

Plan of Care

What is in the “Plan of Care” developed by the physical therapist? What does an “ideal” Plan of Care (POC) look like? What should the PTA know about the components of the POC?

To answer these questions this review sheet has been developed to assist PTA students. The following is taken from the Guide to Physical Therapist Practice (2nd Ed).¹ There are five elements of the patient/client management that the PT should include to fully develop the POC. See Fig 1. These include:

1. Examination
2. Evaluation
3. Diagnosis
4. Prognosis
5. Intervention

Examination is the comprehensive screening and specific testing process that leads to diagnostic classification or referral to another practitioner. The Examination has three components:

- a. History – A systematic gathering of data from the past and present related to why the patient/client is seeking the service of the PT. The data is obtained through interview, record review, or other sources. This includes demographic information, social history, employment and work, growth and development, living environment, general health status, social and health habits, family history, medical/surgical history, current conditions or chief complaints, functional status and activity level, medications, and other clinical tests. See Fig 2 for Types of Data that may be generated in from the history.
- b. Systems review – This is the beginning of the “hands-on” component of the examination. The systems review is a brief or limited examination of (1) the anatomical and physiological status of the cardiovascular/pulmonary, integumentary, musculoskeletal, and neuromuscular systems and (2) the communication ability, affect, cognition, language, and learning style of the patient.
- c. Tests and Measurements – This is the means by which the physical therapist gathers data after the process of history and systems review. Specific tests and measures that are needed to assist the therapist in confirming or rejecting a hypothesis and to support the PT’s clinical judgments about appropriate interventions, anticipated goals, and expected outcomes. There are 24 commonly used tests and measures. The PT may choose to use one or more of these as part of the examination.

¹ American Physical Therapy Association: Guide to Physical Therapist Practice, ed 2. Phys Ther 81: 42-48, 2001.

Physical therapists perform *evaluations* (make clinical judgments) based on the data gathered from the examination. This component of the patient/client management is the solely the responsibility of the physical therapist and cannot be delegated. The PT must consider all the findings from the history, systems review, and tests and measures to establish the diagnosis, prognosis, and plan of care. It is the evaluation of the data that helps the physical therapist to determine the severity and stability of the current problem and to make decision regarding the appropriateness of delegation of components of the management to the PTA.

The determination of a PT *diagnosis* or PT *problem* is an important component of the patient/client management. Physicians typically use labels that identify disease, disorder, or condition at the level of cell, tissue, organ, or system, physical therapists use labels that identify the impact of a condition on function at the level of the system (especially the movement system) and at the level of the whole person. Part Two of the Guide describes the management of patients who are grouped by clusters of impairments commonly seen together. Each practice pattern represents a PT diagnosis made by a PT.

Once a diagnosis has been established, the PT determines the *prognosis* and develops the *POC*. The prognosis is the determination of the predicted optimal level of improvement in function and the amount of time needed to reach the level. Anticipated goals are the intended result of the patient/client management. These goals may be expressed as short or long-term goals/outcomes. Goals are most appropriate when they reflect a focus on function. Patient-centered functional goals make physical therapy more effective and meaningful for patients.²

The *POC* consists of statements that specify the anticipated goals and expected outcomes, predicted level of optimal improvement, specific interventions to be used, and proposed duration and frequency of the interventions. The *POC* describes the specific patient/client management for the episode of physical therapy care.

The *intervention* is the purposeful interaction of the physical therapist and the patient. Intervention includes more than procedural interventions. Intervention includes coordination, communication, and documentation, as well as patient related instruction, education, or training.

² Randall, KE, McEwen, IR. Writing Patient-Centered Functional Goals. Phys Ther. 2000; 80 (12): 1197-1203.

PLAN OF CARE OUTLINE

This outline is an example of the content that is to be included in a physical therapy plan of care (POC) written by the physical therapist. The content of how this information is presented may vary between settings and areas. POC's may be separate documents that stand-alone or be included in comprehensive physical therapy initial evaluations.

1. Patient name
 - a. Patient number – (if used by facility) (should not be SS#)
 - b. Address or contact information – (if used by facility)
 - c. Date of Birth - Age
 - d. Gender
 - e. Additional demographic information

2. Referring Physician name – (May also be required to sign POC)
 - a. Contact information
 - b. Medical diagnosis
 - c. Any Precautions/Contraindications identified by physician

3. Examination / Evaluation Summary
 - a. History summary - date of onset
 - b. Summary or list of chief complaints (functional limitations)
 - c. Current level of function
 - d. Any Precautions/Contraindications identified by physical therapist
 - e. Physical Therapy or Treatment diagnosis / problem

4. Goals / Outcomes
 - a. Specific Patient Centered Functional Goals²
 - i. Who
 - ii. Will do what
 - iii. Under what conditions
 - iv. How well
 - v. By when
 - b. Goals may be expressed as short-term or long-term goals, but should be specific to functional and time.
 - c. Goals / Outcomes should reflect length of POC
 - d. Predicted level of improvement

5. Interventions
 - a. Specific physical therapy activities or treatment to be provided during this episode of care.
 - b. Frequency
 - c. Duration
 - d. Anticipated discharge plan.

6. Physical Therapist
 - a. Name and contact info for the PT who developed and is responsible for the POC.