

## Medical vs. Educational Model

There are primarily four ways a child can receive physical therapy once a need has been identified.

- a hospital or an outpatient clinic; served by medical model
- outpatient clinic; served by medical model
- home based services; served by medical model
- school based services; served by educational model only when physical therapy is required to meet educational needs

The factors determining need for intervention may be very different in these two models. This can sometimes be very confusing.

In the medical model:

- Referral is initiated by the physician based on a particular diagnosis or observed delay in one or more areas of development
- The parent is then referred to a hospital or clinic for an evaluation and/or treatment by the appropriate professional.
- Need for service is primarily based on testing and clinical observations. The assessment would take all settings into consideration.
- Children with mild, moderate and severe deficits may qualify for services.
- Therapy can address movement quality as well as function.
- The parent is responsible for obtaining the needed services as well as payment for those services.
- Health insurance may frequently assist with payment, but not always.

In the educational model:

- Physical therapy is provided by schools as service **only** when it is related to **educational** needs.
- Related services are possible only when they are "required to assist a child with a disability to benefit from special education".
- Need for service is primarily based on testing, classroom observations and input from the student's IEP team. However, the child is only assessed for needs associated with his or her educational program.
- The school district must establish whether the service is needed for the child to benefit from his or her education. There are many "related services" that might benefit a child with a disability, just as there are many services that might benefit a child without a disability.
- In general, students with significant need qualify for as these services in order to benefit from their special education.
- Related services, like physical therapy, are only provided when the student's educational program would become less than appropriate without the service.
- A child who does not perform to what may be his/her full potential but does function adequately, would not qualify for school based services.
- Related services are provided only when they support an educational need. They are not provided when there is a transportation problem or other obstacle in getting outpatient or home based physical therapy.

Some children will receive services through both models. For some children the frequency or intensity of physical therapy they receive at school through the educational model will not meet all of the child's needs for physical therapy. There may be goals that are not addressed by school based therapy and would require home or community based services from the medical model. In each setting, the child should be assessed individually to determine the best way to meet his or her needs.

	<b>EDUCATIONAL MODEL</b>	<b>MEDICAL MODEL</b>
WHO DECIDES?	Educational team, including parents, student (if appropriate), educators, administrators and school based therapists determine the student's educational needs and what support is required by related services.	Medical team determines focus, frequency and duration of therapy. Insurance coverage may be determining factor.
WHAT?	Therapy focuses on adaptation and intervention to allow the student to participate, access their special education and school environment.	Therapy addresses medical conditions; works to get full potential realized.
WHERE?	On school grounds, bus, halls, playground, classroom, lunchroom, ...	In the clinic, hospital or home.
HOW?	The student's educational needs are met individually. Services may include direct one on one treatments, staff training, program development, collaboration with staff, integrated therapy, inclusive therapy (with peers) or by consultation for the student's daily program.	Direct one on one treatment to accomplish set goals.
ELIGIBILITY	Educational need as determined by the IEP team.	Medical need as determined by medical professionals.
COST	No cost to student or family.	Fee for service payment by family, insurance or governmental assistance.
DOCUMENTATION	Related to IEP with accessible, readable language guided by the setting and best practice.	Dictated by insurance requirements and guidelines of the setting. Emphasis on medical terminology
	<b>EDUCATIONAL MODEL</b>	<b>MEDICAL MODEL</b>
THERAPY EXAMPLES:		
Gait training	To improve efficiency, speed to	To improve heel strike or

	safely move between classes.	attain normal gait pattern, not required for daily function.
Range of motion	Positioning program to address range of motion daily during class activities. Goal to attain what range is needed for daily living.	Program to gain full physiological joint range, beyond what is required for daily living.
Changes in physical status	Adapting equipment, schedule or environment to provide access to special education/meet IEP goals.	Rehabilitate for strength, range of motion to attain full potential post surgery.