



POST-ACUTE CARE HOSPITALS CONSTITUENCY GROUP

Acute Rehabilitation Worksheet

1. Is patient a candidate for acute rehab? (requires "YES" to all)
 - a. If in an acute hospital, is there a need for continued management of acute hospital needs? Yes___ No___
 - b. Able to participate in 3 hours of therapy per day for 5 days a week?
Yes___ No___
 - c. Are there specific goals for improvement?
Yes___ No___
 - d. Is there a need for close medical involvement, at least 3 days per week?
Yes___ No___

2. Is there a need for : (requires yes to 2 or more of the following)
 - a. Physical therapy Yes___ No___
 - b. Occupational therapy Yes___ No___
 - c. Speech therapy Yes___ No___
 - d. Orthotics/ prosthetics Yes___ No___

3. Are nursing services required? Yes___ No___