California Children Services Medical Therapy Program
A local sample of functional profiles and measures of therapy progress in a statewide program

Napa Valley Medical Therapy Program; Napa County, California
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California’s Medical Therapy Program

The California Children Services-Medical Therapy Program has been providing occupational and physical therapy to California’s children with cerebral palsy and other neuromuscular and orthopedic conditions since 1945. The statewide program caseload is just under 24,000 children. The size of the Medical Therapy Program caseload throughout the state’s 58 counties is dependent on local demographics. The program serves children from birth to 21 years of age.

Napa County

Napa County’s Medical Therapy Program has 127 clients; 54% of whom have a cerebral palsy diagnosis.

Emily

Emily is 9 and has been followed by the Napa County Medical Therapy Program from age two. Emily’s functional profile is 2,2,3. She participates in a classroom with typical peers, recently underwent a SEMLS and her post surgical physical therapy has shifted from three times per week to twice weekly with the beginning of the school year. Occupational therapy monitors ADLs and the motor skills necessary for Emily to participate in class. Emily’s therapists are also available to consult with her team across all environments.

Functional Profiles

Since 2011, the GMFCS, MACS and CFCs have been used to classify the children with cerebral palsy in Napa County as demonstrated by this graph.

In 2014, all Medical Therapy Programs across the state began classifying their cerebral palsy caseload using the GMFCS, MACS and CFCs. California Children Services will be able to characterize the functional profiles of a sizeable number of children with cerebral palsy within a few years.

Key to Functional Profile graph

Children

Functional Profiles

Conclusions

Napa County Medical Therapy Program was able to demonstrate that the FISC provides the most meaningful data when used to compare children with mid-level functional profiles, such as Emily. Her steady improvement is noted, along with her temporary loss of function as a result of the SEMLS. The data from the FISC for Level I and Level V children is less meaningful. Other instruments, such as the Canadian Occupational Profile Measure, are being considered as additional program analysis tools to measure change across a broader range of functional profiles and diagnoses.

Functional Improvement Scale

In 2005 the Functional Improvement Scale (FISC) was developed and put into use statewide as a program analysis tool. The FISC measures 40 gross motor skills developmentally matched up to age three and a half. The 40 ADL skills are developmentally matched up to age seven.

Goal Attainment Scale

When used to measure general progress in goal attainment, GAS demonstrates that, on average, children made progress toward their goals. Because goals are client-specific and change over time, population comparisons using GAS are problematic.

Outcome Measures

The use of the Goal Attainment Scale was initiated in 2011 in Napa County in order to offer an additional method of capturing improvement missed by the FISC.

Goal Attainment Scaling (GAS)

<table>
<thead>
<tr>
<th>Score</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>-2</td>
<td>No change</td>
</tr>
<tr>
<td>-1</td>
<td>Progress toward goal</td>
</tr>
<tr>
<td>0</td>
<td>Met goal</td>
</tr>
<tr>
<td>1</td>
<td>Greater than expected progress</td>
</tr>
<tr>
<td>2</td>
<td>Much greater than expected progress</td>
</tr>
</tbody>
</table>

Functional Mobility Scale-Emily

GM FISC-Emily

ADL FISC-Emily

OT and PT Goal Attainment Scale-Emily