

DoD Space Planning Criteria for Health Facilities **Orthopedics/Podiatry/Chiropractic/Sports Medicine**

3.12.1. PURPOSE AND SCOPE:

This chapter specifies the space planning criteria for outpatient orthopedic and podiatry clinics, as well as for physical medicine and rehabilitation clinics, and chiropractic and sports medicine clinics.

3.12.2. DEFINITIONS:

Administrative Personnel: Administrative personnel are all personnel who do not counsel, diagnosis, examine or treat patients, but who do work that is essential for the accomplishment of the missions of a medical treatment facility. This does include military (assigned and borrowed), contract and civilian personnel. It does not include volunteers.

Chiropractic Services: Chiropractic services provide diagnosis, evaluation and treatment for disorders of the nervous system. This is accomplished by a system of therapeutics that attributes disease to dysfunction of the nervous system. The goal is to restore normal function by manipulation and treatment of the body structures, especially those of the vertebral column.

Clinic Visit: A visit is a contact between an eligible beneficiary and a medical care provider. A visit consists of examination, diagnosis, treatment, evaluation, consultation, counseling, or medical advice in a clinic or treatment/observation in quarters. (Source: DoD 6015-M, Glossary of Healthcare Terminology 1999)

Full-Time Equivalent (FTE): A work force equivalent to one individual working full time for a specific period, which may be made up of several part-time individuals or one full-time individual. This will include everyone working in the facility; military, civilian and contractor personnel.

Office: A private office is an enclosed room outfitted with either standard furniture (Room Code OFA01) or systems furniture (Room Code OFA02). An administrative cubicle is within an open room and is constructed out of system furniture (Room Code OFA03)

Orthopedic Services: Orthopedic services provide preventive care, evaluation, diagnosis, treatment and consultation for the correction or prevention of skeletal deformities.

Podiatry Services: Podiatry service is to provide preventive care and treatment to the human foot in health, injury or disease.

Physical Medicine and Rehabilitation Specialist: A physician, trained in a medical or osteopathic school, in an approved Physical Medicine and Rehabilitation residency. Services are both diagnostic and therapeutic, and range from pediatric to geriatric in age. PM&R specialists are also trained in the use of Electrodiagnostic Testing methods (Nerve Conduction Studies) for precise diagnosis of nerve and muscle disorders, acquired or inherited. In addition to routine musculoskeletal aches and pains, diagnosis and management recommendations are also made for those with amputation of limbs, traumatic brain injury, spinal cord injury, multiple sclerosis and many other degenerative nervous disorders.

Preceptor/consult rooms: - A location is required for residents in training to be able to discuss cases in private with supervising faculty physicians (preceptors.). These discussions occur during the course of a patient visit, requiring proximity to exam room areas. In clinic configurations with staff physician offices clustered near exam rooms, precepting may be feasible from the faculty physician's own office and not from a dedicated central preceptor room. Note that any space provided for precepting must afford privacy from eavesdropping patients and passers-by ... hence an open area accessible by non-staff is NOT acceptable.

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3.12.2. DEFINITIONS: Continued

Provider: An individual, who examines, diagnoses, treats, prescribes medication and manages the care of patients within his or her scope of practice as established by the governing body of a healthcare organization. General providers are physicians, physician's assistants and clinical nurse practitioners. The term 'staff physician' in relation to a Residency Program, does not include physician assistants, nurse practitioners or residents.

Rotating Resident: A rotating resident is one from any graduate medical education specialty program (internal medicine, pediatrics, surgery, family practice, etc.) who, in the course of his or her education, must spend time in the services of another specialty. For example internal medicine residents are required to "do a rotation" in the OB/GYN service.

Sports Medicine Services: an orthopedic surgeon typically provides Sports Medicine services with a focus on prevention, treatment and rehabilitation of sports related injuries.

3.12.3. POLICIES:

Clinic Composition: If one or two providers are projected, this clinic should be combined with the general surgery clinic.

Offices, Private: With the exception of the office provided for "Key Personnel," all other private offices will be 120 net square feet as stated in Chapter 2.1 (General Administration), paragraph 2.1.5. Private offices will be provided to following personnel:

- a) Staff who must meet with patients/customers on a regular basis and hold private consultations/discussion.
- b) The senior officer and enlisted member of a department.
- c) Staff who supervise others and must hold frequent, private counseling sessions with their junior staff. This does not include staff who supervise a very small number of people, and who would only occasionally need private counseling space. These staff can use available conference rooms or other private areas for their infrequent counseling needs
- d) Any personnel who interview or counsel patients with patient privacy concerns.

Office, Non-Private or Shared Space: Personnel, who require office space, but not a private office, will be provided space in a shared office. Non-private or shared office space will be programmed at 60 net square feet per occupant

Patient Education Cubicle: The cubicle will have a Computer, DVD player and video player and printer. This will allow patient to complete self-assessment health surveys, investigate material based on their diagnosis, print material, and watch videos specific to their treatment/procedure. This area needs to maintain patient privacy and be located near the Patient care areas.

Providers' Examination Rooms: Each provider will be provided with two examination rooms

Providers' Offices: Generally, each provider (physician, physician's assistant, clinical nurse practitioner, and allied scientist) on the staff will be provided a private office (excluded offices are provided under other criteria, such as Radiologists, Pathologists, Anesthesiologists, Commanders, etc.). However, shared office space is encouraged and is an option if it is within the Clinic Concept of Operations.

Public Toilets, Staff Lounges and Locker Areas: The criteria for public toilets, staff lounges and locker rooms are provided in Chapter 6.1 (Common Areas).

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3.12.3. POLICIES: Continued

Residents' Cubicle Space: Private office space will not be programmed for GME residents. GME residents will be provided with shared office space at 60 nsf per resident for Navy/Air Force and 40 nsf for Army. An office for a rotating resident may be programmed in the clinic for residents who see patients.

Resident's Office/Examination Rooms: Additional office and examination room space may be programmed into a clinic to provide space for "rotating residents" to see patients. A resident during his or her rotation in the clinic will use this space when they see patients as walk-ins or on appointment. One office and two examination rooms may be programmed for each resident FTE projected to be in the clinic seeing patients. Note: These residents are not necessarily orthopedic residents only, family practice, internist and others residency programs may require a rotation in the orthopedic clinic.

3.12.4. PROGRAM DATA REQUIRED:

How many FTE Orthopedic providers are projected?
How many FTE Podiatrists are projected?
How many FTE nurse managers are projected?
How many FTEs nursing staff are projected? Note: This information is used to calculate the size of the Nurse Workroom. Do not include nurse managers or advice nurses.
How many NCOIC/LCPO/LPOs are projected?
How many FTE officers or officer equivalents are projected?
How many FTE staff will require a private office? Note: Do not count providers, nurse managers, advice nurses, or NCOIC/LCPO/LPOs.
How many FTE staff will require a dedicated cubicle? Note: Do not include providers or nursing staff.
How many staff will require a locker? Note: Do not include staff with offices or cubicles.
How many FTEs on peak shift are projected? Note: This information is used to calculate the number of Staff Toilets and the size of the Staff Lounge.
How many mobile X-ray units will be assigned to the clinic?
Is an FTE radiology technician projected for this clinic?
Is an Orthotics Laboratory projected?
Is a welding area projected in the Orthotics Laboratory?
Will there be vending machines in the Staff Lounge?
Is a Physical Medicine and Rehabilitation Services projected?
How many FTE providers will be assigned to the Physical Medicine and Rehabilitation Services?
Are Chiropractic Services projected?
How many FTE Chiropractors are projected?
How many total FTE staff are projected in Chiropractic Services?
How many staff in Chiropractic Services will require a locker?
Is a massage room projected?
Is a separate Sports Medicine Clinic projected?
How many FTE providers are projected in the Sports Medicine Clinic?
How many treatment rooms are required for the Sports Medicine Clinic?
How many total FTE staff are projected in the Sports Medicine Clinic?

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3.12.4. PROGRAM DATA REQUIRED: Continued

Is an extremity whirlpool required for the Sports Medicine Clinic?
Is a performance laboratory required for the Sports Medicine Clinic?
Will there be a Residency Program?
Will there be a Residency Program Director?
Will there be a Residency Program secretary?
How many Residents are projected?
How many Residency staff will require a private administrative office?
How many Residency administrative staff cubicles are required?

3.12.5. SPACE CRITERIA:**Orthopedic and Podiatry Services:****RECEPTION AREAS**

Clinic Waiting	WRC01	5.57	60	Minimum. Provide three seats per each projected FTE provider for Orthopedic, Podiatry, Physical Medicine and Rehabilitation, Chiropractic, and Sports Medicine. Provide 16 nsf for 33% of the seats and 25 nsf for 67% of the seats (handicapped waiting).
Reception (GP)	RECP1	13.01	140	Minimum, 140 nsf for the first eight providers. Increase 60 nsf for each increment of four providers over the initial eight providers.
Patient Education Cubicle	CLSC2	2.72	30	Include if in Clinic Concept of Operations. Includes a computer workstation for patient self-assessment, printing educational brochures, etc.
Public Toilets	NA	NA	NA	Space will be provided in the Chapter 6.1 (Common Areas).

PATIENT AREAS

Provider Exam Rooms (GP)	EXRG1	11.15	120	Army. Two per projected FTE provider. Do not count residents as providers. Resident's exam rooms are included in the Residency Functional Area.
	EXRG2			Navy. See above Planning Range/Comment.
	EXRG3			Air Force. See above Planning Range/Comment.
Podiatry Exam Room	EXP01	11.15	120	Two per projected FTE podiatrist.

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PATIENT AREAS: Continued

Cast Room (GP)	OPCR1	16.72	180	Minimum. One per clinic. Allows for 110 nsf inside cubicle and 70 nsf outside cubicle curtain. If less than four providers, this also serves as the "Treatment Room". See Cast Room Chart at end of this chapter.
	OPCR2	33.44	360	For more than two providers. Cast room with two stations see chart for increase sizes at end of this chapter.
Mobile X-ray Unit	XRM01	3.72	40	One per mobile X-ray unit dedicated to the Orthopedic Clinic.
Radiology/Flouro Exposure Room (GP)	XDRF1	27.87	300	One per Orthopedic Clinic when dedicated radiology technician assigned. Shared with Chiropractic Services, if required.
Plaster Storage	OPCR1	5.57	60	One per cast room.
Patient Toilet (GP)	TLTU1	4.65	50	One if number of projected FTE providers is between three and eight. Provide two toilets if number of projected FTE providers is between nine and fifteen. Provide three toilets if number of projected FTE providers is sixteen or more with a maximum of three toilets.

STAFF AND ADMINISTRATIVE AREA

Provider Office (GP)	OFD01	11.15	120	Army - One per projected FTE staff provider. Do not include residents. Resident's cubicles are included in the Residency Functional Area.
	OFD02			Navy - One per projected FTE staff provider.
	OFD03			Air Force - One per projected FTE staff provider
Nurse Manager Office	OFA01	11.15	120	Private Office, Standard Furniture. One per projected FTE nurse manager.
	OFA02			Private Office, Systems Furniture. One per projected FTE nurse manager.
Nurse Workroom	WRCH1	11.15	120	Army/Navy. Minimum. Add 40 nsf for each projected FTE nurse above four.
	OFA03	5.57	60	Air Force. Cubicle - Systems Furniture. One per projected FTE Nurse.
NCOIC/LCPO/LPO Office	OFA01	11.15	120	One per Orthopedic/Podiatry Clinic.
	OFA02	11.15	120	
Administrative Personnel with Private Office	OFA01	11.15	120	One per projected FTE requiring a private office. See Chapter 2.1 (General Administration). Some examples are Group Practice Manager, Nurse Educator, Health Care Integrator, any staff who interviews or counsels patients.
	OFA02			

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STAFF AND ADMINISTRATIVE AREA Continued

Administrative Cubicle	OFA03	5.57	60	Per projected FTE requiring a dedicated workspace but not a private office. See Section System Furniture Cubicle per projected FTE. Refer to Chapter 2.1.
Copy Room	RPR01	9.29	100	For Copier/Fax/Mailbox distribution.
Forms/Literature Storage	SRS01	9.29	100	One per clinic.
Conference Room (GP)	CRA01	23.23	250	Minimum use CRA01. One per Department with eight to twelve officers or officer equivalents. See Chapter 2.1 (General Administration), paragraph 2.1.2 for Personnel Equivalent Chart.
	CRA02	27.87	300	One per Department with thirteen to sixteen officers or officer equivalents.
	CRA03	37.16	400	One per Department with greater than sixteen officers or officer equivalents.
Staff Lounge (GP)	SL001	13.01	140	Minimum 140 nsf for 10 FTEs on peak shift. Add 5 nsf for each peak shift FTE over 10. Maximum size is 300 nsf without vending machines and 320 nsf if vending machines are included.
Personal Property Lockers (GP)	LR001	1.86	20	For staff without a dedicated office/cubicle space. See Chapter 6.1 (General Administration) for increase in size or for Locker Room, Changing criteria.
Staff Toilets	TLTU1	4.65	50	Minimum for total clinic staff of at least ten. See Chapter 6.1 (General Administration) for increase in size and for male/female breakdown.

CLINIC SUPPORT AREAS

Orthotics Laboratory				Based on assigned orthotics technician(s).
Brace Shop, Lamination/ Molding	APLA1	18.58	200	One per orthotics lab, for pouring and modifying plaster molds.
Brace Shop, Sewing Room/Shoe Room	APSH1	11.15	120	One per orthotics lab.
Brace Shop, Machine Room	APMS1	27.87	300	One per orthotics lab. This room houses: sanders, cutting machines, an oven and vacuum-forming machine for thermoplastic.
Brace Shop, Fitting Room	APFR1	5.57	60	One per Orthotics Lab.
Brace Shop, Adjustment & Modification Area	APAM1	13.01	140	One per Orthotics Lab.
Brace Shop	APFB1	11.15	120	One per Orthotics Lab.
Brace shop, Welding Area	APWA1	7.43	80	If included in Clinic Concept of Operations.

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CLINIC SUPPORT AREAS Continued

Clean Utility (GP)	UCCL1	11.15	120	For up to 6 projected FTE providers.
		13.94	150	For 7-12 projected FTE providers.
		16.72	180	For more than 12 projected FTE providers.
Soiled Utility (GP)	USCL1	8.36	90	For up to 6 projected FTE providers.
		11.15	120	For 7-12 projected FTE providers.
		13.94	150	For more than 12 projected FTE providers.
Litter/Wheelchair Storage	SRLW1	5.57	60	One per clinic.
Crash Cart Alcove	RCA01	1.86	20	One per clinic. Can be shared between several clinics if fully accessible to all.
Equipment Storage	SRE01	9.29	100	One per clinic.
Splint and Crutch Storage	SRCS1	9.29	100	Minimum. Add 20 nsf per projected Orthopedic providers greater than five.
Viewing/Consult Room	XVC01	11.15	120	One per two X-ray Rad rooms.

PHYSICAL MEDICINE AND REHABILITATION SERVICES:

Clinic Waiting	WRC01	5.57	60	Provide three seats per provider for the maximum number of providers projected to be working in the clinic at one time, 16 nsf for 95% of the seats and 25 nsf for 5% of the seats (handicapped waiting). May be combined with other services in this chapter.
Provider Exam/EMG Testing (GP)	PTEM1	11.15	120	One per projected FTE provider.
Provider Office (GP)	OFD01	11.15	120	Army. One per projected FTE provider.
	OFD02			Navy.
	OFD03			Air Force.

CHIROPRACTIC SERVICES:

Clinic Reception (GP)	RECP1	11.15	120	Normally shared with Orthopedics / Podiatry.
Patient Toilets	TLTU1	4.65	50	One if projected FTE providers are between three and eight. Provide two toilets if projected FTE providers are between nine and fifteen. Provide three toilets if projected FTE providers are sixteen or more with a maximum of three toilets.
Back Treatment Room	PTBT1	11.15	120	Two per projected FTE Chiropractor.
Treatment Cubicle (GP)	PTTC1	7.43	80	Two per projected FTE Chiropractor.
Massage Room	PTBT1	11.15	120	One if in Clinic Concept of Operations.
Rehab Gym	PTEA1	18.58	200	One per four providers. May be shared with Sports Medicine.
Provider Office (GP)	OFD01	11.15	120	Army. One per projected FTE Chiropractor.
	OFD02			Navy.
	OFD03			Air Force.

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CHIROPRACTIC SERVICES: Continued

Staff Lounge (GP)	SL001	13.0	140	Minimum 140 nsf for 10 FTEs on peak shift. Add 5 nsf for each peak shift FTE over 10. Maximum size is 300 nsf without vending machines and 320 nsf if vending machines are included.
Personal Property Lockers (GP)	LR001	1.86	20	Minimum for the first 10 FTEs on peak shift. Add 2.5 nsf for FTE over 10. For staff without a dedicated office/cubicle space. See Chapter 6.1 (Common Areas) for Locker Room, Changing criteria.
Staff Toilets	TLTU1	4.65	50	Minimum of one for the first 15 FTEs on peak shift. Add one TLTU1 for every additional 15 FTEs on peak shift. Can be combined into multi-stall toilets.

SPORTS MEDICINE:

Clinic Reception/Control Counter (GP)	RECP1	11.15	120	Normally shared with Orthopedics / Podiatry.
EMG Room (GP)	PTEM1	11.15	120	One per department. Requires portable EMG unit only.
Treatment Room (GP)	TRGM1	16.26	175	If in Clinic Concept of Operations.
Exam/Treatment Cubicle (GP)	PTTC1	9.29	100	Two exam/treatment cubicles per projected FTE provider. Requires room for modalities and carts. Guideplate depicts three cubicles.
Ice Machine Alcove	ICE01	3.72	40	One station per clinic.
Extremity Whirlpool	PTEW1	3.72	40	If in Clinic Concept of Operations.
Performance Lab	PTIS1	23.23	250	If in Clinic Concept of Operations.
Patient Toilet	TLTU1	4.65	50	One if project FTE providers are between three and eight. Provide two toilets if projected FTE providers are between nine and fifteen. Provide three toilets if projected FTE providers are sixteen or more with a maximum of three toilets.
Patient Shower (GP)	SHWR1	5.57	60	One per clinic.
Dressing Cubicle (GP)	DR001	4.65	50	One per clinic.
Provider Office (GP)	OFD01	11.15	120	One per projected FTE provider.
	OFD02			
	OFD03			
Work Area/Computer Terminal	OFA03	5.57	60	One station per clinic.
Staff Lounge (GP)	SL001	13.01	140	Minimum 140 nsf for 10 FTEs on peak shift. Add 5 nsf for each peak shift FTE over 10. Maximum size is 300 nsf without vending machines and 320 nsf if vending machines are included. If less than 10 FTEs on peak shift, the Staff Lounge will be shared between

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				clinics/departments.
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SPORTS MEDICINE Continued

Personal Property Lockers (GP)	LR001	1.86	20	For staff without a dedicated office/cubicle space.. See Chapter 6.1 (General Administration) for increase in size or for Changing Locker Room criteria.
Staff Toilets	TLTU1	4.65	50	Minimum of one for total clinic staff of at least ten. See Chapter 6.1 (General Administration) for increase in number and for male/female breakdown.

Functions that are required for Residency Program in Orthopedic Surgery.

The following areas must be programmed if the MTF provides an Orthopedic Surgery Residency Program.

Director of Orthopedic Surgery Residency (GP)	OFD01	11.15	120	Army - One per director of residency program.
	OFD02			Navy. See above
	OFD03			Air Force. See above
Secretary with Waiting	SEC01	11.15	120	One per projected FTE secretary.
Private Office	OFA01	11.15	120	One per projected FTE that requires a private office
	OFA02			
Administrative Cubicle	OFA03	5.57	60	Provide 60 nsf per projected FTE position.
Resident Cubicle	OFA03	5.57	60	Minimum. Per projected resident.
Library	LIBB1	5.57	60	One per residency program. May be combined with the Preceptor Room.
Conference Room (GP)	CRA01	23.23	250	Minimum, one per residency program. For increase in size, see Chapter 6.1 (General Administration).
Resident Exam Room (GP)	EXRG1	11.15	120	Army. One per projected Resident.
	EXRG2			Navy. See above Planning Range/Comment.
	EXRG3			Air Force. See above Planning Range/Comment.
Monitored Exam Room – Subject & Observer room (GP)	EXRG1	11.15	120	Army – Provide two exam rooms per residency program, and one CMP02. These rooms use cameras and videotapes.
	EXRG2			Navy – See above Planning Range/Comment.
	EXRG3			Air Force – See above Planning Range/Comment.
	CMP02	5.57	60	One room can support two exam rooms.
Preceptor/Consult Room	OFDC1	11.15	120	One per eight staff physicians per Clinic Concept of Operations. Do not include Residents. May use OFD01/OFD02/OFD03 if within clinical area.

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Cast Room Table

Providers	Cast rooms
1	1 OPCR1 at 180
2	1 OPCR2 at 360nsf
3	1 OPCR2 at 360 nsf and 1 OPCR1 at 180nsf
4	2 OPCR2 at 360 nsf
5	1 OPCR2 at 480 nsf and 1 OPCR2 at 360 nsf
6	2 OPCR2 at 480 nsf
7	1 OPCR2 at 600 nsf and 1 OPCR2 at 480 nsf
8	2 OPCR2 at 600 nsf
9 or more	1 OPCR2 at 360 + ((# providers-2)*120nsf)