

FACT SHEET



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 **APTA**
American Physical Therapy Association.

Physical Therapy for Educational Benefit

The Individuals with Disabilities Education Act (IDEA) was enacted “to ensure that all children with disabilities have available to them a free appropriate public education that emphasizes special education and related services designed to meet their unique needs and prepare them for further education, employment, and independent living.” (IDEA §300.1) Physical therapy, as a related service, is provided “to assist a child with a disability to benefit from special education.” (IDEA §300.34) Since physical therapy services may be delivered in a variety of settings (hospitals, clinics, home, school, etc), questions often arise as to the role physical therapists (PTs) play in the school setting. This fact sheet aims to clarify the provision of physical therapy services for educational benefit under IDEA. Similarities and differences between school-based and clinic-based physical therapy services are discussed to serve as a guide for school-based clinicians, community-based clinicians, administrators, and parents/guardians. Please note that these are general guidelines; readers should familiarize themselves with the policies of their state or local education agency (LEA), as requirements and regulations may vary.

Similarities Between School-Based and Clinic-Based Physical Therapy Services

Therapists in both settings...
Adhere to state licensure laws, regulations, and professional standards.
Apply the best evidence and best practices in pediatric physical therapy.
Use the International Classification of Functioning, Disability, and Health (ICF) to provide a framework for evaluation, intervention, and measurement of outcomes.
Help children accomplish functional goals at the activity and/or participation dimensions of the ICF, addressing impairments of body structures and functions as they relate to activity and participation.
Work collaboratively with other team members, including families, medical providers, and caregivers in setting goals, planning interventions, and monitoring progress.
Educate and empower the patient, family, and other caregivers with diagnosis-specific information, home program suggestions, health promotion, and wellness.
Use interventions that apply motor learning principles (eg, amount, location, and type of practice, feedback).
Monitor progress regularly through utilization of appropriate outcome measurement tools and report findings to team members, including families, medical providers, and caregivers.
Provide episodes of care with clear exit and reentry criteria. Termination of physical therapy services is not the end of a therapist’s involvement. Resumption of services is possible, if needed.
Provide services based on the needs of the child, not administrative convenience.
May be reimbursed for services when compliant with appropriate public or private insurance policies.

Comparison Between School-Based and Clinic-Based Physical Therapy Services

	School-based physical therapy services	Clinic-based physical therapy services
What is the focus of the PT?	<p>Assist a student to achieve educational goals developed by the Individualized Education Program (IEP) team.</p> <p>Promote access to academic curriculum and participation in other school activities.</p> <p>Improve access to the school environment.</p> <p>Address post-secondary transition goals.</p>	<p>Assist a child to achieve functional intervention goals that enhance performance at home and/or in the community.</p> <p>Address medical continuum of needs, including impairments and functional limitations.</p> <p>Improve access to the home or community environment.</p>

	School-based physical therapy services	Clinic-based physical therapy services
Who is eligible for physical therapy?	Any student who meets the criteria for 1 or more of the 13 disability classifications listed under IDEA (or under additional classification criteria defined by state), or any student requiring the expertise of a PT to benefit from his/her IEP.	Child with a medical diagnosis. Child with a documented neuromotor, developmental, orthopedic, or sensorimotor impairment or functional limitation. Child who requires the expertise of a PT to address the impairment or functional limitation.
Who is the source of referral?	Teacher, parent/guardian, or other involved person can request the IEP team to consider need for evaluation.	Child may be referred by another health care provider or the family. Physician referral may be required. In states with direct access, physician referral is not required for provision of physical therapy services but may be needed for reimbursement.
What is the evaluation procedure?	PT evaluation includes observation in the school environment and use of appropriate tests and measures. IEP team utilizes the PT's report and recommendation together with reports gathered by other team members to make decisions.	PT evaluation includes use of appropriate tests and measures and observation within the clinic, home, or community setting. The PT's report is used to create a plan of care that is shared with the physician and other team members, as appropriate.
Who decides need & scope of physical therapy?	IEP team decides by consensus, with consideration of a school-based PT's recommendation. IEP team prioritizes to create discipline-free IEP goals and decides which services are necessary to achieve goals. Physician may be a member of the IEP team. However, the physician referral alone does not drive decisions.	The PT, in partnership with the patient and family (and physician, if appropriate), agree upon a plan of care that is carried out by a PT or physical therapist assistant (PTA). Reimbursement for services may be limited by insurance coverage.
Where do physical therapy services occur?	In least restrictive environment in the school where student is expected to perform the task (eg, classrooms, hallways, stairs, lunchroom, bathroom, playground). Worksites, buses, community, or other instructional settings. In a separate location, only when an intervention requires privacy or the student needs intense remediation that cannot be carried out in the natural environment.	Clinic, hospital, home, community, and other settings.

	School-based physical therapy services	Clinic-based physical therapy services
How are physical therapy services delivered?	<p>Integration of physical therapy into the student's actual classroom or school activities.</p> <p>Consultation and collaboration with school staff and parent/guardian.</p> <p>Direct intervention in groups or individually, where necessary.</p>	<p>Direct intervention or consultation. Typically individual but may also be provided in groups.</p>
How are services documented?	<p>Related to student's progress towards his/her IEP goals.</p> <p>Written in language understandable to parents and other educational team members.</p> <p>In compliance with federal, state, and local education agency guidelines.</p> <p>In compliance with Medicaid guidelines, if seeking reimbursement.</p>	<p>In the patient's medical record.</p> <p>In compliance with insurance requirements to justify medical necessity and skilled care.</p> <p>To meet facility's accreditation standards, guidelines of the setting, and best practice.</p> <p>Using ICD9/10 diagnostic codes and CPT billing codes that are supported by the clinical documentation.</p>
Who pays?	<p>Physical therapy is provided at no cost to the family.</p> <p>School may bill third-party payer, such as Medicaid, with parent/guardian permission.</p>	<p>Paid through insurance, private pay, or other means.</p>

References:

- Effgen SK. Schools. In: Effgen SK, ed. *Meeting the Physical Therapy Needs of Children*. 2nd ed. Philadelphia, PA: FA Davis Co; 2012: 495-514.
- Effgen SK, Kaminker MK. The educational environment. In: Campbell SK, Palisano RJ, Orlin M, eds. *Physical Therapy for Children*. 4th ed. St. Louis, MO: Elsevier Saunders; 2011;968-1007.
- Holahan, L, Ray, L. *Educational and Clinical Models of Service Delivery*. North Carolina Department of Public Instruction, Exceptional Children Division. Chapel Hill, NC; 2008.
- Iowa Department of Education. Educational and Medical-Based Physical Therapy Comparison: 3 to 21 Years Old. 2010.
- McEwen, I. *Providing Physical Therapy Services under Parts B & C of the Individuals with Disabilities Education Act (IDEA) 2nd ed*. Alexandria, VA: American Physical Therapy Association, Section on Pediatrics; 2009.
- New Hampshire Professional Developmental Center for Vision Education. http://www.nercve.umb.edu/nhpd/index.php?page=tip2_ECC. Accessed July 30, 2014.
- New York City Department of Education. *School-Based Occupational and Physical Therapy Practice Guide*. NYC DOE. New York, NY. 2011.
- US Department of Education. Building the Legacy: IDEA 2004. <http://idea.ed.gov/explore/home>. Accessed July 29, 2014.
- World Health Organization. International Classification of Functioning, Disability and Health. <http://www.who.int/classifications/icf/en/>. Accessed July 28, 2014.

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