1. Purpose
The purpose of this policy is to establish criteria for the medical necessity of therapeutic exercise.

2. Definition
2.1. Therapeutic exercise is defined as direct one-on-one supervision and instruction in the performance of exercises to develop, improve and/or maintain muscular strength and endurance, cardiorespiratory endurance, range of motion and flexibility, as well as overall functional ability. These procedures are timed services and should be reported for each 15 minute time period performed.

3. Statement of Policy
3.1. The determination of medical necessity for the use of therapeutic exercise is always made on a case-by-case basis.

3.2. Therapeutic exercise may be considered medically necessary for a patient who has a documented loss of muscular strength or endurance, functional loss or restriction of joint motion or overall mobility, or a decreased overall functional capacity which has resulted from disease, injury or surgery.

3.3. The ultimate goals of therapeutic exercise are to reduce pain, restore function and transition to a home-based exercise program. Once a home-based exercise program can be appropriately performed, continued supervised therapeutic exercise is considered not medically necessary.

3.4. Any treatment plan involving the use of therapeutic exercise should ultimately result in a reduction in the patient’s pain and/or an improved ability to carry out usual activities of daily living. The use of therapeutic exercise beyond two to three (2-3) weeks without a clinically meaningful reduction in pain levels and/or clinical signs of functional improvement may be considered not medically necessary.

4. References
4.1. Scientific:

The following scientific references were utilized in the formulation of this medical policy. Triad Healthcare, Inc. will continue to review clinical evidence surrounding the use of
therapeutic exercise and may modify this policy at a later date based upon the evolution of the published clinical evidence. Should additional scientific studies become available and they are not included in the list, please forward the reference(s) to Triad Healthcare, Inc. so the information can be reviewed by the Academic Advisory Committee (AAC) and the Medical Quality Improvement Committee (MQIC) to determine if a modification of the policy is in order.


• Hicks GE, Fritz JM, Delitto A, McGill SM. Preliminary development of a clinical prediction rule for determining which patients with low back pain will respond to a stabilization exercise program. *Arch Phys Med Rehabil.* 2005 Sep;86(9):1753-62.


- Lansinger, Birgitta MS, PT; Larsson, Elisabeth MS, PT; Persson, Liselott C. PhD, PT; Carlsson, Jane Y. PhD, PT. Qigong and Exercise Therapy in Patients With Long-term Neck Pain: A Prospective Randomized Trial. Spine. 32(22):2415-2422, October 15, 2007.


- Linz DH; Shepherd CD; Ford LF; Ringley LL; Klekamp J; Duncan JM. Effectiveness of occupational medicine center-based physical therapy. Journal of Occupational and Environmental Medicine. 01-Jan-2002; 44(1): 48-53.


• Manca A, Dumville JC, Torgerson DJ, Klaber Moffett JA, Mooney MP, Jackson DA, Eaton S. Randomized trial of two physiotherapy interventions for primary care back


### 4.2. Related Triad Medical Policies:

- **TMMP 18 - Medical Necessity**

- **TMMP 10 - The Use of Physical Modalities and Therapeutic Procedures**

### 5. Attachments

#### 5.1. Provider Manual

#### Table of Revisions

<table>
<thead>
<tr>
<th>Revision Date</th>
<th>Modified By</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>08/17/2008</td>
<td>Level 1, 2, 3</td>
<td>New medical policy.</td>
</tr>
</tbody>
</table>