



**COHESIVE HEALTHCARE MANAGEMENT & CONSULTING**

**Mangum Regional Medical Center**

TITLE		POLICY	
Neuromuscular Re-education		707	
MANUAL	EFFECTIVE DATE	REVIEW DATE	
Rehabilitation			
DEPARTMENT	REFERENCE		
Rehabilitation Services			

**SCOPE:** All professional rehabilitation staff members providing neuromuscular re-education for patient care at Mangum Regional Medical Center.

**PURPOSE:** To ensure that all neuromuscular re-education is administered safely and effectively within established guidelines.

**DEFINITION:** Neuromuscular reeducation represents a series of therapeutic techniques to restore normal function of nerves and muscles, to include movement, balance, coordination, decreased kinesthetic sense, and impaired proprioception.

**POLICY:** Physician order is received

- Order may be for “neuromuscular re-education”, “exercise”, range of motion”, “strengthening”, “therapeutic activity”, or variation of terms. Order may state therapist to evaluate and treat as indicated.

Neuromuscular re-education exercise is a direct (one-on-one/patient-therapist) procedure used to improve a patient’s balance, strength, coordination, posture, proprioception, and restore normal soft tissue tone and elasticity.

Indications:

- Any pathology or condition which effects the patient’s balance, strength, coordination, posture, kinesthetic sense, proprioception

Contraindications:

- Physician order specific for “no activity” or “exercise”.
- Physician order states specific modalities and physician signs prescription under “may not substitute”.

Precautions:

- Aggressiveness with passive range of motion/strengthening.
- Cardiac and respiratory patients
- Acute pain
- Recent fracture

- Fall risk

**PROCEDURE:**

1. Before initiating treatment, patient is evaluated by therapist to determine appropriateness of neuromuscular re-education.
2. The use and design of neuromuscular re-education is based upon:
  - a. The therapist assessment of the patient’s problem and need;
  - b. Therapist knowledge of neuromuscular re-education and the pathology involved;
  - c. Limitations/precautions indicated by the physician
3. Progression of neuromuscular re-education may be determined by the therapist assistant under the supervision of the therapist.
4. Technicians/aids may only assist directly with the therapist/therapist assistant with provision of neuromuscular re-education.
5. Neuromuscular Re-education may include use of furniture, beds, toilets, transfers, matts, treatment plinths, free weights, and any other exercise/activity equipment.

**REVISIONS/UPDATES**

Date	Brief Description of Revision/Change