In addition to standardizing intervention strategies and establishing check points along a timeline, the use of a standard intervention plan is also more efficient by avoiding unnecessary time rewriting the same plan for routine treatment approaches. The standardized plan does allow for adaptations to accommodate individual client differences such as comorbid diagnoses (e.g., knee replacement with a history of multiple sclerosis).

Some diagnoses, such as stroke, are too complex to use a clinical pathway, while others are very compatible with a standardized approach to treatment. Clinical pathways are most often used following orthopedic surgeries including hip and knee replacements and various spinal procedures (laminectomies, discectomies, fusions, etc.). See Table 12-1 for an example of a clinical pathway. Keep in mind that the clinical pathway lists the **interventions** that the therapist will use. The client's **goals still need to be written in occupation-based terms** as described in Chapter 6.

Table 12-1

Clinical Pathway—Total Hip Replacement

Postoperative Day 1

- Initial occupational therapist evaluation, including transfer bed ↔ w/c or bedside chair
- Skilled instruction of hip precautions; provide handout
- Have pt. verbalize and demonstrate precautions during ADLs, within activity tolerance
- Begin UE strengthening if needed; introduce home program and have client demonstrate

Postoperative Day 2*

- Reassess client's understanding of hip precautions and home exercise program
- Assess adaptive equipment needs for dressing, toileting, bathing
- Procure necessary equipment via hospital procedures
- Practice lower body dressing, toileting at bedside commode, grooming at sink in standing

Postoperative Day 3*

- Bathing assessment in tub or shower
- Practice toileting with riser or commode frame on toilet
- Practice car transfer in car simulator
- Provide home safety education (especially kitchen task if will be home alone) and have pt. practice as needed

* Note that in some settings, the occupational therapist may be expected to evaluate the patient on the day of surgery. Patient may be discharged postoperative day 2, 3, or 4 depending on progress. If discharge is planned for postoperative day 2, all interventions listed for postoperative day 3 should also be covered on postoperative day 2. A skilled nursing facility referral may be made for those patients requiring a longer recovery period.

Sample Intervention Plan

Client Name: *Norma H* ***Age:*** *83* ***1° Dx:*** *Ⓛ CVA* ***2° Dx:*** *DM*
Frequency/Duration: *30 minutes 2x/day for 3 weeks*
Occupational Profile: *Mrs. H is a widow who lives with her daughter and grandson in a one-story house in a small town. Mrs. H was Ⓘ in all ADL and IADL tasks before her CVA. She has never worked outside her home. She raised 7 children in the town where she now resides and takes pride in her ability to do homemaking tasks such as cooking, sewing, and decorating. She drives in her own small town, but is not comfortable driving long distances. She intends to return to the home she shares with her daughter and grandson and hopes to return to her PLOF.*
Problem: *Client requires mod Ⓐ in self-care due to inability to spontaneously use Ⓡ UE 2° Ⓛ CVA.*
LTG: *Client will complete all ADL and IADL activities with modified Ⓘ within 3 weeks.*