

# Accessibility and Quality of Children's Physical Rehabilitation in the US

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For many families in the United States, signing up their children for physical therapy means staying on the waitlist for months or long drives to and from the rehabilitation center. In this article, we will discuss the current state of pediatric physical rehabilitation in the country and the factors that influence the availability and quality of this essential service.

## 1. Accessibility to Physical Therapy

### 1.1 Dependence on Location

One of the most significant factors affecting accessibility to physical therapy is [geographic location](#). Clinics and specialized centers are almost always based in populated cities. These urban areas benefit from higher concentrations of healthcare professionals, more advanced facilities, and greater overall resources. Families living in these regions generally have better access to timely and comprehensive care for their children.

Contrary to urban areas, [rural areas](#) often lack the same level of accessibility. Many rural communities do not have pediatric rehabilitation clinics, forcing families to travel long distances and incur additional travel-related expenses to reach a physical therapist. The lack of access to private and public transportation also presents a significant barrier, leading to delays in treatment. The disparity in available equipment and facilities in underfunded or rural areas can further result in uneven quality of care across different regions.

### 1.2 Dependence on Diagnosis

The type and severity of a child's condition also play a role in determining accessibility to physical therapy. Children with complex diagnoses, such as Cerebral Palsy classified under the Gross Motor Function Classification System (GMFCS) levels 4 and 5, often have severely limited mobility. Some places remain with structural barriers that create issues with [accessibility](#). Non-compliance to the Americans with Disabilities Act (ADA)

standards makes it difficult for families with children who use wheelchairs. The lack of adequate public transportation options in many parts of the US presents an additional barrier, as parents may struggle to find reliable means of getting their children to their appointments.



### **1.3 Dependence on Age**

Another important consideration is the age of the child requiring physical rehabilitation. Neonates (premature babies, low birth weight, and medically fragile infants) often need specialized care. Not all physical therapy practitioners are certified in neonatal therapy or trained to provide the level of support required by high-risk infants.

Children who are overweight and obese are another population in which pediatric physical therapy is underutilized due to the lack of awareness of a PT's scope of practice. As children grow larger and heavier, many of them start to lose interest or motivation for physical rehabilitation. This resistance typically becomes more common after the age of 12, when secondary complications can emerge, and they may notice little progress in their efforts.

### **1.4 Dependence on Parental and Family Factors**

The material and psychological condition of parents can significantly impact their ability to access rehabilitation services for their children. Families with limited financial resources

[and limited insurance coverage](#) may struggle to afford the costs associated with frequent therapy sessions, travel expenses, and specialized equipment.

Cultural and religious characteristics also play a role in accessibility. Many families seek therapists who share their language, cultural, and religious backgrounds, or at least someone who demonstrates [cultural competency](#). However, finding such therapists can be challenging, particularly in areas with limited diversity among healthcare providers. A therapy-client mismatch in this way can lead to reduced quality of care.



## 2. Healthcare Literacy

### 2.1 Challenges in Healthcare Literacy

Healthcare literacy has been identified as a critical component influencing the accessibility and quality of rehabilitation services. According to the [National Center for Education Statistics \(2006\)](#), certain populations are more likely to experience limited health literacy. These includes adults over the age of 65, recent refugees and immigrants, individuals with incomes at or below poverty levels, racial and ethnic groups other than white, people with less than a high school degree or GED, and non-native speakers of English. Families with a low level of healthcare literacy are less equipped to understand their child's condition, navigate the healthcare system, and advocate for appropriate services.

## 2.2 Steps to Access Necessary Care

Despite these barriers, there are proactive steps families can take to access the necessary care for their children:

### a. Teletherapy

Many physical therapists now offer [teletherapy services](#), which can be particularly beneficial for families in rural areas or those with transportation challenges. Virtual visits provided an effective setting for parent coaching and allowed real-time practice of home activities and daily routines within the child's and family's environment. Teletherapy can also provide valuable support and continuity of care when in-person visits are not feasible.



### b. Understanding Insurance Coverage

Contact your insurance provider to clarify what rehabilitation services are covered, specifically teletherapy options, and to identify in-network providers. Virtual physical therapy visits may cost the same or even less than in-person visits. [Medicare Part B](#) also covers certain telehealth services.

### c. Transportation Services

Explore transportation services available in your area. Some communities offer specialized transportation for individuals with disabilities, and [Medicaid](#) often provides transportation assistance for therapy appointments.

#### **d. Home Health Physical Therapy**

Some physical therapists offer [home health services](#) that benefit children with severe mobility impairments or those living in rural areas. Therapists can bring essential equipment in a mobile setup, and use existing toys and materials available at home during their sessions. It also allows therapists to tailor interventions based on the child's natural environment and daily routines.

### **Conclusion**

Many of the challenges families face in accessing and securing quality physical rehabilitation services are systemic and not always within their control. Issues such as geographic disparities, provider shortages, and transportation barriers are deeply rooted in the flaws of the American healthcare system. It is essential to acknowledge these challenges and approach them with empathy, recognizing that parents are doing their best in often difficult circumstances.

Despite the systemic barriers, families can make a significant difference in their children's lives by staying informed, advocating for their needs, and utilizing the resources available to them. By taking these steps, parents can help ensure that their children receive the high-quality physical rehabilitation services they need to thrive.

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