

2027-03-03 · 80 minutes

Wk7 CER: Bioethics: access to rehab

Your goal: Debate whether insurance should cap the number of covered rehabilitation visits, then post a CER.

One product: One-paragraph CER taking a position on whether insurance should be allowed to cap covered rehabilitation visits.

Question: Should the fictional plan cap covered rehabilitation visits, and what would make its rule fair?

Start the work

Bring the motion-data evidence from your actual work, or ask the teacher how to recover it. No prior submission is assumed.

1. Read definitions and E1, then interpret the fictional S1 proposal.
2. Record two reasons to limit visits and two possible harms using E2.
3. Choose a bounded position with a recovery reason and a cost or fairness reason.
4. Discuss the strongest counterpoint, or use labeled C1 independent work.
5. Write one CER paragraph, post it to the confirmed board and retain your own-post screenshot; record any access hold.

If the board or assignment is unavailable, save the paragraph and tell the teacher. Use the solo counterpoint to develop your argument. When access works, post your work, capture your own screenshot and check that Schoology shows Submitted.

Words you will use

rehabilitation

Care aimed at regaining, maintaining or improving abilities needed in daily life.

physical therapy (PT)

Rehabilitation care that can help strength, mobility and fitness.

functional goal

An ability a person is working to regain or maintain, such as using stairs.

insurance coverage

Payment for specified care under a plan's terms; the fictional plan's terms are given in S1.

visit cap

A limit on the number of visits paid for under the stated proposal.

self-pay

Paying personally for care rather than having the plan pay.

distributive justice

Reasoning about how benefits, burdens and access should be shared fairly.

flat cap

The same numerical limit without the exception process being debated.

exception process

A stated way to request and review a departure from a general rule.

counterpoint

A serious reason that challenges your position.

reinjury

A new injury to an area that was previously injured; no reinjury outcome is supplied here.

total spending

All relevant costs over the period being considered, not just the visits counted by a cap.

CER

Claim, Evidence and Reasoning: a position supported by relevant information and an explanation.

claim

The position you defend in response to the question.

evidence

A relevant source fact or clearly labeled case detail that supports a claim.

reasoning

The explanation connecting the evidence to the claim, including its limits.

E1: rehabilitation goals

MedlinePlus describes rehabilitation as care that helps people regain, maintain or improve abilities used in daily life. Goals differ between people and depend on their needs. Physical therapy can help strength, mobility and fitness. Use at least one of these facts in your CER. This overview does not tell us how many visits a particular person needs or whether a visit cap saves money.

S1: fictional coverage proposal

A fictional plan proposes paying for at most 20 physical-therapy visits during a course of rehabilitation. In this invented case, a clinician requests 30 visits for a patient working toward climbing stairs independently after a knee injury. The patient cannot pay for the remaining visits. These numbers are scenario assumptions, not observed outcomes or a recommended treatment schedule. No examination findings, prices, recovery measurements or reinjury rates are supplied. Decide whether this plan should retain the flat cap, reject it, or use a clearly defined exception process. Evaluate the policy; do not prescribe exercises or promise recovery.

E2: two reasons and two possible harms

Reason A: a visit limit makes the maximum number of paid visits predictable. Reason B: a common limit is a simple rule applied to everyone in that plan.

Possible harm H1: a flat limit could stop funded care while an individual still has unmet functional goals. Possible harm H2: someone unable to self-pay could have fewer options than someone able to buy additional visits.

These are arguments and possible consequences, not measured financial savings or proof of injury. Equal visit counts and fair access can conflict when needs differ. Explain which consideration matters most and why.

E3: cost and outcome boundaries

Paying for fewer visits could reduce spending on those visits, assuming the price per visit and other conditions stay the same. It does not establish lower total spending: other care, administration and future needs are not priced in S1. If a care gap contributed to later problems needing treatment, later spending could offset initial savings; no such event, probability or amount is supplied. Conversely, additional visits do not automatically improve an outcome. A defensible argument identifies uncertainty and asks what evidence would test its prediction.

C1: serious counterpoints

If you support the flat cap, answer this: how should the rule handle a documented unmet goal when the patient cannot self-pay? If you reject the cap, answer this: how should a shared plan make spending decisions when requests compete and outcomes are uncertain? If you favor exceptions, answer this: could paperwork or delay make exceptions easier for some people to obtain than others? Use the strongest point actually raised in your group; if none is available, label one of these as a solo counterpoint and answer it. No classmate statements are supplied.

R1: a bounded ethical claim

State a position on S1, including any conditions. Link an E1 fact to a reason about recovery and a reason about cost or fairness. Answer a serious counterpoint. Clearly separate what the source says, what the fictional case assumes, what you predict and what you value. Supporting a cap, rejecting it and proposing a flexible cap are all eligible for a strong response when justified. A flexible-cap position is a position, not a failure to choose.

Optional extension: design an exception rule

Propose who reviews an exception, what relevant information they consider and how a patient can challenge a denial. For example, a review might consider documented functional goals and barriers to progress; you must explain your chosen criteria. Identify one fairness problem your rule could still create. Do not assume that improvement every week is the only legitimate rehabilitation goal or that your rule proves a clinical need.

Original course work and access holds

Before this class, spend 25 minutes on “Submit motion-data evidence” in Class Records. Bring or recover your actual motion-data evidence; this discussion does not replace that task or establish that it was submitted.

Today’s official work opens Lesson 1.3 with the introductory task in Problem 1.3.1 Personalized Plans, which asks for a fact about rehabilitation access or outcomes. The teacher will identify the assigned portion. Ask for that task and its required fact; use evidence from that task only after doing it. E1 is today’s MedlinePlus reading; it does not replace the licensed task.

Post the CER to the confirmed class board and retain a screenshot of your own post. If access is unavailable, save the same paragraph and tell the teacher. Capture your own post after the board opens. Independent work supplies a counterpoint without claiming John Carroll attendance.

The weekly plan also lists a ROM data report and a teacher-posted data/model packet. Follow their separate directions and keep their evidence separate. This ethics paragraph does not replace either item; ask your teacher for any missing materials.

Worked policy example: shared computer time

Different-question model: a fictional library proposes the same short computer-booking limit for every visitor. One visitor needs a longer accessibility setup before beginning work. No waiting-time measurements are supplied.

A worked claim might support a documented extension process. The reason is that identical booked time can leave unequal time for the task. A serious counterpoint is that extensions may lengthen the queue; a response might require a clear review process and examine queue data before promising improvement. This is a policy argument with a stated uncertainty, not proof that an extension works.

Map the reasoning steps, not the conclusion: identify the rule, affected needs, relevant evidence, value and counterpoint. Computer bookings are not health care and cannot establish a safe rehabilitation schedule.

Try the decision

Which statement stays within the evidence supplied for S1?

- Debate the cap using rehabilitation goals and possible costs while acknowledging that no outcomes or prices are supplied.
- Reject the cap because this case proves that stopping at 20 visits doubles reinjury.
- Approve the cap because paying for fewer visits proves the lowest total cost.

Explain your choice using the reading. Discuss it or say it to yourself. This practice does not add another submission.

Your 80-minute flow

0–5 minutes	Complete short warmup.
5–20 minutes	Annotate source fact, assumptions and four tradeoffs.
20–40 minutes	Compare positions and write counterpoint/reply.
40–55 minutes	Draft position, evidence connection and cost check.
55–75 minutes	Write/revise/post one paragraph and retain own screenshot when accessible.
75–80 minutes	Check missing evidence and record holds.

Your response record

Use these labels on paper or in your document. The space below also works when this page is printed.

Define the access problem

Define rehabilitation and name who pays for covered and uncovered visits in S1. Name one goal of PT after a knee injury and one possible problem if a needed goal remains unmet. Use E1 and conditional language.

The fictional plan pays for covered visits; the person would have to self-pay for the rest and S1 says they cannot. Do not report a recovery outcome.

Use this space or the same labeled section in your existing document. Add paper when your table, graph or drawing needs more room.

Two reasons and two harms

Record Reason A and Reason B in your own words, then H1 and H2. For each, explain who could benefit or bear a burden.

E2 supplies all four inputs. These are policy arguments, not statistics.

Use this space or the same labeled section in your existing document. Add paper when your table, graph or drawing needs more room.

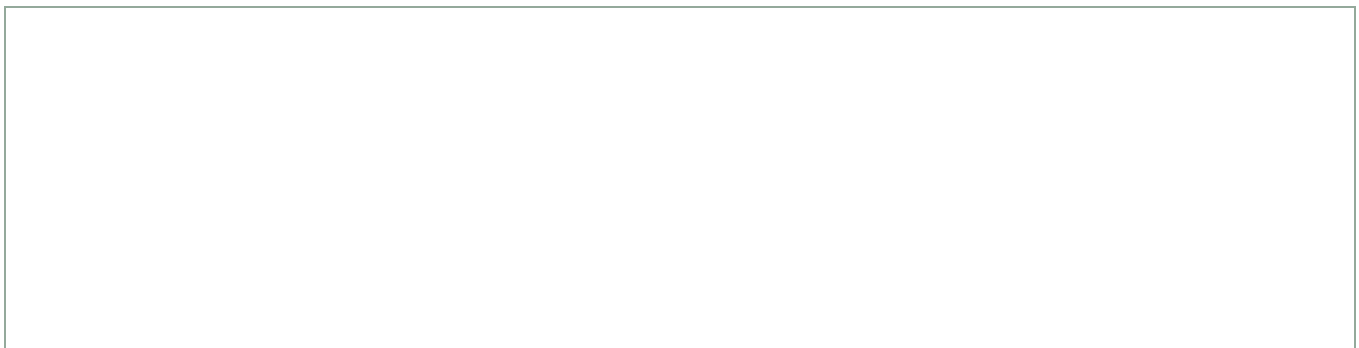


Claim and evidence plan

Choose a position on S1. Select an E1 fact and explain how it supports a recovery reason; add a cost or fairness reason using E2/E3.

A flexible cap is allowed if you state its rule. Do not claim that 30 visits guarantee recovery or 20 cause reinjury.

Use this space or the same labeled section in your existing document. Add paper when your table, graph or drawing needs more room.



Strongest challenge and reply

Record a serious group counterpoint and reply, or label a C1 point as a solo counterpoint and reply. Explain one uncertainty that remains.

Do not invent another person's words. A reply should answer the concern, not just repeat your position.

Use this space or the same labeled section in your existing document. Add paper when your table, graph or drawing needs more room.

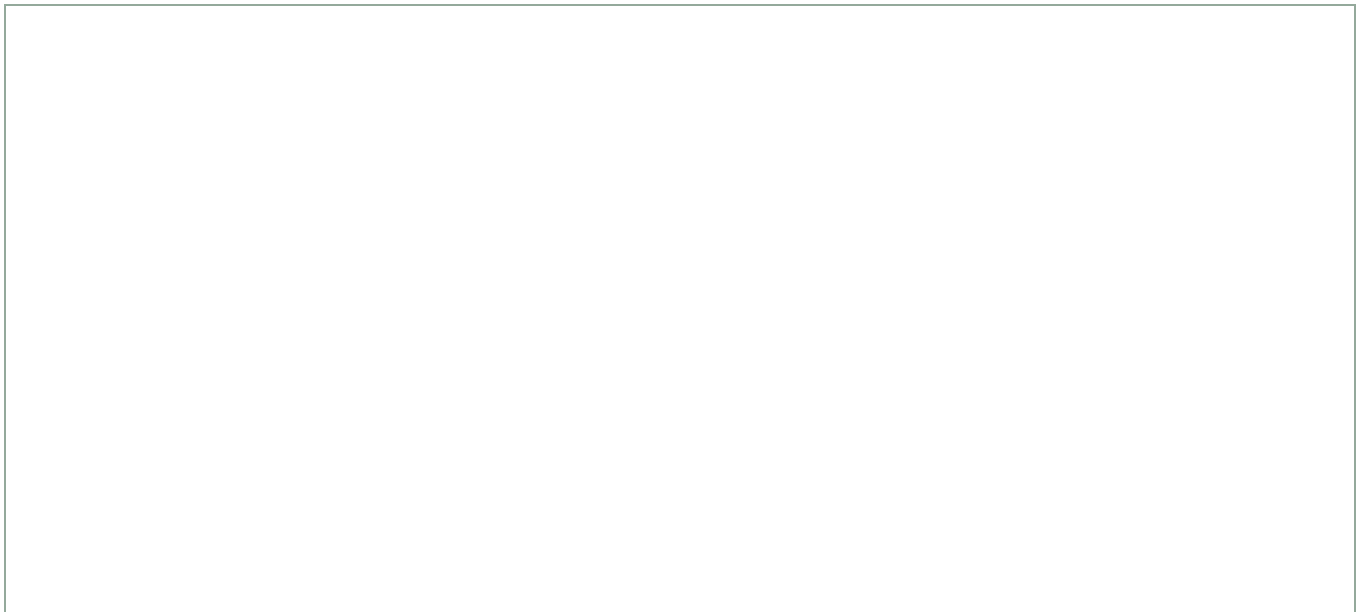


One-paragraph CER

Combine your position, an E1 fact, recovery and cost/fairness reasoning, and counterpoint/reply into one paragraph. Post the same paragraph and retain its screenshot through the confirmed route.

Use R1 to revise. If access is unavailable, save your paragraph and tell the teacher. Capture your own post after the board opens. Keep preparation with the same work.

Use this space or the same labeled section in your existing document. Add paper when your table, graph or drawing needs more room.



Check the cost claim

For the fictional 20/30 visit case, explain one conditional route by which a cap could cost more overall, then name the missing evidence needed to know whether it actually would.

E3 supplies the logic. No doubled-reinjury statistic or actual cost finding is available.

Use this space or the same labeled section in your existing document. Add paper when your table, graph or drawing needs more room.

Check your product

- Two reasons and two harms address the supplied proposal.
- The paragraph uses an E1 fact, recovery reasoning and cost or fairness reasoning.
- A serious counterpoint is answered and uncertainties remain explicit.
- Check your own post and save its screenshot. Ask the teacher for any missing access or official-task directions.

Keep the limit: This is an original classroom policy discussion. It cannot establish actual insurance entitlement, patient treatment, reinjury estimates, cost results or official completion.

Turn in your work

Post the paragraph to the class board confirmed by Mr. Mendoza, then retain a screenshot of your own post for the evidence packet. Use the named assignment in your HBS section as directed; keep this one CER.

If the board or assignment is unavailable, save the paragraph and tell the teacher. Use the solo counterpoint to develop your argument. When access works, post your work, capture your own screenshot and check that Schoology shows Submitted.

[Section 1292: Wk7 CER: Bioethics: access to rehab](#)

[Section 6792: Wk7 CER: Bioethics: access to rehab](#)

Carry forward

An access rule needs reasons about both people's needs and shared costs; predicted outcomes must stay separate from observed evidence.

Your argument prepares a discussion of rehabilitation access. Patient-specific planning and official Lesson 1.3 work require their actual assigned inputs. What evidence would help compare rehabilitation needs and access fairly?

Sources and resources

[Open today's page](#)

MED-REHAB · Rehabilitation

MedlinePlus, National Library of Medicine; updated September 21, 2025; inspected September 11, 2026

<https://medlineplus.gov/rehabilitation.html>