

Decision Making for Physical Therapy Service Delivery in Schools: A Nationwide Survey of Pediatric Physical Therapists

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BACKGROUND AND PURPOSE

A nationwide survey was conducted to explore decision making among school-based physical therapists and to examine recommendations regarding the models, contexts, frequency, and intensity of physical therapy service delivery. Factors that the therapists considered important in making clinical decisions also were examined.

SUBJECTS AND METHODS

A survey instrument using a clinical case format was sent to all members of the American Physical Therapy Association's Section on Pediatrics who identified themselves as school-based therapists (N=1,154); 626 respondents, from all 50 states, completed the survey. Four case descriptions were presented in the survey: 2 preschool girls with developmental delay (1 with and 1 without cognitive impairment) and a boy with cerebral palsy (at 6 and 12 years of age).

RESEARCH – TEACHER PERSPECTIVE

Two researchers comparing direct services with consultation found no difference in motor outcomes, but Dunn found that teachers preferred the consultative model. Research appeal's to support integrated service delivery over an isolated approach provided that there are sufficient opportunities for practice, which may depend on the severity of the student's involvement, the nature of the goals, and the stage of learning of those skills.

DECISION MAKING RESULTS

Individual direct services were recommended by 52% to 55% of the respondents for both 4-year-old girls and for the boy at 12 years of age; 92% of the respondents recommended them for the boy at 6 years of age. The most prevalent choice (48%-73%) for the context of service delivery (location or environment) was a combination of integrated and isolated contexts. For those respondents who selected direct services (individual or group, or both), the mean recommended bimonthly frequency for the boy at 6 years of age (5.8) was more than twice that for the boy at 12 years of age (2.4). The mean suggested direct frequency for the girl with cognitive impairment (4.5) was greater than that for the girl without cognitive impairment. The students' functional levels were considered very to extremely important in decision making by 87% to 90% of the respondents.

CONCLUSION

Survey responses were relatively consistent with current literature regarding school practice and principles of motor learning. Recommendations varied for each case, regarding the models, contexts, frequency, and intensity of physical therapy service delivery.

- It is more common for a physical therapist to recommend a direct service than an indirect service.
- Older children are considered less likely than younger children to benefit from direct services.
- The most common frequency of services was one time per week
- Decision making is most commonly influenced by the student's functional level and the student's own goals.
- Experienced therapists were more likely to recommend an integrated service delivery model than a new therapist.

SERVICE MODEL RESULTS

Effgen and Klepper¹ conducted a survey of school-based physical therapists in which they compared the respondents' reports of their actual practice with their conceptions of ideal practice, with respect to decision making, service delivery, team dynamics, and administrative support. According to the therapists' self-reports, 64% of the respondents always or usually provided direct services and 26% of the respondents always or usually provided indirect services. Service provision by 46% of the therapists was always or usually through an isolated (pull-out) format, whereas 51% of the therapists always or usually provided therapy that was integrated into the educational setting. In ideal practice, however, only 25% of the therapists thought that isolated service delivery was preferable.