

Rehabilitation for People with Parkinson's Disease

Restorative Care Pathway

Rehabilitation healthcare professionals and hospital leaders may use this pathway to help people with Parkinson's disease (PD) regain lost function.

TO ASSESS IF A RESTORATIVE CARE PATHWAY IS APPROPRIATE FOR YOUR CENTER, CONSIDER:

- Restorative care is the most common reason for referral by rehabilitation professionals.
- Consider potential patient volume, insurance coverage and availability of skilled therapists.

WHAT ARE THE OPERATIONAL CONSIDERATIONS?

- Reduce referral barriers. Options may include automation of processes by creating order sets.
- Rehabilitation Therapy Dosing:
 - When deciding on therapy dosing, consider the individual's needs:
 - » Will they benefit most from a “burst” of visits (i.e., multiple times a week for 6 to 12 weeks) to quickly make improvements?
 - » Is there a need to focus on maintaining function over a longer period of time with visits “spaced” out more (e.g., every two weeks)?
 - » Would integrating both approaches work, initiating care with burst scheduling then “fading” to more spaced visits?
- Identify strategies to ensure ideal dosage is achieved
 - Use external resources to support skilled care delivery, such as fitness center, community programs and home programs that are frequently progressed and closely monitored.
 - Consider alternating visits across multiple disciplines to maximize skilled contact time within insurance limitations.
 - Engage non-clinical staff to manage waitlists, develop flexible scheduling templates and proactively schedule visits.

- Consider use of interdisciplinary meetings to improve team communication and coordination of care based on your setting and needs of the person with PD.
- For best practice recommendations, selected resources across rehabilitation disciplines are provided on the back of this page.

HOW IS THIS FINANCIALLY SUSTAINABLE?

- Insurance coverage supports reimbursement for restorative care.
- Repeated therapy encounters may be indicated. Educate providers about reimbursement guidelines from different payors.
- Overall reimbursement per encounter may be higher due to more visits utilized in restorative care than other pathways.

The Parkinson's Foundation provides educational tools for healthcare professionals to facilitate their delivery of best-practice.

To learn more, visit parkinson.org or scan the QR code.



Therapy Dosing	Rationale	Treatment Scheduling											
Burst Dosing	Person with PD needs to make quick functional improvements. Treatment sessions delivered multiple times a week for 6-12 weeks.	●	●	●	●	●	●						
Spaced Dosing	Person with PD needs to maintain function over longer period. Treatments are spaced out more, occurring every few weeks.	●		●		●		●		●		●	
Fading Frequency	Integrate approaches of burst and spaced dosing. Need to make functional improvements and then maintain over longer period. Several treatment sessions delivered over a few weeks followed by sessions spaced out.	●	●	●	●		●		●			●	

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Discipline-Specific Recommendations & Resources

PHYSICIANS

- Evidence (Chou et al., 2021): [Quality Improvement in Neurology: 2020 Parkinson Disease Quality Measurement Set Update](#)
- Evidence (Rafferty et al., 2021): [Frameworks for Parkinson's Disease Rehabilitation Addressing When, What, and How](#)
- Evidence (Di Luca and Shalash, 2025): [Addressing Variability and Bridging the Gap in Parkinson's Disease Care: A Call to Action](#)

PHYSICAL THERAPY

- Evidence (Osborne et al., 2021): [Physical Therapist Management of Parkinson Disease: A Clinical Practice Guideline from the American Physical Therapy Association](#)
- Evidence (Ellis et al., 2021): [Evidence for Early and Regular Physical Therapy and Exercise in Parkinson's Disease](#)
- Resources: For Clinicians and Patient from APTA Neuro Section CPG ToolKit <https://neuropt.org/practice-resources/anpt-clinical-practice-guidelines/pt-management-of-parkinson-disease>

OCCUPATIONAL THERAPY

- Evidence (Foster et al., 2021): [Occupational Therapy Interventions for Instrumental Activities of Daily Living for Adults With Parkinson's Disease: A Systematic Review](#)
- Evidence (Stamatelos et al., 2024): [Parkinson's Disease and Driving Fitness: A Systematic Review of the Existing Guidelines](#)
- Evidence (Wood et al., 2022): [Occupational Therapy Practice Guidelines for People with Parkinson's Disease](#) Available for free for AOTA members.
- Evidence (Welsby et al., 2019): [Effectiveness of occupational therapy intervention for people with Parkinson's disease: Systematic review](#)

SPEECH & LANGUAGE THERAPY

- Evidence (Xu et al., 2020): [Speech and Language Therapy for Voice Problems in Parkinson's Disease: A Meta-Analysis](#)
- Evidence (Schindler et al., 2021): [Consensus on the treatment of dysphagia in Parkinson's disease](#)
- Evidence (Cosentino et al., 2021): [A multinational consensus on dysphagia in Parkinson's disease: screening, diagnosis and prognostic value](#)
- Resources: For clinicians from ASHA's practice page on dysphagia, dysarthria and cognitive changes <https://www.asha.org/practice-portal/>. Patient facing resources also accessible here.

SOCIAL WORK/ HEALTH EDUCATOR

- Evidence (Kreitzer et al., 2023): [Social work scope of practice with Parkinson's disease: A qualitative study](#)
- Evidence (Aamodt et al., 2023): [Caregiver Burden in Parkinson's Disease: A scoping review of the Literature from 2017-2022](#)
- Evidence (González-Ramos et al., 2018): [Clinical social work in the care of Parkinson's disease: role, functions, and opportunities in integrated health care](#)
- Evidence (Lum et al., 2019): [Framing advance care planning in Parkinson disease](#)