

Although this was an elective procedure, the patient has sustained an acute postoperative functional decline compared to baseline. Prior to admission, the patient was independent/minimal assist with ADLs; currently requires min/mod/max assist with mobility, transfers, and/or self-care. Ongoing inpatient care is required for multimodal pain management, postoperative monitoring, and skilled nursing/therapy needs not safely managed at home.

Discharge to home is unsafe due to:

- Significant mobility limitations or high fall risk
- Home environment barriers (e.g., second-floor residence, stairs to enter, limited access to bedroom/bathroom)
- Lives alone or has limited caregiver support
- Inability to safely perform ADLs or IADLs
- Need for frequent or intensive PT/OT beyond what can be safely managed at home

Given these factors, the patient requires SNF placement for continued skilled nursing care, daily rehabilitation, pain management, and safety monitoring. Inpatient admission is medically necessary to manage acute postoperative needs and facilitate safe transition to skilled care.

Credit to **Jacob Alexander, MD** at Sutter Health for this