

Schools for All Children

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LOS ANGELES UNIFIED SCHOOL DISTRICT

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The Los Angeles Unified School District's Position Paper

PHYSICAL THERAPY

BACKGROUND

The profession of physical therapy involves the application of skilled treatments to help individuals improve both motor function and access to their environment. Physical therapists are skilled, degreed and licensed health professionals whose education encompasses a background in human anatomy and physiology, physical pathophysiology, whole body kinesiology, gait and posture analysis, physical treatment modalities, human development, motor control/learning, and cardiopulmonary, orthopedic and neurological rehabilitation. In the public schools, physical therapy is used to enhance the student's ability to function within the educational environment. Physical therapists use techniques that correct, facilitate or adapt the child's functional performance in motor control and coordination, posture and balance, functional mobility, activities of daily living and use of adaptive equipment.

The federal regulations define "physical therapy" as services provided by a qualified physical therapist (34 C.F.R. 300:34 (c)(9)).

California Code of Regulations, Title 5, Section 3051.6, provides:

"...physical therapists shall provide services based upon the recommendations of the individual education program team...physical therapy services may not exceed the services in the Business and Professions Code section 2620".

California law and regulations set forth required qualifications for physical therapists. Physical therapists must (1) have graduated from an accredited school, (2) be currently licensed by the Board of Medical Quality Assurance of the State of California and, (3) meet the educational standards of the Physical Therapy Examining Committee. 5 C.C.R. § 3051.6.

Within the public schools, physical therapy services focus on purposeful, goal directed activities that improve a child's functional performance throughout his school day.

A physical therapist may provide ongoing services to a student without a medical diagnosis as part of an Individualized Education Plan (IEP) or Individualized Family Services Plan (IFSP) in accordance with the Individuals with Disabilities Education Act (BPC2620.1(b)(2)) and Section 56363 of the Education Code or Section 7572 of the Government Code (effective January 2019).

In the state of California, delineation exists between medical and school based services. California Children’s Services provides physical therapy to children with qualifying medical diagnoses when therapy services are deemed “medically necessary.” Public school districts such as Los Angeles Unified School District provide physical therapy that is deemed educationally necessary. California Gov. Code § 7575.

School-based physical therapy services are available for students with special education eligibility. Therapists work with the IEP team in identifying supports that facilitate student’s access to the curriculum, and barriers that preclude participation in his educational program. Within Los Angeles Unified School District, physical therapists participate in prevention and pre-referral activities; assessments and student program planning; teacher, staff and parent education; treatment; environmental modifications; and collaboration with the educational team members.

PURPOSE

The purpose of this segment of the document is to identify program guidelines that clarify the array of physical therapy (PT) services provided to students with disabilities within the Los Angeles Unified School District (LAUSD). Service Delivery models for PT will be described and aligned with the three-tiered models of prevention and intervention. In addition, this paper will describe physical therapy intervention strategies within special education.

Section I: Pre-referral Response to Instruction and Intervention (RtI²)

Section II: Assessment and Need for PT Services

Section III: Physical Therapy Intervention Strategies within Special Education

Section IV: Physical Therapy Service Completion Guidelines

Under state and federal laws, physical therapy is defined as a designated instruction and service (DIS) in the school setting. Designated instruction and services, as specified in the individualized education program (IEP), shall be available when the instruction and services are necessary for the child to benefit from his educational program. The instruction and services shall be provided by the regular classroom teacher, the special education teacher, or the resource specialist if the teacher or specialist is competent to provide it, and if the provision of such instruction and services by the teacher or specialist is feasible. If not, the appropriate designated instruction and services, such as physical therapy, will provide support to the student and the educational team.

POSITION

The District believes that in an effort to ensure a successful school experience for all children that:

1. Students will be able to access their educational environment with or without appropriate accommodations.
2. Students will be able to participate to their extent possible within their educational program.
3. Students with significant motor delays be referred for an PT evaluation only after they have had the opportunity to:

- Participate in an intervention program for a specified period of time;
 - Have their progress assessed and monitored; and
 - Have their response to the provided interventions be evaluated.
4. All students eligible for PT services are provided with a strategy for successful attainment of goals and objectives.
 5. Wherever possible, students receiving PT services have the opportunity to participate with their non-disabled peers.

SECTION I

PRE-REFERRAL AND RESPONSE TO INSTRUCTION AND INTERVENTION (RTI²)

Response to Instruction and Intervention (RTI²) is a systemic multi-tiered framework that guides the development of a well-integrated and seamless system of instruction (e.g. literacy, numeracy, language development, and positive behavior support across content areas), and intervention that is matched to student need and directed by student outcome data from multiple measures. (BUL-4827.1 Multi-Tiered Framework for Instruction, Intervention, and Support)

The RTI² framework establishes a process for providing increasing levels of instructional time and intensity whereby the needs of all learners are identified, supported early, and effectively, and high performing students have access to acceleration in learning. The RTI² framework is based on the provision of good, quality, first instruction and the use of data to identify students for appropriate acceleration and interventions. RTI² implementation is everyone's responsibility and advances achievement through frequent progress monitoring, ongoing data collection and analysis as well as the provision of immediate, evidence-based intervention for students who need it. For the school based provider, this may include consultation regarding the normal acquisition of motor skills and monitored interventions.

The five essential components of RTI²:

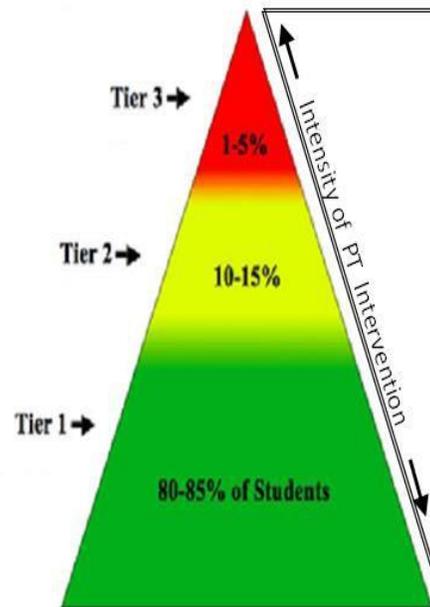
- Multi-tiered framework to instruction and intervention
- Problem-solving progress
- Data-based decision-making
- Academic engaged time
- Professional development

In a multi-tiered approach to instruction and intervention, teachers provide instruction at each tier of service that is differentiated; culturally responsive, data-based and aligned to the grade-level content Standards. All students should have universal access to high-quality instruction. The physical therapist is an integral part of the RTI² process in the general education setting. By participating in this intervention approach, the physical therapist contributes expertise to the problem solving process and provides strategies for any student who may evidence challenges in the area of motor development. The problem solving process requires a step-by-step focus to define the problem, analyze the problem, implement intervention strategies and evaluate the response to the instruction and intervention.

Tier 3: Intensive Instruction and Intervention
 “Intensive Intervention,” is for an estimated 1-5% of students that need individualized and/or very small-group instruction that is highly focused, in addition to Tiers 1 & 2, and designed to accelerate student progress.

Tier 2: Strategic or Supplemental Instruction
 It is expected that 10-15% of students will need additional time and type of instruction to learn successfully.

Tier 1: Core Instruction
 It is expected that of all of the students receiving core instruction, 80-85% of students will be proficient when good first instruction is delivered.



A Problem Solving Cycle in General Education

Identification

Physical therapists may be called upon to assist in the identification of motor and educational access issues students may be experiencing.

Problem Analysis

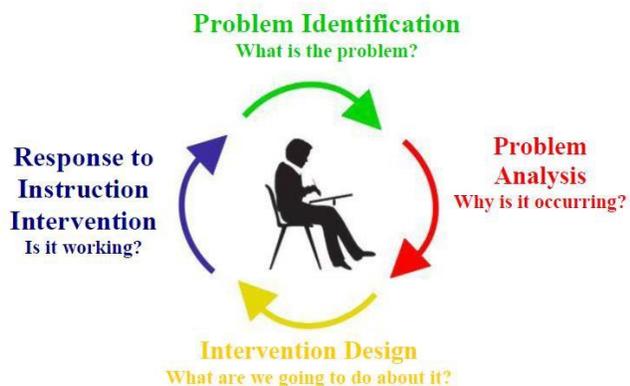
Physical therapists are highly trained experts in the identification of motor deficits and educational access issues students may be experiencing.

Intervention Design

Physical therapists will assist the educational team with strategies and accommodations for children with disabilities.

Response to Instruction and Intervention

Physical therapists will assist the educational team with progress monitoring and ongoing data collection and evaluation to determine the success or failure of the intervention. Results are utilized to determine the level and intensity of support necessary for individual students.



Intervention Strategies

Tier 1: Core Instruction

During Tier 1, the physical therapists act as consultants to the teachers, school staff and parents. Consultation may be formal or informal and focuses on increasing the knowledge base of teachers and parents regarding motor development, motor impairments and their relationship to curriculum and function within the school environment. At this level of service students have not been identified as requiring physical therapy services. Support is provided by the following means:

- Distribution of literature, provision of resources, as well as in-service presentations to school personnel, and parent groups
- Suggestions for general classroom and campus accommodations
- Adaptations to support motor development
- Suggestions for seating and positioning

Tier 2: Strategic or Supplemental Instruction and Intervention

During Tier 2 level, it is the responsibility of the physical therapist to screen a student for possible motor delays. Screenings are conducted in a natural environment to elicit representative sample of the student's motor abilities. Screenings must not involve pull-out or any activity which removes the student from his/her regular school activities. Screenings may include observation of a student in a peer group if the observation does not in any way identify or single- out the student as the one who is being observed.

Typically physical therapists function as school team participant to provide one or more of the following screening activities:

- Observes the student in the classroom and/or other environments
- Consults with parents, teachers, and other school staff regarding concerns about the student
- Reviews teacher data regarding the outcomes of the classroom accommodations from Tier 1
- Provides follow-up screening, as appropriate

Several outcomes may follow the screening; the physical therapist may:

- Provide information to the teacher, school staff or parent to support the determination that the student's motor abilities are adequate to access their educational opportunities
- Provide recommendations for targeted interventions or program accommodations to be implemented and documented by the classroom teacher and/or parents

It is recommended that interventions and their outcomes be documented for a reasonable period of time.

Tier 3: Intensive Instruction and Intervention

During Tier 3, physical therapist provides follow-up consultation and monitoring to the classroom teacher, staff and parents if during the SST meeting, targeted intervention strategies

and accommodations are deemed necessary based on identified goals. The purpose is to focus on specific motor skills required for the student to access the educational program.

It is the responsibility of the classroom teacher to implement and document progress for the recommended targeted interventions. It is the responsibility of the physical therapist to consult with the classroom teacher and/or parent on a regular basis to monitor the recommended supports and accommodations and to adjust those recommendations as needed. Tier 3 continues as long as the student continues to make progress in the development of the targeted skills.

If a student continues to struggle with motor skills after targeted interventions and accommodations are in place, and documented for a reasonable amount of time (as determined by the SSPT), a referral for a special education evaluation will be made.

SECTION II ASSESSMENT AND NEED FOR SERVICES

The mission of the Division of Special Education is to provide leadership, guidance, and support to the school community in order to maximize learning for all students within an inclusive environment so that each student will contribute to and benefit from our diverse society.

The purpose of an initial special education eligibility evaluation is to determine whether a child has a disability, and the nature and extent of the special education and related services that the child needs (34 CFR § 300.15). This evaluation may or may not include a physical therapy assessment depending on the areas of concern.

Possible indicators for a physical therapy referral include students who demonstrate impairments or limitations in several areas:

- Difficulty in accomplishing tasks without the use of adaptive equipment, environmental modifications, or assistive technology
- Poor balance or frequent falling
- Postural, orthopedic abnormalities
- Reduced endurance, fatigue
- Unusual walking or movement patterns, limitations with functional mobility
- Delayed gross motor skills
- Difficulty learning new motor tasks
- Difficulty in moving or moving unsafely in the school environment
- Difficulty in maintaining an appropriate sitting posture
- Difficulty with accessing educational environment

Physical therapists assess the child's strengths and needs (foundational components) that support or limit their participation at school and access to the curriculum. Physical therapists analyze the

environment, the curriculum, and tasks in order to determine if the child is able to successfully participate in their educational program.

Foundational components include: gross motor skills, endurance, postural control, motor control, coordination, strength and stability, balance, functional mobility, environmental adaptations and modifications, and tolerance for positioning.

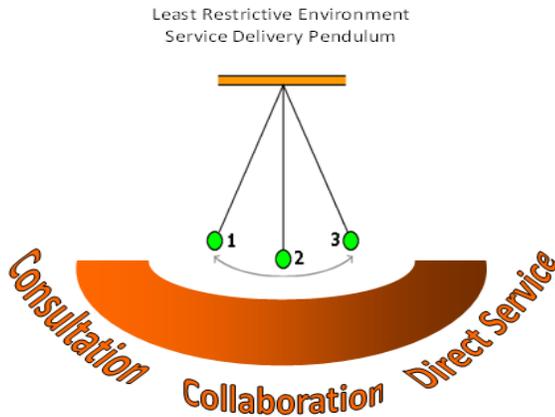
Upon parent permission to assess, a school physical therapist completes an assessment. If the student is supported within their educational environment and is accessing and benefitting from their curriculum, school based physical therapy is not indicated. If needs are identified in the areas of gross motor, physical access, or functional mobility within the educational environment, physical therapy may be recommended as a related service. The therapist uses professional expertise and evidence-based research to determine the intensity and frequency of intervention.

SECTION III SERVICE DELIVERY MODELS WITHIN SPECIAL EDUCATION

Physical therapy services include special education intervention in the areas of postural control, gross motor, mobility, and adaptive behavior following a comprehensive assessment by a physical therapist. It is the position of the District that physical therapy intervention is dynamic and is implemented using an array of service delivery models which change as the needs of the student change to meet their ongoing needs to access their core curriculum. The physical therapist designs evidence-based educational programs in the least restrictive environment to meet students' needs throughout the school year. No single service delivery model is necessarily used exclusively during intervention.

Physical therapy services are defined as a continuum of intervention strategies that may include one or more of the following in order to meet the desired goals for the child: individual treatment, small group session, consultation, monitoring and collaboration. All strategies consist of the therapist working directly with the student. Treatment session time, frequency, and location of service are determined on an individual basis. Treatment may be provided as co-treatment with other related services (e.g. occupational therapy, adapted physical education, speech and language therapy). The physical therapist designs data-based intervention in the least restrictive environment to meet students' needs throughout the school year.

The District supports a variety of strategies for the delivery of PT services. Services may fall into these 3 categories, and like a pendulum, service delivery may swing back and forth between more intense to less intense depending on the level of support needed at any given time to meet



the student’s core academic program needs:

- **Consultation** is a service provided directly or indirectly to the student consisting of regular review of student progress, student observation, accommodations and modifications of core material, developing and modeling of instructional practices through communication between the general education teacher, the special education teacher, parent and related service provider.

- **Collaboration** is a service by which general education teachers, special education teachers and related service providers work together to teach students with and without disabilities in the

classroom. All are responsible for direct instruction, planning and delivery of instruction, student achievement, progress monitoring and discipline to support the student goals and objectives and to access the curriculum.

- **Direct Service** is instruction or service by a single special education provider designed to support bridge and strengthen student skills. It is an opportunity to provide specific skill instruction, re-teach, pre-teach, and scaffold instruction to support student goals and objectives and to access the curriculum.

All providers are expected to report their students’ progress toward meeting IEP goals and objectives. Providers should coordinate with the school site to ensure they are following the school site procedures for reporting.

SECTION IV PHYSICAL THERAPY SERVICE COMPLETION GUIDELINES

Best practices require that expected outcomes and service completion guidelines are discussed with the IEP team upon the initiation of PT services and upon change in services. The recommendation for continuation or discontinuation of physical therapy services is determined by the expertise of the physical therapist professional in collaboration with the IEP team. There are several factors the IEP teams should consider when making decisions regarding physical therapy service completion.

1. The student’s needs that are being addressed by physical therapy no longer negatively affect their educational performance in the regular education or special education program.
2. The student no longer requires PT as a DIS in order to benefit from their special education program.

3. The student consistently demonstrates behaviors that inhibit progress in physical therapy such as lack of cooperation, motivation, or chronic absenteeism. In these circumstances, the IEP team should consider the initial eligibility decision since these behaviors may reflect social maladjustment, environmental, cultural, or economic factors rather than an actual disability. The IEP team may also explore alternative services or strategies to remedy the interfering behaviors or conditions.
4. The student's needs will be better served by an alternative program or service, as determined by the IEP team.
5. Physical therapy is contraindicated because of the change in medical or physical status.
6. The student graduates from high school.
7. The student reaches the age of 22 years.

RELATED RESOURCES

REF-43782 *Implementing a Multi-Tiered System of Supports Framework* dated July 1, 2018, issued by Los Angeles Unified School District Chief Academic Officer, Division of Instruction.

American Physical Therapy Association. 2003. *Guide to physical therapist practice*. 2nd ed. Alexandria, VA: American Physical Therapy Association.

California Department of Education. 2012. *Guidelines for Occupational Therapy and Physical Therapy in the California Public Schools*. 2nd ed. Sacramento: Department of Education.

California Legislative Information (n.d.). Retrieved June 13, 2019, from http://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?sectionNum=56363.&lawCode=EDC

Elliott, Judy. *Response to Intervention: What & Why?* The School Administrator. September 2008.

Irene McEwen, PT, PhD, FAPTA. 2009; *Providing Physical Therapy Services Under Parts B & C of the Individuals with Disabilities Act (IDEA)*; 2nd ed. Alexandria, VA: American Physical Therapy Association

Los Angeles Unified School District, Related Services. *Occupational Therapy, Physical Therapy and Assistive Technology Toolkit*.

MCD/Policy and Procedures. (n.d.) Retrieved March 8, 2019 from <https://achieve.lausd.net/Page/14568>

Multi-Tiered System of Supports (n.d.). Retrieved June 13, 2019, from <https://achieve.lausd.net/Page/14318>

ATTACHMENT A Gross Motor Milestones

Between Ages Three and Four	<ul style="list-style-type: none"> • Runs around obstacles • Walks on tiptoes, 1-2 feet • Balances on one foot for one to two seconds • Hops on one foot unsupported • Jumps over two-inch high object and lands on both feet together • Kicks a stationary ball • Catches (traps) a bounced ball • Throws ball overhead • Walks up and downstairs alternating feet with assistance • Jumps from bottom step (12 inches), feet together • Walks 20-foot diameter circle staying on path • Runs and changes direction without stopping • Performs a somersault
Between Ages Four and Five	<ul style="list-style-type: none"> • Gallops 6-10 patterns • Walks backward toe-heel • Balances on one foot for six to eight seconds • Hops in place five times • Jumps forward 10 times without falling • Kicks a rolled ball in any direction • Catches (traps) a thrown ball from three feet • Throws a ball in an intended direction • Walks up and down stair independently, alternating feet • Maintains momentum on a swing • Walks 10 feet carrying an object blocking view of floor • Hangs from bar using overhead grip • Walks 4 feet on 4 inch wide beam without stepping off
Between Ages Five and Six	<ul style="list-style-type: none"> • Skips on alternate feet • Walks with a mature pattern • Walks on balance beam • Can hop 6 to 8 feet • Jumps rope with others turning • Kicks a rolled ball in an intended direction • Catches (traps) a thrown ball from five feet • Throws a ball to target from 5 feet • Runs through obstacle course avoiding objects

Dixon, S.D. & Stein, M.T. (2000), University of Michigan Health Systems (Retrieved on May 23, 2007); Child development institute (1998-2007); California Department of Education: Content Standards (Retrieved on June 4, 2007)

ATTACHMENT B

Gross Motor Problems and Strategies

Type of Problem	Behaviors	Strategies
Motor Planning: Difficulty learning new motor skills	May require frequent verbal and manual cues to learning novel gross motor skills	<ul style="list-style-type: none"> • Modeling body movement <ul style="list-style-type: none"> ○ Simon Says, “Follow the leader”. • With music or clapping <ul style="list-style-type: none"> ○ <i>Head, shoulder knees and toes (4)</i> ○ <i>Hokey-pokey (5)</i> ○ <i>Obstacle course I and II (6,7)</i> • Give one direction at a time, break down the skill into parts
Difficulty in moving or moving unsafely in the school	Frequent falling and bumping into obstacles and peers Poor safety awareness	<ul style="list-style-type: none"> • Create clear pathways and decreased obstacles <ul style="list-style-type: none"> ○ Push in chairs, avoid floor mats, check for clutter in classroom environment • Decrease visual/auditory distractions and crowded environments <ul style="list-style-type: none"> ○ Allow child to be line leader ○ Classroom holding onto a rope • Practice agility skills <ul style="list-style-type: none"> ○ Relay races through narrow cones ○ Obstacle course
Difficulty in maintaining an appropriate sitting posture	Improper sitting alignment Inability to access materials at desk due to desk or chair height	<ul style="list-style-type: none"> • Sitting upright <ul style="list-style-type: none"> ○ Feet on the floor or phone book foot rest ○ Appropriate chair and desk height ○ Activities on a vertical surface (on an easel and wall) ○ Lumbar roll (continued)

<p>Balance and Coordination: Poor balance or frequent falling</p>	<p>Difficulty picking objects off floor in sitting and standing</p> <p>Difficulty walking on various surfaces such as cracked pavement and grass.</p> <p>Difficulty accessing classroom and/or campus such as stepping up a curb, ascending/descending stairs or ramps.</p>	<ul style="list-style-type: none"> • Practice activities or allow for reaching or placing objects overhead • Dressing skills encourage standing on one foot <ul style="list-style-type: none"> ○ <i>Dress Up Relay (8)</i> • Clean up time-picking up toys or scraps of paper off floor • Encourage walking on uneven surfaces <ul style="list-style-type: none"> ○ Cracked pavement within the school ○ Grass at the park ○ Sand on the beach • Balance activities: <ul style="list-style-type: none"> ○ <i>Tug of War (9)</i> ○ <i>Tug Boat Game (10)</i> ○ <i>Towel Pull (11)</i> ○ <i>Walking on Clouds (12)</i> ○ <i>Puzzle Squat (13)</i> ○ <i>Bean Bag Pick-up (14)</i> • <i>Balloon Volley (15)</i>
<p>Endurance and Strength: Reduced endurance and fatigue</p>	<p>Difficulty keeping up with classroom peers.</p> <p>Tires quickly.</p>	<ul style="list-style-type: none"> • Endurance and strengthening activities: <ul style="list-style-type: none"> ○ Wheelbarrow walking ○ <i>Animal Walks (16)</i> ○ <i>Red Light Green Light (17)</i> • <i>Crabwalk Soccer (18)</i>