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.
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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  
  o Includes instruction in transfers, use of lifts, and transportation accessibility.
• Physical Environment  
  o 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  
  o 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  
  o 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)
## PHYSICAL THERAPY EDUCATIONAL PERFORMANCE
### TEACHER QUESTIONNAIRE

**Student:** ____________________________  **Birthdate:** ____________________________  **Date:** ____________________________

**School:** ____________________________  **Teacher / Grade:** ____________________________

### 1. MOBILITY:
Compared with classroom peers, does the student’s ability to move in their school environment significantly interfere* with participation?

- [ ] No
- [x] Yes. If yes, check items in section 1 that are difficult for the student; if no, go to section 2.

<table>
<thead>
<tr>
<th>Item</th>
<th>Difficulty Example</th>
</tr>
</thead>
<tbody>
<tr>
<td>Manage level surfaces (sidewalk, hallways, blacktop)</td>
<td>Move in congested areas without bumping into people or objects</td>
</tr>
<tr>
<td>Manage stairs with/without railing</td>
<td>Keep pace with peers in hallways</td>
</tr>
<tr>
<td>Maneuver in and around classroom</td>
<td>Manage uneven surfaces (grass, ramps, etc.)</td>
</tr>
<tr>
<td>Move on slippery surfaces (wet, polished floors, icy pathways, etc.)</td>
<td>Move to/from and on the playground</td>
</tr>
</tbody>
</table>

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
- [x] Yes. If yes, check items in section 2 that are difficult for the student; if no, go to section 3.

<table>
<thead>
<tr>
<th>Item</th>
<th>Difficulty Example</th>
</tr>
</thead>
<tbody>
<tr>
<td>Move in/out of desks and chairs</td>
<td>Move from floor to chair or wheelchair</td>
</tr>
<tr>
<td>Move on/off toilet</td>
<td>Move from stand to floor and floor to stand</td>
</tr>
<tr>
<td>Move on/off lunchroom seat</td>
<td>Move on/off bus using steps, with or without railing</td>
</tr>
</tbody>
</table>

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
- [x] Yes. If yes, check items in section 3 that are difficult for the student; if no, go to section 4.

<table>
<thead>
<tr>
<th>Item</th>
<th>Difficulty Example</th>
</tr>
</thead>
<tbody>
<tr>
<td>Move in/out of building</td>
<td>Carry materials within classroom</td>
</tr>
<tr>
<td>Open/close inside/outside doors</td>
<td>Lock/unlock or open/close locker</td>
</tr>
<tr>
<td>Drink from drinking fountain</td>
<td>Carry materials between classrooms</td>
</tr>
<tr>
<td>Other (fill in):</td>
<td>Manage backpack/books</td>
</tr>
<tr>
<td>Carry tray/cold lunch</td>
<td>Hang coat/equipment</td>
</tr>
</tbody>
</table>

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:

____ Cane(s)  ____ Stroller  ____ Stander
____ Walker       ____ Splints/Braces       ____ Foot stool
____ Crutches     ____ Seating supports
____ Wheelchair (manual/electric)      ____ Car seat       ____ Adapted bus/car/van
____ 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.

____ Stand on one foot       ____ Sit in desk chair w/ upright posture       ____ Play on playground equipment
(slides, swings, climbing structures)
____ Jump with two feet together       ____ During the school day
____ Run       ____ Skip
____ Hop on one foot       ____ Throw overhand
____ Gallop       ____ Other (fill in):
____ Kick playground ball
____ Catch bounced playground ball

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: ___________________________  Birthdate: ___________________________  Date: ___________________________
School: ___________________________  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.

____ Manage level surfaces (sidewalk, blacktop)  ____ Move in congested areas without bumping into people or objects
____ Manage stairs with/without railing  ____ Keep pace with peers during play
____ Maneuver in & around your home  ____ 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 the student; if no, go to section 3.

____ Move in/out of chairs/bed/couch  ____ Move from floor to chair or wheelchair
____ Move on/off toilet  ____ Move from stand to floor and floor to stand
____ Move on/off bus/car, with or w/o hand hold/rail
____ 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.

____ Open/close inside/outside doors  ____ Carry materials (papers, books, etc.)  ____ Manage playground/playground equipment
____ Drink from drinking fountain  ____ Carry tray/cold lunch  ____ Manage backpack/books
____ Other (fill in):  ____ 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:

- Cane(s) ______
- Walker ______
- Crutches ______
- Wheelchair (manual/electric) ______
- Stroller ______
- Splints/Braces ______
- Seating supports ______
- Foot stool ______
- Car seat ______
- Stand______
- Adapted bus/car/van ______
- 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.

- Stand on one foot ______
- Jump with two feet together ______
- Run ______
- Hop on one foot ______
- Sit in chair w/ upright posture ______
- Skip ______
- Throw overhand ______
- Other (fill in): ______
- Kick playground ball ______
- Catch bounced playground ball ______
- Gallop ______

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
## PT GRID

<table>
<thead>
<tr>
<th>Does the problem significantly impact the student’s ability to participate in the educational program &amp; require the expertise of a physical therapist? (Circle all that apply)</th>
<th>Mobility</th>
<th>Transfers</th>
<th>Physical Environment</th>
<th>Equipment</th>
<th>Gross Motor</th>
<th>Subtotal</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td>(1)</td>
<td>(1)</td>
<td>(1)</td>
<td>(1)</td>
<td>(1)</td>
<td>If “0” Do not continue with GRID</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Age (Circle one)</th>
<th>18+ (0)</th>
<th>12-18 (1)</th>
<th>7-12 (2)</th>
<th>7 or below (3)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Placement (Circle One)</th>
<th>Self-Contained (1)</th>
<th>Resource Room (2)</th>
<th>General Education (3)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Previous School PT</th>
<th>5+ years (0)</th>
<th>4-5 years (1)</th>
<th>2-3 years (2)</th>
<th>0-1 years (3)</th>
</tr>
</thead>
</table>

### Total Score:  

<table>
<thead>
<tr>
<th>PT Frequency Guidelines</th>
<th>Total Score</th>
<th>Frequency Recommendations</th>
</tr>
</thead>
<tbody>
<tr>
<td>10-14</td>
<td>3-4x/month</td>
<td></td>
</tr>
<tr>
<td>8-10</td>
<td>2-3x/month</td>
<td></td>
</tr>
<tr>
<td>6-8</td>
<td>1-2x/month direct or consult</td>
<td></td>
</tr>
<tr>
<td>0-6</td>
<td>No Service/Monitor</td>
<td></td>
</tr>
</tbody>
</table>
PT Guidelines
Local School District Signatures

Kevin A. Konarska
Kent Intermediate School District

Daniel Takan
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. Canin
Grandville Public Schools

Greg Watson
Kelloggsville 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 Enslen
Thomapple Kellogg Schools

Thomas Reeder
Wyoming Public Schools

3/15/2013
PT Guidelines
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Administrator
Byron Center Charter School
Patty Britelly
Administrator
Chandler Woods Charter Academy
Patty Britelly
Administrator
Creative Technologies Academy
Patty Britelly
Administrator
Cross Creek Charter Academy
Patty Britelly
Administrator
Excel Charter Academy

G. O. Hargens
Administrator
Michigan Virtual Charter Academy
Pam Muzzy
Administrator
New Branches School
Brooke Bouslin
Administrator
Nexus Academy
Patty Britelly
Administrator
Ridge Park Charter Academy
Patty Britelly
Administrator
River City Scholars Charter Academy
Patty Britelly
Administrator
Vanguard Charter Academy
Patty Britelly
Administrator
Vista Charter Academy
Patty Britelly
Administrator
Walker Charter Academy

Jamea Brown
Administrator
GR Ellington Academy of Art & Tech.

Jason Bannister
Administrator
Grand Rapids Child Discovery Center

Heidi Cate
Administrator
Grand River Preparatory High School
Patty Britelly
Administrator
Hope Academy of West Michigan

Heidi Cate
Administrator
Knapp Charter Academy
Heidi Cate
Administrator
Lighthouse Academy – North Campus
Heidi Cate
Administrator
Lighthouse Academy – Strict Discipline

Kasee R. Goodwin 3-19-13
Administrator
Wellspring Preparatory High School

M. J. McGean
Administrator
West MI Academy of Environ. Sciences

M. J. McGean
Administrator
West Michigan Aviation Academy

William C. Abney Academy

3/14/2013