



## The Importance of Clinical Videotaping in Pediatric Therapy

Posted on March 21, 2011 by Heidi

22 people

Tweet

2

By: Amanda Krupa, MSc, & Felicia Kurkowski, [Pathways Center](#)

A picture is worth a thousand words, but a video is worth a million. Clinical videotaping, a type of observational recording, follows a child engaged in an activity in a therapy session. The camera is focused on a specific action and records material that may be used as a database for intake decisions, evaluation, documentation of progress, insurance appeals, clinical research, and education.

### Intake Decisions

Videos can be particularly useful during the intake process, as they allow for clinical observations without the child being present to determine if he or she might be a good candidate for specific program. For example, videos can be used as a screening tool for inquiries from families living a distance from a therapy center who may be considering travelling to participate in a particular program. Additionally, they may assist an assessing therapist in the planning and organizing for an evaluation session by providing objective baseline data of a child's performance.

### Evaluation

The visual and auditory documentation of a child's performance allow for a more in-depth analysis of a child's performance in their evaluation. Not only will a therapist have a record of administration of standardized tests, but they will also be able to reference the footage to ensure accurate scoring. Further, stills from the footage can be useful to measure body/segmental posture and alignment during gait, sitting, and or standing.

### Documentation of Progress

In the spring of 2006, [Pathways Center](#), a state-of-the-art pediatric therapy center north of Chicago, began videotaping children to document their progression. Documentation is used by the therapy provider for setting goals, follow up, reflection on the intervention process, supervision, and drawing of conclusions.

Observing specific changes in pre to post-therapy video footage can also aide in a therapist's assessment of treatment outcome. Video comparison may suggest that (1) the goal was met or exceeded, (2) the goal was not met, but performance improved, or (3) the goal was not met and performance did not improve or worsened. Upon reflection, a therapist may be led to the revision of treatment goals or establishment of new goals.



Easter Seals DuPage and the Fox Valley Region document the pre to post-therapy progress of children in their intensive program via clinical videotaping. Preliminary test scores indicate that in this three-week program, many children make the same amount of progress that they typically make with one year of regular therapy. However, both Easter Seals and [Pathways Center](#) feel that side-by-side video documentation of the same task is more meaningful for parents to see than it is to read and understand tests or narrative reports.

### **Insurance Appeals**

Insurance companies are now looking for more validation and documentation on the benefit of therapy. If an insurance company denies continued therapy services for a child, side-by-side video comparisons of their progress can be submitted in an appeal as supplements to written records and/or a 'letter of medical necessity.' A visual representation of impairments or functional limitations, such as coughing or gagging during feeding, can be more illustrative in terms of establishing medical necessity than text alone. Additionally, videos may make the insurance reviewer less likely to deny the child's needs after seeing their footage.

### **Clinical Research**

For therapists who focus on clinical research, videos capture the qualitative changes in performance that are not captured by standardized testing. Additionally, they permit determination of intra-rater and inter-rater reliability by repeated scoring of the same data by multiple therapists. Overall, clinical videotaping is an effective method of data collection and may assist in determining what aspects of change in a child's performance are measurable.

### **Education**

Internally, therapy centers can utilize video footage for educational purposes as it promotes discussion between colleagues and or between clinical instructors and students. At [Pathways Center](#), for example, the therapists can request/check-out a copy of a child's goals to physically watch their progress. Some footage is also utilized in [Pathways Center](#) and is viewed by visiting therapy students.

Case study videos enable a therapist or student to observe and evaluate a child's performance and response to therapy techniques without the client being present. Further, videos can demonstrate specific therapy strategies or techniques for a therapist to try in a session.

[Meet Jonathan](#), a film produced by [Pathways Awareness](#), incorporates pre to post-therapy video footage to illustrate the value of early intervention and therapy for an infant. The film follows Jonathan's 7 month progress in physical therapy to correct positional torticollis. Recently, [Pathways Awareness](#) incorporated the film into educational presentations to pediatric and family medicine residency programs.



### **Consent Forms**

Clinical videotaping, as with any other form of medical intervention, should be done in consideration of patient-therapist confidentiality. Therapy centers should consult legal counsel to ensure they are compliant with HIPAA laws and other regulations. Laws and practices may be different in each state and should be researched in each jurisdiction.

Therapy centers interested in videotaping must develop a precise consent form. This form should incorporate how confidentiality will be protected, where and how long tapes will be stored, who will see the tapes, whether or not the patient has access to the tapes, and who owns the tapes. In the form, it should be clear that treatment will not be withheld if a patient is unwilling to be recorded at any time. Legal counsel specializing in patient rights can assist in the development of these types of consent forms.

### **Software & Archiving**

Videotaping and digital editing (desktop video) provide a therapist with compelling material that can be used for therapy with patients, for teaching and professional presentation, and for therapist development. Digital formats are utilized most often with computer data software, multimedia, and websites. As previously noted, video is an important tool for the collection, analysis, and presentation of qualitative research data.

[Pathways Center](#) utilizes Adobe Premier Elements software, which graphs stills from the footage and allows for comparison of pre and post-therapy performance. These videos, graphs, or still photos can also be put into a

child's insurance report. Adobe Premier Elements software also allows a therapy center to add their personal logo to all videos. This is important, because the video is identifiable if used while teaching a class, etc.

For archiving purposes, [Pathways Center](#) tracks videotaping on a master spreadsheet which includes the child's name, the child's birthday, all dates of taping, the disciplines taped and therapist(s) name(s). The archive makes it easier for therapists to track treatment progress over time and increase the effectiveness of the rehab/healing process for each patient. Patients can also take stills from the footage with them to support rehabilitation at home.

Despite the advantages of clinical videotaping, many therapists remain reluctant to record their work for reasons that include self-consciousness on the part of the therapist or patient, concerns about negative effects of videotaping on the session, concerns about confidentiality and legal liability, and lack of familiarity with the process of videotaping and the equipment involved. However, understanding the benefits, concerns, and basic process involved in video recording and editing should reduce therapist apprehension and encourage more widespread use of this powerful clinical medium.

## References

Penn-Edwards S. (2004) Visual evidence in qualitative research: the role of videorecording. *The Qualitative Report* 9(2):266-277.

Bart O, Avrech Bar M, Rosenberg L, Hamudot V, Jarus T. (2010) Development and validation of the documentation of occupational therapy session during intervention (D.O.T.S.I). *Research in Developmental Disabilities*. doi:10.1016/j.ridd.2010.11.008.

Steyer David K. (1996) Monitoring progress for improved outcomes. *Physical & Occupational Therapy in Pediatrics* 16(4):47-76.

Penn-Edwards S. (2004) Visual evidence in qualitative research: the role of videorecording. *The Qualitative Report* 9(2):266-277.

Falzone RL, Hall S, Beresin EV. (2005) How and why for the camera-shy: using digital video in psychiatry. *Child and Adolescent Psychiatry Clinics of North America* 14(3):603-12, xi.

## **This Months Featured Authors: Amanda Krupa, M.Sc and Felicia Kurkowski**

Amanda Krupa, M.Sc., is the Director of Healthcare Communications at Pathways Awareness. She holds a Master's degree from Boston University, a Bachelor's degree from St. Mary's College of Notre Dame, and a Certificate in Medical Writing & Editing from the University of Chicago. At BU, Krupa developed a research interest in maternal and infant/child health topics and has authored articles in various industry trade publications.

Felicia Kurkowski is the Senior Program Director with Pathways Awareness. She holds an Associate's degree from Oakton Community College, a Bachelor's degree from Northern Illinois University, and is a Kellogg Executive Scholar from The Kellogg School of Management at Northwestern University's Center for Nonprofit Management. Kurkowski presents and exhibits at relevant conferences throughout North America on behalf of Pathways. She has worked with families, children and disability issues for the past 21 years.

This entry was posted in [OT](#), [PT](#) and tagged [25 March 2011](#), [Article](#), [Newsletter](#), [PT](#). Bookmark the [permalink](#).