



interRAI LTCF — Therapy Services (O3 a–d, f, g)



- Physical Therapy (O3a)
- Occupational Therapy (O3b)
- Speech–Language Pathology, Audiology Services (O3c)
- Respiratory Therapy (O3d)
- Psychological Therapy (O3f)
- Recreation Therapy (O3g)

Inclusion criteria

Therapies that occurred **after** admission to the facility and that were performed by a **qualified** therapist or by a therapy assistant under the direction of a qualified therapist. Therapies can be provided either inside or outside the facility. A physician’s referral is necessary only if required by the facility or jurisdiction.

Qualified therapist

A qualified therapist meets provincial/territorial credentialing requirements for the profession and is responsible for assessing the person and developing rehabilitation goals and a treatment plan. The therapist is also responsible for evaluating and modifying the program as needed and discharging the person from the discipline-specific program.

Therapy assistant/aide

A qualified therapist may assign the delivery of the program to a therapy assistant or therapy aide. The therapy assistant/aide must have training in rehabilitation techniques. The therapist must be available to the assistant/aide for consultation or assistance with the person’s treatment, in accordance with standards of practice defined by the professional college, and be directly responsible for the supervision of the assistant’s/aide’s work.

For each therapy listed, all 4 of the following criteria must be met in order to document therapy days and minutes:



1. The therapy occurred **after** admission to the facility.
2. Measurable objectives and specific interventions were documented in the care plan.
3. The therapy was performed by a qualified therapist or therapy assistant/aide, per the criteria outlined above.
4. The person’s progress toward his or her objectives was evaluated and documented at intervals that follow the professional standards of the qualified therapist.

Documenting therapy services scheduled, days and minutes

Column A: Enter the number of days on which the therapy was **scheduled** to occur in the last 7 days.

Column B: Enter the number of days on which the therapy was **administered for 15 minutes or more** in the last 7 days.

Column C: Enter the total number of minutes for which the therapy was **administered**, even if Column B = 0, in the last 7 days.

Notes

Include the actual treatment time only.

Do not include initial assessment and documentation time.

Recreation Therapy must be beyond the general activities available to all residents of the facility.



Group therapy

Group therapy ratios: If the ratio of persons to therapist is larger than the discipline’s ratio below, divide therapist’s time by the number of persons participating in the session.

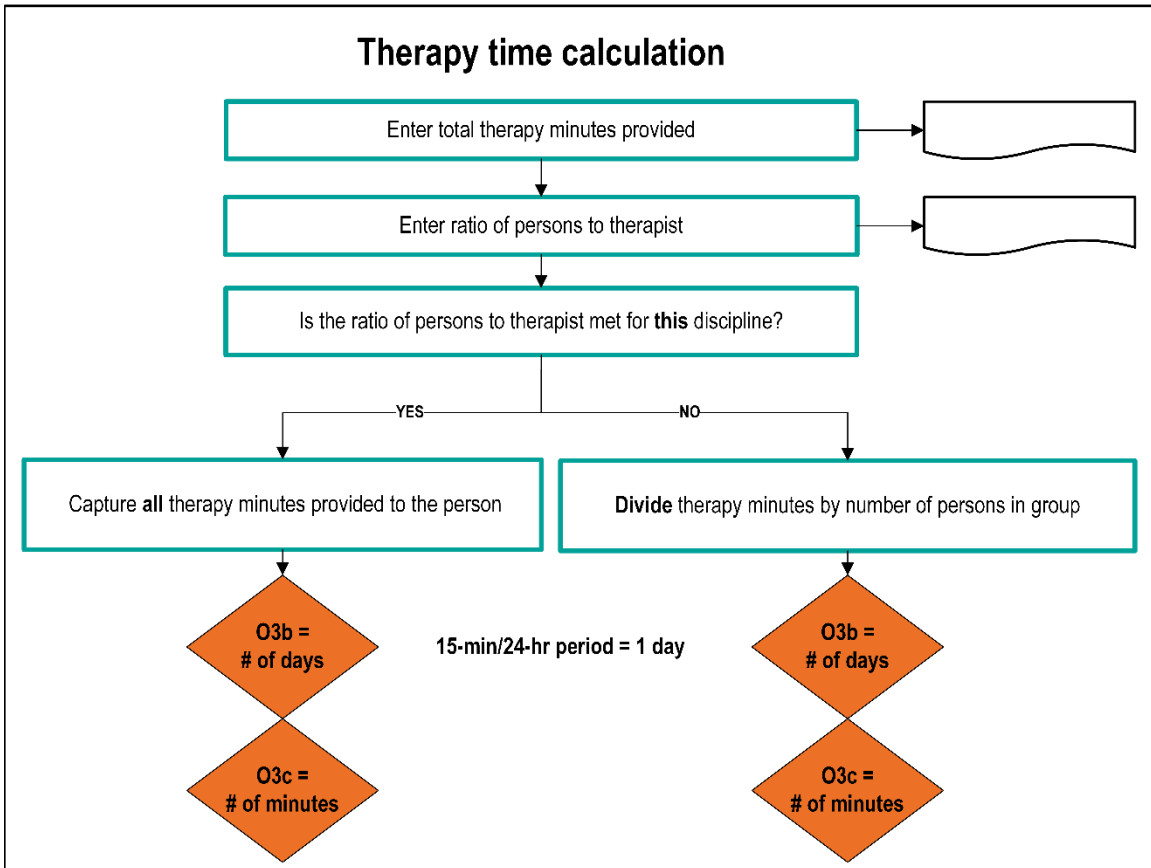
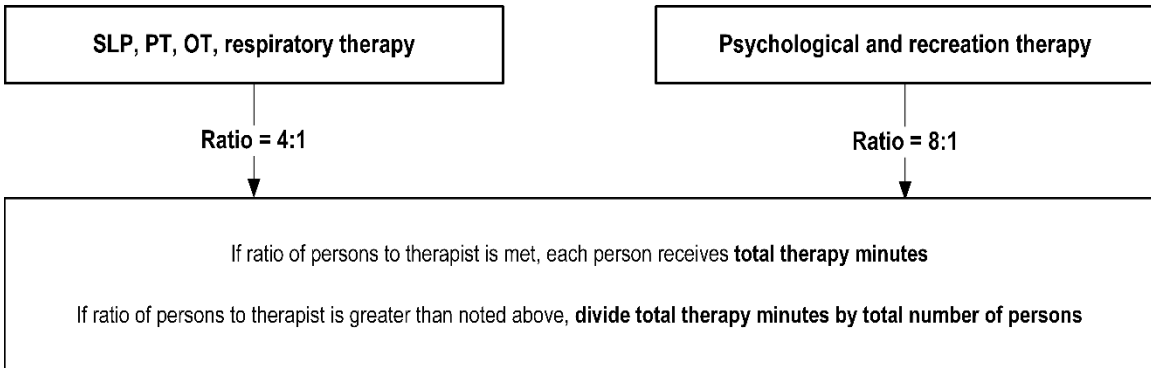
If 2 or more disciplines provide group therapy, divide total therapy minutes between disciplines.

Column A

Enter number of days the therapy was scheduled in last 7 days.



Columns B and C



Notes
 SLP: Speech–language pathology.
 PT: Physiotherapy.
 OT: Occupational therapy.