

# JOINTS Occupational Therapy Session Documentation Form ©NRH/ISIS 2006 Revised January 11, 2006

Patient \_\_\_\_\_

Circle:    OT Facility Provider    or    OT Contract Provider

Date of Session \_\_\_\_\_

Payer Change? To: \_\_\_\_\_

**Instructions:** Write the start time of each session and check if family/CG observes or is involved in a formal training session. Select one OT activity and record the time in 5 minute increments spent on this OT activity. Record the interventions used for this activity. Document all OT activities and interventions in this manner. If the patient missed therapy, enter the number of minutes missed and the reason. The sum of the '# min' column should equal the duration of the session.

	Session 1		Session 2		Interventions
<b>Check if</b>	Family/CG Only Observed <input type="checkbox"/>		Family/CG Only Observed <input type="checkbox"/>		<b>Orthotics</b>
<b>Check if</b>	Formal Family/CG Training <input type="checkbox"/>		Formal Family/CG Training <input type="checkbox"/>		1. Abductor Wedge
<b>Duration of Activity</b>	<b>Start Time:</b>		<b>Start Time:</b>		2. AFO
<b>Enter in 5 minute increments</b>	<b># Min</b>	<b>Interventions Codes</b>	<b># Min</b>	<b>Interventions Codes</b>	3. Hip Abductor
Formal Assessment		Patient <input type="checkbox"/> Environment <input type="checkbox"/>		Patient <input type="checkbox"/> Environment <input type="checkbox"/>	4. Knee Immobilizer
Medical Monitoring					5. Other Orthotic
<b>ADLs</b>					<b>Education</b>
Feeding/Eating					6. Joint Protection
Grooming					7. Weight Bearing Precautions
Bathing					8. Orthopedic Precautions
Dressing - UE					9. Skin
Dressing - LE					10. Low Vision training
Toileting					11. Relaxation Techniques
Continence Mgmt					12. Safety
<b>IADLs</b>					13. Adaptive Techniques/Strat
Home Management					14. Adaptive Equipment
Community Integration					15. DME
Leisure Performance					16. Body Mechanics
<b>Motor Skills</b>					17. Energy Conservation
Bed Mobility					18. Environmental Adaptation
Transfer - Tub					<b>Cardiopulmonary</b>
Transfer - Shower					19. Activity Tolerance
Transfer - Toilet					20. Breathing Techniques
Transfer - Chair/Wheelchair					21. Conditioning Exercises
Transfer - Car					<b>Musculoskeletal</b>
Functional Mobility					22. Therapeutic Exercises
Exercise					23. Manual Therapy/stretching
<b>Other</b>					24. Neuromuscular Reeducation
Pain Management					25. Balance Training
Home Program					<b>Non-Surg Limb Treated</b>
Wheelchair Mobility/Mgmt					26. Upper Extremity
Edema Control					<b>Cognitive/Perceptual</b>
Wound Management					27. Cueing - Visual
Diagnosis Specific Education					28. Cueing - Tactile
Team Communication					29. Cueing - Verbal
Indirect Patient Care					30. Orientation
Missed Therapy - Reason:					31. Memory
					32. Attention
					33. Problem Solving
					34. Executive Functioning
					<b>Modalities</b>
					35. Low Stretch Wrap
					36. Thermo-modalities
					<b>Other</b>
					37. Other Intervention:

  

**Example:** 45 minute session focusing on ADL work. 20 minutes spent on lower extremity dressing-teaching the patient to use adaptive equipment to compensate for hip precautions. Visual cueing is needed. 20 minutes spent on functional mobility - teaching the patient about weight bearing precautions, safety, DME, energy conservation and focusing on balance.

Patient experienced dizziness during the session, which interrupted therapy for 5 min while the patient rested. The family observed the session.

EXAMPLE	Family/CG Only Observed <input checked="" type="checkbox"/>	
	# min	Interventions Codes
Medical Monitoring	5	
Dressing - LE	20	8, 14, 27
Functional Mobility	20	7, 12, 17, 15, 25