

Orthopedics Clinical Pathways

Hip Fracture (S72.001A)

Value Prop: Accelerated mobility protocols to prevent DVT/PE and pneumonia in elderly patients.

Key Talking Points:

- Daily physician rounds to manage comorbidities (diabetes, CHF) often present in hip fx patients.
- Pain management protocols that balance comfort with participation.
- Fall prevention training in our ADL apartment.

Objection: "SNF is standard for hip fractures."

Rebuttal: For patients with comorbidities (BMI > 50, age > 85), IRF is compliant and safer due to daily physician oversight and RN staffing.

Source: CMS Compliant Condition #5

Bilateral Joint Replacement (Z96.652)

Value Prop: Simultaneous rehab of both limbs requires the higher nursing acuity of an IRF.

Key Talking Points:

- Managing safety for transfers when both weight-bearing limbs are compromised.
- Intensive pain management to allow for early ambulation.
- Faster return to home compared to staged SNF stays.

Objection: "Surgeon prefers home health."

Rebuttal: Bilateral replacements have high fall risk. Our 10-14 day program ensures they are safe for home, reducing readmission risk.

Source: CMS Compliant Condition #12

Major Multiple Trauma (T07.XXXA)

Value Prop: Coordinated care for polytrauma (ortho + neuro + wound) in one setting.

Key Talking Points:

- One team managing weight-bearing restrictions across multiple limbs.
- Wound care specialists for road rash/surgical sites.
- Psychological support for PTSD from the accident.

Objection: "Too complex for rehab right now."

Oasis Point Rehabilitation Hospital

Clinical Pathway Guide

Rebuttal: We are a hospital, not a nursing home. We handle IVs, wound vacs, and complex pain meds while starting therapy.

Source: CMS Compliant Condition #11