

1-2-3 REHAB SYSTEMS

-Integration of Pain Management Protocols

The Active Model Practice Guidelines Quantitative Measures & Rehabilitation Treatment Protocols, Coding and Documentation:
A Simple Guide
"Where Perfect Practice Makes Perfect"



FLORIDA CHIROPRACTIC PHYSICIAN ASSOCIATION

Advancing Chiropractic's Role in Healthcare

Rehabilitation Management Specialists LLC

1-2-3REHAB

CHECK WEBSITE FOR LOCATIONS
EVERYONE GETS A FREE WALL CHART

*ACTIVE MODEL MANAGEMENT SYSTEM

*COACHING *SEMINARS *CONTINUING EDUCATION

LEARN CHIROPRACTIC AND REHAB LIKE IT IS SUPPOSED TO BE DONE: HANDS ON!

DAN REYES DC, CCSP, DACRB

844-734-2202 * WWW.123REHAB.COM

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123REHAB IS BACK!

"Invincibility the 123REHAB Series"
"Functional Restoration is an Art, a Science, a Way of Life"

The 123REHAB series gives you everything you need to transition from the Passive-Acute through the Active-Functional Models:

- Secrets of a Chiropractic Detective
- 5 Factors of Healing Guidelines
- Evaluation Protocols
- Passive Techniques & Guidelines
- Hands On Active Protocols
- Hands On Active Protocols
- Technique
- Soft Tissue Protocols
- Pain Protocols
- Nutrition Protocols
- Coding & Documentation
- Risk Management & Error Prevention

75% HANDS ON

Dan Reyes DC, CCSP, DACRB, FABS, FCCRS, ABDA

With over 20 years of experience in the Active Model, and Wellness I have gained the much needed understanding that the following hold to be true and Basics for Success in this world of Health Care Management.

- ▶ Rehabilitation is both a "Science" and an "Art".
- ▶ Standard Guidelines are Documented & Need to Be Followed
- ▶ Healthcare today requires "Active Participation"
- ▶ Rehabilitation is "Active-Therapy."
- ▶ Rehabilitation Starts with the First Visit

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LEHIGH VALLEY
INTEGRATED PAIN AND WELLNESS
 DRUG FREE PAIN MANAGEMENT • FIBROMYALGIA • CONCUSSION MANAGEMENT •
 ATHLETES AND INDUSTRY

PHYSICAL
 CHIROPRACTIC • THERAPY • REHAB • YOGA • MASSAGE • FNP • ACTIVE RELEASE

EMOTIONAL
 BIOFEEDBACK • BINAURAL THERAPY
 PSYCHOSOCIAL THERAPY
 NEUROEMOTIONAL TECHNIQUE

CHEMICAL
 NUTRAPHYSICAL • DIETARY GUIDELINES
 CLEANSING • CALORIC MANAGEMENT

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DISEASES

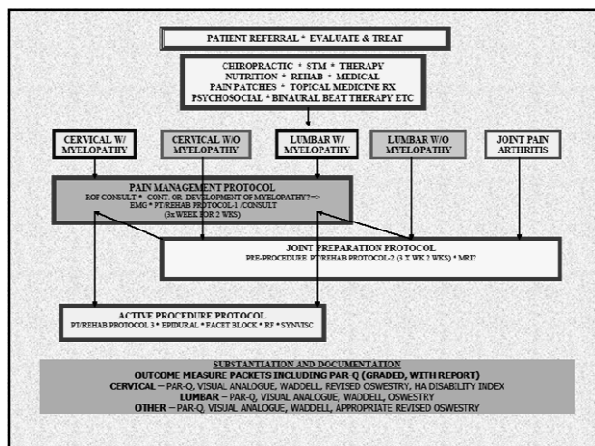
Diabetes
 Cancer
 Heart disease
 Auto-immune diseases
 Obesity
 Arthritis
 Fibromyalgia

UNDERLYING CAUSES

Inflammatory imbalances
 Hormonal imbalances
 Detoxification imbalances
 Structural imbalances
 Immune imbalances
 Mitochondrial dysfunction
 Digestive, absorptive, and microbiological imbalances
 Toxic chemical exposure
 Toxic emotions (anger, fear, resentment, etc.)

<http://www.functionalmedicine.net/cmd.php?af=1510988>

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EVERYBODY UP!

- › READINESS POSITION CHECK
- › ABDOMINAL BREATHING CHECK
- › ABDOMINAL HOLLOW CHECK
- › PELVIC TILT CHECK
- › SLOW SQUAT CHECK
- › SHOULDER FLEXION CHECK
- › QUAD CHALLENGE
- › LUNGE CHALLENGE

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Rehabilitation Made Easy

- › Up to 95 percent of all patients who enter our specialty suffer from some stage of the Natural Degenerative Process (NDP)
- › “Functional Ability” is our ultimate goal
- › Appropriate Management requires “Cause and Effect” identification
- › Strength and Functional Capacity Specific Adaptation to Imposed Demands

→

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Rehabilitation Made Easy cont..

- › Only “Exercise” leads to gains in Strength and Endurance
- › Average length of a Start Up program – 2 weeks
- › Reason for failure – Improper guidance and supervision
- › Deconditioning takes time to reverse
- › The NDP affects each and every one of us
- › Starts with Plastic Deformation
- › Affects Distal Areas (Upper Extremity)
- › Affects Proximal Areas (Lower Extremity)

ONLY DEMANDS WILL
INDUCE CHANGES

PERFECT PRACTICE
MAKES PERFECT

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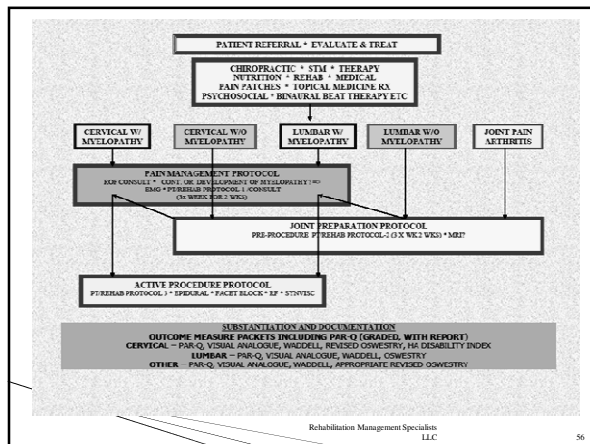
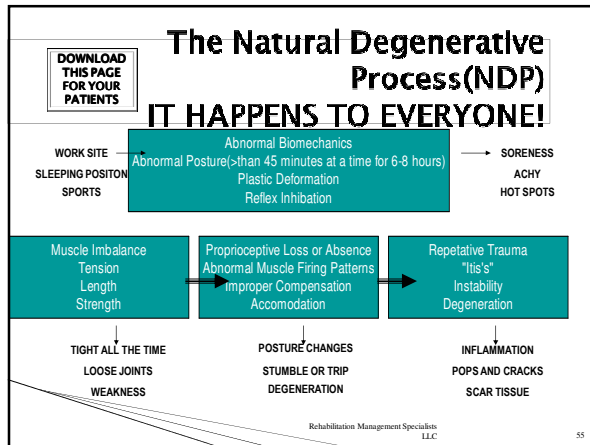


Basics of Rehabilitation Process

- Every Body Degenerates
- The Body Heals in only one way
- Healing times differ dependant upon Innate Ability
- SAID principle
- Local & Global Systems must be trained simultaneously
- Early Proprioceptive Stimulation increases reactivation acceptance

M. J. Comerford, S. L. Mottram, Functional stability re-training: principles and strategies for managing mechanical dysfunction. Kinetic Control, Mede House, Salisbury Street, Southampton SO 15 2tz, UK

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NEW STANDARDS! THE 5 FACTORS OF HEALING!

WE MUST BELIEVE IN THE ESSENTIAL FIVE FACTORS OF HEALING
QUANTITATIVE TESTING MUST BE PERFORMED PRIOR TO:

- 1) **PHYSIOTHERAPY -PASSIVE CARE**
- 2) **MANIPULATION AND MOBILIZATION-MASSAGE AND ADJUSTMENT**
- 3) **STRETCHING & MOVEMENT PATTERNS PIR AND PNF**
- 4) **NUTRITION – CLEANSING, DETOX, ENZYMES, MULTI'S, ANTIOXIDENTS, GENETICS & REQUIREMENT BASED CUSTOM COCKTAILS**
- 5) **EXERCISE - ACTIVE CARE & WELLNESS**

QUANTITATIVE TESTING MUST BE PERFORMED ON A REGULAR BASIS TO JUSTIFY AND DOCUMENT NEED AND TREATMENT

ALL ARE NECESSARY TO STOP OR REVERSE THE
NDP PROCESS

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Pain Scale	Time	STM Fascia Re-education	PNF ROM Development	Physiotherapy Modalities	Exercise Movement	Nutrition
9-10	48-72 hrs up to 3 weeks	Strokeing, Effleurage Petrissage	Reflex Inhibition	Ice Massage Interferential Microcurrent H-Wave EMS - SLS 1-15000-150 HZ Crossed	Passive Passive Assistive CPM Floor Pre- <i>Reactivation Protocol</i>	IntenzymeForte Digestive Plus Wobenzyme <i>Super-Zymes</i> 2-3x Rec. Wasser Don'ts for Health Co-Q, SOD
7-9	48 hrs to 3 weeks	Effleurage MFR STM O/I	PIR Modified PCS Contract Relax	EMS 1-150 HZ SLS, Crossed US - Pulsed, 3mhz/Mass. Ice Massage Contrast	CPM <i>Re-Activation Protocol</i> Proprioceptive	Wobenzyme Intenzymeforte <i>Super-Zymes</i> Scar tissue formulas MSM / GSI/CS
5-7	3-6 weeks	STM O/I TPT Myomere Stimulation GT / Spindle	Contract Relax PCS PNF	EMS 40-60 MLS, (L to T Setting) Russian Stim. Traction Diathermy US as Indicated	<i>Stage I</i>	<i>Joint Care Protein</i> Wormwood Combination C Bioflavonoids Caloric Intake
4-5	5-8 weeks	TPT Active Release Deep Tissue TTM	PCS CRAC Active	As Indicated	<i>Stage II</i>	Multiple Caloric Intake Phenotypic Specific
2-4	8-12+ weeks	TTM NMR	CRAC Active	As Indicated	<i>Stage III</i>	As needed

5 Factors of Healing Treatment Protocol
Table 1: Passive to Active Treatment Model

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SECTION 9

REHABILITATION GUIDELINES AND OUTCOME MEASURES

- ▶ Qualitative Measures & How to use and Grade them
- ▶ Quantitative Measures & How to use and Grade them

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Goals for Office

- Strategic undertakings
 - Uniforms
 - Standardized Forms / Fee Slips / Travel Cards
- Financial goals
 - Double every office services and collections, within 6 months
 - List Individual insurance and codes
- Other key efforts
 - Continue Training and Uniformity with Teamwork
 - Make monthly updates to coding and reimbursement trends

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Summary: Teamwork and Upgrading a Must

- Doctors and Therapists need to know that they work for the Management and Billing Personnel
- Key goals: Teamwork
 - Uniformity
 - Aspirations

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Proper Patient Guidance is the Key to Success

- Preparation and Goal Setting are the best tools to stop Reviews
- Professionalism means more than talking like a doctor
- Perfect Practice makes a Perfect Practice – that includes everyone.

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Active Model				
Rehabilitation Stage	Time	ADL Disability	Pain Free Range of Motion	Exercises
Pre-ReActivation	Begin 48 hours For Two Weeks to Three Weeks	30% or Greater	Less Than 75% PFRM	Pelvic TR Abdominal Hollow Bruger Wall Squats Heel Toe Toe Heel Isometric Exercises Passive – Passive Assisted Passive Resisted Active Assisted Pre-ReActivation Home Re-Activation In House
RE-Activation	3 weeks on until 75% of PFRM is attained	20-30%	75% PFRM	
Stage I	Begin From Third Week to Sixth Week Minimum of Two Weeks	20-30%	75-80%	Tubing Gym Ball Plyo Exercise Mckenzie Proprioception Rocker Board Optimal Fat Burning HR Isotonic Exercise Active Resisted Stage I
Stage II	From Sixth to Tenth Week Minimum of Two Weeks	10-20%	80-90%	Tubing Gym Ball Isotonic Exercise Weights Optimal Fat Burning HR + Work Conditioning Flexion/Extension Lateral Flexion Rotation LIFT Principle Flexibility, Strength, Endurance Stage II
Stage III	Minimum of Two Weeks to Three Weeks Weeks 8-12+	10% or Less	Full Pain Free	Tendon Isotonic Exercise Isokinetic Exercise Dynamic Exercises Sport Specific Target Phase HR Stage III
Home Program and Release	Eight to Twelve Weeks and Release	Minimal	Full Pain Free No Joint Pain	Cater Program to Patients Limitation, Equipment Availability, Time & Goals

Table 2. Rehabilitation graduation Guidelines

ACTIVE MODEL CODING PROTOCOL		
Active Model Stage	Code(s) Utilized	Units / other
Pre-Reactivation	97535 97750 Appropriate PT code	1 unit (home instructions) 2 units * (PAE if not W/C etc.) as indicated
	97140	1 unit
Reactivation	97530 97112 97110 97140 +/- 97116	1-2 units 1 unit 1 unit 1 unit 1 unit
Pre - Stage I	97535 97750	1 unit 2 units *
Stage I	97530 97110 97112 97140	2 units 1 unit +/- 1 unit 1 unit
Pre - Stage II	97535 97750	1 unit 2 units *
Stage II	97110 97530 +/- 97140	2 units 1 unit 1 unit
Pre - Stage III	+/- 97535 97750	+/- 1 unit 2-3 units
Stage III	97710	2-4 units
Pre - Release	97535 97750	1-2 units 2-3 units

Table 4: Coding Protocol *Coding is dependant upon documentation requirements, utilizing enclosed prescription sheets completely. PAE is utilized on patients not involved in a Work Comp injury, or a litigated / work loss accident. Any patients involved in this scenario utilize FCE.

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A WAY OF LIFE

- “It takes more than a knowledge of exercises to appropriately address WELLNESS & REHABILITATION.” It is a belief system and is developed from the true essence of complete health and well being. An Art, a science, “A way of life”



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