



GROUP THERAPY PROGRAMMING

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Group Therapy

Group therapy is a treatment that involves the therapist moving back and forth between patients in the group, spending a minute or two at a time, and providing occasional assistance and modifications as needed. The therapist does not track continuous or notable, identifiable episodes of direct one-on-one contact with any of the patients.

Group treatments may be clinically appropriate as part of the rehabilitation process and specific parameters must be met (identified on POC, addressed in clarification orders, documentation when occurs, etc.) While it is permissible to code more than one group session per patient per day, it is rare. Documentation will need to strongly support the rationale for multiple group sessions per patient per day.

Under no circumstances may an aide conduct a group treatment session. However, an aide is permitted to observe or assist in the session, provided the session is being directly conducted by a qualified professional.

Part A/ Advantage

- Treatment of no more than four patients that are performing the same or similar activities. (Document the ratio of therapist to patient. I.e. *Mr. Jones participated in a 1:4 group.*)
- Services must be provided by a qualified clinician who is not supervising any other individuals.
- When 4 patients perform the same or similar activities over a 60 minute group session, the therapist should count the total 60 minutes for all participants.
- The total time each patient spent in the group is recorded and will be divided by four per CMS guidelines. (Note: if group is planned for 4 and only 3 participate, the total minutes are still divided by four on the MDS.)
- Note that group therapy minutes can only be fully counted when the group minutes account for no more than 25 percent of the patient's weekly therapy in that discipline i.e., only 25 percent of the PT minutes reported on the MDS may be provided within a group setting.
- Groups cannot be co-treatments. If two disciplines participate in a group of 4 patients the time must be divided. For example if PT and OT conduct an exercise group for 60 minutes, each could record 30 min per patient. However, if PT and OT conducted an exercise group with 8 participates (4 PT and 4 OT) each could capture 60 min for each of the four patients.

Part B

- Simultaneous treatment of two or more patients who may or may not be performing the same or similar activity at the same time.
 - For example, during a 30-minute group session, a therapist works with two patients and divides his/her time between the two patients OR the therapist will appropriately bill each patient one unit of the untimed group therapy code.
 - For example, during a 60-minute group session, a therapist works with three patients and divides his/her time between the three patients OR the therapist will appropriately bill each patient one unit of the untimed group therapy code.
 - Document the group ratio of therapist to patient.
- Note: While there is no imposed limit for the amount of time Part B patients may spend in a group setting, clinicians should practice prudence and provide excellent supporting documentation beyond the 25 percent.

Managed Care Levels and Other (not Medicare Advantage)

- Unless specified by the managed care company, there are no limits regarding amount of time that can be spent in a group setting per treatment week.
- Each situation needs to be clinically driven.

Note: Refer to the [Modes of Therapy POSTette](#) as an additional resource

Documentation

- The POC needs to include Group therapy in the interventions and Group therapy needs to be part of clarification orders.
- A Treatment Encounter Note is required to further explain the skilled intervention each time group therapy occurs. Include the ratio of therapist to patient, rationale, goals and/or purpose for that date of service and any patient response to the activity.
- Group therapy can be reported on the same date of service as other procedures or modalities that are provided at distinctly different times.
- NOTE: When using games in a group activity, always document the targeted treatment area the game addresses vs. documenting the game itself. For example: the game Uno may be used to target attention, reasoning, and memory.

CPT Coding

Physical and Occupational Therapy:

CPT code 97150: Group therapeutic procedures

Speech-Language Pathology*:

CPT Code 92508: Group, two or more individuals (Treatment of speech, language, voice, communication, and/or auditory processing disorders)

NOTE: There is no dysphagia group TX code. Be aware of MAC requirements for logging Group for Dysphagia

Local Coverage Determinations from MACs examples:

- CGS Administrators LCD #L31905 (Part B) - Specifies the use of CPT 97150 for group dysphagia therapy
- Wisconsin Physicians Service LCD #L26565 (Part A) - Specifies the use of CPT 92508 for group dysphagia therapy

Medicare payers may accept 97150 for dysphagia group TX based on section 15/230.A of the Medicare Benefit Policy Manual. Please contact your local intermediary or carrier for further guidance.

***Speech-language pathologists should consult LCDs or their MACs for final determinations on appropriate coding for group speech therapy and group dysphagia therapy.**

Group Planning

Considerations when establishing Group Therapy as part of skilled intervention:

- Use the patient's plan of care to establish the skilled activities used in the group setting.
- Include the desired functional goals/outcomes when planning the skilled intervention in a group setting. Document those same goals / outcomes at the conclusion of the group session.
- Focus on skilled intervention and how it ties to the treatment plan ensuring the group activity reflects the skills of a therapist. Documentation will focus on the skilled intervention vs. the activity during group.
- Ensure staffing is designed to easily accommodate groups. For example, having set group days during the treatment week can make this more manageable.
- Design the group activity to meet the needs of each patient participating. Tasks need to be individualized for each participant to focus on individual goals.
- Establish adequate space to accommodate the group therapy sessions ahead of time.
- Organize equipment needed to meet the goals of the group therapy session ahead of time.

Various Group Therapy Considerations

Cognitive Integration Group

Potential goals for group Intervention

- To provide memory and orientation compensation training to facilitate independence and safety in performance of functional activities
- To provide the structure needed to independently engage in scheduled activities
- To simulate an environment where a moderate level of distraction is present, necessitating use of cognitive compensatory strategies
- To provide opportunity for integration of short term memory skills into daily routines
- To provide an opportunity for patient to demonstrate contextual carry-over of skills trained in individual treatment sessions.

Potential Limiting Factors (Task modification may be necessary for participation)

- Inability to attend to task
- Inability to follow two step directions
- Disruptive behavior
- Poor attention span and/or memory
- Severe dementia
- Behavioral deficits
- Lack of initiation and motivation
- Denial of deficits
- Unable to learn new information

Suggested Group Activities

- Orientation
 - Person, day, date, time, and season
 - Review of facility scheduled activities
 - Current events in newspaper
- Attention
 - Focus on daily tasks (differentiation of knife, fork, spoon, brush or comb, razor, washcloth)
- Organization/Sequencing
 - Use of daily task objects (e.g., relate use of eating utensils or devices used in morning vs. evening care)
- Scheduling
 - Using a clock face set at 7am, 12 noon, and 5 pm; discuss activities that occur at those times or use word cards for breakfast, lunch, and dinner and discuss the time the activity occurs and where it occurs
- Design individual participant memory books (Have each group member participate in the construction of his or her memory book)
- Structure retelling of real, short-term events (within last two hours) that are common to the group participants
 - What did you eat for breakfast this morning?
 - Who was the nurse assistant that helped you get dressed this morning?
- Stress visual memory
 - Place unrelated objects on the table, cover them and ask the participants to tell each other what the objects are under the cover
- Read a short paragraph that tells a story and have the group relay facts and events from the story.

Drumming

Candidates for this group:

- Patients with deficits in sitting balance, ROM, eye-hand coordination, strength, Dementia (percussion as innate, deep rooted rhythm)

Equipment and Setup Needed:

- Drums (djembe, ashiko, bongos, maracas) and /or anything you can beat against- i.e. wooden spoons on upside down basin

Objective:

- Develop simple to complex rhythms for patients at variable levels to converge into a song and create unity and social play in the group.
- For patients at various levels of dementia- reaching the innate deep rooted lower brain through rhythm

Suggested Upgrades:

- Add various beats for each patient to contribute to make the unified song

Suggested Downgrades:

- Simple beats (What does the heart beat like? How does rain sound on the roof?)

Reminiscence

Goals of the Group

- Stimulate the patient's memory and encourage reminiscence and recall of previous life experiences.
- Attend or show response to a stimulus for 3-5 minutes
- Engage in conversation
- Increase cognition (encourage long term memory, etc.)
- Enhance self-esteem (aid with recall of previous accomplishments and competencies)
- Encourage self-expression, verbally and emotionally
- Increase socialization and decrease isolation (encourage mutually supportive behavior among peers)
- Dementia management and reality orientation (connect memories and themes to present day events)
 - Increase attention span
 - Increase verbalization
 - Increase social skills
 - Increase sensory stimulation
 - Increase self-esteem and self-worth

Format

- The group meets in a quiet, comfortable place
- Patients can sit around a table to have the feeling of a gathering of friends and can share information or memories over a cup of coffee or tea.
- The leader may use multisensory cues, (visual, tactile, auditory, olfactory) to enhance reminiscing. (Try old photos, old newspaper articles, posters, music, picture books, old catalogues, clothing, objects, etc.)
- The leader encourages a discussion on the presented material and how the topic relates to the individual patient's life using open-ended questions.
- Topics may include:
 - Attending school
 - Experiencing various times in history (war, depression, presidential elections, roaring 20's, etc.)
 - Going to a circus / carnival / fair
 - Favorite band leaders, dancers, or entertainers

Tailored Activity*

Goal of the Group

- To allow patients a chance to create something, use their imaginations, be successful at a task, and take pride in their accomplishments.
- Attend to task for at least 15 min
- Build self-esteem and self-worth
- Increase socialization and decrease isolation
- Increase sensory stimulation
- Increase focus and concentration
- Increase UE strength, coordination and fine motor skills
- Increase cognition (problem-solving, sequencing, etc.)
- Encourage appropriate social behavior, improve social skills

Criteria for Participation

- Follow verbal or written instructions
- Have functional use of at least one UE limb
- Tolerate visual, aural, and tactile stimulation and the presence of others.

Suggested Group Activities (The Group Leader should keep a file of ideas and instructional cards for a variety of tasks that will be appropriate for the group.)

- Create bows or decorations for every holiday
- Make scented sachets
- Write and share favorite recipes
- Decorate stationery
- Make paper flowers / Flower arrangements
- Put together a puzzle
- Make jewelry
- Make party hats for birthdays

*Tailored Activity Program – 8 session, 4 month structured occupational therapy intervention that provides dementia clients with activities tailored to their capabilities and trains family caregivers in their use (Gitlin, Hodgson, Jutkowitz, & Pizzi, 2010) has been shown to reduce the frequency of behavioral occurrences, particularly shadowing and repetitive questioning, and reduce caregiver time providing instrumental care and daily oversight.

Communication

Purpose

- To give patients the opportunity to express themselves through sharing their thoughts, ideas, emotions, or past memories
- Discussions can be fun or serious, and can be related to current or historical events, short stories, Bible stories, or imagination
- Patients can share their personal history or teach others a skill they have

Potential Goals for Group Intervention

- Increase verbalization
- Increase social interaction and decrease isolation
- Encourage proper social conduct
- Increase cognition (thought processes, reasoning skill, etc.)
- Increase attention span
- Enhance memory
- Encourage sense of belonging and importance
- Aid patient in identifying what is of value in his or her life.
- Increase self-expression
- To provide an opportunity for patient to demonstrate contextual carry-over of skills trained in individual treatment sessions.

Suggested Group Activities

- Leaders will encourage discussion by asking open-ended, thought-provoking questions to each member. Incorporate recall using questions about what others are saying.
 - What did you enjoy about...?
 - What did you like or dislike about what the others said...?
 - Who would like to share their thoughts about...?
 - Share your related experience.
 - What did you think was most important and why?
 - What do you think about?
 - How do you feel about the group's ideas on...?
 - What have you learned about yourself, others, today?
 - What have you learned about your values?
 - How will you use this discussion in your daily life?

Therapeutic Tower Game

Candidates for this group:

- Patients with decreased communication or conversational skills.

Equipment/Setup Needed:

- Jenga Block game with labeled pieces on various topics

Objective:

- As patients remove the Jenga pieces, they respond to the topic, question, scenario, etc. written on each piece.

Suggested Upgrades/ Downgrades:

- Color Code for more or less complexity.



Creative Activity and Conversation Guide

Supplies:

- Paper
- Markers and colored pencils
- Paints and brushes
- Other media, as desired

Instructions:

- Each patient has access to the art supplies. The assignment is to make a piece of art that represents someone or something special. This may be an important person, a special interest, a place, or something else entirely.
- After the artwork is complete, each piece will be displayed with the artist's names
- Patients practice social conversation centering around the artwork and the idea of talking about what interests a conversation partner.

Good questions to ask:

- What is the topic of your picture?
- Why is this topic special to you?
- Can you tell me more about it?
- How did you get that idea?

Conversation Sticks

Candidates for this group:

- Patients with decreased communication or conversational skills.

Equipment/Setup Needed:

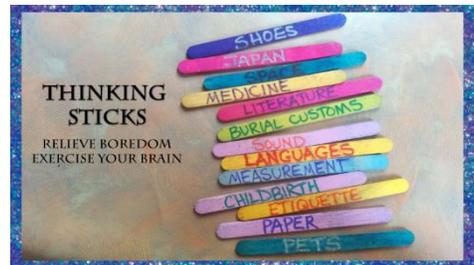
- Popsicle sticks with topics, themes, conversation starters

Objective:

- Use one to multiple sticks at a time to create conversational topics.

Suggested Upgrades/ Downgrades:

- Use more sticks to ensure all are covered in a conversation to make it harder.
- Use less topics to make it easier.



Additional Cognitive and Communication Group Therapy Ideas for Adults

	Group Level(s)	Attention	Memory	Reasoning	Verbal Exp	Written Exp	Auditory Comp	Reading Comp	Pragmatics
Key: • Goal area is addressed									
ID problems in problem solving cards	Low	•		•	•		•		•
Orientation/Memory Book Review	Low	•	•				•	•	•
Practice social greetings	Low	•	•		•				•
Following directions - Simon says	Low	•	•				•		•
Orientation BINGO	Low	•	•						•
Go Fish	L/M	•	•	•			•		•
I'm going on a picnic and I'm going to bring...	L/M	•	•	•	•		•		•
Makes words from the letters in "rehabilitation"	Mid	•	•					•	•
Hangman	Mid	•	•	•				•	•
Crazy 8s	Mid	•	•	•					•
Creating/Recalling Shopping List	Mid	•	•				•		•
Guess Who? ®	Mid	•	•	•	•		•		•
Uno ®	Mid	•	•	•					•
Catch Phrase ®	Mid	•	•	•	•			•	•
Twenty Questions	M/H	•	•	•	•		•		•
Deduction Puzzles	M/H	•	•	•					•
Discuss current events in the newspaper	M/H	•	•		•			•	•
Plan a meal	M/H	•	•	•					•
Medication management activities	M/H	•	•	•	•		•		•
Sudoku	M/H	•	•	•				•	•
Plan a tour of the city	M/H	•		•					•
Bananagrams ®	M/H	•		•		•	•	•	•
Scattergories ®	M/H	•		•		•	•	•	•
Pro/Con debate	High	•	•	•	•		•		•
Taboo ®	High	•		•	•		•		•
Quiddler ®	High	•		•		•		•	•
SET Game ®	High	•	•	•					•
Watch News Clip/Education Video & Discuss	High	•	•	•	•		•		•
Scrabble ®	High	•		•		•		•	•
Word search	Any	•							•
Trivia game	Any	•		•			•		•
Memory/Concentration (card game)	Any	•	•	•					•
Newspaper scavenger hunt	Any	•		•			•	•	•
Barrier game (describe hidden object to others)	Any	•	•	•	•		•		•

Created by: Marianne Connor, MS, CCC-SLP, Erica Joseffy, MS, CCC-SLP, Anne Schnepf, MS, CCC-SLP (Available resource at ASHA.org)

Dining & Meal Planning / Preparation

Dining

Potential Goals for Group Intervention

- To provide an opportunity for development of swallowing and eating skills
- To provide a natural dining experience
- To improve hand-to-mouth or alternative self-feeding skills
- To provide an opportunity for patient to demonstrate contextual carry-over of skills trained in individual treatment sessions.

Potential Limiting Factors (Task modification may be necessary for participation)

- Inability to attend to task
- Disruptive behavior
- Severe Dementia
- Lack of initiation/motivation
- Behavioral deficits

Suggested Group Activities

- Set up within dining room or other area within facility for group to occur
- Provide cues to each participant for swallowing precautions and use of adaptive equipment
- Modify cues required per participant as needed
- Train caregiver(s)

Meal Planning / Preparation

Potential Goals for Group Intervention

- To provide opportunity to follow through on energy conservation skills
- To improve motor control, coordination and dexterity through manipulation of objects and stabilization of the extremities
- To improve kinesthesia and proprioceptive skills
- To improve problem-solving skills
- To provide an opportunity for patient to demonstrate contextual carry-over of skills trained in individual treatment sessions

Potential Limiting Factors (Task modification may be necessary for participation)

- Severe cognitive and perceptual impairments
- Disruptive and/or combative behavior
- Unstable medical condition(s)
- Inability to attend to task / Poor attention span and/or memory
- Lack of initiation and motivation
- Denial of deficits

Suggested Group Activities

- Determine meal-time focus of group (e.g., breakfast, lunch or dinner)
- Determine recipe(s) to prepare based on cold and hot meal prep goals
- Facilitate group to develop a shopping list based on local grocer circular or flier
- Discuss community resources available for meal delivery if needed
- Discuss hot meal prep safety issues around use of microwave oven
- Organize equipment needed to complete recipe
- If kitchen facilities available, prepare meal and allow time for group sampling

Advanced Meal Prep

Candidates for this group:

- Patients working on higher level ADLs, increased standing balance/tolerance, needing increased visual scanning, eye/hand coordination, increased verbal communication, increased attention span, increased socialization, self-feeding, money management, increased safety

Equipment and Setup Needed:

- Phone Book
- Supplies needed for salad
- Drinks
- Plates, napkins, gloves, forks, serving bowl and salad tongs

Objective:

- Higher level patients look up a restaurant that delivers (pizza, sandwiches, etc.), calls in an order. They must figure out how much to pay and tip, and how much change they should receive.
- While waiting for order to arrive, patients prepare a salad. Depending on patient level, they can chop/slice lettuce, carrots, celery, onion, tomatoes, etc. for a salad.

Suggested Upgrades:

- Patients can go purchase meal supplies at the grocery store and prepare the pizza or sandwiches

Suggested Downgrades:

- Meal could be prepared by higher level patients or therapists and served to lower level patients who would be working on self-feeding, swallowing or increased socialization

Creative Cooking

Candidates for this group:

- Patients with mild to moderate cognitive deficits; physical deficits in standing and sitting, balance, fine/gross motor, visual-perceptual skills

Equipment and Setup Needed:

- Functioning oven or toaster oven
- Baking ingredients
- Pans, spoons, bowls, measuring cups and spoons
- Work surfaces in standing and sitting positions

Objective:

- Follow verbal/written instructions, sequencing, imitate lengthy sequence, attend to tasks, visual-perceptual tasks, attention to details, visual cues. Physical skills: sitting and standing balance, bilateral use, crossing midline, fine and gross motor skills, visual perceptual skills, social skills.

Suggested Upgrades:

- Increasingly complex recipes: cut-out cookies or biscuits, recipes requiring more complex steps

Suggested Downgrades:

- Simplify tasks with mixes for muffins, puddings

Cooking Group

Candidates for this group:

- Patients who have adequate motor and sensory abilities, are alert and oriented, have ability to tolerate sitting or standing for at least 30 minutes minimum, ability to attend to task with verbal cueing, ability to inhibit disruptive verbalizations for at least 10 minutes and ability to follow 2-step directions

Equipment and Setup Needed:

- Oven/Stove
- Pots/pans
- Cutlery, Silverware
- Hot pads, Plates
- Measuring cups
- Wash Clothes/paper towel
- Dish Soap
- Egg Timer

Objective:

- To enhance the skills of sequencing, time management, versatility, memory, attention, and concentration; to facilitate increased ROM, strength, and balance; to develop interpersonal skills and social skills
 - Read preparation instructions/directions
 - Wash hands and don sanitary gloves
 - Wipe off preparation area
 - Get the ingredients out of the cabinet/refrigerator/freezer
 - Measure/Cut/Chop/Mix ingredients
 - Pre-Heat Oven/Stove
 - Cook the item you are preparing and keep checking on its progress; set a timer if necessary
 - When item is done, prepare to serve item by getting out plates and silverware
 - Dish out the food to everyone in the cooking group.

Suggested Upgrades and Downgrades:

- Structure the session to meet the functional outcomes for each participant and the overall group
- Adaptations for low vision or other limitations

Low Vision

Potential Goals for Group Intervention

- To optimize the development of compensatory techniques
- To provide simulated functional activities to use learned compensatory techniques
- To identify adaptive equipment needs for safe mobility and function
- To educate on the impact of vision loss on everyday life activities
- To provide an opportunity for patient to demonstrate contextual carry-over of skills trained in individual treatment sessions.

Potential Limiting Factors (Task modification may be necessary for participation)

- Inability to attend to task
- Disruptive behavior
- Inability to use at least two senses to compensate for visual deficit (e.g., hearing and tactile)
- Inadequate attention span and/or memory
- Non-functional hearing
- Severe dementia
- Severe memory deficit
- Inability to learn new information

Suggested Group Activities

- Mobility compensatory techniques
 - Trailing
- Completion of ADLs
 - Use of added texture or color on commonly used devices
 - Identification of devices based on texture and color
- Meal Preparation
 - Train safety factors, e.g., need for Dycem placemat
 - Adaptive utensils
- Home Management
 - Proper lighting
 - Touchtone telephone techniques to access emergency numbers, etc.
 - Low Vision Products: <http://bierleyblog.com/14-helpful-low-vision-products-for-2014/>
- Trial with adaptive equipment
 - Tagging of clothing for front and back differentiation
 - Large-print books or books on tape
 - Magnification devices

“Occupational therapy practitioners provide older adults with tools to remain safe and independent at home (age in place) despite significant visual impairment.” (Kaldenberg, 2011, personal communication)

Low vision has a psychosocial impact on the older adult, including but not limited to being able to recognize faces or accurately dial the phone number of a friend. Occupational therapy practitioners can assist the older adult to remain in social circles and be active and engaged socially.

Word and Trivia Games

Word and trivia games allow even those with limited vision to be involved in the fun.

Riddles and brainteasers also keep the brain active, regardless of vision level. Other word games, such as spelling bees, hangman, and fill-in-the-blank played on large whiteboards or presentation paper are fun and engaging for those with low vision.

Identifying Money

Candidates:

Patients with low vision that working on community reintegration or need to easily identify money / forms of payment.

Equipment Needed:

- Mock Credit Cards
- Cash of various denominations (assortment newer vs. older for print variations)
- Coins of various amounts
- Hand Held magnifiers

Objectives:

- Teaching group members ways to label credit cards for quick identification.
- Teaching group members techniques in folding money for quick identification.
- Teaching group techniques to quickly identify coins by feel.
- Carry-over of skills with group challenges (paying for items; making change; etc.)

Fold Your Bills Strategies to Teach:

The folding system is a tactile method you can use to tell your different bills apart independently. For example:

- Keep the \$1 bill flat and unfolded.
- Fold the \$5 bill in half crosswise (with the short ends together).
- Fold the \$10 bill in half lengthwise (with the long sides together).
- Fold the \$20 bill like a \$10 bill lengthwise, and then in half again crosswise, like the \$5 bill



Large Print Numbers:

- Paper money in the United States is now produced with larger print numbers on the back lower right hand corner of the \$5, \$10, \$20, \$50, and \$100 bills.
- Practice using hand held magnifier as needed

Identifying Coins

- Nickels and pennies have smooth edges, and the nickel is larger and thicker than the penny.
- Quarters, dimes, and half-dollars have ridged edges, and the half-dollar is larger than the quarter, which is larger than the dime.

Mobility

Gait Training

Potential Goals of Group Intervention

- To provide improved skill in standing balance and gait activities necessary to carry out functional activities
- To provide an opportunity for patient to demonstrate contextual carry-over of skills trained in individual treatment sessions.

Potential Limiting Factors (Task modification may be necessary for participation)

- Impaired protective and/or equilibrium reactions
- Impaired motor status
- Communication deficits
- Limited endurance
- External/internal fixation devices

Suggested Group Activities

- Unsupported sitting activities
 - Forward reach
 - Lateral reach
 - Side reach
 - Overhead reach
 - Backward reach
- "Sit to stand"
 - Moving forward to edge of support surface
 - Positioning feet flat on floor with feet under knees
 - Lifting of body weight with forward weight shift
 - Practice of controlled sit to stand
- Supported standing weight shift activities (e.g., in parallel bars or with walkers)
 - Forward reach
 - Lateral reach
 - Side reach
 - Overhead reach
- Walking groups
 - Walking with music
 - Obstacle Courses

Wheel Chair Mobility

Potential Goals for Group Intervention

- To provide improvement/ independence in wheelchair mobility skills
- To provide an opportunity for patient to demonstrate contextual carry-over of skills trained in individual treatment sessions.

Potential Limiting Factors (Task modification may be necessary for participation)

- Limited endurance and/or muscle strength
- Cardiac insufficiency
- Portable oxygen dependent
- Impaired cognition and/or perception
- External and internal fixation devices
- Wound and skin precautions
- Visual impairments

Suggested Group Activities

- Obstacle course
- Wheel Chair Safety

Obstacle Course

Candidates for this group:

- Patients with decreased mobility

Equipment and Setup Needed:

- Obstacles to be navigated around
- Stop watch if recording time to complete

Objective:

- Practice navigation around various obstacles.

Suggested Upgrades and Downgrades:

- Wheel chair or Walking (assistive devices) depending on patient level
- Making the course more or less challenging
- Follow the leader
- Try to beat course times
- Use of assistive devices

Walking with Music

Candidates for this group:

- Patients with Parkinson's
- Patients with decreased mobility

Equipment and Setup Needed:

- Music / Metronome
- Chairs for breaks (or musical chair component)
- Designated course or walking patterns

Objective

- Improve gait pattern using a rhythmic timing / pacing

Suggested Upgrades / Downgrades

- Increased or decreased tempo
- Increased or decreased distance / course
- Usage of assistance devices

Motor

Fine Motor

Potential Goals for Group Intervention

- To provide the integration of cognitive, perceptual, and motor skills needed to carry out functional activities
- To facilitate visual spatial awareness and improve body integration
- To provide an opportunity for patient to demonstrate contextual carry-over of skills trained in individual treatment sessions.

Potential Limiting Factors (Task modification may be necessary for participation)

- Severe dementia
- Behavioral deficits
- Inability to follow 2-step commands
- Abnormal tone with patterning movement(s)

Suggested Group Activities

- Tactile differentiation (stereognosis)
 - Identify objects (cube, key, marble, etc.) with vision occluded
- Object location activities with R/L discrimination and crossing of midline
 - Place object in location (over, under, behind another object)
- Journaling or other writing activities

Gross Motor

Potential Goals for Group Intervention

- To develop sensory awareness and body integration needed to improve the carry out of functional activities
- To provide an opportunity for patient to demonstrate contextual carry-over of skills trained in individual treatment sessions.

Potential Limiting Factors (Task modification may be necessary for participation)

- Impaired motor status such as ataxia
- Communication deficits
- Impaired protective and/or equilibrium reactions
- Visual impairments
- External and internal fixation devices
- Impaired range of motion
- Wound and skin precautions

Suggested Group Activities

- Selected motor relearning activities
 - Rolling to left and to right
 - Side-lying balance recover
 - Supine to sitting
 - Balance in sitting
 - Sitting lateral weight shifts
 - UE weight bearing

ADL Fine Motor Apron

Candidates for this group:

- Patients with decreased dressing skills, eye/hand coordination, vision, perception and sensation

Equipment and Setup Needed:

- 4 ADL Aprons or self-care boards that have various hooks, zippers, buttons, etc.

Objective:

- Practice dressing skills including buttoning, zipping, hooks, snaps, Velcro and tying a knot or bow

Suggested Upgrades and Downgrades:

- Static sitting in chair
- Dynamic sitting in chair
- Dynamic standing



Gardening

Candidates for this group:

- Patients in need of eye/hand coordination, balance, mobility, sensory experiences, and social interaction

Equipment and Setup Needed:

- (Adaptive) Gardening tools
- Planter boxes
- Plants
- Watering can and water

Objective:

- Gather group, explain and show process of how this group will work together to create a garden.
- Begin with introduction to the group and why they are each at the facility and what goals they are working on at this time.
- Have each person share a small story about why they enjoy gardening and what they hope to gain from this group therapy.
- Choose what to plant. Work together to plant flowers and vegetables.
- Continue to meet weekly or bi-weekly as needed to maintain and water our garden.

Suggested Upgrades:

- Those who are capable of standing with the assist of a walker may stand to help in assisting to prepare the garden by turning over the soil and adding fresh top soil to the planter boxes.

Suggested Downgrades:

- Use smaller containers for touch and sensory for lower level skilled patients.
- Encourage patients in wheelchairs to stand if able for smaller periods of time.

Sock It to Me

Candidates for this group:

- Fine and/or gross motor impairments, UE ROM deficits, decreased proprioception, and/or asteriognosis

Equipment and Setup Needed:

- Old socks of different colors – the bigger the better
- Small items to be placed in each sock: toothbrush, comb, key, pen, etc.

Objective:

- Each person is given a sock with one small item in it.
- Each patient takes turns reaching into their sock and, without looking, try to name the item only by feel.
- Once the patient has made a guess, he/she can then look at the item and see if he/she guessed correctly.
- Next, have the patients pass the socks around the circle ~ 2 passes to the right, 3 passes to the left, and then 1 pass to the right. The patients then take turns reaching into their new sock and trying to guess the item without looking.

Suggested Upgrades:

- Use smaller items: e.g. Quarter, paper clip, ring, battery...etc.
- Use smaller socks so it takes more effort to reach into it

Suggested Downgrades:

- Use larger objects: e.g. Spoon, small flashlight, etc.
- Pass 1 time to the right only

Table Ball

Candidates for this group:

- Fine and/or gross motor impairment, decreased activity tolerance, decreased UE ROM, decreased sitting or standing tolerance and/or balance

Equipment and Setup Needed:

- Square Table/Ball
- Four patients – one patient per side

Objective:

- Start off having the patients roll the ball slowly back and forth to each other. Then increase the speed.
- Then start keeping score: 1 point for every time the ball gets by a patient.
- The patient with the lowest score after a designated amount of time wins.

Suggested Upgrades:

- Perform standing
- Use a smaller ball (tennis ball or bouncy ball)

Suggested Downgrades:

- Use a bigger ball or weighted ball (travels slower, but requires more strength to push so, could also be considered an upgrade)
- Use a brightly colored ball

Therapeutic Exercise & Range of Motion

Seated Lower Extremity Therapeutic Exercise

Potential Goals for Group Intervention

- To enhance lower-extremity circulation in both ambulatory and non-ambulatory Patients
- To maintain lower-extremity strength in Patients able to transfer with assistance
- To maintain joint health and decrease the risk for contractures in the ankle, knee and hip joints
- To provide an opportunity for patient to demonstrate contextual carry-over of skills trained in individual treatment sessions.

Potential Limiting Factors (Task modification may be necessary for participation)

- Cognitive or perceptual impairments that impact on safety, attention span, and/or ability to follow verbal directions
- Communication deficits
- Abnormal tone/spasticity
- Osteoporosis
- Severe ataxia
- Decreased sitting tolerance secondary to hip or back pain
- Severe osteoarthritis in the ankle, knee or hip joint

Suggested Group Activities

- Education regarding proper exercise technique including hold time, lift and lower times, and contraction force
- Education on the importance of hydrating during exercise (group leader or aide to offer water throughout session)
- Encourage participants to educate each other on proper technique
- Therapeutic exercise to include marching, short-arc quads, heel/toe raises, abduction/adduction, and gluteal squeezes
- Kick a ball around the circle to promote quadriceps strength and lower-extremity control
- Educate on proper breathing techniques while exercising
 - Diaphragmatic breathing; Coordination of inhale/exhale with lifting/lowering extremity; DO NOT hold breath at any time during exercise

Upper Extremity Therapeutic Exercise

Potential Goals for Group Intervention

- To provide the development of upper body strength, coordination, endurance, and joint mobility necessary to carry out functional activities
- To increase endurance to perform functional activities
- To establish a transferable exercise routine
- To provide an opportunity for patient to demonstrate contextual carry-over of skills trained in individual treatment sessions.

Potential Limiting Factors (Task modification may be necessary for participation)

- Poor sitting tolerance
- Moderate to severe cognitive and/or perceptual impairment
- Unstable medical condition(s)
- Abnormal tone with patterning movement(s)
- Cardiac insufficiency
- ROM limitations
- External and internal fixation device(s)
- Impaired cognition and/or perception
- Limited endurance
- Communication deficits
- Wound and skin precautions

Suggested Group Activities

- Breathing techniques while exercising
 - Diaphragmatic breathing; Coordination of inhale and exhale with lifting and lowering extremity; Precaution to not hold breath while exercising
- Stretching of neck, shoulder girdle, scapulae, and other upper- extremity joints to be exercised as a warm-up
- Strengthening exercises (with and without weights, as indicated)
- Other: Balloon toss, Balloon Volley Ball, Beach Ball Exercise Surprise

Self-Range of Motion

Potential Goals for Group Intervention

- To prevent contractures or deformities in extremity joints with limited active or passive movement
- To provide an opportunity for patient to demonstrate contextual carry-over of skills trained in individual treatment sessions.

Potential Limiting Factors (Task modification may be necessary for participation)

- Wound or skin precautions of involved extremity
- Unhealed extremity fracture
- Cognitive or perceptual impairments that impact on safety, attention span, and/or ability to follow verbal directions
- Abnormal tone with patterned movements
- Pain in extremity joint(s)
- Inflamed or dislocated extremity joint(s)
- Disruptive and/or combative behavior
- Unstable medical condition(s)
- Communication deficits
- Abnormal tone
- Osteoporosis
- Moderate to severe ataxia
- External/internal fixation device(s)

Suggested Group Activities

- Breathing techniques while exercising
 - Diaphragmatic breathing; Coordination of inhale and exhale with lifting and lowering extremity; Precaution to not hold breath while exercising
- Standard progression of range activities
 - Start with shoulder elevation, depression, protraction, and retraction
- Outline and demonstrate proper “holding” techniques
- Outline edema monitoring schedule

Balloon Toss**Candidates for this group:**

- Patients with decreased sitting and standing balance and tolerance, decreased trunk strength, decreased activity tolerance, decreased UE/LE ROM, and are a fall risk.

Equipment/Setup Needed:

- Balloons large enough to describe or draw exercises on. More than one balloon per patient

Objective:

- Set patients up in a circle. Have the patients bat the balloons back and forth using their hands. The therapist states: "Grab a balloon." The patient performs the exercise written on the balloon. When the patient is done with the exercise they must toss the balloon and grab another. The therapist may need to facilitate tossing balloons to ensure another balloon is available.

Suggested Upgrades:

- Have patient stand while batting balloons back and forth
- Use more complicated exercises
- Use more weights or more reps for each exercise

Suggested Downgrades:

- Have patient perform activity seated
- Use less weight or number of weights for each exercise

Ball Exercise Surprise**Candidates for this group:**

- Patients with decreased strength, UE/LE ROM, decreased activity tolerance, decreased sitting or standing balance &/or tolerance.

Equipment and Setup Needed:

- Beach ball/ Soccer ball
- Permanent marker – to write different exercises with repetitions to be performed on the different colored wedges on the ball. One exercise for each color (e.g. 10 bicep curls, March-in-place 1 minute, 15 theraband stretches, etc.)
- Weights, theraband, ankle weights, etc., for corresponding exercises

Objective:

- Have the patients in a circle toss the beach ball back and forth. Choose every 3rd or 4th toss, and whichever patient catches the ball and whatever color their right thumb is touching, the patient reads aloud the exercise. Therapist passes out the needed equipment for the exercises and all the patients perform that exercise as a group. Repeat.

Suggested Upgrades:

- Perform the tossing back and forth standing vs. seated
- Increase the exercises by two sets vs. one set

Suggested Downgrades:

- Perform seated
- Provide longer rest breaks b/t exercises



Energy Conservation

Candidates for this group:

- Any patient with a Dx of COPD, Emphysema, on O2, experiencing shortness of breath with activity, anxiety related disorders or other pulmonary related disorders.

Equipment and Setup Needed:

- Provide enough space and seating for 4 patients—either seated in chairs or wheelchairs. Large full length mirror, if needed; Arm weights and/or leg weights

Objectives:

- Educate patients about the nature and causes of shortness of breath
- Instruct patients in pursed lip/ diaphragmatic breathing technique(s)
- Educate patients on matching breathing effort with physical exertion
- Instruct patients re importance of not holding breathe during effortful movement of activity
- Have patients perform a set of two of UE or LE exercises using techniques taught. Exercises are determined by the therapist per patient's abilities.

Suggested Upgrades:

- Add more UE and LE exercises as patient can tolerate
- Have patient repeat the instructions back to the therapist
- Have patient stand for some of the exercises

Suggested Downgrades:

- Use hand over hand placement with teaching specific breathing technique
- Provide more visual demonstrations

Exercise in a Cup Scavenger Hunt

Candidates for this group:

- Patients with decreased sitting and standing balance and tolerance, decreased trunk strength, decreased activity tolerance, decreased UE/LE ROM, and are a fall risk

Equipment and Setup Needed:

- Several Plastic Cups
- Descriptions/pictures of exercises

Objective:

- Place one description/picture exercise in each cup.
- Place the cups in different areas all over the room/therapy gym at different levels (in microwave, on top of fridge, in cabinet, on table, on window sill, etc.)
- Therapist takes the first patient out to find a cup. Once the patient finds a cup, he/she sits to perform the exercise. While the patient is performing that exercise, the therapist gets the next patient to go searching for a cup.
- Alternate back and forth between patients with one searching, one performing the exercise, and one taking a short rest break.

Suggested Upgrades:

- Increase the difficulty level of the exercises by placing cups on floor and under table, etc.

Suggested Downgrades:

- Decrease the difficulty level of the exercises and placing cups in more obvious places and within easy distances of patient.

Exercise Poker

Candidates for this group:

- Patients with balance deficits, gait and motor disturbances, decreased eye/hand coordination, strength, AROM and/or gait disturbances

Equipment and Setup Needed:

- Playing cards (Ace through 6); exercise equipment of the therapists' choice (e.g., dumb bells, thera-band, stairs, etc.)

Objective:

- Patient picks a card. (Each suit—hearts, diamonds, spades and clubs—equates to an exercise that has already been identified by the therapist.)
- Red cards equate to the number of reps that the patient must complete for the exercise. Black cards equate to the minutes of an item.

Suggested Upgrades:

- If the card chosen is red, it would be beneficial to choose bigger ticket items such as steps, sit to stand, chair to chair etc.

Suggested Downgrades:

- If the card chosen is black, it would be wise to assign items such as standing supported to a selected activity or an arrangement of sitting exercises with or without leg weights.

Musical Chairs

Candidates for this group:

- Those with gait and balance deficits, and weakness

Equipment and Setup Needed:

- 4 chairs
- Conforming surface (balance pad)
- Ankle weights
- Balloon
- Music

Objective:

- Arrange chairs in a challenging course. Have patients walk around course as music is playing. When the music stops, the patient goes to the nearest chair/station.
- Each station is set up with a different activity; i.e., balance station with balance pad, ankle weights for LE exercise, sit to stand or other standing exercises, balloon for balloon volleyball.
- After each patient completes his/her station, the music is played and another round begins.

Suggested Upgrades:

- Tailor the types of exercises and activities according to the capabilities of the group.
- For example, simple standing exercises on the ground vs. challenging activities on a compliant surface while reaching outside base of support.

Suggested Downgrades:

- Activities could include seated exercises and activities depending on the functional level of the group of patients.

Music and Movement

Candidates for the Group

- Be able to follow a one-step, highly-familiar, repetitive action
- Tolerate a 30-minute activity
- Move at least one limb independently
- Attend to task for 3 to 5 minutes
- Tolerate visual, aural and tactile stimulation and the presence of others

Purpose

- To provide the individual with the opportunity to participate in activities that will increase or maintain ROM, strength, coordination, and endurance, as well as increase socialization, sensory stimulation, perceptual-motor skills, and attention span.

Goals

- Maximize awareness of health-maintenance and stress- reduction techniques
- Increase physical capabilities, such as strength, ROM, coordination and endurance
- Reinforce goal-directed behavior
- Improve cardiovascular function
- Engage in movement
- Improve general alertness through movement and sensory stimulation
- Use music to enhance mood, or to recall past
- Engage in socialization

Format

- The exercise movements are one-step up to multi-step based on each patient and should be familiar with repetitive actions. Each movement will be demonstrated by the leader.
- Both the music and the movements will encourage participation, decrease anxiety, stimulate memory, and encourage emotional expression and socialization.
- The leader should be creative with the music and movements. Music can be from the Big Band era, show tunes or marches.
- The movements can mimic real activities such as raising arms overhead to “pick grapes”, or swinging arms side to side to “swat flies” or “wipe windows”.

“Telephone” Exercise

Candidates for this group:

- Patients with decreased sitting and standing balance and tolerance, decreased trunk strength, decreased activity tolerance, decreased UE/LE ROM, and are a fall risk

Equipment and Setup Needed:

- Hand and ankle weights; theraband

Objective:

- Place the patients in a straight line next to each other.
- The therapist sits in a chair at the head of the line and shows the first patient in the line an exercise. That patient then shows the next patient in line the exercise, who then shows the next patient until each patient has been shown the exercise. The therapist then shows what the exercise should have been and has the patients perform a certain number of reps of that exercise. The patients then change places so that the first one in line is now at the end. The therapist then performs another exercise and the process starts again.

Suggested Upgrades & Downgrades:

- Exercises can be performed seated or standing
- The exercises can be graded harder or easier with more reps or 2 sets of each exercise