

9-2014

PT 565.01: Physical Therapy for Children

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PT 565: Physical Therapy for Children- Fall 2014

- I. **Instructor:** Kim McKearnan, PhD; Guest Lecturers (pediatric experts) Contact Information: kmckearnan@communitymed.org; 406-327-4302
- II. **Meeting Time:** Monday 1:10-5:00, Wednesday afternoon labs as indicated on the syllabus schedule and Friday 8:10-10:00 a.m. per syllabus
- III. **Credits:** 2
- IV. **Contact Hours: Lecture/Lab 45 hours**
- V. **Recommended Texts:** Campbell, SK, Palisano, R. & Orlin, M. Physical Therapy for Children, 4th Edition; WB Saunders, 2011
- VI. **Other Readings: as assigned in class & on syllabus**
- VII. **Course Description:** This clinically-based course supported by evidence-based research will present an overview of the history and present scope of physical therapy practice for the pediatric population. Patient management, per the *Guide to Physical Therapist Practice, 3.0*, published by the American Physical Therapy Association, will define the physical therapist's examination, evaluation, diagnostic labeling, prognostication, intervention and outcome determination for the newborn through adolescent client. The WHO and ICF model of classifying function, will be used as foundations for physical therapy service delivery for children. Analysis of the function of difficult behaviors in childhood including positive behavioral supports, ecological assessment, and the coordination, communication and collaboration with multi-disciplinary team members will be woven throughout. The unique settings of service delivery will be presented and the selection and use of assistive technology and adaptive equipment will be addressed. Common pediatric medical diagnoses will be studied in the framework of *PT Practice Patterns*.
- VIII. **Grading Scale:** 90%-100%=A 87%-89% = B+ 83%-86% = B 80%-82% = B- 77%-79% = C+ 73%-75% = C
- IX. **Method of Evaluation**
 - Childhood Disorder or Disease Assignment (10%)
 - Simulated Evaluation Note 1 (10%)
 - Simulated Treatment Note 1 (5%)
 - Simulated Evaluation Note 2 (10%)
 - Simulated Treatment Note 2 (5%)
 - Case Study write up (10%)
 - Case Study Presentation (10%)
 - Exams
 - Mid-Term Exam 1(15%)
 - Final Exam (25%)
- X. **Academic Honesty:** All students must practice academic honesty. Academic misconduct is subject to an academic penalty by the course instructor and/or disciplinary sanction by the University. All students need to be familiar with the University of Montana Student Conduct Code. The Code is available for review online at <http://www.umt.edu/SA/VP/SA/index.cfm/page/1321>.
- XI. **Learning Objectives:** Upon completion, students will demonstrate adequate competence (=>80%) after completion of the following assignments, presentations and exams. Learning Objectives and Reference list can be found at the end of this document. Reference for objectives: *Pediatric Curriculum Content in Professional Physical Therapist Education: A Cross-Reference for Content, Behavioral Objectives and Professional Sources*; Education Committee, Section on Pediatrics, APTA, (2008).

XII. Assignments

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A. Childhood Disorder or Disease Research Project and Brief Presentation

Format: 2-3 page paper and 3 minute "highlights" presentation to class including a 2-slide concise powerpoint presentation.

Objective: Gain further knowledge of pediatric disorders/diseases and demonstrate ability to efficiently research such disorders/diseases as though you've just been presented with a new client who has a disorder or disease.

Content: The paper should be a concise synopsis of findings on etiology, pathology, clinical signs & symptoms, typical impairments, progression across lifespan, prognosis, diagnostic medical procedures (particularly including any role a PT may have in establishing or confirming diagnosis), & current evidence-based interventions (including medical, surgical, pharmacological, rehabilitative, environmental and psycho-social). Information on assigned disorder or disease can be gleaned from resources including literature review, disease specific organization web content, APTA section on pediatrics, American Academy of Pediatrics, Centers for Disease Control, & other reputable sources. Please site references in AMA (10th Ed.) style (this can be an additional page not included in the 2-3 page count). The presentation will be informal, but it should include the highlights of your research & findings.

Powerpoint slides **must** be emailed to Kim by October 24, 2014. At the end of this assignment, the powerpoint slides will be compiled and a copy (electronic &/or paper) will be given to you as a point of reference for future use.

B. Simulated Evaluation Notes 1 & 2

Format: Physical therapy documentation consistent with the standards described within the APTA's "Defensible Documentation." Please include "Simulated Documentation" as a Header or Footer to clearly convey your written submission is not part of a medical record

Objective: Practice documenting an evaluative session with a typically developing child and then a similarly aged child with a diagnosed disorder or developmental disability by simulating physical therapy documentation of the sessions conducted with the child volunteer.

Content: Do **NOT** use the term "patient" within the "simulated" documentation because you should not infer a patient/therapist relationship has been developed. You should observe and document the following as background information for your evaluation: child's affect, enthusiasm, exploration, alertness, tactile defensiveness, fear/anxiety, pain, play preferences, socialization, speech, & cognition. You should also try to get some information about family dynamics, support systems within the community, the child's current activity level and interests. Inclusion of at least **2** subtests of a developmentally appropriate standardized assessment tool is required. Evaluations must include brief medical history, approximate developmental age and physical assessment including any of the following that are relevant: ROM, functional strength, static postures or developmental movement patterns (i.e., rise to stand through ½ kneel), soft tissue or structural limitations/deformities, tone patterns, balance, mobility, visual-perceptual skills, and sensory integrative function.

Grading Criteria is attached for Simulated Initial Evaluation Documentation.

C. Simulated Treatment Notes 1 & 2

Format: Physical therapy documentation consistent with the standards described within the APTA's "Defensible Documentation." Please include "Simulated Documentation" as a Header or Footer to clearly convey your written submission is not part of a medical record

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Objective: Practice documenting an episode of care for a child with a typically developing child and a similarly aged child with a diagnosed disorder or developmental delay by simulating physical therapy documentation of the sessions conducted with the child volunteer. The note should be written in S.O.A.P. note format.

Content: Do **NOT** use the term "patient" within the "simulated" documentation because you should not infer a patient/therapist relationship has been developed. You should attempt to teach a child a new skill documenting the skill to be taught, the strategies used, modifications made if necessary and the success of the intervention.

Additionally, you are expected to develop goals & recommendations for each of the children you evaluated as follows: 1) Typically developing child- Create a list of activities that would help this child strengthen, improve upon or gain developmentally appropriate skills and identify at least 3 appropriate community resources, programs, or home activities that might be beneficial to this child. **Please create these recommendations in a handout form such that they can be shared with participating children/families;** 2) Child with a diagnosed disorder or developmental delay- Develop 3 short term (2 months) and 3 long term (6 months) goals, a treatment program that will address those goals, equipment recommendations, referrals to community resources and suggestions for play activities in the home. **Again, please create these recommendations in a handout form such that they can be shared with participating children/families. These will be handed out to the families at the time of the "simulated therapy session" and must be included with your final case study paper/presentation.**

Grading Criteria is attached for Simulated Documentation

D. Case Study Write-up including Recommendations & Comprehensive Treatment Plan:

Format: Physical therapy documentation consistent with the standards described within the APTA's "Defensible Documentation." Please include "Simulated Documentation" as a Header or Footer to clearly convey your written submission is not part of a medical record

Objective: Compare & Contrast the lessons learned in evaluating & "treating" a typically developing child and a child with a diagnosed disorder or developmental delay. Reflect on goals & recommendations for child volunteers.

Content: Do **NOT** use the term "patient" within the "simulated" documentation because you should not infer a patient/therapist relationship has been developed. As the culminating case study paper, you will be expected to summarize your experiences in evaluating and "treating" a typically developing child versus a similarly aged child with a diagnosed disorder or developmental disability. Please include reflections on challenges, similarities, & insights gained in these 2 experiences (e.g., Did interacting with a typically developing child provide any useful information or perspective for then subsequently evaluating a child with a disability or delay?). Next, a brief synopsis of each child's profile and primary needs should be provided. Handouts re: recommendations, goals & resources should be included with this paper. The project should reflect a family centered model of care. Students are encouraged to discuss the evaluation results, goals and plan with the instructors as needed prior to presentation.

Grading criteria is attached for Case Study. Paper due & presentations on **December 1, 2014**.

E. Case Study Presentation

You & your partner(s) will present a concise overview of the children in your case study, insights gained in experiences with a typically developing child vs. a child with a diagnosed disorder or developmental delay, your recommendations & goals including helpful community resources identified in the course of this project. Presentations scheduled for December 1, 2014.

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Format: Oral presentation to the class

Objective: Display your ability to present your simulated initial examination and supporting information in a clear, concise manner and handle questions related to the material you presented.

Content: The content should include an insightful profile of your community volunteer, primary needs of the child, goals and potential interventions.

Grading criteria is attached for Case Study Presentation

XIII. Mid-term Exam, Monday, November 10th

Final Exam, Thursday, December 11th, Skaggs 114, 8 a.m. to 10 a.m.

<u>Class Dates & Activities</u>	<u>Topic</u>	<u>Resources and Readings, Location of Labs, Due Dates</u>
October 17- Lecture	Course Review; Overview of family centered, inter- & multi- disciplinary care & practice settings	<ul style="list-style-type: none"> • Introduction to course, review of syllabus • Childhood Disorder or Disease Research Project and Brief Presentation (see description in assignments section) <ul style="list-style-type: none"> ◦ Topics to be assigned during class ◦ Slides & paper due to Kim on October 24, 2014- send electronic versions to kmckearnan@communitymed.org. In-class presentations will begin Monday, October 27th.
October 20- lecture	<ul style="list-style-type: none"> • Overview/review of typical development and regulations, mandates, & standards for pediatric practice in various settings • Overview/review of pediatric evaluation tools & strategies for evaluating/treating children with special health needs 	<ul style="list-style-type: none"> • Handouts provided in class • Chapter 2, 3, & 5 of text • http://www.copaa.org/?page=IDEA • Denboba, D., McPherson, MG., Kenney, MK., Strickland, B., & Newacheck, PW. Achieving Family and Provider Partnerships for Children with Special Health Care Needs. <i>Pediatrics</i> October2006;118:1607-1615 • Strickland, B., McPherson, M., Weissman, G., van Dyck, P., Huang, ZJ., & Newacheck, P. Access to the Medical Home: Results of the National Survey of Children with Special Health Care Needs. <i>Pediatrics</i> May 2004;113:1485-1492 • BOT2, PDMS 2, Bayley, Wee-FIM, School Function Assessment • Davies, P., Soon, P., Young, M. & Clausen-Yamaki, A. (2004). Validity and reliability of the School Function Assessment in elementary school students with disabilities. <i>Physical and Occupational Therapy in Pediatrics</i>, 24, 23-43. • Dietz, J., Kartin, D., & Kopp, K. (2007). Review of the Bruininks-Oseretsky Test of Motor Proficiency, Second Edition (BOT-2). <i>Physical and Occupational Therapy in Pediatrics</i>, 27, 87-102 • Tieman, B., Palisano, R., & Sutlive, A. (2005). Assessment of Motor Development & Function in Preschool Children. <i>Mental Retardation and Developmental Disabilities Research Reviews</i>, 11, 189-196
October 24- Childhood disorders paper/presentation due;	<ul style="list-style-type: none"> • Continued overview of pediatric evals • Practice Evaluation 	<ul style="list-style-type: none"> • BOT2, PDMS 2, Bayley, Wee-FIM, School Function Assessment • Video simulations of standardized assessment administration


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<p>October 27 - Continued Childhood disorders/diseases brief presentations, if needed;</p> <p>Guest lecturer, Tamara Kittelson-Aldred (seating & positioning expert)</p>	<ul style="list-style-type: none"> Developmental Disabilities- DCD, Cerebral Palsy; discussion to include GMFM, orthopedic concerns and spasticity management (including orthotics) CIMT & serial casting Wheelchair assessment & seating and postural care. 	<ul style="list-style-type: none"> Chapters 16 & 18 Rosenbaum, PL., Walter, SD., Hanna, SE., Palisano, RJ., Russell, DJ., Raina, P., Wood, E., Bartlett, DJ., & Galuppi, BE. Prognosis for Gross Motor Function in Cerebral Palsy: Creation of Motor Development Curves. <i>JAMA</i> September 2002;288:1357-1363 Carnahan, KD., Arner, M., & Hagglund, G. Association Between Gross Motor Function (GMFCS) and Manual Ability (MACS) in Children with Cerebral Palsy: A Population-based Study of 359 Children. <i>BMC Musculoskeletal Disorders</i> 2007;8:1-7 Wren, TAL., Rethlefsen, S., & Kay, RM. Prevalence of Specific Gait Abnormalities in Children with Cerebral Palsy. <i>Pediatr Orthop</i> January/February 2005; 25:79-83 White, H., Jenkins, J., Neace, WP., Tylkowski, C., & Walker, J. Clinically Prescribed Orthoses Demonstrate an Increase in Velocity of Gait in Children with Cerebral Palsy: A Retrospective Study. <i>Developmental Medicine & Child Neurology</i> 2002;44:227-232 Willis, AW., Crouner, B., Brunnstrom, JE., Kissel, A., & Racette, BA. High Dose Botulin Toxin A for the Treatment of Lower Extremity Hypertonicity in Children with Cerebral Palsy. <i>Developmental Medicine & Child Neurology</i> 2007;49:818-822 Taub, E., Ramey, SL., DeLuca, S., & Echols, K. Efficacy of Constraint-induced Movement Therapy for Children with Cerebral Palsy with Asymmetric Motor Impairment. <i>Pediatrics</i>2004;113:305-312 Anttila, H., Autti-Ramo, I., Suoranta, J., Makela, M., & Malmivaara, A. Effectiveness of physical therapy interventions for children with cerebral palsy: A systematic review. <i>BMC Pediatrics</i> 2008, 8:14 http://dcd.canchild.ca/en/EducationalMaterials/resources/DCD_Role_of_the_Physical_Therapist_-_FinalAug06.pdf
<p>October 29- Lab 4-5:30 p.m.</p>	<p>Evaluation of typically developing child</p>	<ul style="list-style-type: none"> Community Medical Center- directions to be provided during class 10/27 Simulated Evaluation Note 1 based on evaluation of child (see description at end of syllabus)- DUE November 3, 2014
<p>October 31</p>	<p>No Class</p>	<ul style="list-style-type: none"> Work on summary of evaluation of typically developing child Happy Halloween! 
<p>November 3</p> <p>Evaluation summaries due</p>	<ul style="list-style-type: none"> Play & age appropriate toys Developmental Disabilities- Pervasive developmental disorders and intellectual disabilities including autism, down syndrome, MR. Behavior mgmt. 	<ul style="list-style-type: none"> Chapter 17 Ozonoff, S., Young, G. S., Goldring, S., Greiss-Hess, L., Herrera, A. M., Steele, J., Macar, S., Hepburn, S., & Rogers, S. J. (2008). Gross motor developmental, movement abnormalities, and early identifies of autism. <i>Journal of Autism and Developmental Disorders</i>, 38(4), 644-656. Stemmons-Mercer, V. & Lewis, C.L. (2001) Hip abductor and knee extensor muscle strength of children with and without Down Syndrome. <i>Pediatric Physical Therapy</i>, 13 (1), 18-26.
<p>November 5</p> <p>Lab 4-5:30</p>	<p>Simulated therapy session with typically developing child</p>	<ul style="list-style-type: none"> Community Medical Center- directions to be provided during class 10/27 Simulated Treatment Note 1 based on treatment session (see description at end of syllabus)- DUE November 10, 2014
<p>November 7-</p> <p>Mid-term Exam</p>		

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<p>November 10 Treatment note due</p>	<ul style="list-style-type: none"> • Physical disabilities in children including spina bifida, muscular dystrophy, SMA, JIA, cardiac anomalies and limb deficiencies; • Pediatric Orthopedics: Guest Lecturer: Josh Klatt, MD (peds ortho) 	<ul style="list-style-type: none"> • Chapter 7, 12 & 13 • Bartonek, A., & Saraste, H. Factors Influencing Ambulation in Myelomeningocele: A Cross-sectional Study. <i>Developmental Medicine & Child Neurology</i> 2001;43:253-260 • Wang, CH., Finkel, RS., Bertini, ES., Schroth, M., Simonds, A., Wong, B., Aloysius, A., Morrison, L., Main, M., Crawford, TO., & Trela, A. Consensus Statement for Standard of Care in Spinal Muscular Atrophy. <i>J Child Neurol</i> 2007;22:1027-1049 • Balaban, B., Matthews, DJ., Clayton, GH., & Carry, T. Corticosteroid Treatment and Functional Improvement in Duchenne Muscular Dystrophy. <i>Am J Phys Med Rehabil</i> November 2005;84:843-850 • Kaufmann, P. et al. Observational study of spinal muscular atrophy type 2 and 3: functional outcomes over 1 year. <i>Arch Neurol</i>. 2014 Jun;68(6):779-86. • Chapter 14 • Additional readings TBA
<p>November 12- Lab 4-5:30</p>	<p>Evaluation of child with a diagnosed disorder or developmental delay</p>	<ul style="list-style-type: none"> • Community Medical Center- directions to be provided during class 10/27 • Simulated Evaluation Note 1 based on evaluation of child with a delay (see description at end of syllabus)- DUE November 17, 2014
<p>November 14- lecture</p>	<p>Neurological Disorders; Communication & Feeding Disorders- role of the pediatric PT, Guest Lecturer, Erin Schwisow, SLP</p>	<ul style="list-style-type: none"> • Incecik, F., Ozlem-Herquner, M., Altunbasak, S. Guillain-Barre syndrome in children. <i>Neurol Sci</i>. 2014 Jun;32(3):381-5. • Kehrer C, Blumenstock G, Raabe C, Krägeloh-Mann I. Development and reliability of a classification system for gross motor function in children with metachromatic leukodystrophy. <i>Dev Med Child Neurol</i>. 2014 Feb;53(2):156-60. • Class handouts and additional TBA
<p>November 17-</p>	<ul style="list-style-type: none"> • Acute Care- Focus on oncology, burns, amputation, TBI, SCI, sports injury and trauma/ fractures; Discuss pertinent prosthetics & orthotics and pain assessment & management 	<ul style="list-style-type: none"> • Chapter 15, 20, & 21 • Sunan, OE., Spies, RJ., Celis, MM., Micak, RP., & Herndon, DN. Effects of a 12-wk Resistance Exercise Program on Skeletal Muscle Strength in Children with Burn Injuries. <i>J Appl Physiol</i> September 2001;91:1168-1175 • Johnston, TE., Betz, RR., Smith, BT., & Mulcahey, MJ. Implanted Functional Electrical Stimulation: An Alternative for Standing and Walking in Pediatric Spinal Cord Injury. <i>Spinal Cord</i> 2003;41:144-152 • Kutz-Buschbeck, JP., Stolez, H., Golge, M., & Ritz, A. Analyses of Gait, Reaching, and Grasping in Children After Traumatic Brain Injury. <i>Arch Phys Med Rehabil</i> March 2003;84:424-430 • Wade, SL., Wolfe, C., Brown, TM., & Pestian, JP. Putting the Pieces Together: Preliminary Efficacy of a Web-based Family Intervention for Children with Traumatic Brain Injury. <i>J of Pediatric Psychology</i> 2005;30:437-442 • Schmitt YS, Hoffman HG, Blough DK, Patterson DR, Jensen MP, Soltani M, Carrougher GJ, Nakamura D, Sharar SR. A randomized, controlled trial of immersive virtual reality analgesia, during physical therapy for pediatric burns. <i>Burns</i>. 2014 Feb; 37(1):61-8. • Dickerman, JD. The Late Effects of Childhood Cancer Therapy. <i>Pediatrics</i> March 2007;119:554-568 • van Brussel, M., Takken, T., Lucia, A., van der Net, J., & Helders, PJM. Is Physical Fitness Decreased in Survivors of Childhood Leukemia? A Systematic Review. <i>Leukemia</i> 2005;19:13-17
<p>November 19- Lab 4:00-5:30</p>	<p>Simulated therapy session with a child with a delay</p>	<ul style="list-style-type: none"> • Community Medical Center- directions to be provided during class 10/27 • Simulated Treatment Note 1 based on treatment session (see description at end of syllabus)- DUE November 24, 2014

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November 21- lab 8-10 a.m.	Elective lab on casting (serial or for CIMT or orthotics)	<ul style="list-style-type: none"> • U of M basement gym
November 24-	<ul style="list-style-type: none"> • Acute Care- NICU and developmental follow-up; Guest Lecturer, Dr. Bonnie Stephens, neonatologist & developmental-behavioral pediatrician • Sensory Integration 	<ul style="list-style-type: none"> • Chapter 28 • http://www.neonataltherapysolutions.com • Mahoney MC, Cohen MI. Effectiveness of developmental intervention in the neonatal intensive care unit: implications for neonatal physical therapy. <i>Pediatr Phys Ther.</i> 2005 Fall;17(3):194-208. • Mangeot, SD., Miller, LJ., McIntosh, DN., McGrath-Clarke, J., Simon, J., Hagerman, RJ., & Goldson, E. Sensory Modulation Dysfunction in Children with Attention Deficit Hyperactivity Disorder. <i>Developmental Medicine & Child Neurology</i> 2001;43:399-406 • Miller, LJ., Anzalone, ME., Lane, SJ., Cernak, SA., & Osten, ET. Concept Evolution in Sensory Integration: A Proposed Nosology for Diagnosis. <i>Am J of OT</i> March/April 2007;61:135-140 • Handouts
November 28-	No class	<p style="text-align: center;">Happy Thanksgiving! </p>
December 1	Case Study presentations & related discussion	<ul style="list-style-type: none"> • Please see description for Case Study Presentation
December 5	Review of course for final	<ul style="list-style-type: none"> • Bring materials & questions!
December 11- 8-10 a.m. Final Exam		<ul style="list-style-type: none"> • Cumulative in nature.

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Learning Objectives

A) Develop an understanding of the assumptions about motor development, motor control, and motor learning that are the basis for evaluation and treatment of infants and young children.

1. Apply the typical sequence of gross motor development and predicted age(s) for achieving motor milestones.
2. Compare and contrast the major theories of sensory/motor development and motor control.
3. Describe the development of postural control and mobility in infants and children.
4. Identify and describe various movement strategies and discuss how they are linked to goal achievement.
5. Identify major stages or developmental milestones and discuss the clinical implications in following areas of development: visual-perceptual, social, emotional, fine motor, play, and speech/language.
6. Identify typical reflex development and impediments reflex development could lead to if not properly integrated.

B) Integrate a family centered care model of service delivery into evaluation, goal setting, and treatment planning for children with disabilities.

1. Identify the principles of family centered care and contrast with a traditional medical model of health care delivery. (CC-5.6, 5.8-5.11)
2. Demonstrate respect for racial, ethnic, cultural, socioeconomic, and other sources of diversity and discuss their potential impact on goal setting and treatment planning. (CC-5.10, 5.11, 5.17, 5.18)
3. Discuss the psychosocial consequences associated with living with a chronic illness and/or disability for children and their families.
4. Discuss the roles of various health and human service professionals and community-based agencies involved in providing comprehensive and collaborative services in pediatrics. (CC-5.10,5.11)
5. Discuss the impact of Federal Law on the delivery of PT services to individuals with disabilities ages 0-21. (CC-5.1)
6. Discuss medical/legal issues related to physical therapy practice and health care delivery. (CC-5.1)

C) Apply the above concepts to evaluating and treating children with disabilities.

1. Describe the purpose of assessment of sensory motor development and function and criteria for selecting the most appropriate tests and measures.
2. Identify various evaluation procedures employed in pediatrics and discuss differences in the information they provide for goal setting and treatment planning. (CC-5.45-5.49)
3. Discuss the clinical signs and symptoms of various pediatric diagnoses presented, and describe physical therapy screening, and evaluation procedures for each diagnoses.
4. Discuss the etiology, epidemiology, and progression associated with various pediatric diagnoses presented during the course.
5. Describe and analyze current management, including physical therapy intervention, within the context of evidence-based practice for the various pediatric diagnoses presented. (CC-5.19-5.23)
6. Identify the functions of UE & LE orthoses and the appropriate indications for such devices in a pediatric population.
7. Identify the impact of the neonatal intensive care unit and the implications for treatment and future development for children born prematurely, or children at risk for developmental disorders.
8. Demonstrate an understanding of the roles of other professionals in pediatric evaluation and treatment, and identify circumstances when referral to other disciplines is indicated

D) Develop a comprehensive treatment plan for a designated child with a disability within a family centered and culturally competent model of health care delivery.

1. Identify one or more evaluation tools that are appropriate for your client. ((CC-5.45-49)
2. Perform a comprehensive evaluation of the child within the context of the family and or school dynamics. (CC-5.28-5.38)
3. Identify family, child, and school priorities and develop accessible, flexible, and achievable goals to address those priorities.
4. Complete a physical therapy assessment and evidence based treatment plan in coordination with the family to enhance motor development. Your plan should integrate motor skill development with emotional, social, cultural, visual perceptual, language and play skills. (CC-5.21-5.23, 5.28-5.38)
5. Identify community resources and services, assistive technology, or orthotics that are accessible and available to enhance motor skill development and goal achievement.
6. Present your interdisciplinary case study and comprehensive plan in an organized and informative manner, in both a written and oral format. Your paper should include a review of current research related to the diagnosis or problems identified in your assessment. (CC-5.21-5.23)

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Grading Criteria

Name: _____

Simulated Initial Evaluation

Score: _____

PLEASE NOTE: Submitted "simulated" documentation that contains the term "patient" or a facility name within the header/footer/document title will not be accepted.

PERFORMANCE	%	CRITERIA MET FOR EXCELLENT PERFORMANCE	CRITERIA MET FOR GOOD PERFORMANCE	CRITERIA MET FOR EXPECTED PERFORMANCE	CRITERIA MET FOR ACCEPTABLE PERFORMANCE	CRITERIA MET FOR UNACCEPTABLE PERFORMANCE
	SCORE	95-100 points	80-94 points	66-80 points	36-57 points	0 - 79 points
Volunteer Profile	30	provided an insightful volunteer profile that demonstrated understanding of implications for PT	provided an accurate volunteer profile with the majority of areas addressed	provided an accurate volunteer profile	provided a brief volunteer profile	did not provide a profile of the volunteer, or provided an inaccurate profile
Primary Needs	20	appropriately prioritized needs of the volunteer	clearly identified the majority of needs of the volunteer	identified most needs of the volunteer	vaguely identified some needs of the volunteer	unable to identify or did not state volunteer's needs
Goal Description	30	comprehensively and concisely described at least 2 key goals	described 2 key goals	clearly stated at least one goal	briefly mentioned goals	did not state any of goals
Intervention Description	20	Comprehensively and concisely described key evidence-based interventions, equipment, referrals and home activities to meet the above needs/goals as needed to guide treatment session	Described the majority of key evidence-based interventions, equipment, referrals and home activities to meet the above needs/goals as needed to guide treatment session	Clearly stated some of the evidence-based interventions, equipment, referrals and home activities as needed to guide treatment session	Briefly mentioned key evidence-based interventions, equipment, referrals and home activities as needed to guide treatment session	Did not state any of the evidence-based interventions, equipment, referrals or home activities as needed to guide treatment session

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Grading Criteria

Name: _____

Simulated Therapy Session

Grade: _____

PLEASE NOTE: Submitted "simulated" documentation that contains the term "patient" or a facility name within the header/footer/document title will not be accepted.

PERFORMANCE	%	CRITERIA MET FOR EXCELLENT PERFORMANCE	CRITERIA MET FOR GOOD PERFORMANCE	CRITERIA MET FOR EXPECTED PERFORMANCE	CRITERIA MET FOR ACCEPTABLE PERFORMANCE	CRITERIA MET FOR UNACCEPTABLE PERFORMANCE
	score	85-100 points	80-84 points	75-79 points	70-74 points	0-79 points
Intervention Description	50	Comprehensively and concisely described key evidence-based interventions, equipment, referrals and home activities to meet the above needs/ goals	Described the majority of key evidence-based interventions, equipment, referrals and home activities to meet the above needs/goals	Clearly stated some of the evidence-based interventions, equipment, referrals and home activities	Briefly mentioned key evidence-based interventions, equipment, referrals and home activities	Did not state any of the evidence-based interventions, equipment, referrals or home activities
Treatment or Intervention Note Content	50	Complete, accurate record of all sessions using a SOAP format with content consistent with the APTA Defensible Documentation standards. The note demonstrates a good understanding of the role of a PT and would require very few to no revisions if they were to be the record of patient care.	Complete, accurate record of all sessions using a SOAP format with content consistent with the APTA Defensible Documentation standards. The note demonstrates a developing understanding of the role of a PT and would require some revisions if they were to be the record of patient care.	Provided a SOAP note for all sessions with content consistent with the APTA Defensible Documentation standards. Note provides opportunities to extend the learning of neuromanagement content, patient care, and/or documentation requirements.	Provided a SOAP note for all sessions with content consistent with the APTA Defensible Documentation standards. The majority of the note provides opportunities to extend the learning of neuromanagement content, patient care, and/or documentation requirements.	Did not provide a note for one or more all sessions, did not apply a SOAP note consistently, and/or the note provided was not consistent with the APTA Defensible Documentation standards or did not represent his/her own unique individual work.

Comments:

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Grading Criteria

Name: _____

Case Study Report and Presentation

Score: _____

PERFORMANCE	%	CRITERIA MET FOR EXCELLENT PERFORMANCE	CRITERIA MET FOR GOOD PERFORMANCE	CRITERIA MET FOR EXPECTED PERFORMANCE	CRITERIA MET FOR ACCEPTABLE PERFORMANCE	CRITERIA MET FOR UNACCEPTABLE PERFORMANCE
	score	95-100 points	90 - 94 points	85-89 points	80-84 points	0 - 79 points
Summary of experiences in evaluating & treating 2 children	20	provided insightful summary of experience with typically developing child vs. child with a disorder/delay including elaboration on challenges & similarities	provided a summary of experience with typically developing child vs. child with a disorder/delay including challenges & similarities	provided a summary of experience with typically developing child vs. child with a disorder/delay	provided brief summary of experience with typically developing child vs. child with a disorder/delay	did not provide summary of experience with typically developing child vs. child with a disorder/delay or summary was inconsistent or inaccurate
Brief Synopsis of Volunteer Profile	10	provided insightful volunteer profile that demonstrated understanding of implications for PT	provided accurate volunteer profile with the majority of areas addressed	provided accurate volunteer profile	provided a brief volunteer profile	did not provide a profile of the volunteer, or provided an inaccurate profile
Brief Recap of Primary Needs	10	appropriately prioritized needs of the volunteer	clearly identified the majority of needs of the volunteer	identified most needs of the volunteer	vaguely identified some needs of the volunteer	unable to identify or did not state volunteer's needs
Goal Description	20	comprehensively and concisely described 3 short term & 3 long term goals	described 3 short term & 3 long term goals	clearly stated 2-3 short term & 2-3 long term goals	briefly mentioned 1-2 short term & 1-2 long term goals	did not state any of goals
Intervention Description	20	comprehensively and concisely described key evidence-based interventions, equipment, referrals and home activities to meet the above needs/goals: Handout for child/family was clear, concise & reflective of needs.	described the majority of key evidence-based interventions, equipment, referrals and home activities to meet the above needs/goals: Handout for child/family reflected most needs and available resources.	clearly stated some of the evidence-based interventions, equipment, referrals and home activities: Handout for child/family addressed basic needs and resources.	briefly mentioned key evidence-based interventions, equipment, referrals and home activities: Handout for child/family was unclear and did not address all needs/resources.	did not state any of the evidence-based interventions, equipment, referrals or home activities: Handout for child/family was missing or inadequately addressed needs.
Presentation Skills	20	enthusiastic, professional, well organized, comprehensive presentation	well organized presentation, easy to follow, comprehensive, confident speaker(s)	clear speaking voice, organized content, confident speaker(s)	polite, able to hear/understand, and fit into 5-10 minutes	did not attend, or spoke inaudibly, or very poor organization of content, or rude, or \geq 12 minutes