

2013

# Kent ISD School Physical Therapy Guidelines

This School Physical Therapy Guidelines document is the collaborative work of the Kent Intermediate School District (Kent ISD) physical therapists. This document is a revision of Kent ISD Guidelines for Itinerant Physical Therapy Services (school aged) written in March, 2001.

Kent ISD  
3/11/2013



## Table of Contents

INTRODUCTION .....	2
PHYSICAL THERAPIST EDUCATION, LICENSURE, & PROFESSIONAL REQUIREMENTS .....	3
SCHOOL BASED PT .....	4
<b>PT in the Schools</b> .....	4
<b>The Role of PT in the Educational Setting</b> .....	4
<b>Service Delivery</b> .....	5
LEVELS OF SERVICE .....	6
<b>Direct Service</b> .....	6
<b>Consultation</b> .....	6
<b>Monitoring</b> .....	6
DETERMINING PT SERVICE CRITERIA .....	7
APPENDIX A: KENT ISD EDUCATIONAL PERFORMANCE TEACHER QUESTIONNAIRE .....	8
APPENDIX B: KENT ISD EDUCATIONAL PERFORMANCE PARENT QUESTIONNAIRE.....	10
APPENDIX C: PT SERVICE GRID .....	12

# Introduction

---

This *School Physical Therapy Guidelines* document is the collaborative work of the Kent Intermediate School District (Kent ISD) physical therapists. It is a revision of *Kent ISD Guidelines for Itinerant Physical Therapy Services* (school aged) written in March, 2001. Over the years, the delivery of therapy services, as well as the roles and responsibilities of the school physical therapist have evolved, including evaluation, qualification for service, service delivery, and dismissal. The intent of this document is to assist physical therapists in determining the level and frequency of service provided to students following the mandated regulation of least restrictive environment. This guide is intended for use by itinerant service based Physical Therapists.

# **Physical Therapist Education, Licensure & Professional Requirements**

Physical therapists (PTs) are professionally educated at the college or university level and are required to be licensed in the state or states in which they practice. Course work in an accredited physical therapy (PT) program includes subjects such as: methods and research, anatomy, neurology, kinesiology, human growth and development, exercise physiology, pathology, sports medicine, therapeutic techniques, respiratory and cardiac function, social sciences and psychology. Included in the curriculum are numerous clinical affiliations completed in a broad spectrum of health care and educational settings. Following graduation, physical therapists must pass a national examination approved by the American Physical Therapy Association (APTA). In Michigan, license renewal is required every two years.

As defined by the Michigan Public Health Code [333.17801(d)], “(The) ‘Practice of Physical Therapy’ means the evaluation of, education of, consultation with or treatment of an individual by the employment of effective properties of physical measures and the use of therapeutic exercises and rehabilitative procedures, with or without assistive devices, for the purpose of preventing, correcting or alleviating a physical or mental disability. Physical therapy includes treatment planning, performance of tests and measurements, interpretation of referrals, initiation of referrals, instruction, consultative services, and supervision of personnel. Physical measures include massage, mobilization, heat, cold, air, light, water, electricity and sound. Practice of physical therapy does not include the identification of underlying medical problems or etiologies, establishment of medical diagnoses, or the prescribing of treatment.” A prescription from a physician or physician assistant is required for direct physical therapy treatment, and is effective for 90 days unless otherwise noted [Michigan Public Health Code R 338.7102]. The Kent ISD school PT prescription form is written to be effective for one year. The Michigan Physical Therapy Association recommends PT prescriptions be obtained for every child being serviced by PTs.

# **School-Based Physical Therapy**

---

## **Physical Therapy in the Schools**

Physical therapists are primarily concerned with motor development, movement related functions, and activity limitations or participation restrictions of the student. The total child is always considered in the development of the plan of care; the Individualized Education Program (IEP) or the Individualized Family Service Plan (IFSP). Therapeutic sessions are sensitive to the developmental level of the student. These sessions may include use of toys and age appropriate games to enhance the student's motivation and comfort in the surroundings while working to achieve established IEP/IFSP goals.

Access to physical therapy follows the same procedures as other special education services. Concerns by the parent and/or teacher should be directed to the building principal or the appropriate building team such as Child Study, Student Support (SST) or Multi-Tiered Systems of Support (MTSS) Team. If warranted, evaluation by the physical therapist will be requested. A physical therapy screen is defined as a brief observation, with no formal evaluation tools used, designed to direct instruction. Intervention strategies and/or activities for the student may be recommended and should be tried for an appropriate period of time, after which the physical therapist will determine if a more formal evaluation is indicated. If an evaluation is required, the local district will follow their referral process in accordance with the Individuals with Disabilities in Education Act and the State of Michigan Administrative Rules for Special Education.

## **The Role of Physical Therapists in the Educational Setting**

As members of the educational team, physical therapists are primarily concerned with the student's ability to access and participate in their educational setting. Ideally, this occurs in the general education setting with the students' peers. The physical therapist assesses, and if indicated, provides intervention and programming in the following areas:

- Mobility
  - Includes activities such as walking, using wheelchairs or assistive devices (i.e. walkers, crutches) and activity tolerance, in order to participate in school activities.

- Transfers
  - Includes instruction in transfers, use of lifts, and transportation accessibility.
- Physical Environment
  - Includes accessibility/management of the school environment, such as restrooms, lockers, playground, lunchroom and backpacks. Physical therapists may provide input to the district team that develops bus and building emergency procedures.
- Adaptive Equipment
  - Includes recommendations for equipment and seating modifications in the school environment. Input may also be given on orthotics (braces) and prosthetics (artificial limbs).
- Gross Motor Skills and Development
  - Includes large motor skills such as standing balance, jumping, coordination, strength, and ball skills.

The physical therapist's role may also include:

- Education of family, peers and academic and support staff through in-service training
- Participation on the IEP team, including consideration of least restrictive placement decisions
- Referral to or liaison to appropriate medical or therapeutic personnel when necessary
- Case management for students with only PT service

### **Service Delivery**

Given the complexities of service delivery, administrators need to work together with therapists to insure the individual student's needs are met and determine that appropriate services are being delivered. There are two ways in which school-based physical therapy may be accessed:

1. Consent for Initial Special Education Evaluation with parental permission\*
2. Review of Existing Evaluation Data & Evaluation Plan (REED) with parental permission\*

\*A minor cannot provide legal consent; parental/guardian consent is required for initiation of an episode of care (PT services), including the initial evaluation.

# **Levels of Service**

---

Once a student qualifies for special education service, following district policies and State of Michigan Administrative Rules for Special Education, an IEP will be held. If physical therapy services are determined to be appropriate, they will be provided at one of the following levels of service:

## **Direct Service**

The physical therapist works with the student on established IEP goals and objectives, individually or in small groups. The physical therapist provides direct service to the student at a frequency and location determined by the IEP team. Physical therapy service includes ongoing discussion with the teacher regarding student progress, function and participation within the school environment. The physical therapist is responsible for documenting progress on the student's physical therapy related goals.

## **Consultation**

The physical therapist supports the teacher/staff in addressing the student's established IEP goals and objectives. The physical therapist meets with the staff member(s) and also may observe or work with the student. The PT documents consultation time and dates as well as reports progress on the student's physical therapy related goals. In a consultative model, the physical therapist works to create solutions to identified barriers and seeks to educate staff regarding student's ability to access and participate within the school environment.

## **Monitoring**

The physical therapist works with the teacher and/or student on accommodations versus goals and objectives. This may include developing motor strategies and/or recommending equipment to improve accessibility or functional mobility. Monitoring is considered a student accommodation on the IEP and should include frequency and purpose of service. If physical therapy services are needed frequently, consultation or direct service should be considered.

# Determining PT Service/Criteria

The PT Grid is used as a guideline in determining the frequency of PT services provided to students across districts serviced by the Kent ISD. The final decision as to frequency of PT services for each student is ultimately an IEP team decision and takes into account each individual student's needs.

**Instructions:** The Physical therapist will complete the PT Grid (Appendix C) using their professional judgment, based on information gathered from the following:

- PT evaluation
- PT interpretation of data and underlying cause of motor dysfunction (not due to lack of experience, environmental or emotional factors)
- Potential for change in the students' gross motor and functional mobility
- Previous non-therapy/classroom interventions
- Completed Physical Therapy Educational Performance Teacher Questionnaire (Appendix A)
- Completed Physical Therapy Educational Performance Parent Questionnaire (Appendix B)



## Appendix A

# PHYSICAL THERAPY EDUCATIONAL PERFORMANCE TEACHER QUESTIONNAIRE

Student: \_\_\_\_\_  
School: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Date: \_\_\_\_\_  
Teacher / Grade: \_\_\_\_\_

### 1. MOBILITY:

Compared with classroom peers, does the student's ability to move in their school environment **significantly interfere\*** with participation?  
\_\_\_ No \_\_\_ Yes. If yes, check items in section 1 that are difficult for the student; if no, go to section 2.

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Manage level surfaces (sidewalk, hallways, blacktop) | <input type="checkbox"/> Move in congested areas without bumping into people or objects | <input type="checkbox"/> Move on slippery surfaces (wet, polished floors, icy pathways, etc.) |
| <input type="checkbox"/> Manage stairs with/without railing                   | <input type="checkbox"/> Keep pace with peers in hallways                               | <input type="checkbox"/> Move to/from and on the playground                                   |
| <input type="checkbox"/> Maneuver in and around classroom                     | <input type="checkbox"/> Manage uneven surfaces (grass, ramps, etc.)                    |   |

Please explain how mobility concerns **significantly interfere\*** with the student's participation, and comment on successful / unsuccessful interventions (adaptations, accommodations, modifications) that you have tried:

### 2. TRANSFERS:

Compared with classroom peers, does the student's ability to transfer (move between surfaces) **significantly interfere\*** with participation?  
\_\_\_ No \_\_\_ Yes. If yes, check items in section 2 that are difficult for the student; if no, go to section 3.

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Move in/out of desks and chairs | <input type="checkbox"/> Move from floor to chair or wheelchair      | <input type="checkbox"/> Move on/off bus using steps, with or without railing |
| <input type="checkbox"/> Move on/off toilet              | <input type="checkbox"/> Move from stand to floor and floor to stand | <input type="checkbox"/> Move on/off bus with lift                            |
| <input type="checkbox"/> Move on/off lunchroom seat      |  |   |

Please explain how concerns with transfers **significantly interfere\*** with the student's participation, and comment on successful / unsuccessful interventions (adaptations, accommodations, modifications) that you have tried.

### 3. PHYSICAL ENVIRONMENT:

Compared with classroom peers, does the student's ability to manage tasks in school environment **significantly interfere\*** with participation?  
\_\_\_ No \_\_\_ Yes. If yes, check items in section 3 that are difficult for the student; if no, go to section 4.

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Move in/out of building         | <input type="checkbox"/> Carry materials within classroom   | <input type="checkbox"/> Lock/unlock or open/close locker |
| <input type="checkbox"/> Open/close inside/outside doors | <input type="checkbox"/> Carry materials between classrooms | <input type="checkbox"/> Manage backpack/books            |
| <input type="checkbox"/> Drink from drinking fountain    | <input type="checkbox"/> Carry tray/cold lunch              | <input type="checkbox"/> Hang coat/equipment              |
| <input type="checkbox"/> Other (fill in):                |   |   |

Please explain how difficulty with managing the physical environment **significantly interferes\*** with the student's participation, and comment on successful / unsuccessful interventions (adaptations, accommodations, modifications) that you have already tried:

**\*Significantly Interferes: Requires greater length of time and/or physical assistance to perform when compared to peers, and student's needs are not currently being met by accommodations/modifications.**

**3. EQUIPMENT:**

Does the student use equipment?  No  Yes. If yes, check what equipment is used:

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Cane(s)                            | <input type="checkbox"/> Stroller         | <input type="checkbox"/> Stander             |
| <input type="checkbox"/> Walker                             | <input type="checkbox"/> Splints/Braces   | <input type="checkbox"/> Foot stool          |
| <input type="checkbox"/> Crutches                           | <input type="checkbox"/> Seating supports |  |
| <input type="checkbox"/> Wheelchair (manual/electric)       | <input type="checkbox"/> Car seat         | <input type="checkbox"/> Adapted bus/car/van |
| <input type="checkbox"/> Other supplemental aids (explain): |   |  |

---

---

---

---

Are there concerns with the student's use of equipment in the classroom or school environment? No  Yes

If yes, please explain:

**4. GROSS MOTOR SKILLS**

Compared with classroom peers, do the student's gross motor skills **significantly interfere\*** with participation?

No  Yes. If yes, check items in section 5 that are difficult for the student.

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Stand on one foot           | <input type="checkbox"/> Sit in desk chair w/ upright posture during the school day | <input type="checkbox"/> Play on playground equipment (slides, swings, climbing structures) |
| <input type="checkbox"/> Jump with two feet together | <input type="checkbox"/> Skip   | <input type="checkbox"/> Kick playground ball   |
| <input type="checkbox"/> Run                         | <input type="checkbox"/> Throw overhand   | <input type="checkbox"/> Catch bounced playground ball                                      |
| <input type="checkbox"/> Hop on one foot             | <input type="checkbox"/> Other (fill in):   |   |
| <input type="checkbox"/> Gallop                      |   |   |

Please explain how difficulty with managing gross motor skills **significantly interferes\*** with the student's participation, and comment on successful / unsuccessful interventions (adaptations, accommodations, modifications) that you have already tried:

**Additional comments:**

Teacher Signature \_\_\_\_\_ (IEP Teacher input) Date \_\_\_\_\_

Please return form to:

**\*Significantly Interferes: Requires greater length of time and/or physical assistance to perform when compared to peers, and student's needs are not currently being met by accommodations/modifications.**

Appendix B

# PHYSICAL THERAPY EDUCATIONAL PERFORMANCE PARENT QUESTIONNAIRE

Child: \_\_\_\_\_  
School: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Date: \_\_\_\_\_  
Parent: \_\_\_\_\_

**1. MOBILITY:**

Compared with other children your child's age, does your child's ability to move in their environment **significantly interfere\*** with participation?  
\_\_\_ No \_\_\_ Yes. If yes, check items in section 1 that are difficult for the student; if no, go to section 2.

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Manage level surfaces (sidewalk, blacktop) | <input type="checkbox"/> Move in congested areas without bumping into people or objects | <input type="checkbox"/> Move on slippery surfaces (wet, polished floors, icy pathways, etc.) |
| <input type="checkbox"/> Manage stairs with/without railing         | <input type="checkbox"/> Keep pace with peers during play                               |   |
| <input type="checkbox"/> Maneuver in & around your home             | <input type="checkbox"/> Manage uneven surfaces (grass, yard, etc.)                     |   |

Please explain how mobility concerns **significantly interfere\*** with the student's participation:

**2. TRANSFERS:**

Compared with other children your child's age, does your child's ability to transfer (move between surfaces) **significantly interfere\*** with participation? \_\_\_ No \_\_\_ Yes. If yes, check items in section 2 that are difficult for student; if no, go to section 3.

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Move in/out of chairs/bed/couch | <input type="checkbox"/> Move from floor to chair or wheelchair      | <input type="checkbox"/> Move in/out bus/car, with or w/o hand hold/rail |
| <input type="checkbox"/> Move on/off toilet              | <input type="checkbox"/> Move from stand to floor and floor to stand | <input type="checkbox"/> Move on/off bus with lift                       |

Please explain how concerns with transfers **significantly interfere\*** with your child's participation:

**3. PHYSICAL ENVIRONMENT:**

Do you have concerns about your child's ability to manage tasks in school environment which **significantly interferes\*** with participation?  
\_\_\_ No \_\_\_ Yes. If yes, check items in section 3 that are difficult for the student; if no, go to section 4.

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Open/close inside/outside doors | <input type="checkbox"/> Carry materials (papers, books, etc.) | <input type="checkbox"/> Manage playground/playground equipment |
| <input type="checkbox"/> Drink from drinking fountain    | <input type="checkbox"/> Carry tray/cold lunch                 | <input type="checkbox"/> Manage backpack/books                  |
| <input type="checkbox"/> Other (fill in):                |  | <input type="checkbox"/> Hang coat                              |
| <input type="checkbox"/> Other (fill in):                |  |   |

Please explain how difficulty with managing the physical environment **significantly interferes\*** with your child's participation at school:

**\*Significantly Interferes: Requires greater length of time and/or physical assistance to perform when compared to peers, and student's needs are not currently being met by accommodations/modifications.**

**4. EQUIPMENT:**

Does your child use equipment? No \_\_\_\_\_ Yes \_\_\_\_\_ If yes, check what is used:

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Cane(s)                      | <input type="checkbox"/> Stroller         | <input type="checkbox"/> Stander             |
| <input type="checkbox"/> Walker                       | <input type="checkbox"/> Splints/Braces   | <input type="checkbox"/> Foot stool          |
| <input type="checkbox"/> Crutches                     | <input type="checkbox"/> Seating supports | <input type="checkbox"/> Adapted bus/car/van |
| <input type="checkbox"/> Wheelchair (manual/electric) | <input type="checkbox"/> Car seat         | <input type="checkbox"/> Other (explain)     |

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Are there concerns with your child's use of equipment in the classroom or school environment? No \_\_\_\_\_ Yes \_\_\_\_\_  
If yes, please explain:

**5. GROSS MOTOR SKILLS**

Compared with other children your child's age, do your child's gross motor skills **significantly interfere**\* with participation? \_\_\_\_\_No\_\_\_\_\_Yes. If yes, check items in section 3 that are difficult for the student.

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Stand on one foot           | <input type="checkbox"/> Sit in chair w/ upright posture | <input type="checkbox"/> Kick playground ball          |
| <input type="checkbox"/> Jump with two feet together | <input type="checkbox"/> Skip                            | <input type="checkbox"/> Catch bounced playground ball |
| <input type="checkbox"/> Run                         | <input type="checkbox"/> Throw overhand                  | <input type="checkbox"/> Gallop                        |
| <input type="checkbox"/> Hop on one foot             | <input type="checkbox"/> Other (fill in):                |  |

Please explain how difficulty performing gross motor skills **significantly interferes**\* with the student's participation:

**\*Significantly Interferes: Requires greater length of time and/or physical assistance to perform when compared to peers, and student's needs are not currently being met by accommodations/modifications.**

How many years has your child received school-based physical therapy services? \_\_\_\_\_

**Additional comments:**

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Please return form to:

Thank-You

Appendix C

**PT GRID**

						<b>Subtotal</b>
Does the problem significantly impact the student's ability to participate in the educational program & <b>require the expertise of a physical therapist?</b> (Circle all that apply)	<b>Mobility</b>  (1)	<b>Transfers</b>  (1)	<b>Physical Environment</b>  (1)	<b>Equipment</b>  (1)	<b>Gross Motor</b>  (1)	If "0" Do not continue with GRID
<u>Age</u> (Circle one)	18+  (0)	12-18  (1)	7-12  (2)	7 or below  (3)		
Placement (Circle One)	(0)	Self-Contained  (1)	Resource Room  (2)	General Education  (3)		
Previous School PT	5+ years  (0)	4-5 years  (1)	2-3 years  (2)	0-1 years  (3)		

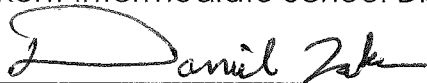
**Total Score:**

PT Frequency Guidelines:	Total Score	Frequency Recommendations
	10-14	3-4x/month
	8-10	2-3x/month
	6-8	1-2x/month direct or consult
	0-6	No Service/Monitor

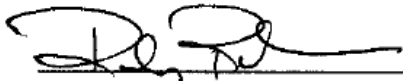
**PT Guidelines**  
**Local School District Signatures**



Kevin A. Konarska  
Kent Intermediate School District



Daniel Takens  
Byron Center Public Schools



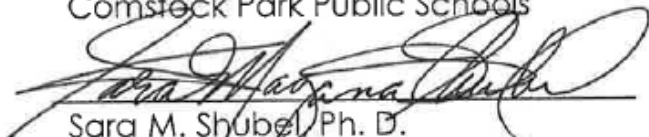
Randy Rodriguez  
Caledonia Community Schools



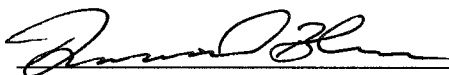
Ronald McDermed  
Cedar Springs Public Schools



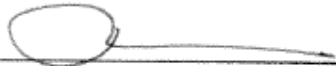
Ethan Ebenstein  
Comstock Park Public Schools



Sara M. Shubel, Ph. D.  
East Grand Rapids Public Schools



Daniel Behm  
Forest Hills Public Schools



David Britten  
Godfrey Lee Public Schools



Bill Fetterhoff  
Godwin Heights Public Schools



Teresa Neal  
Grand Rapids Public Schools



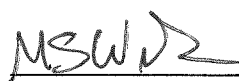
Ronald E. Caniff  
Grandville Public Schools



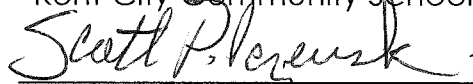
Greg Worsen  
Kelloggville Public Schools



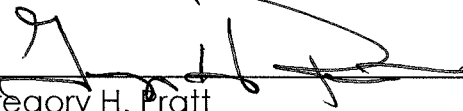
Gerald Hopkins  
Kenowa Hills Public Schools



Mike Weiler  
Kent City Community Schools



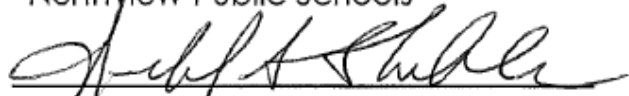
Scott Palczewski, Ed. D.  
Kentwood Public Schools



Gregory H. Pratt  
Lowell Area Schools



Michael Paskewicz, Ed.D.  
Northview Public Schools



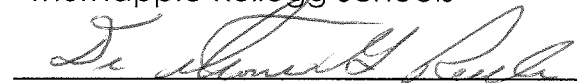
Michael S. Shibler, Ph.D.  
Rockford Public Schools



Kent Swinson  
Sparta Area Schools

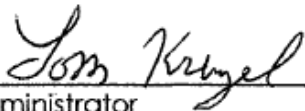


Tom Enslin  
Thornapple Kellogg Schools




Thomas Reeder  
Wyoming Public Schools

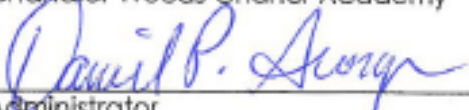
PT Guidelines  
Public School Academy Signatures



Administrator  
Byron Center Charter School



Administrator  
Chandler Woods Charter Academy



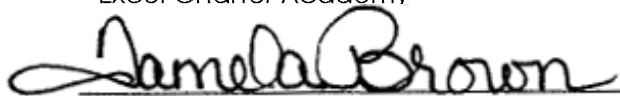
Administrator  
Creative Technologies Academy



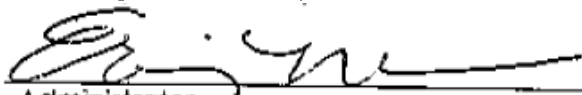
Administrator  
Cross Creek Charter Academy



Administrator  
Excel Charter Academy



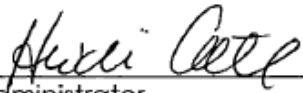
Administrator  
GR Ellington Academy of Art & Tech.



Administrator  
Grand Rapids Child Discovery Center



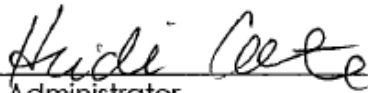
Administrator  
Grand River Preparatory High School



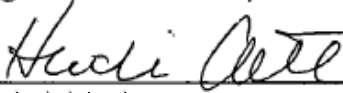
Administrator  
Hope Academy of West Michigan



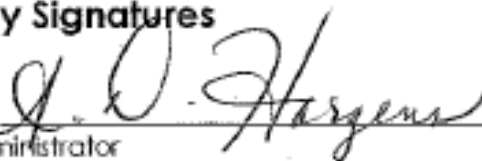
Administrator  
Knapp Charter Academy



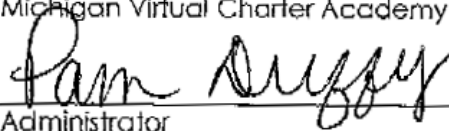
Administrator  
Lighthouse Academy - North Campus



Administrator  
Lighthouse Academy - Strict Discipline




Administrator  
Michigan Virtual Charter Academy



Administrator  
New Branches School



Administrator  
Nexus Academy



Administrator  
Ridge Park Charter Academy



Administrator  
River City Scholars Charter Academy



Administrator  
Vanguard Charter Academy



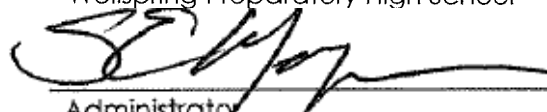
Administrator  
Vista Charter Academy



Administrator  
Walker Charter Academy

 3-19-13

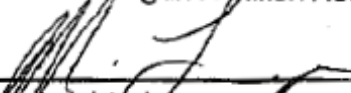
Administrator  
Wellspring Preparatory High School



Administrator  
West MI Academy of Environ. Sciences



Administrator  
West Michigan Aviation Academy



Administrator  
William C. Abney Academy