

Schools for All Children

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LOS ANGELES UNIFIED SCHOOL DISTRICT

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The Los Angeles Unified School District *Physical Therapy Program* Position Paper

BACKGROUND

The Individuals with Disabilities Education Act (IDEA) and California law mandate the provision of special education and related services, such as physical therapy, when necessary to meet the unique needs of the individuals with disabilities. IDEA regulations define physical therapy as services provided by a qualified physical therapist 34 C.F.R. 300.24 (b)(8).

The profession of physical therapy involves the application of skilled treatments to help individuals improve both motor function and access to their environment. In the public schools, physical therapy is used to enhance the student's ability to function within the educational environment. To accomplish this goal physical therapists use corrective, facilitative, or adaptive techniques in meaningful activities to improve a student's functional performance by addressing the areas of motor control, coordination, posture and balance, functional mobility and use of adaptive equipment. Examples of physical therapy services, in the school environment may include, but are not limited to:

- Properly positioning a student for sitting in their classroom chair to access instructional activities;
- Providing direct service to improve a student's functional mobility in order to move safely within the classroom or campus;
- Demonstrating to classroom personnel and the student strength, balance and coordination activities designed to improve the student's ability to access the curriculum;
- Recommending environmental adaptations to the school administration and/or providing adapted equipment to the student to accommodate their particular gross motor needs.

Title 5, section 3051.6 of the California Code of Regulations provides that physical therapists serving students with disabilities shall provide services based upon the recommendations of individualized education program teams and shall not exceed the services in California Business and Professions Code section 2620. It also provides that school districts are to ensure that physical therapists have available safe and appropriate equipment.

California law and regulations set forth required qualifications for physical therapists. Physical therapists must (1) have graduated from an accredited school, (2) be currently licensed by the Board of Medical Quality Assurance of the State of California and, (3) meet the educational standards of the Physical Therapy Examining Committee. 5 C.C.R. § 3051.6.

School based physical therapy services are available for students with special education eligibility. Therapists work with the IEP team members to enhance a student's functional independence so he/she may access their least restrictive environment. Within the Los Angeles Unified School District, physical therapists perform evaluations; provide treatment, program consultation, environmental modifications, in-service training, and program development. Evaluations to determine a student's eligibility for services are performed on an individual basis utilizing the Ecological Model of Student Performance.

In California, physical therapists may perform evaluations without a physician referral. However, treatment may only be provided if a student has a diagnosis obtained from a diagnostician (i.e. medical doctor, chiropractor, etc.).

Under California law, some physical services in IEPs are not provided by school districts. California Children's Services (CCS) provides physical therapy to children with qualifying medical diagnoses when the physical therapy services are deemed "medically necessary". Cal. Gov. Code § 7575.

PURPOSE

The purpose of this position paper is to define the role of school physical therapy within the Los Angeles Unified School District. Specifically, a continuum of physical therapy services delivery models will be described. Service delivery models will emphasize an integration of physical therapy services with classroom goals and curriculum. In addition, this paper will describe the development of educationally relevant goals and expectations for service completion.

This paper addresses the following three aspects of service delivery:

Section I: Prevention and Pre-referral Practices in General Education

This section addresses prevention issues in a three-tiered approach. The role of the school physical therapist in the prevention phase is to serve as a consultant or resource to the school staff regarding normal motor development and access to the educational program prior to referral for special education assessment.

Section II: Physical Therapy Intervention Models within Special Education

This section addresses intervention through an array of service delivery models for students who have been identified as an individual with exceptional needs. The role of the physical therapist during the intervention phase is varied and dependent on the needs of the individual student.

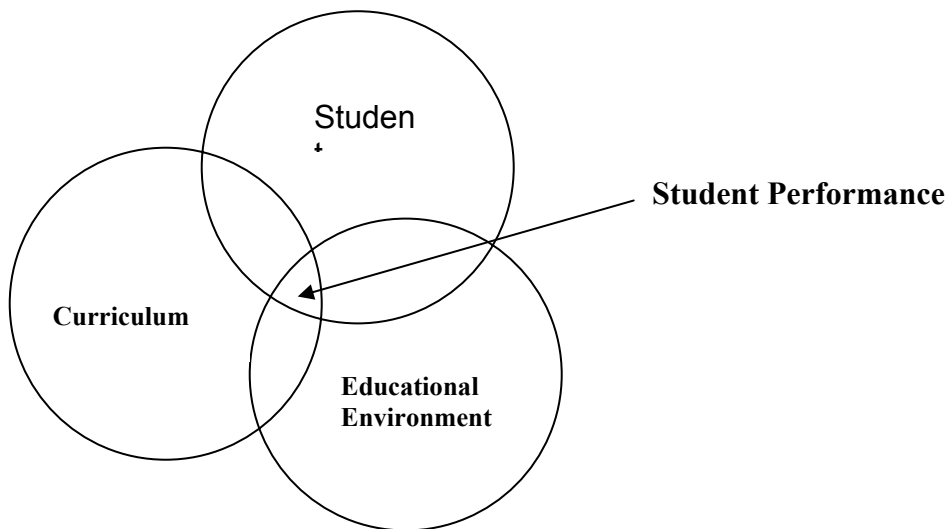
Section III: Physical Therapy Service Completion Guidelines

This section describes various considerations which should be made by an IEP team prior to dismissal from physical therapy services.

ELEMENTS

The school-based physical therapist utilizes the Ecological Model of Student Performance (Guidelines for Occupational Therapy and Physical Therapy in California Schools, 1996) as a guide, throughout the assessment and treatment process. It is an educational model (non-medical) that determines an individual student's performance based on the current curriculum, the educational environment, and the student's abilities. The curriculum is the program that guides what is taught in the educational environment. The educational environment is the setting in which the student learns, and takes into account the social and physical structure of the classroom, as well as, the accessibility within the school campus. The student's abilities include the student's strengths and limitations in the educational setting. The interaction between the student, curriculum, and environment affects student performance.

The Ecological Model of Student Performance



Under state and federal laws, physical therapy is defined as a designated instruction and service (DIS) for school age children (3-21). Designated instruction and services, as specified in the individualized education program (IEP), shall be available for the student to benefit educationally from his or her educational program. The instruction and services shall be provided by the regular classroom teacher, the special education teacher, or the resource specialist if the teacher or specialist is competent to provide it, and if the provision of such instruction and services by the teacher or specialist is feasible. If not, the appropriate designated instruction and services, such as physical therapy, will provide support to the student and the educational team.

POSITION

The District advocates:

- A systemic approach to prevention and early intervention for students with suspected physical impairments;
- A continuum of intervention options and service delivery models for students with identified physical impairments;
- Educationally relevant outcomes for physical therapy services which contribute to student's academic success.

SECTION I: PREVENTION AND PRE-REFERRAL PRACTICES IN GENERAL EDUCATION

The school based physical therapist has an important role on the educational team prior to a student being identified as having special needs. Their role may include consultation to teachers, student screening and pre-referral interventions.

Prevention Tier 1: Consultation

In Tier 1, the physical therapist acts as a consultant to the teacher, school staff and parents regarding normal development and the acquisition of gross motor skills. Consultation may be formal or informal and may include distribution of literature, provision of resources, as well as in-service presentations to school personnel, and parent groups. The emphasis in Tier 1 is on increasing the knowledge base of teachers and parents regarding motor development, motor impairments and their relationship to curriculum and function in the school environment. During this phase, the therapist may suggest general classroom modifications and accommodations. Their suggestions should be incorporated into the general education program.

Prevention Tier 2: Screening

In Tier 2, the physical therapist may screen a student to determine if he or she has limitations in accessing his or her educational environment. Screening distinguishes a student whose needs can be met by the use of general education accommodations and modifications from a student whose needs require a special education program/service. Screening is done in the student's classroom environment and must not involve pull-out or any activity which removes the student from his/her regular school activities. Screening may include observation of a student in a peer group, if the observation does not in any way identify or single out the student as the one who is being observed. Screening may be accomplished by using published or informal screening measures, non-standardized checklists, questionnaires, interviews, or observations which are interpreted by a physical therapist.

The outcome of the screening may be:

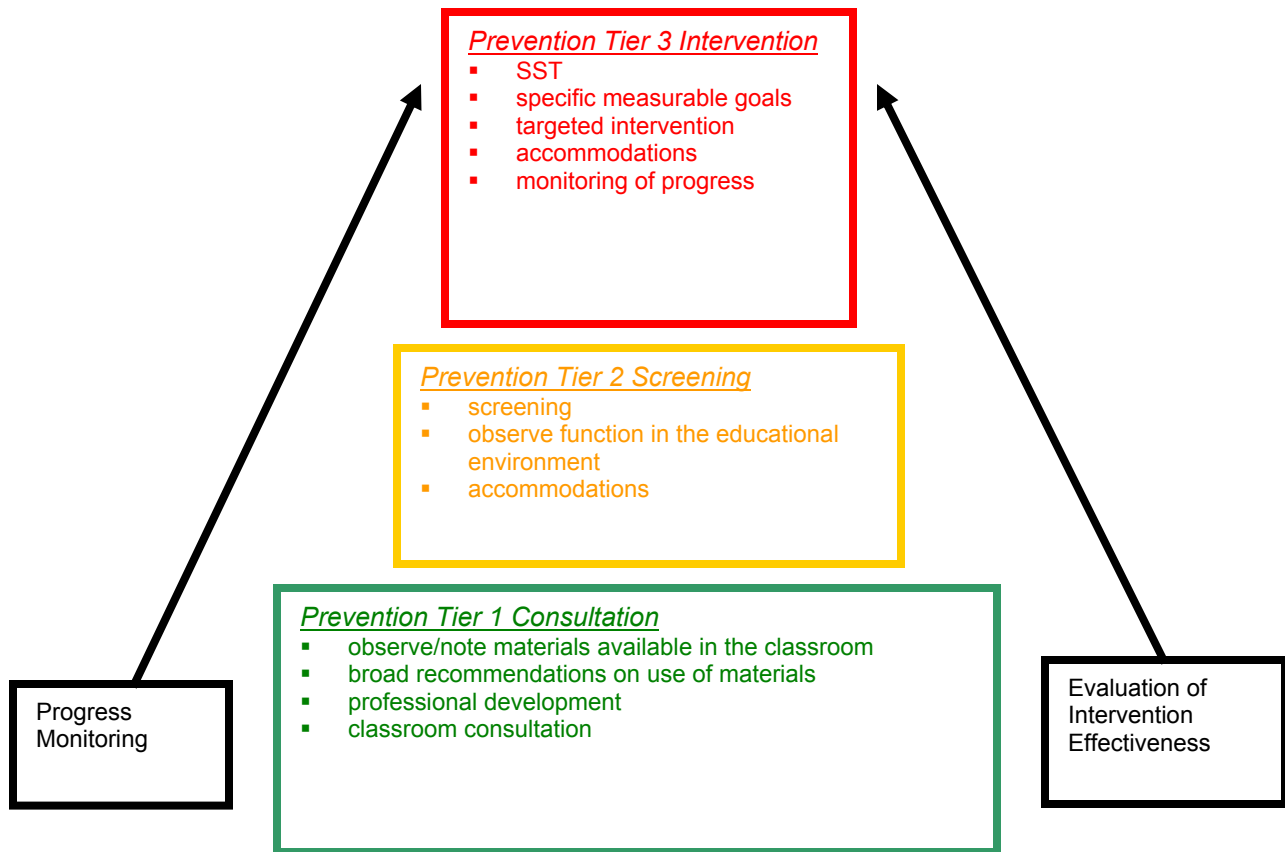
- Provide specific information to the teacher, school staff and parents to support the determination that the student's motor abilities are adequate to access their educational opportunities.
- Student specific consultation with the classroom teacher and or other school staff.
- Accommodations to the general education program
- Refer the student to the Student Success Team (SST)

Prevention Tier 3: Intervention

In Tier 3, the physical therapist may be asked to participate in the SST. If there are identifiable motor goals, the physical therapist may be asked to provide targeted intervention strategies and monitor the student's progress. The therapist continues to act as a consultant to the classroom teacher, staff and parent. His or her focus is on the specific motor skills required for the student to access their educational program.

If these interventions are determined to be insufficient to meet the student's specific needs, the team should consider a referral for special education.

A Three Tiered Model of Prevention and Pre-referral Practices in General Education



SECTION II: PHYSICAL THERAPY INTERVENTION MODELS WITHIN SPECIAL EDUCATION

Effective physical therapy treatment incorporates the use of direct services, consultative services, monitoring, and collaboration. Treatment may be provided as co-treatment with other related services (occupational therapy, adapted physical education, speech therapy). Treatment session time, frequency, and location of service are determined on an individual basis. The mode of service delivery and frequency of service may vary as an individual student's needs vary. Physical therapy services are intended to target specific areas of weakness related to educational access. They are not necessarily intended to be ongoing services for the duration of the student's academic career.

Direct service delivery model is provided when there is an emphasis on the student acquiring a new motor skill, or when classroom personnel cannot safely or effectively provide therapeutic techniques recommended by the therapist.

Consultative service delivery, in this model, the physical therapist typically meets with the child, educational staff, and when necessary the student's parent. Service is provided in the classroom and the classroom staff implements recommended activities after they have been demonstrated by the therapist. Consultation is often used when addressing needs related to equipment, positioning, safety, and environmental adaptations.

Monitoring service delivery model of student performance typically occurs with students who have impairments that may deteriorate over time. The therapist monitors the student's needs for adaptive equipment, assistive technology, and positioning. The classroom staff is trained in appropriate activities and care for the student.

A collaborative service delivery model encourages communication and education between all team members.

All physical therapy services provided within the educational environment need to incorporate direct services, consultation, monitoring and collaboration in order to achieve the desired goals for the student.

Model 1: Base Instruction and Intervention

In Model 1, base instruction focuses on increasing the general knowledge base of teachers regarding motor development, motor impairments and the relationship to curriculum and function in the school environment. Students have been identified as individuals with exceptional needs but have not been identified as needing physical therapy as a designated instruction and service to access their program. Recommendations may include environmental modifications and/or accommodations, assistive technology, and/or monitoring of a student due to a progressive medical condition. Base instruction is characterized by:

- Educate staff regarding medical conditions and how physical therapy services may or may not impact a student’s functional status.
- Environmental modifications/assistive technology to improve motor access to school environment (e.g. raise/lower desk height; foot support; adaptive seating; etc.)
- Monitoring of student function (typically for students with degenerative medical conditions)

For students receiving instruction in the alternate curriculum, this model may include a trans-disciplinary related services team approach to classroom-based services that support the functional areas of: communication, self-care/independent living, motor skills/mobility, functional academics, vocational, social/emotional and recreation and leisure.

Model 2: Extended Instruction

In Model 2, instruction is provided to students who require physical therapy because their needs are not able to be met within the existing classroom program (Model 1). When the motor needs of the student are low and the classroom staff is able to incorporate specific activities for a student to improve his or her function, the therapist provides training to the classroom staff to facilitate student progress. Extended instruction is characterized by:

- Low to moderate frequency and intensity of service (per month, quarter or year)
- Service is delivered primarily in the classroom to enable the student to learn new skills in the least restrictive environment
- Activities that are demonstrated by the therapist are implemented by classroom staff

Model 3: Intensive Instruction

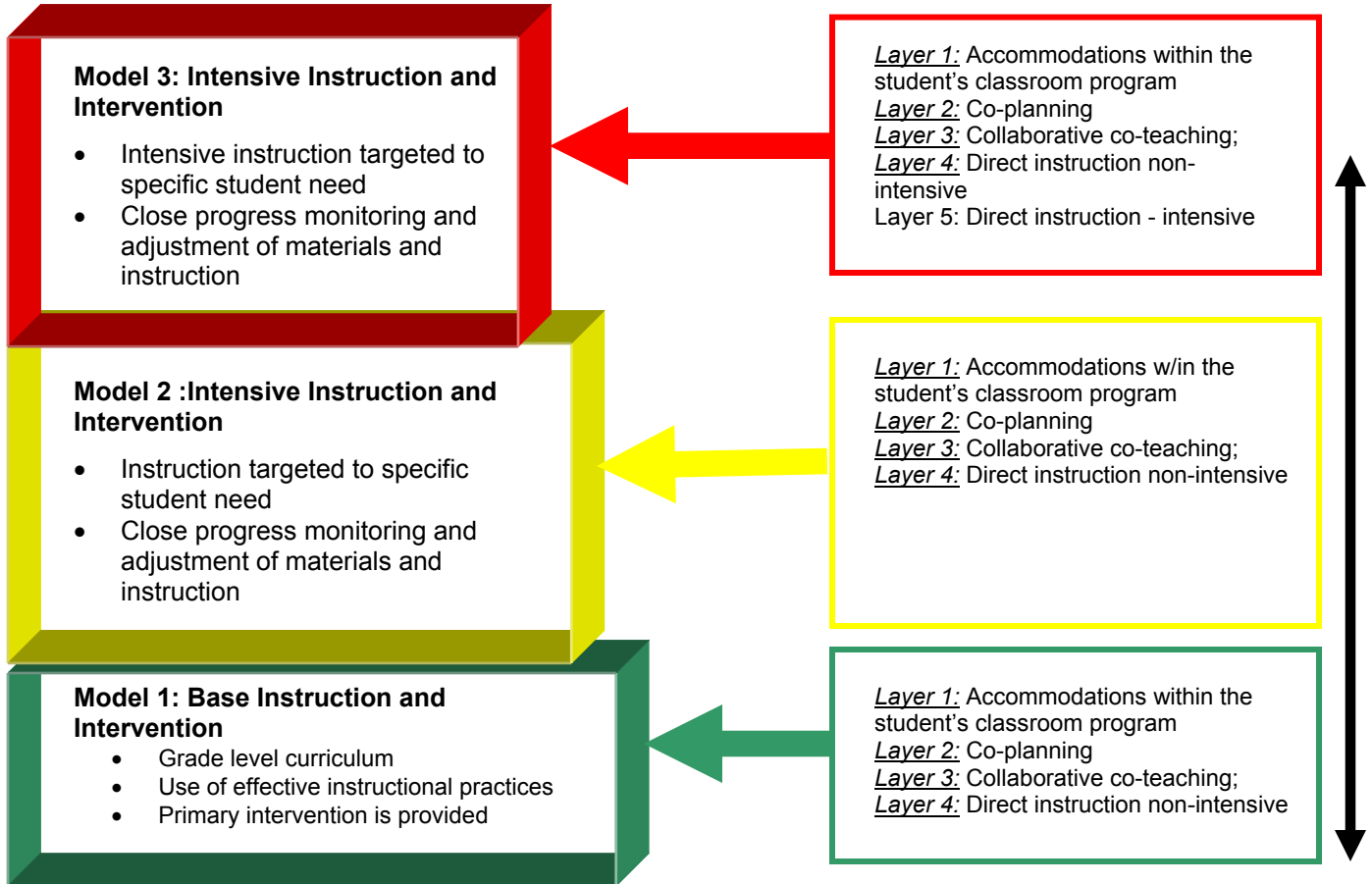
In Model 3, instruction is targeted for students whose needs are not successfully met with the level of intervention provided in Model 1 or Model 2. The student requires the skilled interventions of a physical therapist on a regular basis for a specific time frame, in order to improve functional performance and access his or her education environment. Intensive instruction is characterized by:

- Highest frequency and most intensive services (weekly, bi- monthly)
- Therapy is provided on an individual basis with the therapist working directly with the student to improve functional status through skilled interventions.
- Service is provided primarily on a “pull out” basis which means service is delivered outside of the classroom setting

Physical therapists work closely with teachers, parents and other service providers so that collaboration and effective outcomes are achieved within all models. Students move between tiers based on needs and desired educational goals. It is important to consider the level of involvement of the classroom staffs, consistency of teacher follow through with activities, involvement of the parent and student, student behavior and motivation, academic placement and campus layout, achievement of current functional goals and student’s overall ability to function within the least restrictive environment to ensure student success within the appropriate model.

Physical Therapy Intervention Models within Special Education

Layered Special Education Services
 Special education services are gradually layered on as student need intensifies



SECTION III: PHYSICAL THERAPY SERVICE COMPLETION GUIDELINES

IDEA requires that the provision of services be determined and driven by the individual needs. The recommendations for continuation or graduation of physical therapy services are determined by the expertise of the physical therapist professional in collaboration with the IEP team.

There are several factors the IEP teams should consider when making decisions regarding occupational therapy service completion:

1. The student's needs being addressed by physical therapy no longer negatively affects his/her educational performance in the regular education or special education program.
2. The student no longer requires PT as a related/DIS service in order to benefit from his/her special education program.
3. The student consistently demonstrates behaviors that inhibit progress in occupational therapy such as lack of cooperation, motivation, or chronic absenteeism. In these circumstances the IEP team should consider the initial eligibility decision since these behaviors may reflect social maladjustment, environmental, cultural, or economic factors rather than an actual disability. The IEP team may also explore alternative services or strategies to remedy the interfering behaviors or conditions.
4. The student's needs will be better served by an alternative program and/or service, as determined by the IEP team.
5. Therapy is contraindicated because of the change in medical or physical status.
6. He/she graduates from high school.
7. He/she reaches the age of 22 years.

Appendix A

Educational Relevancy of Therapeutic Goals and Outcomes

Educationally Relevant Physical Therapy Goals

The need for physical therapy services is determined on an individual basis. The recommendations are based on the therapist's professional judgment and are derived from the interpretation of the assessment findings, the student's functional performance, and the collaborative IEP process. Goals are determined during the IEP process and are based on the student's educational program and are aligned with the standards from the general education curriculum, creative curriculum, and alternative curriculums. Some examples of physical therapy goals within the educational setting may include:

- Student will participate in school activities (e.g. circle time – student will be able to get up from chair, participate in circle activity and return to chair without loss of balance)
- Student will maintain functional positions for educational activities (e.g. sitting in classroom chair for a duration of a lesson)
- Student will negotiate obstacles within classroom and school campus with or without adaptive equipment
- Student will walk from cafeteria to classroom while holding breakfast tray and backpack without dropping it
- Student will utilize adaptive equipment so that he or she may access their educational environment

A collaborative team process (during the IEP as well as therapy intervention) incorporates exchange of information, teaching techniques and therapeutic strategies among IEP team members. It allows therapy to be integrated into the student's educational program to address individual needs throughout the school day and across all educational environments. Collaboration is necessary in order that student goals be achieved and functional outcomes occur.

Educationally Relevant Outcome Measures

Meeting the curriculum standards is the overall goal of the student and teacher in the classroom. Although there are no specific outcome measures related to physical therapy, physical therapists support the achievement of this goal through skilled instruction and intervention using three tiered approach as outlined in this position paper.

Evidenced Based Outcomes & Literature

Physical therapists support academic and non-academic outcomes that relate to accessing the educational environment. By collaborating with teachers and other team members, they plan successful activities that promote short and long term goal achievement and reduce barriers that limit student participation.

Appendix B

Gross Motor Developmental Milestones (Adapted from HELP Checklist, 0-3 years, 1994; and 3-6 years; 1995)

0-6 months

- Lifts head in prone
- Turns head to both sides in supine
- Rolls side to supine
- Rolls prone to supine
- Holds head in line with body when pulled to sitting
- Sits with support
- Protective extension of arms and legs downward
- Bears weight on hands in prone
- Rolls supine to side

6-12 months

- Sits independently – may use hands
- Lifts head and assists when pulled to sit
- Rolls supine to prone
- Protective extension of arms to side and front
- Gets to sitting without assistance
- Pulls to standing while holding on
- Crawls backwards
- Crawls forward
- Protective extension of arms to back
- Goes from sitting to prone
- Stands momentarily
- Walks holding onto furniture

13-18 months

- Stands alone well
- Falls by sitting
- Walks backwards
- Runs – hurried walk
- Bends over and looks through legs
- Throws ball forward
- Pulls toy behind while walking
- Stands on one foot with help
- Walks upstairs with one hand held
- Carries large toy while walking

18-24 months

- Backs into small chair
- Kicks ball forward
- Moves on “ride on” toys without pedals
- Runs fairly well
- Climbs forward on an adult chair, turns around and sits
- Walks downstairs with one hand held
- Picks up toy from floor without falling
- Squats in play
- Walks upstairs holding a rail – both feet on step
- Jumps in place both feet (22-30)
- Goes up and down slide
- Stands on tiptoes
- Catches large ball

24-30 months

- Rides a tricycle
- Imitates bilateral movements of limbs, head and trunk
- Walks upstairs alone, both feet on step
- Walks downstairs holding a rail, both feet on step
- Jumps a distance of 8-14 inches
- Jumps from bottom step
- Runs – stops without holding and avoids obstacles
- Walks on line in general direction
- Stands on 2 inch balance beam with both feet
- Walks on tiptoes for a few steps
- Jumps backwards 10 feet
- Jumps sideways

30-36 months

- Walks upstairs alternating feet
- Jumps over string 2-8 in. high
- Hops on one foot
- Jumps 14-24 inch distance
- Stands from supine using sit up.
- Stands on one foot, 5 seconds
- Uses pedals on tricycle alternatively
- Walks downstairs alternating feet
- Climbs jungle gyms and ladders
- Jumps 24- 34 inch distance
- Makes sharp turns around corners when running

36-42 months

- Balances on one leg with hands on hips
- Walks forwards 10 feet pushing/pulling a wagon
- Bounces and catches a large ball
- Jumps from bottom step (12 inches), feet together
- Walks 20-foot diameter circle staying on path
- Kicks a stationary ball using a 2 step start

42-48 months

- Kicks a large ball when rolled into direct path
- Runs and changes direction without stopping
- Performs a forward somersault

48- 60 months

- Maintains momentum on a swing
- Walks 10 feet carrying an object blocking view of floor
- Gallops forward
- Walks 4 feet on 4-inch wide beam without stepping off
- Throws a ball ten feet overhand
- Hangs from bar using overhand grip

60- 72 months

- Runs through obstacle course avoiding objects
- Skips forward

70-80 months

- Completes a backwards somersault
- Can perform one sit up
- Can perform one push up

Appendix C

Areas of Expertise and Relationships to Educational Programs, IDEA, Part B		
PT areas of expertise	Components	Relationships to educational program goals
Motor control/Sensorimotor coordination	Sensory motor foundations Quality of movement Gross motor skills Movement patterns Body mechanics Motor planning Strength and stability Joint mobility Cardiopulmonary endurance	Student will: -Participate in school activities and interact with peers for the duration of the school day. -Keep pace with peers. -Gain new motor skills within a reasonable time frame. -Improve speed and accuracy of motor skill -Make appropriate motor responses to community situations.
Posture/Balance	Muscle tone Reflex Integration Balance responses Positioning Tolerance for positioning and movement Proximal joint and trunk stability Joint and whole body postural analysis	Student will: -Maintain functional positions for educational activities. Respond to balance when occupied with school activities.
Activities of daily living/Functional mobility	Ease and freedom of joint movements Locomotion Wheelchair mobility General strength and coordination needed for activities of daily living	Student will: -Manage personal needs with minimal need for assistance. -Manipulate classroom materials, tools, toys, utensils, and assistive devices. -Attain freedom of movement for instructional and social activities with minimal need for assistance. -Be able to mobilize within the school setting with minimal need for assistance.
Accessibility	Classroom/campus modifications and accommodations Adaptive instructional strategies Recommendations regarding architectural barriers Recommendations regarding student owned equipment	Student will: -Have access to the same instructional materials and areas as non-disabled peers. -Freely access and participate in all campus activities. -Access community transportation system.
Environmental adaptations/Assistive devices	Functional positioning for use of device Selection of appropriate device or equipment for motor tasks Postural control and locomotion	Student will: -Be provided with options and alternatives to participate in activities and accomplish tasks. -Successfully use devices that are designed to teach skills. -Utilize devices that are required to compensate for lack of skills.
Collaboration/Cooperation within the areas of <ul style="list-style-type: none"> • Communication skills • Vocational skills and school to work • Community-based instruction • Physical fitness • Gross/fine motor skills 		*Some PTs areas of expertise are shared with other professionals. (For example, several components of gross motor control and coordination are shared with adapted P.E. and classroom teachers.) Collaboration with instructional staff and related service providers is emphasized within all areas of expertise.

(Adapted from the Guidelines for Occupational & Physical Therapy in California Public Schools, 1996)

Appendix D

Possible Indicators for Physical Therapy Referral

Students who demonstrate:

- Delayed Gross Motor Skills
- Difficulty learning new motor tasks
- Unusual walking or movement patterns
- Difficulty in moving or moving unsafely in the school environment
- Difficulty in maintaining an appropriate sitting posture
- Poor balance or frequent falling
- Difficulty in accomplishing tasks without the use of adaptive equipment, environmental modifications, or assistive technology
- Postural, orthopedic abnormalities
- Reduced endurance or fatigue

REFERENCES

- *Providing Physical Therapy Services Under Parts B & C of the Individuals with Disabilities Education Act (IDEA)*; Irene McEwen, PT, PhD, 2000.
- *Guidelines for Occupational Therapy & Physical Therapy in California Public Schools*; California Department of Education, Sacramento, 1996.
- *Physical Therapy and Occupational Therapy in the Public Schools*, Volume II; Bonnie Blossom, PT, Fran Ford, PT, and Cecilia Cruse, MS,OTR/L; 1996