ICF Utilization in Goal Writing and Treatment Planning

Prerequisites

Students should have completed the ICF introduction activities and completed an ICF template for Ben. They should have a good understanding of the components of a well written functional goal and some background in motor control and treatment techniques.

Learning Objectives

By the end of this activity, the successful student will:

1. Describe the link between impairments and functional limitations and their impact on participation.
2. Determine short- and/or long-term goals relevant to the patient case and utilize SMART format for goal writing.
3. Formulate treatment activities that are task specific, related to established goals, and address impairments.
4. Provide a rationale for treatment options chosen using motor control/systems-based approach.
5. Provide well described progressions and regressions for the initial treatment activity or exercise.
6. Provide for patient safety at all times and take into consideration the personal and environmental factors from the ICF.

Watch and Complete

- Watch all assignment Ben videos and review the PT examination findings.
- Complete the ICF template for Ben and review any feedback from instructors prior to this assignment.

Learning Activities

1. Review the feedback from the ICF template assignment and clarify any areas that were of concern.
2. List Ben's functional limitations using ICF terminology.
3. Determine which impairments are contributing to the functional limitations and how they are contributing.
4. Look for impairments that contribute to multiple functional areas. These should be a main focus of direct and indirect treatments.
5. For each functional limitation, write a short or a long-term goal- instructors provide guidance.
6. For each goal, formulate 1-3 treatment ideas that specifically address that goal. Include rationale for the treatment idea, and include the following: environment being used, specific task or exercise, what type of practice conditions will be used, what position the patient is in, what equipment will be used to make the treatment safe, effective, and salient, and what the student therapist is doing that is skilled.
7. Provide at least 4 ways in which this treatment can be progressed to increase the challenge as the patient improves.
8. Provide at least 4 ways in which this treatment can be regressed to decreased the challenge.
9. Just decreasing level of assist, decreasing or increasing distance, and providing fewer cues are not skilled progressions/regressions. Think about the principles of Task/Individual/Environment as well as Mobility/Stability/Controlled-Dynamic Stability/Skill.

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Functional Limitation	Impairments contributing	Goal	Treatment Idea Rationale	Progression	Regression
Decreased ability to roll to left.	↓motor control in RUE and RLE. ↓sensation RUE and RLE ↓coordination RLE, absent coordination RUE Hypotonicity RUE and RLE ↓ability to communicate and follow 2 step commands Pain- appears worse in R shoulder and elbow ? R neglect and ↓vision	1.) Pt. will roll from supine to left side with supervision with min cueing for RUE management in 3 days in order to prevent skin breakdown.	Task specific part training-task broken down with distributed practice to make it more successful and to prevent fatigue, excessive patient frustration and avoid valsalva. Closed environment- easier to learn a new skill. Random practice to improve retention of skills of the following activities: • Work on flexing BLEs – tactile cues and physical assist for RLE due to ↓motor control • Lower trunk rotation in hooklying- tactile cues on B knees-rhythmic rotation to facilitate active movement of LEs to the left. • Semi-sidelying on R- hands clasped with elbows extended and shoulders flex to 90 degrees to promote RUE use- tactile cues to use LLE to push to complete roll to the left. • Extrinsic feedback during activity to promote proper muscle recruitment and prevent compensation. • Knowledge of performance more important that knowledge of results to promote use of R side.	Open environment. Introduce dual task to this activity. Provide resistance to B knees in hooklying using PNF techniques to promote stability and eventually progress to dynamic reversals. Work on whole task training. Decrease verbal prompting and feedback and instead have patient verbalize steps when language improves. Start task in full supine. Provide resistance to UEs during the roll to improve core strength.	Blocked practice. Start in sidelying position working on stability using PNF techniques to build core strength- monitor closely for valsalva. AAROM for BLEs to promote hip and knee flexion needed for roll- may need to start in gravity eliminated position. Utilized muscle tapping, visual attention to R side if neglect is problematic. If pain is problematic- ensure premedication prior to treatment, provide increased RUE support and positioning to avoid impingement.