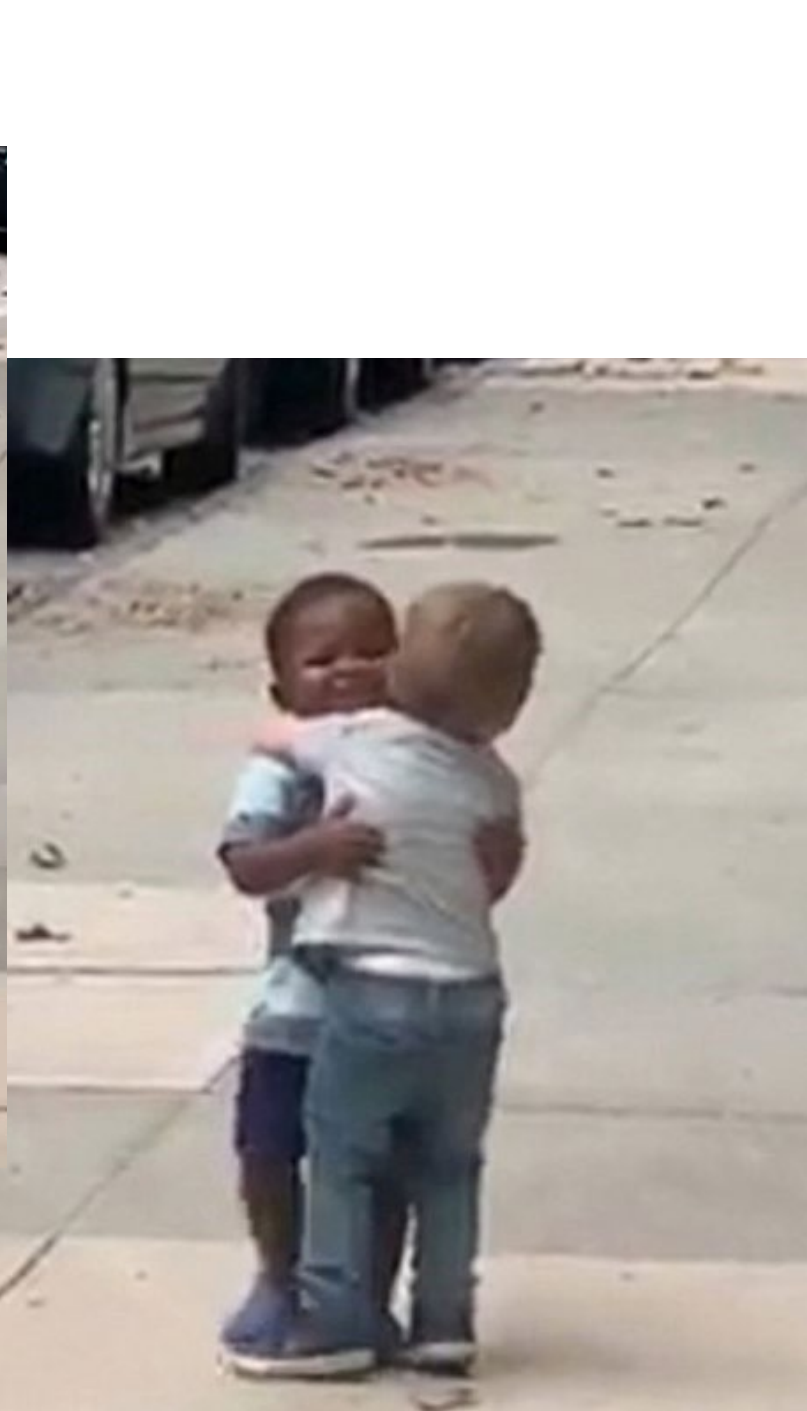


# Virtual Related Services: PT

NC DPI ECD Webinar April 8<sup>th</sup> 2020





**SO happy to see you!**

[Bit.ly/IADLs](https://bit.ly/IADLs)



# For this webinar...

- Participants will remain muted
- You may use the chat feature
- The session and chat will be recorded and archived
- No additional questions will be taken during the webinar
- The webinar **MUST** end promptly (45minutes)

## *This is new practice*

- Uncomfortable
- Requires deliberate thorough clinical reasoning
- Awkward, not smooth...we are novices at *this*, but do know lots, competent interventionists
- Our PT Board of PT Examiners views this as a mode of service delivery
- We are related services... what are we relating to, what are our services supporting?
  - Clear communication
  - Collaboration with administration





## Working within our scope

- Virtual related services should be educationally relevant and support appropriate, reasonable educational/instructional efforts
- Adhere to discipline specific professional standards of practice & ethical guidelines
- Comply with LEA, district, state and federal regulation, policy and directives
- Problem-solve and collaborate within your LEA/district
- Each student, Individualized Education Program (IEP), situation and intervention must be thoughtfully considered
- **No single ‘answer’ can address every situation**
- Be thorough and intentional; employ your best clinical reasoning = **Do the ‘MOST GOOD’**



# NC School-based PT website

[Physical Therapy Guidance for Virtual Related Services in NC Public Schools](#)

[Virtual Related Services \(VRS\): Frequently Asked Questions \(FAQ\)](#)

[Discipline Specific FAQ= Physical Therapy](#)

[COVID-19 and Telehealth Resources](#)



# Highlighting Linked Resources

- American Physical Therapy Association
- World Confederation of Physical Therapy
- Academy of Pediatric Physical Therapy
- School Special Interest Group (town halls to be re-scheduled)
- US Department of Education



## Additional PT Resources

2 PTs in VA public schools (Connie Johnson & Michelle Wiley) created a resource, posted it and compiled other resources they found helpful, here:

<https://sites.google.com/view/sbptcovid-19perspectives/home?authuser=0>

<https://www.seekfreaks.com/index.php/2020/04/04/free-resources-for-ot-pt-speech-services-during-the-covid-19-pandemic/>

Some have found Facebook groups helpful to share, brainstorm and discuss ideas

Your colleagues, supervisors, EC directors, parents and students





Your questions...



# New Questions

This question applies to all disciplines: Is there any guidance from NCDPI on making sure special education service delivery remains accessible to Deaf/Hard of Hearing people via sign language at this time? (e.g. ensuring that web based seminars and programs are captioned/interpreted?) The same would go for voice over or captioning of images for visually impaired individuals.

In this time of optional/supplemental remote learning, it is important that EC teachers collaborate with General Education teachers to provide accessibility to grade-level materials and provide accommodations/modifications as appropriate based on the student's unique needs.

The Digital Teaching and Learning Division has created a Google Site with remote learning resources. On that site is a link to Supplemental Optional Remote Learning Resources for Students with Disabilities. There, you will find a link to remote learning resources for students who are deaf or hard of hearing, visually impaired, or deaf-blind.



## New Questions

If we are holding an IEP meeting on Zoom or Google Meet where teams are reviewing results, can OT and PT share evaluation results?

I know they cannot provide services on these platforms at this current time, but wanted to see about IEP meetings.

The team should first consider if personally identifying information or protective health information will be disclosed during the IEP meeting. If not, the meeting could likely proceed.

OT and PT practitioners should continue to uphold privacy and confidentiality standards even in IEP meetings whether or not they are conducted in-person, virtually or telephonically.

If you have practitioners using a HIPAA compliant platform, perhaps the practitioner could host the meeting on his/her platform as an extra safeguard.

Ultimately, discussions with your LEA, practitioners, technology personnel, and legal counsel will be required to determine local practice.



## New Questions

Please address documentation in ECATS with virtual related services. If service is done in a telehealth format is that additional services?

Can additional services be used for "store and forward" or would that be supplemental aides and services?

Telepractice is a service delivery option. It should be recommended, discussed and clear to the IEP team. Interventions provided via telepractice are related services, not additional services. The only change is the means of delivery, local procedures for documentation should be followed.

Supplemental aides and services are program, staff or student supports that require PT expertise but not intervention. They are needed to ensure FAPE, access, participation or safety but do not result in student progress nor skill acquisition.



# What our services are related to...




## Specially Designed Instruction




Instruction individualized to student's ability and disability, characterized by:




responsive, highly planned and intentional instruction



dynamic connection each student's current performance in PE




evidence based instruction and interventions as practicable



unique address of each student's academic, behavioral, and/o functional needs related to her/his disability



necessity, not merely beneficial for student participation and progress




<https://ec.ncpublicschools.gov/ConsiderationsforSpeciallyDesignedInstruction.pdf> (2016)



# What's the difference?

## Related Service

 “...developmental, corrective, and other supportive services are required to assist a child with a disability to benefit from special education...”

IDEA 2004 Part B, Subpart A, § 300.34 Related Services

 “...designed to enable a child with a disability to receive a FAPE as described in the IEP...”

IDEA 2004 § 1401 (26) (A) Related Services

 “Physical therapy means services provided by a qualified physical therapist.”

IDEA 2004 § 300.34 (c) (9) Physical Therapy

 <https://sites.ed.gov/idea/>



# What's the difference?



## Accommodations/SAS



...allow the student to complete the same skill, assignment or test as other students, given a change in the: environment/setting, timing/pacing, materials/equipment and/or format/schedule.



The accommodation does not significantly alter what the skill, test or assignment measures.



<https://ec.ncpublicschools.gov/ConsiderationsforSpeciallyDesignedInstruction.pdf> (2016)



## New Questions

What kinds of Zoom or video conferencing meetings is PII NOT shared? I've read that if no PII is shared, it's less likely this platform will present a problem for related service providers. Is that ever possible?

The issue is the protected health information or personally identifiable information. The team should first consider if personally identifying information or protected health information will be disclosed during the IEP meeting. If not, the meeting could likely proceed. Practitioners should continue to uphold privacy and confidentiality standards in-person, virtually or telephonically.

Could you meet and ask the related service provider to note and comment on anything they cannot share on this platform? In the moment, IF we are cautious, we can avoid protected information and still have a meaningful discussion. It can be helpful to anticipate questions or needed clarification and securely provide the team something in writing to refer to during the discussion.

If practitioners use a HIPAA compliant platform, could the meeting be hosted on that platform? Ultimately, discussions with your LEA, practitioners, technology personnel, and legal counsel will be required to determine local practice.





## New Questions

Is there an expectation based on what has been passed down from DPI and the governor regarding "how long" a school day currently is using remote learning and the amount of hours teachers/related service providers are putting in on a daily basis, in "work from home" situations? Are we required to put in 8 hour days if 8 hour days are our normal working hours?

From the FAQ-VRS:

This will need to be determined on a case-by-case basis to address the individualized needs of the student in consideration of the virtual learning provided to all students.

Special education and related services follow the instructional model provided for all students. Therefore, if a school day is abbreviated for all, the abbreviation of EC services commensurate (or in proportion) with the abbreviated school day is likely to be appropriate.



# NC PT Board Rules= what is an intervention?

21 NCAC 48C .0102 RESPONSIBILITIES

A physical therapist:

- (a) shall determine the patient care plan and the elements of that plan appropriate for delegation.**
- (b) shall determine that those persons acting under his or her supervision possess the competence to perform the delegated activities...**
- (d) shall enter and review chart documentation, reexamine and reassess the patient, and revise the patient care plan if necessary, based on the needs of the patient...**
- (f) shall provide all therapeutic interventions that require the physical therapist's expertise; and may delegate to a physical therapist assistant or physical therapy aide the delivery of service to the patient when it is safe and effective for the patient.**
- (g) responsibility for patient care management includes first-hand knowledge of the health status of each patient and oversight of all documentation for services rendered to each patient, including awareness of fees and reimbursement structures.**



# Code of Ethics= what are our ethical considerations?

## [Code of Ethics for the Physical Therapist \(.pdf\)](#)

- **Principle #2:** Physical therapists shall be trustworthy and compassionate in addressing the rights and needs of patients and clients. (Core Values: Altruism, Compassion, Professional Duty)
- **Principle #3:** Physical therapists shall be accountable for making sound professional judgments. 2 (Core Values: Excellence, Integrity)
- **Principle #5:** Physical therapists shall fulfill their legal and professional obligations. (Core Values: Professional Duty, Accountability)
- **Principle #6:** Physical therapists shall enhance their expertise through the lifelong acquisition and refinement of knowledge, skills, abilities, and professional behaviors. (Core Value: Excellence)
- **Principle #7:** Physical therapists shall promote organizational behaviors and business practices that benefit patients and clients and society. (Core Values: Integrity, Accountability)
- **Principle #8:** Physical therapists shall participate in efforts to meet the health needs of people locally, nationally, or globally. (Core Value: Social Responsibility)
- [Guide for Professional Conduct \(.pdf\)](#)
- [Guide for Conduct of the Physical Therapist Assistant \(PTA\) \(.pdf\)](#)
- [Standards of Ethical Conduct for the Physical Therapist Assistant \(.pdf\)](#)



# Requested Topics



# Planning and implementing virtual supports for individual students

\*Per recent guidance from the NCDPI EC Division, whether or not VRS is an appropriate service delivery option should be made on a case-by-case basis.

Each student and context must be assessed through each related service provider's ethical and clinical reasoning to decide if VRS would be appropriate for service delivery. Considerations may include but are not limited to:

- Related service provider competence in providing VRS
- Complexity of the student's needs/disability
- Nature and complexity of the planned intervention
- Requirements of school-based practice
- Appropriate qualification and/or training for on-site e-helper
- Consensus of IEP team, student, family and e-helper
- Competence and fluidity with technology (student, parent/family, e-helper & related service provider)
- Student specific information, environment, context
- Compliance with laws, regulation, and policy at the federal, state, and local level



# Planning and implementing virtual supports for individual students


- Employ clinical reasoning to determine need for and type of training required by 'on-site' e-helpers
- Provide or make recommendations for the materials used in a session
- Provide recommendations for space needed and set-up of environment/materials
- Reflect best practices and evidence-base
- Mirror services typically provided at school as much as possible
- Clearly communicate plans for the session, interventions, and carry over strategies; document in the plan of care and/or note from sessions

## **Intervention-**

- Develop skills
- Create healthy habits and routines
- Modify environments, materials, equipment
- Educate/train students on adaptive and assistive technology
- Model adaptive techniques

## **Supplemental Aids & Services-**

- Model activities, how to promote independence and feedback to educational staff and parents
- Observe the student via live or recorded video and/or consulting, coaching, or collaborating with others (parents, family members, educational staff, etc.)



# Collaboration with relevant staff to support students with disabilities within my school/system

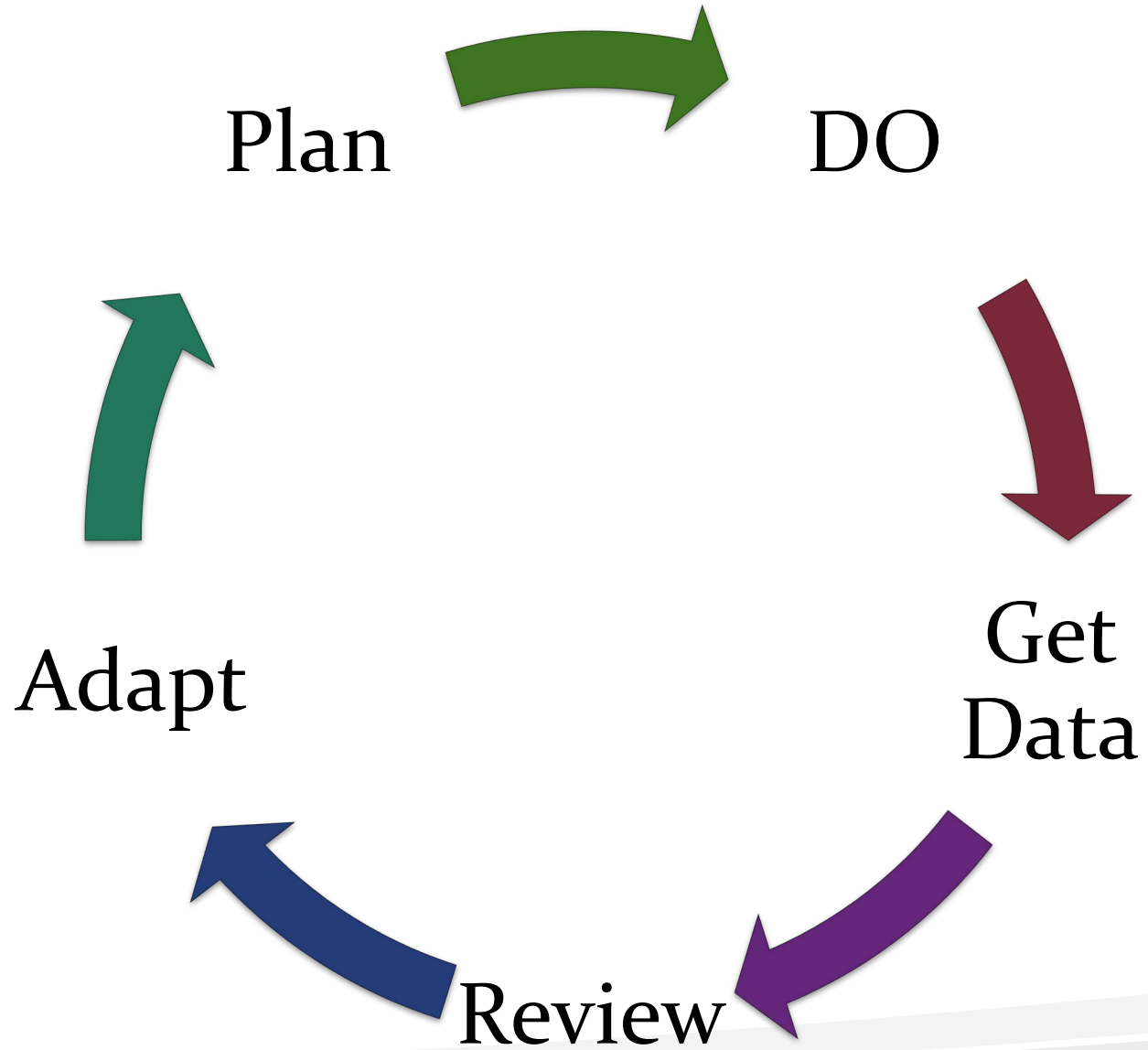
- Network!
- Work within PLCs, leverage mentors and peers
- Ensure oversight of LEA/administration
- Reflect best practices and evidence-base
- Mirror services typically provided at school as much as possible
- Reflect on practice more frequently

Not substantially different from typical collaboration

- Increased clinical reasoning/safety assessment
- Increased communication and clarity
- Attention to documentation features helpful in telepractice
- Increased need for mentorship, peer and colleague input, feedback



Formative  
Practice=  
Get Basic







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