

## Holy Family Hospital Outpatient Rehabilitation Admission Guidelines

These guidelines will be updated as specific evidence-informed clinical care service delivery plans are developed. The generic admission guidelines are used where population specific guidelines are not available.

General Populations Served	
<i>Neurological</i>	<i>Musculoskeletal</i>
Cerebral Vascular Accident	Hip and knee arthroplasty
Parkinson's Disease, PSP, Parkinson's plus*	Trauma/fracture
Recent decline in function leading to falls	Recent decline in function leading to falls
Post Polio, Guillain-Barre Syndrome	Amputation of lower extremity with realistic goal of prosthetic use (should also be actively followed by physiatry)
Brain Tumor (if stable and not on active medical treatment for cancer) **	Osteoarthritis
Other neurological diagnosis**	Deconditioning post acute hospital admission **
Other neurological diagnosis**	Other MSK diagnosis**
Driver Rehabilitation (class 5 license only)	

\*See SLP exclusion criteria

\*\* Referrals will be accepted if they are within the established program criteria and resources

General Outpatient Rehabilitation Guidelines
<b>Target Population</b> <ul style="list-style-type: none"> <li>• Clients with identifiable functional goals for rehabilitation that are highly sensitive to improvement with outpatient rehabilitation</li> <li>• Clients who reside within the Vancouver Coastal Health geographic catchment</li> <li>• 55 years of age and older</li> </ul>
<b>Minimal Level of Function</b> <ul style="list-style-type: none"> <li>• Medically stable</li> <li>• Able to tolerate therapy program demands/schedule inclusive of travel time</li> <li>• Able to transfer independently or with one person assisting minimally</li> <li>• Able to follow at minimum one-step commands, with communication support if required</li> <li>• Has sufficient attention, short-term memory, and insight to progress through their rehabilitation process</li> <li>• Committed to attend therapy <b>AND</b> implement a daily home program as directed by the therapist</li> </ul>
<b>Transportation/Attendance</b> <ul style="list-style-type: none"> <li>• Able to, or has assistance with, organizing transportation to and from the program</li> <li>• Able to attend therapy alone, or if assistance is required, a caregiver is available to attend therapy sessions</li> </ul>
<b>Consent</b> <ul style="list-style-type: none"> <li>• Client or substitute decision maker has consented to participation in the program</li> </ul>
<b>General Exclusion Guidelines – any one of the below could result in exclusion</b> <ul style="list-style-type: none"> <li>• Clients not willing to participate in outpatient services</li> <li>• Clients who live in Long Term Care (some exceptions for SLP or clients with a realistic goal of transitioning to a higher level of independent living)</li> </ul>

## Holy Family Hospital Outpatient Rehabilitation Admission Guidelines

- Clients already accessing private or public services elsewhere for the same condition, or where viable service options are available elsewhere
- Clients who have received outpatient services for the same reason in the last year
- Clients whose needs are best represented by another service (e.g. Home Health, Orthotist, PSS+, ALS/MS clinics at UBC)
- WorkSafeBC referrals
- ICBC clients (some exceptions for clients who have had inpatient rehabilitation for complex orthopaedic/neurological conditions)
- Clients requiring only a maintenance program
- Clients who have a condition with low complexity or acuity and who only require a single discipline or service
- Clients who require use of a mechanical lift for transfer if they need to get out of chair for therapy
- Clients who exhibit behavior that puts self or others at risk
- Clients referred **only** for bracing or splinting needs
- Clients referred **only** for wheelchair seating

### General Neurological Exclusion Guidelines

- Chronic neurological conditions with no recent change in function and no safety concerns
- Clients with any neurological condition who have previously had outpatient rehabilitation treatment for their condition and who do not have new symptoms, change in function, or safety concerns
- Diagnosis of spinal cord injury or partial spinal cord injury (unless client was an HFH inpatient)
- Diagnosis of dementia (excludes Primary Progressive Aphasia/Apraxia) without specific and realistic goals

### General Orthopedic Exclusion Guidelines

- Chronic pain, complex pain or Fibromyalgia as primary reason for referral
- Clients who had a total hip or total knee replacement surgery at UBC Hospital and have a voucher for private physiotherapy
- Clients who live in Richmond and who underwent a total hip or total knee replacement surgery at Richmond General Hospital (should be referred to RGH)
- Sports injuries
- Soft tissue injury/surgery
- Patients with lower extremity amputations whose service needs exceed available outpatient resources or whose needs can not be adequately addressed in outpatients (consider inpatient rehab referral)
- Mechanical low back, frozen shoulder or shoulder impingement syndrome without a significant impact on function
- New diagnosis of inflammatory arthritis
- Diagnosis of osteoarthritis with only one affected joint

### Communication and Swallowing Exclusion Guidelines

- PD Clients who have a neurologist at UBC Movement Disorder's Clinic (can be seen by SLP at MDC clinic)
- Clients whose needs are best addressed by another service (Home Health, BC Cancer, Communication Assistance for Youth and Adults (CAYA), specialized swallow service (UBC or ROSE clinic)
- Non-neurogenic voice and stuttering
- Accent reduction