

# OCCUPATIONAL AND PHYSICAL THERAPY IN THE SCHOOL SETTING

The Greenwich Township School District provides occupational therapy (OT) and physical therapy (PT) in accordance with the Individuals With Disabilities Education Act, 20 U.S.C. § 1400 (2004). OT and PT are considered related services and are provided to students receiving special education services when educationally relevant, and only to ensure that students are able to participate in ongoing classroom activities. Services are provided by Gayle Lewis, a registered occupational therapist (OTR/L), and Michelle DeSanto, a licensed physical therapist.

## **Process**

The Individualized Education Plan (IEP) team is required to determine the need for OT and PT evaluations. Evaluations are then conducted and are based on the areas of suspected dysfunction.

### **ENTRANCE CRITERIA**

Preschool to Grade 2: A composite score of at least 1.5 standard deviations below the mean as measured by an appropriate assessment instrument. This may translate as having a delay of 12 months in assessments that yield a developmental age score.

Grade 3 and up: A composite score of at least 1.5 standard deviations below the mean as measured by an appropriate assessment instrument. If a developmental age score is yielded, a 24-month delay would indicate the need for services, with a significant discrepancy between the assessed area/s and the student's progress in other academic areas.

## **Provision of Services**

OT and PT are provided when entrance criteria are met as reported by the OTR/L or PT and when services are included in students' IEPs.

Therapy can vary from one-time classroom suggestions and/or accommodations to ongoing consultation and/or direct services. Services may be delivered within the therapy room or within the classroom setting, in small or whole groups and may be performed as a co-treatment with another discipline.

The knowledge and expertise of an OTR/L or a PT can be utilized to determine and design intervention strategies that can be integrated into student' daily routines and may be implemented by classroom teachers and paraprofessionals. Priority is given to providing services utilizing an

early intervention model rather than attempting to remediate a problem through splinter skill instruction.

Direct services are typically most beneficial for preschool and early elementary students while consultative services are typically more productive for students in upper elementary and beyond. This practice provides an early intervention model for younger students and avoids loss of academic instruction for older students. If direct services are required for older students, they are usually short term and/or provided within the classroom setting.

## **Focus of Therapy**

Therapists address adaptation and function within the school environment. This may mean modification of tasks or the use of specialized equipment to complete tasks. Therapists work to assure students' access to all parts of the school day and to educate other staff members about the different considerations required for students with disabilities.

Therapists evaluate, assess and accommodate functional abilities of students in school classrooms, hallways and other designated areas. Therapists work with teachers to help students acquire functional abilities necessary to access educational materials and move about the school. To help students function better in classrooms, the lunchroom, or restrooms, therapists may work with students on adapting or modifying their equipment/materials.

Students with special needs face a demanding school environment. Presentation methods for educational materials may be modified to meet the challenges of students' disabilities, such as their ability to communicate, view and manipulate educational materials, and move about the school. Therapists work closely with teachers to promote the highest level of function possible for students pursuing educational goals.

## **Termination of OT and/or PT Services**

Services may be terminated when the IEP team determines that any one of the following criteria is met:

### **EXIT CRITERIA**

- The student has received services as provided in the IEP and has accomplished/reached age level, grade level, and/or level of cognitive functioning as assessed by standardized instruments or classroom performance.
- The student is functional within the school environment.
- The student has received services for 3 or more years and performance has remained unchanged for more than 6 months.
- The student has achieved a composite score of better than 1.5 standard deviations below the mean.

- The student's rate of progress in the educational environment in the area/s being addressed in therapy continues to be steady and commensurate with the student's overall level of progress in other areas, despite a decrease in therapy services.
- The student's needs can be met by other educational professionals using either a consultation model or by making accommodations.
- A parent or IEP team requests services be discontinued.
- Therapy is contraindicated due to a change in medical or physical status.

### **School-based Therapy versus Clinic- or Hospital-based Therapy**

OT and PT in schools can be quite different from OT and PT in a clinic or hospital. School-based therapists focus on removing barriers from students' ability to learn, helping students develop skills which increase their independence in the school environment, and educating school personnel about the different considerations required for students with disabilities. Everything therapists do with students in school must be educationally relevant. These services are more of a "top down" approach. In the schools, therapists assess the student's functional skills and identify areas of difficulty. The primary concern for the school therapist is enabling the student to learn and access his or her learning environment (classroom, playground and cafeteria). Rather than rehabilitate a deficit, the school therapist may adapt or modify the environment or offer the teacher strategies to implement on a daily basis to afford success. Because a student is at school to learn, pulling a child out of the classroom for "therapy" may not be the best approach to promote learning progress.

Clinic- or hospital-based therapists rehabilitate a specific deficit. Therapy services in an outpatient clinical setting follow a medical model. In this setting, the therapist identifies the etiology or underlying deficits of a problem and addresses those directly through frequent rehabilitative activities. The medical model is more of a "bottom up" approach; therapists identify the building blocks and attempts to fix or repair the deficits for improved function. A clinical therapist may see a child one-on-one several times a week to strengthen and rehabilitate deficits.

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