What's Changed: Added strategies to include the use of tele-health as an alternative to face-to-face and batching to coordinate multiple discipline therapy services.

1. These guidelines should be combined with the therapy departments’ clinical reasoning and individualized as deemed appropriate.

2. The risk of in-person contact between therapists and participants must be considered during this time with the goal of complying with social distancing and meeting the participant’s essential therapy needs.

3. PT and OT are essential healthcare workers, however, not all treatment is required to be face-to-face if telehealth is available.

4. The IDT should strive to coordinate and batch care, which will reduce the risk of transmission and the number of contacts, while conserving PPE. (Batching is a strategy used to coordinate multiple disciplines’ providing care through a single face-to-face contact.)

5. Telephone/video calls (ex. QliqSoft) should always be the first line of treatment prior to an in-person session. If this is not possible, a home or center session may be considered in the following situations:
   - To prepare participants to take care of themselves independently or with the help of a caregiver.
   - To address functional decline and fall risk secondary to COVID-19 restrictions.
   - To ensure that a participant can be safely discharged home post-hospitalization.
   - To avoid a hospitalization or SNF visit, decreasing the burden on our healthcare systems, thereby, by preventing admissions and readmissions that have potential to cause secondary iatrogenic complications.

6. If therapy completes the pre-enrollment screening, we recommend that most questioning be completed telephonically, along with a brief in home/clinic visit by either physical or occupational therapy as needed, in order to complete an accurate assessment minimizing contact. The other therapy discipline can complete their assessment telephonically.

7. Cognitive exams should be completed telephonically. For example, use a tool that has been modified for phone use, such as the MoCA Blind (see https://www.mocatest.org/faq/ and sign in for test and instructions).

Ideas to assist therapists during this time

- Video is a powerful remote therapy tool, and can be sent to participants/caregivers who have the appropriate technology to view them:
- Links to YouTube videos to assist with transfer techniques or DME repairs
- Create a video of yourself demonstrating a technique
- Engage in live video therapy sessions, using FaceTime, Skype, or QliqSoft. (QliqSoft is preferred, if you have access to it.)