Assessment Tools & Tests
- Indications for Evaluation, Treatment and Documentation for All Clinical Areas – Assessment Tools & Tests
- Standardized Tests & Measures for the Geriatric Population

Clinical Practice Resources
- Clinical Standards of Practice
- Clinical Program “At a Glance” Guides

Coding
- CPT Codes / CCI Edits Reference Materials
- ICD-10 Coding Basics
- Functional G Code Material

Specialty Forms
- Forms
  - Edema
  - Managed Care
  - ROM / Muscle Strength
  - Wound Care
- Low Vision Evaluation
- OT Total Joint Evaluation
- ROM/Strength Form
- Seat/Positioning Evaluation
- ST Evaluation for Augmentative and Alternative Communication
- Therapeutic Assessment of Safety in the Environment

Documentation Tools
- Quick Guides (formerly “Fix It Now” Checklists) – helpful hints of what should be documented with risk areas
  - At Risk for Denials
  - Communication & Cognition
  - Dysphagia
  - Documentation
  - Gait
  - Therapeutic Exercises Documentation Tips (97110)
- Do’s & Don’ts of Skilled Therapy Documentation
- Discharge Checklists
  - Functional Outcomes Discharge ALF
  - Functional Outcomes Long Term Care
  - Home Health Discharge Checklist
  - My Discharge Checklist to Home
- Recommendations (PT/OT/SLP)
- Restorative Care Program
- Documentation On The Go
Training Courses
  • Effectively Documenting Medical Necessity
  • Rehab Documentation Workshop
  • Thorough PT/OT/SLP Assessment

Fast Fact Fridays
  • Top 12 Denial Reasons and Documentation Errors (8.6.10)
  • Prior Level of Function (11.26.10 & 3.9.12)
  • Documentation Review for Medical Necessity (3.4.11 & 12.16.11)
  • Documenting Tips Prognostic Indicators and Barriers to Progress (4.1.11)
  • Goal Writing (4.15.11)
  • Use of Objective Test and Measures (7.1.11)
  • Avoiding Denials by Selecting Proper ICD-9 Codes (7.22.11)
  • Documentation Requirements: When Plan of Care Frequency Not Met (9.23.11)
  • Group Therapy for Medicare A Patients and RUG Payors (10.7.11)
  • Denials for “Evaluation Only” Services (11.18.11)
  • Skilled Intervention: Teaching / Training(12.30.11)
  • Are we Addressing the Clinical Needs of our Patients? (1.11.12)
  • Objective versus Subjective Documentation (1.13.12)
  • Use of Addendum Notes (2.17.12)
  • Challenges in Coding (3.23.12)
  • Alleviating the Confusion and Focus on Function when Billing 97532 for SLPs (3.30.12)
  • Documenting the Skilled Components of Gait (6.22.12)
  • Back to Basics (11.30.12)
  • Back to Basics – The In’s and Out’s of Functional Maintenance (12.7.12)
  • Who are My Patients? (12.14.12)
  • Utilization of Objective Tests and Measures (1.25.13)
  • Development of a Comprehensive Plan of Care (2.1.13)
  • Patient Goal Writing Guidelines (2.22.13)
  • Writing an Awesome Progress Notes (3.1.13)
  • Documentation – The Follow-up (3.22.13)
  • Treatment Frequency Considerations for Long-Term Care Patients (5.3.13)
  • Utilizing Physical Agent Modalities for the Treatment of Pain (8.9.13)
  • Utilizing Standardized Tests and Measures (8.16.13)
  • Demonstrating Quality in our Documentation (2.21.14)
  • Are you Completing a Comprehensive Assessment (2.7.14)
  • Documentation – RehabCare’s Risk for Denials (6.27.14)
  • Principles of Skilled Therapy - Part 1 (1.09.15)
  • Principles of Skilled Therapy – Part 2 (1.16.15)
  • Importance of Care Planning (1.30.15)
  • Point of Service Documentation (2.20.15)
  • Therex (97110) Skilled or Not Skilled (3.02.15)
  • Utilization of Standardized Assessments in OT Plans of Care (4.10.15)
  • Understanding and Treating Mental Illness (4.24.15)
  • SLP Interventions for Mild-Moderate Cognitive Impairment (5.8.15)
  • Are Modalities included in your POC (6.5.15)
  • Skilled vs. Unskilled Treatment (6.19.15)
Fast Fact Fridays (continued)
- Co-Treatment Justification (7.17.15)
- Evaluation / Plan of Care (7.24.15)
- Are you Clearly Documentation Medical Necessity (8.21.15)
- Documentation Guidelines for Select Payers (10.2.15)
- The Critical Mat Assessment (10.23.15)
- There’s More to “Gait Training” than Walking! (10.30.15)
- Falls Prevention – How Big is the Problem? (11.6.15)
- Limb Loss Lower Extremity On-The-Go (11.20.15)
- 2016 Coding / Billing Change (1.8.16)
- Recommended Changes to Utilization of the Tinetti Performance Oriented Assessment (POMA) (1.15.16)
- Anticipated Daily Treatment Time (Minutes) (1.29.16)
- To Proofread or NOT to Proofread, that is the ? (2.12.16)
- Developing a Patient Centered Therapy Treatment Plan (3.4.16)
- Late 10’th Visit Notes – Medicare Part B (3.11.16)
- The Role of Occupational Therapy in Skin Care (4.8.16)
- OT’s Role in Functional Cognition Rehabilitation (4.22.16)
- Daily Notes – Standardizing the Process (4.29.16)
- SLP’s Role in Evaluation and Treatment of Cough Function (5.6.16)
- Starting and Ending with Regular Solids and Thin Liquids: Food for Thought (5.20.16)

Clinical Optional Training - RediLearn
Knect > Rehab Division > RediLearn > My Learning Broadcast > Clinical Optional Training
- Defensible Documentation Training
- Dementia Cognitive Clinical Resources
- Documenting Medical Necessity
- Managing Difficult Behaviors using Alternative Interventions
- Maximizing FOM Clinical Outcomes
- Modality Basic Training
- NDT for the Neurologically Impaired Patient
- Pain Management Resources in One Hour or Less
- Re-examining Occupational Therapy’s Scope of Practice
- Skilled SLP Interventions with Mild-Moderate Dementia
- Skilled SLP Interventions with Moderate-Severe Dementia

These resources, found on Knect, were developed by our clinicians. Let’s take credit for the excellent care we provide our patients through our documentation utilizing these resources. Let there be no chance for any payer to deny our services. This is our key to success!