

**Outreach Physical and Occupational Therapy and Speech
Rehabilitation, PLLC**
Personalized In-Home Treatment

PT, OT, SLP Indications checklist

	PT	OT	SLP
Assistive device /Adaptive equipment needs (We can order)			
• Deficits in balance and gait requiring fitting for cane, walker Power mobility device training	Y	Y	
• Low or loss of vision requiring adaptive equipment	Y	Y	
• Limitations in speech and language indicating communication Device			Y
• Difficulty with transfers requiring 3 in 1 commodes, Wheelchair Modification/fitting, grab bars	Y	Y	
• Activities of Daily living limitations leading to other Equipment needs		Y	
 Communication and Swallowing:			
• Slurred speech, low vocal volume, word finding difficulties			Y
• Oral movement impairments for speech, difficulty verbalizing			Y
• Difficulty following directions for ADL's (OT/SLP)		Y	Y
• Coughing ,choking, drooling, difficulty throat clearing			Y
• Pocketing of food, non verbal pt refusing food and losing wt.			Y
 Decrease in safety awareness:			
• Need to assess home and surrounding environment for safety(PT/OT)	Y	Y	
• Frequent falls in home and surrounding environment	Y	Y	
• Need for home modification consultation(OT/SLP)		Y	Y
 Caregiver Education:			
• A Need for education regarding body mechanics and compensatory with transfers	Y	Y	
• Education regarding activities of Daily living training	Y	Y	Y
• Education regarding specific diagnosis and certain behaviors` that manifest and how to manage this particular patient	Y	Y	Y
• A need to instruct caregiver with home exercise program	Y	Y	Y