OT/PT RELATED SERVICES: How does a student qualify and what will it entail?

Jennifer Hindman, DPT and
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What makes PT and OT a skilled service?

Developing the following for students who often have complex medical needs, neurological disorders, significant developmental delays, orthopedic impairments:

- Exercise programs
- Sensory diets
- Recommendations for adaptations & accommodations that allow students to function in their school environment

Professional Responsibilities and areas of expertise

- Screen for services: Is a full OT or PT eval required?
  - Determined by an observation and discussion with staff
- Liason between medical team and school team
- Assist with evacuation procedures
- In-Services/Presentations
  - Body Mechanics
  - Ergonomics
  - Transfer Training
  - Adaptive Equipment training for students & staff
  - Safety Precautions

Educational vs. Medical

- School based OT/PT is a related service as defined under the Individual with Disabilities Education Act (IDEA), Federal Regulations 300.24 and Chapter 14 PA Regulations

- OT/PT are not "stand alone" services

- School based OT/PT must relate to specific educational outcomes

Medical vs. Educational Models

MEDICALLY NECESSARY THERAPY	EDUCATIONALLY NECESSARY THERAPY
Therapy goals are primary.	Educational goals are primary
Intervention is directed toward alleviation of a specific medical problem.	Intervention is directed toward facilitating educational progress.
Services tend to be delivered individually in a clinic or hospital setting	Services are collaborative. Much time must be given to communicating with other service providers
Focus is based on developmental milestones and components of movement. The focus is on functional outcomes.	Focus is on functional skills and adaptations that promote the attainment of educational objectives
Few responsibilities are delegated except to parents	More responsibilities are delegated to parents and other educational professionals
Clients generally come to the clinics to see the therapist	The therapist works in the school setting

Courtesy of: Contra Costa SELPA

Medical vs. Educational Model

- School based therapy is not intended to replace outpatient services, but to support the student while in school

- Medical diagnoses often impact a student's participation in school; OT & PT services can help provide adaptations and modifications to increase success

Diagnoses that may trigger a referral

- Developmental Delay
- Learning Disability (ADHD, ADD)
- Intellectual Disability
- Autism
- Down Syndrome
- Cerebral Palsy
- Spina Bifida
- Muscular Dystrophy
- Chromosomal Deletion
- Nervous System Disorder
- History of CNS cancer

Referral and Paperwork Process

- The District's Special Education Director obtains the Permission to Evaluate, IU referral document and IU consent form
- Referral paperwork must be submitted to OT/PT secretary (Laura Sherman) prior to evaluation process
- IU obtains physicians authorization prior to completing the evaluation (This prescription differs from a typical outpatient therapy script. RX covers 1 year unless a change in medical condition or related surgery)
- Evaluations must be completed within 60 calendar days from the signed permission.
- Due to scheduling constraints, a 60 calendar day allowance is optimal in completing a full and thorough evaluation

IU WEBSITE

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STAFF

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FORMS

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OT/PT PARENTAL CONSENT FORM

Riverview Intermediate Unit
Records Office
270 Mayfield Road
Clarion, PA 16214

Phone: 814-226-7103 or 800-672-7123
Fax: 814-226-2711
www.riu6.org

Consent for Physical / Occupational Therapy Evaluation and Treatment

Date: _____

Name: _____ **Gender:** _____ **Birthdate:** _____

Address: _____

_____

_____

School: _____ **Teacher:** _____

I give permission to have my son/daughter _____ receive a physical therapy and/or occupational therapy evaluation by a licensed therapist and subsequent treatment, if deemed appropriate. I understand that the results of the evaluation will be maintained in my child's school record and also at the Riverview Intermediate Unit office; no individual or agency outside of the school system will be permitted access to the results of the evaluation or treatment plan without permission from me or other legal parent/guardian; or my child after he/she attains the age of 18. A physician's authorization will be obtained for evaluation and treatment. Please fill in necessary information.

Physician's Name: _____

Physician's Address: _____

_____

_____

Physician's Phone Number: _____

Parent/Guardian Signature _____ **Date:** _____

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Physician's Occupational / Physical Therapy Authorization Form

In order to provide Occupational / Physical Therapy for the student named below, it is important that we have a current prescription for Occupation / Physical Therapy. This prescription form must be renewed at least annually and is no longer valid after one year beyond the date it is signed.

Date: September 15, 2015

OT/PT Status: Evaluation

Therapist: JH, KW

Student Name: [redacted]

Birthdate: [redacted]

Parent name & Address:

[redacted]

Diagnosis:

Present Treatment Plan: Periodic evaluations, consultations, and/or treatment.

Special Precautions or Contraindications: _____

_____

Physician's Address: Next Generation Pediatrics
602 Evans City Rd
Butler, PA 16001

Phone: 724-482-2220

9/15/15
Physician's Signature & Date

* *An OT/PT report will be provided upon request.*
* *Original document is to be returned to Riverview Intermediate Unit #6 Office (attention OT/PT department).*

SEP 15 2015

Qualification Process

- Student must be eligible for Special Education services under Chapter 14 guidelines
- The need for services is determined by student performance, standardized assessments, therapist observations, teacher input, and service specific rubrics
- Rubric guides us in making frequency recommendations to the IEP team

Occupational Therapy Frequency Rubric

	1	2	3	
Standardized Scores:	Mild Delay	Moderate Delay	Significant Delay	
*Develop Percentile Ranks				
25-40%= 1 5-25%= 2 <5%= 3				
	1	2	3	
Classroom Function:	Minimal Assistance	Moderate Assistance	Maximum Assistance	
% of school tasks child needs 1:1 Assistance				
*Develop Percentages				
25-50%= 1 50-75%= 2 75-100 %= 3				
	1	2	3	
Teacher Knowledge Base in Area of Delay:	Independent	Prior Experience	New Experience	
Quantified by years of experience/				
comfort level with children needing OT				
	1	2	3	
Curriculum:	Skill Area in Curriculum	Not Addressed Consistently	Skills not Addressed	
life skills = 1 learning support =2				
emotional support = 2 regular education =3				
preschool = 1 Autistic Support Classroom =2				
	1	2	3	
Student:	Novel Skill	Maladaptive Patterns	Phys. Dis. Inhibiting Performance	
need to provide exposure = 1				
need to reteach = 2				
need to provide adaptations = 3				
	1	2	3	
Type of Delay:	Global	Developmental Delay	Neurological	
same level of delay across skills = 1				
discrepency in development of skill = 2				
significant impairment in multiple skills = 3				Grand Total
Total:				

Grand Total=Frequency Recommendations	score 6-10=4-8 visits	score 10-14=12-18 visits	score 14-18=20-28 visits

PT Rubric to determine frequency

STUDENT PROFILE

MOBILITY-safe and adequate movement (e.g. transfers, transitions between positions or locations, and ability to navigate within the educational environment

1	2	3	4
Student demonstrates adequate mobility with present equipment or devices. Student demonstrates adequate mobility without equipment or devices. Student demonstrates adequate transfer and transition skills.	Student uses equipment or devices for mobility with supervision. Student requires supervision/ prompts for safe and adequate mobility. Student requires supervision/ prompts to complete transitions and transfers.	Student requires physical assistance or specific strategies to use equipment for mobility. Student requires physical assistance or specific strategies for safe and adequate mobility. Student requires physical assistance or specific strategies to complete transitions/transfers.	Student requires intensive training by therapist in specific strategies for new equipment. Student requires intensive training by therapist to demonstrate emerging mobility skills. Student requires intensive training by therapist to demonstrate emerging transition/transfer skills.

GROSS MOTOR- developmental motor skills, positioning equipment, static/dynamic balance needed to participate within the educational environment

1	2	3	4
Student can assume, maintain, or change positions needed for participation. Student demonstrates adequate gross motor skills needed for participation. Student demonstrates adequate use of equipment/positioning devices for gross motor skills.	Student requires supervision/prompts to assume, maintain, or change positions. Student requires supervision/prompts to perform gross motor skills. Student requires supervision/prompts to use equipment/positioning devices for gross motor skills.	Student requires physical assistance and/or specific strategies to assume, maintain, or change positions. Student requires physical assistance or specific strategies to perform gross motor skills. Student requires physical assistance and/or specific strategies to use equipment/ positioning devices for gross motor skills	Student has emerging skills and requires intensive training by therapist to assume, maintain, or change positions. Student requires intensive training to perform gross motor skills. Student requires multiple trials of positioning equipment to access the educational environment.

PT Rubric continued

THERAPY PROFILE

NUMBER OF YEARS STUDENT HAS RECEIVED EDUCATIONALLY RELEVANT THERAPY:

1	2	3	4
More than 8 years	5-8 years	3-5 years of therapy	Less than 3 years of therapy

POTENTIAL RESPONSE TO EDUCATIONALLY RELEVANT THERAPY:

1	2	3	4
Student is expected to function in the educational environment without therapy services	Student is expected to maintain current level of performance with periodic therapy service in the educational environment	Student is expected to make progress towards educational goals with therapy services	Student is expected to make significant progress towards educational goals with therapy services.

STUDENT'S LEARNING ENVIRONMENT:

1	2	3	4
Student is able to access the learning environment with/without the use of compensatory skills or modifications	Period review or modification of the student's learning environment, including community-based instruction sites as necessary	Regular review or modification of the student's learning environment, including community based instruction.	Extensive review or modification of the student's learning environment, including community based instruction.

THERAPY SERVICE TO BE PROVIDED TO STUDENT:

1	2	3	4
Student does not require intervention by the therapist once modifications are in place.	Student requires periodic support from the therapist to benefit from special education	Student requires regular support from the therapist to benefit from special education.	Student requires extensive support from the therapist to benefit from special education as student's educational needs are frequently changing.

SUPPORT SERVICES TO BE PROVIDED TO SCHOOL STAFF AND/OR PARENTS:

1	2	3	4
Staff/parents do not require therapist involvement to establish a program and adaptive equipment, techniques or routines.	Staff/parents require periodic therapist involvement and or training to establish a program and adaptive equipment, techniques, or routines.	Staff/parents require regular therapist involvement and or training to establish a program and adaptive equipment, techniques, or routines.	Staff/parents require intensive therapist involvement and or training to establish a program and adaptive equipment, techniques, or routines.

Reference: < http://www.fldoe.org/core/fileparse.php/7690/urlt/0070169-therapy.pdf> Florida Department of Education. Adaptations & Modifications made from original document.

PT Rubric continued

Physical Therapy Frequency Rubric		STUDENT PROFILE						
	RAW SCORES	2	3	4	5	6	7	8
THERAPY PROFILE	18-20							
	15-17	XXXXXXXXXXXX	XXXXXXXXXXX	XXXXXXXXXXXXX				
	12-14		XXXXXXXXXXXX	XXXXXXXXXXXXX				
	9-11				XXXXXXXXXXX	XXXXXXXXXXXX		
	5-8				XXXXXXXXXXXX	XXXXXXXXXXX		

Recommendations for Physical Therapy Services Frequency

	School Based Physical Therapy services are not recommended
XXXXXXXXXXX	Periodic: 2-9 PT sessions/year
	Regular: 2-4 PT session/month
	Intensive: 1 PT session/week

How are Skills Addressed?

School	Hospital/Clinic
• Frequency: 1-4 times per month for the duration of the IEP • Emphasis on collaboration with classroom staff • Concentrate on modifications and adaptations to increase participation • Adapt environment to student needs	• Frequency: 2-3 times per week for 6-8 weeks • Emphasis on exercise program • Splint/ brace formation • Modalities (e-stim, hot, and cold) • Restore to PLOF (prior level of function)

How can we assist the IEP team?

- Provide education to classroom staff for positioning, transfers, feeding equipment, mobility, fine motor skills, perceptual motor skills
- Provide exercise programs for students & staff
- Adapt student's utensils and seating
- Recommendations for hand-writing adaptations

GOALS

- Therapies are listed as a related service
- Goals- Should be the student's goals not OT or PT specific
- Services are related to current educational programming

Service Delivery Models

- Direct Service- individualized or small group

(some IEPs may need revised to reflect allowing group therapy sessions)

- We are moving away from consultative and moving towards support for school personnel

Service Delivery Models cont.

- Sessions are almost always 30 minutes in length
- Therapists either push into the student's classroom or pull the student out for individual or group sessions

OT Session may consist of:

- Fine Motor strengthening task with use of theraputty and clothespins
- Handwriting – Can be work from class or activities provided by therapist
- Line regard with coloring and cutting activities
- Visual Perceptual activities – puzzles, mazes
- Visual Tracking skills with use of blockers or colored overlays

PT Session may consist of:

- Stretches
- Gait Training
- Endurance (walking, standing, or sitting)
- Strengthening Exercises (resistance bands or weights)
- Coordination/Balance exercises
- Check equipment and make adjustments

What equipment can be used?

- Dycem
- Sensory needs ie. sit disc, weighted vests
- Wedge
- Slant board
- Pencil Grips
- Adaptive Scissors
- Standers, Gait Trainers, Walkers
- Parallel Bars
- Hand Fidget
- Theraputty
- Thera-bands and Thera-balls
- Gait belt

Productivity

- Itinerants are required to be 80% productive in a 7 hour day
- What does that mean?
- 80% of our time must be directly related to a student i.e. Travel, treatment, report writing, evaluations
- Collaborations and consultations through support for school personnel do not count as direct time for itinerants

Questions?

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