Recreational Therapists work as part of a team of clinicians providing care for the older adult population who are residents or patients in skilled and long term care facilities to treat and help maintain the physical, social and emotional wellbeing of their residents or patients.

“Recreational Therapy” means a treatment service designed to restore, remediate, and rehabilitate a person’s level of functioning and independence in life activities, to promote health and wellness as well as reduce or eliminate the activity limitations and restrictions to participation in life situations caused by an illness or disabling condition.

The Centers for Medicare and Medicaid Services (CMS) recognize that the role of the Recreational Therapist in working with the older person is to reduce depression, stress and anxiety, recover basic motor functioning and reasoning abilities, affirm life preferences and routines, build confidence, and socialize effectively.

The nation’s elderly population will more than double in size from 2005 through 2050, as the Baby Boom Generation enters the traditional retirement years (Pew U.S. Population Projections: 2005-2050, Feb. 11, 2008). In a report from the American Health Care Association (2010), the growth of the long term care workforce will increase from 38.8 million in 2008 to 72 million by 2030.

The recreational therapist in skilled and long term care facilities works in collaboration with the clinical care team to treat and help maintain the physical, mental, and emotional well-being of their clients. Recreational therapists are trained in the understanding of psychology, anatomy and physiology, abnormal psychology, human growth and development, coping strategies and mechanisms, and understanding of group structures, social interaction, activity analysis, and additional strategies to assist the individual to function as independently as possible.

The recreational therapist applies this knowledge to provide treatment and education with individuals in skilled and long term care facilities. Examples of the goals of recreational therapy in working with older persons include:

- To reduce depression, stress, and anxiety
- To recover basic motor functioning and reasoning abilities
- To establish routines
- To improve tolerance for participation
- To build confidence
- To increase social engagement
- To maintain strength, balance and endurance
- To promote active aging

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According to the American College of Medical Quality: (http://www.longtermcarelink.net/a13information_article.htm – retrieved from Internet 12-11-2011)

“Skilled care is the provision of services and supplies that can be given only by or under the supervision of skilled or licensed medical personnel. Skilled care is medically necessary when provided to improve the quality of health care of patients or to maintain or slow the decomposition of a patient’s condition, including palliative treatment. Skilled care is prescribed for settings that have the capability to deliver such services safely and effectively.

Custodial care is the provision of services and supplies that can be given safely and reasonably by individuals who are neither skilled nor licensed medical personnel. The medical necessity and desired results of skilled care must be clearly documented by a written treatment plan approved by a physician. A patient may have skilled and custodial needs at the same time. In these circumstances, only those services and supplies provided in connection with the skilled care are to be considered as such. The treatment plan must include:

- The applied therapies;
- The frequency of the treatment which is consistent with the therapeutic goals;
- The potential for a patient’s restoration within a predictable period of time, if applicable;
- The time frame in which the prescribing physician will review the case for the purpose of evaluating a patient’s status and before reassessing the medical necessity of ongoing treatment; or
- The maintenance, palliative relief, or the slowing of decomposition in a patient’s status, if applicable.

Determinations of the medical necessity of skilled care must be based on the applicable standard of care. The need for long-term care help might be due to a terminal condition, disability, illness, injury or the infirmity of old age. Estimates by experts are that at least 60% of all individuals will need extended help in one or more of the areas above during their lifetime. The need for long-term care may only last for a few weeks or months or it may go on for years. It all depends on the underlying reasons for needing care.

Temporary long term care (need for care for only weeks or months)
- Rehabilitation from a hospital stay
- Recovery from illness
- Recovery from injury
- Recovery from surgery
- Terminal medical condition

Ongoing long term care (need for care for many months or years)
- Chronic medical conditions
- Chronic severe pain
- Permanent disabilities
- Dementia
- Ongoing need for help with activities of daily living
- Need for supervision”

The recreational therapist provides medically necessary skilled services under the supervision of skilled or licensed medical personnel. The recreational therapist must NOT be confused with a recreation worker who primarily provides general recreation programs for individuals requiring custodial care.

Recreational therapy meets the criteria for provision of skilled services that are given only by or under the supervision of skilled or licensed medical personnel.

Recreational Therapists are professionally credentialed by the National Council for Therapeutic Recreation Certification (NCTRC). The Certified Therapeutic Recreation Specialist (CTRS) “exemplifies the profession’s dedication to quality standards and excellence.” The CTRS is recognized as the qualified provider of recreational therapy services.