

Therapy Models

The appropriateness and extent of therapy provided by a school division must be related to the educational needs of a student with disabilities. It is therefore important to understand the differences between educational and medical models and strategies for service delivery. Figures 2.1 and 2.2 refer to differences between the educational and medical models and intervention strategies.

Figure 2.1

<u>Differences in Service Delivery Models</u>	
<u>Educational Model</u>	<u>Medical Model</u>
Educational team includes parents, student when appropriate, educators, and therapist (s). therapist (s) evaluations, the team collaborates to determine focus of service as well as frequency and duration based on the student's educationally-related therapy needs.	Medical team recommends focus, frequency, and duration of therapy. Third party (insurance) may be ultimate decision maker.
Therapy focuses on intervention to improve the student's ability to learn and function in the school environment.	Therapy focuses on treatment to alleviate or cure specific underlying medical pathologies.
Services are provided primarily on school grounds and through school-sponsored community integration and vocational programs.	Treatment settings usually include clinic, hospital, and home.
Students' ages range from birth to graduation.	Clients/patients span all age ranges.
Services are provided at no cost to parents.	Payment is on fee-for-service basis, covered by private insurance, governmental assistance or the family.
Documentation of intervention is related to IEP, IFSP, or 504 plan requirements. Emphasis is placed on educational terminology.	Therapy documentation is dictated by guidelines of the setting and insurance requirements. Emphasis is placed on medical terminology.

Excerpt taken from the 'Handbook for OT and PT Serviced in the Public Schools of Virginia'. Published by the Commonwealth of Virginia Department of Education in March 1997.

Figure 2.2

<u>Sample Differences in Intervention Strategies for Service Delivery</u>	
<u>Educational Model</u>	<u>Medical Model</u>
Gait Training (Functional Walking)	
Gait training to decrease time required for student to walk a certain distance (e. g., classroom to bus)	Crutch training for acute temporary sports injury.
Joint Range of Motion	
Program directed at maintaining or improving functional joint motion through skills needed for more independence to function in the educational setting such as putting on a coat or reaching for items in a locker.	Program directed at promoting full physiological joint range, in excess of basic requirements for performance of routine activity or skill.
Design and Construction of Splints	
Fabrication of splints to enable the student to perform educational tasks such as writing, eating, using a keyboard, or stabilization of work materials.	Fabrication of splints to restore range of motion.
Wheelchair/Seating Modification	
Seating on the bus and at school. Therapist may provide consultation or assistance in seating modification or make recommendations for classroom positioning equipment.	Seating outside the school setting (e. g., shower chair at home).
Design and Construction of Adapted Equipment	
Device/keyboard shield construction to allow student to operate computer or augmentative communication device.	Device purchase or construction to allow for independent control of light switches when at home alone.
Changes in Physical Status Due to Injury or Surgery	
Adaptive equipment required post injury to provide access to educational environment to meet IEP/IFSP goals or 504 plan.	Muscle strengthening, range of motion, or whirlpool post surgery to restore function.
Fine Motor Manipulation	
Muscle strengthening and development of hand skills sufficient for functional writing, keyboarding, cutting, buttoning, etc.	Treatment to maximize finger dexterity, rate, and speed.

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