ACUTE PT REFERRAL GUIDELINES
*Modified from the APTA’s Acute Care Section

PT in the acute setting commonly addresses:
- Gait training and functional mobility
- Balance assessment and intervention
- Neuromuscular re-education
- Pt and family education
- Transfer training
- Airway Clearance
- Therapeutic exercise

Please consult PT if a patient presents with a new impairment or a decrease in functional mobility due to a new illness and/or hospitalization.
- Include “evaluate & treat” and any other specific concerns you wish to be addressed
- Ensure accurate activity orders

When a PT consult is received, within 48 hours the physical therapist will:
- Complete an examination & evaluation
- Determine the need and frequency of continued therapy in the acute setting
- Make recommendations
- Document findings in Echart

PT consults are generally NOT INDICATED for patients that are:
- on paralytics
- sedated & unable to follow commands
- unstable medically
- displaying unstable vital signs
- agitated and/or combative
- immobile and have a poor prognosis for improvement
- awaiting test results (e.g. VQ scans, venous Dopplers, STAT cardiac enzymes, head CT’s for acute changes, bone scans, x-rays to rule out fractures)
- at baseline or prior level of physical function
- simply wanting to get OOB
- requiring documentation of oxygen saturation

Please contact any PT or the Occupational & Physical Therapy Department at 966-2056 with any questions or concerns.