

Document Code:	DPOTMH-E-66-P01-S02	
Effective Date:	06-30-2022	
Document Type:	Standard Operating Procedure	
Page Number:	1 of 4	
Department/Section:	Physical Medicine & Fitness Center	
Document Title:	CRYOTHERAPY	

PURPOSE:

- 1. To provide guidelines in the application of the CRYFLOW IR machine to ensure that it is being done correctly.
- 2. To ensure accuracy and safety in administering the CRYFLOW IR machine.

SCOPE:

Applies to all Physical Medicine & Fitness Center Staff of Dr. Pablo O. Torre Memorial Hospital (DPOTMH)

PERSON RESPONSIBLE:

Physical Therapist

GENERAL GUIDELINES:

- 1. The Physical Therapist shall safely adhere to the indications contraindications, precautions in the use of cryotherapy.
- 2. The Physical Therapist shall explain to the patient/client the purpose of cryotherapy.
- 3. The Physical Therapist shall be required to master the operation of the machine.
- 4. The Physical Therapist shall strictly adhere to these guidelines herein set forth.

PROCEDURE:

- 1 The physiatrist orders in patient's chart the application of cryotherapy to a specific area during evaluation.
 - 1.1 If the patient is to be treated at bedside:
 - 1.1.1 The nurse-in-charge (NIC) informs the physical therapist of the referral.
 - 1.1.2 The physical therapist informs the nurse-in-charge (NIC) of patient's time of therapy and brings the machine to the patient's room.
 - 1.1.3 The PMFC clerk charges patient's therapy session in his/her account.



Document Code: DPOTMH-E-66-P01-S02		
Effective Date:	ective Date: 06-30-2022	
Document Type:	Standard Operating Procedure	
Page Number:	2 of 4	
Department/Section:	Physical Medicine & Fitness Center	
Document Title:	CRYOTHERAPY	

1.2 If the patient is to be treated at the center:

- 1.2.1 The nurse-in-charge (NIC) informs the physical therapist of the referral.
- 1.2.2 The physical therapist informs the nurse-in-charge (NIC) of patient's time of therapy.
- 1.2.3 The auxiliary brings the patient with his/her chart down to the center.
- 1.2.4 The PMFC clerk charges patient's therapy session in his/her account.

1.3 For outpatient/walk-in patient

- 1.3.1 The PMFC clerk informs the physical therapist of the referral or physiatrist's order.
- 1.3.2 The PMFC clerk/physical therapist schedules the patient's therapy session.
- 1.3.3 The PMFC clerk/physical therapist gives payment slip/checklist for patients/clients with LOA to be brought to Central Registration section for assessment
- 2 The physical therapist reads patient's chart before treatment.
- 3 Apply hand-washing protocol.
- 4 The Physical Therapist performs proper Donning of Personal Protective Equipment.
- 5 Place the patient in the most comfortable position.
- 6 The physical therapist checks the patient's vital signs.
- 7 The physical therapist examines patient's skin for any abrasions, allergies, discoloration and open wounds.
- 8 Cryotherapy application:
 - 8.1 Prepare the machine beside the treatment bed/table.
 - 8.2 Plug in the machine to 220V outlet.
 - 8.3 Turn on the machine.
 - 8.4 Set the treatment time to 5 minutes and the intensity of coldness to a minimum of 5 then press Start.



Document Code:	DPOTMH-E-66-P01-S02	
Effective Date:	06-30-2022	
Document Type:	Standard Operating Procedure	
Page Number:	3 of 4	
Department/Section:	Physical Medicine & Fitness Center	
Document Title:	CRYOTHERAPY	

- 8.5 Position the nozzle of the machine directly on the area specified by the physiatrist with a distance of 2 inches from the skin and move the nozzle in a circular manner.
- 8.6 Increase or decrease the intensity of coldness depending on the patient's tolerance.
- 8.7 The machine will automatically stop after 5 minutes.
- 8.8 Turn off the machine and unplug.
- 9 Check the area after treatment and ask the patient for any discomfort or observation after the application of cryotherapy.
- 10 Check vital signs after the therapy session.
- 11 Schedule the patient for the next therapy session.
- 12 After care the machine/modality.
- The Physical Therapist performs proper Doffing of Personal Protective Equipment.
- 14 Hand-washing protocol

REFERENCE:

Uniphy.(2008). Gebrauch San We isung cryoflow 1000/IR: user manual. n.p.: Author



Document Code:	DPOTMH-E-66-P01-S02	
Effective Date:	06-30-2022	
Document Type:	Standard Operating Procedure	
Page Number:	4 of 4	
Department/Section:	Physical Medicine & Fitness Center	
Document Title:	CRYOTHERAPY	

APPROVAL:

	Name/Title	Signature	Date
	MA. CLAUDETTE L. SOLANCHO, PTRP PM&FC Staff	Sland	7/11/22
Prepared by:	SUZETTE M. DOMINGO, PTRP PM&FC Staff	Sa danje	7-11-22
Verified:	MA. TERESA O. ANIERDES, PTRP, MBA-HA PM&FC Supervisor	Carriedo	7/11/22
	JOHN ANDREW B. SANCHEZ, MD, FPARM Physiatrist		7/11/20
Reviewed by:	DENNIS C. ESCALONA, RN, MN, FPSQua Quality Assurance Supervisor	2	7/11/322
Recommending Approval:	ROSARIO D. ABARING, RN, MAN, PhD Ancillary Services Division Officer	Relaying k. I.	07.11.202
	FREDERIC IVAN L. TING, MD OIC-Total Quality Division		7/18/2
Final approved by:	GENESIS GOLDI D. GOLINGAN President & CEO		9/10/22



Document Code:	DPOTMH-E-66-P01-WI02	
Effective Date:	06-30-2022	
Document Type:	Work Instruction	
Page Number:	1 of 2	
Department/Section:	Physical Medicine & Fitness Center	
Document Title:	CRYOTHERAPY	

KEY TASKS	PERSON RESPONSIBLE
 Orders in patient's chart the application of cryotherapy to a specific area during evaluation. 	Physiatrist
2. Reads patient's chart before treatment.	
3. Performs infection control measures before performing the procedure.	
4. Places the patient in the most comfortable position.	
5. Checks the patient's vital signs and examines patient's skin for any abrasions, allergies, discoloration and open wounds.	Physical Therapist
6. Applies Cryotherapy	
 Checks the area after treatment and ask the patient for any discomfort or observation after the application of cryotherapy. 	
8. Checks vital signs after the therapy session.	
9. Schedules the patient for the next therapy session.	
10. Does after care the machine/modality.	



Department/Section:	Physical Medicine & Fitness Center
Page Number:	2 of 2
Document Type:	Work Instruction
Effective Date:	06-30-2022
Document Code:	DPOTMH-E-66-P01-WI02

APPROVAL:

	Name/Title	Signature	Date
	MA. CLAUDETTE L. SOLANCHO, PTRP PM&FC Staff	John de	7/11/22
Prepared by:	SUZETTE M. DOMINGO, PTRP PM&FC Staff	Sylvinge	7-11-22
Verified:	MA. TERESA O. ANIERDES, PTRP, MBA-HA PM&FC Supervisor	Cartindo	7/11/22
	JOHN ANDREW B. SANCHEZ, MD, FPARM Physiatrist		7/11/2
Reviewed by:	DENNIS C. ESCALONA, RN, MN, FPSQua Quality Assurance Supervisor	Ω	7/4/2002
Recommending Approval:	ROSARIO D. ABARING, RN, MAN, PhD Ancillary Services Division Officer FREDERIC IVAN L. TING, MD OIC-Total Quality Division	Rlaying & 1.	7/15/2
Final approved by:	GENESIS GOLDI D. GOLINGAN President & CEO	700	9/10/22



Document Code:	ent Code: DPOTMH-E-66-P01-FC02	
Effective Date:	06-30-2022	
Document Type:	Flowchart	
Page Number:	1 of 2	
Department/Section:	Physical Medicine & Fitness Center	
Document Title:	CRYOTHERAPY	

FLOWCHART START Orders in patient's chart the application of cryotherapy to a specific area during evaluation Reads patient's chart before treatment Performs infection control measures before performing the procedure Places the patient in the most comfortable position Checks the patient's vital signs and examines patient's skin for any abrasions, allergies, discoloration and open wounds Applies Cryotherapy Checks the area after treatment and ask the patient for any discomfort or observation after the application of cryotherapy Checks vital signs after the therapy session Schedules the patient for the next therapy session Does after care the machine/modality END



Document Code: DPOTMH-E-66-P01-FC02	
Effective Date:	06-30-2022
Document Type:	Flowchart
Page Number:	2 of 2
Department/Section:	Physical Medicine & Fitness Center
Document Title:	CRYOTHERAPY

APPROVAL:

	Name/Title	Signature	Date
	MA. CLAUDETTE L. SOLANCHO, PTRP PM&FC Staff	adnet	ગાાાય
Prepared by:	SUZETTE M. DOMINGO, PTRP PM&FC Staff	Ja danny	7-11-22
	MA. TERESA O. ANIERDES, PTRP, MBA-HA PM&FC Supervisor	Comprise	7/11/20
Verified:	JOHN ANDREW B. SANCHEZ, MD, FPARM Physiatrist	A	7/11/2
Reviewed by:	DENNIS C. ESCALONA, RN, MN, FPSQua Quality Assurance Supervisor	Q	1/11/2022
Recommending Approval:	ROSARIO D. ABARING, RN, MAN, PhD Ancillary Services Division Officer FREDERIC IVAN L. TING, MD OIC-Total Quality Division	Place k.b.	7/1812
Final approved by:	GENESIS GOLDI D. GOLINGAN President & CEO		9/10/22