Klose Training

Pre and Post-Operative Evaluation Helpful Hints 2017:

Pre-Operative-

- Schedule ahead of time in outpatient rehabilitation whenever possible.
    - 45 minutes is adequate for evaluation, measurements and education.
    - **For PT Evaluation CPT Codes for pre-operative evaluation/discharge**:
        - **97161 Low Complexity**-
            - Typical face to face time 20 minutes.
            - No comorbidities.
            - Clinical presentation: stable or uncomplicated characteristics.
            - Addressing 1-2 elements involving body structure and functions, activity limitations and participation restrictions.
        - **97162 Moderate Complexity**-
            - Typical face to face time 30 minutes.
            - 1-2 comorbidities.
            - Clinical presentation: evolving or changing characteristics.
            - Addressing 3 or more elements involving body structure and functions, activity limitations and participation restrictions.
        - **97163 High Complexity**-
            - Typical face to face time 45 minutes.
            - 3 or more comorbidities.
            - Clinical presentation: unstable or unpredictable characteristics.
            - Addressing 4 or more elements involving body structure and functions, activity limitations and participation restrictions.
    - **For OT Evaluation CPT Codes for pre-operative evaluation/discharge**:
        - **97165 Low Complexity**-
            - Typical face to face time 30 minutes.
            - No comorbidities.
            - 1-3 performance deficits related to physical, cognitive or psychosocial skills are present and result in activity participation and/or participation restrictions.
            - Modification of tasks or assistance (physical/verbal) with assessment(s) is not necessary to enable completion of evaluation component.

        - **<u>97166 Moderate Complexity</u>**-
            - Typical face to face time 45 minutes.
            - Pt may present with comorbidities that affect occupational performance.
            - 3-5 performance deficits related to physical, cognitive or psychosocial skills are present and result in activity participation and/or participation restrictions.
            - Minimal to moderate modification of tasks or assistance (physical/verbal) with assessment(s) is necessary to enable completion of evaluation component.
        - **<u>97167 High Complexity</u>**-
            - Typical face to face time 60 minutes.
            - Pt presents with comorbidities that affect occupational performance.
            - 5 or more performance deficits related to physical, cognitive or psychosocial skills are present and result in activity participation and/or participation restrictions.
            - Significant modification of tasks or assistance (physical/verbal) with assessment(s) is necessary to enable completion of evaluation component.
    - **G-Codes**
        - Report Carrying and Handling Objects code or other codes that are more appropriate per individual case.
        - Report all 3 codes:
            - Current
            - Goal
            - Discharge
        - Goal is to restore current functional score measured pre-operatively at discharge post-operatively after an initial recovery period.
    - **Primary Diagnosis**: BrCA C50.911 BrCA R unspecified site female, C50.912 BrCA L…
    - **Treatment Diagnosis**: (ICD-10)
        - N64.4 Mastodynia
        - R07.89 Pain in chest
        - R29.3 Abnormal posture
        - M40.09 Postural kyphosis, site unspecified
        - Other pre-existing conditions, ie. Obesity E66…
- Establish baseline at pre-operative evaluation to be compared to post-operative evaluation:

1. **Functional Limitations Tools**:
    a. DASH-Disability of Arm, Shoulder and Hand.
    b. Quick DASH
    c. FOTO-Focus on Therapeutic Outcomes Tool
        i. Choose-Orthopedic, Cancer, Shoulder.
2. **BMI including current body weight**:
    a. BMI >25 indicates higher risk of lymphedema development in the arm and breast
    b. BMI<25 may increase risk of axillary web syndrome
        i. Give information about signs and symptoms
        ii. Ensure referral for treatment if not being followed after surgery
    c. Know baseline body weight as most BrCA patients gain weight throughout their treatments which will increase their arm circumference measurements and make it more difficult to determine if they have lymphedema or not unless you have bilateral measurements taken before surgery.
3. **Current level of exercise and activity:**
    a. Give information about ACSM guidelines for BrCA survivors and reduction of recurrence and dying from BrCA with cardiovascular exercise. (see BrCA Cheat Sheet)
4. **Arm and hand circumferences**:
    a. MCP
    b. Webbed space
    c. Every 4 cm from wrist to axilla
5. **Arm/hand volumetry**
6. **AROM screening each shoulder in standing:**
    a. Flexion (Lumpectomy/Mastectomy)
    b. Scaption/abduction (Lumpectomy/Mastectomy)
    c. Hand behind back (Mastectomy)
    d. Horizontal adduction (Mastectomy)
7. **Supine scapular position if indicated**: (planned mastectomy or tissue expander reconstruction)

- **Issue basic lymphedema precautions** from National Lymphedema Network (NLN Risk Reduction Summary or Healthy Habits form) or your facility's handouts.
- **Issue post-operative movement restrictions and HEP**:
    1. Limit overhead reach and end range forward reach for 2 weeks.
    2. Encourage normal activities within movement restrictions, including regular level of lifting activities during ADLs to avoid deconditioning.
    3. Begin post-operative circulation exercises the day after surgery:
        a. Elbow bends and straightens
        b. Making a fist
        c. Wrist circles each direction

d. 10x 3-4x/day

4. Begin post-operative shoulder ROM exercises within the first week after surgery:
    a. Hands behind neck elbows in and out (chicken wings) ensuring elbows at shoulder level.
    b. Hands overhead (limit to 90 degrees for 2 weeks then full ROM without pain)
    c. Lower trunk rotations and backwards shoulder rolls. (for mastectomy and tissue expander reconstruction)
    d. Each exercise: 5 second holds 10x, 3x/day.

- **<u>Pre-operative Assessment:</u>**
    - Ms. Fabulous presents to PT/OT/Nursing pre-operatively for planned BrCA surgery to include lumpectomy/mastectomy and planned SLNB/ALND with immediate tissue expander/TRAM/DIEP/Latissimus Flap reconstruction/no reconstruction on (insert date of surgery). Baseline ROM, postural and arm circumference measurements were taken today to be compared to measurements retaken 3 weeks post-surgery. At that time, any reduced movement, decline in function or postural issues will be addressed with skilled care and new goals will be established.
    - Personal risk factors for lymphedema post-operatively for the L/R upper extremity and trunk quadrant were also assessed today and basic lymphedema precautions were discussed. A more detailed discussion regarding personal lymphedema risk factors will take place post-operatively once the number of nodes removed and the plan for further medical care is known.
- **<u>Pre-operative Evaluation/Discharge Goals</u>**:

    STGs:

    1. Pt demonstrates awareness of post-operative movement restrictions and HEP to facilitate lymphatic regeneration and reduce the risk of seroma formation, axillary web syndrome and lymphedema while ensuring shoulder joint mobility.
    2. Pt demonstrates understanding of post-operative basic lymphedema precautions.

- **<u>Pre-operative Plan:</u>**
    - Ms. Fabulous will return to PT/OT 3 weeks post-operatively for evaluation measurements to be compared to measurements taken today, at her pre-operative evaluation. In addition, she will be examined for possible post BrCA surgery sequellae such as axillary web syndrome, scar adhesions, edema, worsened posture, scapular winging, pain and reduced ROM and function. At that time, a future plan and goals will be established and skilled care continued if indicated. Currently, Ms. Fabulous is being discharged from skilled care to begin her post-

operative ROM restrictions and HEP as instructed today in order to facilitate recovery and reduce the risk of post-operative sequellae.

Post-Operative-

- Schedule post-operative Evaluation visit for 3 weeks post whenever possible. This will ensure adequate time to address ROM restrictions if the patient will proceed next to radiation therapy. It also allows enough healing time to, in most cases, have drains removed and safely address incision adhesions.
    - 45 minutes adequate to, in most cases, allow evaluation and some treatment.
    - Bill Evaluation and treatment codes as above, and bill current and goal G-codes retesting with functional tools.
    - If post-operative level of function is impaired, this indicates continuation of therapy until restored to pre-operative level, in addition to other findings.
    - Primary Diagnosis: BrCA (see above)
    - Treatment Diagnoses: (ICD-10)
        - Mastodynia (see above)
        - I89.9 Disorder of lymphatic vessel, injury of lymphatic system
        - I89.1 Inflammation of lymphatics
        - L90.5 adherent scar
        - M79.601 Pain in R arm
        - M79.602 Pain in L arm
        - M79.621 Pain in R upper arm
        - M79.622 Pain in L upper arm
        - M25.60 Stiffness of shoulder unspecified site
        - R29.3 Abnormal posture
        - Z91.89 At risk for lymphedema
        - M79.81 Nontraumatic hematoma
        - M79.9 Soft tissue disorder unspecified
        - M84.5 Pathological fracture with cancer
        - R 53.0 Neoplastic (malignant) related fatigue
        - M62.81 Muscle weakness generalized
        - M54.6 Pain in thoracic spine
        - M75 Shoulder lesions
        - C79.51 secondary neoplasm of bone
        - Post-mastectomy lymphedema syndrome I97.2
        - Lymphedema not elsewhere classified I89.0
        - Localized edema R60.0
        - Edema unspecified R 60.9

- **Re-evaluate measurements taken before surgery**:
    - Functional measures
    - Arm and hand circumferences
    - Shoulder ROM
    - Posture
- **Evaluate for post-operative sequellae**: (refer to clinical pattern charts for specifics)
    - Subjective Reports:
        - Pain/aching/stiffness/pulling→ Initiate physical exam along incisions
            - Axillary incisions
            - Mastectomy incisions
            - Latissimus flap incisions
            - TRAM flap incisions
            - DIEP flap incisions
            - Other reconstruction sites
            - Adherence at incision sites and drain scars→ Initiate STM/MFR (3 weeks post) and stretching of involved tissues. (recommend active stretching)
        - Heaviness of arm/reported reduced overhead reaching→ Examine scapula for winging during shoulder flexion/scaption and wall pushups.
            - Scapular weakness→Initiate STM & kinesiotaping for trapezius overuse, initiate HEP for strengthening of serratus anterior and upper/lower trapezius.
        - Feels like a string or cord in axilla or arm→ Examine arm for signs of axillary web syndrome.
            - Axillary web syndrome/pseudo cording→ Initiate STM/MFR and stretching.
            - See lab techniques for detailed progression of sidelying, hands behind head and supine STM/MFR of cording.
            - See case study addendum, page 5, for detailed list of exercises recommended for cording.
        - Feels like a ball or fullness under my arm→Examine axillary region for seroma.
            - Seroma(s) → Initiate compression and limit AROM and stretching until progresses from acute to sub-acute (firm, not watery) stage or resolved.
        - Reports excessive bruising of chest wall or breast→Examine for hematoma.

        - Hematoma(s) →Initiate heat use (after 48 hours or once stabilized/purple bruising starts changing to green and yellow) and compression and foam pads.

    Findings upon physical exam in addition to ROM/posture:

    - Post-operative upper arm edema→monitor for resolution by 6 weeks then issue light compression and/or initiate MLD. (or sooner if indicated)
    - Posterior clavicular rolling hypomobility or worsened forward shoulder positioning (mastectomy/tissue expanders)→ Initiate joint mobilization and/or posterior rolling of shoulder in supine. See lab techniques packet, slide 74.
        - Pectoralis major being overstretched (abducted scapula and internally rotated humerus)→ Initiate STM (see lab techniques packet beginning with slide 68 or case study addendum page 1) and stretching with strengthening of scapular adductors in a shortened position. (supine/sidelying behind head, hands behind back Yoga stretch, overhead Moose stretch)
        - Pectoralis minor being compressed (forward tipping of scapulae)→ Initiate STM and stretching with strengthening of lower trapezius. (Same references and stretches as above)
    - Thoracic and rib stiffness in supine and sitting. (tissue expanders and/or latissimus reconstruction)→ Initiate joint mobilization in sitting and stretching including trunk rotation and deep breathing. (see lab techniques packet page beginning with slide 56, or case study addendum page 5.

- **Reinforce pre-op education regarding**:
    - Exercise for cardiac fitness, weight control, bone density maintenance, to reduce the risk of lymphedema especially in patients with >5 axillary nodes removed (Schmitz PAL trial of 2009) and reduction of breast cancer recurrence risk. (180 min moderate intensity cardiovascular exercise/week-see BrCA Cheat Sheet)
    - Individualize lymphedema precautions based on Pt's personal risk factors and your knowledge of genetic and physiological risk factors. (See Evidence Based Updates in Lymphedema section)
    - When to seek medical attention for signs and symptoms of cellulitis.
    - Progress HEP depending on post-op findings.
- **Recommendations for number of 45 minute visits needed**:
    - Lumpectomy with SLNB→1 pre-op, 1 post-op. If BMI < 25 schedule 2-3 post-op in case of AWS onset.
    - Lumpectomy with ALND→1 pre-op, 4 post-op. 2x/week.

- Mastectomy with SLNB→1 pre-op, 6 post-op 2x/week.
- Mastectomy with SLNB and Tissue Expander(s)→1 pre-op, 4 post-op 2x/week then 1x/week for 4-6 weeks during fills.
- Mastectomy with ALND→1 pre-op, 6-8 post-op 2x/week.
- Mastectomy with ALND and Tissue Expander(s)→1 pre-op, 6-8 post-op 2x/week then 1x/week as needed during fills.

- **LTGs:**

1. Restore shoulder AROM, as measured at pre-operative evaluation, after initial recovery period to improve 1 and 2 handed functional activity ability. (This will reduce during radiation inflammatory phase)
2. Restore functional scoring using Quick DASH assessment tool to pre-operative amounts to ensure full return to baseline function.
3. Restore full upright posture per Pt perception or compared to pre-operative findings. (for mastectomy with or without reconstruction)
4. Pt demonstrates awareness of individualized lymphedema precautions based on personal risk factors and when to seek medical attention for assessment of early signs of lymphedema or cellulitis of the affected region.

- **Post-operative Plan:**
  - Ms. Fabulous returns to PT/OT/Nursing for her 3 week post-operative evaluation to compare baseline pre-operative measurements to her current condition in addition to assessing for post-operative sequellae that will benefit from skilled care. She currently presents with … that will benefit from PT/OT/Massage therapy and/or Nursing care including therapeutic exercise, manual therapy, neuromuscular education, self-care training and HEP training. Therapy will continue until her level of function and movement/ability is returned to pre-operative amounts previously measured.