

How To Document Co-Treatment

Co-treatment may be appropriate when 2 clinicians from different professional disciplines can effectively address their treatment goals while the patient is engaged in a single therapy session, in order to meet that patient's specific clinical needs. ***Your daily note, however, must support that each discipline is delivering separate and distinct services that required their own unique skill.***

Documenting on the Daily Note

To effectively document co-treatment, each discipline's daily note should include the following :

- Indicate why co-treatment was indicated and which disciplines were involved
- Indicate which discipline specific goals from YOUR plan of care were being addressed
- Indicate what skilled instruction/cues/training provided you provided as part of the session
- Indicate patient response to co-treatment, and any progress made toward YOUR goals

Examples of Co-Treatment Documentation:

- ❖ PT working to perform sitting balance activities while OT incorporates upper extremity reaching activities:

PT: Co-tx with OT to address functional balance and reach in sitting for reduced risk for falls during transitioning from sit to stand and ADLs. PT facilitated weight shift and balance training in a sitting position with postural cues for trunk stability during dynamic reach. Patient required minimum assist to maintain good posture and balance during task. Increased trunk stability noted during reach this date.

OT: Co-tx with PT to address balance and reach in sitting for improved upper extremity use during dynamic grooming tasks. OT facilitated dynamic reach in multiple planes during bilateral upper extremity activity in order to better perform grooming tasks/obtaining items for grooming. Noted increased fear of falling reported by patient during bilateral upper extremity tasks, with reduced forward reach when challenged.

- ❖ OT working on ADL's including motor planning, safety and sequencing while the SLP incorporates attention to task, recall of safety strategies and processing of instructions:

OT: Co-tx with SLP to address safety, motor planning, and sequencing of toileting task. OT provided skilled instruction on steps for proper toileting transfer sequence. Patient transferred with contact guard assist and 2 cues for sequence of steps. Patient demonstrated impulsivity with transfer and required cues to rock forward in wheelchair to achieve sit to stand.

ST: Co-tx with OT during toileting task to address attention to task, auditory processing, and recall of safety strategies. Prior to transfer, patient able to demonstrate recall of 2/3 safety strategies previously provided including locking wheelchair brakes and positioning wheelchair close to toilet. Attention to task during treatment less than 2 minutes. Strategies to increase attention provided to OT for use during transfer task including saying patient's name to gain her attention and providing 1 step at a time.

Examples of Co-Treatment Documentation: continued

- ❖ PT and SLP working together on gait, use of assistive device along with cognition related activities like following care related directions, attention and sustained attention:

PT: Co-tx with SLP to address proper gait mechanics and safety with use of assistive device. Patient ambulated 150 feet with minimum assist and instruction provided to turn head both directions to scan environment and attend to obstacles in hallway for reduced risk for falls. Patient positioned too close to walker reducing support during task. Patient instructed to keep body positioned in center of walker.

ST: Co-tx with PT to address direction following and attention to task during ambulation activities. Patient able to follow 2 step directions with minimum cues, and attend to safety strategies during gait with minimum assist in a moderately distracting environment. Addressed recall of safety strategies provided, with patient able to accurately follow PT direction for walker placement for up to 2 minutes before becoming distracted again and requiring reinforcement. Used spaced retrieval technique with patient to increase length of recall of safety strategies during task.

In each of these examples, while the disciplines involved are performing a joint activity, their individual focus during that activity is different. In order for co-treatment to be reimbursed, that individual focus and specifics of what skilled tasks each discipline brings to that treatment must be clearly identified separately in their discipline specific daily note. A co-treatment note has the same requirements as an individual daily note. It should consistently support the skilled services you provided and the patients response o treatment. The documentation should clearly demonstrate, through documentation of each discipline, that co-treatment occurred and what goal was being addressed.

For more information on Rehabcare Policies related to Co-treatment or determining which patients would qualify for use of co-treatment, please refer to the Rehabcare Policy and Procedure manual, policy 02.06, and documentation examples available on KNECT.