



Bridging the Gap

The newsletter of

Regional and Statewide Services for Students with Orthopedic Impairments

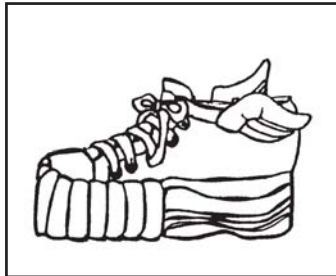
February • 2008

VIEW from the BRIDGE

— Diana Roberts

TIES Conference Features Strand for New Therapists

As the “Baby Boomer” generation retires from the field, a wave of new therapists is arriving in education-based practice. With these new therapists come youth, energy, and fresh perspectives on working with students and young children. There is also a need for training about the therapist’s role in educational settings. In response to this need, this year’s Therapy in Educational Settings (TIES) Conference, April 13 and 14, in Eugene, will feature breakout sessions for therapists who are just starting out in education-based practice. Sessions identified in the program as NEW! will address what therapists need to know about IDEA and special education law, issues in school practice such as the use of the Oregon Regional Eligibility Screening Tool (OREST), and tips on school practice from one of TIES 2007’s Exemplary Therapist honorees. This year’s keynote topic is also a timely one: “Pre-Referral Intervention Approaches: Strategies for Therapists” will focus on the role of the school therapist in Early Intervening Services and Response to Intervention (RTI) models, both educational initiatives which are at the interface of special and general education. As always, the conference will offer opportunities to visit with equipment vendors, network with other therapists, and take in breakout sessions on a variety of topics related to education-based practice. See the enclosed registration flyer for more information!




Exemplary Therapist Award

Each year at the TIES Conference, it is our privilege to present the Judy Rowe, Exemplary Therapist Award. This award is presented to education-based therapists from Oregon, who are nominated by their peers to be honored for their unusual dedication and expertise in the field of school therapy. Every time the award is presented, we are reminded of the outstanding work that is carried out in public education programs throughout Oregon. Therapists work with children, school staff and families to deliver high quality services with amazing care and grace. To nominate a colleague to receive the Exemplary Therapist Award, please submit a letter to Diana Roberts at the RSOI office (mail, fax or email) and include the following information:

- Your name, address and phone number,
- Nominee’s name, address and phone number,
- A written summary of the contributions the nominee has made in the field of education-based therapy for children with disabilities,
- Letters of support from others who have experience with the nominee’s contributions (ie, coworkers, parents, students, supervisors, etc.)

Nominations for this year’s award are due in to the RSOI Office no later than March 17, 2008.

INSIDE THIS ISSUE

- 
- TIES Program and Registration
 - Role of the Education-Based Feeding Team
 - After the Assessment Web Class

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Role of the Education-Based Feeding Team

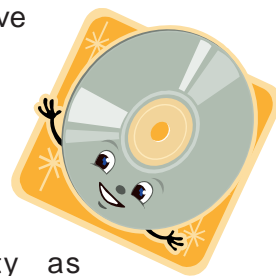
40 feeding teams representing 26 educational and 12 medical programs came together in December to hear Kay Toomey, Ph.D., and her team present a workshop on the “*Sequential-Oral-Sensory (SOS) Approach*” to feeding children with eating disorders. The workshop was offered in response to requests by feeding teams for in-depth training on specific feeding methods and strategies. The team explained the use of the SOS Approach, using a sequence for presentation of a continuum of food textures. Teams reported that the training was invaluable to their work with children who seem to be “stuck” in their eating and unable to progress beyond a particular developmental level.

Education-based feeding teams work to insure that students are safe when eating at school. The manual, “Feeding Students in Educational Programs,” published by RSOI in 2002, defines this “safe eating” as, “protection from a life threatening episode of choking or aspiration brought on by poor feeding or eating techniques, distractions, fluctuating health conditions, or lack of staff knowledge and training” (p. 5). Safe eating applies to all instances of eating in educational programs. In addressing student safety, feeding teams consider two kinds of feeding: “protected feeding” and “remedial feeding”. Protected feeding is, “an individually-designed feeding plan developed by a qualified specialist or a team of specialists for a child with feeding difficulties” (p.5). Remedial feeding, on the other hand, means a feeding program that is designed to help the child to acquire new eating skills. A remedial feeding program is implemented only when a child is considered safe in her ability to manage and swallow food, and is judged to have the potential for change. The type of feeding received by a child at school is determined by the educational feeding team in collaboration with the child’s medical providers and the IFSP or IEP team. Toomey’s “SOS Approach” is a remedial approach to feeding in that its goal is to facilitate development of the child’s oral-motor-sensory eating skills. A feeding team may implement a remedial approach to feeding when a child’s medical and educational teams agree that it is safe to do so.

The manual, “Feeding Students in Educational Programs: Guidelines and Information on Safe Mealtime Practices for Special Students”, is a guide to developing processes and procedures for education-based feeding teams. For a copy of the manual, contact the RSOI office. A chapter-by-chapter pdf of the manual may also be downloaded from the RSOI website at www.rsoi.org.

NEW OREST Training DVD Now Available

Under Oregon Administrative Rule 581-015-2540, eligibility for Regional Services for students with Severe Orthopedic Impairments (SOI) is based upon the severity of the student’s disability as determined based upon an eligibility tool approved by the Oregon Department of Education. This approved eligibility tool is the Oregon Regional Eligibility Screening Tool (OREST). The OREST is administered by Occupational and/or Physical Therapists to determine Regional SOI eligibility in Oregon. Using the OREST, therapists rate how the student functions in her/his educational environment. The screening tool was developed by the state OI Working Group, and revised in 2006. A new DVD is now available for training new therapists as well as other therapy staff, in the use of the OREST. Using the video, therapists rate a sample student, and cross-check and discuss their scores. The practice helps to familiarize both new and experienced therapists with the revised screening tool. The training is also helpful in developing inter-rater consistency within motor teams and across Regions. To schedule an OREST training for your motor team, or to borrow the DVD, please contact Diana Roberts. A print copy of the OREST may be requested by contacting the RSOI office. Download a copy from the website www.rsoi.org, on the Materials and Information page.



Thanks and kudos to Sandy Hom, PT, Linn-Benton-Lincoln ESD, for making the new training video available to RSOI for use with motor teams throughout the state!

Medicaid Rescinds RESNA Certification Requirement

Felecia Holgate, Oregon Occupational Therapy Licensing Board Executive Director, forwarded the statement below from AOTA regarding a proposed RESNA certification requirement for OT's and PT's performing evaluations for power mobility devices to be funded by Medicaid:

IMPORTANT NEWS: PSC RULING

In a bulletin published on December 7, 2007, the DME Program Safeguard Contractor (PSC) medical directors announced that the Centers for Medicaid and Medicare Services (CMS) will rescind the requirement in the LCD for power mobility device evaluations to be performed by a RESNA-certified ATP, which was to become effective April 1, 2008.

Instead, the three medical directors for the PSCs said the current evaluation requirement would remain in place: Patients must have "a specialty evaluation that was performed by a licensed/certified medical professional, such as a PT or OT, or physician who has specific training and experience in rehabilitation wheelchair evaluations and that documents the medical necessity for the wheelchair and its special features." The licensed/certified medical professional must have no financial ties with the supplier. The specialty evaluation applies to patients receiving a Group 2 single- or multiple-power option power wheelchair, any Group 3 or Group 4 PWC or a push-rim activated power assist device for a manual wheelchair.

And from the APTA website, downloaded on January 30, 2008:

RESNA Decision Overturned; Certification for Specialty Evaluations Not Required

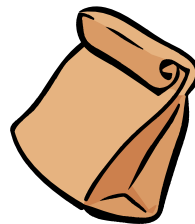
Physical therapists who provide specialty evaluations for patients who have been prescribed power mobility devices will not

have to receive special certification by the Rehabilitation Engineering & Assistive Technology Society of North America (RESNA). Based on requests from APTA and the American Occupational Therapy Association, durable medical equipment (DME) contractors have reversed an earlier local coverage determination (LCD) requiring Assistive Technology Practitioner (ATP) certification for evaluations made on or after April 1, 2008.

According to the Power Mobility Device LCD, specialty evaluations must be performed by a licensed/certified medical professional, such as a PT or OT. For claims submitted after April 1, 2008, wheelchairs must be provided by suppliers that employ a RESNA-certified ATP or Assistive Technology Supplier (ATS) with direct, in-person involvement in selecting the equipment.

Please note: The requirement remains that wheelchair suppliers must employ a RESNA-certified Assistive Technology Supplier or Assistive Technology Practitioner. This may create issues for families living in rural areas relating to access for ordering and maintenance. The documents referenced in this article may be accessed in their entirety by logging on to the AOTA and APTA websites.

Hearing and Speech Institute Offers 2008 Brown Bag Series



A series of noon-time presentations on topics in pediatrics is being offered on Wednesdays from 12:00-2:00 in the large conference room at the Hearing and Speech Institute, 1675 SW Marlow, Suite 200, Portland. The sessions are offered free of charge, and are open to community-based practitioners. Topics include sensory diets, sleep disturbances in children, and parent coaching. Call 503-228-6479 for information.

Coming Events - Spring, 2008

Pediatric Orthopaedics for Primary Care Providers • Feb 22 • Shriner's Hospitals for Children. For more information contact Medical Staff Office, 503-221-3424.



Brain Gym: Why Movement is the Door to Learning • March 12 & 13 • Hearing and Speech Institute, 1675 SW Marlow, Suite 200, Portland, OR. Registration fee-\$250. Contact Tammy Sasaki, 503-802-5257 for information.

OPTA Annual Conference • March 14-16 • Eugene, OR. For more information check their website: www.opta.org.

After the Assessment: Implementing Assistive Technology Programs • Spring Term • *On the Web* • Online class through Portland State University. Gayl Bowser, instructor. An enrollment form is included in this newsletter. For further information, contact the OTAP office at 541-440-4791 or email: gayl.bowser@aol.com.

AOTA's 88th Annual Conference and Expo • April 10-13, 2008 • Long Beach, California. Information at www.aota.org.

TIES Conference: Therapy in Educational Settings • April 14 & 15, 2008 • *Valley River Inn, Eugene*. Keynote presenter, Mary Muhlenhaupt, OTR/L, Pre-referral Intervention Approaches: Strategies for Therapists. \$125 for two days/\$100 for one day. Registration materials included with this newsletter or from www.rsoi.org.

Council for Exceptional Children Annual Convention • April 2-5, 2008 • Boston, MA. Information at www.cec.sped.org.

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