2013 Outpatient Rehabilitation & Chiropractic Criteria

Spinal Disorders, Lumbar: Chiropractic (Adult)

Review Type (choose one and see below)

☐ Initial Review
☐ Ongoing Review
☐ Discharge Review

Initial Review

New episode (Initial 4 wks of treatment)

☐ Initial Review, All:

☐ Clinical presentation, One:
  ☐ Acute lumbar radiculopathy, Both:
    ☐ Sx / Findings < 6 wks in nerve root distribution, ≥ One:
      ☐ Unilateral weakness by PE
      ☐ Unilateral pain
      ☐ Unilateral paresthesias
    ☐ Spinal cord compression / Cauda equina syndrome excluded by Hx & PE
  ☐ Subacute lumbar radiculopathy, All:
    ☐ Sx / Findings ≥ 6 wks in nerve root distribution, ≥ One:
      ☐ Unilateral weakness by PE
      ☐ Unilateral pain
      ☐ Unilateral paresthesias
    ☐ Spinal cord compression / Cauda equina syndrome excluded by Hx & PE
  ☐ Lumbar spine x-ray, One:
    ☐ Nondiagnostic for etiology of symptoms
    ☐ Not indicated

☐ Lumbar spinal stenosis, All:

☐ Low back / lower extremity pain interferes with ADLs
☐ Leg pain / Neurogenic claudication by Hx / PE, Both:
  ☐ Pain in buttocks / thighs / calves after prolonged standing / walking
  ☐ Partial pain relief with forward trunk flexion / Pain decreased with sitting
  ☐ Spinal cord compression / Cauda equina syndrome excluded by Hx & PE
Documented prognosis for clinical / functional improvement

Progressive treatment program, All:
- Patient agrees to program participation
- Spinal manipulation / Manual therapy
- Therapeutic exercise for strength / ROM / endurance
- Instruction in home Rx program

Goals, All:
- Reduce intensity and frequency of Sx / findings
- Gain independence in home exercise program and self-management
- Maximize functional independence with ambulation / ADLs / IADLs

Functional status w/ visits, One:
- No functional limitations (≤ 2 visits ≤ 4 wks)
- Mild limitations (≤ 6 visits ≤ 4 wks), Both:
  - Variable limitations with ADLs / IADLs
  - Sx / Findings, ≥ One:
    - Intermittent symptoms with variable intensity
    - Limited trunk ROM
- Moderate limitations (≤ 8 visits ≤ 4 wks), Both:
  - Consistent limitations with ADLs / IADLs
  - Sx / Findings, ≥ One:
    - Consistent symptoms with variable intensity
    - Decreased ROM / strength
- Severe limitations (≤ 12 visits ≤ 4 wks), All:
  - Unable to complete / participate in ADLs / IADLs
  - Consistent frequency and intensity of symptoms
  - Decreased ROM / strength / reflexes / Muscle atrophy

Ongoing Review

Continuation of care (May only be used once for an additional 4 wks of treatment)

Ongoing Review, All:
- Clinical presentation, One:
  - Diagnosis confirmed at initial review
  - Acute lumbar radiculopathy, Both:
    - Sx / Findings < 6 wks in nerve root distribution, ≥ One:
      - Unilateral weakness by PE
      - Unilateral pain
      - Unilateral paresthesias
    - Spinal cord compression / Cauda equina syndrome excluded by Hx & PE
  - Subacute lumbar radiculopathy, All:
☐ Sx / Findings ≥ 6 wks in nerve root distribution, ≥ One:
  ☐ Unilateral weakness by PE
  ☐ Unilateral pain
  ☐ Unilateral paresthesias
☒ Spinal cord compression / Cauda equina syndrome excluded by Hx & PE
☒ Lumbar spine x-ray, One:
  ☐ Nondiagnostic for etiology of symptoms
  ☐ Not indicated
☐ Lumbar spinal stenosis, All:
  ☐ Low back / lower extremity pain interferes with ADLs
  ☐ Leg pain / Neurogenic claudication by Hx / PE, Both:
    ☐ Pain in buttocks / thighs / calves after prolonged standing / walking
    ☐ Partial pain relief with forward trunk flexion / Pain decreased with sitting
  ☐ Spinal cord compression / Cauda equina syndrome excluded by Hx & PE
☐ Documented prognosis for clinical / functional improvement
☐ Progressive treatment program, All:
  ☐ Patient committed to program participation
  ☐ Spinal manipulation / Manual therapy
  ☐ Therapeutic exercise for strength / ROM / endurance
  ☐ Continue teaching and evaluate knowledge retention for home Rx program
☐ Partial progress made in meeting treatment goals, All:
  ☐ Reduction in intensity and frequency of Sx / findings
  ☐ Improvement in function and reduction in limitations, ≥ Two:
    ☐ Improved trunk ROM
    ☐ Improved lower extremity strength
    ☐ Improved endurance
    ☐ Improved functional performance
    ☐ Decreased pain
  ☐ Independence in self-management
  ☐ Documented patient adherence to home exercise program
☐ Functional status w/ visits, One:
  ☐ No functional limitations (≤ 2 visits ≤ 4 wks)
  ☐ Mild limitations (≤ 4 visits ≤ 4 wks), Both:
    ☐ Variable limitations with ADLs / IADLs
  ☐ Sx / Findings, ≥ One:
    ☐ Intermittent symptoms with variable intensity
    ☐ Limited trunk ROM
  ☐ Moderate limitations (≤ 8 visits ≤ 4 wks), Both:
    ☐ Consistent limitations with ADLs / IADLs
☐ Sx / Findings, ≥ One:
  ☐ Consistent symptoms with variable intensity
  ☐ Decreased ROM / strength
☐ Severe limitations (≤ 10 visits ≤ 4 wks), All:
  ☐ Unable to complete / participate in ADLs / IADLs
  ☐ Consistent frequency and intensity of symptoms
  ☐ Decreased ROM / strength / reflexes / Muscle atrophy

**Discharge Review**

☐ Discharge Review, One:
  ☐ New onset / Worsening of Sx / findings require reassessment prior to continuation of chiropractic treatment
  ☐ Further improvement / Completion of goals expected with patient adherence to home Rx program
  ☐ Chiropractic treatment goals met, All:
    ☐ Sx / Findings, ≥ One:
      ☐ No longer present
      ☐ Self care management achieved
    ☐ Function improved, ≥ One:
      ☐ Trunk ROM returned to preinjury / baseline status
      ☐ Lower extremity strength 3/5 to 5/5
      ☐ Functional independence with ambulation / ADLs / IADLs
    ☐ Independent with home exercise program
  ☐ Functional plateau reached at last 3 visits, ≥ One:
    ☐ Trunk ROM unchanged / improved ≤ 10%(0.10)
    ☐ Lower extremity strength unchanged
    ☐ Functional performance unchanged
  ☐ Prognosis poor