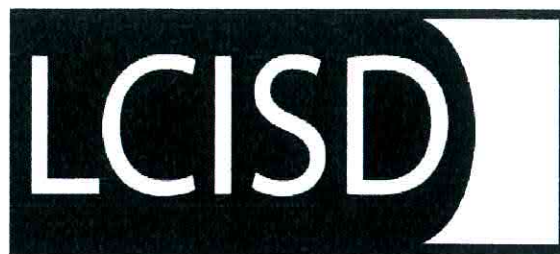


OCCUPATIONAL
AND
PHYSICAL THERAPY
SERVICES & GUIDELINES



Lapeer County Intermediate School District

Table of Contents

Occupational Therapy & Physical Therapy in the Educational Setting.....	2
Occupational Therapy	3
I. Definition.....	3
II. Criteria for eligibility	3
III. Standards of Qualification.....	4
IV. Procedures for Evaluation.....	5
Physical Therapy	6
I. Definition.....	6
II. Criteria for eligibility	6
III. Standards for Qualification.....	7
IV. Procedures for Evaluation.....	8
Specific Roles of Occupational & Physical Therapists.....	9
Referral Process.....	10
Assessment	11
Service Delivery Models	12
Appendix A-Legislation	
Appendix B-Evaluations/Assessments	
Appendix C-Referral Process Flow Chart	
Attachment A-Functional Screening Tool for Occupational Therapy	
Attachment B-Functional Screening Tool for Physical Therapy	

Occupational Therapy and Physical Therapy in the Educational Setting

Introduction

Federal and state legislation ensure for all children with disabilities a free and appropriate public education (FAPE), which includes special education and related services designed to meet their unique needs. As a result, the related services of occupational therapy and physical therapy were integrated into the educational environment in Michigan public schools as early as 1972.

In the delivery of occupational therapy and physical therapy services, systems and therapists must be cognizant that these school-based services are not intended to replace the primary therapy students receive in medical and rehabilitation settings. Therapy is provided by the school system only when the student needs the service to benefit from their educational program. The direct supportive relationship of the child's therapy needs and education must be clearly evident within the context of the student evaluation, educational performance and the individual education plan (IEP).

OCCUPATIONAL THERAPY

I. DEFINITION

Occupational therapy services include the following:

- A. Evaluating students with disabilities by performing and interpreting tests and measurements and/or clinical observations of neurophysiological, musculoskeletal, sensorimotor functions and daily living skills.
- B. Planning and implementing treatment strategies for students based on evaluation results.
- C. Improving, developing, restoring or maintaining functions impaired or lost through illness, injury, or deprivation.
- D. Improving or maintaining ability to perform tasks for independent functioning when functions are impaired or lost.
- E. Administering and supervising therapeutic management of students with disabilities, recommending equipment and providing training to parents and educational personnel.

In Michigan, each school system shall identify, locate, and evaluate students with suspected disabilities, birth through 25 years of age. The provision of services shall be determined at the IEP Team meeting, using the input of the occupational therapist and the results and recommendations of the therapy assessment. The continuation of services shall be determined at the annual IEP review using input of the therapist.

II. CRITERIA FOR ELIGIBILITY

- A. The student is classified and eligible for special educational services under at least one of the disability areas outlined in the Michigan Administrative Rules for Special Education. There must be documented evidence that occupational therapy is required to assist the student to access and benefit from the general education curriculum or special education curriculum.
- B. The student demonstrates a motor impairment in one of the following categories: Developmental, Motor Function, or Sensorimotor.

Note: Both A & B must be met.

III. ADDITIONAL STANDARDS FOR QUALIFICATIONS

Students who demonstrate a fine motor, visual motor, oral motor, or self help delay as follows:

A. **Students with disabilities Birth –Kindergarten**

Students who demonstrate a fine motor, visual motor, oral motor or self help delay at least 1 standard deviation below functional abilities as measured by an appropriate assessment instrument or through collaboration of Early Intervention Team members, or the child is determined to be at risk for developmental delay.

B. **Students with disabilities 1st grade through graduation or age 25**

Students who demonstrate a fine motor, visual motor, oral motor or self help delay greater than 2 standard deviations below functional abilities as measured by an appropriate assessment instrument and their disability interferes with their progress in the general curriculum or special education curriculum.

C. **Motor Function**

According to clinical and/or behavioral observations (which may include, but are not limited to available current medical information, medical history and/or progress reports from previous therapeutic intervention), the student exhibits neurophysiological limitations or orthopedic limitations that affect his or her physical functioning in the educational setting. These limitations might include abnormalities in the area(s) of fine motor, visual motor, oral motor, or self help skills.

In addition to OT assessment, current student information must indicate one of the following abilities.

1. An ability to improve motor functioning with occupational therapy intervention.
2. An ability to maintain motor functioning with therapeutic intervention (if the student maintains motor functioning without therapeutic intervention, OT would not be required in the educational setting).
3. An ability to slow the rate of regression of motor function with therapeutic intervention (if the student has a progressive disorder).

D. **Sensorimotor**

According to clinical behavior observation and/or an appropriate assessment instrument, the student exhibits an inability to integrate sensory stimulus effectively, adversely affecting his or her capacity to perform functional activities within the educational setting. These activities might include abnormalities in the area of fine motor, visual motor, oral motor, self-help or sensory processing (sensory awareness, motor planning and organization of adaptive responses).

Functional abilities are defined as the student's overall educational performance in the areas of cognition, communication, social, self-help, and gross/fine motor.

IV. PROCEDURES FOR EVALUATION

- A. The assessment shall be conducted by a registered occupational therapist and shall include at a minimum the following:
 - 1. Review of available medical and educational performance information, environment concerns, anecdotal records and observation of motor skills, which document the specific concerns causing the referral.
 - 2. Assessment of motor abilities.
- B. The occupational therapist's assessment should be designed to answer the questions listed below.
 - 1. Does this problem adversely impact the student's ability to make progress in the general curriculum?
 - 2. Is there a likely potential for change in the student's educational functioning if he/she receives therapeutic intervention?

For students ages birth-5 the assessment should be conducted in the natural environment.
For student's ages 6-25, the assessment should be conducted in the educational environment.

PHYSICAL THERAPY

I. DEFINITION

Physical therapy services include the following:

- A. Evaluating students with disabilities by performing and interpreting tests and measurements and/or clinical observations of neurophysiological, musculoskeletal, cardiovascular, respiratory, and sensorimotor functions.
- B. Planning and implementing treatment strategies for students based on evaluation findings.
- C. Improving, maintaining and/or slowing the rate of regression of the motor functions of a student to enable him/her to function in his educational environment.
- D. Administering and supervising therapeutic management of students with disabilities, recommending equipment and providing training to parents and educational personnel.

In Michigan, each school system shall identify, locate, and evaluate students with suspected disabilities, birth through 25 years of age. The provision of services shall be determined at the IEP Team meeting, using the input of the physical therapist and the results and recommendations of the therapy assessment. The continuation of services shall be determined at the annual IEP review using input of the therapist.

II. CRITERIA FOR ELIGIBILITY

- A. The student is classified and eligible for special educational services under at least one of the disability areas outlined in the Michigan Administrative Rules for Special Education. There must be documented evidence that physical therapy is required to assist the student to benefit from the general education or special education curriculum.
- B. The student demonstrates gross motor impairment in either the Developmental or Motor Function category.
- C. For PT services, a current physician prescription is required. Prescriptions must be renewed annually. This is a legal requirement for delivery of PT services.

Note: A, B, & C must be met.

III. ADDITIONAL STANDARDS FOR QUALIFICATION

Students (excluding those with neurophysiological impairments) who demonstrate a gross motor delay.

A. Students with disabilities birth – Pre-Kindergarten

Students who demonstrate a gross motor delay of at least 1 standard deviation below functional abilities as measured by an appropriate assessment instrument or through collaboration of Early Intervention Team members or the child is determined to be at risk for developmental delays.

B. Students with disabilities 1st grade through graduation or age 25

Students who demonstrate a gross motor delay of 2 or more standard deviations below their level of functional abilities as measured by an appropriate assessment instrument and the disability interferes with their progress in the general or special education curriculum.

***Functional abilities* are defined as the student's overall educational performance in the areas of cognition, communication, social, self help, and gross motor.**

C. Motor Function

According to clinical and/or behavioral observations—which may include but are not limited to available current medical information, medical history and/or progress reports from previous therapeutic intervention—the student exhibits neurophysiological, orthopedic, cardiovascular, respiratory, or sensorimotor limitation that affect his or her gross motor functioning in the educational setting.

In addition to PT assessment, current student information must indicate one of the following.

1. An ability to improve motor functioning with physical therapy intervention.
2. An ability to maintain motor functioning with therapeutic intervention (if the student maintains motor functioning without therapeutic intervention, PT would not be required in the educational setting).
3. An ability to slow the rate of regression of motor function with therapeutic intervention (if the student has a progressive disorder).

IV. PROCEDURES FOR EVALUATION

- A. The assessment shall be conducted by a licensed physical therapist and shall include at a minimum the following:
 - 1. Review of available medical and educational performance information, environmental concerns, anecdotal records and observation of motor skills that document the specific concerns causing the referral.
 - 2. Assessment of gross motor abilities.
- B. The physical therapy assessment shall be designed to answer the following questions:
 - 1. Does this problem adversely impact with the student's ability to make progress in the general curriculum?
 - 2. Is there a potential for change in the student's educational functioning if he/she receives therapeutic intervention.

For students ages birth-5 the assessment should be conducted in the natural environment.

For student's ages 6-25, the assessment should be conducted in the educational environment.

SPECIFIC ROLES OF OCCUPATIONAL & PHYSICAL THERAPISTS

Occupational and physical therapists evaluate, consult, monitor and/or treat students in the following areas:

Area	Definition	PT	OT
Self-care skills	Functional living skills within the school environment		X
Sensory-motor skills	Sensory integration, perceptual motor, reflex development/integration and readiness abilities as foundations for sensory motor skills.	X	X
Components of movement	Development of head and trunk control for fine motor and bilateral skills, motor planning, and coordination of body parts for purposeful and skilled movement	X	X
Adaptations of equipment	Design, construction and modification of equipment for functional use (i.e., writing, dressing, feeding), and training in use of upper extremity prostheses; recommendations for positioning, wheelchairs, hand splints, upper extremity braces, transportation and seating devices		X
Adaptations in educational setting	Modification and design of equipment or activities which adapt instructional demands in art, music, shop, physical education and other developmentally appropriate content areas, as well as in the physical environment (i.e., restrooms, lockers).	X	X
Pre-vocational/vocational skills	Manual dexterity, strength, endurance, physical capabilities, adaptive methods, and equipment	X	X
Mobility/Gait	Weight bearing and balance activities; graining in use of braces, orthotics and lower extremity prosthetics and assistive devices (e.g., crutches, walkers, canes, etc.); negotiation of all surfaces including stairs and ramps.	X	
	Training in wheelchair use for independent mobility when appropriate.		
Transfer skills	Safe movement to and from chairs (including wheelchairs), floors, toilets, cars, buses and beds using transfer and lifting techniques which prevent injury to students and staff	X	X
Muscular/skeletal development	Exercises and activities designed to increase muscular strength and endurance, reduce abnormal muscle tone, maximize desire joint motion and prevent deformity from interfering with normal movement patterns.	X	X
Components of movement	Development of head and trunk control for general stability and coordination, gross motor skills, balance and equilibrium reactions, reflex development and integration of basic senses.	X	X
Posture	Assessment of deformities of the musculo-skeletal system (e.g., scoliosis, leg length discrepancy, etc.) and postural asymmetry. Provision of exercise programs to improve posture.	X	X
Adaptive equipment needs	Provide input for appropriate equipment or modification of equipment such as positioning devices, wheelchairs, adaptive seating, mobility aids, braces, orthotics and other specialized needs.	X	X
Environmental adaptations	Recommendation and design of equipment, which adapts the instructional environment to minimize obstacles, which may prevent student participation (e.g., entrances, restrooms, classrooms, and transportation).	X	X
Community mobility	Assist classroom teacher in developing goals and programs for student mobility in the community	X	

Note: The practice of physical therapy does not include identifying underlying medical problems or etiologies, establishing medical diagnoses or prescribing medical treatment.

REFERRAL PROCESS

Prior to making a formal referral for an OT/PT evaluation.....

1. Talk with the therapist regarding specific concerns with the student.
2. The person coordinating referring the student needs to complete the OT &/or PT screening tool. Once completed, send the screening tool to the therapist.
3. After determination of necessity, an Evaluation Review form is to be completed by the person making the referral.
4. Follow district current evaluation process found in the Lapeer County Special Education Resource Manual.

Note: See Appendix C

ASSESSMENT

A comprehensive assessment will be conducted using a combination of standardized assessments, observational checklists and functional observations in the student's natural or educational environment. Appendix B is a list of recommended assessment tools provided for reference purposes. Therapists may select additional assessment tools, as appropriate. Additional considerations, relative to the provision of occupational/physical therapy services, are reviewed on an individual basis and based on the needs established through the IEPT process. This includes support for the goals and objectives established by the IEPT. Additional considerations include the following:

- a. age
- b. expected response
- c. possibility of needs being more appropriately met by other personnel in educational or community environment
- d. therapy in relation to other time needs of student
- e. student behavior
- f. absenteeism
- g. home involvement
- h. prior service
- i. surgery and/or equipment needs
- j. performs within cognitive abilities
- k. medications

SERVICE DELIVERY MODELS

1. Direct:

- 1) The therapist works directly with the student to promote motor function directed at enabling the student to participate in and make progress in the general education curriculum.
- 2) The therapist works directly with the student to improve the student's independent function in self care skills, which relate to the student's educational program.
- 3) The therapist adapts work and training facilities to increase a student's ability to perform in prevocational for vocational programs.

2. Consultation:

Consultation involves providing advice, assistance or expert opinion to assist other personnel with a student's goals. The requesting professional has the responsibility to follow through with the recommendations of the occupational and/or physical therapist. The therapist provides no direct service to the student; however, the therapist may train teachers, paraprofessionals and parents in activities and use of adaptive equipment. The therapist recommends constructing or obtaining adapted equipment and methods to enable the student to function more independently within the school environment. The student's status and these services should be frequently updated and reinforced. Some examples include:

- 1) Instructing and providing information to teachers, parents, paraprofessionals and other professionals in appropriate activities, handling, positioning and use of adaptive equipment regarding a specific student.
- 2) Consulting with all professionals involved with a child to ensure coordination of procedures across the child's educational environment.
- 3) Consulting and providing information to parents on home activities.
- 4) Consulting and providing information to teachers regarding:
 - a) IEP development
 - b) Adapting the physical environment
 - c) Selecting educational materials and modifying curricular procedures
 - d) Nature and implication of a student's medical condition

3. Monitoring:

Monitoring services are used for students with minimal therapy needs, and for those students being considered for discontinuation of therapy services. Monitoring involves the training and supervision of other persons involved with the implementation of therapy programs. This may include a classroom teacher, paraprofessionals, parents/guardians, volunteers or other personnel. Monitoring also involves ongoing evaluation as it relates to established goals and objectives. Some examples include:

- 1) The therapist has contact with the student and parent to allow the therapist to ensure that adaptive equipment is being properly used.
- 2) Student may be seen by the therapist to maintain acquired motor skills.

Appendix A Legislation

Definition of Occupational and Physical Therapy

Occupational therapy is defined by the Michigan Revised Administrative Rules (6/6/02) and by P.L. 101-476 -Individuals with Disabilities Education Act (1997) as follows:

R 340.1701b(d) of the Michigan rules states:

“Occupational therapy” means therapy provided by a therapist who has been registered by the American Occupational Therapy Association or an occupational therapy assistant who has been certified by the American Occupational Therapy Association and who provides therapy under the supervision of a registered occupational therapist.

P.L. 101-476 expands on the Michigan definition:

- (5) “Occupational therapy” includes:
 - (i) Improving, developing or restoring functions impaired or lost through illness, injury or deprivation;
 - (ii) Improving ability to perform tasks for independent functioning when functions are impaired or lost; and
 - (iii) Preventing, through early intervention, initial or further impairment or loss of function.

Occupational therapy encompasses evaluation, treatment and consultation. Specific occupational therapy services include teaching daily living skills; developing sensory/perceptual motor skills, developing play skills as well as prevocational and leisure capacities. Occupational therapy services are provided individually, in groups, integrated within classrooms or through agency collaboration.

The Michigan Revised Administrative Rules definition of “physical therapy” (R340.1701b(g)) is as follows:

“Physical therapy” means therapy prescribed by a physician and provided by a therapist who is licensed by the state of Michigan, pursuant to Act No. 368 of the Public Acts of 1978, as amended, being 333.1101 et seq. of the Michigan Compiled Laws or physical therapy assistant who provides therapy under the supervision of a licensed physical therapist.

Appendix B

EVALUATIONS/ASSESSMENTS USED BY OT/PT

The following is a list of evaluations, standardized tests and assessments that may be used in determining eligibility for Occupational Therapy or Physical Therapy services. The therapists are not restricted in the use of only the listed assessments.

1. Bruinink's-Oseretsky Test of Motor Proficiency
2. The Developmental Test of Visual Motor Integration
3. Quick Neurological Screening Test
4. Quality of Movement Assessment (non-standardized)
5. School Function Assessment
6. Peabody Developmental Motor Scales (2nd Edition)
7. H.E.L.P. – Hawaii Early Learning Profile
8. Test of Visual Perceptual Skills (both editions)
9. Motor Free Visual Perception Test
10. Baley Scales of Infant Development (2nd Edition)
11. Test of Handwriting Skills
12. The Miller
13. Developmental Test of Visual Perception (2nd Edition)
14. Sensory Integration Inventory – Revised
15. Sensory Profile by Winnie Dunn, Ph.D., OTR, FAOTA
16. DeGangi-Berk Test of Sensory Integration
17. Gross Motor Function Measure (G.M.F.M.)
18. E.T.C.H. – Evaluation Tool of Children's Handwriting
19. Erdhardt Developmental Prehension Assessment

Referral Process PROCESS FOR ADDRESSING THE NEED FOR OT/PT ASSESSMENT & POTENTIAL SERVICE

