



DoD SPACE PLANNING CRITERIA

Chapter 312: ORTHOPEDICS, PODIATRY, CHIROPRACTIC, PHYSICAL MEDICINE & REHABILITATION AND SPORTS MEDICINE MARCH 7, 2022

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Purpose: This issuance: To provide space planning criteria guidance in support of planning, programming and budgeting for military Medical Treatment Facilities (MTFs) that fall under the authority of the Defense Health Agency (DHA).

SUMMARY of CHANGE

This revision, dated March 7, 2022 includes the following:

- Added guidance for Orthotic and Prosthetic Fabrication Lab services under Section 2. Planning and Programming Requirements. Removed all Lab space criteria from this chapter.

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SECTION 1: PURPOSE AND SCOPE

This chapter outlines space planning criteria as it applies to all eligible beneficiaries / populations receiving Orthopedics, Podiatry, Chiropractic, Physical Medicine & Rehabilitation (PM&R) and Sports Medicine services. All of these services, or a select number of them, may be located inside or immediately adjacent to an MTF that may include inpatient care, tertiary specialty services, or full scope ancillary departments.

Orthopedics, Podiatry, and Chiropractic services are assumed to be combined into one department, and any space planning criteria related to procedures that may require greater than minimal sedation, which is a drug-induced relief of apprehension with minimal effect on sensorium, or local anesthetics, and require pre- and post-procedure care, e.g., fluoroscopy pain management injections, fracture reductions, joint pin insertion/removal, may be found in Chapter 440: Surgical / Interventional Services & Ambulatory Surgery Center.

Requirements for an orthotic and prosthetic fabrication lab are not included in this chapter. The DoD provides orthotic and prosthetic services to MHS beneficiaries and others, with amputation from trauma and non-trauma, and those with orthopedic and disease related needs. The DoD has locations at MTFs around the world providing custom fabrication and fitting of orthotic and prosthetic devices or components. Starting in 2018 through 2019, the Extremity Trauma and Amputation Center of Excellence (EACE), Clinical Affairs (CA) Section, began a comprehensive review of the DoD orthotic and prosthetic services at high-volume MTFs, with focus on the amputee population. The EACE also engaged with top-ranked private sector institutions to identify best practices. At the time of publication of this Chapter, EACE is evaluating recommendations for DHA leadership on moving toward a more unified and comprehensive orthotic and prosthetic service program that brings consistency, quality and standardization to the MHS. The facilities planner will coordinate all new, repair or renovation lab requirements, and obtain Subject Matter Expert (SME) review of final programming through EACE CA SME-Senior Advisor for Clinical Orthotics and Prosthetics.

PM&R is a service that provides support to patients with musculoskeletal and neurological disorders. Physiatrists can offer electro-diagnostic studies, comprehensive treatment plans that involve physical and occupational therapy, medications, and injections; and they can prescribe and evaluate patients for medical equipment, and orthotics. This chapter provides space criteria for PM&R services that will generate relative value units (RVUs) in support of treatment and rehabilitation.

U.S. military physicians are increasingly turning to Sports Medicine to treat injuries sustained while deployed or during training. Every MTF will practice Sports Medicine differently. It may be part of Primary Care facility, or it can consist of a few rooms that are part of Physical Therapy or PM&R services. The functional areas and spaces provided within this chapter pertain to Sports Medicine services that support the diagnosis and treatment of conditions or injuries that generate relative value units (RVUs) and are workload driven. Components of Sports Medicine, such as strength training and conditioning, motion simulation labs, injury prevention classes, and

group exercise do not generate RVUs and are not included in this chapter. It is important for the planner to coordinate the location and requirements of the Sports Medicine services to consolidate spaces and gain efficiencies for patients and staff.

Where spaces for Aquatic Therapy related to Physical Therapy, PM&R or Sports Medicine are projected, they shall be programmed in only one location of the MTF and may not be duplicated. The planner must evaluate the RVUs and workload associated with Aquatic Therapy and fully validate the requirement before programming Aquatic Therapy services in an inpatient MTF.

The space planning criteria in this chapter apply to all DHA MTFs and are based on current DHA policies and directives, established and/or anticipated best practices, industry guidelines and standards, and input from MHS Subject Matter Experts (SME) and DHA Directorates. As directed by the DHA, these space criteria are primarily workload driven; additional drivers are staffing and mission. Room Codes (RCs) in this document are based on the latest version of UFC 4-510-01, Design: Military Medical Facilities, Appendix B, Architectural and Engineering Design Requirements.

SECTION 2: PLANNING AND PROGRAMMING REQUIREMENTS

1. Planners will consider local workload projections, staffing, and anticipated services to develop a project based on these criteria. The staffing projections used by planners to program requirements must be validated and aligned with the authorized manning document for the project. When no official guidance, policy or directive exists to validate space or program requirements, the planner will consult with their supervisor, and at their supervisor's discretion, the issue(s) may be elevated to senior leadership for the determination of the final project requirements.
2. Space planning criteria have been developed on the basis of an understanding of the activities involved in the functional areas required for Orthopedics, Podiatry, Chiropractic, PM&R and Sports Medicine service and its relationship with other services of a medical facility. These criteria are predicated on established and/or anticipated best practice standards, as adapted to provide environments supporting the highest quality health care for Service Members and their dependents.
3. One dedicated telehealth exam room (EXTH1) is provided as part of the workload generated exam room count. If additional telehealth exams will be programmed based on the Functional Program requirements, deduct the total number of EXTH1 exam rooms from the total number of workload driven EXRG1 exam room count.
4. To enhance patient safety, provide a Medication Safety Zone for the Orthopedic, Podiatry and Chiropractic service. It can be a medication preparation room (MEDP1), or an area in the treatment/procedure room, as well as a self-contained medication dispensing unit, an automated medication dispensing station, or another system located in the clean utility (UCCL1). The planner should determine whether medications are prepared in the ancillary pharmacy, and then administered to the patient by clinic staff in single, unit doses. In this instance, no medication prep room is required in the clinic support area. If the clinic staff are calculating dosages, preparing the medication and administering it to the patient, an enclosed Medication Preparation Room (MEDP1) will be programmed in the clinic.
5. For planning requirements for a General Radiographic room located within the Orthopedics, Podiatry, PM&R, Chiropractic and Sports Medicine service, refer to Chapter 540: Radiology, Nuclear Medicine and Radiation Oncology. The planner must evaluate the General Radiographic room workload requirements in Table 1 of Chapter 540 for the entire MTF, and coordinate with Radiology to determine if one of the total workload driven General Radiographic rooms will be dedicated to the Orthopedics, Podiatry, PM&R, Chiropractic and Sports Medicine service, and operated by Radiology staff to justify this requirement.
6. For calculation of the number of building support spaces (Vestibules, Lobbies, -Multi-fixtured Public and Staff Toilets, Staff Lounges and Locker Rooms, Conference Rooms, Communication Closets, and Janitor Closets), please refer to Chapter 610: Common Areas.

7. For space criteria requirements to support Graduate Medical Education in the MTF, refer to Chapter 230: Education and Training.
8. The range of room throughput is based upon a calculation that first quantifies the full capacity of that fixed space, then estimates how many annual encounters it should support, based on other variable resources such as availability of providers, support staff, and patients.

Room Default Parameters:

- a. Operating Days per Year SEPS default: 240 days
- b. Hours of Operation per Day SEPS default: 8 hours
- c. Average Length of Encounter (ALOE) SEPS default: *Please refer to Table 1, see Glossary for definition of ALOE.*
- d. Room Utilization Factor SEPS default: 80%

Calculation of directly workload-driven room types is implemented in SEPS based on the following table and answers to the Input Data Statements:

TABLE 1: WORKLOAD PARAMETER CALCULATION

312: ORTHOPEDICS, PODIATRY, CHIROPRACTIC, PM&R AND SPORTS MEDICINE				
CLINICAL ENCOUNTERS / PROCEDURES	AVERAGE LENGTH OF CLINIC ENCOUNTER (minutes)	ROOM UTILIZATION FACTOR	ANNUAL WORKLOAD PER EXAM / PROCEDURE ROOM (*)	MINIMUM ANNUAL WORKLOAD TO GENERATE ONE ROOM (20%)
Orthopedic Exam	40	80%	2,304	461
Podiatry Exam	30	80%	3,072	614
Cast Station	40	80%	2,304	461
Orthotics Mold / Fitting and Adjustment	30	80%	3,072	614
Chiropractic Treatment	30	80%	3,072	614
Spinal Decompression	40	80%	2,304	461
Massage Therapy	60	80%	1,536	307
PM&R and Sports Medicine Exam	45	80%	2,048	410
Electromyography (EMG) Testing	90	80%	1,024	205
Sports Medicine Treatment Station	30	80%	3,072	614

See Chapter 110: General for an example calculation.

SECTION 3: DESIGN CONSIDERATIONS

The following design considerations are intended to provide planners and designers with guidance on how to follow world-class and evidence-based design strategies for new and renovation of existing healthcare facilities. For a more comprehensive list, refer to the latest version of the World Class Checklist (<https://facilities.health.mil/home/>). Also refer to the Facility Guidelines Institute (FGI) Guidelines for Design and Construction of Hospitals and Guidelines for Design and Construction of Outpatient Facilities for additional information.

3.1. NET-TO-DEPARTMENT GROSS FACTOR.

The net-to-department gross (NTDG) factor for the Orthopedics, Podiatry, PM&R, Chiropractic, and Sports Medicine Clinic is **1.35**. This number, when multiplied by the programmed net square foot (NSF), area determines the departmental gross square feet. This factor accounts for the space occupied by internal department circulation and interior partitions and other construction elements not defined by the net square foot area. Refer to UFC 4-510-01, and DoD Space Planning Criteria Chapter 130: Net to Gross Conversion Factors.

3.2. GENERAL DESIGN CONSIDERATIONS.

1. Consider technology requirements early on in design. Technology can be leveraged for safety and efficiency.
2. Consider space (temporary or fixed) and IM/IT capabilities for all team members to be able to accomplish their required documentation.
3. The clinic design shall be zoned for patient, visitor, support, and staff areas to improve efficiency. A separate flow will be created between patients and visitors (on stage) and staff (off stage) to optimize privacy, safety, and overall satisfaction. “On Stage” is defined as the Public / Reception Zone and the Patient Care / Treatment Zone. “Off Stage” is defined as the Staff / Administration Zone, the Clinic Support Zone and staff/service corridors.
4. Provide a separate staff/delivery entrance in the off-stage area of the clinics. This will be utilized for patient transport to a higher level of care in the event of an emergency, and it will accommodate an ambulance gurney and delivery carts.

3.3. RECEPTION.

1. Seating in the waiting area should be comfortable with adequate space for patients with wheelchairs and walking aids. Consider arranging seats into separate, small clusters to accommodate social distancing and enhance physical separation patients.
2. To maximize speech privacy for patients at reception, provide open, clear floor area between the waiting seats and reception.

3. Consider flexible seating options that can accommodate greater demands during peak service hours.

3.4. ORTHOPEDICS, PODIATRY, CHIROPRACTIC, PM&R AND SPORTS MEDICINE PATIENT AREAS.

1. Consider providing automatic opening doors at the entry point to the patient care area to facilitate unassisted ease of access or exit for patients using mobility assistive devices.
2. Exam Rooms: No exam room (EXRG1) is intended to be dedicated to any specific provider or specialty; rather all general exam rooms can be used at all times. The use of a cart stocked with various equipment to support each specialty may be considered for immediate functional use as needed, and to provide greater versatility of the general exam room.
3. Design the multi-station cast room as a large, open bay layout with cubicle curtains separating stations for visual privacy. The private, enclosed cast room should be utilized when greater visual privacy is required, i.e., application of full or partial body casts, or for pediatric patients who often require extra time or who may be fearful and crying and a greater level of sound attenuation would be beneficial.
4. Cast saw dust and noise control is required in the cast room for a safe and clean environment for the patients and staff.
5. The Rehabilitation Gym to support PM&R and Sports Medicine should be designed to maximize natural daylighting with windows in the open floor area where patients are doing exercises, stretching, etc. Consider locating the Sports Medicine Treatment stations along an interior wall of the Gym for staff efficiency and to facilitate concurrent monitoring of the patients in the treatment stations and the gym area.
6. If an Aquatic Therapy pool area is projected for the MTF, the patient dressing area should be directly accessible to the pool without entering public or exercise areas. A patient toilet room that is accessible without entering public or exercise areas should be provided.

SECTION 4: PROGRAM DATA REQUIRED: ORTHOPEDICS, PODIATRY, AND CHIROPRACTIC

4.1. INPUT DATA STATEMENTS. Input Data Statements are based on questions about Workload (W), Mission (M), Staffing (S) and Miscellaneous (Misc) information.

1. How many annual in-person Orthopedic encounters are projected? (W)
2. How many annual in-person Podiatry encounters are projected? (W)
3. How many annual Cast Station encounters are projected? (W)
4. How many annual Chiropractic Treatment encounters are projected? (W)
5. How many annual Spinal Decompression encounters are projected? (W)
6. How many annual Massage Therapy encounters are projected? (W)
7. Will the Orthopedic, Podiatry and Chiropractic staff be calculating medication dosages, preparing the medication and administering it to the patient? (M)
8. How many hard copy records are projected to be stored in the Orthopedic, Podiatry and Chiropractic clinic area? (Misc)

4.2. COMPUTED STATEMENTS.

1. Room Utilization Factor (Computed) (Default: 80%)
2. Hours per day (Computed) (Default: 8)
3. Days per year (Computed) (Default: 240)
4. Patient care hours per year (Computed) (Default: [Hours per day] x [Days per year])
5. Orthopedic Exam Average Length of Encounter (ALOE) in Hours (Computed) (Default: .67)
6. Podiatry Exam Average Length of Encounter (ALOE) in Hours (Computed) (Default: .50)
7. Cast Station Average Length of Encounter (ALOE) in Hours (Computed) (Default: .67)
8. Chiropractic Treatment Average Length of Encounter (ALOE) in Hours (Computed) (Default: .50)
9. Spinal Decompression Average Length of Encounter (ALOE) in Hours (Computed) (Default: .67)
10. Massage Therapy Average Length of Encounter (ALOE) in Hours (Computed) (Default: 1.0)
11. Orthopedic Exam Workload Capacity (Computed) (Default: ([Room Utilization Factor] x [Patient care hours per year]) / [Orthopedic Exam Average Length of Encounter (ALOE) in Hours])
12. Calculated number of Orthopedic Exam rooms based on workload (Computed) (Default: Round Up From (.5, [How many annual in-person Orthopedic encounters are projected?] / [Orthopedic Exam Workload Capacity]))
13. Podiatry Exam Workload Capacity (Computed) (Default: ([Room Utilization Factor] x [Patient care hours per year]) / [Podiatry Exam Average Length of Encounter (ALOE) in Hours])
14. Calculated number of Podiatry Exam rooms based on workload (Computed) (Default: Round Up From (.5, [How many annual in-person Podiatry encounters are projected?] / [Podiatry Exam Workload Capacity]))

15. Cast Station Workload Capacity (Computed) (Default: $([\text{Room Utilization Factor}] \times [\text{Patient care hours per year}]) / [\text{Cast Station Average Length of Encounter (ALOE) in Hours}]$)
16. Calculated number of Cast Stations based on workload (Computed) (Default: Round Up From $(.5, [\text{How many annual Cast Station encounters are projected?}] / [\text{Cast Station Workload Capacity}])$)
17. Chiropractic Treatment Workload Capacity (Computed) (Default: $([\text{Room Utilization Factor}] \times [\text{Patient care hours per year}]) / [\text{Chiropractic Treatment Average Length of Encounter (ALOE) in Hours}]$)
18. Calculated number of Chiropractic Treatment rooms based on workload (Computed) (Default: Round Up From $(.5, [\text{How many annual Chiropractic Treatment encounters are projected?}] / [\text{Chiropractic Treatment Workload Capacity}])$)
19. Spinal Decompression Workload Capacity (Computed) (Default: $([\text{Room Utilization Factor}] \times [\text{Patient care hours per year}]) / [\text{Spinal Decompression Average Length of Encounter (ALOE) in Hours}]$)
20. Calculated number of Spinal Decompression rooms based on workload (Computed) (Default: Round Up From $(.5, [\text{How many annual Spinal Decompression encounters are projected?}] / [\text{Spinal Decompression Workload Capacity}])$)
21. Massage Therapy Room Workload Capacity (Computed) (Default: $([\text{Room Utilization Factor}] \times [\text{Patient care hours per year}]) / [\text{Massage Therapy Average Length of Encounter (ALOE) in Hours}]$)
22. Calculated number of Massage Therapy rooms based on workload (Computed) (Default: Round Up From $(.5, [\text{How many annual Massage Therapy encounters are projected?}] / [\text{Massage Therapy Room Workload Capacity}])$)
23. Total number of Orthopedic, Podiatry, Chiropractic Rooms (Computed) (Default: $[\text{Exam Room, Orthopedic (EXRG1)}], [\text{Exam Orthopedic, Airborne Infection Isolation (AII) (EXRG6)}], [\text{Exam, Telehealth (EXTH1)}], [\text{Exam Room, Podiatry (EXP01)}], [\text{Cast Room, Multi-Station (OPCR2)}], [\text{Chiropractic Treatment Room (PTBT1)}], [\text{Spinal Decompression Room (PTBT1)}], [\text{Massage Therapy Room (PTBT1)}]$)

4.3. SHORTCUTS.

1. number of Orthopedic Exam rooms: $[\text{Calculated number of Orthopedic Exam rooms based on workload}]$
2. number of Podiatry Exam rooms: $[\text{Calculated number of Podiatry Exam rooms based on workload}]$
3. number of Cast Stations: $[\text{Calculated number of Cast Stations based on workload}]$
4. number of Chiropractic Treatment rooms: $[\text{Calculated number of Chiropractic Treatment rooms based on workload}]$
5. number of Spinal Decompression rooms: $[\text{Calculated number of Spinal Decompression rooms based on workload}]$
6. number of Massage Therapy rooms: $[\text{Calculated number of Massage Therapy rooms based on workload}]$

SECTION 5: SPACE PLANNING CRITERIA ORTHOPEDICS, PODIATRY, AND CHIROPRACTIC

For calculation of the number of building support spaces (Vestibules, Lobbies, Vending Machine areas, Multi-fixture Public and Staff Toilets, Staff Lounges and Locker Rooms, Conference Rooms, Security Services, Communication Closets, and Janitor Closets), please refer to Chapter 610: Common Areas.

5.1. FA1: ORTHOPEDICS, PODIATRY, AND CHIROPRACTIC RECEPTION.

1. Waiting (WRC01) 120 NSF

- a. Provide one
- b. Provide an additional 64 NSF for every increment of two [Total number of Orthopedic, Podiatry, Chiropractic Rooms] greater than four

The minimum NSF accommodates 6 chairs at 16 NSF and 1 chair at 25 NSF.

2. Kiosk, Patient Check-in (CLSC1) 15 NSF

- a. Provide one
- b. Provide an additional one for every increment of eight [Total number of Orthopedic, Podiatry, Chiropractic Rooms] greater than sixteen

3. Reception (RECP1) 100 NSF

- a. Provide one
- b. Provide an additional 50 NSF for every increment of eight [Total number of Orthopedic, Podiatry, Chiropractic Rooms] greater than sixteen

Minimum allocated NSF accommodates two FTEs.

5.2. FA2: ORTHOPEDICS, PODIATRY, AND CHIROPRACTIC PATIENT AREA.

1. Exam Room, Orthopedic (EXRG1) 120 NSF

- a. Provide one per each [number of Orthopedic Exam rooms]
- b. Deduct the total number of [Exam Orthopedic, Airborne Infection Isolation (AII) (EXRG6)], [Exam, Telehealth (EXTH1)]

The planner must assess the requirement for a Bariatric Exam room (EXB01) based on the population served at the MTF. If a Bariatric Exam room is programmed, it will be included as one of the total number of calculated Orthopedic exam rooms (EXRG1s). Also program a Bariatric Toilet (TLTB1) to replace one Patient Toilet in the Exam Patient Area.

2. Exam Orthopedic, Airborne Infection Isolation (AII) (EXRG6) 140 NSF

- a. Provide one

- b. Provide an additional one for every increment of sixteen [number of Orthopedic Exam rooms] greater than sixteen

The number of Airborne Infection Isolation (AII) Exam Rooms shall be determined by the Infection Control Risk Assessment (ICRA), which shall be conducted during the early planning phase of the project. This room is part of the total number of workload driven Orthopedic exam rooms and is intended to be utilized by Podiatry and Chiro as needed.

3. Toilet, Airborne Infection Isolation (AII) Patient (TLTU1) 60 NSF

- a. Provide one per each [Exam Orthopedic, Airborne Infection Isolation (AII) (EXRG6)]

4. Exam, Telehealth (EXTH1) 120 NSF

- a. Provide one

This room is part of the total number of workload driven Orthopedic exam rooms and is intended to be shared with Podiatry and Chiropractic as needed

5. Exam Room, Podiatry (EXP01) 120 NSF

- a. Provide one per each [number of Podiatry Exam rooms]

6. Cast Room, Multi-Station (OPCR2) 360 NSF

- a. Provide one if [number of Cast Stations] is at least one
- b. Provide an additional 120 NSF for every increment of one [number of Cast Stations] greater than two

Minimum NSF accommodates two cast stations, a handwashing sink, and a counter mounted utility sink with work surface. The planner must assess the requirement for a Private Cast room (OPCR1) based on the population served at the MTF. If a Private Cast Room is programmed, it will be included as one of the total number of calculated Cast Stations and sized at 175 NSF.

7. Chiropractic Treatment Room (PTBT1) 150 NSF

- a. Provide one per each [number of Chiropractic Treatment rooms]

8. Spinal Decompression Room (PTBT1) 150 NSF

- a. Provide one per each [number of Spinal Decompression rooms]

9. Massage Therapy Room (PTBT1) 150 NSF

- a. Provide one per each [number of Massage Therapy rooms]

- 10. Toilet, Unisex (TLTU1) 60 NSF**
- a. Provide one
 - b. Provide an additional one for every increment of eight [Total number of Orthopedic, Podiatry, Chiropractic Rooms] greater than eight

5.3. FA3: ORTHOPEDICS, PODIATRY AND CHIROPRACTIC SUPPORT.

- 1. Medication Room (MEDP1) 100 NSF**
- a. Provide one if [Will the Orthopedic, Podiatry and Chiropractic staff be calculating medication dosages, preparing the medication and administering it to the patient?]
 - b. Provide an additional one for every increment of sixteen [Total number of Orthopedic, Podiatry, Chiropractic Rooms] greater than sixteen
- 2. Utility Room, Clean (UCCL1) 100 NSF**
- a. Provide one
 - b. Provide an additional one for every increment of eight [Total number of Orthopedic, Podiatry, Chiropractic Rooms] greater than eight
- 3. Utility Room, Soiled (USCL1) 90 NSF**
- a. Provide one
 - b. Provide an additional one for every increment of sixteen [Total number of Orthopedic, Podiatry, Chiropractic Rooms] greater than sixteen
- 4. Storage, Equipment (SRSE1) 100 NSF**
- a. Provide one
 - b. Provide an additional one for every increment of eight [Total number of Orthopedic, Podiatry, Chiropractic Rooms] greater than eight
- 5. Alcove, Portable C-Arm (XRM01) 30 NSF**
- a. Provide one if [number of Cast Stations] is at least two
Accommodates an extremity c-arm. Locate adjacent to the Cast Stations.
- 6. Viewing Room, Picture Archiving and Communication System (PACS) (XVC01) 100 NSF**
- a. Provide one if [number of Cast Stations] is at least two
Locate adjacent to the Cast Stations.
- 7. Storage, Plaster (SRS01) 100 NSF**
- a. Provide one if [number of Cast Stations] is at least two
- 8. Storage, Splint, Crutches and Orthotics (SRCS1) 100 NSF**
- a. Provide one

- | | |
|---|---------------|
| 9. Alcove, Ice Machine (ICE01) | 15 NSF |
| a. Provide one | |
| 10. Alcove, Wheelchair (SRLW1) | 15 NSF |
| a. Provide one | |
| b. Provide an additional one for every increment of sixteen [Total number of Orthopedic, Podiatry, Chiropractic Rooms] greater than sixteen | |

5.4. FA4: ORTHOPEDICS, PODIATRY AND CHIROPRACTIC STAFF AND ADMINISTRATION.

If additional administrative spaces other than those listed in this Functional Area are required to support patient care, consider adding shared offices or cubicles, and include comments with justification in the PFD. Refer to Chapter 210: General Administration for administrative space criteria.

- | | |
|---|----------------|
| 1. Office, Orthopedics Supervisor (OFA04) | 100 NSF |
| a. Provide one | |
| 2. Office, Podiatry Supervisor (OFA04) | 100 NSF |
| a. Provide one | |
| 3. Office, Chiropractic Supervisor (OFA04) | 100 NSF |
| a. Provide one | |
| 4. Team Workroom (WKTm1) | 380 NSF |
| a. Provide one | |
| b. Provide an additional one for every increment of eight [Exam Room, Orthopedic (EXRG1)], [Exam Room, Podiatry (EXP01)], [Chiropractic Treatment Room (PTBT1)], [Spinal Decompression Room (PTBT1)], [Massage Therapy Room (PTBT1)] greater than eight | |

Accommodates two providers and one RN work spaces at 50 NSF each, four LPN work spaces and two shared hot desks for techs/medics at 30 NSF each, and a collaboration area. Adjust the size based on the number of providers and support staff on the team. The planner must determine whether each type of specialty will have a dedicated team workroom or if specialties with fewer staff members can be combined in one team workroom with other specialty staff.

- | | |
|--|----------------|
| 5. Storage, Patient Records (FILE1) | 100 NSF |
| a. Provide one if [How many hard copy records are projected to be stored in the Orthopedic, Podiatry and Chiropractic clinic area?] is at least 3804 | |

- b. Provide an additional 8 NSF for every increment of 317 [How many hard copy records are projected to be stored in the Orthopedic, Podiatry and Chiropractic clinic area?] greater than 3804

6. Copy / Office Supply (RPR01)

50 NSF

- a. Provide one

Planner must determine the availability and the volume of use of each Copy /Office Supply space within the specific service or the facility in order to share the function and optimize the space requirement for copy areas.

SECTION 6: PROGRAM DATA REQUIRED: PM&R AND SPORTS MEDICINE

6.1. INPUT DATA STATEMENTS. Input Data Statements are based on questions about Workload (W), Mission (M), Staffing (S) and Miscellaneous (Misc) information.

1. How many annual in-person Physical Medicine and Rehabilitation (PM&R) encounters are projected? (W)
2. How many annual Electromyography (EMG) encounters are projected to support PM&R? (W)
3. How many annual in-person Sports Medicine encounters are projected? (W)
4. How many annual Sports Medicine Treatment Station encounters are projected? (W)
5. Is a Rehabilitation Gym projected to support PM&R and Sports Medicine? (M)
6. Is a Performance Diagnostics Room projected to support PM&R and Sports Medicine? (M)
7. How many hard copy records are projected to be stored in the PM&R and Sports Medicine clinic area? (Misc)
8. Is an Aquatic Therapy service projected to support PM&R and Sports Medicine? (M)

6.2 COMPUTED STATEMENTS.

1. PM&R Exam Average Length of Encounter (ALOE) in Hours (Computed) (Default: .75)
2. Sports Medicine Exam Average Length of Encounter (ALOE) in Hours (Computed) (Default: .75)
3. Electromyography (EMG) Testing Average Length of Encounter (ALOE) in Hours (Computed) (Default: 1.5)
4. Sports Medicine Treatment Station Average Length of Encounter (ALOE) in Hours (Computed) (Default: .50)
5. PM&R Exam Room Workload Capacity (Computed) (Default: ([Room Utilization Factor] x [Patient care hours per year]) / [PM&R Exam Average Length of Encounter (ALOE) in Hours])
6. Calculated number of PM&R Exam rooms based on workload (Computed) (Default: Round Up From (.5, [How many annual in-person Physical Medicine and Rehabilitation (PM&R) encounters are projected?] / [PM&R Exam Room Workload Capacity]))
7. Sports Medicine Exam Room Workload Capacity (Computed) (Default: ([Room Utilization Factor] x [Patient care hours per year]) / [Sports Medicine Exam Average Length of Encounter (ALOE) in Hours])
8. Calculated number of Sports Medicine Exam rooms based on workload (Computed) (Default: Round Up From (.5, [How many annual in-person Sports Medicine encounters are projected?] / [Sports Medicine Exam Room Workload Capacity]))
9. Electromyography (EMG) Testing Workload Capacity (Computed) (Default: ([Room Utilization Factor] x [Patient care hours per year]) / [Electromyography (EMG) Testing Average Length of Encounter (ALOE) in Hours])
10. Calculated number of Electromyography (EMG) Testing rooms based on workload (Computed) (Default: Round Up From (.5, [How many annual Electromyography (EMG)

encounters are projected to support PM&R?] / [Electromyography (EMG) Testing Workload Capacity]))

11. Sports Medicine Treatment Station Workload Capacity (Computed) (Default: ([Room Utilization Factor] x [Patient care hours per year]) / [Sports Medicine Treatment Station Average Length of Encounter (ALOE) in Hours])
12. Calculated number of Sports Medicine Treatment Stations based on workload (Computed) (Default: Round Up From (.5, [How many annual Sports Medicine Treatment Station encounters are projected?] / [Sports Medicine Treatment Station Workload Capacity]))
13. Total number of PM&R and Sports Medicine rooms (Computed) (Default: [Exam Room, PM&R (PTPR1)], [Exam Room, Sports Medicine (EXRG1)], [Exam Sports Medicine, Airborne Infection Isolation (AII) (EXRG6)], [Exam, Telehealth (EXTH1)], [Electromyography (EMG) Testing (PTEM1)], [Sports Medicine Treatment, Multi-Station (PTTC1)], [Performance Diagnostics Room (PTES1)])

6.3. SHORTCUTS.

1. number of PM&R Exam rooms: [Calculated number of PM&R Exam rooms based on workload]
2. number of Sports Medicine Exam rooms: [Calculated number of Sports Medicine Exam rooms based on workload]
3. number of Electromyography (EMG) Testing rooms: [Calculated number of Electromyography (EMG) Testing rooms based on workload]
4. number of Sports Medicine Treatment Stations: [Calculated number of Sports Medicine Treatment Stations based on workload]

SECTION 7: SPACE PLANNING CRITERIA: PM&R AND SPORTS MEDICINE

For calculation of the number of building support spaces (Vestibules, Lobbies, Vending Machine areas, Multi-fixture Public and Staff Toilets, Staff Lounges and Locker Rooms, Conference Rooms, Security Services, Communication Closets, and Janitor Closets), please refer to Chapter 610: Common Areas.

7.1. FA1: PM&R AND SPORTS MEDICINE RECEPTION.

- 1. Waiting (WRC01) 120 NSF**
 - a. Provide one
 - b. Provide an additional 64 NSF for every increment of two [Total number of PM&R and Sports Medicine rooms] greater than four
- 2. Kiosk, Patient Check-in (CLSC1) 15 NSF**
 - a. Provide one
 - b. Provide an additional one for every increment of eight [Total number of PM&R and Sports Medicine rooms] greater than sixteen
- 3. Reception (RECP1) 100 NSF**
 - a. Provide one
 - b. Provide an additional 50 NSF for every increment of eight [Total number of PM&R and Sports Medicine rooms] greater than sixteen

Allocated NSF accommodates two FTEs.

7.2. FA2: PM&R AND SPORTS MEDICINE PATIENT AREA.

- 1. Exam Room, PM&R (PTPR1) 150 NSF**
 - a. Provide one per each [number of PM&R Exam rooms]
- 2. Exam Room, Sports Medicine (EXRG1) 120 NSF**
 - a. Provide one per each [number of Sports Medicine Exam rooms]
 - b. Deduct the total number of [Exam Sports Medicine, Airborne Infection Isolation (AII) (EXRG6)], [Exam, Telehealth (EXTH1)]

The planner must assess the requirement for a Bariatric Exam room (EXB01) based on the population served at the MTF. If a Bariatric Exam room is programmed, it will be included as one of the total number of calculated Sports Medicine exam rooms (EXRG1s) and may be shared with PM&R. Also program a Bariatric Toilet (TLTB1) to replace one Patient Toilet in the Exam Patient Area.

- 3. Exam Sports Medicine, Airborne Infection Isolation (AII) (EXRG6) 140 NSF**

- a. Provide one
- b. Provide an additional one for every increment of sixteen [number of Sports Medicine Exam rooms] greater than sixteen

The number of Airborne Infection Isolation (AII) Exam Rooms shall be determined by the Infection Control Risk Assessment (ICRA), which shall be conducted during the early planning phase of the project. This room is part of the total number of workload driven Sports Medicine exam rooms and is intended to be utilized by PM&R as needed.

4. Toilet, Airborne Infection Isolation (AII) (TLTU1) 60 NSF

- a. Provide one per each [Exam Sports Medicine, Airborne Infection Isolation (AII) (EXRG6)]

5. Exam, Telehealth (EXTH1) 120 NSF

- a. Provide one

This room is part of the total number of workload driven Sports Medicine exam rooms and is intended to be shared with PM&R as needed.

6. Electromyography (EMG) Testing (PTEM1) 120 NSF

- a. Provide one per each [number of Electromyography (EMG) Testing rooms]

7. Gymnasium, Rehabilitation (PTEA1) 480 NSF

- a. Provide one if [Is a Rehabilitation Gym projected to support PM&R and Sports Medicine?] and [Exam Room, PM&R (PTPR1)], [Electromyography (EMG) Testing (PTEM1)], [Exam Room, Sports Medicine (EXRG1)], [Sports Medicine Treatment, Multi-Station (PTTC1)] is at least four

Allocated NSF provides space for a gym focused on functional training rather than traditional weight machines. Space also included for large half-rack systems, cable pull machines, pull-up bars, dip machines, and TRX suspension systems.

8. Gait Lab (PTGL1) 180 NSF

- a. Provide one if [Gymnasium, Rehabilitation (PTEA1)] is at least one

9. Sports Medicine Treatment, Multi-Station (PTTC1) 240 NSF

- a. Provide one if [number of Sports Medicine Treatment Stations] is at least one
- b. Provide an additional 120 NSF for every increment of one [number of Sports Medicine Treatment Stations] greater than two

Minimum NSF accommodates two treatment stations. The planner must assess the requirement for a Private Treatment room (PTPR1) based on the population served at the MTF. If a Private Treatment Room is programmed, it will be included as one of the total number of calculated Sports Medicine Treatment Stations and sized at 150 NSF.

10. Workstation, Sports Medicine Technician (PTCW1) 30 NSF

- a. Provide one if [number of Sports Medicine Treatment Stations] is at least three
- b. Provide an additional one for every increment of three [number of Sports Medicine Treatment Stations] greater than three

Accommodates the Sports Medicine Technician(s) who supports the Sports Medicine Treatment stations area.

11. Performance Diagnostics Room (PTES1) 240 NSF

- a. Provide one if [Is a Performance Diagnostics Room projected to support PM&R and Sports Medicine?]

Allocated NSF provides multi-station space for functional movement and balance testing.

7.3. FA3: PM&R AND SPORTS MEDICINE SUPPORT.

1. Utility Room, Clean (UCCL1) 100 NSF

- a. Provide one
- b. Provide an additional one for every increment of eight [Total number of PM&R and Sports Medicine rooms] greater than eight

2. Utility Room, Soiled (USCL1) 90 NSF

- a. Provide one
- b. Provide an additional one for every increment of sixteen [Total number of PM&R and Sports Medicine rooms] greater than sixteen

3. Storage, Equipment (SRSE1) 100 NSF

- a. Provide one
- b. Provide an additional one for every increment of eight [Total number of PM&R and Sports Medicine rooms] greater than eight

4. Alcove, Mobile Radiographic Unit (XRM01) 30 NSF

- a. Provide one if [Total number of PM&R and Sports Medicine rooms] is at least four

5. Treatment Support (PTTS1) 50 NSF

- a. Provide one if [Total number of PM&R and Sports Medicine rooms] is at least four
- Accommodates space for sink, countertop and hydrocollator unit.

6. Alcove, Ice Machine (ICE01) 15 NSF

- a. Provide one if [Total number of PM&R and Sports Medicine rooms] is at least four

7. Alcove, Wheelchair (SRLW1) 15 NSF

- a. Provide one

- b. Provide an additional one for every increment of sixteen [Total number of PM&R and Sports Medicine rooms] greater than sixteen

7.4. FA4: PM&R AND SPORTS MEDICINE STAFF AND ADMINISTRATION.

If additional administrative spaces other than those listed in this Functional Area are required to support patient care, consider adding shared offices or cubicles, and include comments with justification in the PFD. Refer to Chapter 210: General Administration for administrative space criteria.

1. Office, PM&R Supervisor (OFA04) 100 NSF

- a. Provide one

2. Office, Sports Medicine Supervisor (OFA04) 100 NSF

- a. Provide one

3. Team Workroom (WKTm1) 380 NSF

- a. Provide one
- b. Provide an additional one for every increment of eight [Exam Room, PM&R (PTPR1)], [Exam Room, Sports Medicine (EXRG1)] greater than eight

Accommodates two providers and one RN work spaces at 50 NSF each, four LPN work spaces and two shared hot desks for techs/medics at 30 NSF each, and a collaboration area. Adjust the size based on the number of providers and support staff on the team. The planner must determine whether each type of specialty will have a dedicated team workroom or if specialties with fewer staff members can be combined in one team workroom with other specialty staff.

4. Storage, Patient Records (FILE1) 50 NSF

- a. Provide one if [How many hard copy records are projected to be stored in the PM&R and Sports Medicine clinic area?] is at least 3,804

5. Copy / Office Supply (RPR01) 50 NSF

- a. Provide one

Planner must determine the availability and the volume of use of each Copy /Office Supply space within the specific service or the facility in order to share the function and optimize the space requirement for copy areas.

7.5. FA5: PM&R AND SPORTS MEDICINE AQUATIC THERAPY.

FA Condition: [Is an Aquatic Therapy service projected to support PM&R and Sports Medicine?] and [Total number of PM&R and Sports Medicine rooms] is at least one

1. Aquatic Therapy Pool (PTAP1) 500 NSF

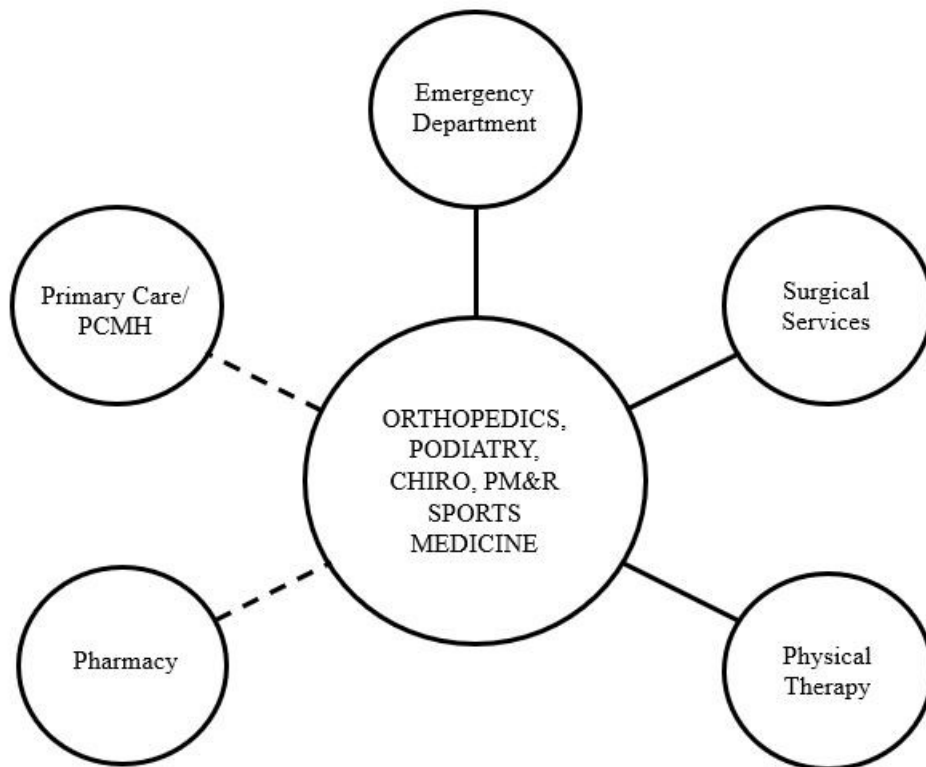
- a. Provide one

Allocated NSF accommodates up to 10 patients performing therapeutic exercises.

2. Team Workroom (WKTm1)	100 NSF
a. Provide one	
3. Locker / Changing, Aquatic Therapy, Male (LR002)	100 NSF
a. Provide one	
4. Locker / Changing, Aquatic Therapy, Female (LR002)	100 NSF
a. Provide one	
5. Toilet / Shower, Aquatic Therapy, Male (TLTS2)	60 NSF
a. Provide one	
6. Toilet / Shower, Aquatic Therapy, Female (TLTS2)	60 NSF
a. Provide one	
7. Alcove, Clean Linen (LCCL3)	15 NSF
a. Provide one	
8. Alcove, Soiled Linen (LCSL3)	15 NSF
a. Provide one	
9. Storage, Pool Equipment (SRSE1)	100 NSF
a. Provide one	
10. Storage, Pool Chemicals (SRHM1)	40 NSF
a. Provide one	
11. Pump Room, Pool (MECH1)	120 NSF
a. Provide one	

SECTION 8: FUNCTIONAL RELATIONSHIPS (INTERDEPARTMENTAL)

The Orthopedics, Podiatry, Chiropractic, PM&R and Sports Medicine services will rely on a number of other services in the MTF for patient care and support functions. The diagram below represents desirable relationships based on efficiency and functional considerations.



LEGEND

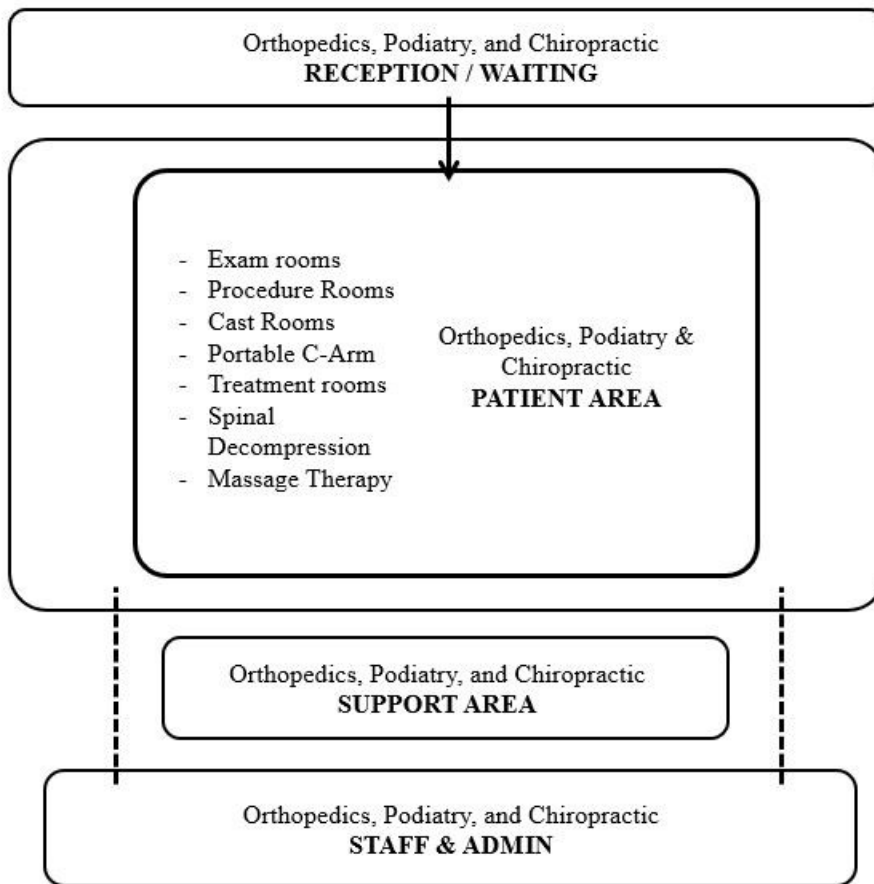
- Most Critical Adjacency
- - - -** Less Critical Adjacency

ORTHOPEDICS, PODIATRY, CHIRO, PM&R AND SPORTS MEDICINE

SECTION 9: FUNCTIONAL DIAGRAMS (INTRADEPARTMENTAL)

Functional Diagrams show the relationship of each functional area to the whole department. In some instances, it shows important spaces within a functional area and how staff and patients may flow through the department. This diagram is not intended to serve as a “bubble diagram” that the planner / designer will create for an individual project. Size and shapes of spaces do not reflect actual configuration or square footage of spaces / rooms.

9.1. FUNCTIONAL DIAGRAM: ORTHOPEDICS, PODIATRY, PM&R AND CHIROPRACTIC.

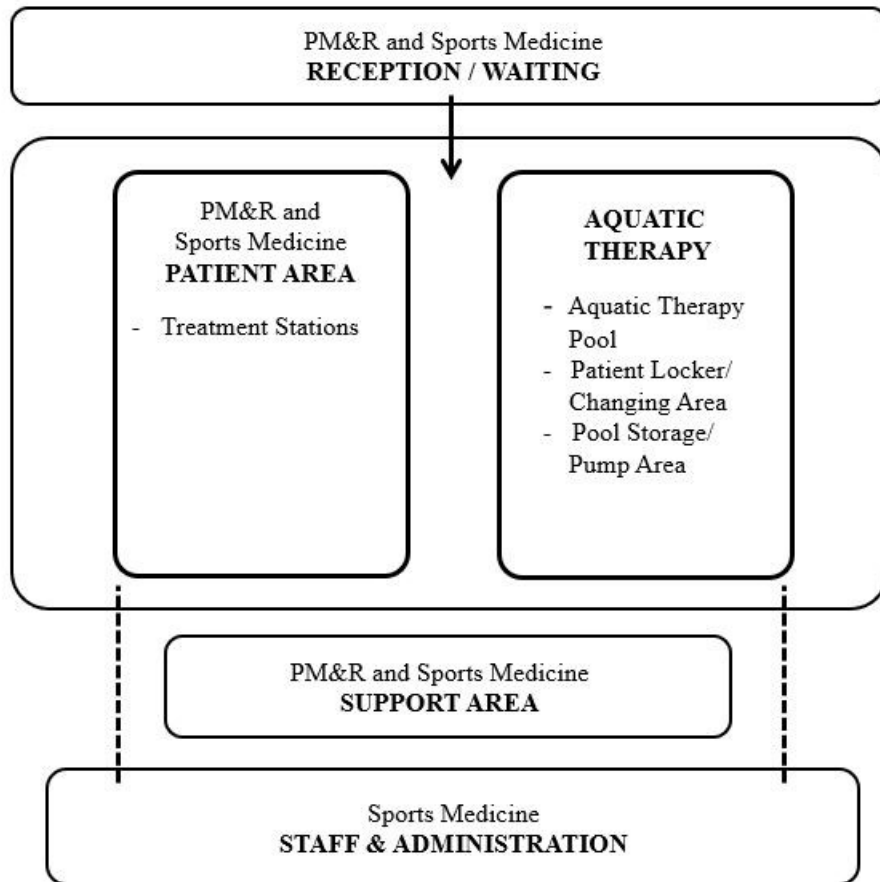


LEGEND

- >** Patient Circulation
- - - - -** Staff Circulation

ORTHOPEDICS, PODIATRY, CHIRO

9.2. FUNCTIONAL DIAGRAM: PM&R AND SPORTS MEDICINE.



PM&R AND SPORTS MEDICINE

GLOSSARY

Accommodative orthotic: An orthotic device that is usually made of soft or semi-rigid material used to cushion or support the foot in neutral position.

Airborne Infection Isolation (AII) Room: Formerly called negative pressure isolation room, an AII Room is a single-occupancy patient-care room used to isolate persons with certain suspected or confirmed infections. Examples are tuberculosis, measles, and chicken pox. Environmental factors are controlled in AII Rooms to minimize the transmission of infectious agents that are usually spread from person-to-person by droplet nuclei associated with coughing or aerosolization of contaminated fluids.

Ambulatory Care Center: A Medical Treatment Facility (MTF) providing outpatient care services in both a freestanding building, as well as within or directly adjacent to an MTF that provides inpatient care services.

Aquatic Therapy: Aquatic Therapy or Pool Therapy is physical therapy that is performed in the water. Aquatic therapy uses the resistance of water instead of weights. It aims to rehabilitate patients after injury or those with chronic illness, avoiding the amount of weight placed on the joints by exercise outside the water.

Average Length of Encounter (ALOE): In these space criteria, an encounter is defined as a face-to-face professional contact between a patient and a provider vested with responsibility for diagnosing, evaluating, and treating the patient's condition. The Length of Encounter is the time between set-up and clean-up of the Exam / Treatment Room. The Average Length of Encounter is used to capture variations in Length of Encounter among similar clinical encounters that will take place in an Exam Room.

Bariatrics: Bariatrics is the branch of medicine that deals with the causes, prevention, and treatment of obesity. A bariatric patient is one that is severely obese, overweight by 100 to 200 lbs., or having a body weight of greater than 300 lbs. A Body Mass Index (BMI) of greater than 40 is considered bariatric.

Bariatric Exam Room: This room is sized and equipped to accommodate the bariatric patient and their family member(s). It is sized for easier access. Minimum door width should be 4' to accommodate bariatric wheelchairs, and a minimum of a 6' turning radius should be provided. When provided, these rooms should be located towards the front (entrance) of the Patient Exam and Treatment areas.

Bariatric Patient Toilet: This space is the bathroom for the bariatric patient. Planner should refer to the FGI Guidelines for the preferred bariatric design solutions for this room. This bathroom should be located proximate to the Bariatric Patient Exam / Treatment Room; however, it is not solely dedicated to the bariatric patient. It may be used by other patients for added flexibility.

C-Arm: The name given to specialized x-ray imaging machines, due to their special arced semi-circular design. They provide real-time detailed viewing of anatomic structures using fluoroscopic imaging and/or injectable dye. They can be small and portable.

Chiropractor: A licensed primary health-care provider that may diagnose all conditions of the human body by physical examination, x-ray, MRI, blood tests or any other diagnostic testing as taught in chiropractic colleges and universities. They may treat by manipulation, diet, exercise, rehabilitation, nutrition, acupuncture and physical modalities such as traction, electrical stimulation, ultrasound, soft tissue techniques and laser. They may work as part of a team with the patient's family physician, surgeon or other healthcare specialist to best resolve the patient's problem.

Clean Utility Room: This room is used for the storage and holding of clean and sterile supplies. Clean linen may be stored in a designated area in the clean utility room if space is not provided in a separate room or in an alcove.

Electromyography (EMG): An electromyogram (EMG) measures the electrical activity of muscles at rest and during contraction. EMG is used as a diagnostics tool for identifying neuromuscular diseases, assessing low-back pain, kinesiology, and disorders of motor control. EMG signals are also used as a control signal for prosthetic devices such as prosthetic hands, arms, and lower limbs.

Encounter: A contact between an eligible beneficiary and a credentialed provider. An encounter may consist of examination, diagnosis, treatment, evaluation, consultation or counseling or a combination of the above. The encounter will take place in an exam room, or in other treatment or observation areas. Encounter volume used to generate exam room or other workload driven rooms will not include telephone encounters.

Full-Time Equivalent (FTE): A staffing parameter equal to the amount of time assigned to one full time employee. It may be composed of several part-time employees whose total time commitment equals that of a full-time employee. One FTE equals a 40-hour a week workload. The FTE measure may also be used for specific workload staffing parameters such as a clinical FTE; the amount of time assigned to an employee providing clinical care. For example, a 0.5 clinical FTE for a healthcare worker would indicate that the healthcare worker provides clinical care half of the time per a 40-hour work week.

Functional Area: The grouping of rooms and spaces based on their function within a service. Typical Functional Areas in clinical services are Reception, Patient Exam and Treatment Area, Clinic Support, Staff and Administration.

Functional Orthotic: An orthotic that is made of firmer material, such as plastic and is designed to realign the foot and body in accordance with optimal range of motion and flexibility; these include in-shoe devices that control, guide, or limit the motion of joints and muscles in the foot and ankle.

Gait Lab: A Gait Lab offers gait analysis testing. This test analyzes how a patient walks and identifies any abnormal walking patterns. The test has several components. All of this information provides a comprehensive picture of the various factors contributing to the gait disorder. State-of-the-art instruments such as advanced video recording techniques and 3-D motion capture technology may be used to analyze a patient's body movement and muscle activity while walking.

Hours of Operation per Day: These are the hours of operation within a department, or a facility. For example, a hospital nursing unit and an emergency department will operate 24 hours per day; whereas a clinic or an ambulatory care center may be operational 8 hours or more.

Infection Control Risk Assessment (ICRA): An ICRA is a multidisciplinary, organizational, documented process that considers the medical facility's patient population and mission to reduce the risk of infection based on knowledge about infection, infectious agents, and the care environment, permitting the facility to anticipate potential impact.

Input Data Statement: A set of questions designed to elicit information about the healthcare project in order to create a Program for Design (PFD) (see definition below) based on the space criteria parameters (refer to Section 5 and 7) set forth in this document. Input Data Statements are defined as Mission, Workload, Staffing or Miscellaneous.

Net-to-Department Gross Factor (NTDG): A parameter used to calculate the Department Gross Square Foot (DGSF) area based on the programmed Net Square Foot (NSF) area. Refer to Section 3.

Net Square Feet (NSF): The area of a room or space derived by multiplying measurements of the room or space taken from the inside surface of one wall to the inside surface of the opposite wall.

Office, Private: A single occupancy office provided for an FTE Tier 1 Supervisor who per DHA guidance, typically oversees 7-10 staff members and performs supervisory functions at least 50% of the time, or other FTE positions that directly interacts with patients for 50% or more of their work day, or require a private room for confidentiality based on their job duties. Union documents must specifically state that a specific FTE is required to have a private space.

Office, Shared: An office that accommodates two workstations for FTE positions who do not meet the requirement for a private, single office, but do require a quiet work environment that reduces distractions and promotes concentration.

Operating Days per Year: The number of days per calendar year a facility is operational for patient care.

Orthopedics: The branch of surgery that is broadly concerned with the skeletal system. Orthopedic specialists care for a variety of diseases and injuries to bones, muscles, tendons,

ligaments, and related tissues, using the latest surgical, arthroscopic, and radiology techniques to get people moving again by repairing, reconstructing, and relieving pain.

Orthotics: An orthotic is a foot-supporting device also known as a custom insole. Foot orthotics support, correct and accommodate the bones, tendons, ligaments, and plantar fascia band in each foot.

Orthotics Lab: Where the fabrication of custom foot orthotics, shoe modifications and professionally fit shoes for optimal fit, function and performance takes place.

Performance Diagnostics: Performance diagnostics combined with an extensive sports medical examination is a key component of sports medicine. The goal is the exact specification of the individual's physical capacity. This helps the patient return to their full physical performance level post injury and allows for proper training to prevent new or repetitive further injuries,

Physical Medicine and Rehabilitation (PM&R): Also called physiatry, is the branch of medicine emphasizing the prevention, diagnosis, and treatment of disorders – particularly related to the nerves, muscles, and bones that may produce temporary or permanent impairment. Rehabilitation physicians have completed training in PM&R and are sometimes referred to as PM&R physicians or physiatrists.

Picture Archiving and Communication System (PACS) Viewing Room: A digital radiology reading room that consists of workstations for interpretation.

Podiatry: Branch of medicine devoted to the study of, diagnosis and medical treatment of disorders of the foot, ankle, and lower extremity.

Program for Design (PFD): A listing of all of the rooms / spaces generated based on answers to the Input Data Statements (see Section 4 and 6) and the space planning criteria outlined in this document (Section 5 and 7) in SEPS. The list is organized by Functional Area and includes the Room Quantity, Room Code, Room Name and generated Net Square Feet (NSF), Construction Phase and Construction Type.

Project Room Contents (PRC): A listing of the assigned contents (medical equipment, FF&E, etc.) for each room in a PFD generated by SEPS.

Prosthetic: An artificial substitute for a missing part of the body of humans, for the purpose of this Chapter, the prosthetic is one that replaces an extremity part, or the total extremity.

Provider: A medical professional, such as a physician, nurse practitioner, or physician assistant, who examines, diagnoses, treats, prescribes medications, and manages the care of patients within the scope of their practice as established by the governing body of a healthcare organization.

Room Utilization Factor: The percentage of time that a room is in use to the time it could be in use over the course of a year. This factor provides flexibility to accommodate variability caused by other resources and processes involved in patient encounters. Smaller clinics should assume a lower utilization factor than larger clinics, because operational issues like provider and support staff absences and seasonal demand fluctuations have more significant impacts on patient scheduling.

Space and Equipment Planning System (SEPS): A digital tool developed by the Department of Defense (DoD) and the Department of Veterans Affairs to generate a Program for Design (PFD) and a Project Room Contents list (PRC) for a DoD healthcare project based on approved Space Planning Criteria, the chapter and specific project-related Mission, Workload and Staffing information entered in response to the Program Data Required - Input Data Statements (IDSs).

Shortcuts: Shortcuts can be used by criteria managers to make the space criteria document more readable. They are used to replace any part of a condition with more readable text.

Soiled Utility Room: This space provides an area for cleanup of medical equipment and instruments, and for disposal of medical waste material. It provides temporary holding for material that will be picked up by Sterile Processing or Environmental Services.

Sports Medicine: Sports Medicine is the study and practice of medical principles related to the science of sports, particularly in the areas of Sports Injury Diagnosis and Treatment, Sports Injury Prevention, and Sports Training and Athletic Performance, including: Exercises and Workouts, Sports Nutrition and Sports Psychology.

Spinal Decompression: Spinal decompression is the release of pressure on the spinal cord or nerve roots. Non-surgical spinal decompression therapy is a noninvasive form of spine rehabilitation that is similar to traction therapy. This therapy, which requires daily treatment over the course of about a month, plus ongoing maintenance treatments in some cases, uses pressure and positioning to get the injured disc to slip back into its normal position. Therapy is performed on a special decompression table, and other chiropractic treatments, such as heat therapy and electric stimulation, are often simultaneously used.

Team Workroom: This space provides staff with an environment conducive to collaboration. The workroom contains touchdown computer workstations for documentation and a table with chairs to hold meetings.

Telehealth: The use of technology, such as computers and mobile devices, to manage healthcare remotely. It includes a variety of health care services, including but not limited to online support groups, online health information and self-management tools, email and online communication with health care providers, remote monitoring of vital signs, video or online doctor visits. Usually, the telehealth room should be equipped as an exam room or as a consult room with mobile video / camera capability to support transmission of patient information to a remote receiving location.

Unit Dose: A medication that is purchased or re-packaged in unit-of-use format, typically utilizing barcode technology to facilitate medication management. Unit dose medications can be dispensed directly to patients.

Workload: Space Planning Criteria per DHA Policy takes projected workload into account. In-person patient encounter projections divided by the throughput range included in this document for each exam room assists planners with estimating the quantity of rooms needed to satisfy the projected workload demand.