

ACADEMY OF PEDIATRIC PHYSICAL THERAPY FACT SHEET

Using APTA's *Guide to Physical Therapist Practice 3.0* in Pediatric Settings

What Is the Guide to Physical Therapist Practice 3.0?

The *Guide to Physical Therapist Practice 3.0* (Guide 3.0) is the description of physical therapist practice for use by physical therapist and physical therapist assistant educators, students, and practitioners. It was revised from the previous version by the American Physical Therapy Association (APTA) and expert physical therapists through a consensus process and made available in 2014. Guide 3.0 has five parts and includes a History of Guide Development and Glossary.

1. Introduction contains the purpose; description of physical therapist practice; roles in primary, secondary, and tertiary care, prevention and fitness; physical therapist direction and supervision of personnel; constructs that inform physical therapist practice (ICF, Evidence Based Practice, Professional Values and Quality Assessment); and education, specialization and licensure.
2. Principles of Physical Therapist Patient and Client Management describe the patient client management model.
3. Measurement and Outcomes describe measurement concepts including psychometric terms (reliability, validity, detecting clinically meaningful change), clinical utility, self-report vs performance based measures; and factors affecting outcomes.
4. Physical Therapist Examination and Evaluation: Focus on Tests and Measures lists and describes test and measurement categories. Each category is linked to a definition of the category, examples of clinical indications, which tests and measures quantify that category, examples of data gathering tools and data to use in documentation. Case examples link to PTNow and Specific Tests and Measures in PTNow.
5. Interventions include definitions, selection of interventions, and intervention categories.

The Guide 3.0 is available for free to APTA members (<http://Guide.3.0toppractice.apta.org>) as a download and can be read using a free ePub reader. Guide 3.0 can also be purchased.

Why Is the Guide 3.0 Important to Pediatric Practice?

Guide 3.0 describes physical therapist practice and provides a framework for clinical decision making in physical therapy. It is intended to be easily updated online within PTNow and EDGE web pages. PTNow includes case examples for selected diagnoses using the Guide's patient and client management model.

To provide high-quality pediatric physical therapy services and education, therapists need to consider the Guide 3.0; and other documents that guide practice such as APTA standards of practice and Guide for Professional Conduct; federal and state legislation; practice setting; and research-based evidence for practice decisions.

How do we apply the principles of physical therapist Patient/Client Management Model to pediatric practice?

Pediatric physical therapists support children and families to actively engage throughout all elements of the process of care. In pediatrics, physical therapists often “co-manage”, that is, share responsibility with others in the care plan. In collaboration with the child, family, and other health and educational team members, therapists make decisions regarding the examination, evaluation, diagnosis, prognosis, and intervention, as well as service delivery, outcomes, and criteria for discharge/termination of services. In addition to referrals to other health care and educational professionals, pediatric physical therapists assist families in accessing appropriate community resources and consult with community programs for children.

The table below defines the six elements of the patient/client management model and the consideration for pediatric physical therapy practice:

How does the Patient/Client Management Model apply to pediatrics?

Element	Pediatric Considerations
Examination: History	Includes a family-centered interview to gather information on the family’s concerns, priorities, strengths, and resources.
Examination: System’s review	Includes a review of the developmental domains that influence a child’s function: cognition; language and communication; social/emotional development; adaptive function; physical development, including vision and hearing; and play.
Examination: Tests and Measures	Pediatric physical therapists use the Guide’s information on tests and measures to select the most appropriate tools to gather information on the child’s participation in the home, school, and community; ability to do activities; and the implications of health conditions, personal/environmental factors, and body structures/functions on performance. Pediatric physical therapists, as part of a team in a variety of settings (e.g. EI, Schools, rehabilitation programs), may collaboratively select and administer comprehensive developmental and/or functional tests.
Evaluation	In early intervention and school settings, the process of “evaluation” and “assessment” are defined differently than how these words are used in Guide 3.0. However, the process of collecting and interpreting information to develop an appropriate plan of care is espoused in both the Guide and in federal legislation for early intervention and educational services.

	When interpreting tests and measures, pediatric physical therapists consider the influences of the domains of the ICF, including personal and environmental factors, and developmental trajectory.
Diagnosis	It is important for the emphasis of the diagnosis to highlight the activity limitations and participation restrictions. When sharing diagnostic information with the individual and family, therapists are supportive, and use strength-based and family friendly language
Prognosis	Pediatric physical therapists consider the facilitators and barriers across all domains of the ICF when predicting optimal level of improvement and the time needed to reach that level.
Intervention	Pediatric physical therapist provide interventions in hospital, clinical, and natural settings; and support participation in home, school, and community with consideration of the individual’s and family’s interests, preferences, and strengths. Patient/client-related instruction is a reciprocal sharing of information among the therapist, individual, and family. Therapists respect that families are the experts on their child and have meaningful and valid information to share. Therapists recognize the importance of self-determination for the individual and self-efficacy for the family. Therapists share information to enable the family to make informed decisions. Therapists provide information to assist families in negotiating the medical, educational, and community systems and planning for the future. Home or school activity programs are developed collaboratively within the context of daily routines and activities.
Outcomes	Outcomes may include goal mastery and self-report measures to ensure that outcomes of physical therapy service reflect a meaningful impact to the individual and family.

How do we use the information generated during patient/client management in pediatric physical therapy practice?

In certain pediatric practice areas, teams collaboratively develop overall plans or programs to guide services, such as the Individualized Education Program (IEP) in school-based practice or the Individualized Family Services Plan (IFSP) in early intervention practice. As part of the team, pediatric physical therapists provide input and recommendations. The physical therapist’s plan of care is based on supporting the child’s needs outlined in the IEP or IFSP. Goals are integrated and implemented across professional domains. The team collectively identifies when it is appropriate to discontinue services. Coordination, communication, and documentation ensure that children receive person-and family-centered services during their episode of care. Pediatric physical therapists honor documentation requirements in their practice setting, such as IEPs or IFSPs, but also need to maintain supplemental documentation to meet the standards for licensure and the profession. Therapists use family-friendly language in documentation and discussions with individuals and families to ensure health literacy.

For More Information

If you have additional questions, would like to order additional copies of this fact sheet, or would like to join the Academy of Pediatric Physical Therapy, please visit the Academy's Web site at www.pediatricapta.org or e-mail pediatrics@apta.org.

©2017 by the Academy of Pediatric Physical Therapy, American Physical Therapy Association, 1111 N Fairfax Street, Alexandria, VA 22314-1488, www.pediatricapta.org.

Developed by the Practice Committee of APPT, with expert contributors Lisa Chiarello, PT, PhD, FAPTA, and Connie Johnson, PT, DScPT.

The Academy of Pediatric Physical Therapy provides access to these member-produced fact sheets and resources for informational purposes only. They are not intended to represent the position of APPT or of the American Physical Therapy Association.