DEPARTMENT/	POLICY	POLICY	RESCINDED	RELATED	REVIEWED/	EFFECTIVE	NEXT REVIEW	STATUS
UNIT	NO.	TITLE	POLICY(IES)	POLICY(IES)	REVISED	DATE	DATE	
Rehabilitative		Speech Therapy Scope of		3, 4,101-B, 102, 104, 105, 106, 107, 109, 114,				
Services	001- ST	Services	#101, Speech Therapy Scope of Services, Effective 12/12/2006	115	3/1/2018	3/6/2018	3/1/2021	
Rehabilitative	003	Swallow Program	#003, "Swallow Program", Rehabilitative Services Manual, Effective	3, 4, 102, 104, 105, 106, 107, 109, 114, 115	0, 1,2010	0,0,20.0	6/ 1/262 1	
Services	<u> </u>	ewallow i rogram	11/23/2015		4/2018	4/1/2018	4/2021	
Rehabilitative	004	Inpatient/Outpatient Pediatric	#004, Inpatient/Outpatient Pediatric Videofluoroscopic Studies,	3, 4, 102, 104, 105, 106, 107, 109, 114, 115				
Services		Videofluoroscopic Studies	Rehabilitative Services Manual, Effective 11/23/2015		4/2018	4/1/2018	4/2021	
Rehabilitative	006	Patient Education/Home	#006, Patient Education / Home Education, Rehabilitative Services	001-ST, 003, 004, 102, 109, 111, 114, 201-PT,				
Services		Education	Manual, Effective 11/23/2015	209, 211, 213, 304, 305, 309, 313, 315, 316, 317, 319, 322, 501, 504, 505, 507, 509	4/2018	4/1/2018	4/2021	
	050	Prioritization of Patient	#050, Prioritization of Patient Treatment, Rehabiltative Services	50, 101-B, 103	1 2 2			
Rehabilitative Services		Treatment	Manual, Effective 11/23/2015		4/2018	4/1/2018	4/2021	
Oct vices	101-B	Acute and Skilled Nursing Unit	#101B, Skilled Nursing Unit Referral/Order for Occupational Therapy,	50, 101-B, 103	4/2010	4/1/2010	4/2021	
Rehabilitative	101 2		Speech Therapy, and Physical Therapy, Rehabiltative Services					
Services		Therapy, Speech Therapy, and	Manual, Effective 11/23/2015		4/2018	4/1/2018	4/2021	
Rehabilitative	102	Bedside Swallow Assessment	#102, Bedside Swallow Assessment (BSA)/Swallow Consult,	3, 4, 102, 104, 105, 106, 107, 109, 114, 115			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Services		(BSA)/Swallow Consult	Rehabilitative Services Manual, Effective 11/23/2015		4/2018	4/1/2018	4/2021	
Rehabilitative	103	Inpatient Referral Log	#103, Inpatient Referral Log, Rehabilitative Services Manual,	50, 101-B, 103				
Services			Effective 11/23/2015		4/2018	4/1/2018	4/2021	
Rehabilitative	<u>104</u>	Competency Policy for Modified	#104, Competency Policy for Modified Barium Swallow Study,	3, 4, 102, 104, 105, 106, 107, 109, 114, 115				
Services		Barium Swallow Study	Rehabilitative Services Manual, Effective 11/23/2015		4/2018	4/1/2018	4/2021	
Rehabilitative	<u>105</u>	The cure of the surface of the surfa	#105, Electrical Stimulation for Swallow, Rehabilitative Services Manual, effectiveEffective 11/23/2015	001-ST, 201-PT, 208, 301-OT, 311				
Services			, , , , , , , , , , , , , , , , , , ,		4/2018	4/1/2018	4/2021	
Rehabilitative	<u>106</u>	Dysphagia Trays	#106 Dysphagia Trays, Modified Barium Swallow Study (MBSS); Fiberoptic Endoscopic Evaluation of Swallow (FEES), Rehabilitative	3, 4, 102, 104, 105, 106, 107, 109, 114, 115				
Services			Services Manual, Effective 11/23/2015		4/2018	4/1/2018	4/2021	
	<u>107</u>	Fiberoptic Endoscopic	#107, Fiberoptic Endoscopic Evaluation of Swallow (FEES) with	3, 4, 102, 104, 105, 106, 107, 109, 114, 115				
Rehabilitative		Evaluation Of Swallow (FEES)	Sensory Testing, Rehabilitative Services Manual, effective Effective 11/23/2015					
Services		With Sensory Testing (FEESST)	11/25/2015		4/2018	5/2018	5/2021	
Rehabilitative	<u>109</u>		#109, Modified Barium Swallow Studies (MBSS), Rehabilitative	3, 4, 102, 104, 105, 106, 107, 109, 114, 115				
Services		(MBSS)	Services Manual, Effective 11/23/2015		4/2018	5/2018	5/2021	
Rehabilitative	<u>110</u>	Procedure Criteria for Sensory	#110, Procedure Criteria for Sensory Stimulation Program,	304, 305, 306, 307, 308, 309, 310, 311, 314, 315,				
Services		Stimulation Program	Rehabilitative Services Manual, Effective 11/23/2015	316, 317, 319, 322	4/2018	5/2018	5/2021	
	<u>111</u>	Speak Valves for	#111, Speak Valves for Tracheotomized/Ventilator Dependent					
Rehabilitative		Tracheotomized/Ventilator	Patients, Rehabilitative Services Manual, Effective 11/23/2015					
Services		Dependent Patients			4/2018	5/2018	5/2021	
Rehabilitative	<u>114</u>	The Swallow Consult	#114, The Swallow Consult, Rehabilitative Services Manual, Effective 11/23/2015	3, 4, 102, 104, 105, 106, 107, 109, 114, 115	4/0040	E/0046	5/0004	
Services	445	Head I who sing for 5th and 6 th	#115, Use of Lydocaine for Fiber Optic Naso-Laryngoscope,	3, 4, 102, 104, 105, 106, 107, 109, 114, 115	4/2018	5/2018	5/2021	
Rehabilitative	<u>115</u>	OSC OF Lydocalific for Fiber Optic	Rehabilitative Services Manual, Effective 11/23/2015	0, 4, 102, 104, 100, 100, 107, 109, 114, 115	4/2040	E/0040	E/2024	
Services	204 DT	Naso-Laryngoscope	Physical Therapy Scope of Services, effective 11/20/2001.	006, 050, 101-B, 103, 206, 207, 208,	4/2018	5/2018	5/2021	
Rehabilitative Services	<u>201-PT</u>	Physical Therapy Scope of	1. Hydroxi Therapy Goope or Gorviosa, effective 11/20/2001.	210,212,213,215,217,218,307,308,315,319,322,408,4	3/2018	3/6/2018	3/6/2021	
Services		Practice		17,507,615	3/2010	3/0/2018	3/0/2021	

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UNIT	NO.	TITLE	POLICY(IES)	POLICY(IES)	REVISED	DATE	DATE	
Rehabilitative Services	<u>206</u>	Wound Evaluation	#206, Whirlpool Evaluation , Rehabilitative Services Manual, Effective 11/23/2015	206, 217, 215, 218	6/1/2018	6/1/2001	6/1/2021	
Rehabilitative Services	<u>207</u>	Policy For Evaluations	#510, Cardiac Rehabilitation Evaluation Inpatient, eff. 2001; #202, Home Evaluation, eff. 9/1995; #203 Low Back Pain, Effective 11/23/2015	206, 207, 209, 211	4/2018	4/2018	4/2021	
Rehabilitative Services	<u>208</u>	Electrical Muscle Stimulation (EMS) Therapy	#208, Electrical Muscle Stimulation (EMS), Rehabilitative Services Manual, Effective 11/23/2015	304, 305, 306, 307, 308, 309, 310, 311, 314, 315, 316, 317, 319, 322	4/2018	5/2018	5/2021	
Rehabilitative Services	<u>209</u>	Rehabilitative Services Guidelines for the Treatment of the Medical/Surgical Patient	#209, Rehabilitative Services Guidelines for the Treatment of the Medical/Surgical Patient, Rehabilitative Services Manual, Effective 11/23/2015	001-ST, 201-PT, 301-OT	4/2018	5/2018	5/2021	
Rehabilitative Services	<u>210</u>	Pre-Operative Rehab Protocol	#210, Pre-Operative Rehab Protocol, Rehabilitative Services Manual Effective 11/23/2015		4/2018	5/2018	7/2021	
Rehabilitative Services	<u>211</u>	Pediatric Therapy Intervention	#211, Pediatric Therapy Intervention, Rehabilitative Services Manual Effective 11/23/2015	, 001-ST, 201-PT, 301-OT	4/2018	5/2018	5/2021	
Rehabilitative Services	<u>212</u>	Total or Partial Hip Replacement Guidelines	#212, Total or Partial Hip Replacement Guidelines, Rehabilitative Services Manual, Effective 11/23/2015	210, 212, 213	4/2018	5/2018	7/2021	
Rehabilitative Services	<u>213</u>	Emergency Department Crutch Training Guidelines	#213, Emergency Department Crutch Training Guidelines, Rehabilitative Services Manual, Effective 11/23/2015	210, 212, 213	4/2018	5/2018	7/2021	
Rehabilitative Services	<u>215</u>	Debridement Procedure	#215, Debridement Procedure, Rehabilitative Services Manual, Effective 11/23/2015	206, 217, 215, 218	4/2018	5/2018	7/2021	
Rehabilitative Services	<u>217</u>	Wound Care Team Evaluations	#217, Wound Care Team Evaluations, Rehabilitative Services Manual, Effective 11/23/2015	206, 217, 215, 218	4/2018	4/1/2018	4/2021	
Rehabilitative Services	<u>218</u>	Whirlpool Preventative Maintenance	#218, Whirlpool Preventative Maintenance, Rehabilitative Services Manual, Effective 11/23/2015	206, 217, 215, 218	7/1/2018	12/1/2000	7/2021	
Rehabilitative Services	<u>301</u>	Occupational Therapy (O.T) Scope of Services			3/2018	3/2018	3/2021	
Rehabilitative Services	<u>304</u>	Occupational Therapy Guidelines for Orthotic Fabrication	#304, Occupational Therapy Guidelines for Orthotic Fabrication, Rehabilitative Services Manual, Effective 11/23/2015	304, 305, 306, 307, 308, 309, 310, 311, 314, 315, 316, 317, 319, 322	4/2018	5/2018	5/2021	
Rehabilitative Services	<u>305</u>	Occupational Therapy Guidelines for the Treatment of	#305, Occupational Therapy Guidelines for the Treatment of the Medical/Surgical Patient, Rehabilitative Services Manual, Effective	304, 305, 306, 307, 308, 309, 310, 311, 314, 315, 316, 317, 319, 322	4/2018	5/2018	5/2021	
Renabilitative Services	<u>306</u>	Ultrasound	#306, Ultrasound, Rehabilitation Services Manual ,Effective 11/23/2015	304, 305, 306, 307, 308, 309, 310, 311, 314, 315, 316, 317, 319, 322	4/2018	5/2018	5/2021	
Rehabilitative Services Rehabilitative	307	Balance Training Equipment	#307, Balance Training Equiperent, Rehabilitation Services Manual, Effective 11/23/2015	304, 305, 306, 307, 308, 309, 310, 311, 314, 315, 316, 317, 319, 322	4/2018	5/2018	4/2021	
Services	308	Therapeutic Balls	#308, Therapeutic Balls, Rehabilitation Services Manual, Effective 11/23/2015	304, 305, 306, 307, 308, 309, 310, 311, 314, 315, 316, 317, 319, 322	4/2018	4/2018	4/2021	
Rehabilitative Services	<u>309</u>	Occupational Therapy/Hand/Upper Extremity	#309, Occupational Therapy/Hand/Upper Extremity, Rehabilitation Services Manual, Effective 11/23/2015	304, 305, 306, 307, 308, 309, 310, 311, 314, 315, 316, 317, 319, 322	4/2018	5/1/2018	5/2021	
Rehabilitative Services	<u>310</u>	Hand Volumeter for Measuring Edema by Fluid Displacement	#310, Hand Volumeter for Measuring Edema by Fluid Displacement, Rehabilitation Services Manual, Effective 11/23/2015	304, 305, 306, 307, 308, 309, 310, 311, 314, 315, 316, 317, 319, 322	4/2018	5/1/2018	5/2021	
Rehabilitative Services	<u>311</u>	Iontophoresis Medication Ordering	#311, Iontophoresis Medication Ordering, Rehabilitation Services Manual, Effective 11/23/2015	304, 305, 306, 307, 308, 309, 310, 311, 314, 315, 316, 317, 319, 322	4/2018	5/1/2018	5/2021	

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UNIT	NO.	TITLE	POLICY(IES)	POLICY(IES)	REVISED	DATE	DATE	
Rehabilitative	<u>313</u>	Occupational Therapy Cerebral Vascular Accident (CVA)	#313, Occupational Therapy Cerebral Vascular Accident (CVA) Hemiplegia Program, Rehabilitation Services Manual, Effective	304, 305, 306, 307, 308, 309, 310, 311, 314, 315, 316, 317, 319, 322				
Services		Hemiplegia Program	11/23/2015		4/2018	5/1/2018	5/2021	
Rehabilitative	<u>314</u>	Use of Occupational Therapy	#314, Use of Occupational Therapy Splint Pan and Heat Gun,	304, 305, 306, 307, 308, 309, 310, 311, 314, 315,				
Services		Splint Pan and Heat Gun	Rehabilitation Services Manual, Effective 11/23/2015	316, 317, 319, 322	4/2018	5/1/2018	5/2021	
Rehabilitative Services	<u>315</u>	Functional Transfers	#315, Functional Transfers, Rehabilitation Services Manual, Effective 11/23/2015	304, 305, 306, 307, 308, 309, 310, 311, 314, 315, 316, 317, 319, 322	7/19/2018	11/23/2015	7/2021	
Rehabilitative Services	<u>316</u>	Therapeutic Heat	#316, Functional Transfers, Rehabilitation Services Manual, Effective 11/23/2015	304, 305, 306, 307, 308, 309, 310, 311, 314, 315, 316, 317, 319, 322	4/2018	5/1/2018	5/2021	
Rehabilitative Services	<u>317</u>	Cryotherapy- Ice Massage	#317, Cryotherapy- Ice Massage, Rehabilitation Services Manual, Effective 11/23/2015	304, 305, 306, 307, 308, 309, 310, 311, 314, 315, 316, 317, 319, 322	4/2018	5/1/2018	5/2021	
Rehabilitative Services	<u>319</u>	Assistive Device Training for Ambulation	#319, Assistive Device Training for Ambulation, Rehabilitation Services Manual, Effective 11/23/2015	304, 305, 306, 307, 308, 309, 310, 311, 314, 315, 316, 317, 319, 322	7/19/2018	5/16/1996	7/2021	
Rehabilitative Services	<u>322</u>	Pre- Surgical Gait Instruction	#322, Pre- Surgical Gait Instruction, Rehabilitation Services Manual, Effective 11/23/2015	304, 305, 306, 307, 308, 309, 310, 311, 314, 315, 316, 317, 319, 322	7/19/2018	1/22/1996	7/2021	
Rehabilitative Services	<u>323</u>	Lymphedema Treatment/Management	NEW POLICY CREATED IN DECEMBER 2016.	201-PT	12/2016	127/2016	12/7/2019	
Rehabilitative	401-RT	Recreational Therapy (R.T.)	#407, Recreational Therapy (R.T.) Scope of Services, 6/2012	401,402,404,405,406	12/2010	12172010		
Services		Scope of Services			3/2018	3/6/2018	3/2021	
Rehabilitative	<u>401</u>	Bedbound Activity Checklist/Calendar-Skilled	#401, Bedbound Activity Checklist/Calendar-Skilled Nursing Unit (SNU), Rehabilitative Services Manual, Effective 11/23/2015	401, 405, 406, 408				
Services		Nursing Unit (SNU)			6/1/2018	10/9/1996	6/2021	
Rehabilitative Services	<u>402</u>	Departmental Cleaning	#402, Departmental Cleaning, Rehabilitative Services Manual, Effective 11/23/2015		7/19/2018	5/20/1996	7/2021	
Rehabilitative Services	<u>403</u>	Recreational Therapy Documentation	#403, Recreational Therapy Documentation, Rehabilitative Services Manual, Effective, November 23, 2015	404, 405, 406, 408, 411, 417	6/1/2018	11/23/2015	6/2021	
	<u>404</u>	Recreational Therapy Guidelines	#404, Recreational Therapy Guidelines for the Skilled Nursing Unit (SNU) Resident, Rehabilitative Services Manual, Effective 11/23/2015	403, 404, 405, 406				
Rehabilitative Services		for the Skilled Nursing Unit (SNU) Resident	(GNO) Nesident, Neradimative dervices manual, Elective 17725/2015		7/1/2018	11/23/2015	6/2021	
Rehabilitative Services	<u>405</u>	Recreational Therapy Plan of Operation	#405, Recreational Therapy Plan of Operation, Rehabilitative Services Manual, Effective 11/23/2015	403, 404, 405, 406	6/1/2018	5/1/1994	6/2021	
Rehabilitative Services	<u>406</u>	Recreational Therapy Policy for Evaluations	#406, Recreational Therapy Policy for Evaluations, Rehabilitative Services Manual, Effective 11/23/2015	403, 404, 405, 406	6/1/2018	1994	6/2021	
Rehabilitative Services	408	SNF Resident Care Conferences	#408, SNF Resident Care Conferences, Rehabilitative Services Manual, Effective 11/23/2015	401, 405, 406, 408	6/1/2018	5/1/1996	6/2021	
	<u>409</u>	Volunteer Service for	#409, Volunteer Service for Rehabilitative Services Department,			3, 1, 1000		
Rehabilitative		Rehabilitative Services	Rehabilitative Services Manual, eff. 1/17/1996					
Services		Department			6/1/2018	1/17/1996	7/2021	
	<u>411</u>	Protocol Outline for Recreation	#411, Protocol Outline for Recreation Therapy (RT) Residential Program, Rehabilitative Services Manual, Effective 11/23/2015	401, 405, 406, 408				
Rehabilitative		Therapy (RT) Residential			6/1/2010	1004	6/2024	
Services		Program			6/1/2018	1994	6/2021	

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UNIT	NO.	TITLE	POLICY(IES)	POLICY(IES)	REVISED	DATE	DATE	
Rehabilitative	<u>412</u>	Pet Therapy Skilled Nursing	NEW	401-RT, 401, 404, 405, 409				
Services		Unit			new 7/2018	Jul-18	7/2021	
Rehabilitative	<u>413</u>	Recreational Therapy Activities /	NEW	401-RT, 401, 404, 405, 409				
Services		Groups			new 7/2018	Jul-18	7/2021	
	<u>414</u>	Inpatient Dress for Rehabilitative	#414, Inpatient Dress for Rehabilitative Services Therapy, effecitve					
Rehabilitative		Services Therapy	November 23, 2015					
Services							6/2021	
Rehabilitative	417	Skilled Nursing Unit (SNU)	#417, Skilled Nursing Unit (SNU) Evaluation and Treatment,	001-ST, 201-PT, 301-OT				
Services		Evaluation and Treatment	Rehabilitative Services Manual, Effective 11/23/2015		7/19/2018	5/1/1996	7/2021	
Rehabilitative	501	Cardiac Rehabilitation (C.R.)	#501, Cardiac Rehabilitation (C.R.) Scope of Services	#502, 504, 505,				
Services		Scope of Services			7/2018	4/2018	7/2021	
Rehabilitative	502		#502, Cardiac Rehabilitation Definitions, Rehabilitative Services	502, 504, 505, 506, 508, 509	1,20.0	1,2010	.,_0	
Services	<u>002</u>	Caralao (Cinabilitation Bellintions	Manual, Effective 11/23/2015		7/2018	5/2018	7/2021	
Rehabilitative	<u>504</u>	Inpatient Cardiac Rehabilitation	#504, Inpatient Cardiac Rehabilitation, Rehabilitative Services	502, 504, 505, 506, 508, 509	172010	3/2010	112021	
Services	<u>304</u>	Impatient Cardiac Renabilitation	Manual, Effective 11/23/2015		7/2018	5/2018	7/2021	
Rehabilitative	<u>505</u>	Early Outpatient Cardiac	#505, Early Outpatient Cardiac Rehabilitation, Rehabilitative Services	5 502, 504, 505, 506, 508, 509	172010	0/2010	172021	
Services	<u> </u>	Rehabilitation	Manual, eff. 6/2001		7/2018	5/2018	7/2021	
Rehabilitative	506	Physician Referral	#506, Physician Referral for Cardiac Rehabilitativ Services ,	001-ST, 201-PT, 301-OT	172010	3/2010	112021	
Services	<u>300</u>	I Trysician Referrar	Rehabilitative Services Manual, eff. 1994		7/2018	4/2018	7/2021	
00171000	507	Documentation	#507, Documentation Procedures—GMH Acute, Outpatients, and	001-ST, 201-PT, 301-OT, 401-RT	172010	4/2010	172021	
	<u>001</u>	Procedures—GMH Acute,	Skilled Nursing Unit (SNU) , Rehabilitative Services Manual, eff.					
Rehabilitative		Outpatients, and Skilled Nursing	5/1/1996					
Services		Unit (SNU)			7/2018	5/1/1996	7/2021	
Rehabilitative	508	Telemetry Monitoring	#508, Telemetry Monitoring Cardiac Rehabiliation , Rehabilitative	508, 509, 511, 513, 515	1/2010	5/1/1996	1/2021	
Services	<u> 506</u>	relemetry Monitoring	Services Manual, Effective 11/23/2015	000, 000, 011, 010, 010	7/2018	6/1/2001	7/2021	
	509	Exercise Prescription - Cardiac	#509, Exercise Prescription - Cardiac Rehabilitation, Rehabilitative	508, 509, 511, 513, 515	7/2010	0/1/2001	1/2021	
Rehabilitative Services	<u>303</u>	Rehabilitation	Services Manual, Effective 11/23/2015	000, 000, 011, 010, 010	7/2018	6/1/2001	7/2021	
	511	Cardiac Rehabilitation	#511, Cardiac Rehabilitation Stratification of Risk, Rehabilitative	508, 509, 511, 513, 515	1/2010	0/1/2001	1/2021	
Rehabilitative	<u> 511</u>		Services Manual, Effective 11/23/2015	300, 300, 311, 310, 313	7/2018	0/4/0004	7/2021	
Services	E40	Stratification of Risk	#513, Medical Screening and Assessment - Cardiac Rehabiliation,	508, 509, 511, 513, 515	7/2018	6/1/2001	7/2021	
	<u>513</u>	Medical Screening and	Rehabilitative Services Manual, Effective 11/23/2015	308, 309, 311, 313, 313				
Rehabilitative		Assessment - Cardiac			=/0010		- /2224	
Services		Rehabiliation			7/2018	6/1/2018	7/2021	
Rehabilitative	<u>514</u>	Safety and Emergency Protocols	#514, Safety and Emergency Protocols, Rehabilitative Services Manual. eff. Effective 11/23/2015	515, 511 508				
Services			,		7/2018	6/1/2001	7/2021	
Rehabilitative	<u>515</u>	Cardiac Rehabilitation	#515, Cardiac Rehabilitation Equipment and Maintenance, Rehabilitative Services Manual, Effective 11/23/2015	508, 509, 511, 513, 515				
Services		Equipment and Maintenance	·		7/2018	6/1/2001	7/2021	
Rehabilitative	<u>615</u>	Whirlpool Cleaning Procedures	#615, Whirlpool Cleaning Procedures, Rehabilitative Services	206, 217, 215, 218				
Services			Manual, Effective 11/23/2015		7/2018	6/1/2001	7/2021	