

# FACT SHEET

## Educationally Relevant Physical Therapy – Part II: Determining a Student’s Need for School-Based PT under IDEA

### INTRODUCTION

School-based physical therapy (PT) is defined under the Individuals with Disabilities Education Act (IDEA) as a related service that is provided “to assist a child with a disability to benefit from special education.”<sup>1</sup> The purpose of this fact sheet is to provide guidance to physical therapists and Individual Education Program (IEP) teams for determining a student’s need for PT services under IDEA. This guidance aims to minimize the confusion, controversies, and variability in decision-making among school-based physical therapists.<sup>2,3</sup>

This fact sheet is derived from the work of Vialu and Doyle<sup>4</sup>, who examined 22 state and local education agency (LEA) guidelines for eligibility determination consistencies. They found commonalities among the guidelines examined.<sup>3</sup> They are summarized and presented in this fact sheet as two procedural requirements, and four questions that the IEP team should answer when determining a student’s need for PT services. This guideline cannot replace any specific guidelines and/or policy from state or LEAs as regulation and interpretations may vary. Each school-based physical therapist and physical therapist assistant must be familiar and comply with all federal, state, and local law, regulation, and policy.

### TWO PROCEDURAL REQUIREMENTS

The IEP team must adhere to these two procedural requirements when determining the student’s needs for physical therapy services.

- 1. Determination of whether a student is eligible for special education and related services is made by the IEP team.**
  - The IEP team consists of the student, the student’s family, general and special educators, pertinent related services (which can include PT), district representative, and other school and non-school personnel that are deemed to be necessary.
  - The IEP team describes the student’s present level of academic achievement and functional performance. This discussion focuses on a student’s unique strengths and needs as related to the student’s ability to access and participate in the general education curriculum, including non-academic areas and the physical school environment.
  - The IEP team collaboratively identifies the most important areas to focus student and team efforts over the next school year or three-year IEP time frame.
- 2. Establishment of the student’s IEP goals is completed by the IEP team prior to determining whether physical therapy is needed to address any of the goals.**
  - All IEP team members, including the student and their family, contribute information and priorities for the student from their unique perspectives to develop the IEP and create student IEP goals.
  - The IEP team establishes discipline-free, student IEP goals which are most meaningful to the student and the student’s family to prepare them for further education, employment and independent living. The IEP goals belong to the student, and not a specific discipline or provider.

- The IEP team identifies which team member(s) will work with the student to promote successful acquisition of the established goals (see the Five IEP Questions below for guidance). The IEP team also decides the amount, frequency, location, and duration of related services to be provided.<sup>4</sup> The therapist has the professional responsibility to participate in IEP discussions, providing the team evidence, best practice, and realistic functional expectations for progressing with suggested goals.

## FOUR IEP MEETING QUESTIONS

The IEP team must answer these four questions when determining the student's need for related service. Discussions of these questions often overlap, such that answers may not be definitive until all questions are considered. Answering "yes" to all four questions indicates that PT may be appropriate as a related service to help the student benefit from their education.

### 1. Are the student's disabilities or performance limitations adversely affecting his/her education?

IDEA lists thirteen disability categories (see Additional Resources; note that some states may have additional categories). Students must meet the criteria for one or more of these disability categories for eligibility for special education and related services. IEP teams determine eligibility by consensus.

- Characteristics of each of IDEA's disability categories vary. However, all categories have a physical or mental condition that adversely affects educational performance.<sup>5</sup>
- IEP teams should consider the following:
  - "access to general education settings and opportunities,
  - developmental progress,
  - involvement and progress in the general curriculum, or
  - interpersonal relationships or personal adjustment."<sup>5</sup>
- Note that educational performance is much broader than proficiency in reading and mathematics. Correspondingly, educational benefit includes any school function that the IEP team determines essential for the student to benefit from the educational program.<sup>5</sup>

### 2. Is the student's therapy need educational, and not only medical?

A medical diagnosis, standing alone, is not sufficient nor required to determine disability or specific special education category. While a diagnosis may identify a condition, it does not necessarily address "adverse effect on educational performance" or the need for specially designed instruction.

- A medical condition that does not interfere with educational performance may require clinic-based PT, but not school-based PT. However, a medical condition that interferes with educational performance may require both clinic-based and school-based PT.
- The distinctions between school-based and clinic-based therapy are discussed in the fact sheet: [Educationally Relevant Physical Therapy – Part I: Scope of School-Based Practice](#). It is recommended that school-based physical therapists read this fact sheet for more guidance in answering IEP Meeting Question #2.

### 3. Does the student have the potential to achieve educational goals with physical therapy intervention?

The team must consider whether physical therapy can help the student make progress toward his/her IEP goals. The physical therapist must use their assessment, clinical reasoning, and prognostication skills to aid the IEP team in making this determination. Prognosis is an element of patient management outlined in the *Guide to Physical Therapist Practice, 3.0*. It is defined as the "determination of the level of optimal improvement that may be attained through intervention and the amount of time required to reach that level."<sup>6</sup>

The team must consider a variety of factors when determining whether the student has potential to achieve educational goals with physical therapy intervention, including diagnosis-specific factors,<sup>7</sup> medical comorbidities,<sup>7</sup> the environment,<sup>4</sup> and the student's personal factors.<sup>4</sup>

- Diagnosis-specific factors

The team should rely on the best available evidence describing the lifespan development of populations with the student's diagnosis, and the efficacy of PT interventions for that diagnosis, when deciding if the student's performance is likely to improve with PT intervention. Information is shared with the IEP team to determine the functional level typically attained by students with the same diagnosis, and whether PT intervention can assist in making further gains in school function. For example:

  - Motor growth curves have been established for children and adolescents with cerebral palsy<sup>8</sup> and for children with Down syndrome,<sup>9</sup> which may aid in setting realistic expectations for students with these diagnoses.
  - Factors associated with ambulatory status may assist in determining prognosis related to mobility for students with spina bifida.<sup>10</sup>
  - Clinical management guidelines exist for such conditions as cerebral palsy<sup>11,12</sup> and muscular dystrophy,<sup>13</sup> which provide evidence-based guidance on examination and intervention that should be provided in childhood, adolescence, and young adulthood.
- Medical co-morbidities
  - Includes secondary diagnoses or secondary conditions that develop due to the primary health condition, such as development of contractures or obesity.
  - These should be considered for their potential impact in the student's achievement of their IEP goals.
- Environmental-related factors
  - Presence of architectural barriers and facilitators of participation may limit or enhance a student's ability to make progress.
  - Review of school routines and activities should be completed to determine whether PT intervention can impact the student's achievement of the IEP goal.
- Student-related factors
  - Includes age, motivation and preferences, family support, and other relevant factors.
  - When developing IEPs, PT should only be recommended when the improvement possible is greater than that which would occur with maturation.<sup>14-16</sup>
  - The student's motivation to improve the skills addressed by PT must also be considered.<sup>17</sup> Including the student in the IEP process and seeking feedback on their values, priorities, and preferences can help the team determine whether the student is motivated to work toward the goals established. A student who is not motivated may not fully participate in PT intervention or benefit from PT intervention.
  - The family's values, priorities, and expectations for the student and their ability to help carryover intervention in the home environment should also be taken into consideration.<sup>17</sup>

After reviewing how these factors impact the student's potential for improvement, the physical therapist should inform the team of evidence-informed PT interventions that can be beneficial for the student's achievement of their IEP goals.

#### 4. Does the student require the specific expertise of a physical therapist to achieve educational goals?

This question ensures that the level of expertise or the unique expertise of a physical therapist is needed for the student to achieve his/her IEP goals. There are overlaps among the expertise and scopes of practice among primary and related service providers. For example, orientation and mobility, adapted PE, and OT may already be addressing the student's IEP goal(s) and the addition of PT would be a duplication of services.<sup>4,18</sup> Thus, the IEP team must consider the expertise, knowledge and experience of all of its members, in order to determine which interventions can be most impactful in the achievement of the student's IEP goals in the least restrictive environment.

- If the IEP team answers “yes” to the following question, physical therapy expertise may be necessary.
  - Does the physical therapist and physical therapist assistant bring a unique expertise without which the student will not achieve his/her IEP goal?
- If the IEP team answers “yes” to the following questions, physical therapy expertise may *not* be necessary.
  - Could the IEP goal be addressed appropriately or effectively by the classroom or special education teacher or other school staff?
  - Does including PT in the student's program present any undesirable or unnecessary overlaps, gaps or contradictions with other proposed services?<sup>18</sup>

Answers to the above questions need to reflect the current needs of the student, and, thus, can vary for the same student year to year. The IEP is a fluid document that must be revised as student needs change. Examples of factors that may differ from year to year include: student's educational priorities, overall development, a medical event, the skills and knowledge of school personnel at the time, moving from one school to another, or from one classroom location to another within the school.<sup>4,18</sup>

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## ADDITIONAL RESOURCES

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