

Part V. Plan for Supports

Provider: Therapy Associates Service: Physical Therapy

<u>Outcome #</u>	<u>Important TO Me</u> List the support activities for each desired outcome	<u>Support Instructions</u> Describe how supports need to be tailored to the individual's preferences and profile.	How often or by when?	How Long?
6 Mary washes and has therapy in her Parker Tub with her choice of oils and music.	Providing water therapy: observations, support with adaptive equipment, protocol development and adjustment and staff training.	<ul style="list-style-type: none"> - complete observations in the home necessary to determine DSP training needs. - identify any adaptive equipment that may benefit Mary. - discuss options with Mary, representative and others as needed. - prepare needed protocols for DSPs to ensure consistent support and safety for water therapy and range of motion. - review and modify plans and protocols as needed. - plans/protocols encompass Mary's specific health needs during the course of therapy including: osteoporosis, seizures, Dysphagia, communication, behavioral support needs and sensitivity to touch. - provide ongoing physical support and modeling to DSPs as needed during services to best ensure success in therapy. - Mary's protocols will detail the use of oils and music, which will be available for use during her exercise sessions. - Expected benefits of therapy include increased bilateral flexibility and reduced contracture. 	<i>Weekly</i>	<i>1 hour</i>

<u>Outcome #</u>	<u>Important FOR Me</u> List the support activities for each desired outcome	<u>Support Instructions</u> Describe how supports need to be tailored to the individual's preferences and profile.	How often or by when?	How Long?
N/A				

Individual: _____ (Mary Simms's Mark) _____ Date: 7/12/09

Representative: Monica Simms _____ Date: 7/12/09

Provider: Lisa Crane M.A., P.T., CCC-SLP _____ Date: 7/12/09

General Schedule of Supports	Provider: Therapy Associates Service: <i>Therapeutic Consultation</i>
-------------------------------------	--

Sun	Mon	Tues	Wed	Thurs	Fri	Sat
	3-4 water therapy					

Comments: Services provided in Mary's home.

Total hours or units per week: 1 total hours

Total weekly periodic support hours: 0

Support Log	
Date	Details
8/4/09 Outcomes 6	<p>Weekly summary 3pm to 4 pm: BP 140/80, P 72. Mary was supported to use her Parker tub today and I determined that two new exercises were not only useful for her contractures, but she also enjoyed the exercises as evidenced by her smiles and vocalizations indicating satisfaction with therapy services. She continues to need total physical support with transfers and stability during therapy. She has increased flexibility in her right arm with 5% greater range of motion than past sessions observed during therapy. See Communication Chart dated 8/4/09 for more information. There were no issues shared by DSPs since last session and Mary continues to benefit from the services provided. Documentation and explanations on updated exercises will be included in DSP in-service next week.</p> <p><i>Lisa Crane, M.A., P.T., CCC-SLP 8/4/09</i></p>
8/11/09 Outcomes 6	<p>Weekly summary 3pm to 4pm: BP 134/78, P 68. I reviewed new water therapy exercises intended to increase Mary's bilateral flexibility with her residential support providers in Mary's home. Questions were clarified and all reported understanding new procedures. Mary appeared to enjoy the meeting smiling and vocalizing frequently. When asked about satisfaction with therapy services, Mary smiled and made brief eye contact with me. I completed a Learning Log dated 8/11/09 to detail and learn from the training session.</p> <p><i>Lisa Crane, M.A., P.T., CCC-SLP 8/11/09</i></p>

Communication Chart

Date and Signature	What's happening (or just happened)?	<u>Mary</u> does this...	We think it means...	And others should...
8/4/09 Outcome 6 Lisa Crane, M.A., P.T., CCC-SLP	Mary is having water therapy.	Mary shakes her head downward to the left repeatedly.	She has water in her eyes and is uncomfortable.	Others should take a soft cloth and gently wipe Mary's face to remove excess water and dry her eyes.

Learning Log

Date and Signature	What did the person do? (what, where, when, how long?)	Who was there? (name of people supporting the person, friends and others)	What did you learn about what worked well? What did the person like about the activity? What needs to stay the same?	What did you learn about what didn't work? What did the person not like about the activity? What needs to be different?
8/11/09 Outcome 6 Lisa Crane, M.A., P.T., CCC-SLP	Mary participated in her DSP in-service for physical therapy.	Mary Lisa Crane Marty Lowe, DSP Sharon Irving, DSP Evelyn James, DSP	It helped to have snacks and coffee for a few minutes before the training. Mary seemed comfortable with the informal atmosphere and everyone sitting in a circle. She liked helping demonstrate how new exercises will be completed during therapy.	It did not help having Mary's housemates there during the training. This frequently caused a response from multiple DSPs who left the room or made phone calls. In the future, it will be important to schedule the trainings at the home when her housemates are not there. In addition, establishing training ground rules may help improve the learning environment.

This ISP belongs to: Mary S. ID# 9762 (ID# for CSB use) ISP Start: 8/1/09; revision End: 7/31/10

Person-Centered Review (PCR)

Provider: Therapy Associates Service: Physical Therapy

Purpose of review: 1st , 2nd , 3rd , 4th , Update

Outcome #	Desired outcomes (Important TO)	Describe progress toward each outcome. (Include new learning, barriers, successes and relevant medical information in each instance)	Start/End	Condition (Check all that apply)
6	Mary washes and has therapy in her Parker Tub with her choice of oils and music.	Mary enjoyed water therapy every week during the past quarter except on one Tuesday when her therapist was sick. On the day that therapy was cancelled, Meadow Glen staff proceeded with supporting Mary to complete her routine water therapy and range of motion exercises. Mary has show an increasing ability to extend her right arm and her bilateral flexibility has increased by five degrees on each side. I will be evaluating Mary for the use of a new bath seat in the coming quarter that swings into her Parker tub and is then lowered mechanically. A new outcome is being added to address this need.	8/1/09	<input checked="" type="checkbox"/> Progress <input checked="" type="checkbox"/> Continued <input type="checkbox"/> Ended
Outcome #	Desired outcomes (Important FOR)	Describe progress toward each outcome. (Include new learning, barriers, successes and relevant medical information in each instance)	Start/End	Condition (Check all that apply)
N/A				

Outcome #	Additional desired outcomes	Describe the expected benefits of this change as Important TO or Important FOR the individual.	Start/End	How often or by when?
18	Mary safely enters her Parker tub.	It is important FOR Mary to receive adequate and safe support during transitions into and out of her Parker tub. A new adaptive bath seat transfer station will be obtained and used to meet this outcome.	11/15/09	Weekly

Please describe any significant events not reported above: TC is working to obtain a bath transfer station to assist Mary in and out of her Parker Tub more safely. If this item is not available under durable medical, it will be requested through Mary's waiver funding as assistive technology.

Describe the individual's satisfaction with supports: Mary's mother/guardian, Monica Simms, states that she is very pleased with the services and supports Mary receives through Therapeutic Consultation. Therapy services continue to be beneficial needed to improve Mary's health and ability to develop greater flexibility and range of motion improving the quality of her daily living.

Is an ISAR included with this update to reflect changes in support hours?

Yes, because hours are changing Not needed: no change in support hours

Individual: _____ (Mary Simms's Mark) _____ Date: 10/24/09

Representative: Monica Simms _____ Date: 10/24/09

Provider/Agency: Lisa Crane, M.A., P.T., CCC-SLP _____ Date: 10/24/09

Outcome changes approved by Support Coordinator:

<i>Jennifer Jones, SC</i>	<u>10/31/09</u>
Support Coordinator	Date