

Aquatic Therapy Progressions for Pediatrics

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The industry of Rehabilitation is rooted in the importance of achieving progress within the time we are given, however great or small the gains are for the individual. With all its potential distractions as a specialty (including settings, reimbursement, pool management, qualified staff, etc.), it can be difficult in the field of Aquatic Therapy to maintain our ultimate focus: that it is a patient's progress toward a land based functional goal that is the ultimate result. How do we provide justification for our services of progressive interventions, exactly?

Justification for a specialty service, whether a practitioner is submitting to an insurance company or an employer for program approval or to a client for services rendered, is essential and is successfully brought about by measuring and reporting on the interventions that brought about a client's progress. The key words to remember here are Justification, Documentation, and Intervention. Within one's scope of practice, it is important to remain true to pediatric specific progressions by staying focused and up to date, utilizing efficient documentation, identifying strengths/weaknesses of available settings, and valid justification of interventions and equipment. Justification: One of the main reasons for denial of a claim by insurance companies is that documentation did not demonstrate any progression. This can easily be the same for convincing a family additional sessions would be beneficial for a person or obtaining approval for a contractual renewal of an aquatics program. Another important reason for documentation is to convey what is working and what is not to the rest of the treatment team, thereby further benefitting the client/patient. Documentation: While there are many tools such as assessments/evaluations, both land based and water based, both standardized and customized, reporting verbally only is no longer acceptable. In this day and age, all things must be documented. S.M.A.R.T. goals and S.O.A.P. notes are one way to simplify documentation so the most important information is relayed, without sacrificing too much time; which in the end, as we all know, is money. Becoming efficient at writing S.M.A.R.T. Goals and S.O.A.P. Notes for each and every client/patient/patron will easily achieve the pursuit of streamlined documentation of progression. A S.M.A.R.T. goal is defined as one that is specific, measurable, achievable, results-focused, and time-bound.

Each subsequent S.O.A.P. progress note would then report on all five components of that goal; organized by the subjective/objective data, ending with an assessment and plan for future sessions. Documentation is an important piece of measuring progress, serving as a communication log between treatment team and caregivers and the individual themselves.

Reporting progress for Peds vs. Adults may require some creativity on the practitioner's part. If in private practice or community aquatic therapy, most caregivers are not in the medical field, therefore laymen's terms are required (i.e. decreased medical terminology or explanation of terms, no abbreviations, etc.), as well as a conversation. In this instance, monthly progress notes may be more appropriate to demonstrate more progress. In a medical setting, the nuances of daily progress notes would be more impactful since the reader would be within the health profession and looking for specific small changes to guide future interventions/treatments. The child or adolescent's ability of expressive/receptive language determines how involved they may be in their own goal writing and achievement.

The setting of sessions may also impact progression of a client. Clinical settings for aquatic therapy usually boast warm temperatures, 1:1 ratios, full accessibility in a quiet setting as opposed to Community settings which are often group programs with cooler temperatures and many more distractions on the visual, auditory, and tactile level. Accessibility is still present in almost all community settings in the United States in order for the facility to meet code; however, it often comes with a level of social issues such as embarrassment or trust factors (staff not knowing how to work equipment). Interruptions such as pool closures for special events or health reasons, siblings/ groups, scheduling, etc. in any setting can disrupt both progress and a practitioners ability to measure progress. These methods of reporting progress allow an opportunity for practitioners to mention these interruptions and how they impacted the client's progress. Intervention: Pediatric specific equipment such as the yellow neck collar by Kiefer with the smaller hole for a smaller head and neck provide further opportunity to make progress at a safer, more reasonable rate. Adult aquatic equipment can be modified in use to benefit pediatric patients such as the Kiefer foam ankle floats. They fit around most small children's waists to act as a belt that offers less floatation then say, an aqua jogger pediatric waist belt with lumbar support (most floatation) allowing for even more gradual progressive interventions.

Sue Gross points out in *Aquatics for Children with Challenges* that in aquatics, skill progression stems from five basic swimming components: water orientation, breathing, recovery, mobility, and safety.

Although most aquatic therapy goals do not teach the sport of swimming directly, these swimming components can form a guide to direct a practitioners interventions for various barriers. For example, breath work in water could work on a patient's goal of addressing: anxiety with calming techniques (diaphragmatic breathing), or sensory deficits (body schema/ muscle coordination), or even core development (low pressure fitness). Another example of using a swim component, mobility, to progress a therapy goal of multidirectional movement is to begin a gait training pattern. Start by having patient walk 10 steps forward and 10 steps sideways then 10 steps backwards and 10 steps sideways with the opposite leg leading. Do this in a depth of water that is the easiest, usually waist depth. Progressions would be to begin with lighter then heavier ankle weights, to no ankle weights, eventually transitioning to changing gait every five instead of 10 steps, adding flotation cuffs above the knee then to ankles then only on one leg. Additional progressions would be to provide sculling, gradually completing this pattern in less depth with no equipment and no assistance other than supervision. Participation in the Unpredictable Command Technique could be the end goal. Achieving all of these progressions utilizing water to the fullest extent would certainly prepare a client for multidirectional gait upon land and therefore increased safety in the home and community settings post discharge.

Furthermore, continuing to utilize these aquatic components as a guide for interventions in the water will provide each client with an opportunity to be as comfortable and capable as possible in the aquatics setting. This will open many doors to even more interventions. For example, a client may begin aquatic therapy sessions not being comfortable putting their face or head in the water. This would make it very difficult for them to benefit from Bad Ragaz or Halliwick. After doing Ai Chi, [blowing on] floating eggs, and relaxation techniques such as snaking backwards side to side while resting the client's head on the practitioner's shoulder thus allowing full control of how wet the head gets, the client may be ready to benefit from the other interventions requiring a greater degree of water orientation.

In my Washington D.C. ATRI course, Aquatic Therapy Progressions for Pediatrics, attendees will have an opportunity to review these five topics (Scope of Practice, Justification, Documentation, Intervention) then apply them to provided Case Studies for hands on experiences in the pool.