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# OCCUPATIONAL AND PHYSICAL THERAPY GUIDELINES

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## **INTRODUCTION:**

### **Purpose:**

The purpose of this document is to provide guidance regarding school-based Occupational Therapy (OT) and Physical Therapy (PT) services that support the educational goals of students with disabilities within the Montcalm Area Intermediate School District (MAISD). The intent of this document is to review the procedures and actions of the Michigan Administrative Rules for Special Education (MARSE; September 2013) and the Individuals with Disabilities Education Act (IDEA 2004). IDEA mandates a free and appropriate public education in the least restrictive environment for students who are eligible to receive special education services. OT and PT are considered related services under IDEA. Services may be delivered in a variety of ways to meet the needs of each individual student in the areas of functional and academic performance. These guidelines have been developed to facilitate the appropriate referral and delivery of OT and PT services to eligible students; educate and support other school personnel in carrying out the student's plan with a collaborative educational model; and provide a consistent and unified approach to treatment of students within MAISD. These guidelines are written to support those who are responsible for service planning and delivery of school-based OT and PT; which may include OT's, PT's, special education teachers, general education teachers, administrators and parents.

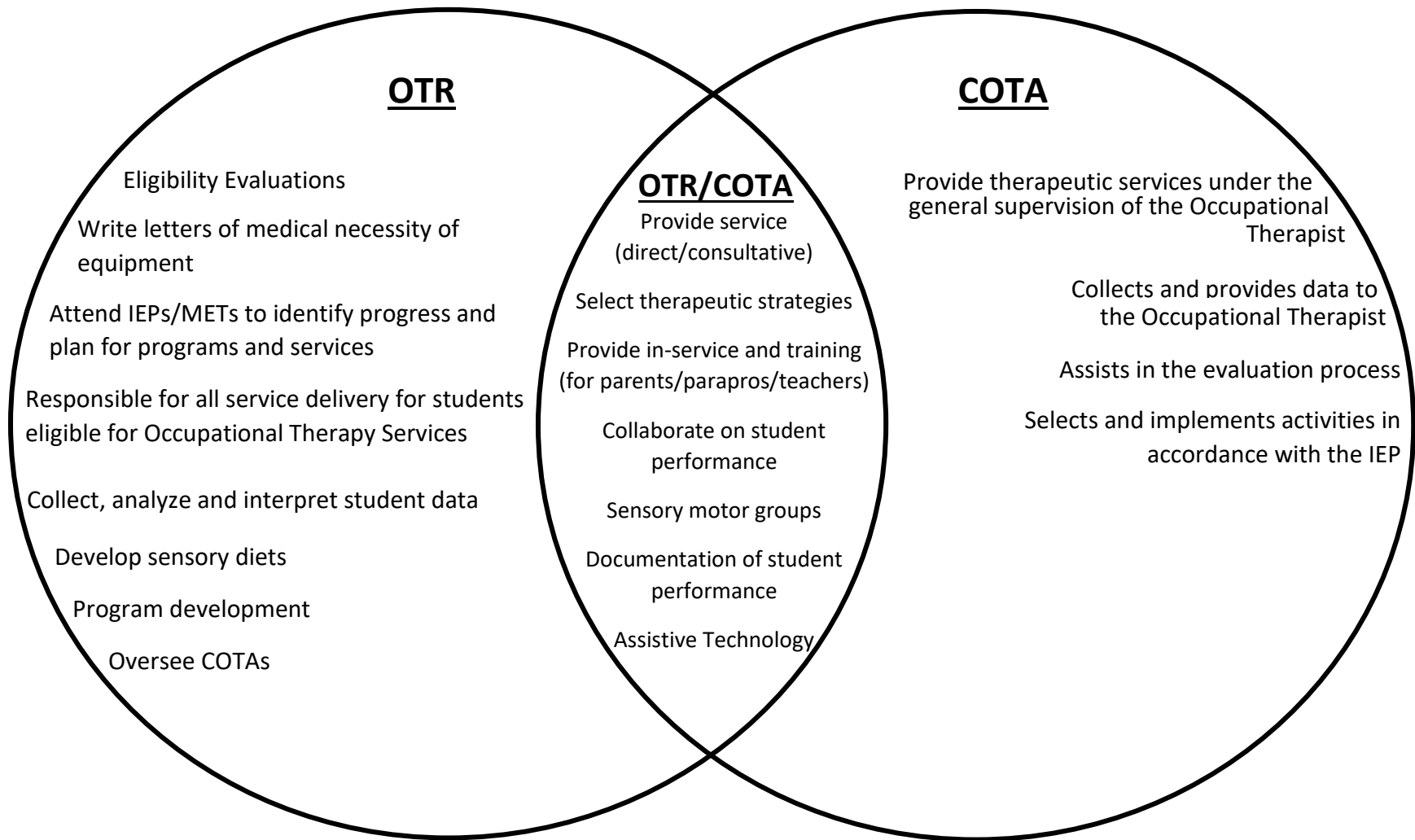
## **DEFINITIONS AND ROLES OF SCHOOL-BASED OCCUPATIONAL THERAPY AND PHYSICAL THERAPY**

### **Occupational Therapy Definition**

Occupational Therapists are professionals who require a license from the State of Michigan per Public Health Code 333.18301-15 by passing a national registry board exam and then maintaining that license.

Occupational Therapy is defined by the American Occupational Therapy Association (AOTA) as the "therapeutic use of occupations, including everyday life activities with individuals, groups, populations, or organizations to support participation, performance, and function in roles and situations in home, school, workplace, community and other settings. Occupational therapy services are provided for habilitation, rehabilitation and the promotion of health and wellness to those who have or are at risk for developing an illness, injury, disease, disorder, condition, impairment, disability, activity limitation or participation restriction. Occupational therapy addresses the physical, cognitive, psychosocial, sensory-perceptual, and other aspects of performance in a variety of contexts and environments to support engagement in occupations that affect physical and mental health, well-being and quality of life.

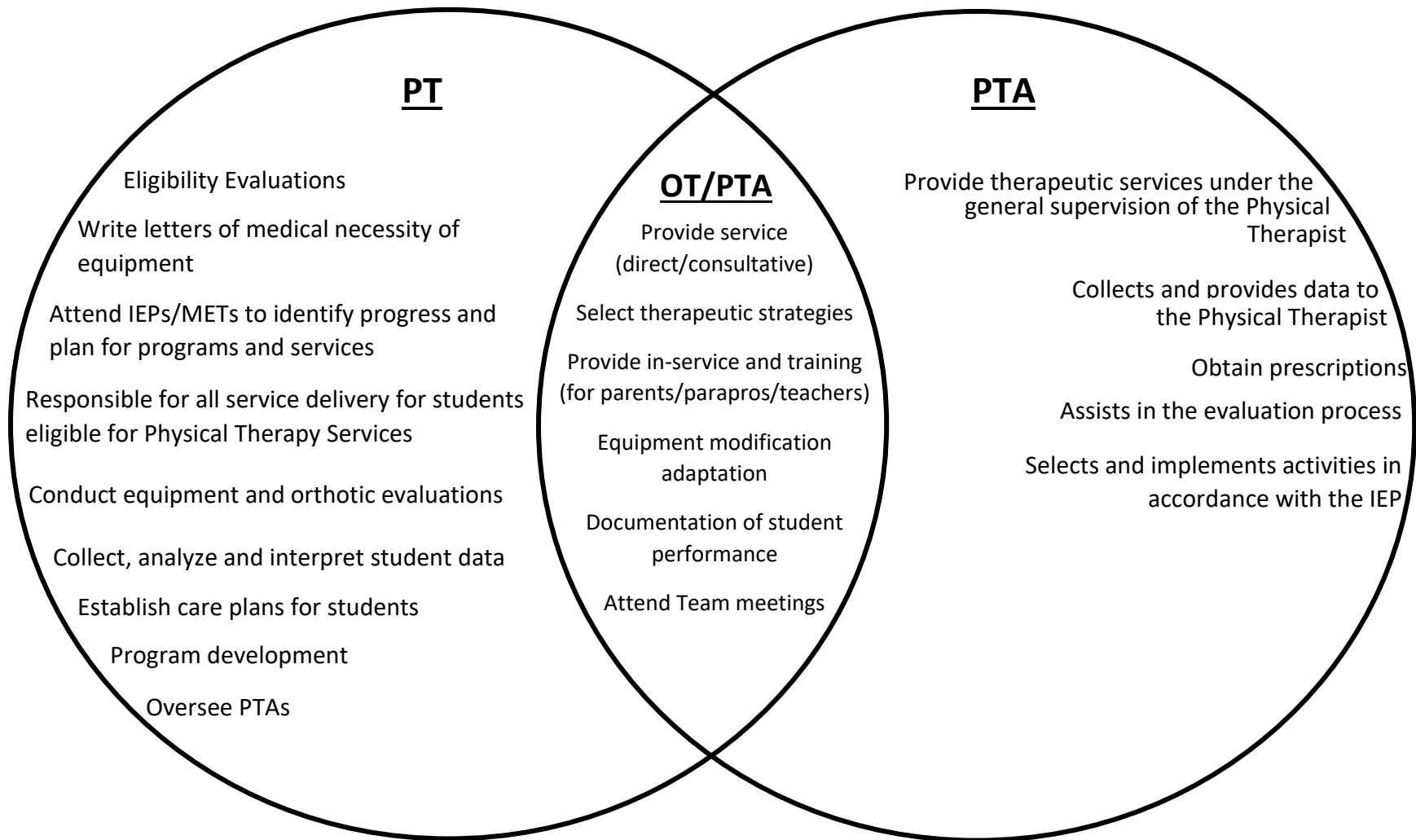
Occupational therapy in the school setting is a related or consultative service which provides assistance to students in special education allowing them to benefit from specially designed educational programs. The occupational therapist supports the student's ability to gain access to the general education curriculum in accordance with his/her Individualized Education Plan (IEP) and to function across all educational settings. Federal and state laws mandate that occupational therapy services provided in the schools are educationally relevant."



## **Physical Therapy Definition**

Physical therapists are professional who have graduated from an accredited physical therapy education program and have passed a national examination approved by the American Physical Therapy Association. Physical therapist must be licensed in the state in which they practice.

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 include 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 includes the identification of underlying medical problems or etiologies, establishment of medical diagnosis, or the prescribing treatment.” In Michigan, a prescription by a physician is required for physical therapy and is effective for 90 days unless otherwise noted. At MAISD, a PT prescription is typically written to be effective for one year.



## Roles of School Based OT and PT

The general function of an Occupational Therapist and Physical Therapist is to provide diagnostic and/or therapy services to students who are suspected of being disabled and/or are disabled. Essential duties include, but are not limited to:

- Evaluate students
- Prepare MET and evaluation reports
- Participate in MET and IEP meetings
- Write appropriate goals and objectives
- Provide therapy to students
- Maintain a schedule of service and student progress
- Consult with staff and parents
- Establish and maintain agency contacts
- Complete timely submission of claims to Medicaid for eligible students on caseload
- Act as a resource, if needed, to employees, students and the parents
- Perform other duties deemed appropriate by supervision

In addition, best practice for school-based occupational and physical therapists includes working in collaboration with teachers, other related service providers, other school staff and parents/guardians.

Other responsibilities may include:

- Participation in Multi-Tiered Systems of Support (MTSS) (See MTSS and Pre-referral process)
- Observations in classroom or other school environment
- Consultation with teachers to offer classroom strategies
- Attending meetings that support student programming
- Activities that support students in the natural environment or general education curriculum
- Staff training and professional development
- Providing assistance in environmental modifications, and adaptive equipment or devices
- Recommending appropriate positioning (PT) so students can access instruction
- Linking parents/guardians to appropriate community-based resources
- Designing home exercise programs and related activities for carryover
- Supporting school compliance and data tracking
- Transition from school to post-school activities



## **MULTI-TIERED SYSTEMS OF SUPPORT-OCCUPATIONAL THERAPY**

Multi-Tiered Systems of Support (MTSS) uses a multi-tier model of early intervening and service delivery to support student success. “MTSS and early intervening services (EIS) have been used as frameworks for high quality instruction and data-based decision making in both general and special education, thus integrating services across educational levels” (Clark & Polichino, 2010). Through participation in MTSS, occupational therapists participate in team-based problem solving for students in general education programs.

The MTSS model includes Tier 1, Universal Prevention; Tier 2, Targeted Intervention; and Tier 3, Intensive Intervention

**Tier 1** (Universal Prevention)—Available to all students

OTs may provide classroom consultation regarding environmental accommodations, such as seating and positioning adjustments, adjusting sensory input, movement programs, co-teaching to demonstrate motor/sensory strategies, suggesting a variety of paper/writing utensils, and universal screening for fine motor, gross motor and sensory motor risks.

**Tier 2** (Targeted Intervention)—Individualized

OTs work with teacher/staff to develop classroom interventions for a particular student to be successful in their educational program. Examples may include a pencil grip, weighted pencils, slant board, sleeves, vests, ball chair, adapted scissors, digital recorder, electronic speller, sensory strategies, etc. Therapists work with school staff to monitor student’s success with the recommended interventions and continue to provide support as needed.

**Tier 3** (Intensive Intervention)—Individualized

OTs work closely with teacher/staff and student on intensive and individualized interventions along with looking deeper into the areas of sensory processing, fine motor, visual motor and visual perception. Examples might include developing/monitoring sensory diets; use of visual supports; high tech solutions including adapted software, computer access options, word-processor, individualized handwriting training; alternative seating; etc.

Resources for OT MTSS Interventions:

- [MTSS service delivery strategies for OT Tier 1 through Tier 3](#)
- [OTPLan](#) (a great resource to look for Tier 1 and Tier 2 planning options in their classrooms for specific planning links)
- [Summer Activities](#)



## **MULTI-TIERED SYSTEMS OF SUPPORT-PHYSICAL THERAPY**

Multi-Tiered Systems of Support (MTSS) uses a multi-tier model of early intervening and service delivery to support student success. “MTSS and early intervening services (EIS) have been used as frameworks for high quality instruction and data-based decision making in both general and special education, thus integrating services across educational levels” (Clark & Polichino, 2010). Through participation in MTSS, physical therapists participate in team-based problem solving for students in general education programs.

The MTSS model includes Tier 1, Universal Prevention; Tier 2, Targeted Intervention; and Tier 3, Intensive Intervention

**Tier 1** (Universal Prevention)—Available to all students

- Provide in-services to teachers on typical development and indicators of academic readiness.
  - Assist with environmental design to reduce or enhance performance.
  - Provide in-services to administrators, teachers, and other staff members on strategies to promote alertness through incorporation of movement activities.
- Provide in-services to teachers and staff on possible environmental modifications that can maximize posture to enhance learning and participation.
- Provide in-services to administration on benefits of including recess and physical education classes in the students’ school day.
- Provide in-services to staff on PTs’ role in MTSS and provide resources and equipment guides.

**Tier 2** (Targeted Intervention)—Individualized

- Participate in building-level/problem-solving process at grade/class subgroup level.
- Suggest alternative materials to promote participation and performance for remediation and enrichment (i.e. sensory motor group, Physical Education/Physical Therapy class).
  - Explore environmental triggers to behaviors in daily routines.
  - Suggest purposeful activities for classroom and leisure time.

**Tier 3** (Intensive Intervention)—Individualized

- Participate in the problem-solving process at the individual student level.
- Conduct a physical therapy assessment as part of the full and individual evaluation under IDEA.

**Assessment options:**

- Peabody Developmental Motor Scales-second edition
- Test of Gross Motor Development-second edition
- Bruininks-Oseretsky Test of Motor Proficiency, second edition
- Miller Function and Participation Scales
- School Function Assessment

Resources for PT MTSS Interventions:

- [Kindergarten Activities](#)
- [Performance Concern: Balance](#)
- [Performance Concern: Ball Skills](#)
- [Performance Concern: Stair Climbing](#)
- [Classroom Strategies & Interventions for Students Having Difficulty with Posture and Positioning](#)
- [Summer Activities](#)

## **THE PRE-REFERRAL PROCESS**

The pre-referral process for OT and/or PT services is intended to ensure that a variety of intervention strategies and activities are exhausted before a formal evaluation is made. These strategies and activities often result from school-wide procedures such as Child Study meetings and MTSS such as described above.

1. Present concerns about student to the Child Study Team.
2. Child Study Team creates list of concerns and interventions (including relevant medical information)
3. Child Study Coordinator completes with teacher appropriate area screener and develops targeted goal with MTSS strategies identified.
4. Teacher implements interventions for at least 6 weeks and documenting intervention and date.
5. Collected intervention data and progress towards goal area and reviewed following 6 weeks for progress.
6. If progress is noted with targeted goal area, continue to implement strategies.
7. If no progress with targeted goal is documented Child Study Coordinator to contact OT, PT for screening and observation
8. Referring individual completes OT/PT checklist and parent signs permission for screening.
9. Referring individual gives checklist, permission, data collection, intervention list and medical information to OT/PT.
10. Results of screening will determine if evaluation is warranted or if further interventions are to be implemented

[Parent Permission Form for Screener](#)

[OT Preschool Screener](#)

[OT MTSS Screen](#)

[OT Education Performance Teacher Questionnaires](#)

[Physical Therapy Educational Performance Teacher and Parent Questionnaires](#)

[Data Tracking Tool for Sensory Strategies in the Classroom](#)

[MTSS Data Collection Form](#)

## **OT AND PT SCHOOL EVALUATION/ELIGIBILITY**

### **Special Ed and Early On Eligibility**

#### **(For children under age 3)**

A child's eligibility for early intervention services is determined by the percent of developmental delay based on development screener (may include IDA-Infant Toddler Developmental Assessment, ASQ-Ages and States Questionnaire), parent interview, medical record review, and informed clinical opinion of a multi-disciplinary team of parents and professionals. ([Eligibility for Early On®](#)) ([Michigan Policy on Screening of Children Referred...-State of Michigan](#))

There are two categories of Early On eligibility:

**Established condition** – An infant or toddler is eligible for Early On (Part C) if medical and/or other records indicate that the child meets the criteria for an infant or toddler with a disability as reflected in Michigan's list of [Established Conditions](#). No developmental evaluation is required to qualify and receive services through Early On. If a child is suspected of being eligible for special education services (MMSE – Part B), further evaluations will be conducted to determine eligibility.

**Developmental Delay** – An infant or toddler ages 2 months to 36 months is eligible for Early On services (Part C) if they demonstrate a 20% delay in one or more areas of development on a developmental screening/evaluation tool. If a child is suspected of being eligible for special education services (MMSE – Part B), further evaluations will be conducted to determine eligibility.

OT and PT services are provided through a Primary Service Provider Model within an Interdisciplinary Team. We do not delineate therapy services and times on the IFSP/IEP (Infant Family Service Plan/Individualized Educational Plan).

### **OT and PT Eligibility and Service Model**

#### **(for School Age Children 3 and up)**

Criteria for eligibility for OT/PT services in the school setting – both A and B must be met for OT; A, B and C must be met for PT.

- 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/physical therapy is required to assist the student to access and make progress within the general education curriculum.
- B. The student demonstrates a significant impairment in one of the following categories: Developmental, Perceptual, Motor Function, and/or Sensory. As defined in OT/PT service rubrics found below.
- C. (PT only) An annual physician's prescription is required. Prescriptions must be renewed yearly for continued service. This is a legal requirement for delivery of PT services within the school setting.

## Occupational Therapy Service Rubric

The OT Grid is used as a guideline in determining the frequency of OT services provided to students across districts serviced by the MAISD. Significant is defined by standardized testing that is 1.5 standard deviations below the mean or greater. The final decision as to frequency of OT services for each student is ultimately an IEP team decision and takes into account each individual student's needs.

Educational Performance Areas	Use of School Materials	Written Work	Behavior/Self-Regulation	Personal Management	Subtotal
Does the problem significantly interfere with student's ability to participate in educational program and require the expertise of a therapist? (Circle all that apply)	(1)	(1)	(1)	(1)	= _____ (score 1-4, if 0 do not continue)

Contributing Factors					Subtotal
Age (circle one)	18+ (0)	12-17 (1)	7-11 (2)	6 or below (3)	= _____ Score 0-3
Placement (circle one)		Self-contained (1)	Resource support (2)	General Education (3)	= _____ Score 0-3
# of years receiving OT (circle one)	5+ years (0)	4-5 years (1)	2-3 years (2)	0-1 years (3)	= _____ Score 0-3

**Total Score** = \_\_\_\_\_ (total of 4 areas above)

<u>OT Frequency Guidelines:</u>	<u>Total Score</u>	<u>Frequency Recommendations</u>
	10-13	3-4x/month
	8-10	2-3x/month
	6-8	1-2x/month direct/consult
	1-6	no service/consult

[Evaluation/Qualification appendix Standardization Tables](#)

## Physical Therapy Service Rubric

The PT Grid is used as a guideline in determining the frequency of PT services provided to students across districts serviced by the MAISD. Significant is defined by standardized testing that is 1.5 standard deviations below the mean or greater. 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.

Educational Performance Areas	Mobility	Transfers	Physical Environment	Equipment	Gross Motor	Subtotal
Does the problem significantly impact the student's ability to participate in the educational program and require the expertise of a physical therapist? (Circle all that apply)	(1)	(1)	(1)	(1)	(1)	= _____ (score 1-5, if 0 do not continue)

Contributing Factors					Subtotal
Age (circle one)	18+ (0)	12-18 (1)	7-12 (2)	7 or below (3)	= _____ Score 0-3
Placement (circle one)	(0)	Self-contained (1)	Resource Room (2)	General Education (3)	= _____ Score 0-3
# of years receiving PT (circle one)	5+ years (0)	4-5 years (1)	2-3 years (2)	0-1 years (3)	= _____ Score 0-3

**Total Score:** \_\_\_\_\_ (total of 4 areas above)

**PT Frequency Guidelines:**

**Total Score**

10-13

8-10

6-8

1-6

**Frequency Recommendations**

3-4x/month

2-3x/month

1-2x/month direct/consult

no service/consult

[Evaluation/Qualification appendix Standardization Tables](#)

## **DEFINITIONS OF SERVICE DELIVERY**

### **Direct Services**

The therapist works directly with the student on goals and objectives individually, in small groups, or in classroom groups. The therapist is primarily responsible for documentation (reporting) of progress on the goal. This implies increased responsibility for follow through related to the goals and objectives. The student is seen directly by the therapist in a frequency and location determined by the IEP team. Therapy service includes ongoing discussion with the teacher regarding student progress.

### **Consultation**

The therapist supports the teacher/staff in addressing the student's goals and objectives. For example the therapist meets with the staff member and may observe or work with the student. The therapist documents consultation topics and dates. In a consultative model the therapist helps to create solutions and seeks to education staff so that in the future they can generalize to the other students or situations.

## **DISMISSAL FROM OT AND PT**

Termination of services may be determined only at an IEP meeting. Occupational Therapy and/or Physical Therapy support services may be terminated when a student meets one or more of the following:

- The student has accomplished the goals of the IEP and further goals are not needed
- The student no longer demonstrates progress or change, but if needs arise in the future the team can re-convene a Review of Existing Educational Data meeting
- Special and/or general education teachers are able to provide maintenance of function without therapist's consultation
- The student is no longer eligible for services under an IEP
- The problem ceases to be educationally relevant
- Parent/guardian written request for termination of services
- In the case of Physical Therapy, prescriptions are no longer provided by a medical doctor
- Termination of services must be documented in the IEP in the present levels

The use of OT and/or PT Service Rubric grids should be considered in determining dismissal of students from Occupational or Physical Therapy services.

*Portions of these guidelines were adapted from Eastern Upper Peninsula Intermediate School District, Kent Intermediate School District, Newaygo County RESA and Lake School District*