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PEDIATRIC
————— PHYSICAL THERAPY

**Comparison of Early Intervention and
Hospital/Clinic-Based Physical Therapy
Services Introduction**

Pediatric physical therapy services are provided in a variety of settings. Two of the most common ways children and families participate in physical therapy services are early intervention (EI) and clinic/hospital-based settings. EI, also known as Part C of the Individuals with Disabilities Education Act (IDEA), is a program for infants and toddlers with developmental delays or disabilities ages birth to the third birthdate, and their families. The intent of EI is to enhance the development of infants and toddlers with disabilities and enhance the capacity of families to meet their child's needs.¹ Hospital/clinic-based physical therapy services are those provided in a hospital or outpatient clinic setting for children birth through 21 years of age. Hospital/clinic-based services are to help the child regain function or improve overall function.

Many times, EI and hospital/clinic-based physical therapy overlap, and can lead to confusion for families and caregivers. The similarities and differences of these two physical therapy service settings are listed below to act as a guide for parents, caregivers, providers, and administrators.

Detailed APPT Fact Sheets are available to better understand each individual service spanning a child's lifespan at <https://pediatricapta.org/fact-sheets/>

Similarities Between Early Intervention and Hospital/Clinic-Based Physical Therapy (PT)

Physical Therapists and Physical Therapist Assistants in both settings....

- Provide physical therapy services and adhere to state licensure laws, regulations and professional standards.
- Apply the best evidence and best practices in pediatric physical therapy.
- Use the International Classification of Functioning, Disability, and Health (ICF) to provide a framework for evaluation, intervention, and measurement of outcomes.
- Work collaboratively with other team members, including families, medical providers, and caregivers in setting outcomes, planning interventions, and monitoring progress.²
- Provide Family Centered Care through education and empower the family, and other caregivers with diagnosis-specific information, health promotion, wellness and active participation in care delivery (ie. Home Programs).^{2,3}
- Use interventions that apply motor learning principles (eg, amount, location, and type of practice, feedback).
- Monitor progress regularly through utilization of appropriate outcome measurement tools and report findings to team members, including families, medical providers, and caregivers.²
- Provide episodes of care with clear entry, exit and reentry criteria.
- Provide services based on the needs of the child and family,⁴ not administrative convenience.
- May be reimbursed for services when compliant with appropriate public or private insurance policies.

Comparison Between Part C Early Intervention and Hospital/Clinic-Based Physical Therapy Services

	Early Intervention/Part C Physical Therapy	Clinic-Based Physical Therapy
What is the focus of the PT?	<ul style="list-style-type: none"> Assist a child/family to achieve collaborative routine-based family focused outcomes developed by the Individual Family Service Plan (IFSP) team.⁵ Promoting access to and participation in functional daily activities in the child's natural environment including home and community environments.^{5,6} 	<ul style="list-style-type: none"> Assist a child to achieve functional intervention goals that enhance performance at the child's natural environment including home and/or in the community.⁵ Address medical continuum of needs, including impairments, functional limitations, and participation restrictions. Improve access to the home or community environment.
Who is eligible for physical therapy?	<ul style="list-style-type: none"> Eligibility varies by state.⁷ In general, infants and children birth - 3 years of age who demonstrate a known qualifying condition, present with a >25% delay in more than 1 developmental area,⁵ or present with clinical recommendation by the assessment team noting clinical concern or risk for developmental delay. 	<ul style="list-style-type: none"> Child with a medical diagnosis and/or documented neuromotor, developmental, orthopedic, or sensorimotor impairments or functional limitation. Child who requires physical therapy to address the impairment or functional limitation.⁵
Who is the source of referral?	<ul style="list-style-type: none"> Family members, daycares, state agencies or health care providers can make referrals to the early intervention program in the child's state/community for the completion of an intake and assessment. 	<ul style="list-style-type: none"> Child may be referred by a health care provider or the family. Physician referral may be required. In states with direct access, physician referral is not required for provision of physical therapy services but may be needed for reimbursement.
What is the evaluation procedure?	<ul style="list-style-type: none"> A multidisciplinary team, who might include a PT, will complete an evaluation to determine if the child is eligible for early intervention services. Following an intake process, the evaluation includes review of records, interview of appropriate persons, observation in natural environment(s) and use of appropriate tests and measures.⁵ Early intervention evaluation may or may not include an evaluation by a PT. 	<ul style="list-style-type: none"> PT evaluation includes history, examination and use of appropriate tests and measures and observation within the clinic, home, or community setting.⁵ The PT's evaluation includes a plan of care that is shared with the physician and other team members, as appropriate.⁵ The PT will work with the child and family to align the goals of therapy, intervention strategies and the frequency/duration of the plan of care with eventual discharge as a component of the plan.
Who decides need & scope of physical therapy?	<ul style="list-style-type: none"> The assessment team, including the parents/guardians, create discipline-free, routine-based family focused IFSP outcomes and decides which services are necessary to achieve these outcomes. This model of care may or may not include direct service delivery by the PT. 	<ul style="list-style-type: none"> The PT, in partnership with the patient and family (and physician, if appropriate), agree upon a plan of care that is carried out by a PT or physical therapist assistant (PTA).² Service delivery is typically provided over a specified time period to maximize achievement of the goals and function of the child. Reimbursement for services may be limited by insurance coverage.
Where do physical therapy services occur?	<ul style="list-style-type: none"> In natural environments within the home and/or community where the child is expected to perform routine activities including home, childcare, playground, or similar places.^{8, 9, 10,11} 	<ul style="list-style-type: none"> Clinic, hospital, home, community, and other settings.
How are	<ul style="list-style-type: none"> Integration of physical therapy interventions 	<ul style="list-style-type: none"> Direct intervention or consultation. Typically,

<p>physical therapy services delivered? and for how long?</p>	<p>into the child’s naturally occurring activities and routines.^{2,10} Direct intervention, consultation, collaboration, and coaching parents/guardians/caregivers for multiple practice opportunities throughout the routines of the child’s typical day.^{5,8}</p> <ul style="list-style-type: none"> • Services can span months to years within the child’s first 3 years of life. 	<p>services are provided individually but may also be provided in groups. PT interventions are determined by the evaluating therapist and typically delivered using specified techniques, equipment and therapy tools needed to meet the needs of the patient.</p> <ul style="list-style-type: none"> • Services can vary from a single visit to weeks, months or even years depending on the clinical needs. Plans of care are typically discussed in Episodes of Care (ie. 2x per week for 12 weeks)
<p>How are services documented?</p>	<ul style="list-style-type: none"> • PTs providing services under EI must consider documentation requirements of multiple entities including federal and state regulations, employer policies, payer standards, and physical therapy professional guidelines.^{3,12, 13} • Recorded progress towards a child’s IFSP outcomes written in language understandable to parents/guardians and other team members.⁵ • In compliance with federal, state, local Part C, and professional regulation guidelines. In compliance with payor or Medicaid guidelines, if seeking reimbursement. • Parents have access to copies of all documentation. 	<ul style="list-style-type: none"> • Recorded in the patient’s medical record in compliance with insurance requirements to justify medical necessity and skilled care. Documentation must meet facility’s accreditation standards, guidelines of the setting, and best practice. Using proper diagnostic codes and billing codes that are supported by the clinical documentation.⁵ • Parents have access to copies of all documentation.
<p>Who pays?</p>	<ul style="list-style-type: none"> • Payment coverage varies by state. Physical therapy may be provided at no cost to the family or on a sliding fee scale based on income guidelines determined by each State.⁴ Early Intervention Providers may bill third-party payers, such as insurance, Medicaid, with parent/guardian permission. 	<ul style="list-style-type: none"> • Paid through insurance (ie. Medicaid & Commercial Insurances), private self-pay, or other funding sources. Families should verify their individual coverage from their insurance companies prior to receiving services as copayments and deductibles typically apply to receiving PT services.
<p>When does transition/discharge planning occur?</p>	<ul style="list-style-type: none"> • Discharge is determined by the IFSP team and may happen when the child meets all goals. • Transition from Early Intervention to School Based Services may occur when the child turns 3 years old through the local referral process to the Lead Educational Agency in the community.² This referral is typically initiated when the child is 30 months old. Parents or EI can assist in this referral 	<ul style="list-style-type: none"> • Discharge may happen when patient meets all goals and/or is not making progress towards goals. Based on insurance coverage physical therapy services may have a limited number of visits per year. • The PT and child/caregiver work together to plan for discharge throughout the episode of care with expectations set for activities following discharge and possibly identification of when to return to PT if needed.

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Resources

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