



Bridging the Gap

The newsletter of

Regional and Statewide Services for Students with Orthopedic Impairments

December • 2003

Change in Rules for PT Reassessment

We were recently alerted to a PT Licensing Board change in the Oregon Administrative Rules regarding Standards for Reassessments, OAR 848-040-0040. The revised rule, issued August 22, 2003, states that physical therapists practicing in educational settings are required to perform a "reassessment" of each child at least every 60 calendar days, or if the child is seen less frequently, at every visit. The rule also states that the PT should reassess any time there are significant changes in the child's condition. The PT Licensing Board tells us that this is a relaxation of the rule, which heretofore required all PTs to reassess at least every 30 days.

The OAR describes minimum standards for reassessment:

(2) The record of each reassessment shall include, at a minimum:

- (a) Subjective status of patient; (a statement about the child's current progress),
- (b) Objective data from tests and measurements; (such as range of motion, strength, functional data, objective tests),
- (c) Functional status of patient; (a statement of how the child functions),
- (d) Interpretation of above data; (the therapist's conclusions and implications for treatment),
- (e) Revision of treatment plan, directly correlated with documented goals, when indicated.

Reassessment must be performed by a physical therapist. It may not be done by an LPTA.

Q: Is a reassessment the same thing as an Evaluation, as defined in IDEA, which would require parental notice and consent for evaluation, as well as a written report?

A: Because assessment to determine progress is a part of ongoing treatment, a reassessment does not constitute an evaluation as defined in IDEA. Reassessment looks at specific aspects of the child's motor performance, determined by the

VIEW from the BRIDGE

— Diana Roberts

physical therapy treatment plan, such as sitting balance or stair-climbing. A reassessment does not require a formal report, and in fact, there is no requirement in the OAR that a report be sent to the child's physician or parent.

An evaluation is a more holistic look at the child's overall motor performance, requiring that a report be made to the child's parents. If the physical therapist judges that a reevaluation is needed (regardless of the 60-day reassessment rule), parental notice must be sent prior to evaluation. When a reevaluation is completed, an IEP meeting must be held to review evaluation data. If, as a consequence of the reevaluation, a new treatment plan results that is substantially different from what is stated in the IEP, the IEP team should revise the child's plan.

Q: Do 60-day reassessments constitute a PT reevaluation, billable to OMAP under code #97002?

A: According to OMAP, if the reassessment takes place as part of a treatment session, (even though it might be documented in the case log as a reassessment), it should be billed under the appropriate code (Therapeutic Procedure, etc.). If the activity is a reevaluation, it may be billed using code #97002.

The Oregon Administrative Rules specifying "Minimum Standards for Physical Therapy Practice and Records" may be accessed at the Oregon State Archives website, at the following address: http://arcweb.sos.state.or.us/rules/OARS_800/OAR_848/848_040.html

In This Issue

- Registration materials for the **Access Now/DEC Conference** are enclosed with this newsletter. This year's conference is a cooperative effort between OTAP and the Oregon Division for Early Childhood. Look for more information inside!
- Call for Presenters for the **18th annual TIES 2004 Conference** to be held on April 19 & 20. Now is the time to consider whether it's your turn to share your expertise with your colleagues by presenting at TIES. One presenter per session receives free registration for the conference. For more about the TIES conference, see Coming Events on the reverse of this newsletter!

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The Strategies Exchange

GAIT TRAINING STRATEGY



This strategy was posted to the PT listserve by Deanne Fay: "At Combined Sections" in February, Karen Adolph presented on changes in infant walking patterns. She is a developmental psychologist who has studied hundreds of infants as they begin to walk. She presented a new methodology that her lab uses for measuring gait parameters. They place moleskin tabs on the bottom of the children's shoes. They use a square tab at mid-heel and a triangle shaped tab at mid-forefoot. They then ink the tabs and have the infants walk across paper. This method allows them to then measure line of progression, step length, step width, angle of toe-in or toe-out, etc.

Karen has her own website. You can find it at: www.psych.nyu.edu/adolph/index.html. Once you get to the site if you scroll down to a heading of "motor development" and click on the link "practice walking" it will bring up a PDF file of the article "Footprint method of gait analysis: new insights into infant walking" She describes the methodology in this article, saying, "We are currently using this technique in a single-subject study with a 22-year-old young adult with CP. It allows him to walk with his AFO's and shoes on. Additionally, it is much neater than using paint on the bottom of his feet and we don't risk changing his gait pattern because of sensory issues with the paint or

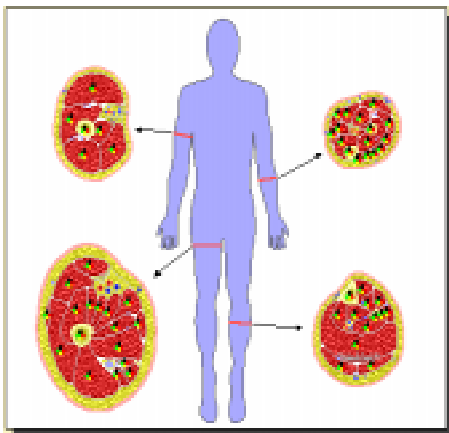
the fact that the paint can be slippery. The materials are also very inexpensive - we just got them at the local drugstore and craft store." (Thanks to Connie Hector, physical therapist at Douglas ESD)

DEVELOPING COLLABORATIVE GOALS

From Mary Jane Erwin, OTR, Multnomah ESD

"The AT Club session at the 2003 TIES Conference (presented by the Multnomah ESD AT team) spurred my imagination and motivated me to proceed with ideas that have been brewing in the back of my mind all year. I just needed a kick start and this was it! The ideas presented provide the perfect opportunity to present students with multisensory learning experiences as well as the opportunity to present the same concepts repetitively without boring static repetition....The first step was to set up a meeting with the occupational therapist, the speech therapist, and teacher to discuss the concept of working together to design projects that would teach integrated language, fine motor, and academic concepts throughout a one week time frame. The idea was met with great enthusiasm...This has proven to be the catalyst for getting the OT, the SLP the assistive technology specialist and the teacher working together to develop more projects to expand the classroom curriculum." Kudos to the MESD AT Team, for their innovative and inspirational approach which combines interdisciplinary collaboration with best practice in integrated instruction. (Reprinted with permission)

Human Anatomy Website - <http://www.innerbody.com/htm/body.html>



This website is a great resource for helping kids to understand their body and its various systems. Use the site with students who have orthopedic impairments to help them prepare for surgery, or better participate in therapy activities. The site offers simple color diagrams of many body parts such as cut-away views of the muscles and tendons of the hip, knee and elbow. It even presents animations of several systems in action, including the mouth and throat, the heart, the ear, and how the eye receives information. Slow down or stop the animations using the scroll bar across the bottom to set the speed. Check it out!

FREQUENTLY ASKED QUESTIONS

- Diana Roberts

Q: What is the role of Related Services providers in Adaptive PE?

A: Related Services are the child-specific services that are necessary to enable a child to benefit from, or access, her or his special education program. IDEA defines Related Services as, “*transportation, and such developmental, corrective, and other supportive services (including speech-language pathology and audiology services, psychological services, physical and occupational therapy, recreation, including therapeutic recreation, social work services, counseling services, including rehabilitation counseling, orientation and mobility services, and medical services, except that such medical services shall be for diagnostic and evaluation purposes only) as may be required to assist a child with a disability to benefit from special education, and includes the early identification and assessment of disabling conditions in children.*” (Section 602 (22)) Related Services must be linked, or “related” to the goals specified in the child’s IEP.

Adapted Physical Education (APE) is often mis-

identified on the IEP as a Related Service. In fact, APE is a direct instructional service, not a related service, because Adapted Physical Education is a federally mandated component of special education services. PE is the only curricular area that IDEA requires the IEP team to address for all students.

Physical therapy and occupational therapy are related services. These therapies are provided to children with disabilities, if needed, in order to benefit from instruction. The PT, OT, or other related service provider, may provide consultation to the Adapted PE teacher about the special needs of individual students on their caseload. A PT or OT may not serve as the instructor of the

Adaptive PE class because they are not licensed as educators by the state Teacher Standards and Practices Commission. (RSOI is currently working to develop technical assistance about Adaptive PE to further clarify the role of school therapists in Adaptive PE.)



Library Reviews

NEW IN THE RSOI LIBRARY

The Educator’s Guide to Feeding Children with Disabilities, by Dianne Koontz Lowman and Suzanne McKeever Murphy, Paul H. Brookes, Pub, 1999.

This book offers team-based solutions to individualized feeding needs. Coauthor, Dianne Koontz Lowman was the keynote speaker at this year’s Seminar for Feeding Teams. Comprehensive and team-focused, the book is a resource to help educators to better understand the design and implementation of effective feeding plans for students with disabilities. Teachers and health care professionals will find invaluable advice for addressing common challenges and meeting each child’s unique communication, sensory, and motor needs. Each chapter identifies and explores a separate component of feeding encountered in school-based situations, such as:

- Positioning for feeding
- Sensory reactions during feeding
- Adapted equipment for feeding
- Communication and behavioral aspects of feeding

Practical guidelines and planning forms help the educational team pull all of these components into an individualized plan that takes into account family routines and preferences as well as the expertise of the professionals who work with the child.

Item #501

Coming Events

ACCESS NOW/DEC CONFERENCE • February 9 & 10, 2004 • *Sheraton Portland Airport Hotel, Portland, OR*. Registration materials included with this newsletter. For more information contact OTAP at 541-957-4791 or see www.OTAP-Oregon.org

AMERICAN PHYSICAL THERAPY ASSOCIATION (APTA) COMBINED SECTIONS MEETING 2004 • February 4-8, 2004 • *Nashville, Tennessee*. For information see www.apta.org.

BOEHME NDT WORKSHOP #455: "APPROACH TO TREATMENT OF THE BABY" • February 5-7, 2004 • *San Francisco, CA*. \$560. Contact 414-355-8744, or 888-463-4668 (NOTE CORRECTED PHONE NUMBER)

OREGON PHYSICAL THERAPY ASSOCIATION (OPTA) SPRING CONFERENCE "CONSTRAINT-INDUCED THERAPY" • March 12 – 14, 2004 • *The Hilton, Eugene, OR*. For more information contact the Oregon Physical Therapy Association at 501-262-9247 or see www.opta.org

Winter • Spring 2004

9TH ANNUAL NORTHWEST REGIONAL PARENTING CONFERENCE • March 17-19, 2004. Visit the website for information at <http://parenting.wsu.edu/conference/welcome.htm>.

WAGONWHEEL CONFERENCE • April 16-18, 2004 • *Portland, OR*. Sponsored by the Oregon Parent Training and Information Center

TIES CONFERENCE: THERAPY IN EDUCATIONAL SETTINGS • April 19 & 20, 2004 • *Valley River Inn, Eugene, OR*. Keynote Speaker: Stephen Haley, Ph.D., PT, Director, Center for Rehabilitation Effectiveness, Boston University, "Outcomes of the School Function Assessment". Presenter Proposal forms available in this newsletter. See www.rsoi.org for more information or call RSOI at 541-440-4791.