

Informal Resource Guide: The Role of Physical Therapy in the Schools



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The Role of Physical Therapy in the Schools

The use of this informational resource as a staff development tool was reviewed and approved by the Special Services/Special Education Director in this district.

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School-Based Physical Therapy Practitioners

Support students with disabilities in the areas of gross motor skills including functional mobility, positioning, motor coordination, environmental adaptations and specialized services to increase independence within the educational setting.

Help students acquire their greatest independent functional mobility and appropriate positioning in order to fulfill their role as students and prepare them for: college or other post high school learning experiences, transition to employment and work/career opportunities, and community integration.

Physical Therapists

Physical Therapists provide specialized services for students with disabilities who demonstrate needs in the areas of:

- Environmental adaptations and supports to increased independence within the educational setting
- Equipment needs
- Functional mobility
- Gross motor function/motor coordination

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Physical Therapists *(continued 2/2)*

Physical Therapists can provide expertise in the following areas:

- Adaptations and modifications to increase performance in the least restrictive environment.
- Family education/coaching for the Birth to 3 population specific to medical diagnosis and developmental progression, and family driven needs.
- Input regarding appropriate assistive technology and adaptive equipment to increase access to the general curriculum.
- Skilled observation to identify strategies that promote participation in the educational environment.
- Support transition towards employment and community integration.

Differentiating Between Medical and Educational Service Models

While the focus of a medically based PT model is to improve the health of the patient, the focus of an educational PT model is to facilitate the student's access to the educational curriculum and support his/her progress toward IEP/IFSP goals, objectives and outcomes.

Medical Model



- Focuses on medical diagnosis
- Follows doctor's orders
- Includes rehabilitation and maintenance issues
- Patients receive service for any area of need as determined by doctor's orders and insurance coverage

Educational Model



- Addresses educationally relevant needs identified through the comprehensive educational evaluation process
- For students who have met criteria for a categorical disability
- Provides strategies and support as it relates to the IEP/IFSP
- Therapists are required to follow their state practice regulations
- PT Practitioner Regulations
 - [MN Statutes](#)
 - [MN Rules](#)

School-Based Therapy

School-based physical therapy is not intended to replace outpatient physical therapy services, but to support the student's educational needs while in school.

Physical Therapy

Physical Therapists can support the educational team in addressing the student's needs in the following areas:

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Gross Motor/Motor Coordination



Gross motor skills involve the ability to use large muscle groups that coordinate body movement and balance involved in activities such as developmental movement/milestones, walking, running, jumping, and throwing.

Functional Mobility



Functional mobility refers to the way a student transitions inside and outside of the natural educational environment. This may include assistive devices such as wheelchairs or mobility equipment, mobility over level ground and stairs, transitional movements/transfers into and out of equipment, and access to the bathroom; all based on individual needs.

Positioning



Assist and provide appropriate positioning in order to access and participate in educational/developmental activities.



Equipment Needs



Adaptive equipment refers to external supports for positioning, mobility and daily activities within the natural setting, addressing equipment needs includes assessment of student needs, ordering, training staff and caregivers for use of equipment, making needed adjustments and coordinating routine maintenance of the equipment.

The Therapist's Role in Screening/ Pre-Referral Interventions

When the student's teacher and/or parent(s) present concerns in areas of performance relative to the domains typically addressed by a therapist:

- The therapist is notified of the meeting to discuss concerns
- The team, including therapist, reviews the student's educational file, discusses the concerns presented, and determines at least 2 regular education instructional strategies, alternatives, or interventions (based on scientific, research based instruction and intervention)
- Team members (including therapist) may conduct classroom observation(s) as a screening activity, for purposes of gathering data to substantiate pre-referral interventions

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The Therapist's Role in Screening/ Pre-Referral Interventions *(continued 2/2)*

When the student's teacher and/or parent(s) present concerns in areas of performance relative to the domains typically addressed by a therapist:

- Pre-referral interventions are implemented by the student's regular education teacher, for a time frame established by the district, and are subsequently reviewed for effectiveness
- Appropriate documentation of the pre-referral process takes place according to district established procedures

The Therapist's Role in Pre-Evaluation Review & Comprehensive Evaluation Planning/Implementation

- PTs are not typically involved in an initial comprehensive educational evaluation of a K-12 aged student, unless it is known that the student has (or is suspected to have) a medically diagnosed condition or impairment that is associated with physical/motor dysfunction. When considering the need for therapist involvement in an initial evaluation for a K-12 student, it is essential to include the therapist in the Pre-Evaluation review process.
- When considering a comprehensive educational re-evaluation, the team (which may include the therapist) conducts a review of present levels, any current adaptations or modifications are reported, existing data is examined, and the team considers what, if any, additional data may be needed.

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The Therapist's Role in Pre-Evaluation Review & Comprehensive Evaluation Planning/Implementation (Continued 2/4)

- During the evaluation determination process, it should *not* be assumed that a therapist "owns" sole responsibility for addressing a particular area of student performance.
- Informal screening procedures used by the therapist (record review, staff interview, examination of work samples/analysis of curriculum demands, classroom observations), may be sufficient existing data, and as such, additional evaluation procedures on the part of the therapist, are *not* needed. This is summarized on the evaluation plan.

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The Therapist's Role in Pre-Evaluation Review & Comprehensive Evaluation Planning/Implementation (Continued 3/4)

- If, during the pre-evaluation review, the therapist determines there is need for additional data, gathered through other evaluation procedures involving structured interactions or administering formal assessment tools/testing measures, then those procedures are documented on the evaluation plan.
- Following completion of the evaluation, an evaluation summary report is generated. The therapist contributes a summary of their findings (based on screening procedures and/or other evaluation procedures) within the appropriate area(s) of performance in the evaluation report, along with the assessment findings of staff who may have also addressed those areas.

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The Therapist's Role in Pre-Evaluation Review & Comprehensive Evaluation Planning/Implementation (Continued 4/4)

- The evaluation summary report (ESR) does *not* contain recommendations regarding the need for therapy service. The student's "educational" needs are identified in the ESR.
- There is no state criterion to qualify for PT service. Determining the need for therapy service is an outcome of the IEP process, based on the student's need for specialized service in order to access the educational environment and make progress on their educational goals.

Therapist's Role in Supporting the IEP

The therapist assists the team in determining:

- student strengths and educational needs
- appropriate goal areas, and any associated objectives relevant to therapy
- whether Physical Therapy services are required for the student to meet educational needs and/or related goals and objectives
- service levels based upon student's educational need in the least restrictive environment

Therapist's Role in Supporting the IEP

(continued 2/3)

Physical Therapists support IEP needs/goals/objectives through:

- Environmental modifications
- Indirect services / Direct services
- Interventions/supports provided by a therapist, are aligned with each profession's scope of practice and associated areas of student function defined previously (refer to slides 4 and 5), and are based on educational needs in those areas.
- Staff development and trainings

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Therapist's Role in Supporting the IEP

(continued 3/3)

- Task analysis and modification of the student's instructional program/curriculum
- The consideration and provision of assistive technology such as adaptive materials/visual aids to support instruction, and adaptive equipment/strategies to support positioning and mobility needs

Note: Physical Therapy are related services and therefore need to relate to a special education categorical disability and associated special education services. Therefore, PT should not have stand alone goals. Therapists support educational goals that are developed by the team to address relevant needs.

Therapy Service Delivery Options

DIRECT services means special education services provided by a teacher or a related service professional when the services are related to instruction, including cooperative teaching.

DIRECT service is considered when:

- A therapist needs to work directly with the student in order to identify strategies that may be implemented by other team members
- Interventions cannot be safely/effectively applied by others
- The student's rate of change will require continuous modification of strategies and techniques used by the therapist

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Therapy Service Delivery Options

(continued 2/4)

- Direct service must always be accompanied by indirect services
- Direct service is often "episodic" or of shorter duration (start/stop dates) than the student's IEP year

Note: Direct intervention may occur as one-on-one time with a student, or as small group instruction. Considering LRE, it is preferable for the therapist to provide support in primary settings of instruction (e.g. main classroom, resource rooms, physical education/DAPE) or naturally occurring routines during the student's day, as opposed to pull-out/isolated services.

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Therapy Service Delivery Options

(continued 3/4)

INDIRECT service means special education services (provided by a teacher or a related service professional) which include cooperative planning; consultation; in-services; modifications and adaptations; and direct contact with the student to monitor student progress/needs.

INDIRECT service is considered when:

- (staff or the student), but regular input from the therapist is required
- Interventions can be safely/effectively applied by others
- Indirect service could be determined to be the most appropriate form of service provided

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Therapy Service Delivery Options

(continued 4/4)

Note: Physical Therapists can also provide building wide support through environmental adaptations, staff in-service on select topics of therapist knowledge, and consultation regarding innovative learning spaces, specific curriculums and incorporating “Brain Break/movement” strategies for all students.

Staff Training

Training staff in the use of strategies that support the student's function in school is an important component of therapy service. Therapists utilize a “coaching” approach when demonstrating hands on techniques for others to use when working with a student.

- Physical Therapists provide general staff training regarding proper equipment use, transfer techniques, and personal safety. PTs collaborate with teams regarding safe evacuation plans. PTs work with staff and student to demonstrate positioning/movement techniques to improve the student's access and response to learning opportunities, and to optimize functional mobility.

Discontinuing Therapy Services

Reasons why a student may be dismissed from therapy:

- Interventions have been taught to and are carried out by other service providers, no longer requiring the expertise of a therapist; staff demonstrate proficiency in implementing strategies of intervention and/or accommodations to address student needs.
- The student has met therapy supported educational goal(s)/objective(s), and no new needs/goals/objectives are identified.

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Discontinuing Therapy Services

(continued 2/3)

Reasons why a student may be dismissed from therapy:

- The student has attained a maximum level of function expected for their condition; no changes in the condition are expected; strategies of intervention and/or accommodations provided by the student's primary service providers address the student's educational needs; no changes in the student's educational setting are anticipated.
- If the team determines the therapy will be discontinued, no final comprehensive special education reevaluation is required.

Note: The rationale for adding, continuing/changing or discontinuing therapy service should be discussed following a comprehensive evaluation, and at progress review/IEP

Discontinuing Therapy Services

(continued 3/3)

Reasons why a student may be dismissed from therapy:

Note: The rationale for adding, continuing/changing or discontinuing therapy service should be discussed following a comprehensive evaluation, and at progress review/IEP development meetings. Changes in service are documented on a Prior Written Notice of Proposed Action/Denial.

Resources

Bathke, L., PT, MPH, Bohmert, J., PT, DPT, MS, & Lillie, L., OTR/L. (2014). OCCUPATIONAL THERAPY AND PHYSICAL THERAPY IN EDUCATIONAL SETTINGS: A MANUAL FOR MINNESOTA PRACTITIONERS [PDF]. Minnesota Low Incidence Projects.

http://www.mnlowincidenceprojects.org/documents/otpt/OTPTinEducationalSettings_2014_ThirdEdition_Manual_AccessibleVersion.pdf



Thank you!

Occupational Therapists Community of Practice

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