

# The Differences Between Medical and Educational Therapy Models

Once a need has been identified, a child can receive therapy in various settings such as in a hospital, outpatient clinic, in their home, or at school. However, it is important to note that while there are many similarities, these settings are serviced using two very different models. The medical model is utilized in the home, outpatient clinics, and in the hospital. An educational model is utilized in the home for 0 to 3 years and in the schools from above 3 years. It is possible for children to receive therapy services through both the educational and medical models at the same time. Children should be evaluated individually to identify what services are necessary and appropriate for them.

In our 27 years of providing services through Kids In Motion Pediatric Therapy Services, we have compiled this valuable information to share in hopes it helps all of our communities at large. The following helps to illustrate similarities and differences between these models when applied to the outpatient clinic and school settings, as well as being able to differentiate the roles of the therapists providing services while using these models.

## Similarities between Clinic-Based and School-Based Therapy Services

In all settings, therapist must:
Adhere to their state licensure laws and professional standards
Apply the best evidence-based practices to their treatment strategies based on the needs of the child
Help a child accomplish their goals to improve their participation, activity performance, and overall function
Work collaboratively with other team members to set achievable goals, intervention planning and monitoring progress
Educate the family and caregivers on use of a home program to facilitate quicker progress toward a child's goals

## Comparison of Differences between Clinic-Based and School-Based Therapy Services

	Clinic-Based Therapy (Medical Model)	School-Based Therapy (Educational Model)
<b>Qualification</b>	<p><u>Criteria:</u></p> <ul style="list-style-type: none"> <li>Child with a medical diagnosis (neuromuscular, developmental, orthopedic, or sensorimotor) with mild, moderate, or severe deficits</li> <li>Therapist utilizes clinical judgment in addition to any appropriate standardized testing to determine a child's need for service</li> </ul> <p><u>Referral Source:</u></p> <ul style="list-style-type: none"> <li>Physician or other healthcare provider</li> </ul>	<p><u>Criteria:</u></p> <ul style="list-style-type: none"> <li>Student whose medical diagnosis or functional limitation is negatively impacting his/her ability to access their educational curriculum</li> <li>Student must meet criteria for eligibility under one or more of the disability classifications set forth by the state of Michigan and the Individuals with Disabilities Education Act (IDEA)*</li> <li>Standardized testing scores alone do not determine eligibility as it must relate to a child's educational needs (i.e. a child may demonstrate below age appropriate skills, though is able to function independently within the school environment and therefore, may not qualify for school-based therapy services)</li> </ul> <p><u>Referral Source:</u></p> <ul style="list-style-type: none"> <li>Teacher, parent/guardian, physician or other healthcare provider can request IEP team to consider an evaluation.</li> <li>Physician referral alone does not drive decision for eligibility.</li> </ul>

	<p>A physician's script is required for all therapies if using medical insurance.</p>	<p>Each school district is different on requirements for physician's scripts. It is according to each state's law.</p>
<p><b>Service Delivery</b></p>	<p>One on one sessions provided for 1 to 3 times a week. Sessions are one hour for physical and occupational therapy and a half hour for speech and language therapy.</p> <p>Service provided using a direct service model in which the therapist works directly with the child on skills needed to achieve their goals.</p> <p>Service may be provided in a private or shared space, depending on the child's need.</p> <p>Therapeutic activities relate directly to the child's individual goals.</p> <p>Communication with parents/caregivers occurs in person following each therapy session.</p>	<p>Provided one on one or in group settings on a weekly or monthly basis depending on the student's need during school hours. Sessions on average a half hour per week.</p> <p>Service may be provided using a direct or consultative model. A consultative service model allows the therapist to work with members of the student's IEP (Individualized Educational Program) team and other school staff rather than directly with the student. The therapist may assist with providing various opportunities to work on a skill set throughout the week, ensure that a student's equipment needs are met, and/or to ensure that a student continues to progress appropriately with a set of related skills.</p> <p>Early Intervention teacher or an educational provider/therapist, using a direct approach, renders all services to the child, such as occupational, physical, speech therapies and parent education.</p> <p>Service provided in the least restrictive environment where the student is expected to complete the task (i.e. classroom, hallway, stairs, lunchroom, playground).</p> <p>If service is provided in a group setting, therapeutic activities may be modified to address the goals of all student's in the group.</p> <p>Communication with parents/caregivers may occur in person, though often occurs via phone or written communication. Progress notes sent home quarterly.</p>
<p><b>Focus/Goals</b></p>	<p>Therapy focuses on improving a child's ability to achieve functional goals needed to improve their activity performance and/or participation in the home and in the community.</p> <p><u>Goals:</u></p> <ul style="list-style-type: none"> <li>• Address medical needs related to a child's impairments and functional limitations</li> <li>• May focus on quality and quantity of performance</li> <li>• Emphasis on strength and coordination needed to execute age</li> </ul>	<p>Therapy focuses on improving a student's ability to achieve functional goals required to access their academic curriculum/school environment and participate in school-based activities.</p> <p><u>Goals:</u></p> <ul style="list-style-type: none"> <li>• Address a student's academic needs related to a child's impairments and functional limitations</li> <li>• Focus on a student's ability to functionally complete a task. May or may not be at the same quality of the student's peers.</li> </ul>

	<p>appropriate skills and/or improve function and participation within the home and community</p> <ul style="list-style-type: none"> <li>• Short-term goals typically set to be achieved within a few months</li> <li>• Long-term goals typically set to be achieved within 6 months.</li> </ul> <p><u>Examples:</u></p> <ul style="list-style-type: none"> <li>• Therapeutic exercise to improve underlying issues such as hand/grip strength, core and extremity strength, range of motion, feeding, and oral motor skills</li> <li>• Activities to improve motor sequencing, sitting/standing balance, gait training, and coordination</li> <li>• Sensory Integration therapy</li> <li>• Feeding therapy</li> <li>• Aquatic therapy</li> <li>• Speech and language skills</li> <li>• Ordering of equipment needed for independence</li> </ul>	<ul style="list-style-type: none"> <li>• Emphasis on accommodating and modifying skills to allow a child to access their academic curriculum and participate in school-based activities</li> <li>• Short-term goals typically set to be achieved within one year</li> </ul> <p><u>Examples:</u></p> <ul style="list-style-type: none"> <li>• Provide accommodations/modifications to assist with writing including scribe, speech to text, etc.</li> <li>• Providing equipment or appropriate consultation to assist with improving attention, improving school mobility with an assistive device or orthotics, using the restroom, and to improve sensory regulation within the classroom</li> <li>• Implementing daily exercises for stretching, strengthening, coordination, and balance programs to support child's participation in school.</li> <li>• Implementation of an augmentative and alternative communication system to assist with classroom participation and communication</li> </ul>
<b>Who Pays</b>	May be private pay or billed through insurance.	Therapy is provided at no cost to the family through school funding. Third-party payers, such as Medicaid, may be billed with permission from the parent/guardian.

\*The Individuals with Disabilities Educational Act (IDEA) “ensures that all children with disabilities have available to them a free appropriate public education that emphasizes special education and related services designed to meet their unique needs and prepare them for further education, employment and independent living.”

At Kids in Motion, our therapists provide speech and language, occupational, and physical therapy services using the educational and clinic models in both the outpatient clinics and in the school settings. Our mission is to empower children and families of all abilities to reach their full potential.

Many children would benefit from receiving services in both the Educational and Medical Therapy Models, receiving the best quality of care in both worlds.



Pediatric Therapy Services

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