Considerations for Treatment Planning when Incorporating Equine Movement

Laura Pulliam, PT, DPT, HPCS
Antonietta Iannaccone, OTR/L, OTD, HPCS

Learning Objectives

1. Describe how medical necessity and a therapy professional's code of ethics influences a therapy plan of care.
2. Identify three different ways a therapy professional could change a plan of care if a patient plateaus during treatment.
3. Describe three ways or opportunities to educate families on appropriate expectations from therapy.

Influences and Pressures During Treatment Plan

- Family pressure[16]
- Insurance companies
- Patient burnout
- Therapist burnout[15]

General Challenges with Discharge Planning

- Lack of clear discharge planning directives available from research!
- Most research based on hospital discharge
  - Wide variety of discharge patterns[5]

General Challenges with Discharge Planning

- Relevant themes for outpatient setting
  - Family readiness for discharge[18]
  - Unmet social needs[17]
  - School setting and cerebral palsy[6]
    - Weekly therapy ages 3-15
    - Episodic care ages 15-21

Unique Discharge Challenges when incorporating Equine Movement

(in an integrated plan of care)

- Participation in “normal” things[8]
- The human-animal bond[9]
- Experiencing the immediate changes after equine movement[1,2]

General Plan of Care Development

Medical Necessity

For services to be considered medically necessary, they must be reasonable and necessary for the treatment of illness, injury, disease, disability, or developmental condition[3]

- Formal evaluations
- Code of Ethics
- Payor Source?

“Physical therapists shall be responsible stewards of healthcare resources and shall avoid overutilization or underutilization of physical therapist services”

- ***American Physical Therapy Association Code of Ethics***

“Physical therapists will participate in sound and reasonable business practices and utilize proper utilization of practice patterns to meet the needs of those they serve”

-New Mexico Physical Therapy Association Code of Ethics

“Licensed individuals [speech therapists] shall evaluate effectiveness of services rendered and of products dispensed and shall provide services or dispense products only when benefit can reasonably be expected”

-New Mexico Speech Language Pathology State Practice Act

Occupational therapists will "bill and collect fees legally and justly in a manner that is fair, reasonable, and commensurate with services delivered"

- ***American Occupational Therapy Association Code of Ethics***

*Cost Comparison**

Physical, Occupational, or Speech Therapy	Adaptive Riding Lesson	Beginner Riding Lesson
● $150-$200	● $50-120	● $30-60

*these are widely variable estimates and are based of our personal experience as therapists and equestrians

Plan of Care Development

Intakes Process

- Establish purpose of therapy[1,2]
  - Either PT, OT, ST
- Describe purpose of equine movement[1,2]
- Describe discharge process[7]

Plan of Care Timeline

- 2-3 weeks to determine medical necessity
- Re-evaluations every 6 months
- Dynamic plan of care
- Our goal is discharge[7]

Home Exercise Programming

- Supplemental
- Increase patient/ family independence[14]
- Assess compliance
- Increase rate of progress
  - Generalizability of skills[14]

Discharge Planning[13,19]

- Starts at intakes/ evaluations
- Influenced by HEP utilization[14]
- Plan re-evaluation if appropriate
- Make referrals[17]

What can a plan of care change look like?

CASE STUDIES

Case #1

- 3 year, 10 month old female
- history of development delay

Patient referred for: PT and OT evaluation

↓

Child tested within average limits on the PDMS-2 for both PT and OT

↓

Family expectations for her to ride a horse

↓

Family education started day 1 allowed for smooth discharge process

Case #2

continued

- 11 year old female
- no medical diagnosis

Full standardized evaluation (BOT and Beery VMI)
Scored: well below average

↓

6 months of occupational therapy treatment incorporating equine movement and home exercise program

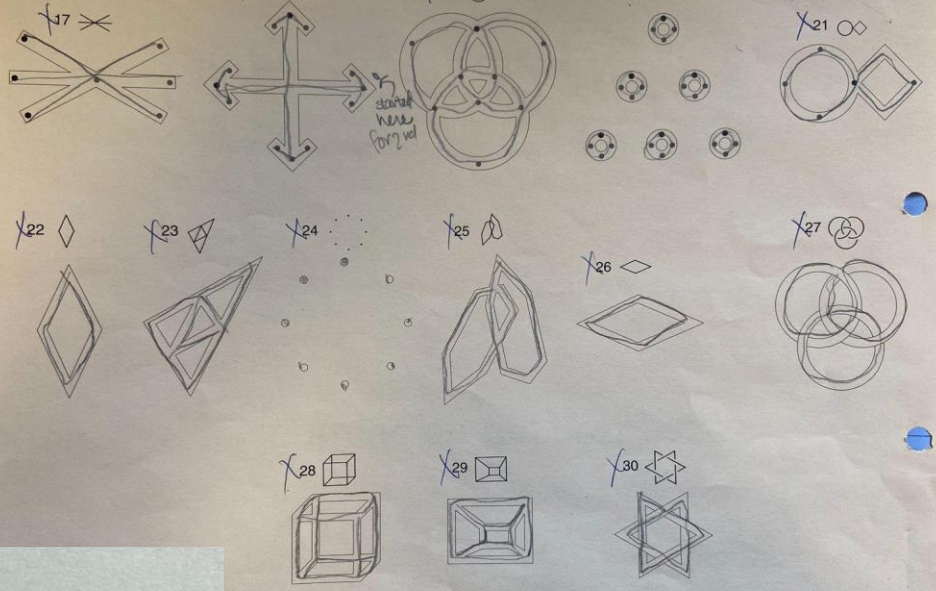
↓

Re-evaluated (BOT and Beery VMI)
Scored: Average

↓

Discharged to 6 month break

Start with Number 17.
Do not skip any!



Motor Coordination

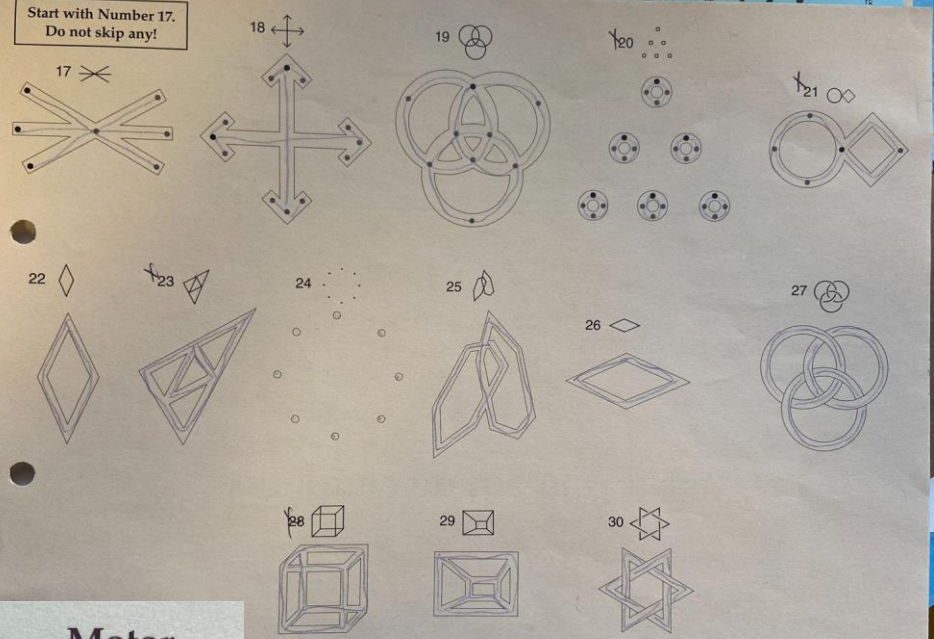
16

52

1-

.09th

Start with Number 17.
Do not skip any!



Motor Coordination

26

98

10

45th

Case #2

continued

- 11 year old female
- no medical diagnosis

Family returned for re-evaluation at end of break

↓

Re-evaluated (BOT and Beery VMI)
Scored: Average and Above Average

↓

Family continued to have some concerns to referred to counseling services

↓

Invited family to return for additional re-evaluation in a year if they continue to have concerns

Case #3

- 12 year old female
- hemiplegic CP and history of meningitis

Slow progress over 3 years with decline in rate of progress over last year

↓

Incorporated very specific goals to to work on direct skill development

↓

Therapists determined new skill development more dependent on time to process information than skilled therapy

↓

Discharge to adaptive community program(s)

Have you ever questioned if the therapy you are doing is medically necessary?

Go to Vevox.com and enter code: 173-931-915

Case #4

- 6 year old male
- Diagnosed with MECP2 duplication

Child has been coming for 4 years of therapy 1-3x/week

Slow progress noted with prognosis of regression with his syndrome

Decreasing therapy schedule to 1x/week with alternating therapies

Reduce chance of patient/ family/ therapist burnout with ability to closely follow patient and identify regression quickly

What is the longest you've seen a patient without a break or change in plan of care?

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Case #5

- 13 year old male
- Diagnosed spastic quadriplegic cerebral palsy

1-3x/weekly therapy since 2 years of age

↓

Saw improvement in functional skill with subsequent stabilization and/ or decline as he has continued to grow (GMFM)

↓

Has spent up to 8 weeks without hands on PT/ OT/ ST

↓

Currently on rotating schedule between PT, OT, and ST cotreats.

Have you ever been worried that discharging a patient will lead to significant health decline?

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Case #6

- 6 year old female
- Premature birth
- History of hydrocephalus and ventricular septal defect

Child has been coming for 4 years

↓

She shows progress each evaluation but continues to present with significant need for therapy

↓

Family's ability to follow through low due to personal circumstances but they are really willing to bring her to therapy

↓

Short term intensive: have her come 3-4x week for 3-6 weeks

Have you ever done a short term intensive?

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Case #7

- 8 year old male
- Diagnosed with Down Syndrome
- Suspected ASD

Patient participated in therapy for 5+ years with slow progress noted (GMFM)

↓

Gradually increased adverse behavior limiting activity participation in therapy, including ceasing equine movement

↓

Family referred for an ASD evaluation in order to receive appropriate behavioral intervention for 3+ years

↓

Discharge until family follow through on behavioral intervention

Have you discharged a patient due to poor participation?

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Case #8

- 2 year old male
- mild CP, CVI, and Kabuki Syndrome

Full standardized evaluation (PDMS-2)
Scored: within average limits but with some gaps

↓

Due to medical complexity and clinical observations, qualified child for 6 months of occupational therapy treatment incorporating equine movement

↓

Re-evaluated (PDMS-2)
Scored: Average with no skill gaps

↓

Family conference followed by discharge

Have you ever felt pressured to treat a patient who tested average because of their medical history/risk?

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Questions

etta.iannaccone@gmail.com
laurahunsucker11@gmail.com

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