

Manual M-2, Clinical Programs. Part VIII, Rehabilitation Medicine Service

Part VIII name changed to: Physical Medicine and Rehabilitation Service

By: VHA Directive 10-93-071, dated June 17, 1993

**Chapter 3, RMS (Rehabilitation Medicine Service) Sections
(Paragraphs 3.01 through 3.08)**

Rescinds earlier revisions and changes to Chapter 3

This document includes:

Title page and title page verso, dated **October 7, 1992**
Contents page for M-2, Part VIII, dated **October 7, 1992**
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**DEPARTMENT OF
VETERANS AFFAIRS**

**CLINICAL PROGRAMS
Rehabilitation Medicine Service**

**M-2, Part VIII
October 7, 1992**

**Veterans Health Administration
Washington, DC 20420**

October 7, 1992

Department of Veterans Affairs
Veterans Health Administration
Washington, DC 20420

M-2, "Clinical Programs," Part VIII, "Rehabilitation Medicine Service," is published for the compliance of all concerned.


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Chief Medical Director

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RESCISSIONS

The following material is rescinded.

1. **Complete Rescissions**

a. Manual

M-2, Part VIII, dated July 15, 1955, and changes 1 through 4
M-2, Part VIII, dated July 15, 1966,
M-2, Part VIII, change 1, dated June 19, 1970
M-2, Part VIII, change 2, dated September 22, 1971
M-2, Part VIII, change 3, dated July 2, 1981

b. Interim Issues

II 10-66-44
II 10-70-16
II 10-74-28
II 10-74-30
II 10-75-3
II 10-76-16
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II 10-76-31
II 10-77-25

c. Circulars

10-87-13 and Supplement 1
10-87-15 and Supplement 1
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CHAPTER 3. RMS (REHABILITATION MEDICINE SERVICE) SECTIONS

3.01 STATEMENT OF POLICY

a. The professionals from each therapy section, who deliver unique and integrated health care, are directed and supervised by the Chief, RMS, or physician designee. Exceptions to this require RMS, VA (Department of Veterans Affairs) Central Office approval. Services are rendered in accordance with policies and procedures established by RMS.

b. The interdisciplinary team, consisting of representatives from appropriate therapy disciplines and a RMS physician, consults with other services to provide comprehensive rehabilitation care.

3.02 GENERAL PROVISIONS

a. The RMS Chief or physician designee may assign treatment responsibilities to a section or sections which have personnel qualified to administer therapy modalities commensurate with:

- (1) Documented professional academic education,
- (2) Professional certification and/or licensure,
- (3) Approved scope of practice or clinical privileges (hereafter referred to as "privileges"), and
- (4) Other training experiences approved by the supervising physician.

b. Professional duties in each therapy section must be supervised by a professional from that respective discipline.

c. The primary functions of each therapy section will be to:

(1) Provide and deliver quality service to the veteran, based on the individualized "privileges" designated to each discipline.

(2) Participate as members of interdisciplinary teams.

(3) Document treatment in accordance with requirements of accreditation bodies and VA regulations.

(4) Participate in quality assurance programs and utilization reviews to ensure optimal performance in keeping with the advancing state of the art.

(5) Encourage and promote staff development and professional involvement;

(6) Establish and maintain contact with other in-house services, the general health care community, and the public.

(7) Provide clinical orientation about one's discipline to RMS and other medical center professional staff.

(8) Provide clinical education programs that meet the standards of the professional organizations.

d. The rehabilitation medicine therapy sections, of educational therapy, manual arts therapy, physical therapy and occupational therapy, may develop and implement clinical training affiliations for students pursuing a career in the designated specialty from an affiliated institution under the provisions and approvals established by VA.

e. Kinesiotherapy non-affiliated training programs for qualified candidates may be established with the approval of RMS, VA Central Office (117B).

3.03 EDUCATIONAL THERAPY

a. Educational therapy is medically prescribed to meet the educational needs of patients who present learning disabilities, vocational deficits, and psychosocial and physical dysfunctions.

(1) Qualified educational therapists administer and interpret standardized tests and assessments to provide basis for treatment planning and educational counseling.

(2) Among the resources employed by educational therapists are:

(a) Adult basic education,

(b) Remedial instruction,

(c) Job seeking skills,

(d) Creative writing expression, and

(e) High school equivalency (or GED [General Educational Development] testing).

b. The purpose of Educational Therapy is to:

(1) Administer and interpret standardized tests and assessments to provide basis for treatment planning and educational counseling.

(2) Provide academic and developmental education to increase basic educational skills.

(3) Provide ABE (adult basic education) to semi-literate veterans.

(4) Provide remedial instruction commensurate with scope of practice of the professional to those patients with educational handicaps, learning disabilities, and/or cognitive dysfunction.

(5) Structure programs for the development of creative expression in such areas as poetry, prose, drama, personal research (genealogical) and extended reading which enhance quality of life. **NOTE:** *Entries in Veterans' Voices publication may be supported through educational therapy.*

(6) Provide educational counseling in marketable job skills.

(7) Offer GED testing in authorized medical centers. *NOTE: The American Council on Education administered program provides high school equivalency testing by qualified chief examiners through contracted services.*

(8) Publish patient newspapers, in conjunction with journalism classes, governed by prevailing privacy and freedom of information acts.

(9) Provide training in basic computer literacy, programming and computer operations.

3.04 KINESIOTHERAPY (formerly CORRECTIVE THERAPY)

a. Kinesiotherapy is the treatment of the effects of disease, injury and congenital disorder through the use of therapeutic exercise and patient education.

(1) Through a didactic and clinical preparation in anatomy, physiology and kinesiology, the kinesiotherapist is capable of evaluating the physical status of the patient.

(2) Observation and a variety of physical fitness testing procedures serve as a basis for the kinesiotherapist to formulate and implement a program of physical exercise and activity designed to remediate the disease process.

(3) The kinesiotherapist directs medically prescribed activity which promotes general and specific conditioning and reconditioning of patients.

b. The purpose of Kinesiotherapy is to:

(1) Evaluate the patient's overall physical condition using observation and fitness testing procedures. Parameters include:

(a) Balance,

(b) Coordination,

(c) Endurance,

(d) Flexibility,

(e) Proprioception,

(f) Neuromuscular development, and

(g) Psychosocial integration.

(2) Develop and implement specific activities to promote physical conditioning and overall fitness in those patients where it is diminished because of disease or disuse.

(3) Educate and counsel patients, families and/or significant others about the effect of exercise on disability.

3.05 MANUAL ARTS THERAPY

a. Manual arts therapy is a medically prescribed, vocationally oriented program.

(1) Manual arts therapists and vocational rehabilitation specialists utilize actual or simulated work situations to assess functional levels of work potential, as well as maintain, improve or develop work skills and vocational potential.

(2) Manual Arts Therapy can also be targeted to prevent physiological or psychological deconditioning, in addition to enhancing a productive life style.

b. The purpose of Manual Arts Therapy is to:

(1) Assess and evaluate veteran's functional level with regard to work potential using job sample evaluations, work simulations, and other standardized vocational testing.

(2) Assist in appropriately modifying environments and/or structuring graded work conditioning to overcome physical limitations of veterans with disabilities which interfere with their work site and life space function.

(3) Provide structured work situations to assist with targeted behavior and attitude adjustments.

(4) Provide group work situations in which the patient's sociability and interdependence can be assessed and modified.

(5) Participate in Compensated Work Therapy (contract supported work-for-pay activities), when remuneration is appropriate as a therapeutic assessment and treatment modality.

(6) Utilize Incentive Therapy (structured work-for-pay jobs within the medical center which contribute to its mission), as appropriate to assess and shape the patient's work tolerance, work habits and performance in a normative work situation.

(7) Provide work based avocational activities that reduce the need for rehospitalization and enhance independence.

(8) Provide avocational training commensurate with a work ethic for those who, because of deficits or disability, will not reenter the job market.

3.06 OCCUPATIONAL THERAPY

a. Occupational therapy is a medically based health service administered by a registered occupational therapist who utilizes the application of goal-oriented, purposeful activity in the assessment and treatment of individuals whose function is impaired by:

(1) Physical illness or injury,

(2) Psychiatric and/or emotional disorder,

(3) Congenital or developmental learning disabilities, or

(4) The aging process.

b. The practice encompasses evaluation, treatment, instruction and consultation.

c. Specific occupational therapy services include:

- (1) Evaluation and training in daily living skills;
- (2) Developing perceptual motor skills and sensory-integrative and cognitive function;
- (3) Developing prevocational capacities; and
- (4) Designing, fabricating or applying selected orthotic and prosthetic devices.

d. Occupational therapy functional assessments and treatment methods are concerned with specific performance components and the interrelationship of these components which are consistent with their scopes of practice.

e. The purpose of Occupational Therapy is to:

(1) Administer and interpret standard, non-standard and clinical evaluations, develop and implement the written, goal-directed treatment plan.

(2) Promote independent living concept by evaluating patient's ability and training in the performance of activities of daily living tasks.

(3) Evaluate and fabricate appropriate therapeutic devices which include:

(a) Designing and fabricating splints, or

(b) Applying selected orthotic and prosthetic devices and training patients in their use.

(4) Provide consultative services in the selection and use of adaptive equipment, activities and therapeutic exercises to improve functional performance.

(5) Provide prevocational evaluations and vocational interventions which includes work hardening (i.e., work assessment, work capacity programming and employment preparation).

(6) Educate and/or counsel patients and families regarding the disability to:

(a) Promote health and the concept of "wellness," and

(b) Improve the management of the disability and the resumption of life roles in the home and community environment.

(7) Provide for and participate in treatment programs in the home after discharge by evaluating and adapting the home environment and work place for safety and ease of functioning.

(8) Provide therapeutic interventions that focus on:

(a) Joint protection/body mechanics,

(b) Positioning,

(c) Strength,

- (d) Cardiopulmonary function,
- (e) Coordination, and
- (f) Functional abilities in daily living skills.

(9) Participate in formalized investigative studies and research for the purpose of improving the quality of patient care by means of recognized scientific methodologies and procedures.

3.07 PHYSICAL THERAPY

a. Physical therapy is a medically-based health service administered by a licensed physical therapist.

b. The licensed physical therapist utilizes the application of scientific principles for the identification, prevention, remediation and rehabilitation of acute and prolonged physical dysfunction, thereby promoting optimal health and function.

c. Physical therapy includes evaluation, treatment, instruction, and consultative services related to neuromuscular, musculoskeletal, cardiovascular, respiratory function, and other medical functions.

d. The purpose of Physical Therapy is to:

(1) Evaluate and assess the patient prior to the development of treatment plans and goals.

(2) Develop treatment goals and plans in accordance with the initial evaluation findings with treatment aimed at prevention, reducing disability or pain, and restoring lost function.

(3) Provide therapeutic interventions which focus on:

- (a) Posture,
- (b) Locomotion,
- (c) Strength,
- (d) Endurance,
- (e) Balance,
- (f) Coordination, and
- (g) Joint mobility and flexibility.

(4) Monitor the extent to which services have met the therapeutic goals relative to the initial and all subsequent examinations.

(5) Determine the degree to which improvement occurs and, when appropriate, revise the overall treatment plan.

(6) Educate and/or counsel patients, families, and/or significant others regarding:

(Date)

- (a) The disability incurred and about intervention reducing the existing disability, and
- (b) Improved management of any residual disability in the resumption of life roles in the home and community environment.

3.08 OTHER ALLIED HEALTH DISCIPLINES

The functional responsibilities of disciplines located within the RMS organization, but not mentioned in the preceding, may be directed by other VHA (Veterans Health Administration) manuals. These disciplines include, but are not limited to:

- a. Recreation therapist,
- b. Vocational rehabilitation specialist,
- c. Vocational case manager,
- d. Audiologist and speech pathologist,
- e. Rehabilitation nurse, and
- f. Prosthetist.

June 17, 1993

TO: Regional Directors; Directors, VA Medical Center Activities,
Domiciliary, Outpatient Clinics, Regional Offices with Outpatient
Clinics

SUBJ: PM&RS (Physical Medicine and Rehabilitation Service) Name Change

1. PURPOSE: The purpose of this VHA (Veterans Health Administration) directive is to provide instructions relating to a change in title from RMS (Rehabilitation Medicine Service) to PM&RS. This directive will be incorporated into manual M-2, part VIII.

2. BACKGROUND

a. Prior to 1973, the formal designation of the current RMS was PM&RS. This title, which had been utilized by VA (Department of Veterans Affairs) since 1948, reflected the official name of the medical specialty, the ABMS (American Board of Medical Specialists) specialty board, as well as the affiliated medical school departments. In 1973, in an effort to "expand the parameters of this medical program," the name was changed to RMS.

b. The new title went generally unappreciated by leaders in the field whose training, experience and background were identified as "physiatry," a universally recognized medical specialty. There is now a strong need to support the many advances in technology, medical knowledge, and national interest in the field of physical rehabilitation to again assume the specific title for which this specialty is best known and recognized.

c. The need to maintain the reputation and credibility of the VA Physical Medicine and Rehabilitation Program should not be compromised by naming physicians who are not board-certified physiatrists to head those programs in field health care facilities.

3. POLICY: Clinical designation of a service in VA Central Office and field facilities will correspond as clearly as possible with the designation of its counterpart in academia, the private sector and the international medical community. Renaming the RMS in VA will provide the correct designation of the types and kinds of services with which this service has been associated, as well as maintaining a consistency for all non-VA correspondence with inspection/accreditation bodies and professional organizations in physical medicine and rehabilitation.

4. ACTION

a. On or after June 17, 1993, all full-time permanent Chiefs of PM&RS will be board-certified physiatrists.

b. Any individual who is not board certified and currently serving as a field chief of PM&RS may continue in that capacity. Facilities wishing to nominate for appointment non-Board certified physiatrists to Chief of PM&RS must request a waiver from the Associate Deputy Chief Medical Director (11). These requests should be forwarded through the Regional Director (13_/PM&RS (117B).

THIS VHA DIRECTIVE EXPIRES JUNE 17, 1994

5. REFERENCES: None.
6. FOLLOW-UP RESPONSIBILITY: Director, Physical Medicine and Rehabilitation Service (117B).
7. RESCISSIONS: This VHA directive will expire June 17, 1994.

Signed 6/17/93 C. Wayne Hawkins
for

James W. Holsinger, Jr., M.D.
Under Secretary for Health

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October 7, 1992

1. Transmitted is a complete revision of Veterans Health Administration Manual M-2, "Clinical Programs," Part VIII, "Rehabilitation Medicine Service." Because of the many changes, brackets have not been used to indicate the changes.

2. Principal changes are:

- a. **Chapter 1:** Includes a statement of policy and reporting requirements.
- b. **Chapter 3:** Is replaced by a new Chapter 3, "RMS (Rehabilitation Medicine Service) Sections."
- c. **Chapter 5:** Is replaced by a new Chapter 5, "Driving Training for the Handicapped Veteran."
- d. **Chapter 6:** Is replaced by a new Chapter 6, "Work Restoration Program."
- e. **Chapter 7:** Is replaced by a new Chapter 7, "Education in RMS (Rehabilitation Medicine Service)."
- f. **Chapter 8:** Is replaced by a new Chapter 8, "Research in RMS (Rehabilitation Medicine Service)."
- g. **Chapter 9:** Is replaced by a new Chapter 9, "Scope of Practice."
- h. **Chapter 10:** Is deleted.

3. Filing Instructions

Remove pages

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1-1 through 1-8 ✓
2-1 ✓
3-1 ✓
4-1 through 4-8 ✓
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6-1 through 6-3 ✓
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9-1 through 9-5 ✓
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6-i through 6-3 ✓
7-i through 7-2 ✓
8-i through 8-1 ✓
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