Supplemental Digital Content 2

**Job AID/Training Manual for CP Tx Session EPIC flowsheet**

Adapted from Training Manual School-Physical Therapy Interventions for Pediatrics (S-PTIP) Data Form version 4. McCoy SW, Jeffries L, Effgen S, Chiarello LA Unpublished 2011.

**Objectives**

The CP treatment session EPIC flowsheet has been designed to record the following information from therapists regarding their services for children in a clinic setting during each therapy treatment sessions. This does not have to be utilized for Team/Interdisciplinary clinic visits such as CP team clinic, spasticity clinic or for new evaluation visits. But you may use for test and measure visit, therapy planning visits or visits where you spend time on formal assessment.

1. The service delivery /session information
2. The focus area being addressed during each therapy session
3. The amount of time spent addressing each focus area
4. Specific interventions used to accomplish each focus area
5. Child’s level of effort or intensity during the session.
6. Current frequency
7. Recommend continued frequency

NOTE: The form is designed to be inclusive of the possible activities and interventions that therapists could use. It is not suggesting that a therapist should use all of these interventions or focus areas and have left space for therapists to add other focus areas or interventions.

**Procedures for completing the flowsheet:** There are three sections to this flowsheet; 1) Session Information, 2) Session Details, and 3) Summary and recommendations.

1. **Session Information:** Include type (individual , co tx, group), visit identifier, # patients in session, # therapists in session, rehab tech present Yes/No, # caregivers in session, Subjective and GMFCS E &R level.
2. **Session details (includes focus areas and interventions)**
	* **Focus area:** If you see a child for a CP treatment session you will fill in the focus area section. **In general what were your goals of the session, what did you focus on?**

Select the appropriate focus area and record the time spent in this particular focus areas with the child. This should equal the total amount of time dedicated to this activity. Please indicate the approximate time for all focus areas that were addressed in the session.

To determine the focus area, you will need to identify the primary intent of each focus area. For example if you have the child… if the activity is a distraction so that you can focus on sitting then code the time under sitting. An example is that you are fitting an orthotic and observing them in standing and playing basketball. The standing and playing basketball is a distraction so that you can check the orthotic so you should code the time under pre functional orthotics.

\*If you add up the minutes for time spent in all chosen focus areas this should equal the total minutes of the session or session duration under Section 3. Summary and recommendations. The session duration field is automatically calculated in the CPtx flowhsheet.

\*For patient that is overlapping (**i.e. ortho sports**) the total time in clinic is the same as total treatment time spent/Session duration that is added up from all chosen focus areas. If a patient is overlapping then the therapist would indicate a lower amount of time in direct contact time (this is the time you billed patient) and may also indicate a modality time in the ortho/sports note template.

**FOCUS AREAS DEFINTITIONS**

**Pre functional:** Activities that will be related to a functional activity at a later time. May include massage, ROM, stretching, serial casting, orthotics, basic strengthening, manual therapy techniques, set up of an assistive device, fitting of equipment that will lead to function later, establishing behavioral rules for the session, or sensory organization techniques to prepare the child for other activities. Scar management would fall under massage.

**Sitting:** The major weight bearing surface is the buttocks, May include long, ring, tailor, side, bench, supported, unsupported, static or dynamic sitting. Focus may be on improving head or trunk control, strengthening of proximal musculature or improving access to the environment.

**Standing:** The major weight bearing surface is the feet. May include; standing on both feet, one foot, feet in different positions. Focus may be on improving trunk or hip control, strengthening of proximal musculature, improving balance or any other activity in standing.

**Transitions/Transfers:** The process of moving from one position to another. May include supine/prone to/from sit, sit to/from quadruped, quadruped to/from kneeling, kneeling to/from standing, sit to/from stand and transfers from one object or surface to another. If working on a new skill to achieve for the first time, consider putting under Gross Motor/Developmental.

**W/C Mobility:** Activity including moving from one place to another in a wheelchair, may include manual or power.

**Gait:** (household, community, high level gait, balance, coordination): Training of skills for walking over level surfaces, household distances, uneven surfaces, community distances. High level gait, curbs, ramps, running, stairs, balance and coordination may be included. May involve using assistive devices.

**Fitness/Health/Recreation management**: Activity related to fitness, health and recreation. May include development of foundational movement skills that are required for active roles and participation in society, such as ball skills, playground equipment use, riding a bike, participating in gym class, and endurance training.

**Gross Motor/Developmental**: Newly acquiring skills to maintain and move through developmental sequencing while exploring and interacting with the environment purposefully.

**Pain/Effusion:** Activities related to reducing pain and/or effusion.

**Formal Assessment:** Activities related to formal test and measures or assessment performed during the course of the session **(**for example 10 meter walk test, GMFM, Bruininks, etc)

**Other:** Any other activity that is performed by the PT that is not related to a functional activity listed above.

Note: each Focus area has a click box next to it to open and add details that you may wish to include here.

* **Interventions**: select all interventions that were utilized/performed to achieve the purpose of selected focus areas. **This is to reflect what therapy interventions did you do to address the focus areas of the session.**

**INTERVENTIONS**

**Assessment**: This is an open text field you must type in what you assessed. Examples include: if measured range of motion, manual muscle test, other test and measures (GMFM IS, etc.) during a treatment session. This is not for new visit or new evaluation.

**Neuromuscular**:

* **Balance:** Performance of perturbation (delivered either externally or via self-movement) exercise to increase the ability to maintain the body in equilibrium with gravity, both statically and dynamically.
* **Postural control:** Facilitating the awareness of the alignment and positioning of the body in relation to gravity, center of mass and base of support.
* **Motor control:** A set of processes associated with multiple practice or experience leading to relatively permanent changes in the capability for producing skilled action. Includes structuring and scheduling type and amount of practice, and giving extraneous feedback on various schedules (manual, verbal, visual guidance) to impact timing and coordination of movements.
* **Facilitation/handling:** May include simultaneously applied manual sensory stimulation techniques repeated with active movement to achieve a desired motor response, or manual handling skills to modify movement patterns completed before movement practice.
* **Repetitive task specific training**: Improvement of performance and functional tasks through goal-directed practice and repetition.

**Musculoskeletal**:

* **PROM (brief stretch):** Passive range of motion is a form of bodily movement that is carried through by the therapist or child that does not include the assistance or resistance of the effected body part, applied for short periods of time to increase range of motion.
* **Manual therapy:** A broad group of skilled hand movements used by the physical therapist to mobilize or manipulate soft tissues and joints for the purpose of modulating pain; increasing range of motion; reducing or eliminating soft tissue swelling, inflammation, or restriction; enhancing relaxation; improving contractile and non-contractile tissue extensibility.
* **Massage:** Skilled massage, including myofascial release, used by the physical therapist to reduce pain, increase range of motion, enhance relaxation, or reduce scar tissue or soft swelling.
* **Functional strengthening:** Strength-building exercises or activities in which the child is required to work against increasing resistance or gravity, or to work eccentrically within planned functional activity.
* **Stretching (prolonged):** Stretching is a sustained, long duration lengthening of soft tissue, such as muscle or tendon, applied for longer periods of time via positioning, casting, orthoses, etc.
* **Strengthening PRE:** Strength-building exercises in which the child is required to work against increasing resistance, applied via external resistance.
* **Serial cast ankle:** The process of applying casts in a series to elongate or improve range of motion at the ankle.
* **Serial cast knee:** The process of applying casts in a series to elongate or improve range of motion at the knee.
* **Weight bearing/bone loading:** Any intervention designed for the purpose of improving bone health.

**Modalities:** E stim (NMES), E stim (TENS), Hot /cold, Deep thermal, Biofeedback, Telehealth, Aquatics

**Adaptive Equipment /Orthotic**: Prescription, Fabrication, Maintenance/repair, Ergonomic /universal design, Training, Fitting/Adjustment

**Equipment**: BWS, Treadmill, stationary bike, elliptical, Upper body ergometer, seated stepper, wall rail/furniture, push toy, hand held walker, manual wheelchair, gait trainer, parallel bars, bench, hoyer lift, stander, robotic, therapy ball, bolster, wedge, other.

**Positioning:** Positioning a child with any type of equipment or device for improving access to their environment includes seating, sidelyers, standers, prone over wedge, floor sitter, other. Static seating, dynamic seating, static standing, dynamic standing, floor position.

**Assistive technology**: Adapted toy/game, Electronic tablet, AAC devise, Pictures schedule, switches, computer, virtual reality, video gaming, pet therapy, other tech.

**Orthosis/es**: *Please use this to indicate if a specific orthosis (es) is/are used during your session as a specific focus to address a given activity. If the child is just wearing the orthoses but you are not addressing the activity to in some way relate to the orthoses then do not record this as an intervention*. AFO, SMO, FO, HKAFO, TLSO, Knee immobilizer, Neuroprosthesis (FES), KAFO, Elastic wraps/suits, Therapeutic taping, Shoe insert off the shelf.

**Cardiopulmonary**:

* **Breathing:** Coordinating inhalation and exhalation exercises with movement during exercise. May also include interventions to improve coughing and/or breath support for vocalization.
* **Aerobic conditioning:** Performance of therapeutic exercise that requires extended times of movement to increase cardiopulmonary endurance.
* **Postural drainage:** Positioning of the child with or without percussion to assist drainage of targeted lobes of the lungs.
* **Energy conservation:** Techniques to conserve energy and reduce fatigue such as planned rests, simplifying tasks, sitting down rather than standing up to complete tasks.

**Integumentary:**

* **Pressure relief:** Performances of therapeutic exercises that requires pressure relief under bony structures.
* **Position changes:** Performance of training exercises to teach child to change position to avoid skin breakdown.
* **Skin check:** Performance of training exercises to teach student to evaluate skin for potential skin breakdown.

**Education/training**: Child and/or caregiver receives specific instructions via writing, verbalization and/or demonstration from the therapist and is asked to self-reflect and/or repeat the information via writing, verbalization and/or demonstration. This includes teaching and supporting self-determination. This includes education on the home program.

**Other:** This is an open text field to write in any non-listed interventions.

Note: each intervention type has a click box next to it that you may open and add details that you may wish to include here.

1. **Summary and Recommendations**
* **Child’s effort rating**. This is in essence recording what you believe to be the child’s effort/intensity in the session towards meeting the objectives of the session. **Child Effort Rating** (adapted from Westcott-Mccoy and Linn 2010, Horn 2015): records an overall rating for “Child Effort” across the entire session by circling a number on the visual analogue scale: 0 = child’s effort during the session(s) was not at all conducive to achieving the session’s treatment objectives, to 6 = child’s effort during the session(s) was exceptionally conducive to achieving the session’s treatment objectives Choose the number that best fits your initial impression.

0= absence of effort

1= minimal effort

2=below average effort

3=Average effort

4=above average effort

5=very good effort

6=superior effort

This scale should reflect the normal distribution of the population, which means that a score of 0 or 6 is uncommon. Most people tend to fall into the categories of 2, 3, and 4 **where 3 would be average effort**. This is not a measure of the patient’s ability! **Choose the number** **that best** fits what you observed the patient DO- not whether s/he did his/her “best”.

* + **Session duration**-this is an automatically calculated field that adds up all minutes in focus areas.
	+ **Current frequency**
	+ **Continue at frequency**

Helpful hints: If child is seeing Mary 1x week and Sally 1x week then the child’s frequency is 2x week.

Consultative vs periodic: Consultative= as necessary vs Periodic= regularly scheduled intervals.