



Let's Move Physical Therapy
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Policy and Procedure Manual for Let's Move Physical Therapy

Employment Related Policies and Procedures

Employee Orientation

Employee Orientation is to take place once the employee has signed their contract.

Job Descriptions

See Attachment A.

Performance Appraisal

Performance reviews are to take place after 90 days of employment, and then every 6 months thereafter.

Work Schedule

Scheduling is to be determined by the current case load of LMPT and the amount of hours the employee is seeking to work.

Standards of Conduct

See Code of Ethics Attachment B, Criteria for Standards of Practice Attachment C, and Nevada State Practice Act Attachment D.

Anti-Harassment and Discrimination

LMPT is committed in all areas to providing a work environment that is free from harassment. Harassment based upon an individual's sex, race, ethnicity, national origin, age, religion or any other legally protected characteristics will not be tolerated. All employees, including supervisors and other management personnel, are expected and required to abide by this policy. No person will be adversely affected in employment with the employer as a result of bringing complaints of unlawful harassment.

Sexual harassment is behavior of a sexual nature that is unwelcome and offensive to the person or persons it is targeted toward. Examples of harassing behavior may include unwanted physical contact, foul language of an offensive sexual nature, sexual propositions, sexual jokes or remarks, obscene gestures, and displays of pornographic or sexually explicit pictures, drawings, or caricatures. Use of the employer's computer system for the purpose of viewing, displaying, or disseminating material that is sexual in nature may also constitute harassing behavior.

If an employee feels that he or she has been harassed on the basis of his or her sex, race, national origin, ethnic background, or any other legally protected characteristic, they should immediately report the matter to his or her supervisor. If that person is not available, or if the employee feels it would be unproductive to



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inform that person, the employee should immediately contact that supervisor's superior or human resources. Once the matter has been reported, it will be promptly investigated, and any necessary corrective action will be taken where appropriate. All complaints of unlawful harassment will be handled in a discreet and confidential manner as is possible under the circumstances.

Any employee engaging in improper harassing behavior will be subject to disciplinary action, including termination of employment.

Whistleblower Protection

OSHA's Whistleblower Protection Program enforces the whistleblower provisions of more than 20 whistleblower statutes protecting employees from retaliation for reporting violations of various workplace safety and health, airline, commercial motor carrier, consumer product, environmental, financial reform, food safety, health insurance reform, motor vehicle safety, nuclear, pipeline, public transportation agency, railroad, maritime, and securities laws and for engaging in other related protected activities.

Compensation

Employees are to be paid bi-monthly at the agreed upon rate outlined in the employees' contract.

Professional/Career Development

CEUs are to be completed yearly per Nevada's State Practice Act.

Employees' External Activities

As long as an employee's external activities does not impede their ability to perform their job, the reputation of LMPT, or the agreed upon schedule, they may do as they see fit.

Benefits

PTO, insurance coverage, and retirement plans may be discussed upon hire and are to be outlined in the employee's contract.

Inclement Weather

No employee will have to work outdoors or drive to clients' home if the weather is deemed unsafe and/or safety alerts have been issued. Patient visits are to be rescheduled.

Social Media

Nothing in relation to LMPT, the staff, contractors, patients or anyone else involved in the daily operations of LMPT is to be posted on social media without expressed written consent of LMPT (with



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exceptions including, but not limited to, marketing, updates, newsletters, etc.). Such postings may involve disciplinary action. If content is aimed to negatively impact the reputation of LMPT, disciplinary action may be taken.

Employee Dress Code

Employees are to dress respectively with all body parts well-covered, and in clothing that allows them to move freely to perform their treatment therapies.

Contractor Related Policies and Procedures

Contracts

Contractors may begin their relation with LMPT once a contract has been signed. Contractors are to make their own schedules, provide invoices, and follow through with their scope of practice and licensing expectations. Contracting hours are never guaranteed.

Contractor and Employee COVID19 Policy

Contractors and employees are to present their vaccination cards with at least 2 steps of the vaccine completed on or before Jan 1 2022, Medical and religious exceptions will be honored based on the federal guidelines and as long as those exceptions meet all federal guideline criteria.

Scope of Services

Outpatient Physical Therapy

Let's Move Physical Therapy provides outpatient physical therapy services within the home or community setting to allow PT and the patient to maximize their potential in a natural setting. Let's Move Physical Therapy provides services to individuals of all of ages, ranging from babies to the elderly, with an emphasis on neurodevelopment techniques, therapeutic activities, therapeutic exercise, and so on, to assist with patients attending their functional potential.

Mission Statement: Let's Move Physical Therapy is dedicated to providing individuals with the highest quality rehabilitation services within the home, clinic, or natural environment settings. Let's Move Physical Therapy is dedicated to assisting individuals in achieving their maximum level of physical function by using evidence based physical therapy practices.

Vision Statement: Let's Move Physical Therapy is a company that places the utmost importance on integrity and providing interventions to patients within Nevada that allow them to gain physical function as effectively and efficiently as possible.



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Type of practice and services: Private practice that offers physical therapy services to orthopedic, neurological, post-surgical, pediatric, sports rehabilitative, and adult patients. Evidence based practice supports the use of various interventions to assist patients with cerebral palsy, multiple sclerosis, autism, spinal cord injury, down syndrome, developmental delay, total knee replacement, total hip replacement, and spinal surgery.

Emergency Preparedness, Safety, and Infection Control

Emergency Evacuation Plan and Map

LMPT at this time has a clinic setting, fire extinguisher is on site at all times, exits are also clearly marked.

Medical Record Procedures

All evaluations, treatments, and canceled visits will be documented within the documentation system utilized by LMPT. PT may request records at any time. If they wish to have paper copies, charges may apply at the time of printing.

Recovery of Patient Records

Patients may verbally, or in writing, request a copy of their records. If they wish to share another entity, a release of information is required and will be requested.

Maintenance of Records

LMPT will maintain records for up to 7 years, and then the files will be destroyed.

Medical Emergency Procedures

CPR and calling 911 may be employed should a patient demonstrate abnormal vital signs, or the situation requires emergency care.

Fire Safety Procedures

Since visits currently happen within patients' homes, a provider may ask that the front door stay unlocked in the event of a fire or emergency.

CPR

All providers have CPR certifications, may initiate CPR, and will notify 911 should the situation require it.

Infection Control Guidelines



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Should a patient within the home be ill, families may request to cancel the visit and reschedule as outlined in the service contract. Surfaces within clinic are regularly sanitized in between patient use. Hand washing, mask wearing are required at this time

It shall be the policy of Let's Move Physical Therapy to abide by the following: All patients, or parents/guardians shall request to cancel and reschedule appointments when the patient may have one or more symptoms of a contagious disease. This will aid in the protection of the health of the staff, other patients, and family members.

Symptoms:

Fever > 100.5 degrees F	Vomiting/Nausea
Lice	Open/Draining Lesion
Chicken Pox	Measles
Productive Cough (green color)	Impetigo
Conjunctivitis/Pink Eye	Croup
Strep Throat	Diarrhea
Other Contagious Diseases	

Standard Precautions

Providers may choose to wear masks when in the home. Should there be a contagious disease within the home, services will be withheld until the contagious disease has resolved.

Hand Washing

Hand washing may take place within the home or via hand sanitizer outside of the home.

Pandemic Health Concerns

LMPT observes the CDC guidelines in relation to preventing the spread of unnecessary pathogens. Due to COVID-19 and per the CDC hand hygiene upon entering and leaving the clinic/home; therapy equipment will no longer be brought into homes, offering verbal signing of documentation will be offered; questioning if anyone in the home has a new onset of fever AND cough AND shortness of breath screening will be performed. When applicable, we will be as hands off as possible to observe social distancing and may wear a mask/gloves/gown/glasses within the home. This is to assist with, but not guarantee, limiting the spread of any communicable diseases. Should the therapist feel ill, the sessions will be canceled by phone immediately. Please note our guidelines may change based on the information provided by the CDC and government. Additionally, should insurance companies provide coverage for physical therapy via telehealth; a HIPPA compliant platform with or without recording capabilities may be utilized to provide these services upon the patients request on insurance coverage or cash pay basis when global pandemic concerns present. Additionally, should a global pandemic arise the



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therapists may need increased time to complete compliance activities such as CEUs, CPR, licensing, ect due to the limited amount of resources available. LMPT acknowledges this and as long as reasonable effort is made to resolve the outstanding compliance activity no action is be taken. See attachment H.

Blood Borne Pathogens

Providers are not to handle blood borne pathogens within the home. If a provider needs to handle blood borne pathogens, gloves are to be worn and the provider may leave the home if needed in the interest of safety.

Incident Reporting (Patient, Visitor, and Employee)

Any provider or patient may report an incident with the form in Attachment E.

Security

Should a provider feel unsafe within the home or neighborhood, they have the right to end the session immediately, discontinue services, request police presence, or request the presence of another staff member.

Mandatory Reporting of Abuse and Neglect

Child Protective Services (CPS) is the first step to ensure the safety and permanency of children who are reported as being abused or neglected. The focus of CPS is on protecting the child from harm or risk of harm, and to make it safe for the child to live with the parent or caretaker. The CPS worker assesses family functioning and identifies strengths and risks in the home. The assessment is to ensure that the home is safe for the child(ren), and the CPS worker and family will develop a plan to address any problems that have been identified. Call 702-399-0081 for concerns with Clark County and 833-900-SAFE for Washoe County.

To report elder abuse or neglect: if there is no immediate danger, please contact the Nevada Elder Protective Services at 702-486-6930 for Las Vegas/Clark County. Call 888-729-0571 for all other areas/ statewide.

Facility Operations

Patient Privacy, Including HIPAA Regulations

Protection of Health Information: Health information is kept private according to the federal privacy regulations under the Health Insurance Portability and Accountability Act of 1966 (HIPPA) and you are provided with notices of the legal duties and privacy practices within this practice. Your protected health



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information is information that relates to your past, present, or future health care. This includes your medication history, diagnostic evaluations, and therapeutic services.

Uses and Disclosures of Your Protected Health Information: Disclosure of your health information may occur for health care operations. Examples of operation in which protected health information disclosures may occur include insurance and billing, management, financial or quality assurance audits, law enforcement purposes, education, referring to other services, and receiving information from other professionals that may have treated you in the past. Your protected health information may be used for treatment purposes including provisions, coordination or management services. Other examples of disclosures include the following:

- Messages may be left on your answering machine regarding your appointment, or to request that you contact the office
- Medical records may need to be transferred to another location
- Disclosures may also be made to student observers or therapists who participate in health care operations, and commit to respect the privacy of your health information

Your Rights Regarding Your Health Information: You have the right to review your health information, which might include intake information, evaluation, session notes, goals, and progress notes. For all other purposes beyond those listed above, your written authorization will be required to use, disclose, or restrict your protected health information. Your authorization can be revoked at any time except to the extent that we have relied on the authorization. Revocations must be in writing. You may also initiate the process for your information to be sent to someone else through the use of an authorization form or written request. To request further restriction or disclosure, you must submit a written request that explains what information you want restricted, how you want the information restricted, and from whom you want the restriction to apply.

Notice of Privacy Practices: By law, this practice abides by the terms of this Notice of Privacy practices until we choose to change it. We reserve the right to change this notice at any time. The revised notice will be available on request from our office.

Complaints: If you believe that your privacy rights have been violated, you may submit a complaint to the practice, or to the U.S. Department of Health and Human Services. To file a complaint with the practice, submit the complaint in writing. You will not be penalized or retaliated against for filing a complaint and your identity will be kept confidential. See Attachment F.

Client Email/Texting Informed Consent Form



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Risk of using email/texting: The transmission of client information by email and/or texting has a number of risks that clients should consider prior to the use of email and/or texting. These include, but are not limited to, the following risks:

1. Email/texts can be circulated, forwarded, stored electronically on paper, and broadcast to unintended recipients.
2. Email/text senders can easily misaddress an email/texts, and send the information to an undesired recipient.
3. Back up copies of email/texts may exist even after the sender and/or recipient has deleted his or her copy.
4. Email/texts can be intercepted, altered, forwarded, or used without authorization or detection.
5. Email/texts can be used as evidence in court.
6. Email/texts may not be secure, and therefore, it is possible that the confidentiality of such communication may be breached by a third party.

Conditions for the use of email and text: The therapist cannot guarantee, but will use reasonable means to maintain security and confidentiality of email and text information sent and received. The therapist is not liable for improper disclosure of confidential information that is not caused by the therapist's intentional misconduct. Clients/parents/legal guardians must acknowledge and consent to the following conditions:

1. Email/texting is not appropriate for urgent or emergency situations. The provider cannot guarantee that any particular email/text will be read and responded to within any particular period of time.
2. Email/texts should be concise. The client/parent/legal guardian should call and/or schedule an appointment to discuss complex and/or sensitive situations.
3. All email will usually be printed and filed into the clients' medical record. Texts may be printed and filed into the clients' medical record.
4. The provider will not forward clients'/parents'/legal guardians' identifiable emails and/or texts without the clients'/parents'/legal guardians' written consent, except as authorized by law.
5. Clients/parents/legal guardians should not use email or texts for communication of sensitive medical information.
6. The provider is not liable for breaches of confidentiality caused by the client or any third party.
7. It is the clients'/parents'/legal guardians' responsibility to follow up, and/or schedule an appointment if warranted.

Patient Bill of Rights

See Attachment G.



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Telephone Procedures

Let's Move Physical Therapy is committed to providing quality services in a timely manner. Please provide the best phone numbers and/or email to allow for optimal communication. In order to schedule an evaluation, 2 communication attempts with all numbers provided will be made and if there is no response within 7 days the patient will be removed from the evaluation list. Additionally, patients will receive a confirmation message the day prior to physical therapy treatment services. Should no confirmation or cancelation response be received 2 hours prior to the physical therapy session taking place, a no show will be considered and the physical therapy session will be canceled.

Patient Scheduling/Transport

Appointments will be 8-60 minutes in length, including note taking within the session, preparation of home practice materials, writing of specialty notes, and receipt of service fees.

The patient is required to be present for all therapy sessions and be an active participant in the therapy process. Parents and/or caregivers will be encouraged to integrate home practice into their daily routines, and maintain open lines of communication with the service provider to support the client's communication development. At no time will LMPT provide transportation to patients.

Payment Policies

The patient authorizes Let's Move Physical Therapy and/or their billing service to bill insurance for any/all services rendered to the patient listed. I also allow my insurance company to send payments directly to Let's Move Physical Therapy. I understand that I am responsible for any co-payments and/or deductibles not covered by my insurance prior to or at the time of service. If the payment is not received, physical therapy services will cease immediately until payment is received. I understand that I must notify Let's Move Physical Therapy immediately if there are changes to my insurance and/or policy number. If for any reason a collection agency is required to collect outstanding funds, I understand that I am responsible for collection fees as well. The patient will authorize Let's Move Physical Therapy to release all necessary information to my insurance company. The below signature releases any/all medical records past or present to Let's Move Physical Therapy from other providers. In accordance with NRS § 629.051, I understand all medical records on the above patient may be destroyed after their 23rd birthday. If over the age of 23, records will be destroyed after 7 years of the last service date. By signing below, I am stating that I have no questions regarding this section. All clients are responsible for co-pays at the time of service and should their insurance be compromised without informing LMPT, the client will be responsible for the session in full.

Cancellations and No-Shows

48 hours notice is requested for all cancellations. Rescheduling of missed sessions will always be an option. If 2 no call/no shows occur within a 30 day period, or 3 cancellations in a row occur, a discussion



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regarding the termination of services will be initiated by the clinician. For non-Medicaid insured recipients, a \$50.00 cancellation fee will be charged if a cancellation is made within 48 hours of the appointment, or if there is a no show visit. Services will be placed on hold until the outstanding cancellation fee is paid prior to the start of the next session. Let's Move Physical Therapy is committed to providing quality therapy services in a variety of different settings ranging from the home, community, and clinic-based settings. If unforeseen circumstances arise, please communicate openly on the reasons regarding the missed visit, the initial cancellation fee will apply. The cancellation policy is at the subject of the Let's Move Physical Therapy's discretion and may be subject to change. Should cancellations occur due to a hospitalization that results in the patient being admitted to the hospital, services will be placed on hold, and physical therapy services can only resume when a new prescription is received to continue with physical therapy services.

Patient Care/Best Practice

Documentation

Documentation of patients' sessions are due within a reasonable time frame after the session takes place. Documentation audits will happen regularly as LMPT acknowledges that while loading into the EMR, errors can occur at times.

Peer Review Process

At any time, peers may sit in on and observe other therapists' sessions to assist with treatment ideas, and to share observations to assist both the therapist and patient.

Billing Procedures

All therapists are to report the codes used, treatment time, date, and number of units within each note and report them to LMPT at the end of each day, so billing can take place as often as needed to assist with smooth transition of claim submissions.

Inter-Professional Communication

All therapists may communicate within the LMPT communication point text messaging, via email, or via phone calls. Communication between therapists and outside agencies, such as other disciplines, is highly encouraged to assist with providing interdisciplinary care. Communication must remain professional at all times, and only information that is required to treat the patient shall be shared within the team.

Risk Management Related to Allegations of Sexual Misconduct

Grievances from providers, patients or others may be filed at any time. Any individual may ask to file a grievance that is pertaining to any topic at any time and the grievance form will be provided, reviewed and then addressed by the LMPT team. See Attachment F. Sexual misconduct will not be tolerated in any



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fashion and may result in immediate termination. Providers are recommended to have others present within the session, perform appropriate draping of patients when appropriate, and apply touch when necessary in a professional manner at all times.

Expectations of Behavior Related to Specific Clinical Services

Providers, and those related to LMPT, are expected to be professional at all times and discuss treatment options related to physical therapy, and related to maximizing each patients' functional potential. Also see Attachment B.

Cleanliness and Organization of Clinic Area

Cleaning wipes may be used to assist with sanitizing different surfaces.

Conduct During Patient Care (Telephone Interruptions)

LMPT acknowledges that telephone interruptions occur especially if a PT is supervising a PTA, or awaiting a physician call back on behalf of a client. As long as the telephone call does not interfere with the visit, the provider may use their phone at their discretion or silence their phone for each treatment session.

Supervision of Support Personnel

PT - PTA supervision guidelines are strictly followed. See Attachment D for details.

Reference Materials and Content From External Sources

Relevant federal and state laws and regulations
Regulatory or accreditation requirements
Family and Medical Leave Act
Equal Employment Opportunity Act
Fair Labor Standards Act
Occupational Safety and Health Administration
Americans with Disabilities Act
Sexual harassment (Title VII of Civil Rights Act of 1964)
American Physical Therapy Association
Center of Disease Control
World Health Organization