The aging population continues to grow at a remarkable clip, as baby boomers hit age 65 and older adults live longer. Helping older adults maintain physical activity provides physical (lower blood pressure), mental (improved memory), and societal benefits (lower healthcare costs).

Physical and occupational therapists are first in line for developing physical activity programs, but speech language therapists can contribute too, particularly when it comes to motivating older clients to participate.

Motivating your clients is important from a liability perspective too. If you don’t document you have provided standard educational information, you could be liable to a malpractice claim.

At the starting line
Assess the older adult’s physical condition before you develop an exercise program. Be sure you know about past and current medical conditions and consult with the physician as needed. If you create a program that is inappropriate for your client’s condition and an injury occurs, you could be held liable.

Motivating your clients is important from a liability perspective too. If you don’t document you have provided standard educational information, you could be liable to a malpractice claim.

At the starting line
Assess the older adult’s physical condition before you develop an exercise program. Be sure you know about past and current medical conditions and consult with the physician as needed. If you create a program that is inappropriate for your client’s condition and an injury occurs, you could be held liable.

Motivating your clients is important from a liability perspective too. If you don’t document you have provided standard educational information, you could be liable to a malpractice claim.

At the starting line
Assess the older adult’s physical condition before you develop an exercise program. Be sure you know about past and current medical conditions and consult with the physician as needed. If you create a program that is inappropriate for your client’s condition and an injury occurs, you could be held liable.

Motivating your clients is important from a liability perspective too. If you don’t document you have provided standard educational information, you could be liable to a malpractice claim.

At the starting line
Assess the older adult’s physical condition before you develop an exercise program. Be sure you know about past and current medical conditions and consult with the physician as needed. If you create a program that is inappropriate for your client’s condition and an injury occurs, you could be held liable.

Motivating your clients is important from a liability perspective too. If you don’t document you have provided standard educational information, you could be liable to a malpractice claim.
Keep the goals realistic. For some older clients, a major accomplishment might be simply to take less time washing the dishes or walking up the stairs in the house.

Another strategy to motivate older clients is to help them reduce stress through stress reduction breathing exercises. Managing stress enables them to better focus on an activity program and builds a positive attitude.

Creating a workable program
You can keep older clients motivated by collaborating with them to create a workable program. In 2007, the American College of Sports Medicine (ACSM) and the American Heart Association (AHA) released physical activity recommendations targeted to those 65 years and older (available at www.acsm.org). The guidelines are similar to those for adults under age 65, but include activities to keep and enhance flexibility in older adults, balance exercises for those at risk for falls, and an activity plan that integrates preventive and therapeutic recommendations.

Following national guidelines helps protect against malpractice because you can document you used evidence-based information in developing the plan.

Safety first
Older adults need to take the advice to start slow and gradually increase activity levels to heart. Compared to younger people, they often must stay longer at one step before progressing, so will need your ongoing encouragement.

Work with older clients to create safety measures, for example, walking with a companion instead of alone. Muscle strengthening, flexibility, and balance exercises can be particularly helpful in preventing falls. The ACSM/AHA guidelines recommend muscle-strengthening exercises at least twice a week and flexibility exercises at least twice a week for at least 10 minutes.

Document your safety instructions. An easy method is to provide a handout of the instructions, ask the client to sign it, give a copy to the client, and retain the original in the medical record.

Motivating older clients to create a formal activity program provides many benefits and is an achievable goal. Such programs will help them avoid injury and improve their quality of life, and proper documentation will protect you from a liability lawsuit.

Cynthia Saver, MS, RN, President, CLS Development, Columbia, Maryland.

Are you consulting, teaching, or training?

Your professional liability insurance policy provides coverage for medical incidents that result in injury or damage. But losses that arise from consulting, teaching or training activities, or through expert testimony wouldn’t typically be covered by your professional liability insurance policy.

With the Consulting Services Liability Endorsement, you receive protection for using your knowledge to provide non-medical services, such as:

- Training
- Speaking at seminars or teaching
- Legal consultation
- Providing expert testimony.

For only $25, you can add the Consulting Services Liability Endorsement to your policy. The Endorsement provides coverage for when you use your professional skills and knowledge in settings that don’t involve direct patient care. To add this coverage to your professional liability insurance policy go to www.hpso.com/services to download a request form, enclose your $25 payment and mail it to HPSO, 159 East County Line Road, Hatboro, PA 19040. If you have any questions, please call our Customer Service Center at 800-982-9491, Monday-Friday 8AM-6PM Eastern Time.

My Account

Our HPSo.com website features an online self-service tool that HPSo customers can use to perform a number of transactions on their policy. After registering with a user name and password, you have the ability to renew online, obtain certificates of insurance, change an address, and perform other self-service functions.

In an effort to improve the service we provide to our clients, we’d like to remind you that by providing your e-mail address to us, you can enjoy receiving your next billing notice and certificate of insurance via e-mail! Please provide us with your current e-mail address so you can take advantage of these time-saving, convenient services.

Also available to you is our monthly e-newsletter sent electronically to our clients containing risk management articles, legal case studies, and other newsworthy items about your policy.

All you need to do is call our Customer Service Center at 800-982-9491, and a service associate will be happy to add your email address to your account.

As always, our self-service systems are available to allow clients to access their account information and process transactions at their convenience, at any time, from any location.
Failure to supervise a treatment or procedure is one of the most frequent allegations therapists face. It’s among the top five reasons for physical therapist malpractice reported to the National Practitioner Data Bank, a national source of information regarding malpractice and other adverse actions taken against health professionals.

Appropriate supervision, delegation, and follow up lie at the heart of preventing patient injury and potential lawsuits related to failure to supervise.

**Supervising parameters**
Most states and agencies specifically address supervision. For example, the Oregon Occupational Therapy Licensing Board requires occupational therapy assistants to submit a supervision plan signed by the occupational therapist who will provide oversight. The licensing board defines the different levels of supervision as close (daily, direct contact), routine (direct contact at least every 2 weeks with interim supervision by other methods), and general (at least monthly contact, with supervision available as needed by other methods).

A supervision plan typically includes the frequency of contact, the methods of supervision, content areas, evidence to support areas and levels of competency, and names and credentials of who is supervising. In more general terms, the plan should include responsibilities, strategies, evaluation, and feedback.

If you sign a supervision agreement, be aware of your state regulations.

**Choose wisely**
Delegation is often a piece of supervising. The decision to delegate depends on several factors, including the match between the client and the provider, and legal, regulatory, and reimbursement issues.

When assigning a task to an assistant, consider the education of the assistant, his or her experience, the number of clients the assistant will be responsible for, the type of practice setting, and the skills needed to carry out the task you’re assigning. For example, a physical therapy assistant may have been trained in heat therapy for adult patients, but has just started working with children. It would be inappropriate not to supervise the assistant the first few times he or she applies heat. The American Physical Therapy Association also recommends you take into account the client’s acuity level, complexity, and stability.

Of course, certain tasks can never be delegated. Typically, the registered therapist is responsible for making referrals and for the initial evaluation. Policies and guidelines from national specialty associations, such as the American Physical Therapy Association, can help you identify these types of tasks, but you also need to be aware of the requirements of your state’s practice act. Practice acts usually define the roles of providers and their responsibilities, although, of course, they can’t cover all possibilities that might arise. Practice acts can change, so it’s wise to conduct an annual review of acts in the states where you practice.

**Assignment and follow-up**
Be specific in explaining what you want the assistant to do, writing out instructions when appropriate. Ask the assistant to state what you wanted so you’re sure your instructions were clear. If the assistant will be off-site, provide a telephone number where you can be reached in case questions arise. Be sure the assistant understands the treatment goals for the client. Remember to document the instructions you give, as well as any follow-up conversations you have with the assistant.

You aren’t done once you’ve made the assignment. If appropriate, stay with the assistant the first time he or she does the task. If the task is ongoing, such as ambulating a patient with a complicated fracture, periodically check on the assistant. Provide feedback and document supervision meetings.

Of course, you also need to evaluate the patient at defined intervals—a task that can’t be delegated.

**Using resources wisely**
In this time of tight time frames and even tighter budgets, it’s important to use every resource available to you. Assistants to therapists are one of those valued resources. If you delegate appropriately, you can help your clients receive the care they need and protect yourself from liability.

*Cyntia Saver, MS, RN, President, CLS Development, Columbia, Maryland.*
When you’re researching a topic online, it’s easy to turn to Wikipedia or Google, do a quick search, and find what you need. But have you thought about where the information that’s posted on Wikipedia and Google actually comes from? When it comes to medical information, you want to make sure the material you use comes from a reliable, trustworthy source. Wikipedia may seem like a virtual version of the encyclopedias that sit on library shelves, but did you realize that anyone can post information to the site? There’s very little accountability on Wikipedia—anyone from the guy down the street who’s never opened a medical textbook in his life to the pharmaceutical sales rep who wants to show his product in a favorable light can add information to Wikipedia or edit what’s already there. If you do a Google search, how do you know that the sites that come up on the first one or two pages are reliable? They’re just ranked by popularity—how many people have visited the sites. Some of your search results may have even paid to get to the top of the list! There are some trustworthy places you can go to find up-to-date, accurate information. If you’re looking for medical articles, PubMed (www.ncbi.nlm.nih.gov/pubmed) is the place to start. The PubMed database houses more than 19 million citations for biomedical articles. Just type in a few keywords and you can find the latest published research on any topic. If you’re looking for comprehensive information on health and safety topics, the Centers for Disease Control and Prevention (www.cdc.gov) provides a wealth of credible, reliable information on diseases and conditions, statistics, emergencies and disasters, and so much more. eMedicine (www.emedicine.com) is a medical reference filled with evidence-based content, updated regularly by more than 8,000 physician or healthcare provider authors and editors. No matter where you go online for the latest medical information, make sure the sites you visit are reputable and accurate. Cynthia Laufenberg, senior editor, Nursing2010, Ambler, Pennsylvania.