
North Carolina Department of Public Instruction

Exceptional Children Division

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DETERMINING NEED FOR SCHOOL-BASED PHYSICAL THERAPY

Relevance and Necessity

In public schools, the Individualized Education Program (IEP) team determines the need for physical therapy based on the student's goals and objectives, the skills of the team members, desired student outcomes, and recommendations by the school-based physical therapist. Physical therapy (PT) is a related service. To be included on a student's IEP, PT must be required to assist the student to benefit from special education (NCDPI). There are three components to be met:

- The student has a disability
- PT service is educationally relevant and clear in purpose
- PT service is necessary for the student to benefit from their IEP

If the team answers, "Yes" to the following questions, physical therapy is likely to be **both** relevant and necessary:

- If the student does not receive physical therapy, is there reason to believe that they will not have access to an appropriate education
- If the student does not receive physical therapy, is there reason to believe that they will not experience educational benefit?

If the team answers, "Yes" to any the following questions, physical therapy is probably **not** relevant and necessary:

- Could the need be addressed appropriately by the special educator or classroom teacher?
- Could the need be addressed appropriately through core school faculty or staff (e.g., school nurse, guidance counselor, librarian, teachers, administrator, bus drivers, cafeteria staff, or custodians)?
- Could the student continue to benefit from his or her educational program without physical therapy?
- Could the need be appropriately addressed during non-school hours?
- Does including physical therapy in the student's program present any undesirable or unnecessary gaps, overlaps, or contradictions with other proposed services? (Giangreco, 2001a)

Students can clearly benefit from some services that are not educationally necessary, but may be considered necessary or desirable by parents, other team members, or non-educational service providers. Because physical therapy may not, in some cases, meet the educational relevance and necessity-to-benefit criteria (as required of related services under the IDEA) does not mean the service is not needed or unimportant. Rather, it may indicate that the service is not the responsibility of the public school.

Participation of the PT in a Collaborative Assessment and IEP Process

Research indicates that if the need for physical therapy is based solely on a therapist's evaluation (whether school- or community-based), important information from other sources may be overlooked or misinterpreted. According to North Carolina EC policy (NC 1500-2.11), evaluators must use multiple data sources and not rely on a single test scores in the evaluation process. Evaluations can include, but are not limited to, observations, interviews, behavior checklists, structured interactions, play assessments, adaptive and developmental scales, criterion- and norm-referenced instruments, clinical judgment, and other techniques and procedures as deemed appropriate by the evaluator.

If the need for PT is determined prior to the development of a student's IEP, services may be duplicated, missed or student outcomes may not be adequately identified and addressed (Giangreco 2001b, Muhlenhaupt, Rainforth). The same applies to determining need for physical therapy in schools based solely on a physician's order/prescription. When team members prematurely focus on which services are desired, or how services will be provided, they may not fully understand the role of related services within the context of the IDEA (IDEA). In each of these situations, ineffective collaboration results in a fragmented program in which physical therapy is not provided to support the student's ability to participate in the educational program, but rather to improve a student's isolated skills (AOTA, 2007). In best/evidence-based practice, the physical therapy

provider contributes collaboratively in the assessment process and development of the student's program, based on all available evaluation data and team discussion. This is the essence of an integrated IEP.

Intervention Planning

If the IEP goals warrant physical therapy services, the provider would, at that point, develop a plan of care (or intervention plan). There should be a clear distinction between IEP goals and physical therapy plan of care. IEP goals are determined by the team collaboratively as a whole; intervention plans are the methods or strategies that will be used by the PT to support goal attainment. This means decision-making about the type of service should not be made until after the team develops IEP goals and determines that PT services are needed. The physical therapy provider and team should not discuss intervention possibilities until the concerns (e.g., lack of skill, decreased performance) and expected performance or outcomes (goals) have been clearly defined (AOTA, 2007).

These questions may help guide decision-making on the extent, type, and duration of physical therapy:

- What is the least restrictive means of providing support within the general education program?
- What evidence exists to support the focus and frequency of the physical therapy intervention program?
- What impact will the intervention have on social participation with peers?
- How critical is it to the student's health and safety for the physical therapy provider to be present in the educational environment?
- How much/often will the physical therapy provider contribute to environmental changes that improve the student's ability to function in the present educational setting?
- Considering the student's strengths and weaknesses, what is the potential to not only improve this student's functional skills but also ultimately decrease or eliminate the need for special services of all kinds, especially those of the physical therapy provider?
- Considering the student's chronological age, how might age-expected demands affect the student's ability to function independently?
- How well has the student responded to previous or other types of intervention?
- How much do this student's deficits interfere with his or her ability to participate and benefit from the educational process in the present setting?
- To what extent is the expertise of the physical therapy provider needed to communicate adequately (verbally and in writing) with professionals within and/or outside the educational environment?

Discontinuation of Services

Reviewing each student's continued need for physical therapy is an ongoing process; considered each time a new IEP is developed. As part of the intervention plan it is important to regularly discuss with team members what conditions will indicate physical therapy should be discontinued. This communication can help to avoiding conflict when the provider feels services are no longer needed but others disagree. If the need for physical therapy is based on a student's disability (e.g., student has cerebral palsy or autism), team members may not understand why the provider would suggest discontinuing services. However, if the physical therapy is driven by student IEP goals within the context of an educational program, then the services are reasonably discontinued when goals are met. Likewise, services should be resumed if a future IEP mandated the need for the intervention or expertise of a physical therapist in order for the student to benefit from specially designed instruction.

Use of Theoretical Models

When team members focus too specifically on a particular diagnosis or frame of reference to determine the need for service, they may easily overlook important student strengths, needs, and educational/functional outcomes. School-based practice, under IDEA, requires an individualized approach to assessment, goal development, and intervention. Therapists must be able to work from many models and frames of reference to help a wide variety of students and IEP teams achieve desired outcomes in the least restrictive context.

School-based physical therapy should always address the child or adolescent in their student role and ways that specific school environment supports or hinders student performance. Focus should be on the student, activity, and environment to help the student reach satisfying outcomes throughout their school day. All school-based physical therapists start with the basic question, "What does this student need to do to be successful in their educational program?" Therapists

then rely on research, clinical reasoning, and professional experience to guide and individualize intervention. This process is specific to the needs, environment and desired outcomes for each student. Currently, there is no evidence in the literature that demonstrates one approach is more effective than another in achieving educational outcomes.

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