School-based Physical Therapy

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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 engagement?
- 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
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