Therapy Provision in Medical vs. Developmental Models of Care

Medical	*Developmental*
The therapist's handling and skill is what is necessary to make changes in the child's status.	The therapist's role is to help the child function within a natural setting. Therefore, a primary role for the therapist is to empower the caregiver to be able to implement strategies to help the child succeed.
Therapist provides services to recover from a surgical intervention or other procedure.	Not a First Steps role as this is a medical rehabilitation focus. An increase in intensity will not be a FS responsibility.
Therapist provides intense services to overcome a specific obstacle. May work intensely on a component of movement rather than a functional skill. i.e. "toe walking"; inhibiting muscle tone; etc.	Therapist provides intervention strategies to the whole IFSP team expecting regular intervention and carry-over. Therapist may address a component of the global issue, but the developmental focus is on function. Adaptations may be made to allow the child to function.
Therapist provides intervention that may be repetitive in nature as the focus is on strengthening/handling techniques that only the therapist can provide.	Therapists will employ and educate the family/caregivers on activities that they can incorporate on a daily basis.
Child suffered a stroke, traumatic brain injury, meningitis, cancer, etc. This child was typically developing, even in utero, prior to this incident, now has significant physical impairments. This is a rehabilitative case where the therapist may use various handling techniques to reduce abnormal muscle tone etc.	Therapist(s) may address the child's needs within a natural setting by educating the family and caregivers on handling techniques to promote development. Therapist(s) also will provide ideas for adaptations within the home to improve the child's functioning.
Physician from Riley or Peyton Manning Children's Hospital recommends therapy at a two to three times per week frequency. In this case, the physician desires more repetitive sessions per week so that the therapist's handling can promote physiological change for the child which can improve skill level. Specific exercises and handling may be geared more to components of movement/function such as movement patterns or range of motion rather than	Therapist's role is to educate the caregivers so that intervention can occur on a daily basis. Intervention given by the First Steps therapists should be able to be smoothly incorporated into the child's daily routine. While the Developmental approach to therapies may work on specific components or building blocks of movement, the focus should be on "functional" skills. This may include adapting

incorporating functional skills.

Case: Child has a deformity which impairs function such as a missing digit. The "medical" therapist may do significant soft tissue work and work on passive or active range of motion. Therapist may employ modalities to assist with gaining range as well. Therapist may dissect skills to insure that the child has components of movement necessary to perform a skill with a good quality of movement.	The therapist using the Developmental approach will provide programming to the family for range of motion. Then the therapist will focus on function. Once the child is functioning at close to age level, this child may discharge. The focus is on "function" rather than on "how" the child accomplishes the skill as this child may always do things in a unique way.
Case: Child is homebound and on a ventilator while receiving nursing services. The physician wants more intense services. This child must be medically fragile if nursing is involved in child care. Some of the child's therapy needs MUST be rehabilitative in nature. Much of the therapist's treatment is geared toward components of movement. The therapist's treatments are very repetitive in nature with progress occurring at a slow rate. Home Health may be the resource necessary to address the child's "medical" therapy needs.	The therapist addressing this child's "developmental" needs will educate and provide programming to the child's family and caregivers to be implemented frequently throughout the day. The therapist will assist family and caregivers in positioning and strategies to perform. Direct intervention is not the focus.
Child has extremely low endurance following significant medical history of heart surgeries or illnesses. Outpatient PT would work intensely on strengthening to rehabilitate child to previous strength level or age appropriate strength level.	First Steps therapist may not be involved in this case as it is following a medical event. However, if child is showing delays, the FS "Developmental" role is to provide the family with functional strengthening activities to implement daily. The intensity level is based on how often this programming needs updating.
Child needs adjustment on bracing purchased through insurance.	Developmental model therapist should refer to orthotist.
Child requires biofeedback or E-stim as part of his or her treatment. This is a medical intervention.	Child could use this in the home. However, it is not the FS therapist role to prescribe and change programming. The FS therapist may consult with outpatient therapist.

Child requires augmentative communication equipment to communicate. Training is medical. Addition and programming is medical.	Integrating this device into the home for family use functionally could be developmental in nature. This would be an infrequent use of the device. (Intense The First Steps therapist would work on functional use of the device in the child's natural setting. The focus is to educate the parent on when to utilize the device and increase the parent comfort level for follow through. The parent should become more adept than the therapist in accessing the programs within the device.(Services to program device would be medical in nature.)
Child is aspirating. Child requires intense intervention to address a specific oral motor obstacle to eating. If intense repetitive intervention is necessary requiring the therapist's expertise, then this is medical.	The FS therapist would consult with outpatient therapist to implement consistent strategies within the home. The FS therapist may also be the primary therapist addressing feeding with the primary focus being to assist the family with intervention strategies to be performed on a regular basis in the child's routine. The parent should often be feeding the child with the First Steps therapist assisting with strategies for improvement.
Child has restrictions in joint flexibility and requires specific stretching and handling by therapists in order to make a physiological change. This is medical.	The therapist following a developmental model of care would educate the family on stretching and activities for daily follow through in order to make changes.
The therapist	