CCS MEDICAL THERAPY PLAN

☐ PT ☐ OT ☐ Change from previous Rx

NOTE: Physician's signature and therapist's signature are required in order for CCS MTP services to be provided and to signify an approved therapy plan.

Child's name	CCS number	Date

Date of birth	Treating diagnosis

Functional status (see page 2 for codes):

Mobility: _____ Ambulation: _____ Community skills: _____ Toileting: _____

Dressing: _____ Transfers: _____ Home skills: _____ Bathing: _____

Feeding: _____ Other: _____

Treatment plan:

☐ Gait training
☐ Transfer training
☐ Functional mobility
☐ Therapeutic exercise
☐ School program
☐ Functional ADLs
☐ Community skills
☐ Modalities
☐ Splinting (UE/LE)
☐ Home program
☐ MTU conference
☐ Monitor
☐ Consultation
☐ Evaluation
☐ Discharge from MTP

Functional goals and objectives to meet the goals:

Benefits of previous therapy

Rehab potential: ☐ Good ☐ Fair ☐ Limited

Frequency	Duration	Proposed date of initiation

Therapist's signature	Printed name

Medical therapy unit	County

Physicians: Please review the above and indicate any changes or additions to the information provided and sign below.

Precautions

Physician's signature	Date	Proposed date of medical (re)evaluation

Original—File in MTU Case Record *Photocopy 1—Send to Parent/Caregiver* *Photocopy 2—Send to Local Educational Agency (LEA) Special Education Local Plan Area (SELPA)*

INSTRUCTIONS

Functional Status: Functional status is objective and measurable in order to demonstrate progress attained by the patient as a result of therapy intervention in relation to ADLs and current level of function. General levels include:

- **Independent (Ind):** The child performs the entire activity in an appropriate amount of time without a helper, assistive device, structured environment, or set-up.
- **Modified Independent (ModI):** The child performs the entire activity in an appropriate amount of time without a helper, but requires one or more of the following:
  - assistive device (including orthotic/prosthetic devices)
  - structured environment
  - set-up by therapist or helper
- **Supervision (SUP):** The child performs the entire activity in an appropriate amount of time but requires a therapist or helper in the same room or general area to help stay on task or provide verbal cueing (including sequencing reminders).
- **Stand-by Assist (SBA):** The child performs the entire activity in an appropriate amount of time but requires therapist or helper standing by, but not touching (usually for safety).
- **Contact Guard Assist (CGA):** The child performs **approximately 100 percent** of the physical effort but requires tactile cueing or light hands by the therapist or helper.
- **Minimal Assist (MIN):** The child can perform most of the activity **(approximately 75 percent)**, and the therapist or helper is required to carry out only a small portion of the activity.
- **Moderate Assist (MOD):** The child and the therapist or helper each perform **approximately 50 percent** of the physical effort.
- **Maximum Assist (MAX):** The child can assist in some part of the activity **(approximately 25 percent)**, and the therapist or helper is required to carry out most of the activity.
- **Dependent (DEP):** The child does not participate significantly in the activity and requires total assistance.

Treatment Plan: Must agree with the current written orders and be approved by the physician. Measurable functional goals, which are expected to be achieved within the time frame of the prescription, must be included. Treatment methods/interventions must be included as part of the plan. The goals must be based on the results of the therapy evaluation.

Functional Goals: Functional short-term goals should be established that will reflect anticipated progress to be made by the child during the duration of the prescription. A functional goal should address an area of ADL or mobility including, but not limited to: ambulation, transfers, specific self-care skills, and home and community accessibility. Functional goals promote a maximum level of independence.

Objectives: Measurable Steps Towards the Goal.

Benefits of Previous Therapy: Documentation of objective, responses made by the child as a result of therapeutic intervention.

Rehab Potential: Should be indicated as good, fair, or limited. Rehab potential is a statement of how well the patient will respond to therapeutic input.

- **Good:** The child should respond well to the therapeutic intervention and will make significant progress toward the goal over a set period of time.
- **Fair:** The child should respond satisfactorily to therapeutic intervention and may make steady progress toward the goals.
- **Limited:** The child is not expected to benefit from active therapy intervention, but may require periodic checks, monitoring, or consultation to assess current function or needs.

Frequency: The number of treatments that a physical therapist or occupational therapist (per week/month/year) is required to meet the stated goals.

Duration: The period of time that will accurately reflect the therapy needs of the child without modification. Children receiving therapy at a rate of one time per week or greater must have the therapy plan and prescription reviewed every six months. Children receiving therapy services less than once a week must have the therapy plan and prescription reviewed at least annually.

Proposed Date of Initiation: The proposed date the prescribed therapy plan can commence.

Proposed Date of Medical (Re)Evaluation: The anticipated date the child must be seen again by the physician in order to review/renew the therapy plan.

Change from Previous Prescription: If this is a new or a significant change in the child's therapy plan, this area should be checked.