



# Professional Educational Services, LLC

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## ***AREN'T YOU TIRED OF HAVING CARE CUT OFF & TRYING TO PROVE "MEDICAL NECESSITY?"***

### **Establishing a Rehabilitation System in a Busy Chiropractic Setting**

#### **PROTOCOL:**

- 1) First 2-4 weeks: Home-based exercises (examples: Williams' LB Flexion, McKenzie Extension)
- 2) After 2-4 weeks, if continued signs and symptoms, a more intensive program is indicated
- 3) Quantitative Functional Capacity Evaluation (QFCE): compares patient's performance to peer-reviewed /evidence-based normative data; each test has a companion exercise for the patient
- 4) In-office rehab training is specifically tailored to the patient, based on the abnormal QFCE tests
- 5) Re-evaluate after 4 weeks of in-office/supervised rehab, with 2nd QFCE to determine goal attainment
- 6) Transition patient from passive to active care

By following this method and using the appropriate documentation, "medical necessity" is established to warrant the inclusion of a rehabilitation program if home-based exercises failed to adequately return the patient to a patient satisfied end-point (steps 1 & 2). The abnormal tests of the QFCE establishes proof of deconditioning and the need for a more guided/supervised rehabilitation process (step 3). The exercises/rehab prescription is based on the abnormal tests derived from the QFCE (step 4) and proof of compliance and benefit is determined by a follow-up QFCE at 4 weeks (step 5).

When the proper documentation is used and present in the patient's chart, reimbursement is easy to support.

#### **COMMONLY ASKED QUESTIONS:**

1) ***Why are we as chiropractors not excited about doing re-examinations?***

It is because orthopedic or pain provocative tests are usually negative after 4-6 weeks of time, when nociception normalizes. Therefore, little useful information is obtained that directly affects our treatment approach. Because our primary mode of treatment is manual, various approaches of palpation help us decide the location, force, and variety of manipulation, which are performed on every treatment visit. In order to affect our treatment plan, the tests used must impact our treatment decisions.

2) ***But why do patients frequently continue complaining when the orthopedic tests are negative?***

This is because their kinetic dysfunction and deconditioning have not yet been addressed.

3) ***How can deconditioning and dysfunction be properly assessed?***

Through the use of physical performance tests or, the QFCE. These are tests that measure loss of function including strength, balance or proprioception, range of motion, and muscle length. By including a QFCE as a 4th to 6th week "re-examination", deconditioning and functional impairment can be identified and remeasured at a later date to determine the benefits of the new treatment plan consisting of rehabilitation (active care) concepts. Weaning patients from passive to active care is obtained in this process.

4) ***But which exercises should be used – there are so many?***

Specific exercises found in the Exercise CD and manual (and now, Phases Rehab!) are designed after each QFCE test. Therefore, a new treatment plan emphasizing rehab concepts can be easily & immediately implemented following the QFCE examination. Hence, by performing the QFCE, a renewed value in the examination process will be appreciated.

**If this evidence-based system of re-exams and rehabilitation implementation makes sense to you, check out the distant learning materials found on the website, or contact me by phone or email.**