Evidence-Based Aquatic Therapy for Clients at Risk of Falls

Welcome... the webinar will start at 12:02ish
If you will be listening by phone, make sure to call in as directed.
In the meantime, grab a latte and put your feet up.

Lab demonstrations excerpted from Boot Camp, Novel Balance & Aquatic St!
Kim Gordon, MPT, Kiki Dickinson, MPT, Jennifer Tverdy, OTD/RL & ATU classes

Instructor: Andrea Salzman, MS, PT
University of Alabama at Birmingham grad
Awarded APTA's highest honor for aquatic PTs in 2010
Aquatic Therapy University, Director of Programming
Founder and Owner, Aquatic Resources Network

Has served as:
• Editor-in-Chief, Journal
• Therapy Pool Manager
• Adjunct Faculty, PT School
• Functional Design Consultant
• Instructor, over 200 conferences
• Aquatic Health Research Database (AHRD) Creator
• Author, 5 aquatic therapy-related texts
• Columnist, 6 magazines, over 300 articles

Contact: asalzman@aquaticnet.com | www.swimatu.com
Objectives

- Document medical necessity for aquatic therapy and locate what payers (including Medicare) have to say about its use for balance and fall prevention.
- Make a 3 minute verbal "case" for providing aquatic therapy services for a patient with a high fall risk. Be able to identify and locate supportive research to bolster case
- Perform 1 activity, exercise or task derived from the following techniques:
  - Aquatic adaptations of the Berg Balance Tasks
  - Salzman's Aquatic Blanket Drills (ABD)
  - Aquatic Sensory Integration (ASI)
  - Rhythmic stabilization
  - Modified underwater weight-bearing
  - Developmental sequencing (on mat and pool bottom)
- Investigate the concept of "edgecraft" for the therapy provider.
- Design and implement a 15-minute aquatic treatment plan for the client with a balance-related disorder.

Contact: asalzman@aquaticnet.com | www.swimatu.com

#1.

Document medical necessity & locate what payers have to say about aquatics for balance.
Consider the following points outlined by National Government Services.

Medical Necessity?

National Government Services
Does your patient require the skills as a therapist, or could the patient achieve functional improvement through a community-based aquatic exercise program?

Just YOU? Really?

There are a limited number of therapeutic exercises generally performed in the water. These exercises become repetitive quickly. Once a patient can demonstrate an exercise safely, you may no longer bill Medicare for the time it takes the patient to perform this now independent exercise. If the same exercise is performed over a number of sessions, the documentation must describe the skillful nature of the qualified professional/auxiliary personnel’s intervention during the therapeutic exercise to support the ongoing medical necessity.

SKILLED? Or repetitive?

Patients who will not be continuing their water-based program as a maintenance program should be transitioned to land-based exercises as soon as reasonably possible for the patient’s condition.

Plan for LAND?
The aquatic therapy treatment minutes counted toward the total timed code treatment minutes should only include actual skilled exercise time that required direct one-on-one patient contact by the qualified professional/auxiliary personnel. Do not include minutes for the patient to dress/undress, get into and out of the pool, etc.

Do not bill for the water modality used to provide the aquatic environment, such as whirlpool (97022), in addition to 97113. See CPT 97150 Group Therapy for guidelines when treating more than one patient at the same time in the aquatic environment.

Consider Clinical Examples of Skilled Aquatic Therapy in the BCBS of TN Medical Policy Manual.
An individual with arthritis who cannot ambulate on land because of the inability to use an assistive device, but who can begin walking in the pool.

Arthritis... needs assistive device.

An individual who recently had a total hip replacement with weight bearing restrictions who has difficulty following these precautions on land and who needs to begin progressive strengthening of the leg.

THR... on WB restrictions.

An individual with Guillain-Barré or multiple sclerosis who is too weak to exercise on land but who can move in the pool with a buoyancy assist device.

Neuromotor dx... too weak to move.
Must therapist be in pool?
Consider these examples from various payer manuals.

Skilled vs Unskilled Care.

Billable Vs Non-Billable Care.
While they do not have to be personally in the water, clinician must at a minimum be personally present one-on-one next to the pool for any covered aquatic therapy services.

Wisconsin Physicians Service Insurance Corporation


The qualified professional/personnel/auxiliary personnel does not need to be in the water with the patient unless there is an identified safety issue.

National Government Services


#2. Make a 3 minute “case” for providing aquatic therapy for balance and falls.
Buoyancy =

Power of upthrust.
Arch nemesis of gravity

Viscosity

“THICKENED” liquid
for MAXIMAL resistance
& MINIMAL impact

Surface Tension

Increased alertness
Refraction

skews things visually & makes them look like they are positioned differently.

Library Language


SAMPLE LIBRARY LANGUAGE

Aquatic Therapy University Andrea Salzman, MS, PT

Refraction

- Skews things visually and makes them look like they are positioned differently.

Library Language


SAMPLE LIBRARY LANGUAGE

- Refraction: Movement in water facilitates treatment of multiple sites simultaneously. In rapid succession, allows ease of profusion and exposure to patient's body, and facilitates ease of handling in pattern by therapist.
- Graded resistive: Aquatic water works to improve physical conditioning. This conditioning creates positive health benefits.
- Graded and fully functional exercises present with land-based balance training. This environment leads to improvements in balance and coordination.
- Circulatory: Swimming in an aquatic environment improves cardiovascular fitness more than the identical exercise performed on land. This exercise helps in improving performance, endurance, and cardiovascular fitness.
- Graded resistive: Aquatic exercise is a safe and effective means of improving cardiovascular fitness.
- Resulting in patient’s ability to perform graduated resistive exercises in a controlled environment.
- Resulting in patient’s ability to perform graduated resistive exercises in a controlled environment.
- Resulting in patient’s ability to perform graduated resistive exercises in a controlled environment.
- Resulting in patient’s ability to perform graduated resistive exercises in a controlled environment.
- Resulting in patient’s ability to perform graduated resistive exercises in a controlled environment.
- Resulting in patient’s ability to perform graduated resistive exercises in a controlled environment.
- Resulting in patient’s ability to perform graduated resistive exercises in a controlled environment.
- Resulting in patient’s ability to perform graduated resistive exercises in a controlled environment.
- Resulting in patient’s ability to perform graduated resistive exercises in a controlled environment.
- Resulting in patient’s ability to perform graduated resistive exercises in a controlled environment.
- Resulting in patient’s ability to perform graduated resistive exercises in a controlled environment.
- Resulting in patient’s ability to perform graduated resistive exercises in a controlled environment.
- Resulting in patient’s ability to perform graduated resistive exercises in a controlled environment.
- Resulting in patient’s ability to perform graduated resistive exercises in a controlled environment.
- Resulting in patient’s ability to perform graduated resistive exercises in a controlled environment.
- Resulting in patient’s ability to perform graduated resistive exercises in a controlled environment.
- Resulting in patient’s ability to perform graduated resistive exercises in a controlled environment.
- Resulting in patient’s ability to perform graduated resistive exercises in a controlled environment.
- Resulting in patient’s ability to perform graduated resistive exercises in a controlled environment.
- Resulting in patient’s ability to perform graduated resistive exercises in a controlled environment.
Perform 1 activity, exercise or task derived from the following techniques...

Berg Adaptations

Aquatic Therapy University

Andrea Salzman, MS, PT

www.swimatu.com
Investigate the concept of "edgecraft" for the therapy provider.
Design and implement a 15-min aquatic treatment plan for falls.


Vivas (2011) Parkinson’s Protocol
Aquatic Therapy University

Noh (2008)


Chon (2009)

#4. Investigate the concept of "edgecraft" for the therapy provider.

Seth Godin

Concept: Edgecraft

Edgecraft...
Variability

Component Parts

Task Attention
Feedback

Environment
Assistance Given

Evidence-Based Aquatic Therapy
for Clients at Risk for Falls

Thanks for attending, Andrea

QUICK LINKS:
Email: asalzman@aquaticnet.com
Phone: (800) 680-8624
Downloads at: www.swimatu.com/Falls13
Post-test instructions will be emailed to you