

Oasis Point Rehabilitation Hospital

Clinical Pathway Guide

Medically Complex Clinical Pathways

Severe Sepsis / Deconditioning (R53.81)

Value Prop: Rebuilding endurance safely with cardiac/respiratory monitoring.

Key Talking Points:

- Telemetry monitoring available during therapy sessions.
- Respiratory therapy to improve lung capacity post-infection.
- Nutritional support to rebuild muscle mass lost during ICU stay.

Objection: "They just need rest."

Rebuttal: Bed rest causes further atrophy (1-3% muscle loss/day). We balance rest with graded activity to reverse the deconditioning cycle.

Source: CMS Medical Necessity Guidelines

Cardiac Surgery (CABG/Valve) (Z48.812)

Value Prop: Sternal precaution education integrated into all ADL training.

Key Talking Points:

- Teaching safe transfers without using arms (sternal safety).
- Energy conservation techniques for heart failure patients.
- Medication education to prevent readmissions.

Objection: "Cardiac rehab is outpatient."

Rebuttal: This is Phase 1.5 rehab. We bridge the gap between hospital and outpatient for patients too weak to go straight home.

Source: AACVPR Guidelines

Amputation (LE) (S88.111A)

Value Prop: Pre-prosthetic training and wound management to prepare for walking.

Key Talking Points:

- Stump shaping and edema control strategies.
- Phantom pain management.
- Transfer training to be independent at wheelchair level before prosthesis.

Objection: "They don't have a leg yet."

Rebuttal: We prepare the limb for the leg. Delaying rehab leads to contractures that make future

Oasis Point Rehabilitation Hospital

Clinical Pathway Guide

prosthetic use impossible.

Source: CMS Compliant Condition #4