# The Hypothesis-Oriented Pediatric Focused Algorithm

# eAppendix 1.

Hypothesis-Oriented Pediatric Focused Algorithm (HOP-FA) Forms for Classroom Use<sup>a</sup>

# PLANNING THE PEDIATRIC PHYSICAL THERAPIST EXAMINATION

Child's Name: Date: Diagnosis: Age:

Examination Component	Response
What is a child who is developing typically able to do at this age?	
Given the child's medical diagnosis, what motor and other problems might be expected?	
Given what you know about the medical diagnosis and the patient's history, what are your initial impressions concerning this child's status and function?	
Given the child's medical diagnosis, what specific questions do you have for the family?	
Family's goals and concerns (Create a problem statement: Why is this family or this child seeking physical therapy services?)	This family/child is seeking physical therapy in order to be able to
Hypothesize goals (STGs and LTGs)	
Based on your initial impressions of this child (including the hypothesized goals, create a plan to address the following	child's age, diagnosis, and anticipated level of function) and the examination components, as indicated:
Systems review and screening	
Standardized tests and outcome measures to be used (consider the problem statement and all domains of the ICF)	
Specific functional skills to be observed in addition to any standardized motor testing (including gait, if appropriate)	
Skeletal alignment/range of motion	
Balance/postural control (including automatic responses, anticipatory postural control, and voluntary postural control)	
Muscle strength	
Quality of movement	

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# The Hypothesis-Oriented Pediatric Focused Algorithm eAppendix 1. Continued

# THE PEDIATRIC PHYSICAL THERAPIST EXAMINATION

Child's Name:	Date:
Diagnosis:	Age:

# Use the following format to record pertinent findings during the examination process:

Examination Component	Findings
Functional skills (including gait, if appropriate)	
Muscle tone	
Range of motion	
Skeletal alignment	
Balance/postural control (including automatic responses, anticipatory postural control, and voluntary postural control)	
Muscle strength	
Quality of movement  Postural alignment  Patterns of weight bearing  Use and variety of movement patterns  Use of compensatory strategies  Symmetry versus asymmetry  Grading and control of movement  Sequencing and planning of motor activities  Sensory processing skills	
Evaluation/Diagnosis/Prognosis: Following the physical therapist examination, complete the following steps in the patient,	client management process:
Evaluation: What are the child's strengths?	
Evaluation: What are the physical therapy problem areas (impairments, functional limitations, activity restrictions)?	
Evaluation: How do these physical therapy problem areas affect this child's function? How do these physical therapy problem areas result in activity limitations or restrict the child's ability to fully participate in activities that are appropriate for the child's age?	
Evaluation: Do any of these problem areas have the potential to lead to the development of other problem areas? Can these future problems be prevented? How?	
Evaluation: What changes are coming up for this child and family in the next year? What do you expect this child's anticipated level of function to be in 1 year? In 5 years? What needs to be done now to maximize future independence and function?	
What is the physical therapist diagnosis?	
What is the physical therapist prognosis? Which 1 or 2 problem areas are the rate-limiting factors to this child's function?	
Are referrals to other practitioners indicated?	
Are the hypothesized goals reasonable and attainable? Why or why not? Can the hypothesized goals be modified to reflect both the family's goals and the examination findings and to maximize future functional independence? Why or why not?	
Are physical therapy services indicated? Does the child present needs related to wellness and prevention?	
If indicated, develop the physical therapy plan of care, including anticipated goals and expected outcomes as refined during this step, the specific physical therapy interventions to be used, the proposed frequency and duration of physical therapy services, anticipated dates for re-examination and readministration of outcome measures, and predicted plans for discharge.	

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	The Hypothesis-Oriented Pediatric Focused Algorithm
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GENERAL PLANNING GI	UIDELINES FOR PEDIATRIC PHYSICAL THERAPY INTERVENTION

Child's Name: Date: Diagnosis: Age:

Given the child's age, diagnosis, level of function, and the goals established for the intervention, plan the following basic components of physical therapy intervention as indicated in the plan of care:

Intervention Component	Response
What specific coordination activities are indicated for this specific child and family (eg, day care, school therapists, specialty physicians)?	
Are there any basic safety issues or precautions?	
How can you build upon this child's strengths to assist in achieving goals?	
How can the environment be set up to optimize intervention activities and to best meet the needs of this child?	
What specific motivational and play strategies are best to use with this child?	
What postures and movements should be encouraged during the session?	
What postures and movements should be discouraged during the session?	
Which procedural interventions will best target the rate-limiting physical therapy problem areas?	
Are there basic goals from other disciplines that should be integrated into the physical therapy intervention sessions?	
Education plan: List specific education need areas for the patient, family, and caregivers.	
Education plan: What strategies will be best to help achieve therapeutic carryover for this specific child?	
What components of the plan of care can be delegated to a physical therapist assistant? Which components of the plan of care should not be delegated to a physical therapist assistant?	

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The Hypothesis-Oriented Pediatri	c Focuse	d Algorithm			
eAppendix 1. Continued					
PLANNING A	SPECIFIC	INTERVENTION SESSION I	OR THE C	CHILD	
Child's Name: Functional Goal for the Session:		Date:			
Use the following format to plan	the spec	cifics of an individual inter	vention se	ession:	
Intervention	n Compone	nt	Response		
What are the components and demands of the task outlined in this functional goal? Is the task a stability, mobility, or manipulation task; a discrete or continuous task; an open or closed task? What are the postural control demands of the task?		; a discrete or continuous			
What are the components and demands of the environment where this task will be functionally performed? Include regulatory and nonregulatory conditions. What are the potential environmental control parameters?		regulatory conditions. What			
What strengths does the child have that will help achieve this goal?		eve this goal?			
What components of the task are missing What is the potential impact of the fun ultimately be performed?					
List the specific sequence of the activities during	g the session	, including preparation activities, motor t	asks, and links	to the next session	:
Targeted Impairment/Physical Therapy Problem Area	Activity	Motivational or Play Component	Feedback	↑ Challenge	↓ Challenge

<sup>&</sup>lt;sup>o</sup> STGs=short-term goals; LTGs=long-term goals; ICF=International Classification of Functioning, Disability and Health. The HOP-FA Forms for Classroom Use may not be used or reproduced without the author's written permission.

# The Hypothesis-Oriented Pediatric Focused Algorithm

### eAppendix 2.

Hypothesis-Oriented Pediatric Focused Algorithm (HOP-FA) Form for Clinic Use<sup>a</sup>

### Reflection:

Following the intervention session, reflect upon the session and the child's progress using the following questions as a guide:

What went well in the session?	
What could have gone better?	
What could you do differently at the next session to make the intervention session more effective?	
Is the child progressing toward the established goals and outcomes as expected? Why or why not? Does physical therapy continue to be indicated for this child, or has the child achieved maximal benefit from physical therapy services?	
What changes to the plan of care are needed to improve goal acquisition and maximize functional independence? Is a formal re-examination indicated? Are changes in the discharge plan indicated?	

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