

**Service name/area:** Curt Phillips/Jake Penrose

**Service Description:** PT/PTA

**What type of child is this service appropriate for:** (developmental needs, age requirement, prerequisite skills, etc.)

Children with diagnosed disorders affecting gross motor skills, children who are not meeting GM milestones (big ones are not rolling by 8 months, sitting by 10-11 months, crawling by 13 months or walking by 16-17 months), children with undiagnosed delays noted by other service providers and children who might need assistive technology including wheelchairs, walkers, standers, seating devices or bracing. Just keep in mind that being a month or two behind is not cause for concern with most kids unless there are other factors indicating probable delay such as increased tone, vision loss, failure to thrive, etc.

**Describe/list the Main objectives this service addresses:** (Ex. Big Talkers: communication, vocabulary, etc)

The primary objective of PT/PTA is to teach the parent strategies to improve the potential of their child. This may include education on what tone is, how to teach a movement pattern, how to complete stretches, how to use/obtain assistive technology or what other services/activities might be appropriate/helpful in the gross motor development of their child. We also can address fine motor needs but that typically falls to occupational therapists.

**What, if any, developmental outcomes could occur incidentally?** (ex Big Talkers: vocabulary expansion, social interactions with peers, follow group routines)

Depending on the setting and who is involved in care, PT/PTA services should assist in fine motor activities (stacking while working on sitting position), self-help skills as mobility is often necessary in many SH skills, social interactions as mobility is needed to “join” a group of other children. Often I have noted that speech development slows when a child is working intently on a motor skill so that may be something to make parents aware of so that they do not get worried if that happens.

**Parent Objectives:** Parents are the teachers. PT/PTA services should be focused on the parent and making sure that the parent is aware and competent in all of the suggestions that are given. I often encourage them to take pictures or video of the activity in addition to practicing while I am there as they often forget how to complete the activity.

**Child Objectives:** The objective for the child is to not cry!! Good luck with that. Actually, the objective is to go through a process of learning a movement pattern, a stretch, fitting them to assistive technology or practicing an old movement pattern/improving strength or technique required to improve movement patterns. This will help the child recognize the movement pattern better when the parent/caregiver works on it with them.

**How do we know objectives are met:** (what information will be gathered to show this is helping children)

Really, the only way to gauge whether the objective is met for the parent is for the parent to complete the activity appropriately and have a successful return demonstration. For the child, there really is no information to gather outside of noting progress in the activity. This is not binary meaning the child can or cannot do the activity independently. This is based on familiarity of the child with the activity, ease of moving through the movement patterns and progress toward independence. With regard to assistive technology, success is measure by looking at appropriate fit and use of the device.

**What is the Parent's role:** (ex. Big Talkers: Complete registration packet for Preschool site. Drop off child or call if not attending. Do Reading activities at home)

The parent is the lead in all of the processes discussed. If the parent is not involved and practicing the activities with the child, progress is slow or non-existent. It is important to ensure that parents recognize their role in this process. They need to know that progress only happens when they are engaged in the activities. If this is not made clear on the initial evaluation, the success of the program is compromised.

**What type of staff/team involved:** (ex Big Talkers: SLP at preschool)

Typically PT/PTA services are done specifically by the PT/PTA. On occasion, these services may be combined with other service providers. The most common combinations of service providers would be to be providing services in concert with either occupational therapy or vision services as the delays these two disciplines address are intimately involved with movement and/or assistive technology affecting gross motor development.

**Process to enroll or start service:**

To begin PT/PTA service, please either talk to us or provide us with an internal referral before promising services to parents. It is appropriate to identify and validate parent concerns about perceived gross motor delays but it can be harmful to the relationship of the parent and program if the parent is promised GM services and then evaluation finds that the child falls in the normal or mild delay range and is not appropriate for direct services.