



## QA School Age Program Physiotherapy Caseload Priorities

*This table can be used: a) to determine if a student is an appropriate referral.  
b) to prioritize students during times of busy caseload.*

<b>Priority Level</b>	<b>Definition of Priority Level</b>
<p><b>Level 1</b> High Priority PT Consultation</p>	<ul style="list-style-type: none"> <li>• Students with ongoing complex conditions* who require assistive devices for mobility and positioning needs (i.e. wheelchair or walker).</li> <li>• Students with ongoing complex conditions who require a mechanical lift or assistance with transfers.</li> <li>• Student’s ongoing complex conditions are <b>greatly</b> impacting home, community, and school participation in <b>all or most</b> activities (classroom activities, PE, toileting, school access and evacuation, safety on school grounds).</li> <li>• Students with ongoing complex conditions who have had an acute event (e.g. fracture) or procedure (e.g. surgery).</li> <li>• Without physiotherapy intervention, these students are at high risk of functional deterioration or exacerbation of their medical conditions.</li> <li>• A student who is at high risk for falls or there is concern around safety with functional mobility (e.g. stairs) <b>due to physical limitations.</b></li> </ul>
<p><b>Level 2</b> Medium Priority PT Consultation</p>	<ul style="list-style-type: none"> <li>• Students with ongoing complex conditions who require less intensive or no assistive devices for mobility (i.e. orthotics or cane).</li> <li>• The ongoing complex conditions are <b>moderately</b> impacting home and community participation.</li> <li>• Without physiotherapy, these students are at a moderate risk of functional deterioration or exacerbation of their medical conditions.</li> </ul>
<p><b>Level 3</b> Short term consultation or School/Classroom Wide Consultation</p>	<ul style="list-style-type: none"> <li>• Students with a movement related deficit (i.e. poor coordination) that would benefit from physiotherapy assessment/consultation with education on how to access appropriate resources in community.</li> <li>• Students who are being monitored for progress in identified PT goals and are at minimal risk of regressing without periodic support and consultation.</li> <li>• These students will <b>only be followed up to and including grade 5</b> at which time they will be discharged from the PT caseload.</li> </ul>



<p><b>Level 3</b> continued</p>	<ul style="list-style-type: none"> <li>• <b>Please note, during times of busy caseload these students will not be seen due to operational capacity.</b></li> <li>• <b>Consider school wide intervention or in-services prior to referral</b> (can be in collaboration with other members of school team e.g. PE teachers). Example: A) In-services on : i) the benefits of motor circuits ii) building motor skills with children with Developmental Coordination Disorder iii) expanding your repertoire of inclusive PE games (avoiding dodgeball).</li> </ul>
<p><b>No School PT intervention indicated</b></p>	<ul style="list-style-type: none"> <li>• More appropriate resources are available to address an identified issue.</li> <li>• Where behavior or sensory challenges are likely the primary underlying cause of poor participation in movement activities.</li> <li>• A typical child who has experienced an acute injury requiring short-term rehabilitation (a student as such should access private physiotherapy services).</li> <li>• A typical child who is experiencing an isolated orthopedic condition (e.g. knee pain) as this would be more appropriately treated by a private practice PT.</li> </ul>

*\*Ongoing complex conditions that are amenable to physiotherapy intervention may include, but are not limited to cerebral palsy, muscular dystrophy, and spina bifida. Diagnosis alone is NOT a sufficient reason for a referral.*