

Emergent criteria which supports In-person therapeutic intervention include, but are not limited to:

1. Significant restrictions of mobility which impair patients' movement and/or activity thus restricting their ability to maintain health and wellness or potentially increases the risk of more invasive care such as invasive medical procedures, hospitalization or other healthcare resources.
2. Significant functional impairments which predispose patients to further disability or dysfunction which could further burden healthcare resources.
3. Post-operative and post-traumatic care necessary to reduce risk of re-injury or to avoid delay in recovery which could require invasive medical procedures, hospitalization or other healthcare resources
4. Patients working in critical infrastructure industry deemed to have pain-related conditions or movement dysfunctions which interfere with or restrict performance of essential duties.
5. Conditions that increase risks for falls or significant injury which could lead to further burden healthcare resources.

All licensed providers must adhere to the published health mandates and CDC guidance regarding COVID-19. All Therapists must adequately screen patients to determine potential risks of exposure and existence of co-morbid conditions which may impair patient health status. Therapists are responsible for ensuring emergent criteria are fulfilled prior to performing any care which may be considered an exception to the standing mandates. It is critical that all in-person encounters are conducted in an environment that minimizes the potential risk of exposure to the COVID-19 virus while reducing the burden on strained healthcare resources. Therapists have advanced training in cardiovascular and pulmonary function which will be relevant for the screening procedures necessary to identify exposure risk among patients.

Addendum:**PT and OT professionals provide necessary evaluation of individuals:**

- Subjective History to identify pain generators, type and/or cause of injury and how their injury is affecting their function and safety at home and in the community.
- Cognitive and Vision screening to ensure safe decision making and judgement.
- Range of Motion (to rule out limits and to identify if treatment is needed to improve an individual's ability to reach and use upper extremities for daily living tasks).
- Musculoskeletal Strength via manual muscle testing to identify strength levels and if deficits are present.
- Perform comprehensive gait and balance/coordination screenings to ensure safe ambulation at home and in the community.
- Sensory testing (important to ensure one can detect hot and cold especially in kitchen).

Patient Categories that PT and OT professionals provide comprehensive evaluation and treatment for including, but not limited to:

The following categories are examples of pathologies that can send the individual or others to the emergency department, thereby increasing their exposure to COVID-19 and/or creating a drain of health care resources

- Neurological (TBI, Stroke, Parkinson's).
- Orthopedic/Musculoskeletal Injuries (Trauma injuries, Soft tissue sprains and strains, tendon lacerations and repairs, fractures, nerve injuries, amputations).
- Vestibular (dizziness, balance, vision).
- Workers Compensation and Industrial (Functional Capacity Evaluations, Fit for Work Testing, Work conditioning.
- Pelvic Health (Urinary and Bowel Incontinence, pregnancy, childbirth, constipation, trauma).

The following are day to day examples of critically necessary patient populations seen in outpatient PT and OT clinics
(NOTE: these are examples and not an exhaustive list):

1. Pediatric: Babies and young children will lose essential motor and neurodevelopment if they go weeks/months without visits. Additionally, this type of clinical setting is a place where children can be observed to ensure they are being cared for appropriately and are not being abused, which they may be at a higher risk for right now while everyone is at home together.
2. Acute and chronic pain: Patients in pain are likely to increase NSAID usage, and NSAIDs increase the respiratory response of the COVID-19. Too much Tylenol causes liver failure. Conservative care for chronic pain patients will keep them healthier with improved immunity and better able to sustain a viral infection if they get one in the community.
3. Vestibular: Vestibular treatment for patients with vertigo making the individual unable to drive or walk safely, severely restricting safety, self-care, and childcare ability. Treatment for this requires close monitoring of eye movement (which cannot be done accurately on telehealth) for tolerance and assessment, as well as close guarding for exercises to ensure safety.
4. Pelvic Health
 - a. Skilled pelvic floor physical therapy to address chronic constipation based on pelvic floor muscle restriction that if not treated could result in obstruction and potential surgery
 - b. Skilled pelvic floor physical therapy to address incontinence (fecal or urinary) that prevent full participation in ADLs or add financial burden or increased stress to patient for buying or finding pads or other sanitary products
 - c. Skilled pelvic floor physical therapy to address pain or instability which affects post-partum mothers providing care for their children.
5. Musculoskeletal Pathology examples:
 - a. Acute cervical condition or post cervical fusion where range of motion is less than 60 degrees and puts patient at risk of accident or injury with an inability to check lanes when driving or look right and left when crossing the street.
 - b. Cervicobrachial syndrome where an individual cannot use the affected arm with confidence in child care, home care, or patient care
 - c. Cervicogenic migraine where an individual is unable to care for children at home or perform essential jobs in the community, be it grocery store or gas station or truck driver
 - d. Frozen shoulder patients who cannot reach to dress themselves or for self-hygiene
 - e. Post total knee where extension is essential to gain for walking function, here also essential to observe for infection not just of the incision but intra-articular
 - f. Conditions where someone cannot use the toilet due to pain in the back or hip
 - g. Ankle patients who have a loss of mobility for ascending/descending inclines, swift walking such as to cross a street. With fear of falling or sprain that would lead to fracture or ED visit
 - h. Wrist/hand patients with pain, loss of motion and/or weakness that leads to frequent dropping of objects, which makes cooking and or holding anything that is glass hazardous
 - i. Conditions such as thoracic outlet syndrome that lead to arm pain and fatigue, leading to instances such as a case of a surgeon dropping a tray of sterile tools or a young mother being fearful of holding a child, or having difficulty driving due to arms falling asleep
 - j. Such as patients that have difficulty swallowing after cervical fusion
 - k. Loss of local neuromuscular control following surgery leading to imbalance, fear of falling, fear of movement and general loss of control in home care or childcare