

School-based Physical Therapy

Department of Special Education

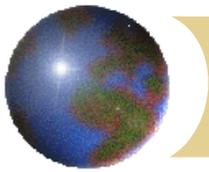
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240-696-3218

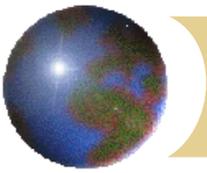
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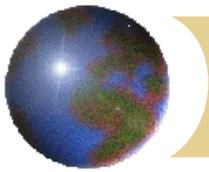
This handout should help the IEP team:

- ✦ Understand important administrative issues regarding PT services and the process for requesting PT services at your school
- ✦ Develop an understanding of the differences between school and clinical physical therapy practice and what School PTs address
- ✦ Develop an understanding of what “best practices” are in school based physical therapy
- ✦ Develop an understanding of how therapists determine services



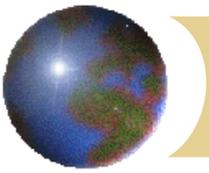
Important Administrative issues:

- ❖ Therapists *must* be invited to all meetings when OT/PT is an issue (IEPs & 504 plans)
- ❖ Therapists *need to be informed of meetings* as much ahead of time as possible (a minimum of 10 days) due to demands at other schools
- ❖ Lengthy meetings (greater than 90 minutes) mean decreased productivity for therapists and lost service to other students



Important administrative issues (CONTINUED)

- ⊕ PT should never be put on an assessment plan without therapist input. Ideally a therapist is present at the meeting; however, if this is not possible he/she may be contacted by phone/email.
 - ⊕ Therapists may ask for another meeting to review screening information and discuss concerns if they are not present at the first meeting.
- ⊕ Specific tests should not be listed.
- ⊕ The testing procedure for each student is up to the purview of the therapist.



Requesting a PT

- ✦ Contact your assigned Physical Therapist or contact the **OT/PT Office at 240-696-3218**
- ✦ Once your PT is identified, contact them by email to let them know of your concerns.
- ✦ The PT may send pre-referral materials to the team via the special education chair or teacher; these need to be completed by personnel identified by the PT or the PT may choose to come to the school and consult with appropriate providers.
 - ❖ Completed pre-referral documents should be emailed and/or returned (fax or pony) to the PT for review
 - ❖ Based on the outcome of the pre-referral documents and/or consultation a more formal assessment may or may not be needed.
- ✦ If a formal assessment is needed, the PT will ask for a team meeting to discuss and get permission to test from the parent.
 - ❖ The 60 day time line will begin for the PT assessment.
 - ❖ The PT will schedule a time/date to complete the assessment. The PT will contact the team with the results
- ✦ If no further testing is needed, the PT will notify the team but may offer some suggestions/strategies to address the concern



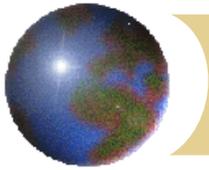
A Comparison: School-based and Clinical PT

School-based

- ⊕ Goal – to assist in achieving educational goals and facilitating access/participation and benefit in the educational program
- ⊕ Services are driven by the IEP
- ⊕ Decisions are team driven
- ⊕ How the diagnosis (or disability) interferes with progress and/or participation in the learning environment is what drives therapist intervention.
- ⊕ ***Implementation of the IEP is primarily done by teachers*** and supported by therapists

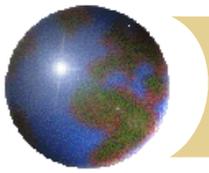
Clinical

- ⊕ Goal – to treat a client's continuum of need (acute through rehab)
- ⊕ The diagnosis of the student drives intervention
- ⊕ Services are driven by the patient's diagnosis and acuteness of condition
- ⊕ Intervention and service decisions are made by the therapist
- ⊕ ***Implementation of the plan of care is primarily done by a therapist***



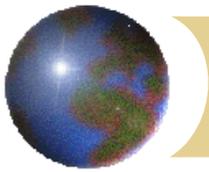
WHAT MAKES SCHOOL PT DIFFERENT?

- ⊕ Approach is collaborative using a coaching model
- ⊕ Decisions are team driven
- ⊕ Services should be limited to what is educationally relevant and requires the expertise of a therapist
- ⊕ Goals and objectives should be functional and activity based
- ⊕ Services are provided in multiple settings based on the needs of the student and team



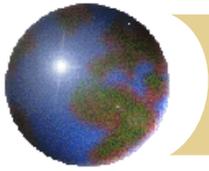
WHAT DO SCHOOL-BASED PTs MOST OFTEN ADDRESS?

- ✚ FUNCTIONAL MOBILITY
- ✚ ENVIRONMENTAL ADAPTATIONS
- ✚ POSITIONING
- ✚ FOUNDATIONAL GROSS MOTOR SKILLS, especially in children 3-5



Areas often evaluated by school PTs

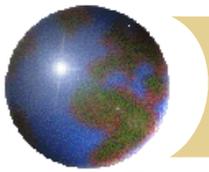
- ❖ **SCHOOL ENVIRONMENT NEGOTIATION**
- ❖ **TRANSITIONS**
- ❖ **STANDING BALANCE** AND ITS EFFECT ON SCHOOL FUNCTIONAL SKILLS
- ❖ **SITTING BALANCE** AND ITS EFFECT ON SCHOOL FUNCTIONAL SKILLS
- ❖ **ALTERNATIVE POSITIONING** – Does posture effect school functional skills? Does it support instructional engagment?
- ❖ **FOUNDATIONAL GROSS MOTOR SKILLS** (3-6 year olds) and the student's participation in age-appropriate activities and routines



What is “Best Practice” for school-based PTs?

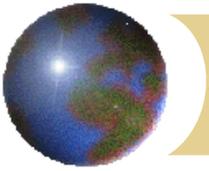
- ✦ Appropriate assessment
- ✦ Establishing educational need
- ✦ Unique expertise
- ✦ Evidenced-based decisions
- ✦ Ethical decision making





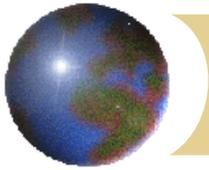
Appropriate Assessment

- ❖ Scores from standardized tests are not used as criteria for “qualifying” for PT service
 - ❖ The students assessed have *already* qualified for special education.
 - ❖ For 3-5 year olds, standardized test scores can qualify a child for services based on a 25% or a 1.5 SDs below the norm delay in gross motor function (Developmental Delay disability code).
- ❖ Informal and formal assessment tools are selected to obtain the information that is needed to make *educationally relevant decisions*.



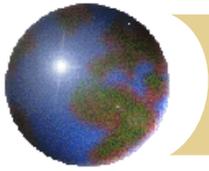
“Unique Expertise” is defined as....

- ✦ What is necessary to access, participate in and/or benefit from the educational program that requires the *unique expertise of a PT?*



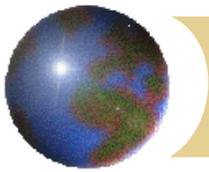
Establish “Educational Need” by asking:

- ⊕ Will the absence of PT interfere with the student’s ability to access or participate in his/her educational program?
 - ⊕ If the answer is “yes,” is the unique expertise of a PT required?
 - ⊕ The IEP process determines need for PT as a *related service*; the team determines the need for PT.
- ⊕ Services are tied to IEP goals, objectives and/or modifications/adaptations and the necessary expertise of a PT, not a test score.
- ⊕ Is the service educationally relevant?
- ⊕ What is the purpose of PT service?



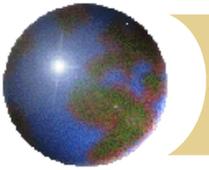
PT Goals

- ❑ The goals are the *student's goals* (not PTs!!) and should be discipline free
- ❑ Goals should stand alone
 - Objectives are smaller steps to help achieve the goal and should also be measurable
- ❑ Goals should be SMART: specific, measurable, achievable, relevant and time limited
- ❑ Goals should not be failed test items



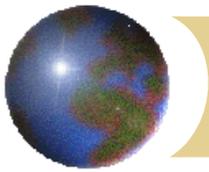
Supporting Modifications and Accommodations

- ✚ PTs may support only supplementary aids and services– goals are not always indicated or required
 - ▣ PT service is documented on the supplementary aids page of the IEP



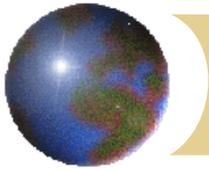
Flexible IEPs

- ❖ Sessions “monthly” allow for flexibility to meet student and team needs
- ❖ Models of service delivery:
 - ❑ Service to the student (formerly direct)
 - ❑ Service on behalf of the student (formerly indirect)
- ❖ PT will use the Statement of Service Delivery to further clarify location and manner of services.



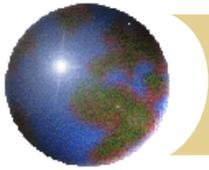
Making decisions about “how much” PT service

- ❖ PTs will use their own professional experience, clinical judgment, and evidenced based practice to make decisions about frequency and duration of services



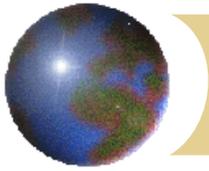
Decrease and Dismissal

- ✦ Decisions made to decrease or dismiss services are founded on:
 - ✦ Achievement of goals that are relevant to the educational plan of the student
 - ✦ Achieved maximum benefit (plateauing)
 - ✦ School team members implementing strategies/modifications/accommodations with little or no input from therapy staff
 - ✦ Curriculum addressing student issues
 - ✦ The clinical judgment and experience of the therapist



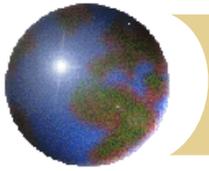
ESY Service

- ❁ The need for PT services must fit the criteria for ESY services AND be a team decision
 - ❁ Is there an emerging critical life skill?
 - ❁ Are there regression/recoupment issues regarding a critical life skill?
 - ❁ Would the lack of PT service jeopardize the progress made by the student in his/her educational program during the school year?
 - ❁ Nature and severity must be in conjunction with the other criteria.
- ❁ No new goals and objectives are added to an ESY IEP – service cannot exceed that of the regular school year.



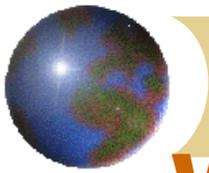
How administration can be supportive of PT





When the team receives a MD prescription for physical therapy....

- ❖ The PT may need to explain to the parent/caregiver the differences between clinical and school-based PT and how decisions are made about services
- ❖ The PT will advise the team as to what action should be taken



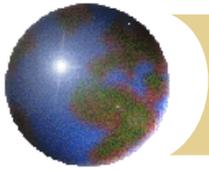
When the team receives an outside PT Report....

Your PT will *consider* the assessment

WHY only consider??

Clinical reports focus on the *specific deficits related to the student's diagnosis* rather than on their overall functioning at school; these reports may not be helpful in developing an IEP or determining what services are needed.

School-based PT assessments focus on the *student's abilities and how the diagnosis impacts school participation.*



References

- ❖ David, K. (2004) Ecological Evaluation, presentation at the Combined Sections Meeting of the APTA
- ❖ Giangreco, M. (2001) Guidelines for Making Decisions about IEP Services, Vermont Department of Education
- ❖ McEwen, I. (2009) Providing Physical Therapy Services under Parts B & C of IDEA
- ❖ Muhlenhaupt, M. (2000) OT Services under IDEA 97. *OT Practice*, 5 (24), 10-13