



## **RECOMMENDED PROTOCOL :**

### 1. NEW PATIENT:

- A. **FIRST MEETING-EVALUATION:** The SPORTKAT is not a diagnostic tool. It is a Computer Dynamic Kinesthetic Ability Trainer (CDKAT). Its primary use is for rehabilitation after diagnosis has been accomplished. However, it is useful in assessment of the patient's equilibrium capabilities along with the Healthcare Practitioners evaluation of the history of the patient's physical and emotional condition and the general health and fitness of the patient. All of which should be done in the first session with the patient.
- i. During this first session, to gather information for the Dr. to use in making his or her diagnosis, it is recommended that a series of assessment tests should be made on the SPORTKAT. It is recommended that these tests be done at a Pounds per Square Inch (PSI) level that is safe and comfortable for the Patient considering the Patient's Age, Symptoms, Height, Weight and General Physical Condition. A starting PSI of 6 to 7 is common, however, the PSI should be raised if the Patient's Age, Symptoms and General Physical Condition indicate that 7 PSI would be too challenging for the Patient. **REMEMBER**, the higher the PSI the more stable the platform becomes, and the easier and safer it is for the patient to use.
  - ii. To give the Dr. the information needed to prescribe rehabilitation, it is recommended that three **FUNCTIONAL PERFORMANCE EVALUATION TESTS** be done on each of the testing modes (for a total of 12 Tests). It is recommended that these tests should be done in the first session with the Patient. The test modalities are as follows:
    - 1.) Static
    - 2.) Dynamic Moving  
Circle Clockwise
    - 3.) Dynamic Moving  
Circle Counter-Clockwise
    - 4.) Dynamic Moving  
Square Clockwise
  - iii. If diagnostic tests are being done in the first session, it is recommended that the SPORTKAT evaluation tests be done before the VNG. After the patient has been given calorics they



may not be physically and/or emotionally able to perform the SPORTKAT tests at any meaningful level. The VNG and SPORTKAT tests can be performed on separate days. However, if it is more convenient for the patient they may be done on the same day in order to complete the initial examination in one session.

B. **SECOND MEETING – CONSULTATION:** The Dr. reviews the reports from the VNG tests, and the Functional Performance Evaluation tests which should include the SPORTKAT tests. The Dr. then makes a diagnosis and prescribes rehabilitation therapy where appropriate. If it is convenient for the patient and the office schedule, Rehabilitation Therapy may begin the same day after the consultation with the Doctor.

C. **REHABILITATION THERAPY ON THE SPORTKAT (CDKAT):**  
**TIME:** The most important aspect of the CDKAT Therapy is for the patient to spend time on the SPORTKAT. The exact protocol followed is less important than the **TIME**. It is recommended that the patient spend at least 15 minutes on the SPORTKAT in each session using the Training, Testing and/or the Maze modes. In the beginning therapy sessions, the patient may need to rest periodically. The patient should be asked periodically if he or she is tired or for any other reason needs to rest. In which case they should be assisted in stepping off the SPORTKAT and allowed to sit down until they are ready to continue. If the patients overall Physical or Emotional condition will not allow 15 minutes of CDKAT training the Therapy Session should be ended. At the succeeding sessions the Training Time should gradually be increased until 15 minutes is attained.

i. **ESTABLISH THE BEGINNING PSI LEVEL FOR THE PATIENT:** The equilibrium and balance abilities of each patient will be different. It is important to establish a beginning PSI level at which the patient will be comfortable and will be successful. Generally a good starting point is 6 to 7 PSI, however, the healthcare professional operating the SPORTKAT must evaluate the Patient's History and their age, weight, height and general physical condition in choosing an appropriate PSI level at which to begin. After selecting the beginning PSI level, a Static Test can be run and if the Balance Index (BI) score is in the range of 500 to 700 the PSI level is acceptable for that patient. A Dynamic Moving test should then be done. The acceptable range for BI scores should be 1500 to 2000

ii. **SELECTING TRAINING MODES FOR CDKAT THERAPY:** Since Time is more important than modality, there is considerable flexibility in selecting Training Modes. It should also be noted that



the Maze Mode is part of the Training Modality and may be used as much as the patient wishes. Some notes on the various Training Modalities are as follows:

- 1.) **ANTERIOR AND POSTERIOR TRAINING:** It is not uncommon for patients to have more difficulty with A&P movements than they do with Left & Right movements. The best Training Modalities for A&P are the **Cross** and **Figure Eight** patterns in the Dynamic Non Moving mode and the **Vertical Maze** because these modes require the patient to move from Front to Back.
  - 2.) **LEFT AND RIGHT TRAINING:** The most suitable Modalities for Left & Right training are the **Cross** and **Infinity** patterns in the Dynamic Non Moving mode and the **Horizontal Maze**, because these modes require the Patient to move Left and Right.
  - 3.) **TRAINING FOR TESTING:** Since the Patient is going to be tested at the end of each session to evaluate improvement from his or her baseline assessment done in the evaluation performed at the first meeting with the Dr., it is important to that the patient Train on both the **Static** and the **Dynamic Moving Circle** modes so that the patient will be familiar with that modality.
- iii. **PERIODIC TESTING:** It is recommended that Two Tests be done at the end of each training session. One each of the **Static Test** and one each of the **Clockwise Dynamic Moving Circle** should be done and the report printed out and put into the patients file along with any notes by the Dr. or Staff.
- iv. **FREQUENCY OF THERAPY SESSIONS:** If it is possible, the Therapy Sessions should be every day. However, because of the restraints of scheduling and Patient transportation, the Therapy Sessions are most commonly done Three Days a week (e.g. Monday, Wednesday and Friday).
- v. **NUMBER OF THERAPY SESSIONS:** It is recommended that there be 12 Therapy Sessions in the First phase of Therapy.
- vi. **PSI ADJUSTMENTS:** As Therapy continues from Session to Session it will become appropriate to Adjust the



PSI level to challenge the patient as the patient improves in Balance Proficiency. As a general guide line, when the Static tests indicate a BI score of under 500, the PSI should be lowered 1 (one) PSI. When the Dynamic Moving Clockwise Circle BI score is under 1500, the PSI should be lowered 1 (one) PSI. (Note: If the Patient wishes to be challenged more, it is OK to do so even though the scores may be higher. The 500 & 1500 BI scores are for the purpose of helping to ensure that the Patient is both comfortable and successful. For most patients they need the comfort and encouragement of moderate challenge and success. For some patients, they will want a greater challenge and to so will only benefit them.)

- v. **RE-TESTING FOR EVALUATION AND MANAGEMENT (E&M)** It is recommended that on the 12<sup>th</sup> visit by the Patient, Re-Testing on VNG and CDKAT should be done for Evaluation and Management of the Patients progress. The Dr. should review the VNG and CDKAT tests to determine if further Rehabilitation for the Patient is required to reach Maximum Medical Improvement (MMI). The tests recommended for the SPORTKAT (CDKAT) are the same as those done in the initial session. They are as follows: Three Tests each for the Static, the Counter-Clockwise Dynamic Moving Circle, the Clockwise Dynamic Moving Circle and the Dynamic Moving Square, for a Total of 12 tests. The PSI for these tests should be at the Original (1st Session) PSI level, regardless of the PSI level at which the patient is training.

- D. **EVALUATION AND MANAGEMENT:** It is recommended that after the 1<sup>st</sup> evaluation of the Patient done in the 1<sup>st</sup> session with the patient, that the Dr. include in the Report what improvement is expected for the patient as a result of the prescribed Rehabilitation Procedures. A common improvement level is in the range of 20%, depending on the Patients' diagnosed condition, age and overall physical condition.

Periodically a re-evaluation should be done. It is recommended that the re-evaluation be done after **12 visits** if not sooner. Tests should be done on the SPORTKAT after each session so that progress can be documented. These Tests should be reviewed after each session to determine the patients' progress and to adjust the PSI level when appropriate. After **12 visits** the patient should be **tested at the original PSI** level to evaluate overall improvement. A printout of the GRAPH mode will trace all of the patients' tests results at all of the PSI levels, and is useful in evaluating improvement. Tests should also be done on the VNG equipment in the areas that were determined to be abnormal.



The Dr. should then determine whether continued Therapy is called for, in which case it would be appropriate for additional Therapy to be prescribed. A determination of the expected improvement from additional Therapy should be included in the Report.

In the event the Dr. determines that Maximum Medical Improvement has been reached then further Therapy at that time would be terminated.

### **REIMBURSEMENT:**

Reimbursement varies from one geographic location to another and it is important to check with your local Medicare Administrator and other third party providers on the codes that you should use and the amount of reimbursement that is available. The following codes and reimbursement amounts are only suggestions based on what is appropriate in some locations. The codes and procedures are the responsibility of the health care provider, and it is imperative that each Dr. determines what is proper for the region in which the Doctor's practice is located and for the provider that is being billed.

#### **1<sup>st</sup> Session with the Patient:**

***Functional Performance Evaluation.*** The code most frequently found to be appropriate for this evaluation is **97750**. It is billed in 15-minute units, with an 8-minute threshold. The reimbursement under this code is in the range of \$46.00 per 15-minutes. Where appropriate, the 12 tests recommended for Functional Performance Evaluation can be billed under this code.

#### **Therapy Sessions:**

***Therapeutic Procedures.*** The code most frequently found to be appropriate for these procedures is **97530**. For this code to apply, the healthcare professional administering the Therapeutic Procedures must be one on one with the patient. It is billed in 15-minute units, with an 8-minute threshold. The reimbursement under this code is in the range of \$39.00 per 15-minutes. Where appropriate, the Rehabilitation with the CDKAT can be billed under this code.

***Neuromuscular Re-Education.*** The code most frequently found to be appropriate for these Re-Education sessions is **97112**. For this code to apply, the healthcare professional administering the Therapy is not required to be one on one with the patient. It is billed in 15-minute units, with an 8-minute threshold. The reimbursement under this code is in the range of \$27.00 per 15-minutes. Where appropriate, the Rehabilitation with the CDKAT can be billed under this code.