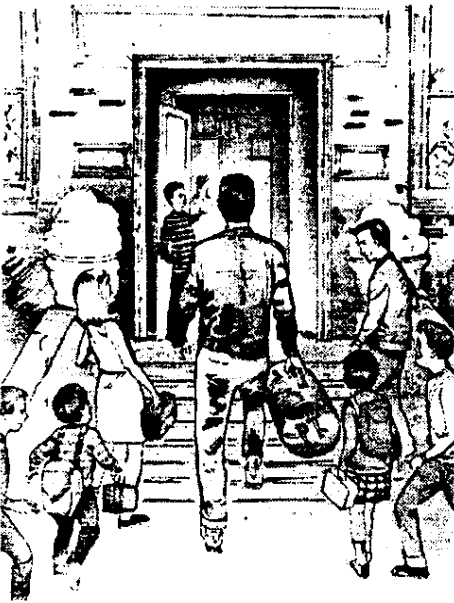


School-based Physical Therapy

What You Need to Know to Get Started, Part I

Read part 2 of this article in our May 21 issue.

Since the decision of *Mills v. Board of Education* in 1972 upheld the right of all children to have a publicly supported education, pediatric physical therapy has undergone constant change. This landmark decision literally shifted the profession of pediatric physical therapy overnight from a medical orientation to an educational orientation.¹



New graduates entering the work force faced challenges because professional programs offered little to no didactic material in the area of pediatric management.² Programs that did include pediatric curricular content usually included it as a unit within a broader course.³ Not knowing what to do, many therapists in the school environment merely provided traditional PT services in an educational setting.

Today more physical therapists are seeking out advanced degrees or specialty certifications in pediatrics. Yet, some therapists continue to provide traditional therapy services at schools despite the changing laws and best practice recommendations. An environment now exists where there is no clear agreement among therapists as to their role in the school environment.⁴ Because the entry-level physical therapy curriculum cannot include all as-

pects important for school-based physical therapy, individuals entering this specialty area must develop additional skills to become competent.

Therapists need practical hands-on experience interacting with school-aged children both with and without special needs. Therapists can obtain this experience through an internship or mentor relationship with an experienced school-based physical therapist. Besides this practical experience, therapists should also educate themselves in contemporary school-based practice issues through methods such as home study, continuing education seminars, or graduate work. The following information serves as a comprehensive guide for therapists who desire to work or update their skills in school-based physical therapy.

Planning Educational Needs

To ensure appropriate delivery of therapy services, physical therapists must understand laws and regulations that mandate services for students with special needs. At minimum, therapists should obtain and read the following documents:

1. Code of Federal Regulations 34 Part 300 of the Individuals with Disabilities Education Act (IDEA) (contact the U.S. Department of Education, Office of Special Education and Rehabilitation).
2. Other pertinent federal documents such as Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act (ADA).^{5,6}
3. The therapist's specific state policy and procedures for the implementation of IDEA (contact the individual state department of education).

School-based Physical Therapy-Clinical Concepts

1. The concept of dynamic systems and how behavior is produced.^{7,10} This includes:
 - a. Physiological, behavioral, physical and psychological elements for children (developing a timeline for normal growth and development is a helpful tool).
 - b. The school-aged child's environment and culture, including environmental stressors and socioeconomic factors.
2. The definitions, indications, contraindications and manifestations of common diagnoses seen in school-aged children—for example, cerebral palsy, Down syndrome, autism spectrum disorders, scoliosis, spina bifida, attention deficit hyperactivity disorder (ADHD), pervasive developmental disorder (PDD), developmental delay (this definition may vary according to state).
3. Behavioral issues common in school-age children. This includes:
 - a. How age, developmental level, cognitive status and potential neurological dysfunction influence a student's behavior.
 - b. Which behaviors have potential for improvement through behavioral intervention.
 - c. Methods of intervention (e.g., developmental controls, medication, or discrete trials).
4. The process of evaluation as defined under Part B of the Individuals with Disabilities Education Act (IDEA) for school-based services, which encompasses both disability determination and assessment and includes:
 - a. Selecting and administering assessment tools appropriately. There are a variety of tools that can be useful within the school—e.g., the School Functional Assessment (SFA)¹¹ or the Pediatric Evaluation of Disability Inventory (PEDI).¹²
 - b. Evaluating functional abilities and needs in the appropriate natural environments. This includes understanding the disablement model and disability-related activities.¹³
 - c. Identifying possible neurological, musculoskeletal or cardiopulmonary impairments that may lead to further limitations in the student's ability to function.
 - d. Evaluating the student's sensory status, including vestibular, proprioceptive and tactile responses. This includes having an understanding of sensory integration principles.
 - e. Performing an environmental assessment and making recommendations to promote the student's functional independence at school, including any and all needs for assistive technology, environmental modifications or other adaptive equipment.
 - f. Interpreting assessment tool results, identifying findings as either typical or atypical of other students of the same age.
5. The use of various intervention strategies for a school-based environment, which could include consulting, monitoring, indirect and direct services and individual and/or group therapy. This includes an understanding of the "role-release," when it is appropriate and how it is accomplished.¹⁴

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From these documents therapists should understand 1) the definition of "related services," and how physical therapy fits into this role, 2) how their state defines special education, and what this service entails, 3) how physical therapy services could be required under the ADA or Section 504 of the Rehabilitation Act for students not in special education (excluding states that consider physical therapy to be

special education) and 4) what "extended school year service" is and who is eligible for such services.

These documents also define the components of the individualized education program (IEP). The IEP is a two-part process: the IEP meeting and the IEP document. Therapists should understand both parts of this process, including how to develop measurable benchmarks or objectives related to the IEP and how to update them once a measurable change has occurred.

In conjunction with these laws and regulations, therapists also must remain updated on current, best practice recommendations in pediatric physical therapy and special education. These recommendations help to guide therapy services under new research findings and ensure consistent, intervention strategies among therapists. Therapists can obtain these recommendations through reading current research findings and journal publications.

Lastly, therapists interested in working in a school-based environment must also have a clinical knowledge base related to

school-aged children. At minimum, therapists should have knowledge of the clinical concepts outlined in the Table.

Conclusion

This information provides school-based therapists with an up-to-date guide to planning educational needs. Developing and maintaining competency is a dynamic process. Therapists should candidly assess their competency and take steps to educate themselves on the changing law and practice recommendations within the school environment yearly. ■

References for this article are available online at www.advanceforPT.com. Click the "References" bar on the left side of the home page.

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School-based Physical Therapy

What You Need to Know to Get Started, Part II

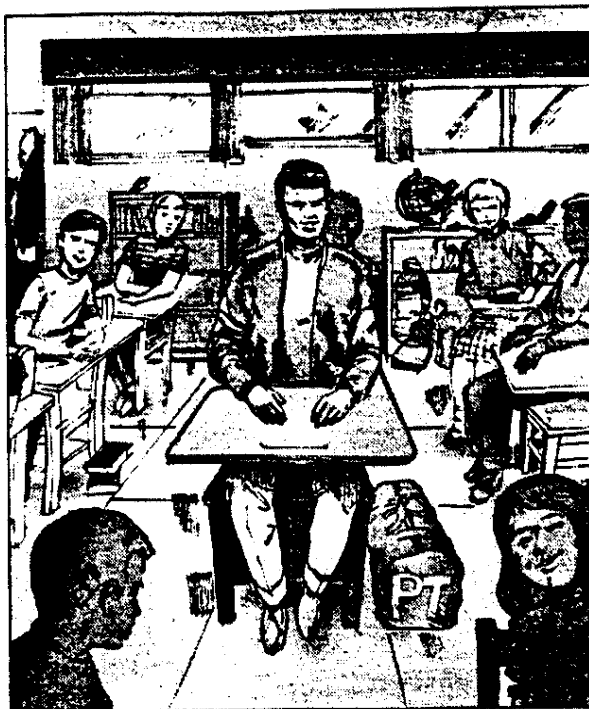
Editor's note: Part 1 of this two-part article appeared in the May 7 edition.

Working as a school-based physical therapist is challenging. The legislation and practice recommendations continually change. To succeed in this environment, therapists must remain competent in contemporary practice issues. The first part of this two-part series outlined the basic knowledge and skill therapists should possess when working in the school environment. This second part examines in further detail the legislation and best practice recommendations. Understanding these issues is essential to providing appropriate and contemporary service in today's educational environment.

Federal Legislation

The most significant federal legislation that shaped the delivery of services for children with special needs was Public Law (PL) 94-142 passed in November 1975, the Education for All Handicapped Children Act.¹ This is the foundation for the presence of physical therapy services in public school systems today.²

In 1990, PL 94-142 and its 1986 amendment, PL 99-457, were reauthorized and amended as the Individuals with Disabilities Education Act (IDEA).^{3,4} IDEA was amended again in 1991 as PL 102-119 and in 1997 as PL 105-17.^{5,6} IDEA provides for a free, appropriate



public education, including special education and related services in the least restrictive environment for eligible students age 3 to 21.

IDEA is important because it is a law that affects physical therapy practice in educational environments. Part B of IDEA, Code of Federal Regulations (CFR) 34 Part 300, covers the education of children with disabilities (see Table 1 for a summary of the IDEA regulations that relate to physical therapy services). This table is only a general guide. All therapists working in school-based programs should read 34 CFR 300, the federal regulations for IDEA and their state policy for implementation of IDEA. Recently the APTA published *Providing Physical Therapy Services Under Parts B & C of the Individuals with Disabilities Education Act (IDEA)*.⁷ Any therapist considering employment in a school-based program should have this book.

Best Practice Guidelines

To ensure appropriate delivery of therapy services, physical therapists must understand federal and state laws, which mandate services for students with special needs. In conjunction with this, therapists also need to remain updated on current, best practice recommendations in pediatric physical therapy and special education. These recommendations help to guide therapy services so that physical therapists follow the mandated laws as well as provide services consistent with contemporary practice recommendations. They facilitate the individualized educational program (IEP) team's ultimate goal, which is to help a student plan for his future.^{8,9}

The IEP team, which includes the student and his family, collaborates to establish educational priorities and to design the student's program. Physical therapy gives input on the development of motor-related activities that support the student's educational goals. The decision-making power is shared with families in establishing physical therapy services. The entire team also shares service implementation because it is not bound to any one discipline.¹⁰ According to Effgen and Klepper, best practices can be divided into five categories: evaluation, IEP development, service delivery, team interaction and administrative support.¹¹ (See Table 2 for physical therapy best practice recommendations within each of these five categories.)

Implementing Best Practices

Once therapists are educated and competent in school-based practices, they can begin to educate the IEP team on physical therapy's role in the educational environment. Despite the IEP team's potential resistance to change, the therapist must strive toward the goal of providing services that meet best practice standards. There are many ways to begin facilitating this goal.

Table 1. IDEA Guidelines: Implications for Physical Therapy Practice

1. Evaluation tools and procedures cannot be racially or culturally discriminatory. The tests must be individually selected and administered in the child's native language or other mode of communication. (CFR 34 Part 300.532)
2. A variety of evaluation tools and strategies are used to gather relevant functional and developmental information. (CFR Part 300.532)
3. Families must be included on the IEP team and their needs are to be incorporated into the education plan; students are included, if appropriate. (CFR Part 300.344)
4. The IEP contains measurable annual goals, including benchmarks or short-term instructional objectives. (CFR Part 300.347)
5. Physical therapists and other related services should attend IEP meetings, if appropriate. (IDEA Amendments of 1997 PL 105-17)
6. Physical therapy programs meet the requirement of assisting the child with a disability, enabling the child to benefit from the special education program. (CFR Part 300.24)
7. Students with disabilities should receive services in the environment of their peers without disabilities, to the maximum extent possible. (CFR Parts 300.550 and 300.553)
8. Physical therapists and other related services are included in transition services. (IDEA Amendments of 1997 PL 105-17)

ILLUSTRATION BY VINCENT AUGERON/ARTIST

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For example, physical therapists can recommend a team approach to evaluation by using the School Functional Assessment (SFA).¹² This type of evaluation would encourage teamwork, identify the student's functional limitations in the school environment, and assist with the establishment of core IEP goals.

Even if the team does not support using an evaluation tool like the SFA, therapists should join with the other team members in developing the student's IEP. If the IEP team insists on developing discipline specific goals, it is the therapist's responsibility to ensure the therapy goals support the student's educational needs by complementing the teacher's goals.¹³

Therapists may also have to develop compromises with intervention that will ultimately achieve best practices. For example, if the team decides initially a student requires services outside the general classroom, the therapist might try to put into place objectives whereby the student will be re-integrated into the environment with his peers before the end of the year.

Conclusion

The challenge to manage the ongoing changes in school-based physical therapy can seem overwhelming. At times this feeling is magnified by the fact that many therapists work in isolation, eliminating peer interaction and peer review opportunities. Yet, therapists can overcome this by staying connected to the professional organization, sharing knowledge through articles, discussion groups, continuing education seminars and conferences. With dedication to this specialty, it is possible to stay on top of contem-

porary practice issues and deliver services that meet not only law but also achieve best practice standards. ■

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Table 2. Best Practices for Physical Therapy Services in Educational Environments

Evaluation/Assessment

1. Family or caregiver and student participate in the evaluation process by providing information about the student's abilities at home and in the community.^{8,9,14}
2. Evaluations should occur in the student's natural environment and should relate to both functional and social development.^{2,10,13}
3. Assessment and intervention focus on disability-related activities and social limitations, if necessary, vs. impairment level issues. Yet, secondary impairments—deconditioning and contractures resulting from primary impairments—must be considered.¹⁴

IEP Development

1. The student's annual goals determine which support services are needed to assist with achieving these goals.^{7,8,13}
2. Annual student goals are discipline-free.^{2,7,8,9,13}
3. To the maximum extent possible, goals and objectives are student- and family-owned and include both present and future needs based on their valued life outcomes.^{8,9}
4. Student goals are meaningful activities used frequently across a variety of environments.⁷
5. Goals and objectives are related to chronologically age-appropriate skills that a student requires to participate in the education process.^{7,8,9,13,14}
6. IEP objectives contain: a) behavior to be achieved, b) conditions under which the behavior will occur and c) the criteria for measuring the behavior.¹⁵

Delivery of Therapy Services

1. Service delivery is flexible according to the individual, functional goal and the student's level of goal attainment throughout the year.^{2,9}
2. Skills are taught and practiced in the environments in which they naturally occur.^{8,11,14}
3. A continuum of treatment strategies is used from direct services to consultation based on the individual objectives.^{8,13,16}
4. The student's service plan is jointly carried out by all team members.^{2,10}

IEP Team Interaction

1. Family and student are both included on the IEP team.^{8,9,14}
2. IEP team jointly designs special education program.^{2,14}
3. Team members collaborate with a commitment to learn and teach across disciplinary boundaries addressing student's needs throughout the day in natural environments.^{2,7,10}

Administrative Support

1. Time is provided for regular team meetings to ensure ongoing collaboration and team interaction.⁹
2. Caseload requirements are reasonable and allow time for team interactions.⁹
3. Flexible scheduling to adjust service delivery is encouraged to meet the student's changing needs throughout the year.^{2,9}

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