The role of pediatric physical therapy is to help children who have difficulty with functional movement, poor balance, and challenges moving through their environment successfully. Some children with Autism Spectrum Disorder (ASD) have low muscle tone, some have poor balance, others may not be well-coordinated, and still others may have a combination of all of the above. These are all areas that a physical therapist can address. After an assessment, the physical therapist will design and implement a program that will help to improve the individual child’s areas of need and increase overall function and participation.

(Many children or adults who have an accident and hurt themselves can benefit from physical therapy, whether they are diagnosed with ASD or not. This article does not address this type of rehabilitative therapy.)

Physical Therapy Areas of Intervention

- Gross Motor Skills – using large muscles for sitting, standing, walking, running, etc.
- Balance/Coordination Skills – involves the brain, bones, and muscles in a coordinated effort for smooth movement; for example, as in climbing stairs, jumping, etc.
- Strengthening – building muscle for support and endurance; for example, to walk for a distance without becoming tired.
- Functional Mobility/Motor Planning – moving through space, day to day, for independence and efficiency; for example, to climb onto the rocking chair and make it rock back and forth.

The Importance of Motor Skills

Gross motor skills enable children to explore and learn from their environment. Young babies’ neck muscles develop, allowing them to hold their head up and see things from an upright position. Trunk muscles strengthen, enabling children to sit and soon after crawl and begin to explore their surroundings on their own. Toddlers learn to walk, climb, and eventually run. As children become adults, motor skills continue to be important for independence.

What is the Goal of Physical Therapy for a Child with ASD?
Every child with ASD is different from every other child with ASD. Not every child with ASD
will need physical therapy. If physical therapy is found to be medically necessary and the child could benefit from physical therapy services, a program will specifically be designed for his or her needs.

**Who Implements Treatment?**

A licensed physical therapist (PT) or certified physical therapy assistant (CPTA), supervised by a PT, may implement treatment for a child who meets eligibility criteria for physical therapy services within an Early Intervention or school program. Physical therapy is also available as an outpatient service.

**Where Does Treatment Occur?**

Physical therapy for children with ASD (or other special needs populations) can occur in a variety of places including the home, school, or outpatient clinic setting. Physical therapy provided as an educational service will take place at the child’s school. Children under age 3 who are eligible for physical therapy through the Early Intervention system, will receive therapy in their “Natural Environment” (usually their home or daycare but where ever they typically spend time). Families may also elect to seek outpatient services in a hospital or clinic.

**What Does a Treatment Session Look Like?**

Since children learn through play, physical therapists use child-friendly, specially chosen toys and activities to motivate and encourage their students or patients to participate in therapy. Typically you will find balls, swings, and slides in a pediatric therapy gym. Children are encouraged to have fun while they work hard to accomplish the tasks their therapists set for them.

In Early Intervention, the focus is to coach and educate families and caregivers on how to use physical therapy activities to encourage increased participation in the child’s routines at home and in the community. For example, this may include helping a child to learn to move as independently as possible throughout his home and at the playground. School-based physical therapy supports the child’s ability to get around the building and classroom in order to access to the educational program and promote learning.

**How Often Can Treatment Occur?**

If your child receives services through the education system (Early Intervention, Preschool, or School-Age), the frequency of services are determined by the child’s IFSP (Individual Family Service Plan) or IEP (Individualized Educational Program) team, based on your child’s
identified needs. Length of treatment sessions, number of times per week, and the goals of therapy will be discussed and agreed upon at the IEP or IFSP meeting. As part of these teams, parents and caretakers contribute to the making of these decisions.

In a clinic setting, the treatment is determined by the referring physician, parent/caretaker, and therapist. The amount of therapy provided by the child’s health insurance may also influence the frequency of services.

Related Articles:

- EXAMPLES OF OUTPATIENT PHYSICAL THERAPY ACTIVITIES
- EXAMPLES OF SCHOOL-BASED PHYSICAL THERAPY
- EXAMPLES OF HOME AND COMMUNITY-BASED PHYSICAL THERAPY FOR YOUNG CHILDREN
- HOW DO I CHOOSE A TREATMENT?
- HOW TO CHOOSE A TREATMENT PROVIDER
- THE IMPORTANCE OF DATA COLLECTION IN MEASURING PROGRESS
- WHO ARE ALL THESE PROFESSIONALS?

Recommended Link:

- CAR RESOURCE DIRECTORY (SEARCH WITHIN THE PHYSICAL THERAPY/OCCUPATIONAL THERAPY CATEGORY)

Additional Resources:

- AMERICAN PHYSICAL THERAPY ASSOCIATION SECTION ON PEDIATRICS

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