Complete Summary

GUIDELINE TITLE

Prescribing therapy services for children with motor disabilities.

BIBLIOGRAPHIC SOURCE(S)

Michaud LJ. Prescribing therapy services for children with motor disabilities. Pediatrics 2004 Jun;113(6):1836-8. [23 references] PubMed

GUIDELINE STATUS

This is the current release of the guideline.

American Academy of Pediatrics (AAP) Policies are reviewed every 3 years by the authoring body, at which time a recommendation is made that the policy be retired, revised, or reaffirmed without change. Until the Board of Directors approves a revision or reaffirmation, or retires a statement, the current policy remains in effect.

COMPLETE SUMMARY CONTENT

SCOPE

DISEASE/CONDITION(S)

Motor disabilities, including those related to:

- Cerebral palsy
- Traumatic brain injury
- Myelomeningocele
- Spinal cord injury
- Neuromuscular disease
- Juvenile rheumatoid arthritis

- Arthrogryposis
- Limb deficiencies

GUIDELINE CATEGORY

Management

CLINICAL SPECIALTY

Family Practice
Pediatrics
Physical Medicine and Rehabilitation
Speech-Language Pathology

INTENDED USERS

Health Care Providers
Physician Assistants
Physicians

GUIDELINE OBJECTIVE(S)

To define the context in which rehabilitation therapies should be prescribed, emphasizing the evaluation and enhancement of the child´s function and abilities and participation in age-appropriate life roles

TARGET POPULATION

Children with motor disabilities

INTERVENTIONS AND PRACTICES CONSIDERED

1. Accurate diagnosis /description of disability
2. Development of appropriate prescription for therapy programs (physical, occupational, and speech-language)
3. Establishment of realistic functional goals (both short- and long-term
4. Regular communication among parents and other caregivers, therapists, educators, and prescribing physicians
5. Parent and caregiver education

MAJOR OUTCOMES CONSIDERED

Effectiveness of therapy for motor disability

METHODOLOGY

METHODS USED TO COLLECT/SELECT EVIDENCE

Searches of Electronic Databases

DESCRIPTION OF METHODS USED TO COLLECT/SELECT THE EVIDENCE

Not stated

NUMBER OF SOURCE DOCUMENTS

Not stated

METHODS USED TO ASSESS THE QUALITY AND STRENGTH OF THE EVIDENCE

Not stated

RATING SCHEME FOR THE STRENGTH OF THE EVIDENCE

Not applicable

METHODS USED TO ANALYZE THE EVIDENCE

Review

DESCRIPTION OF THE METHODS USED TO ANALYZE THE EVIDENCE

Not stated

METHODS USED TO FORMULATE THE RECOMMENDATIONS

Not stated

RATING SCHEME FOR THE STRENGTH OF THE RECOMMENDATIONS

Not applicable

COST ANALYSIS

A formal cost analysis was not performed and published cost analyses were not reviewed.

METHOD OF GUIDELINE VALIDATION

Peer Review

DESCRIPTION OF METHOD OF GUIDELINE VALIDATION

Not stated

RECOMMENDATIONS

MAJOR RECOMMENDATIONS

The Pediatrician´s Role

The pediatrician´s responsibility in writing a prescription for therapy includes providing an accurate diagnosis when possible. When the exact cause of the disability is not apparent, the physician must provide an accurate description of the medical condition and note whether the child has a transient, static, or progressive impairment. In addition to the primary motor disorder, all potential associated problems such as learning disabilities, mental retardation, sensory impairment, speech disorders, emotional difficulties, and seizure disorders must be identified, and a care plan must be recommended. There are some children with special needs whose medical conditions may be affected adversely by movement or other specific therapeutic activities; therapists and caregivers should be advised to take appropriate precautions with these children.

The physician´s prescription for therapy should contain, in addition to the child´s diagnosis: age; precautions; type, frequency, and duration of therapy; and designated goals. Goals for physical, occupational, and speech-language therapy do not depend solely on the diagnosis or age of the child, and they are most appropriate when they address the functional capabilities of the individual child and are relevant to the child´s age-appropriate life roles (school, play, work). The pediatrician should work with the family, child, therapists, school personnel, developmental diagnostic or rehabilitation team, and other physicians to establish realistic functional goals. The pediatrician can assist families in identifying the short- and long-term goals of treatment, establishing realistic expectations of therapy outcomes, and understanding that therapy will usually help the child adapt to the condition but not change the underlying neuromuscular problem. Pediatricians should be encouraged to seek and use expert consultation as in any other area of medicine. Helpful resources may include local and regional diagnostic and intervention teams, early intervention and developmental evaluation programs, developmental pediatricians, pediatric physiatrists, pediatric neurologists, pediatric orthopedists, and orthotists.

Regular communication among parents and other caregivers, therapists, educators, and prescribing physicians should be ongoing, with periodic reevaluations to assess the achievement of identified goals, to direct therapy toward new objectives, and to determine when therapy is no longer warranted. Changes in the child´s status (e.g., surgical intervention, school-to-work transition warranting assistive technology intervention) may indicate resumption of specific short-term, goal-directed services.

Summary

Successful therapy programs are individually tailored to meet the child´s functional needs and should be comprehensive, coordinated, and integrated with educational and medical treatment plans, with consideration of the needs of parents and siblings. This can be facilitated by primary care pediatricians and tertiary care centers working cooperatively to provide care coordination in the context of a medical home.

CLINICAL ALGORITHM(S)

None provided

EVIDENCE SUPPORTING THE RECOMMENDATIONS

TYPE OF EVIDENCE SUPPORTING THE RECOMMENDATIONS

The type of supporting evidence is not specifically stated for each recommendation.

BENEFITS/HARMS OF IMPLEMENTING THE GUIDELINE RECOMMENDATIONS

POTENTIAL BENEFITS

If the child has motor problems severe enough to interfere with mobility, self-care, or communication, therapists may provide a program to help the child ameliorate, compensate for, or adapt to the impairment or disability. Physical, occupational, and speech-language therapists, working with the family, child, physician, and teacher, promote a positive functional adaptation to impairment or disability in the context of the child´s developmental progress.

POTENTIAL HARMS

There are some children with special needs whose medical conditions may be affected adversely by movement or other specific therapeutic activities; therapists and caregivers should be advised to take appropriate precautions with these children.

QUALIFYING STATEMENTS

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The guidance in this report does not indicate an exclusive course of treatment or serve as a standard of medical care. Variations, taking into account individual circumstances, may be appropriate.

IMPLEMENTATION OF THE GUIDELINE

DESCRIPTION OF IMPLEMENTATION STRATEGY

An implementation strategy was not provided.

INSTITUTE OF MEDICINE (IOM) NATIONAL HEALTHCARE QUALITY REPORT CATEGORIES

IOM CARE NEED

Living with Illness

IOM DOMAIN

Effectiveness
Patient-centeredness

IDENTIFYING INFORMATION AND AVAILABILITY

BIBLIOGRAPHIC SOURCE(S)

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ADAPTATION

Not applicable: The guideline was not adapted from another source.

DATE RELEASED

2004 Jun 6

GUIDELINE DEVELOPER(S)

American Academy of Pediatrics - Medical Specialty Society

SOURCE(S) OF FUNDING

American Academy of Pediatrics

GUIDELINE COMMITTEE

Committee on Children With Disabilities

COMPOSITION OF GROUP THAT AUTHORED THE GUIDELINE

Committee on Children With Disabilities, 2003–2004: Adrian D. Sandler, MD, *Chairperson*; J. Daniel Cartwright, MD; John C. Duby, MD; Chris Plauch Johnson, MD, MEd; Lawrence C. Kaplan, MD; Eric B. Levey, MD; Nancy A. Murphy, MD; Ann Henderson Tilton, MD

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Liaisons: Bev Crider, Family Voices; Merle McPherson, MD, Maternal and Child Health Bureau; Linda J. Michaud, MD, American Academy of Physical Medicine and Rehabilitation; Marshalyn Yeargin-Allsopp, MD, Centers for Disease Control and Prevention

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FINANCIAL DISCLOSURES/CONFLICTS OF INTEREST

Not stated

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GUIDELINE AVAILABILITY

Electronic copies: Available from the American Academy of Pediatrics (AAP) Publications Web site.

Print copies: Available from American Academy of Pediatrics, 141 Northwest Point Blvd., P.O. Box 927, Elk Grove Village, IL 60009-0927.

AVAILABILITY OF COMPANION DOCUMENTS

None available

PATIENT RESOURCES

None available

NGC STATUS

This NGC summary was completed by ECRI on August 9, 2004. The information was verified by the guideline developer on September 27, 2004.

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