GUIDELINES FOR REFERRAL TO THERAPIES

Refer to physical therapy for an evaluation if the individual:

- Has a wheelchair
- o Has problems with his/her wheelchair, i.e.:
 - The wheelchair is in poor condition
 - The wheelchair does not fit
 - The wheelchair no longer meets the individual's needs
- Needs assistance with positioning for function, i.e.:
 - To improve the use of hands
 - To prevent skin breakdown
 - To interact with the environment
 - To improve breathing
- Wants to increase his/her mobility, i.e.:
 - Using a wheelchair
 - Using a cane or walker
 - Improve gait
- Wants to maintain or improve function, i.e.:
 - For range of motion
 - For controlling movements
 - For dealing with high muscle tone
 - For a particular skill
 - For cardiovascular function

• Refer to speech therapy for an evaluation if the individual:

- Wants to eat more safely, i.e.:
 - Is experiencing symptoms of aspiration
 - Needs techniques for managing food/liquid/saliva orally
 - Needs techniques to assist with swallowing
 - Is refusing to eat/drink orally
 - Wants to return to oral eating/drinking and PCP will permit
 - Wants to improve oral sensitivities but not oral eating
- Wants to communicate more effectively with others, i.e.:
 - Does not speak and does not have an alternative system which permits participation through communication
 - Wants to develop an alternate system of communication/AAC
 - Wants assistance using an AAC system (access, vocabulary)
 - Wants support providers to understand how to support an AAC system
 - Speaks, but is difficult to understand
 - Speaks, but words do not make sense
 - Speaks, but has a limited ability to express ideas
 - Wants to develop functional literacy skills
 - Wants to communicate in written form
 - Wants to improve cognitive related functioning, i.e.: attention, short-term memory, problem solving, organizational strategies

GUIDELINES FOR REFERRAL TO THERAPIES (CONTINUED)

• Refer to occupational therapy for an evaluation if the individual:

- o Wants to improve self-care skills (ADLs), i.e.:
 - Eating or drinking, dressing, grooming, toileting, bathing
- o Wants to improve functional fine motor skills, i.e.:
 - Manipulating objects needed for daily activities, work or leisure tools, etc.
- Wants to improve home living skills, i.e.:
 - Cooking, cleaning, childcare skills, time and calendar concepts, etc.
- Wants to improve community access skills, i.e.:
 - Shopping, money management, using public transportation, etc.
- Has difficulty accessing home, work, day program, or school environments, i.e.:
 - Cannot use dials, cannot control leisure equipment, cannot control lights, cannot access faucets, needs assistance to access home appliances, cannot use work tools, cannot take notes, etc.
- Needs modifications to use wheelchair in daily environment, i.e.:
 - Doors widened, bathroom adaptations, ramps, safety adaptations, etc.
- Seems to have difficulty with processing sensory information, i.e.:
 - Needs large personal space
 - Overly sensitive to touch (or under-responsivity), sound, auditory, or visual stimulation (all or one)
 - Has various self-stimulation or self-injurious behaviors that may be connected to poor sensory modulation
 - Rocks body, spins around, avoids movement
 - Bangs body, hits self, bites self
- Wants to improve visual-motor or visual-perception skills, i.e.:
 - Needs help moving around furniture, gets frustrated trying to find things in a drawer or in a visually busy environment
 - Has problems visually attending, tracking, etc.
 - Needs adaptations for visual impairment
- Needs hand splints to:
 - Maintain range of motion for hygiene
 - Increase ability to grasp
 - Maintain hand function
- Wants to improve hand coordination or manipulation skills, i.e.:
 - Has difficulty using clothing fasteners, handling coins, handling various work or leisure items
- Wants to improve cognitive functioning, i.e.:
 - Sequencing skills
 - Problem solving
 - Adaptive strategies for functional activity