



Regional *and* Statewide Services for Students with Orthopedic Impairments

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I. Scope of School Services: Physical Therapy and Occupational Therapy

Physical therapists (PTs) and occupational therapists (OTs) work in both school environments and medical environments. For children in school programs under Part B of IDEA OTs and PTs are considered related service providers. 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.”

Occupational Therapy and Physical Therapy Services Under IDEA Part B (Ages 3-21)

For children from three years of age to twenty-one who require special education, OT and PT services must be related to goals in the special education program and described in the IEP or IFSP. As a rule, the activities of school OTs and PTs fall into four categories for children from three to twenty one.

- ♦ ***School therapists evaluate*** the functional skills of students with disabilities. When the child has functional limitations that significantly affect educational performance, the OT or PT may be called upon to assist in determining service needs. Functional skills may also be evaluated by other educational personnel as part of the child’s educational program.
- ♦ ***School therapists address access*** to education for students with disabilities. Both IDEA 2004 and Section 504 require that school programs provide the same level of access for students with disabilities that is provided to non-disabled students in all services provided by the school. Examples of OT and PT activities in this realm might include modification of positioning equipment, computer adaptations, modification of curricular tasks to account for physical limitations or consulting with district facilities staff about building or playground modifications.
- ♦ ***School therapists address safety*** of students and school staff. Therapists address the safety of students and care givers in several ways. Therapists monitor a student’s functional skills to make sure that he/she is not participating in activities which are dangerous. They consult regarding equipment used by the student such as walkers, wheelchairs, school chairs and feeding utensils to ensure its appropriateness. Therapists may also check students for the possible development of impairments such as contractures or muscle weakness associated with progressive health conditions that require medical attention. Therapists may act as liaison between the school program and the child’s family and medical provider.

In addition, therapists instruct school staff in proper lifting, safe feeding and physical management skills that address the safety of both the student and the school staff. Therapists provide consultation about the unique needs of identified students to risk management personnel who are responsible for developing evacuation plans and other safety procedures and provide consultation on building accessibility and the provisions of the Americans with Disabilities Act (ADA).

- ♦ ***School therapists help teach functional skills*** associated with success in school. The educational team may determine that some of the goals on the IEP/IFSP should address the learning of new functional skills to support school participation. Occupational and physical therapists may help plan, implement, and monitor instructional programs addressing the development or refinement of fine motor skills, gross motor skills, postural adaptations, or ability to participate in learning activities.

Limitations of School Occupational Therapy and Physical Therapy Services

School based OT and PT services for children from age 3 to 21 are defined by law as “related services” and thus must support the specially designed instruction listed on the IFSP or IEP. Motor delay confirmed by evaluation results does not automatically indicate a need for school therapy. There must also be an impact on the child’s performance or access. School therapy must deal primarily with the impact the disability has on student function in the educational environment.

Occupational Therapy and Physical Therapy Services under Section 504

Some students with disabilities may not be in need of specially designed instructional programs (special education) but may still need the services of an OT or PT in order to benefit from their regular educational program. For these students, the OT or PT may work with the school to evaluate the motor needs of the child, help assure access, and help assure safety as described above.

II. OT and PT Services in Early Intervention Programs under IDEA Part C (Ages Birth to 3)

Part C of IDEA, which defines the responsibilities of early intervention (EI) programs for children from birth to three, requires that OT and PT services be related to the child’s development. The focus is on developmental milestones rather than specially designed instruction in school. More intensive OT and PT service may be needed by children from birth to three than is needed for children age three and above. The rationale is that a higher level of service at a young age could reduce the level of disability as the child matures. Some general statements can be made which may help the IFSP team determine the type and level of OT and PT services provided to an individual child through the early intervention program.

- ♦ Early Intervention programs provide OT and PT services which are deemed necessary by the IFSP team and are listed on the IFSP. EI programs are required to provide appropriate OT and PT services, but are not required to provide the entire spectrum of therapy options. If additional therapy services are requested or seem appropriate beyond those identified by the IFSP team as meeting developmental needs, a recommendation could be made to the child’s doctor to determine the need for medically based services. When this happens, both the medical and EI therapists may work collaboratively with a child.
- ♦ EI occupational and physical therapists treat impairments such as quality of movement issues if they are affecting function or have the potential to affect function as the child grows. Many children may develop motor skills which allow them to function effectively but may still show some difference in motor functioning from typically developing children. When the child’s motor skills are functional and do not pose a future risk of deformity or loss of function, occupational and physical therapy services are usually not provided by the EI Program.
- ♦ In Oregon, children with disabilities from birth to three years of age, are entitled to receive services designed to meet the developmental needs of the child but are not entitled to a free and appropriate public education (FAPE). Early intervention programs, in a service coordination role, may seek outside services including medically based occupational therapy and physical therapy on behalf of the child with disabilities.

While the above guidelines may assist in determining the nature and amount of occupational and physical therapy services provided to children and youth through educational programs, it should be emphasized that both IDEA and section 504 require that the unique needs of each child be considered when identifying the OT and PT services to be provided. Occupational and physical therapists in educational programs must act as members of the educational team in determining need for OT and PT services. School districts are advised that distinguishing between an educational and a non-educational PT or OT service or treatment can be a challenge in some instances. School districts need to carefully consider the issues and obtain professional legal advice when necessary.