

Priorities for Ambulatory Physiotherapy Face to Face Service: Covid-19 Relaunch Period

Relaunch of Community Rehabilitation (including outpatient) Services will be impacted by program staffing, caseload, clinic space, and infection prevention and control consideration. Please refer to the [COVID-19 Relaunch Playbook](#).

Physiotherapists will continue to offer virtual services as the preferred mode of delivery to all Community Rehabilitation clients. An initial, comprehensive phone or virtual interview must be completed to determine urgency and mode of service delivery (in-person or virtual). Physiotherapists will consider a client's ability to access and use technology, as well as clinical reasoning (including the client's history, client and family perspective and readiness, impact on function, prognosis and collaborative practice) to determine urgency and mode of intervention.

See [Virtual Health](#) on Insite and the [Allied Health COVID-19 SharePoint](#) for resources. See [Physiotherapy Alberta](#) for Cross-Border service delivery considerations, for clients who live outside Alberta.

The following charts provide criteria for prioritizing face-to face visits in pediatrics and adults.

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Ambulatory Physiotherapy (Pediatrics)			
Timeline	1-5 days	Within 15 days	Within 30 Days
<p>AHS Urgency Criteria</p> <p><i>Level of urgency relates to timely access to care</i></p>	<p style="text-align: center;"><u>Urgent</u></p> <p style="text-align: center;">Unable to meet needs virtually AND</p> <ul style="list-style-type: none"> • Significant and immediate risk/impact for function, safety, adverse outcomes or psychosocial consequences; AND/OR • Progressive, new onset conditions, exacerbation of existing condition with rapid deterioration/change in functional status; AND/OR • Potential to reduce need for a higher level of care (e.g. requiring admission to hospital, or invasive intervention) • Conditions or interventions where the episode of care is significantly increased or outcome is compromised if services not received in timely manner (e.g. torticollis treatment, therapy post-Botox) • End of Life Care Needs <p>Considerations</p> <ul style="list-style-type: none"> • Specific diagnostic conditions not identified as information gathered through intake or referral may indicate the child meets urgent criteria despite diagnosis 	<p style="text-align: center;"><u>Semi-Urgent</u></p> <p style="text-align: center;">Unable to meet needs virtually AND</p> <ul style="list-style-type: none"> • At risk for adverse, safety, psychosocial, neurodevelopmental or functional consequences AND/OR • Time-sensitive <ul style="list-style-type: none"> ○ Change in functional status or risk for change in functional status based on prognostic factors, clinical judgement ○ Pre-requisite for other necessary medical interventions <p>AND/OR</p> <ul style="list-style-type: none"> • Critical period of recovery or new learning to advance care, client progress and function AND/OR • Potential to reduce adverse outcomes and need for a higher or more urgent level of care (e.g. infant head shape) 	<p style="text-align: center;"><u>Routine</u></p> <p style="text-align: center;">Unable to meet needs virtually AND</p> <ul style="list-style-type: none"> • Potential to increase function and participation and/or reduce adverse outcomes to prevent the need for a higher or more urgent level of care <p>Considerations</p> <ul style="list-style-type: none"> • Identified, but undetermined areas of need (i.e., face to face is needed to provide further understanding of need and facilitate referral, transition and wayfinding) • Waiting for service or has not received a therapeutic dose of service prior to the discontinuation of services • Clients who are English Language Learners and require interpretation services • Client and family readiness, time sensitivity, impact on function, prognostic factors and need for collaboration with other providers

Priorities for Ambulatory Physiotherapy Face to Face Service: Covid-19 Relaunch Period

Ambulatory Physiotherapy (Adult)			
Target Timeline	1-5 Days	Within 15 Days	Within 30 days
<p>AHS Urgency Criteria</p> <p><i>Level of urgency relates to timely access to care</i></p>	<p style="text-align: center;"><u>Urgent</u></p> <p>Unable to meet needs virtually AND</p> <ul style="list-style-type: none"> • Significant and immediate risk or impact on safety, and/or significant risk of adverse outcomes AND/OR • Conditions with the potential for rapid deterioration/change in functional status, AND/OR • Likelihood that in the absence of physiotherapy services the patient will require services in an urgent care or emergency department setting. • End of life care needs 	<p style="text-align: center;"><u>Semi-Urgent</u></p> <p>Unable to meet needs virtually AND</p> <ul style="list-style-type: none"> • Acuity of the patient's condition (e.g. recent surgery, removal of cast or immobilizer or recent motor vehicle accident) AND/OR • Time-sensitive <ul style="list-style-type: none"> ○ change in functional status or risk for change in functional status based on prognostic factors, clinical judgement ○ Clients recently discharged from hospital, where treatment as an outpatient was a key component of discharge planning <p>AND/OR</p> <ul style="list-style-type: none"> • Functional impairment/impact of the condition on health-related quality of life (e.g. inability to work, regardless of whether the injury is WCB compensable or not) • Potential to reduce adverse outcomes 	<p style="text-align: center;"><u>Routine</u></p> <p>Unable to meet needs virtually AND</p> <ul style="list-style-type: none"> • Potential to address functional needs and reduce adverse outcomes <p>Considerations:</p> <ul style="list-style-type: none"> • Identified, but undetermined areas of need (i.e. face to face is needed to provide further understanding of need & facilitate referral, transition and wayfinding) • Client has a degenerative condition or developmental disorder that requires assessment and/or treatment to achieve optimal function. • Client and family readiness, time sensitivity, impact on function, prognostic factors and need for collaboration with other providers