Educational Physical Therapy
Guidelines and Policies
For Educationally Based PT in Glenn County Schools

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MISSION STATEMENT

To provide and implement policies and procedures that will meet the educational physical therapy needs of students in a uniform and consistent manner throughout Glenn County in compliance with federal regulations, state laws, and professional standards of practice.

A. EDUCATIONAL PHYSICAL THERAPY FAQ’S

1. What is Educational Physical Therapy?
Physical therapy focused to specifically facilitate skills related to the child’s educational environment to help them meet educational goals stated in the IEP. A child’s educational program may not include goals within the expertise of physical therapy even when a physical impairment exists and then physical therapy would not be appropriate. A child may have needs other than educational, but this would not qualify them for school based physical therapy.

2. Must the child receive special education to be eligible for a PT observation?
Yes, the child must have an identified disability and have an IEP.

3. What type of services are provided?
Generally the physical therapist will provide consultation to school staff (special education teacher, occupational therapist, or adapted P.E. teacher), regarding techniques or needed equipment to help meet a student’s needs. In some rare cases, the physical therapist will provide direct services.

4. What type of skills are addressed by the PT?
The PT provides assessment and treatment of muscle tone, muscle strength, range of motion, balance training, coordination and endurance, design and use of adaptive equipment, locomotion, and wheelchair modifications and training.

5. Where are services provided? At the student’s school

6. Who may qualify for educational PT?
Students who require:
   a. Assistance to stay in school (i.e. assistance with positioning, transfers, durable medical equipment)
   b. Assistance to access or participate in the school environment
   c. Assistance to achieve educational goals
Additionally, these students will likely demonstrate significant impairments in several of the following areas: delayed gross motor skills/ difficulty learning new motor skills, unusual walking or movement pattern, difficulty maintaining appropriate sitting positions, poor balance and frequent falls, reduced
endurance or fatigue. They will often require use of adaptive equipment, assistive technology, or environmental modifications.

7. **When would physical therapy services be discontinued or contraindicated?**
The student may no longer require PT to benefit from their educational program when:

   a. The student becomes functional within their environment and therapy services are no longer indicated.
   
b. Other educational personnel are able to assist the student safely in areas of concern previously addressed by PT.
   
c. Student performance remains unchanged despite multiple efforts by the therapist to remediate the concerns or assist the student in compensating.
   
d. Student continues to make progress in the areas being addressed by PT consistent with developmental progress in other educational areas despite a decrease in PT services.
   
e. Therapy is contraindicated because of a change in medical or physical status.

**B. REFERRAL PROCESS**

1. If a teacher has a child they suspect would benefit from physical therapy and the child has an IEP:
   
a. Teacher consults with program specialist about student of concern.
   
b. Teacher or specialist completes the **Checklist for Physical Therapy Referral** form and gives copy to PT. Teacher/Specialist and PT consult as needed.
   
c. Parent signs **Physical Therapy- Permission to Observe** form.
   
d. Physical therapist completes observation.

2. Following PT observation, a meeting is convened to discuss results of observation, and one of the following may occur:
   
a. Physical therapy provides a one time consultation if child’s needs can likely be met by other staff members (OT, APE, Spec. Ed teacher) or simple accommodations will meet needs.
   
   *If no further assessment deemed necessary the PT will share info with the IEP team and/or write a brief summary of observation as needed.

   b. Occasionally the physical therapist may deem a formal assessment is required.

   c. Physical therapy is not deemed appropriate.

3. **PT assessment process:**
   
a. IEP team must meet and recommend a physical therapy assessment.
   
   Assessment plan is signed by parents.

   b. Physical therapist performs formal assessment to determine child’s needs as they relate to the child’s overall educational plan.
c. IEP team convenes within 60 days of the signing of the assessment plan and the PT shares the assessment with the team.

4. Outcome of physical therapy assessment:
   a. If found eligible, PT consultation services will be provided as appropriate. The physical therapist will determine the frequency of services (i.e., weekly vs. monthly.)
   b. A diagnosis and prescription for physical therapy by a physician is required for educational physical therapy. Additionally, the student must have been found previously ineligible for physical therapy through California Children’s Services (CCS) by a CCS paneled physician.

C. FUNCTIONAL AREAS OF EDUCATIONAL PHYSICAL THERAPY EXPERTISE AND RELATIONSHIPS TO EDUCATIONAL PROGRAMS, IDEA Part B (ref. 1)

In public schools, physical therapists use techniques that correct, facilitate, or adapt the student’s performance in coordination, posture and balance, activities of daily living, functional mobility, accessibility, and use of assistive devices.

<table>
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<th>PT areas of Expertise</th>
<th>Components</th>
<th>Relationship to Educational Program Goals</th>
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<tr>
<td>Activities of Daily Living</td>
<td>General Strength and coordination needed for activities of daily living</td>
<td>Student will: Manage personal needs with minimal need for assistance; manipulate classroom materials, tools, toys, utensils, and assistive devices</td>
</tr>
<tr>
<td>Functional Mobility</td>
<td>Ease and freedom of joint movements; wheelchair mobility, locomotion</td>
<td>Student will: Attain freedom of movement for instructional and social activities with minimal need for assistance; mobilize within school setting with minimal need for assistance.</td>
</tr>
<tr>
<td>Accessibility</td>
<td>Classroom modifications and accommodations, adaptive instructional strategies, recommendations regarding architectural barriers, recommendations regarding student owned equipment</td>
<td>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</td>
</tr>
<tr>
<td>Environmental Adaptations/Assistive Devices</td>
<td>Functional positioning for use of device, selection of appropriate device or equipment, postural control, and locomotion</td>
<td>Student will: Successfully use devices/equipment that are designed to teach skills; utilize devices that are required to compensate for lack of skills</td>
</tr>
<tr>
<td>Posture/Balance</td>
<td>Muscle tone, positioning, tolerance for positioning and movement, Proximal joint and trunk stability, joint and whole body postural analysis</td>
<td>Student will: Maintain functional positions for educational activities; respond to balance demands when occupied with school activities</td>
</tr>
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APPENDIX A
The California Children’s Services (CCS) Role in Medically Necessary PT

FOR SERVICES THAT ARE MEDICALLY NECESSARY:
Children who have medically necessary occupational or physical therapy needs are served by California Children Services (CCS) when they meet the criteria for medical eligibility for the CCS program. This applies from birth-21 years old whether or not they are also eligible for special education. When a child is suspected of being in need of “medically necessary” therapy, please refer directly to CCS.

Medical eligibility for the CCS program is determined by the CCS Medical Consultant through a review of applicable medical reports from the child’s physician(s). Medical eligibility for the CCS medical therapy program is defined in the California Code of Regulations, Title 22, Division 2, Subdivision 7, Section 41832.

CCS medical therapy services are available to all eligible children who require them and are available at no cost to the parents of those children. The frequency of CCS therapy services (monitoring or direct service) is based on physician prescription and is determined by the physician, parent, and therapy team. Services may increase or decrease based on the child’s medical condition and progress towards therapy goals. If the parent or legal guardian is not in agreement with the frequency of prescribed occupational or physical therapy he/she may appeal this decision by contacting the CCS administrative office.

CCS therapists may share information and participate in a child’s IEP when it is requested and 10 days pre-notification of the IEP is provided. The CCS program is required to inform the school whenever the frequency of a child’s occupational or physical therapy changes.

If a child does not meet CCS eligibility requirements and the IEP team determines after an evaluation that the service is required in order for the child to benefit from his/her program of specially designed instruction, special education is responsible for providing this service.

Children who may need physical therapy for other reasons (e.g. temporary physical disability or where there is no significant/major educational impact) are not the responsibility of the schools.
CALIFORNIA EDUCATION CODE

For children under 3 years of age:

56426.7 Medically necessary occupational therapy and physical therapy shall be provided to the infant when warranted by medical diagnosis and contained in the individualized family service plan, as specified under Chapter 26.5 (commencing with Section 7570) of Division 7 of Title 1 of the Government Code.

For children between the ages of 3 to 22:

56363(a) The term “related services” means transportation, and such developmental corrective, and other supportive services (including physical and occupational therapy) as may be required to assist an individual with exceptional needs to benefit from special education, and includes the early identification and assessment of disabling conditions in children.

CALIFORNIA ADMINISTRATIVE CODE
TITLE 5 (EDUCATION)

3051.6 Physical or Occupational Therapy
(a) When the district, special education local plan area, or county office contracts for the services of a physical therapist or an occupational therapist, the following standards shall apply:

(1) Physical therapy shall provide services based upon the recommendation of the individual education program team. PT services for infants are limited by Education Code 56426.6.

(2) The district, special education services region, or county office shall assure that the therapist has available safe and appropriate equipment.

GOVERNMENT CODE (Applies to special education children only -- procedures for non-special education children may differ)

7572. (b) Physical therapy and occupational therapy assessment shall be conducted by qualified medical personnel as specified in regulations developed by the State Department of Health Services in consultation with the State Department of Education.

7575. (a) (2) Related services or designated instruction and services not deemed to be medically necessary by the State Department of Health Services, that the individualized education program team determines are necessary in order to assist a child to benefit from special education, shall be provided by the Local Education Agency by qualified personnel whose employment standards are covered by the Education Code and implementing regulations.
APPENDIX B
PRESCRIPTION FOR EDUCATIONAL PHYSICAL THERAPY

Child’s Name: ________________________  DOB: __________

Doctor: ______________________________

Doctor’s Fax: ________________

Prescription for Physical Therapy:

Child’s Diagnosis: ______________________

Please check appropriate boxes:

Evaluation  □  Treatment  □  Duration ________________

Precautions: __________________________________________

________________________________________  ________________
Doctor’s Signature  Date
PHYSICAL THERAPY - PERMISSION TO OBSERVE

Child’s Name:

Date of Birth: Age:

School: Teacher:

Parent’s Name:

Address:

Phone:

Primary Language: Parent: Child:

I give permission for my child to be observed by Glenn County Office of Education Student Services PHYSICAL THERAPIST

Areas of Concern:

________________________________________________________________________________

I understand that the observation will be completed during my child’s school day. My child’s days and hours of attendance are ________________________________.

______________________________  __________________

Parent/Guardian’s Signature   Date:
CHECKLIST FOR PHYSICAL THERAPY PROBLEMS

Student Name ___________________________   Date of Birth ______ Age _____
School ________________________________   Teacher/ Room# _____
Date of Completion: _______ Receiving Special Ed: Y or N   If yes, area _____
Primary Language: Parent _________________    Child ______________________

Please check in the column to the right that most accurately describes the student’s behavior.

Motor Control and Coordination:

<table>
<thead>
<tr>
<th>Behavior</th>
<th>Frequently</th>
<th>Occasionally</th>
<th>Seldom</th>
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<tbody>
<tr>
<td>1. Student loses balance and falls frequently during classroom and playground activities.</td>
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<tr>
<td>2. Student walks with the following pattern:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. Up on toes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Flatfooted</td>
<td></td>
<td></td>
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<tr>
<td>c. Toes in</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. Toes out</td>
<td></td>
<td></td>
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<tr>
<td>3. Student tends to move impulsively in the classroom or playground.</td>
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<tr>
<td>4. Student tends to move sluggishly or awkwardly.</td>
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<tr>
<td>5. Student has difficulty using stairs, curbs or uneven surfaces.</td>
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<tr>
<td>6. Student has difficulty in running, hopping, jumping, skipping, or galloping.</td>
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<tr>
<td>7. Student tends to use only one side of the body.</td>
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<tr>
<td>8. Student tends to avoid playground activities and equipment.</td>
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<tr>
<td>9. Student tends to tire easily; is unable to keep pace with peers or participate in activities during the school day.</td>
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Posture and Balance

<table>
<thead>
<tr>
<th>Behavior</th>
<th>Frequently</th>
<th>Occasionally</th>
<th>Seldom</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Student is unable to maintain seated and standing positions when occupied with school</td>
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activities.

2. Student is unable to maintain position for functional activities.

3. Teacher is uncertain whether student is positioned correctly to use adaptive equipment effectively.

### Activities of Daily Living/ Functional Mobility

<table>
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<th>Behavior</th>
<th>Frequently</th>
<th>Occasionally</th>
<th>Seldom</th>
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</thead>
<tbody>
<tr>
<td>1. Student is unable to manage personal needs in the classroom, campus, or community (i.e. rest room, securing personal items).</td>
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<tr>
<td>2. Student is unable successfully to maneuver or change positions within the school setting, such as:</td>
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<tr>
<td>a. Get up and down from floor</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Getting into and out of chairs</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>c. Using equipment and assistive devices (i.e. wheelchair, walker, splints)</td>
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</tbody>
</table>

### Environmental Adaptations and Assistive Devices

Please list all adaptive equipment the student currently uses (i.e. computer, walker, crutches, wheelchair, splints, communication device, etc.) and comment upon whether it sufficiently allows the student to function in the classroom.

________________________________________________________________________
________________________________________________________________________

**Student Characteristics:** Please circle all words which apply.

Floppy  Clumsy  Awkward  Asymmetrical  Uncoordinated

Excessive Movement  Impulsive  Restless  Jerky  Stiff

Adapted from Appendix D, Checklist for Physical Therapy Referral, *Guidelines for Occupational Therapy and Physical Therapy in California Public Schools.* (Ref. 2)
PROTOCOL FOR EDUCATIONAL PHYSICAL THERAPY REFERRAL

A Request For a PT Observation Can Be Made By:

Program Specialist          Special Education Teacher          General Education Teacher
School Psychologist          D.I.S. Professional Staff          Administrator
School Nurse                Parent

Step 1. PT Observation
1. PT Permission to Observe Form- must be signed by parent
2. PT Referral Checklist- to be completed by Teacher/Parent
3. Hold IEP or SST to discuss the need for assessment

Does Student Need Assessment?

YES

NO

Step 2. PT Assessment
1. Signed Assessment Plan
2. 60 Day Timeline Begins
1. SST Meeting to Discuss Findings

Step 3. IEP

Determination of Educationally Necessary PT Services
REFERENCES

1. Adapted from: “The Role of the Physical Therapist and the Occupational Therapist in the School Setting,” by Judith Hylton, Penny Reed, Sandra Hall, and Nancy Cicirello. TIES: Therapy in Educational Settings. A collaborative project conducted by Crippled Children’s Division--University Affiliated Program, the Oregon Health Sciences University and the Oregon Department of Education, Regional Services for Childs with Orthopedic Impairment. Funded by the U.S. Department of Education, Office of Special Education and Rehabilitation Services, grant number G008630055.

