

DOD SPACE PLANNING CRITERIA

Chapter 390: Physical Therapy July 1, 2017

Originating Component:	Defense Health Agency Facilities Division
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Purpose: This issuance: To provide space planning criteria guidance in support of planning, programming and budgeting for DoD Military Health System (MHS) facilities.

SUMMARY of CHANGE

This revision, dated July 1, 2017 includes the following:

- On page 10, changed the order of rooms three and four so that Kiosk, Patient Check-in (CLSC1) is listed before Reception (RECP3) to align with the order in SEPS and is consistent with similar Functional Areas.
- On page 19, corrected section header to read "SECTION 6: FUNCTIONAL RELATIONSHIPS (Interdepartmental)"
- On page 20, corrected section header to read "SECTION 7: FUNCTIONAL DIAGRAM (Intradepartmental)"

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SECTION 1: PURPOSE AND SCOPE

1.1. PURPOSE AND SCOPE This chapter outlines space planning criteria for physical therapy services and programs within the Military Health System (MHS).

This chapter was developed with the assumption that these spaces could accommodate both inpatients and outpatients.

Outpatient physical therapy can be provided in freestanding community-based facilities, as well as ambulatory clinics in or directly adjacent to hospital-based services.

Inpatient physical therapy can be performed in the hospital at the bedside in the patient's private room. The therapist may take the patient outside of the room to instruct in walking, or to practice balance maneuvers or stair training in preparation for returning home. Sometimes inpatient physical therapy is provided in a small inpatient rehabilitation gym that is located on or near the inpatient nursing unit. Space is included in this chapter for this small gym. As well, inpatients could receive physical therapy in an outpatient setting that is directly adjacent to or collocated with the hospital.

It is important for the planner to be aware that physical therapy and occupational therapy are often collocated as part of a more comprehensive multidisciplinary rehabilitation clinic in order to offer patients a variety of services to help them regain maximum function after illness or injury. Space planning criteria for occupational therapy is provided in Chapter 380. Additionally, it is important to understand that physical therapy is an important part of many sports injury treatment plans. The planner must be aware that DoD Chapter 312: Orthopedics, Podiatry, Chiropractic and Sports Medicine Clinic provides spaces for physical therapy and aquatic therapy related to sports medicine. The planner shall not duplicate spaces for aquatic therapy in both the PT and Sports Medicine.

The space planning criteria in this chapter apply to all Military Treatment Facilities (MTFs) and are based on current DoD policies and directives, established and/or anticipated best practices, industry guidelines and standards, and input from DoD Subject Matter Experts (SME) and Defense Health Agency (DHA) Service contacts. 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 DoD UFC 4-510-01, Appendix B.

SECTION 2: OPERATING RATIONALE AND BASIS OF CRITERIA

2.1. OPERATING RATIONALE AND BASIS OF CRITERIA.

A. Workload projections and planned services / modalities for a specific MHS facility project shall be sought by the planner in order to develop a project based on these Criteria. Healthcare and clinical planners working on military hospitals, medical centers and clinics shall utilize and apply the workload based criteria set forth herein for identified services and modalities to determine space requirements for the project.

B. Space planning criteria have been developed on the basis of an understanding of the activities involved in the functional areas required for the Physical Therapy Clinic 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.

C. These criteria are subject to modification relative to equipment, medical practice, vendor requirements, and subsequent planning and design. The final selection of the size and type of medical equipment is determined during the design process.

D. Calculation of the number and -in some cases- the area (NSF) of rooms is performed in one of the following methods:

- 1. Directly workload-driven
- 2. Indirectly workload-driven
- 3. Mission or Staffing-driven

The directly workload-driven rooms are based on workload projections entered in response to the Workload Input Data Statements (IDSs) in included in Section 4. The directly workload driven rooms in this chapter is Number of PT Training Treatment Stations, this includes the PT Training Multi-Stations.

The indirectly workload-driven rooms are derived from the preceding group. They are typically in the Reception and Support Functional Areas. Examples are Waiting, or the number of clean or soiled utility rooms.

The mission / staffing-driven rooms are created based on Boolean 'yes/no' or numeric responses to the Mission and Staffing Input Data Statements (IDSs).

E. The Net Square Feet (NSF) and Room Code (RC) for each room in Section 4: Space Planning Criteria of this chapter was provided by or approved by the Defense Health Agency (DHA) Template Board.

F. Section 4: Input Data Statements and Section 3: Space Planning Criteria have been implemented and tested in the Space and Equipment Planning System (SEPS). To gain access to SEPS planner should contact a Defense Health Agency (DHA) representative; access to SEPS is provided via a 16-hour hands-on training session.

G. Calculation of each of the directly workload-driven room types is implemented in SEPS based on the following formulae:

Formula 1: Annual Room Workload Capacity

(Operating Days per year)(Hours of Operation per Day) Average Length of Encounter (ALOE) in Minutes ÷ 60 Minutes (Utilization Factor)

Where:

- a. Operating Days per Year is a fixed value: 240 days
- b. Hours of Operation per Day is a fixed value: 8 hours
- c. Average Length of Encounter (ALOE) is a fixed value: 25 minutes

Formula 2: Project-Based Annual Room Workload Capacity:

(Annual Room Workload Capcity)(Utilization Factor)

Where:

1. Utilization Factor is a fixed value: 0.80 (80%); SEPS default: 0.80 (80%)

Typically, a workload value 20% above the Project-based Annual Room Workload Capacity generates an additional Room.

Formula 3: Number of directly workload-driven rooms:

(Number of Projected Anual Encounters) (Project – Based Anual Workload Capacity)

Example: Calculation of the number of PT Training Treatment Stations is based on the following fixed parameters

- 1. Operating Days per Year: 240
- 2. Hours of Operation per Day: 8
- 3. Average Length of Encounter: 25 minutes
- 4. Utilization Factor: 80%
- 5. Projected workload: 14,250 annual PT Training Treatment Station encounters

Step 1: PT Training Treatment Station Workload Capacity calculation.

$$\frac{(240)(8)}{\frac{25}{60}} = 4,608$$
 Encounters

Step 2: Project-based PT Training Treatment Station Workload Capacity calculation.

(4,608)(0.80) = 3,686 Encounters

Step 3: Number of PC / FM Exam Rooms.

 $\frac{14,250}{3,686}$ = 4 PT Training Treatment Stations

TABLE 1: WORKLOAD PARAMETER CALCULATION

PHYSICAL THERAPY				
PHYSICAL THERAPY ENCOUNTERS	AVERAGE LENGTH OF ENCOUNTER (minutes)	UTILIZATION RATE	ANNUAL WORKLOAD PER TREATMENT STATION	MINIMUM ANNUAL WORKLOAD TO GENERATE ONE STATION (20%)
PT Treatment Station	25	80%	3,686	737

TABLE 2: PHYSICAL THERAPY EXERCISE AREA CALCULATION

EQUIPMENT MODALITY	NSF
Free Weight Cart	10
Stair Climber	80
Stairmaster	40
Treadmill, Regular	40
Exercise Bicycle	20
Floor Mat	45
Mat Platform	90
Anti-Gravity Treadmill	40

SECTION 3: PROGRAM DATA REQUIRED

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

- How many annual Physical Therapy Treatment Station encounters are projected? (W)

 How many Physical Therapy Private Treatment Stations, greater than one, are authorized? (Misc)
- 2. Is a Physical Therapy Patient Classroom authorized? (M)
- 3. How many Electromyography (EMG) Testing Rooms, greater than one, are authorized? (Misc)
- 4. Is a Kinesiotherapy Room authorized? (M)a. How many Kinesiotherapy Stations, greater than one, are authorized? (Misc)
- 5. How many free weight carts (10 NSF), greater than one, are authorized in the Physical Therapy Exercise Area? (Misc)
- 6. How many stair climbers (80 NSF), greater than one, are authorized in the Physical Therapy Exercise Area? (Misc)
- 7. How many stairmasters (40 NSF), greater than one, are authorized in the Physical Therapy Exercise Area? (Misc)
- 8. How many treadmills (40 NSF), greater than one, are authorized in the Physical Therapy Exercise Area? (Misc)
- 9. How many exercise bicycles (20 NSF), greater than one, are authorized in the Physical Therapy Exercise Area? (Misc)
- 10. How many floor mats (45 NSF), greater than one, are authorized in the Physical Therapy Exercise Area? (Misc)
- 11. How many Mat Platforms (90 NSF), greater than one, are authorized in the Physical Therapy Exercise Area? (Misc)
- 12. How many Anti-Gravity Treadmills (40 NSF), greater than one, are authorized in the Physical Therapy Exercise Area? (Misc)
- 13. Is a Gait Lane and Parallel Bar Area authorized? (M)
- 14. Is an Underwater Chamber Treadmill authorized? (M)
- 15. Is an Extremity Whirlpool authorized? (M)
- 16. Is an Aquatic Therapy Pool authorized? (M)
 - a. Is a Small Aquatic Therapy Pool (500 NSF) authorized? (Misc)
 - b. Is a Medium Aquatic Therapy Pool (2,000 NSF) authorized? (Misc)
 - c. Is a Large Aquatic Therapy Pool (3,000 NSF) authorized? (Misc)
- 17. Is an Inpatient Rehabilitation Area authorized? (M)
- 18. Is a Conference Room for Physical Therapy Staff and Administration authorized? (Misc)
- 19. How many Physical Therapy FTE positions are authorized? (S)
 - a. How many Physical Therapy FTE positions are authorized to have a private office? (Misc)
 - b. How many Physical Therapy FTE positions are authorized to have a shared office? (Misc)

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- c. How many Physical Therapy FTE positions are authorized to have a cubicle? (Misc)
- d. How many Physical Therapy FTEs will work on peak shift? (Misc)
- 20. Is a Physical Therapy Education / Training program authorized? (M)
 - a. How many Physical Therapy Student FTE positions are authorized? (S)

3.2. COMPUTED.

- 1. Step 1: Primary Care / Family Medicine Annual Room Workload Capacity (Computer Calculated value; user input not applicable).
 - a. Step 2A: Primary Care / Family Medicine Clinic Project-Based Annual Room Workload Capacity without GME Program authorized (80% of Step 1) (Computer calculated value, user input not applicable).
 - b. Step 2B: Primary Care / Family Medicine Clinic Project-Based Annual Room Workload Capacity with GME Program authorized (70% of Step 1) (Computer calculated value, user input not applicable).
 - c. Total number of FTE positions not assigned a private office, a shared office or a cubicle. (Computed, no user input needed).

SECTION 4: SPACE PLANNING CRITERIA

For calculation of the number of Vending Machine areas, Public Toilets, Communication Closets, and Janitor Closets for this Chapter, please refer to DoD Space Planning Criteria Chapter 610: Common Areas

4.1. FA1: PHYSICAL THERAPY TREATMENT STATION CALCULATION.

1. Number of Physical Therapy Treatment Stations (CALC1) 0 NSF

Provide one for every increment of 3,686 annual Physical Therapy Treatment Station encounters projected; minimum annual workload to generate a Treatment Station is 737. (Refer to Table 1)

4.2. FA 2: RECEPTION.

1. Waiting (WRC03)

Minimum NSF; provide an additional 60 NSF for every increment of four calculated (refer to FA 1, Rm 1) Physical Therapy Treatment Stations greater than four.

2. Playroom (PLAY1)

Provide one for Physical Therapy.

60 NSF

120 NSF

60 NSF

This space is provided to accommodate children's play activities; may be an open or an enclosed area and should be included within or adjacent to Waiting.

3.	Kiosk, Patient Check-in (CLSC1)	30 NSF
	Provide one for Physical Therapy.	

4. Reception (RECP3)

Provide one for Physical Therapy.

4.3. FA 3: PATIENT AREA.

1. Patient Classroom (CLR01) 240 NSF

Provide one if a Physical Therapy Patient Classroom is authorized.

2. Private Treatment Room, Physical Therapy (PTPR1) 150 NSF

Minimum one; provide an additional one per each Physical Therapy Private Treatment Room authorized greater than one.

Allocated NSF provides a private, controlled environment with sufficient room for therapeutic treatment, including acupuncture, chiropractic and massage.

3. Multi-Station Treatment Room, Physical Therapy (PTTC1) 240 NSF

Minimum NSF; deduct the number of Physical Therapy Private Treatment Rooms authorized from the calculated number of Physical Therapy Treatment Stations (refer to FA 1, Room 1); provide an additional 120 NSF per each resulting Physical Therapy Treatment Station greater than two.

4. Electromyography (EMG) Testing Room (PTEM1) 120 NSF

Minimum one; provide an additional one per each Electromyography (EMG) Testing Room authorized greater than one.

5. Kinesiotherapy (PTIS1) 120 NSF

Minimum NSF if a Kinesiotherapy Station is authorized; provide an additional 90 NSF per each Kinesiotherapy Station authorized greater than one.

6. Physical Therapy Exercise Area (PTEA1) 420 NSF

Minimum NSF; provide additional NSF per each equipment modality authorized greater than one. (Refer to Table 2)

This is an open area that includes space to accommodate exercise machines (equipment modalities such as balance trainers, bicycles, bicycle ergometer, exercise system, stair master, treadmill, etc.), and this may accommodate gait analysis and stair training. Minimum allocated NSF accommodates one cart with free weights (10 NSF), one stair climber (80 NSF), one stairmaster (40 NSF), one treadmill (40 NSF), one exercise bicycle (20 NSF), one floor mat (45 NSF), one mat platform (90 NSF), and one anti-gravity treadmill (40 NSF)

7.	Gait Lane and Parallel Bar Area (PTGL1)	180 NSF
	Provide one if a Gait Lane and Parallel Bar Area authorized.	
	This therapy modality is located within the PT Exercise Area.	
8.	Treadmill, Underwater Chamber (OPTM3)	180 NSF
	Provide one if an Underwater Chamber Treadmill is authorized.	
	This treadmill is in a portable chamber as opposed to a built-in pool.	
9.	Extremity Whirlpool (PTEW1)	120 NSF
	Provide one if an Extremity Whirlpool is authorized.	
10.	Toilet, Patient (TLTU1)	60 NSF
	Minimum one; provide an additional one for every increment of eight calcula Physical Therapy Treatment Stations (refer to FA 1, Rm 1) greater than eight	
11.	Workstation, Physical Therapy Technician (PTCW1)	30 NSF
	Minimum one; provide an additional one for every increment of three calcula Physical Therapy Treatment Stations (refer to FA 1, Rm 1) greater than three	
12.	Alcove, Ice Machine (ICE01)	30 NSF
	Minimum one; provide an additional one if the total number of calculated Ph Therapy Treatment Stations (refer to FA 1, Rm 1) is greater than twelve.	ysical
13.	Physical Therapy Treatment Support (PTTS1)	60 NSF
	Minimum one; provide an additional one if the total number of calculated Ph Therapy Treatment Stations (refer to FA 1, Rm 1) greater than twelve.	ysical

14. Storage, Equipment (SRE01)	120 NSF
Minimum NSF; provide an additional 30 NSF per each calculated Physical Treatment Station (refer to FA 1, Rm 1) greater than six.	l Therapy
15. Alcove, Crash Cart (RCA01)	30 NSF
Provide one for Physical Therapy.	
16. Alcove, Portable Patient Lift (RCA02)	30 NSF
Provide one for Physical Therapy.	
17. Alcove, Clean Linen (LCCL3)	30 NSF
Provide one for Physical Therapy.	
18. Locker / Changing, Male Patient (LR002)	120 NSF
Provide one for Physical Therapy.	
19. Locker / Changing, Female Patient (LR002)	120 NSF
Provide one for Physical Therapy.	
20. Toilet / Shower, Male Patient (TLTS1)	60 NSF
Provide one for Physical Therapy.	
21. Toilet / Shower, Female Patient (TLTS1)	60 NSF
Provide one for Physical Therapy	
FA 4: SUPPORT.	
1. Utility Room, Clean (UCCL1)	120 NSF
Provide one for Physical Therapy.	
2. Utility Room, Soiled (USCL1)	90 NSF
Provide one for Physical Therapy.	
3. Alcove, Wheelchair (SRLW1)	30 NSF
Provide one for Physical Therapy.	

4.4.

4.5. FA 5: AQUATIC THERAPY.

1. Aquatic Therapy Pool, Small (PTAP1)500 NSF

Provide one if a Small Aquatic Therapy Pool is authorized.

Allocated NSF accommodates up to five patients performing therapeutic exercises.

2. Aquatic Therapy Pool, Medium (PTAP2) 2,000 NSF

Provide one if a Medium Aquatic Therapy Pool is authorized.

Allocated NSF accommodates up to 20 patients performing therapeutic exercises.

3. Aquatic Therapy Pool, Large (PTAP3)3,000 NSF

Provide one if a Large Aquatic Therapy Pool is authorized.

Allocated NSF accommodates more than 20 patients performing therapeutic exercises.

4. Team Collaboration Room (WRCH1) 120 NSF

Provide one if a small, medium or large Aquatic Therapy Pool is authorized.

5. Locker / Changing, Male Patient (LR002) 120 NSF

Minimum NSF; provide an additional 30 NSF if a medium Aquatic Therapy Pool is authorized; provide an additional 60 NSF if a large Aquatic Therapy Pool is authorized.

6. Locker / Changing, Female Patient (LR002) 120 NSF

Minimum NSF; provide an additional 30 NSF if a medium Aquatic Therapy Pool is authorized; provide an additional 60 NSF if a large Aquatic Therapy Pool is authorized.

7. Toilet / Shower, Aquatic Therapy Male Patient (TLTS1) 60 NSF

Minimum one; provide an additional one if a Medium Aquatic Therapy Pool is authorized; provide an additional two if a Large Aquatic Therapy Pool is authorized.

8. Toilet / Shower, Aquatic Therapy Female Patient (TLTS1) 60 NSF

Minimum one; provide an additional one if a Medium Aquatic Therapy Pool is authorized; provide an additional two if a Large Aquatic Therapy Pool is authorized.

60 NSF

Minimum one; provide an additional one if a Medium or Large Aquatic Therapy Pool is authorized. 10. Storage, Pool Equipment (SRSE1) **120 NSF** Minimum NSF; provide an additional 120 NSF if a Medium or Large Aquatic Therapy Pool is authorized. 11. Storage, Pool Chemicals (SRHM1) **120 NSF** Provide one if a Small, Medium or Large Aquatic Therapy Pool is authorized. 12. Pump Room, Pool (MECH1) 120 NSF Minimum NSF; provide an additional 120 NSF if a Medium or Large Aquatic Therapy Pool is authorized. 13. Alcove, Clean Linen (LCCL3) **30 NSF** Provide one if a Small, Medium or Large Aquatic Therapy Pool is authorized. 14. Alcove, Soiled Linen (LCSL3) **30 NSF** Provide one if a Small, Medium or Large Aquatic Therapy Pool is authorized. 4.6. FA 6: INPATIENT PT REHABILITATION. 1. Exercise Area (PTEA1) 360 NSF Provide one if an Inpatient PT Rehabilitation Area is authorized. 2. Gait Lane and Parallel Bar Area (PTGL1) **180 NSF** Provide one if an Inpatient PT Rehabilitation Area is authorized. 3. Workstation, Physical Therapy Technician (PTCW1) **30 NSF** Provide one if an Inpatient PT Rehabilitation Area is authorized. 4. Storage, Equipment (SRE01) **60 NSF**

9. Toilet / Shower, Staff (TLTS1)

Provide one if an Inpatient PT Rehabilitation Area is authorized.

5.	Toilet / Shower, Patient (TLTS1)	60 NSF
	Provide one if an Inpatient PT Rehabilitation Area is authorized.	
4.7. FA 7	: STAFF AND ADMINISTRATION.	
1.	Office, Department / Clinic Chief (OFA04)	120 NSF
	Provide one for Physical Therapy.	
2.	Office, NCOIC / LCPO/ LPO (OFA04)	120 NSF
	Provide one for Physical Therapy.	
3.	Office, Private (OFA04)	120 NSF
	Provide one per each Physical Therapy FTE position authorized to have office.	a private
4.	Office, Shared (OFA05)	120 NSF
	Provide one for every increment of two Physical Therapy FTE positions have a shared office.	authorized to
5.	Cubicle (OFA03)	60 NSF
	Provide one per each Physical Therapy FTE position authorized to have	a cubicle.
	These cubicles may be collocated in a shared space or dispersed as require not intended to be collocated with the Exercise Area.	ired. They are
6.	Conference Room (CRA01)	240 NSF

Minimum NSF if a Conference Room for Physical Therapy Staff and Administration is authorized; provide an additional 60 NSF if the total number of Physical Therapy FTE positions authorized is greater than ten.

Planner must determine adequacy and availability of existing Conference Room space and the ability to optimize resources by sharing Conference Room space with other departments.

7. Copy / Office Supply (RPR01)

Provide one for Physical Therapy.

O

120 NSF

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8. Lounge, Staff (SL001)

Minimum NSF if the number of Physical Therapy FTEs working on peak shift is ten; provide an additional 60 NSF for every increment of five Physical Therapy FTEs working on peak shift greater than ten; maximum 360 NSF.

Minimum one; provide an additional one for every increment of fifteen FTEs working on peak shift greater than fifteen.

10. Lockers, Personal Property (LR001)

Minimum NSF; provide an additional 30 NSF for every increment of four FTE positions not assigned a private office, shared office or cubicle greater than eight.

4.8. FA8: EDUCATION / TRAINING.

11. Office, Student Program Director (OFA04) **120 NSF**

Provide one if a Physical Therapy Education / Training program is authorized.

12. Student Collaboration Room (WKTM1)

Minimum NSF if a Physical Therapy Education / Training program is authorized; provide an additional 60 NSF per each Student FTE position authorized greater than two.

Minimum NSF accommodates two students and a collaboration/reference area.

13. Conference / Classroom (CRA01)

Provide one if the total number of Student FTE positions authorized is greater than five.

9. Toilet, Staff (TLTU1)

30 NSF

60 NSF

120 NSF

240 NSF

240 NSF

SECTION 5: PLANNING AND 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. World Class Checklist (https://facilities.health.mil/home/). Also refer to the Specific Requirements for Outpatient Rehabilitation Facilities, Design Considerations and Requirements of the FGI Guidelines for Design and Construction of Hospitals and Outpatient Facilities by the Facility Guidelines Institute (FGI Guidelines) for additional information.

5.1. NET-TO-DEPARTMENT GROSS FACTOR. The net-to-department gross factor (NTDG) for the Physical Therapy Department 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 as well as 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.

5.2. GENERAL DESIGN CONSIDERATIONS.

- a. Physical Therapy and Occupational Therapy should be collocated, as efficiencies may be achieved through the use of shared equipment, space, equipment, waiting and reception.
- b. Consider locating the PT department adjacent to the entrance nearest patient parking and/or drop-off area.

5.3. RECEPTION AREA.

- a. Consider sharing this reception and waiting area when other therapies such as occupational therapy and speech are collocated.
- b. Provide automatic opening doors at department entry doors that do not have hold-open devices. The openers allow patients to access or exit the department unassisted.

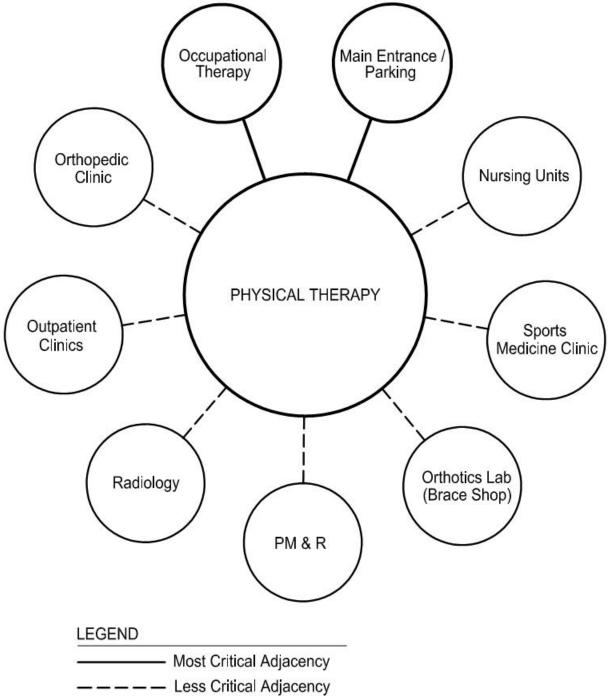
5.5. PATIENT EXAM AND TREATMENT AREAS.

- 1. Physical Therapy Treatment Stations:
 - a. A Program for Design (PFD) may provide a number of Physical Therapy Treatment Stations. Some may be semi-private, located together in a "bay"; and some may be private, located in a private treatment room.
 - b. Ideally locate the Physical Therapy Treatment stations near the gym Exercise Area along a perimeter wall.
 - c. Locate the Physical Therapy Workstations contiguous with the Treatment Stations and the Exercise Area to allow visualization of patients at all times.

- 2. Physical Therapy Exercise Area
 - a. The size of this area is heavily dependent on the number and type of equipment that will be used. The planner must work closely with the Using Military Service to determine specific requirements.
 - b. This area should be flexible and have the ability to accommodate changes in treatment equipment / modalities and patient needs.
 - c. Consider designing with minimal obstructions such as pillars and posts.
 - d. Consider full length mirrors on at least one of the walls.
 - e. Consideration should be given to providing ceiling-mounted patient lifts in the mat platform area as well as in the stair area.
 - f. Consider wall mounted television and music for patient motivation.
- 3. Aquatic Therapy
 - a. If a pool for Aquatic Therapy is required, the patient dressing area should be directly accessible to the pool without entering public or exercise areas. As well, a toilet room that is accessible without entering public or exercise areas should be provided.
 - b. Consideration should be given to adding a patient lift in this area.

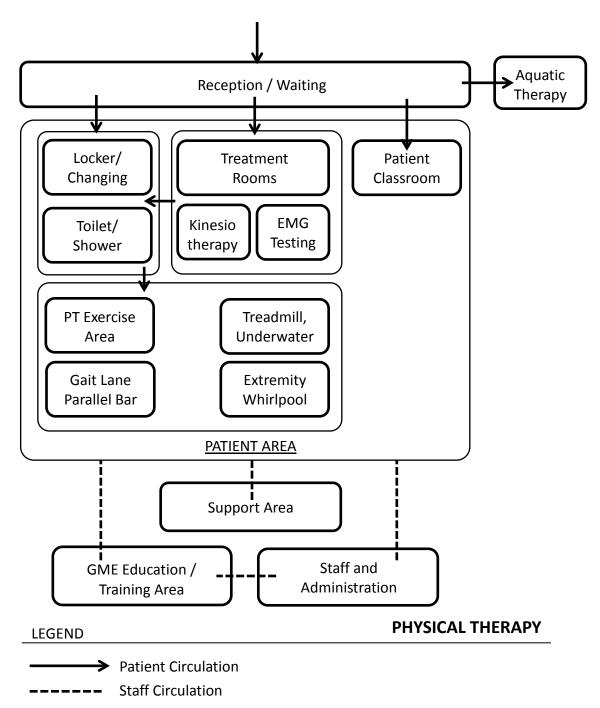
SECTION 6: FUNCTIONAL RELATIONSHIPS (INTERDEPARTMENTAL)

6.1. FUNCTIONAL RELATIONSHIPS. Physical Therapy will rely on a number of other services in a Military Treatment Facility (MTF) for patient care and support functions. The diagram below represents desirable relationships based on efficiency and functional considerations.



SECTION 7: FUNCTIONAL DIAGRAM (INTRADEPARTMENTAL)

7.1. FUNCTIONAL DIAGRAM. The diagram below illustrates intradepartmental relationships among key areas / spaces within Physical Therapy. The diagram is necessarily generic. The planner shall use this as a basis for design only and shall consider project-specific requirements for each Military Treatment Facility.



GLOSSARY

G.1. DEFINITIONS.

<u>Anti-Gravity Treadmill</u>: This is similar to a standard treadmill that's enclosed by a surrounding bubble skirt. Air pressure inside the skirt can be adjusted for the person's weight and injury type. It takes away the pressure on the joints. This is used primarily for rehabilitation of lower extremity injuries and athletic training.

<u>Authorized</u>: This document uses the term "authorized" to indicate that, during a project's space plan development, a planner shall seek approval from the appropriate official in the chain of command to activate certain spaces or certain groups of spaces. Typical components that may require authorization are certain programs or services that activate Functional Areas (e.g., GME); office spaces (e.g., FTE position); specialized rooms (e.g., Hybrid OR) or other spaces (e.g., On-Call Room). Typically, Mission, Staffing and Miscellaneous Input Data Statements require authorization, while directly and indirectly workload driven rooms / spaces do not.

<u>Aquatic Therapy</u>: 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.

<u>Average Length of Encounter (ALOE)</u>: 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 Physical Therapy Treatment Station. The Average Length of Encounter is used to capture variations in Length of Encounter among similar clinical encounters that will take place in a Physical Therapy Treatment Station.

<u>Clean Utility Room</u>: 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.

<u>Cubicle</u>: A cubicle is a partially enclosed workspace, separated from neighboring workspaces by partitions. Managers and other staff with no supervisory responsibilities as well as part-time, seasonal, and job-sharing staff may qualify for a cubicle.

<u>Electromyography (EMG)</u>: 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.

<u>Encounter</u>: 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 may take place in a clinic, by telephone, computer, or in other treatment or observation areas. Encounter volume used to generate exam room requirements should not include telephone encounters.

<u>Full-Time Equivalent (FTE)</u>: 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 per 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.

<u>Functional Area (FA)</u>: The grouping of rooms and spaces based on their function within a clinical service. Typical Functional Areas are Reception Area, Patient Area, Support, Staff and Administration, and Education.

<u>Gait Lane and Parallel Bar</u>: Gait training refers to helping a patient relearn to walk safely and efficiently again. Gait training, which is performed in the Gait Lane, often incorporates the use of such assistive devices as parallel bars, walkers or canes to promote safe and proficient ambulation. This therapy modality space is collocated with the PT Exercise Area.

<u>Hours of Operation per Day</u>: These are the hours of operation within a department. For example, a hospital nursing unit and an emergency department will operate 24 hours per day; whereas a clinic may be operational 8 hours or more, depending on the clinic.

<u>Hydrocollator</u>: A hydrocollator is a device primarily used in physical therapy clinics to heat and store hot packs. Separate hydrocollator units will chill and store cold packs.

<u>Input Data Statement</u>: 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) set forth in this document. Input Data Statements are defined as Mission, Workload, Staffing or Miscellaneous.

<u>Kinesiotherapy</u>: A specialized area of medicine in which exercise and movement are used as the primary form of rehabilitation. Typically used in the treatment of amputees.

<u>Mat Platform Area</u>: This therapy modality space provides a table in an area that is located within the PT Exercise Area. Mat platforms are used by the therapist for therapeutic exercise, stretching and massage of patients.

<u>Multi-Station Treatment Room</u>: This is an open room with multiple Physical Therapy Treatment Stations that are grouped together.

<u>Net-to-Department Gross Factor (NTDG)</u>: A parameter used to calculate the Department Gross Square Foot (DGSF) area based on the programmed Net Square Foot (NSF) area. Refer to DoD Chapter 130 for the NTDG factors for all Space Planning Criteria chapters.

Office, Private: A single occupancy office provided for confidential communication.

Office, Shared: An office that accommodates two workstations.

<u>Operating Days per Year</u>: The number of days per calendar year a facility is operational for patient care (refer to Section 3).

<u>Personal Property Lockers</u>: This is a small-sized locker, commonly called purse or cell phone locker, and is generally used to secure purses and smaller valuables. Staff members who do not have an office or cubicle space where they can safely store belongings will be assigned these lockers.

<u>Physical Therapy</u>: Physical therapy provides therapeutic interventions for inpatients and outpatients whose ability to function is impaired by disease, injury, or other causes. Patients treated include, but are not limited to, those with pain, neuromuscular, musculoskeletal, cardiopulmonary, and integumentary conditions. Physical therapy includes the prevention of injury and impairment through the promotion and maintenance of fitness. The profession also actively engages in consultation, education and research.

<u>Physical Therapist</u>: Physical Therapists provide the examination, evaluation, diagnosis, and treatment of individuals with potential or actual functional impairment. Physical Therapists are credentialed to serve as physician extenders / primary care providers evaluating and managing neuromusculoskeletal disorders. Physical Therapists provide ergonomic assessments, injury prevention studies and counseling, wellness/physical fitness counseling, and health promotion activities.

<u>Physical Therapy Exercise Area</u>: This is an open area that provides space for the mat platforms as well as space to accommodate exercise machines such as balance trainers, bicycles, bicycle ergometers, exercise systems, stair masters, and treadmills. This space may also accommodate gait analysis and stair training.

<u>Physical Therapy Technician</u>: This may be a military enlisted person, specifically trained to perform certain physical therapy treatments, or this may be a civilian Physical Therapy Assistant (PTA). A civilian PTA is usually licensed by the state where the MTF is located and is a graduate of an accredited training program. The Commission on Accreditation of Physical Therapy Education (CAPTE) accredits such programs.

<u>Physical Therapy Treatment Station</u>: An individual treatment station sized to accommodate a therapeutic treatment. Two or more Physical Therapy Treatment Stations may be grouped together in a Multi-Station Treatment Room. As well, a Physical Therapy Treatment Station may be located in a Private Treatment Room.

<u>Private Treatment Room</u>: A space to provide physical therapy in a private, controlled environment. This room may be utilized by the pediatric patient and can accommodate the portable ultrasound.

<u>Program for Design (PFD)</u>: A listing of all of the rooms / spaces generated based on answers to the Input Data Statements (see Section 3) and the space planning criteria outlined in this document (Section 4) 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.

<u>Project Room Contents (PRC)</u>: A listing of the assigned contents (medical equipment, FF&E, etc.) for each room in a PFD. This list is generated by SEPS. The list includes Joint Schedule Number (JSN), Content Name, Quantity, Unit of Issue, Unit Price, Logistical Category, Utilities, and National Stock Number (NSN).

<u>Multi-Station Physical Therapy</u>: This is an open room with multiple Physical Therapy Treatment Stations that are grouped together.

<u>Physical Therapy Treatment Station</u>: An individual treatment station sized to accommodate a therapeutic treatment. Two or more Physical Therapy Treatment Stations may be grouped together in a Multi-Station area. As well, a Physical Therapy Treatment Station may be located in a Private Treatment / Exam Room.

<u>Program for Design (PFD)</u>: A listing of all of the spaces and rooms included within a service and the corresponding net square foot area of each space and room. This listing of spaces and rooms is based on criteria set forth in this chapter and specific information about mission, workload projections and staffing levels authorized.

<u>Provider</u>: 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.

<u>Space and Equipment Planning System (SEPS)</u>: 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).

<u>Soiled Utility Room</u>: 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 Central Sterile or similar service. It should be accessible to staff.

<u>Student Collaboration Room</u>: This room is provided for the Physical Therapy students. It will contain one cubicle per Student and a table with chairs for collaboration space and bookcases.

<u>Team Collaboration Room</u>: This space provides staff with an environment conducive to collaboration. Room contains touchdown computer workstations for documentation and a table with chairs to hold team meetings.

<u>Utilization Factor</u>: Also known as capacity utilization rate, this factor provides flexibility in the utilization of a room to account for patient delays, scheduling conflicts and equipment maintenance. A room with an 80% utilization factor provides a buffer to assume that this room would be available 20% of the time beyond the planned operational practices for this room.

<u>Workload</u>: Space Planning Criteria per DHA Policy shall be workload driven. Workload projections divided by the throughput determined in this document for each workload driven room determines the quantity of rooms needed to satisfy the projected workload demand.