

## Chapter 17

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# The Lyton Model: An Interdisciplinary Model of Care

Lynette Jamison, MOT, OTR/L, CPO and  
Charlotte Norton, OPT, MS, ATC, CSCS

The participant will be able to:

1. Compare and contrast licensure, registration, certification and title acts.
2. Briefly describe the roles of the providers in each of the different disciplines.
3. Describe the education required for each of the providers.
4. Explain the function of each team member in the aquatic continuum.
5. Describe the Lyton Model of care.

This text will examine, describe, and define models of care including the Medical, Biomedical, Wellness, Holistic, and Alternative Health models. These models of care will be related to the aquatic setting. The Lyton model of care will be discussed in more detail as it is the only model developed for the aquatic setting. This chapter will outline the disciplines involved in providing care in the aquatic environment and will discuss specific credentialing for each of the disciplines. A case study will be presented to illustrate the integration of the disciplines.

The Medical and Biomedical models of care are closely related by definition as they both exclude psychological and social factors and include only biological factors in an attempt to understand a person's medical illness or disorder. The Medical and Biomedical models describe the approach to illness due to physical pathology commonly seen in Western medicine. Symptoms and disability are directly proportionate to physical pathology. Mind and body are separate. Physicians are in control of diagnosis and treatment direction. The Medical and Biomedical models aim to find medical treatments for diagnosed symptoms and syndromes and treat the human body as a very complex mechanism; the Medical and Biomedical models drive research and theorizing about physical or psychological difficulties on a basis of causation and remediation.<sup>1</sup> Patients seen in the aquatic setting are evaluated for strength, range of motion and function with little consideration for psychological factors. A treatment plan is developed by the medical provider which may include aquatic exercise to increase cardiovascular strength, Bad Ragaz to increase musculoskeletal strength, Halliwick method to improve balance and Watsu to increase range of motion and to reduce pain.

The Wellness model was first published by P. Deegan in 1988 and again by W. Anthony in 1991. They described an approach to treat patients within the mental health community. They reported that recovery is a, “deeply personal unique process of regaining physical, spiritual,