WARNING SIGNALS FOR REHABILITATION THERAPY



The Rehabilitation Therapy Traffic Light

GOOD SIGNS - ALL IS WELL!

- No concerns with hand strength
- No visual problems
- No concerns with adaptive equipment
- No concerns with grooming/basic hygiene
- No issues bathing/dressing
- Able to participate in community activities
- Able to go to outings with family/friends
- Able to pay bills
- Can remember to take medications
- No concerns with memory
- No difficulty finding words
- No swallowing/eating concerns
- Balance is good
- Pain-free range of motion
- Can get in/out of car, bed, or chair safely
- No shortness of breath
- Maintain usual activity levels

CAUTION SIGNS - TIME TO ACT!

Call your therapy provider or doctor if you have:

- Occasional continence concerns
- Questions about adaptive equipment
- Trouble with grooming/basic hygiene
- Fear of falling
- Trouble with bathing and/or dressing
- Trouble participating in community activities
- Trouble participating in outings with family/friends
- Joint stiffness
- Stooped posture

- Out of breath more than usual, less energy
- Occasional loss of balance
- Concerns about getting in/out of chair, bed, or car
- Fear of falling
- Increased pain
- Gait concerns
- New assistive devicesDifficulty propelling wheelchair
- Unable to make it to bathroom in time
- Occasional trouble remembering appointments, taking medications, events
- Speech more difficult to understand
- Difficulty feeding self/taking too long to eat
- Coughing/sneezing/watery eyes when/after medications, eating, or drinking
- Not using objects appropriately

DANGER SIGNS - STOP!

New onset of these symptoms could result in a hospital admission, if not addressed:

- Falling regularly
- No longer bathing
- Basic hygiene needs not being met
- Not participating in social events
- Not leaving the room/hall
- Incontinence
- Not eating/drinking due to choking/ coughing
- Unable to participate in activities around the community

- Forgetting important dates/people
- Sudden onset of slurred speech
- Unable to pay bills, communicate with others, or keep medications straight
- Pai
- Shortness of breath that doesn't resolve quickly
- Shuffled gait
- Unable to get in/out of car, bed, or chair safely

My Therapy Provider Contact Information

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Name:

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Number: ______
Instructions:

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