

THERAPY 2000 CLINICAL SPECIALITY PROGRAMS

THERAPY 2000 has developed a number of clinical specialty programs based on research evidence and ASHA, APTA and AOTA guidelines. The Clinical Specialty Programs allow clinicians to specialize in an area of intervention which requires additional skill beyond graduate education and ensure that the services the children receive reflect industry best practices. Therapists seeking competency in the clinical programs will be required to engage in learning activities designed to develop a standard level of knowledge to ensure safe and therapeutic intervention delivery.

Clinical Program Staged Competency Training

- Skills assessment interview to determine an appropriate learning plan and establish a baseline for training
- Successful completion of training modules and post-examination
- Utilization of a mentoring framework moving towards independent treatment
- Observation of skills to determine competency for independent evaluation and treatment

HIGH RISK INFANT

THERAPY 2000's mission is to provide evidence-based therapeutic intervention for the support of home-based high risk infants and their families by providing therapeutic intervention that is coordinated, timely, culturally sensitive, and at an appropriate frequency based upon the child's and family's needs.

THERAPY 2000 strives to meet the highest standards of care for high risk infants. In order to meet those standards, an investment has been made developing and advocating for clinical guidelines that follow and, in some cases, set the highest standards in the home health industry for the management of High Risk Infants. THERAPY 2000 standards include detailed training plans and clinical protocols used to develop and maintain staff competency, based on the most up to date evidence based practice. THERAPY 2000 also employs detailed protocols regarding evaluation, physician communication, coordination of care and treatment.

Eligibility:

Children who are <18 mos upon the date of referral to THERAPY 2000 who have a history of prematurity (<36 wk EGA), low birth weight (<2000 grams or 4.4 lbs), birth trauma &/or long term hospitalization (30+ days) AND who have a medical diagnosis that may impact neurodevelopmental functioning.

Staff Preparation & Support:

Therapists who work with high-risk infants demonstrate competency of assessment and intervention skills prior to independent treatment. Expert mentorship is available in each region through a Clinical Specialist or mentor to support therapists as well as infants and their families.

THERAPY 2000's *Foundational High Risk Infant Competency Track* includes intensive, distributed multi-day training through use of learning modules, independent study and field-based clinical mentoring.

Content from the Foundational Competency Track includes:

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| • NICU Terminology and Equipment | • Sensory Development |
| • Diagnostic Procedures | • Muscle Tone |
| • Respiratory Support | • Posture |
| • Nutritional Support | • Quality of Movement |
| • State of Arousal | • Reflexes and Reactions |
| • Regulatory Abilities | • Biomechanical Factors |
| • Social Emotional Development | • Pain |

FEEDING AND SWALLOWING

THERAPY 2000 promotes skilled holistic feeding and swallowing intervention while promoting advancement of best practice through direct treatment, patient advocacy, continued education, and community partnerships. THERAPY 2000 feeding and swallowing clinicians strive to address the below listed hierarchy of needs to protect our children's interest and enjoyment of food.

1. Medical stability and well-being of the child
2. Psychological health of the family to promote a positive feeding dynamic and enriched learning environment
3. Physiological and anatomical function of systems related to feeding and swallowing
4. Oral interest and preference
5. Sensory enjoyment
6. Oral motor development
7. Behavioral learning and emotional stability

Eligibility

Any patient who exhibits red flags for feeding swallowing, or associated high risk conditions, such as a neurological impairment, history of extreme prematurity, pulmonary complications, cardiac conditions, genetic diagnosis or oral/facial condition, receives further screening at intake and staffing to determine if feeding/swallowing services may be indicated.

Staff Preparation and Support

Feeding therapists must demonstrate competency of assessment and intervention skills prior to independent treatment. Expert mentorship is available in each region to support therapists as well as feeding patients and their families. THERAPY 2000's *Foundational Feeding Competency Track* and *Advanced Feeding Competency Track* include intensive, distributed multi-day training through use of learning modules, independent study and field-based clinical mentoring.

Content from the Foundational Competency Track includes:

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| • Cultural Influences | • Tube Feeding |
| • Critical Periods of Feeding Development | • Sensory Based Feeding Disorders |
| • Normal Feeding Development | • Oral Motor Abilities and Limitations |
| • Pediatric Anatomy/Physiology | • Abnormal Structures/Functions |
| • Feeding/Swallowing Instrumentation | • Infant Assessment/Treatment |
| • Feeding Clinical Assessment | • Feeding Tools and Self-Feeding |
| • Feeding Documentation | • Medical Management, Referral & Collaboration |
| • Positioning for Feeding | • Preparation for Transition to the Community |

Content from the Advanced Competency Track includes:

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| • Nutrition and Non-Oral Nutritional Intake | • Research on Clinical Treatment Approaches |
| • GERD, Proton Pump Inhibitors, and Medical Management of Reflux | • SLP Role in Palliative Care |
| • Pulmonary Implications of Chronic Aspiration | • Trach/Vent Dependent Patients |
| • Advanced Pediatric Swallowing | • Mentoring |

THERAPY 2000's specialized programs can add additional value for the medical providers with whom we partner. A partnership based on THERAPY 2000's High Risk Infant (HRI) and Feeding and Swallowing programs may help decrease *Potentially Preventable Events* such as hospital admissions, re-admissions, emergency department visits and complications.