the feedback form posted at <https://www.neuropt.org/practice-resources/health-promotion-and-wellness> or contact authors directly.
- Abbreviations: HPW = health promotion and wellness; PT = physical therapy