

Clinical Considerations **(PTOT-2.0)**

Musculoskeletal Considerations (PTOT-2.3)

PTOT.2.3.A **v1.0.2023**

Musculoskeletal (MSK) conditions are typically characterized by pain and limitations in mobility, strength, coordination, and balance, leading to functional deficits in activities of daily living. General orthopedic conditions affect muscles, bones, joints and related tissues such as tendons, ligaments, and nerves. MSK conditions can also present in combination with neurological signs, such as radicular symptoms, nerve compression, or myelopathy. Individuals with MSK conditions can present with varied complexities and complications during an episode of care (See Complexities/Complications in PTOT-1.1: Definitions) which will be considered along with all clinical information.

Consideration of the need for the skilled care of an MSK condition necessitates determining that an individual presents with a specific problem that significantly limits their ability with ADLs/IADLs; skilled care may not always be necessary for all MSK conditions³⁴⁻³⁸. Baseline function should be assessed at the initiation of an episode of care and regularly throughout an episode. Standard function and performance based outcomes are recommended to be used for baseline and continued tracking of an individual's ability (See PTOT-2.0: Clinical Considerations). It is expected that an individual will respond appropriately to skilled care in an appropriate and predictable amount of time.

An individual may be seeking skilled care for an MSK problem in relation to an injury where a procedure or surgery was performed, or will soon be performed, to help correct a structural issue. Often referred to as an orthopedic procedure or surgery. Surgical approaches and technique will vary. Each individual will respond to their procedure differently. Their need for skilled care will be assessed based on all clinical information presented that meet the indications for care (See PTOT-1.2: Criteria to Determine Medical Necessity for Skilled Physical/Occupational Therapy Care) in consideration of associated complexities and complications. This includes any consideration of any specific post-surgical protocols, phases of recovery and applicable differences in surgical technique.

Recommendations from published high-level guidelines and systematic reviews for many common MSK conditions suggest that when skilled care for an individual with an MSK problem is medically needed it should encompass physically active strategies, functional training, patient and caregiver education that address specific disabilities and goals, as well as use of valid outcome- and performance- based measures.³⁴⁻⁶⁴ Strong recommendations have been made that services should be customized to the individual.⁴¹⁻⁶³ The evidence recommends that individuals be provided with progressive home and self-care programs so they can regularly work on the routine aspects of their care on their

own and become independent with their own care long term. ^{34,37,39-45,49,50-64}

Establishing a plan for independent long term self-care and exercise is especially recommended for individuals with conditions of chronic pain.

44,47,51,54,60 There is moderate-level evidence to support the use of combining short term manual therapies

when appropriate with active solutions as part of a comprehensive program. ^{39,41,44,51,58,62,64} **Recommendations on the regular use of passive physical agents are very limited which would suggest these modalities have very limited benefit to any functional progress of the individual.** ³⁴⁻⁶⁴