



YOUR GUIDE TO UNDERSTANDING
**REHABILITATION
THERAPY
& WHEN TO REFER**

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THE REHABILITATION TEAM

The **Rehabilitation Team** typically consists of three disciplines of therapy; *Physical Therapy, Occupational Therapy, and Speech Therapy*. Each team member plays a valuable role in helping a person regain function.

As a team, each therapist addresses functional impairments in a patient's ability to communicate, eat, dress, and walk with the goal of improving that individual's ability to participate in life. Let's learn more about each team members role!

What is a Physical Therapist?

A Physical Therapist (PT) is an expert in how the body moves (biomechanics). Their role is to improve quality of life through exercise, hands-on care and patient education while decreasing pain as much as possible. PT's teach patients how to prevent or manage their own health conditions.

What is an Occupational Therapist?

Simply put, an Occupational Therapist (OT) is a health professional who teaches people how to participate in daily living tasks after experiencing an injury, illness, or disability. OT's address the physical, psychological, and cognitive aspects of a patients well-being through engagement in occupation.

What is a Speech Therapist?

The proper title of a Speech Therapist is a Speech-Language Pathologist (SLPs). The names are often interchangeable in the medical world. SLP's work with patients to improve communication and swallowing. They are also experts in voice disorders, cognitive changes/decline, and social-communication skills.

This amazing team of professionals will evaluate, create a treatment plan, and use evidence-based treatments to improve a patients satisfaction with life.



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EDUCATION

All three disciplines have coursework in human anatomy, physiology, and neuroscience.

PT's and OT's both have additional education in orthopedics, neurological treatments, and geriatric & pediatric interventions. OT's branch off to focus on what activities best promote cognitive and physical function. PT's have detailed coursework in joint mobilization (including high velocity manipulation), therapeutic exercise, and the science behind pain. They also learn about red flags, which indicate that the origin of the problem may be something different for which therapy is being sought out.

Physical and Occupational Therapists typically spend 3-4 years in undergraduate studies. Physical Therapy students then spend an additional 3-4 years earning their Doctoral degree. Occupational Therapy students spend 3-4 years earning a Master's or Doctoral Degree.

Speech-Language Pathologists study speech, language, and voice disorders. In addition, their curriculum also focuses on specific speech and swallowing disorders that affect both children and adults. Speech Therapy students must earn a 4 year undergraduate degree. Following that, they may enter into the SLP program where they spend 2 years earning a Master's degree followed by a 3rd year of fellowship study.

Difference In Licensure

Since 2015, physical therapy students graduating from an accredited school in the United States must complete a Doctor of Physical Therapy (DPT) degree. In order to practice, a student must not only pass the NPTE (National Physical Therapy Exam) but also apply for and receive a state license.

Occupational therapy students educated in the United States must obtain a master's degree from an accredited school. In addition, they must not only pass the NBCOT (National Board for Certification of Occupational Therapists) but also apply for and receive a state license.

In the United States, a Speech-Language Pathologist must complete a master's degree-level program from an accredited school, pass a praxis exam, and apply for and receive a state license. In addition, many SLP's earn the Certificate of Clinical Competence (CCC) which requires a clinical fellowship year.

	MASTER'S DEGREE	DOCTORAL DEGREE
PT	MSPT or MPT	DPT
OT	MSOT or MOT	OTD
SLP	SLP	SLPD

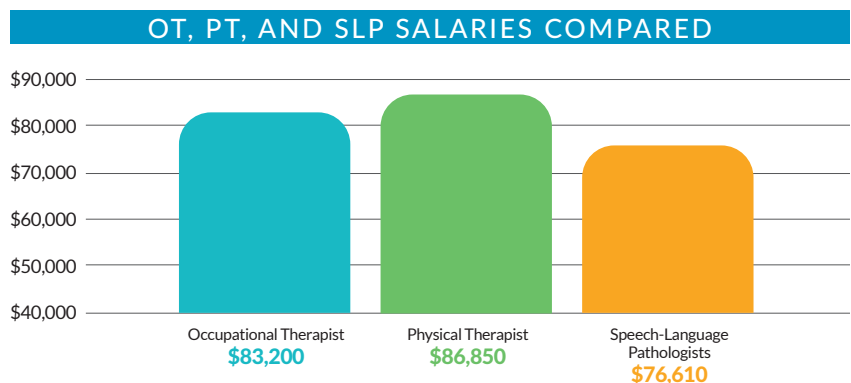
Each state has different requirements for PTs, OTs, and SLPs to obtain and maintain licensure, so therapists must consider individual state laws, regardless of whether they have been educated on US soil or elsewhere.

Job Outlook & Salary

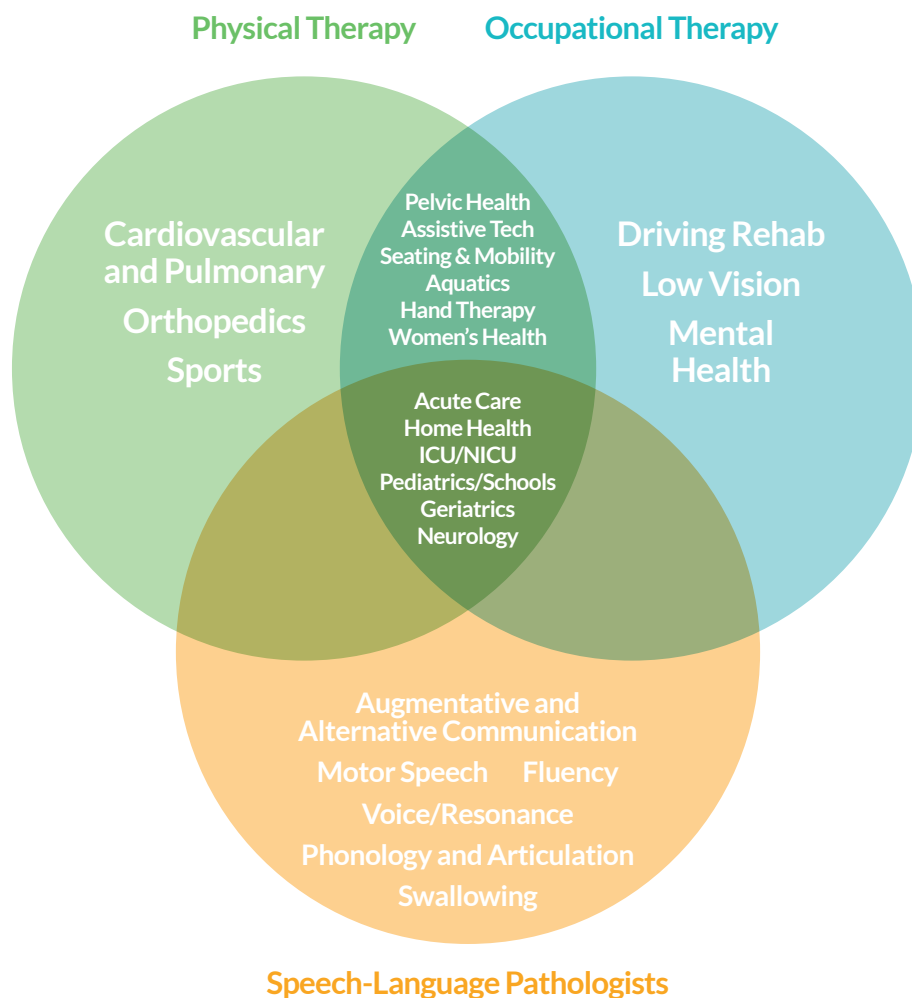
According to the Bureau of Labor Statistics (BLS), all three disciplines of therapy are expected to experience a *faster* than average job growth (18%-27%) between the years of 2018-2028. This expected job growth is largely due to the number of baby boomers who are living longer but experience medical conditions such as heart attacks, strokes, and limited functional mobility.

The median pay in 2019, according to the BLS, for Physical Therapists was \$89,400 annually. Occupational Therapists earned \$84,950 and Speech-Language Pathologists earned \$79,120.

Salaries are dependent upon years of experience, saturation of therapists in the area, and practice location.



Differences and Similarities in OT, PT and SLP Practice Niches



Common Practice Settings & Specialty Certifications

Being a therapist allows the opportunity to practice in different settings and with different patient populations. PT's, OT's, and SLP's can work with infants, children, or adults. They can work in schools, hospitals, outpatient clinics, home health, and even in community-based settings.

Physical Therapists can earn Board Certifications in Cardiovascular and Pulmonary, Clinical Electrophysiology, Geriatrics, Neurology, Oncology, Orthopaedics, Pediatrics, Sports, Women's Health, and Wound Management.

Occupational Therapists can earn Board Certifications in Gerontology, Mental Health, Pediatrics, and Physical Rehabilitation. More and more therapists are entering the realm of pain science which is great considering the opioid crisis in the US!

Speech-Language Pathologists often focus on speciality areas such as swallowing disorders, voice disorders, and cognitive/memory disorders.

Speciality certifications are also attainable and allow for practitioners to further their knowledge and treatment of particular disease processes such as the certification for **LSVT Big & Loud** for Parkinson's Disease, the **Certified Stroke Rehabilitation Specialist Certification**, **Vestibular Certifications** for people who experience dizziness, **Low Vision**, and **Certified Hand Therapy**.

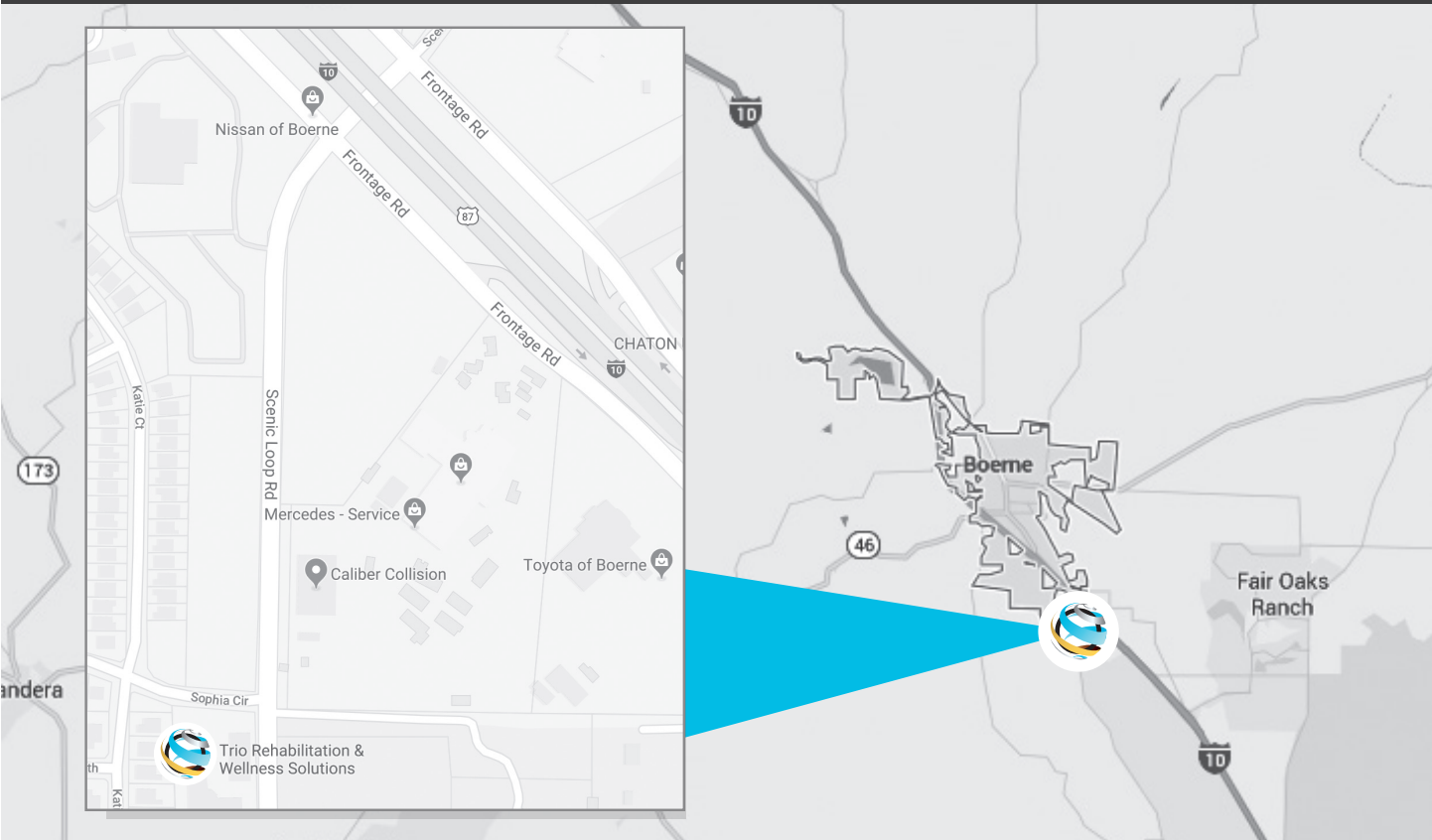
When Should You Refer a Patient? To Whom Should You Refer? Why Should you Refer?

In the State of Texas, patients should acquire a referral from an M.D., D.O., P.A., or N.P. In order to better understand when and to whom you should refer, here is list of common reasons people come to therapy.

PHYSICAL THERAPY REFERRAL INDICATOR	YES	NO
Difficulty walking		
Inappropriate use of walker or cane		
Gross motor coordination deficits		
Poor posture		
Fatigue or shortness of breath walking short distances		
Fear of falling/frequent falls		
Complaints of dizziness		
Requires assistance / several attempts to get out of a car, chair, toilet, tub, bed		
Need for adaptive equipment / home modification to improve status		
Progression of disease affecting function, mobility		
Requires walker or cane		
Poor fitting wheelchair or unable to self-propel wheelchair		
Need for lower extremity brace		
History of a stroke (new onset or old effects of a stroke)		
General Debility		
Poor Balance		
Decreased Cardiac Function		
Pain in the neck, hip, knee, foot, back or ankle		
History of a cardiac event requiring improved confidence, education about cardiac health, and safe return to activity		
Incontinence issues including urgency and leaking		
Manage diabetes and vascular conditions		
Manage age-related issues		
Manage heart and lung disease		
Decreased sitting posture/balance		
Recent surgery such as hip or knee replacement		
OCCUPATIONAL THERAPY REFERRAL INDICATOR	YES	NO
Difficulty with dressing, bathing, grooming, self-feeding or toileting		
Requires commode, tub seat, reacher, etc.		
Difficulty with meal preparation, medication management, shopping, laundry or financial management		
Decline in vision impacting ability to safely perform daily tasks / visual		
Visual field neglect affecting ADL tasks or reading		
Excessive fatigue / difficulty completing previously simple tasks		
Joint stiffness / loss of flexibility		
Difficulty managing symptoms and behaviors of dementia, as it relates to ambulation, transfers, balance		
Behavior/symptom modification. Teaching caregivers ways to lessen and manage the symptoms of dementia, including: wandering, repetitive questioning, shadowing, verbal and physical aggression, incontinence, rummaging, and hoarding.		
Need for upper extremity splint/brace		
Fine motor control / handwriting deficits		
History of a stroke (new onset or old effects of a stroke)		
Poor dexterity/fine motor control		
Pain in the shoulder, elbow, wrist, or hand		
Poor standing posture		
Disheveled appearance		

SPEECH THERAPY REFERRAL INDICATOR		YES	NO
Exhibiting signs of aspiration / penetration during eating/drinking, including: coughing, choking, "gurgley" voice, excessive sneezing/burping, watery eyes/runny nose, vomiting, or prolonged time required to complete a meal			
Exhibiting symptoms of aspiration / penetration including: significant weight loss, decline in appetite, dehydration, or recurrent pneumonia			
Difficulty swallowing			
Difficulty swallowing medication(s)			
Drooling			
Language impairments, including: difficulty finding words to express wants/needs; speaks in single words or short phrases; needs extra time to understand directions, statements or questions			
Speech, impairments including: difficulty imitating speech sounds; inability to make sound; slow rate of speech; slurred speech; low vocal volume; mumbled speech; hoarseness			
Difficulty speaking, listening, reading, or writing			
Recent and significant increase in confusion, memory loss, difficulty following simple directions, attention, organization, problem solving, or safety awareness affecting communication			
Requires an augmentative/alternative communication device			
Difficulty articulating letters			
Voice hoarseness			
Unintentional weight loss			
Word-finding difficulties			
Difficulty with naming, or communicating to others in their environment their specific wants/needs			
Unaided hearing loss; family and patient would benefit from limited strategy training to compensate for hearing loss deficits/communication breakdown			
Nasal emissions when speaking/resonance difficulties			
Difficulty managing breath for speaking			

TRIO REHAB CONVENIENT LOCATION



WHY SHOULD YOU REFER PATIENTS TO THERAPY?

Ultimately, the goal of therapy is to improve a person's ability to independently engage in the things they want to do!

Therapy services are a solid first line of defense against the use of pain medications, costly imaging, unnecessary surgery, and even debilitating falls leading to high mortality rates.



Therapists, especially physical therapists, have additional training in identifying red flags. In rare cases, physical pain that presents orthopedic in nature may have a different origin. Therapists are trained in differential diagnoses and are vigilant to signs and symptoms ("red flags") indicating a medical emergency or require a referral back to the physician.

Therapists have the luxury of spending approximately an hour per treatment session with a patient. This allows us the opportunity to perform a thorough evaluation that provides additional details to the primary diagnosis.

Conclusion

At the end of the day, our goal as a rehabilitation team is to return a person to their ability to do the things they enjoy doing! Therapists understand the emotional roller coaster people with an ache, pain, or disability must experience and we do the best we can do to return them to the job of living.

We hope this booklet has helped referring medical providers better understand the role of each therapist and when it is appropriate to refer a patient to therapy services.

Should you have any questions about a particular service, please call Jennica Colvin, O.T./Owner of Trio Rehabilitation & Wellness Solutions at 830-755-6091 or visit the website at www.triorehab.com

Sources

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<https://www.bls.gov/ooh/healthcare/occupational-therapists.htm>

<https://www.bls.gov/OOH/healthcare/speech-language-pathologists.htm#tab-1>

<https://otpotential.com/occupationaltherapy-vs-physicaltherapy-vs-speechtherapy>