



Children's  
Specialized Hospital®

An RWJBarnabas Health facility

## Guidelines for Determining Frequency of Therapy



### Quality Care:

Right Care, Right Patient, Right Time  
Every Time.



## Frequency Framework Goal Directed Care

The focus of therapy is to provide children and their families with the knowledge and skills needed to manage daily challenges for participation in the home and community.

Therapy programs are short term with clearly identified functional goals.

Progress toward these goals is assessed continuously and the determination is made at least monthly as to whether a change in frequency is needed.

Therapists use the Frequency Framework to help determine recommendations on how often and for how long therapy services are needed.

We use six frequencies in our therapy framework. The frequency of therapy is determined by the goals identified for the child's skill level.

If at any time there is a change in your child's progress during the course of treatment, your therapist may decide that a re-evaluation is needed. When appropriate, re-enrollment in therapy for a defined period of time may be recommended.



### **Intensive** (> 3 visits each week)

This is for children who need intensive therapy and have immediate and complex needs.

- Intensive Therapy is frequent and for a limited length of time, and it is for children who are quickly moving toward their goals
- Intensive Therapy is also for children at risk for losing function due to a current medical condition
- Changes to the therapy plan are made often and intense family education is provided

### **Weekly** (1-2 visits per week)

This is for children who need frequent therapy and are making continuous progress toward their goals.

- The child needs skilled therapy services on a regular basis for a limited time
- Families learn to safely perform exercises and activities with their child by using a hands-on approach
- Routine home activities are being established with frequent modifications

### **Recurrent** (2x/month or 1x every other week)

This is for children who need less frequent therapy and are making steady progress toward their goals.

- The child does not regress with less frequency of skilled services
- Families continue to learn to carry over activities to home with their child and may need modifications regularly
- Community resources are being established or needs are being met elsewhere

### **Periodic** (1x/month or at regularly scheduled intervals)

This is best for children who show slower progress toward their goals and for families who are able to safely carry out routine home activities.

- Periodic skilled therapy sessions are needed to check on function, provide treatment and support and update home activities

**Reference:** Bailes, Reder, and Burch, (2008). *Development of Guidelines for Determining Frequency of Therapy Services in a Pediatric Medical Setting*, **Pediatric Physical Therapy**.



## **Consultative** *(As needed or as necessary)*

Consultative services are sometimes helpful when preparing for discharge. These services may be needed when:

- Your child improves or regresses
- Planned medical procedures require specific stages or changes in care
- Your child is ready to perform a new task as a result of changes in age, developmental stage, life cycle, physical environment or social environment

## **Group**

Frequency of groups may vary dependent on the group type. A group model may be appropriate if your child:

- Has the potential for skill development during interactions with peers and with the help of a skilled therapist
- Has problem areas that are compatible with the group

## **Telehealth**

The Telehealth service model of delivery via secure video platform allows your child to receive therapy in the home environment.

## **Changing Frequencies and Ending Therapy**

Transitioning from one therapy frequency to another is to be expected. Transition occurs when your child moves from one life stage to another, from one functional level to another, from one program to another or from one environment to another (i.e. going from hospital inpatient to home, going from preschool to school).

Discharge occurs when:

- Expected goals and results have been achieved
- The family chooses not to continue therapy
- When therapy services no longer produce functional and measureable results



## Frequently Asked Questions

### How often and how long will my child attend therapy?

The therapist will make recommendations for how often and how long your child needs therapy services. The therapist then works with your child and family to create a plan of care. Many items are considered including:

- Is your family and child ready to benefit from therapy?
- Is your family ready to practice what you learned in therapy at home?
- Does your family have the time to attend the recommended appointments?

Please let the therapist know if you need help with transportation or cost of services.

### Do I need to be present for my child's therapy sessions?

**YES!** We recommend that a designated family member take part in the therapy program. A main goal of therapy is to give you education, training and skills that you can use at home. This will be done through a hands-on approach throughout your child's therapy. Your direct involvement in sessions will help your child get the most from therapy. Studies show that children achieve set goals, gain functional skills, and demonstrate rapid developmental progress when families and therapists work together. We believe you are the key to your child's success.



## Reports

Four business days following your evaluation, you should be able to view the full report on the Patient Portal at <http://my.childrens-specialized.org>. An access code can be provided to you in person by a registrar. If you have not received your report in 3 weeks, you can contact Medical Records at **1-888-CHILDRENS**.

## Clearance for Treatment

Insurance clearance can take up to three full weeks. You will be contacted only if there is an issue/denial with clearance. For questions, contact our insurance department at **x55193**.

## Scheduling for Treatment

Please bring a script from your referring physician indicating the medical diagnosis and need for treatment.

## Therapy Recommendations for:

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Discipline: PT\_\_\_ OT\_\_\_ SLP\_\_\_ PSY\_\_\_ NPSY\_\_\_  
Intensive Onsite: \_\_\_\_\_  
Intensive Telehealth: \_\_\_\_\_  
Weekly Onsite: \_\_\_\_\_  
Weekly Telehealth: \_\_\_\_\_  
Recurrent Onsite: \_\_\_\_\_  
Recurrent Telehealth: \_\_\_\_\_  
Periodic Onsite: \_\_\_\_\_  
Periodic Telehealth : \_\_\_\_\_  
Consultative Onsite: \_\_\_\_\_  
Consultative Telehealth: \_\_\_\_\_  
Re-Evaluation: \_\_\_\_\_  
Group: \_\_\_\_\_  
Group Telehealth: \_\_\_\_\_

Therapy is expected to last \_\_\_\_\_  
Therapist's Name \_\_\_\_\_  
E-mail: \_\_\_\_\_@childrens-specialized.org  
Phone: 1-888-CHILDRENS X \_\_\_\_\_

We encourage you to share these recommendations with your referring physician. Should you choose to schedule your therapy with us, you may call **1-888-CHILDRENS** for an appointment. We appreciate the privilege of working with your child and family.