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Determination of Eligibility for Physical Therapy in the Public School Setting

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University of North Dakota

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**DETERMINATION OF ELIGIBILITY FOR PHYSICAL
THERAPY IN THE PUBLIC SCHOOL SETTING**

by

Margaret Ann Borkowski
Bachelor of Science in Physical Therapy
University of North Dakota, 1974



An Independent Study

Submitted to the Graduate Faculty of the

Department of Physical Therapy

School of Medicine

University of North Dakota

in partial fulfillment of the requirements


for the degree of

Master of Physical Therapy

Grand Forks, North Dakota

May
1993

This Independent Study, submitted by Margaret Ann Borkowski in partial fulfillment of the requirements for the Degree of Master of Physical Therapy from the University of North Dakota, has been read by the Chairperson of Physical Therapy under whom the work has been done and is hereby approved.

A handwritten signature in cursive script, appearing to read "H. J. [unclear]", is written over a horizontal line.

(Chairperson, Physical Therapy)

PERMISSION

Title Determination of Eligibility for Physical
 Therapy in the Public School Setting

Department Physical Therapy

Degree Master of Physical Therapy

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Signature Margaret Ann Borkowski

Date March 22, 1993

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ABSTRACT

The Individuals with Disabilities Education Act of 1991 (IDEA) includes physical therapy as one of the related services which may be necessary for a student with disabilities to benefit from special education. The determination of eligibility is therefore an important part of the provision of physical therapy in a public school setting. This study investigates how this determination is made across the United States and makes recommendations for physical therapists in the state of North Dakota.

This study consists of a literature review (including medical and educational journals) and two surveys. The requirements for special education and related services under IDEA, the educational relevance of physical therapy, the use of standardized tests and specific eligibility criteria, and related legal cases are discussed.

Surveys were sent to the special education agency of each state and the District of Columbia. A second survey was sent to each State Representative for the Pediatric Section of the American Physical Therapy Association. All 50 states were represented in the responses. The District of Columbia did not respond.

Four states indicated that they did use eligibility criteria which are more specific than IDEA and its regulations. Ten states indicated that they did use a rating scale to help determine frequency of therapy services. A brief report of each state's response is provided.

The conclusion drawn is that statewide guidelines for eligibility provide some consistency between school districts and are helpful to physical therapists and others involved in the education of children with disabilities. It is recommended that North Dakota adopt guidelines which are flexible, in order to allow for individualization according to each student's needs, and which include functional assessment as well as developmental levels.

CHAPTER I
INTRODUCTION

Related Services

The Education of All Handicapped Children Act, Part B, Public Law 94-142,¹ was enacted in 1975. PL 94-142 included physical therapy (PT) as one of the "related services" which may be required to assist a handicapped child to benefit from special education. The law defined special education and included specific categories of impairment that may qualify a child for that special education. Amendments made to the Education of All Handicapped Children Act in 1986, Public Law 99-457,² included preschoolers, infants, and toddlers in the special education realm. These public laws were reauthorized in October 1991 as Public Law 102-119³, the Individuals with Disabilities Education Act Amendments, or IDEA. A terminology change in IDEA substituted the words "children with disabilities" for "handicapped children".

Traditionally, physical therapists have been employed in medical settings. Many therapists in rural states such as North Dakota work primarily in the medical setting, but also serve children under IDEA. Therapists in that situation must know the law governing "related services". In the educational setting, physical therapy services are

provided to support the educational process, rather than the medical well-being of the child.^{4(p2)}

The IDEA defines "related services" as:³

"transportation, and such developmental, corrective, and other supportive services (including speech pathology and audiology, psychological services, physical and occupational therapy, recreation, including therapeutic recreation, social work services, counseling services, including rehabilitation counseling, and medical services except that such medical services shall be for diagnostic and evaluation purposes only) as may be required to assist a child with a disability to benefit from special education, and includes the early identification and assessment of disabling conditions in children."

The Code of Federal Regulations(CFR)⁵ states that the definition of "related services" depends on the definition of "special education", since, in order to be a "related service", the service must be necessary for a child to benefit from special education. Therefore, if a child does not need special education, there can be no "related services." This does not mean that the child may not need physical therapy in a medical sense. The services just cannot be provided in the educational setting.

Infants and toddlers are covered under slightly different rules than the preschool and school-age populations. States follow the model of Part H of IDEA with children from birth to age three.⁷ To qualify for early intervention (special education) services under Part H, a child must be "experiencing developmental delays, as

measured by appropriate diagnostic instruments and procedures in one or more developmental areas". Also eligible for services are "those having a diagnosed physical or mental condition with high probability of developmental delay". The remainder of this paper will deal only with the provision of physical therapy for the school-age child.

Individual Education Program

A child may be referred to Special Education by a teacher, parent, physician, administrator, or any person who knows the child.³ If motor involvement is suspected, a physical therapist, as part of the multidisciplinary education team, may do an assessment of the student. The team then decides if the child is eligible for special education by meeting the criteria for at least one of the identified categories.

The categories included in the definition of "children with disabilities"³ are: mental retardation, hearing impairments including deafness, speech or language impairments, visual impairments including blindness, serious emotional disturbance, orthopedic impairments, autism, traumatic brain injury, other health impairments, and specific learning disabilities.

If the child does have a disability as defined in IDEA, the education team must write an Individual Education Program (IEP) for the child.⁶ The IEP states the details of

the child's program including the frequency and duration of any special education programs, the amount of the child's participation in the regular education programs, specific goals and objectives for the child, and any related services which may be needed for the child to benefit from special education.

Purpose of Study

A brief preliminary investigation into the subject of eligibility for physical therapy services in the educational environment identifies a variety of criteria as well as significant controversy. Many school districts and state education agencies have developed criteria to determine eligibility for related services.

Katsiyannis⁸ surveyed state directors of special education in 1990 regarding eligibility criteria for related services. He reported that 8 states had developed criteria for the provision of physical therapy but did not specify what the criteria were for any given state.

Swanson⁹ reviewed the provision of occupational and physical therapy in public schools. Fourteen states responded to her survey. Two of these states reported that they required additional eligibility criteria to access therapy.

The Quality Assurance Committee of the North Dakota Physical Therapy Association (NDPTA) is currently in the

process of establishing guidelines for physical therapy delivery in the public school setting. Determination of eligibility is an important part of these guidelines. The purpose of this study is to investigate the practice and regulations of other states regarding eligibility for physical therapy services, and to recommend guidelines for North Dakota physical therapists.

CHAPTER II

LITERATURE REVIEW

There are several issues to consider before recommending criteria to be used in the determination of eligibility for physical therapy in the public school. The services must be related to education.³ The efficacy of using specific criteria must be explored. The validity of using standardized test scores must be questioned and related legal cases must be reviewed.

Services Must Be Related to Education

Physical therapy delivered in a public school is different from therapy delivered in a clinic or hospital. Clinical therapy is usually an adjunct to medical treatment for acute and chronic conditions. The goal of clinical therapy is to improve global functioning through the use of a variety of modalities. This difference in goals must be continually kept in mind. Therapy is provided in the school to help the student access educational services and benefit from his/her educational program. In the school setting, educational goals hold a primary position while therapy goals are considered secondary and are undertaken to support those goals.^{4(p2)} Therapy provided in school might not meet all the therapy needs of the child. The child's family may need to seek out additional therapy services to address

those needs which are not educationally-related. The school physical therapist may provide information regarding other physical therapy resources to the student or family.

Since related services can only be provided to children who require special education, physical therapists must know the definition of "special education". The IDEA³ defines special education as:

"specially designed instruction, at no cost to parents or guardians, to meet the unique needs of a child with a disability, including instruction conducted in the classroom, in the home, in hospitals and institutions, and in other settings, and instruction in physical education."

An important section in this definition is physical education. According to the CFR⁵, "Physical Education" includes special physical education, adapted physical education, movement education, and motor development. There are children with mobility problems, such as some children with cerebral palsy, who may not have cognitive or learning problems, but may still need physical therapy to participate in school activities. Such children would be eligible for physical therapy in order to benefit from instruction in physical education.

Lindsey,¹⁰ the State Physical Therapy Consultant for the North Carolina Department of Public Instruction, states that the goal of physical therapy student-related services is to assist in providing an educational environment that will enable the handicapped student to:

- 1) overcome educational deficits resulting directly or indirectly from a physical or motor disability;
- 2) benefit from educational opportunities in as near-normal a setting as possible;
- 3) develop motor and learning potential to a maximum degree.

According to the report of the Therapy in Educational Settings project (TIES),^{4(p54)} students not identified as having exceptional educational needs (special education) as well as those students identified as having exceptional educational needs but who do not require physical therapy to benefit from their program of specially designed instruction, are not eligible for PT as a related service. The following examples of children who are not eligible for physical therapy as a related service were given:

1. Students with a temporary disability such as a fractured leg or muscle injury.
2. Students with a disability or a handicapping condition which does not require the provision of specially designed instruction. These may be disabilities such as clumsiness, scoliosis, traumatic injury to nerves/muscle of the hand, and mild cerebral palsy.
3. An amputee who is independent in the use of his or her prosthesis.
4. Any child who has reached maximum benefit from the therapy such that direct therapy, monitoring and consultation is no longer needed.

The APTA guidelines for practice in educational environments^{11(p5.1)} state that a student's inability to participate in the educational program, not the medical

diagnosis itself, is the primary criterion for eligibility for school therapy services. If a student's condition and ability to function interfere with education, thus requiring special education, then the student is potentially eligible for school physical therapy services as a related service.

Examples of Educational Relevance

Giangreco¹² and colleagues interpreted the need for educational relevance to encompass all aspects of the student educational program (academic, functional, social, and physical skills) as well as management needs related to instruction. They stated that therapy must assist in the achievement of educational objectives directly, or must address management needs that allow a student access to educational environments, activities, and opportunities.

Children with limited mobility may need physical therapy to permit them to move around the school building safely and independently with their classmates. Those who lack range-of-motion and strength in their upper extremities may have difficulties with eating, desk-top activities, physical education games and participation on the playground. Balance problems may impact the student when sitting in the classroom as well as when ambulating in crowded hallways and lunchrooms.

Students with disabilities may also need physical therapists to be involved in the evaluation, adaptation, and

use of orthotics, wheelchairs, seating devices and other forms of assistive technology. Physical therapists may assist in the evaluation of architectural barriers and recommend modifications of equipment to allow the disabled students access to their education.

Many other examples of the relationship to education for various areas of functional disabilities have been documented.⁴(p15-18),¹⁰(p3.6-3.7)^{13,14,15}(p11-15)

Use of Standardized Tests

Physical therapists may use published developmental tests as one part of the evaluation of children. This is especially true in the public school setting since the other members of the education team are familiar with standardized test data. Some states require that a student's score on a developmental test be below a certain level in order to receive physical therapy in the school.

Standardization is the process of administering a test under uniform conditions to each child who is to be tested.¹⁶ A norm-referenced test is designed to examine individual performance in relation to the performance of a representative group.

In order to be valid, the group on which the test was normed should be truly representative of the child being tested.¹⁶ This is frequently not possible, as most of the available developmental tests have been normed on a "normal"

population. This norm may not be appropriate for many children with cerebral palsy, spina bifida, or Down Syndrome.

When administering a standardized test to a child, it is essential that the standardized procedures and directions given in the test manual are followed if test performance is to be compared across children. Bailey and Brochin¹⁶ state, "In testing handicapped youngsters, however, rigid application of standardized procedures may result in erroneous conclusions about a child."

Montgomery and Connolly¹⁷ state that if the purpose of a test is to identify children with motor handicaps in a school system, or to establish a specific developmental age level for an individual child, a norm-referenced test would be used. Blossom and Ford^{15(p9)} believe it more important to identify the child's abilities and problems as they relate to the educational setting, rather than to compare the child's motor function to norm-referenced motor skills. Therapists using standardized tests must be aware of these issues so that an appropriate test can be chosen and proper interpretation of the test results can be made.

Use of Specific Criteria for Determining Eligibility

Specific criteria, or guidelines, have been developed by some states as part of the determination of eligibility for related services. Many of these involve a comparison of

the child's motor skills with his/her cognitive, speech, language, and social-emotional skills, rather than with chronological age. In some states physical therapy is included on a child's IEP only if the developmental motor scores for the child are significantly lower than the scores in the other areas. The degree of discrepancy needed between scores frequently depends on the age of the child.

This comparison of motor skills with skills in other areas, especially cognition, as a criteria for eligibility for physical therapy has been challenged in the literature.

The validity of using cognitive levels as a comparison for motor skill level to determine eligibility has been studied by Cole, Mills, and Harris.¹⁸ They compared the effects of therapy services for two groups of young children with motor delays: one group with cognitive skills markedly above their motor development and one group with equivalent delays in cognitive and motor development. The results of this study suggested that the second group responded at least as well to therapy and actually benefited more from services in the motor/perceptual area. This is the group of children who would not have been deemed eligible for PT services according to criteria including specific degree of discrepancy between motor and cognitive test scores.

Rainforth¹⁹ suggests that the use of "specific degree of discrepancy" is based on four false premises:

1. Existing evaluation tools are valid measures of the abilities of students with generalized severe handicaps.
2. Developmental age equivalents are valid descriptors of the abilities of students with severe handicaps.
3. Therapists have little to contribute in the development of appropriate educational programs for students with generalized severe handicaps.
4. Related services are not required for students who are "unable to benefit".

The mandate of IDEA³ is to provide individualized special education to all handicapped children based upon each individual's unique needs. The Office of Special Education and Rehabilitative Services²⁰ stated that any guideline that acts as a categorical denial of related services to all students whose motoric skills are as delayed as their general developmental level would be inconsistent with the law. Therefore, the use of standardized test scores alone to exclude a child from eligibility would appear to be contradictory to IDEA as interpreted by the Office of Special Education and Rehabilitative Services.

Related Legal Cases

Even before the passage of PL 94-142¹ in 1975, the court system affirmed that school districts are responsible for meeting the educational needs of students with disabilities. In the case of *Mills v. Board of Education of the District of Columbia*²¹ the school board had argued that it could not afford to offer an appropriate education to all

its students with disabilities. The court responded that whatever inadequacies existed in the school system could not be allowed to impact more heavily on the exceptional child than on a child without disabilities.

Since the implementation of PL 94-142¹, a significant amount of litigation has arisen concerning the provision of related services. Much of the litigation has concerned the definition of the parameters of the specific related services, and whether or not certain services should be considered as related services.²²

Many of the federally mandated "related services" have traditionally been available outside the school system. School staff were rarely qualified or trained to provide such services as physical therapy, occupational therapy, psychology, or traditionally medical treatment such as intermittent catheterization. The related service requirements thus involved the school in novel areas of costly activity. Education administrators therefore have tried to protect their limited resources by searching for ways to limit costly related services.^{4(p63)}

A famous landmark case regarding "related services" was the case of a child with spina bifida in *Tatro v. Texas*.²³ The court ruled that clean intermittent catheterization was needed as a related service to allow the child to benefit from special education. She was not able to attend school

at all without the catheterization, so therefore, it was necessary for her to benefit from special education. This decision, along with Section 504 of the Rehabilitation Act of 1973,²⁴ would also support physical therapy as a related service in cases where it was needed for a child to attend school, regardless of cognitive abilities.

Turnbull and Turnbull²⁵(p173) explain the "service priorities" of the law. School systems are required to spend their federal funds on two types of children. First, they must provide funding for any age-eligible student who is not receiving a free appropriate education. Second, they must provide funding for the children who have the most severe disabilities within each category of disability.

The case of *Board of Education V. Rowley*²⁶ also has implications for the provision of related services. The parents requested a sign language interpreter for a hearing impaired child. Without the interpreter, the student heard 59% of what transpired in her class, but had passed from grade to grade without ever being held back. The Court ruled that she did not require an interpreter. The Court also ruled that Congress intended only that PL 94-142¹ should open the doors of public education to children and youth with disabilities, giving them a reasonable opportunity to learn. Congress did not intend that the

schools must develop students' capacities to their maximum.²⁵(p181)

Osborne²² agrees that the courts have not required that school systems provide each and every special education service that would be helpful to a handicapped child. However, the courts have ruled that a definition of "special education" that was limited to intellect, cognition, and speech was too narrow. The court, in *Lori B. V. SEA Alaska*,²⁷ ruled that the preschool child with orthopedic impairment should be provided special instruction and related services designed to minimize the problems her disability posed for participation in school settings even though her intellectual abilities were unimpaired.

In many areas, especially rural areas, public school physical therapy may be available only on a part-time basis. The school system may then rarely list physical therapy as a required service on individualized education programs. But the intent of IDEA is that the type and amount of service provision may not be determined by district resource limitations, but rather by the student's needs alone.²⁸

According to Rainforth,¹⁹ the courts have consistently ruled that neither cost nor availability justifies the denial of appropriate special education and related services. Interstate Research Associates²⁹ reported that "nowhere in the law is there a provision that could be

construed as relieving a school system of its responsibility to provide a free appropriate public education even if sufficient funds are not available".

The "related services" concept is fairly broad and it has generally been expanded rather than limited by most judicial interpretations. According to the TIES project,⁴(p68) related services, including physical therapy, are merely those services associated with assisting children in reaching basic objectives such as walking, talking, socializing, or otherwise becoming prepared for life.

CHAPTER III

METHODOLOGY

This study included two surveys (Appendix A and B). Each survey was accompanied by a cover letter (Appendix C and D) which explained the purpose and mechanism of the survey. Self-addressed, stamped envelopes were included for convenient return of the surveys. The surveys were kept short, requiring the respondent to check "yes" or "no" or write a short narrative answer. Photocopies of established criteria or guidelines were requested.

Surveys were sent to the special education agency of each state and the District of Columbia to determine which states have specific eligibility criteria for physical therapy and what those criteria are. The agencies were also asked about guidelines for frequency or type of PT service to be provided, and if they required specific standardized tests or procedures to be used. Finally, each state special education agency was asked whether the statement "This state has no additional rules, regulations or guidelines for the determination of eligibility for physical therapy in public school" was true.

Surveys were also sent to each State Representative for the Pediatric Section of the American Physical Therapy Association for any criteria their organization has

developed regarding eligibility for physical therapy in the public school setting. This group was also asked to give names and addresses of individual school districts which may have developed criteria or guidelines, separate from state guidelines. The school districts which were identified by this response were then sent a letter (Appendix E) asking for information about those criteria or guidelines. The final question for the pediatric physical therapists regarded unofficial, but common practice, guidelines which may be used by therapists in their state.

Five weeks after the initial surveys were mailed, a second letter and survey was sent to those states who had not yet responded. The one state which did not respond to the second mailing was contacted by telephone.

CHAPTER IV

RESULTS

Survey responses were received from 46 state Special Education agencies and from 28 American Physical Therapy Association (APTA) Pediatric Representatives. Six school districts, out of 9 which had been identified by the APTA Pediatric Representative, also responded. All 50 states were represented by these responses. The District of Columbia did not respond.

State Special Education Agencies

Thirty-nine state Special Education agencies indicated that they did not have any specific criteria for eligibility for physical therapy in addition to those set in IDEA and its regulations. Four states indicated that they did have eligibility criteria for physical therapy which were more specific than that of IDEA.

One state did have criteria but stated that these were recommendations only and were not mandatory. One state reported that criteria are being developed but are not yet ready for distribution. The response from one state could not be interpreted as survey questions 1-4 were not answered at all but question 5 was answered "No". No written information was given by the agency.

Twenty-six of the state Special Education agencies sent copies of the written resources put out by their agencies for the use of local school districts and physical therapists working in public schools. These resources were analyzed for any "criteria for eligibility" or "guidelines for frequency" and whether these were mandatory or only suggestions to be used as one part of the determination of eligibility for physical therapy. In analyzing these documents, criteria for eligibility were considered to be present if they were mandatory and were more specific than IDEA and its regulations.

Some states which did not report the mandatory use of specific criteria did use some type of rating scale to determine frequency of services and type of service delivery (direct service, consultation, or monitor). For certain students, these scales may indicate that the frequency of any form of service delivery would be zero. In essence, this would mean that the student was not eligible for physical therapy. The statewide use of rating scales which could lead to exclusion from physical therapy is therefore included in this study.

State Pediatric Therapists

Twenty-four state pediatric representatives reported that their states did not have specific criteria for eligibility in addition to those of IDEA and its

regulations. Four states did use additional criteria to determine eligibility for physical therapy. Several state representatives sent copies of guidelines for service delivery which included rating scales, delivery models, checklists, or priority lists which therapists in their state use to assist in determining eligibility and frequency of service delivery.

State by State Response to Surveys

Analysis of the survey responses from both groups and of the printed materials sent along with the surveys yielded the following information from each state. Additional specific criteria for eligibility will be reported in full. Suggested guidelines for frequency of treatment or mode of service delivery will be briefly explained. States requiring specific eligibility criteria or using rating scales to determine frequency of treatment or mode of service delivery are shown in Table 1 (p. 23).

ALABAMA: There are no additional criteria for eligibility set by the Department of Education.³⁰ The Alabama Physical Therapy Association suggests factors to be considered and three priority levels to help therapists manage their caseload.³¹ These factors include the potential for change in the student's condition and amount of previous therapy.

ALASKA: No additional criteria or guidelines for PT.

ARIZONA: No additional criteria or guidelines for PT. The

state Department of Education is developing a technical assistance paper which will provide some direction to school districts.

TABLE 1
USE OF ELIGIBILITY CRITERIA AND RATING SCALES

State	Eligibility Criteria	Rating Scales
Arkansas		X
Colorado		X
Florida		X
Georgia	X	X
Indiana		X
Iowa	X	
Kansas		X
Louisiana	X	
Montana	X	
Nebraska		X
South Dakota		X
Washington		X
Wisconsin		X

ARKANSAS: No additional criteria for eligibility for PT. The APTA Pediatric Representative reported that therapists use a tool developed by the Issaquah School District in Washington³² to assist in prioritizing children for physical therapy services. It is based upon the severity of the child's estimated need and is to be used with the therapist's discretion. A copy of the tool was not included for analysis.

CALIFORNIA: No additional criteria or guidelines for PT. The state has a unique system which refers children first to the California Children Services for medically necessary therapy. If it is determined that therapy is not medically

necessary the school district is responsible for providing the educationally related therapy.³³

According to the response received from Swanson, Consultant to the Special Education Division of the State Department of Education, the two groups of children served in the Medical Therapy Program of the California Children Services are:

1. Children with diagnosed neuromuscular, musculoskeletal or muscular disease.
2. Children below two years of age who demonstrate neurological findings that suggest high probability of a physical disability but who have no obvious or visible diagnosed neuromuscular, musculoskeletal, or muscular disease.

Children served under these conditions are served in a "medical therapy unit" which is a designated public school location where the California Children Services medical therapy services are provided. The services provided must be listed on the child's IEP.

COLORADO: No additional criteria for eligibility. The Department of Education provides a procedures manual³⁴ which includes the Waukesha Guidelines³⁵ from Wisconsin and Severity Rating Scales from the Jefferson County, Colorado, Public Schools and from the Georgia Alliance of School Occupational and Physical Therapists. These are tools to assist in the selection of frequency of treatment. The use of these guidelines is not mandatory.

CONNECTICUT: No additional criteria or guidelines for PT.

DELAWARE: No additional criteria for eligibility. The Department of Public Instruction³⁶ provides a list of factors for physical therapists to consider when making professional judgement to initiate or terminate school PT services. The list includes age and disability of the student, academic status, previous therapy, assessment results, IEP goals, other school and community programs available, and educational significance of therapy goals and objectives.

DISTRICT OF COLUMBIA: No response.

FLORIDA: The respondent for the Department of Education indicated that the following eligibility criteria are used:³⁷ An exceptional student would be eligible to receive physical therapy if the student has:

- a) Identified physical impairments, motor deficits or developmental delays which significantly interfere with the achievement of learning; OR
- b) Muscular or neuromuscular conditions, skeletal deformities, trauma or physically debilitating conditions which limit the student's ability to attain functional performance within the educational setting; OR
- c) A severe disability which substantially limits one or more of such student's major life activities.

Florida also has the Occupational Therapy/Physical Therapy Reporting System³⁸ which is recommended, not mandated, as a guide for determining treatment frequency and duration. It does use a comparison of gross motor and fine motor developmental skill level with functional mental age

or overall developmental age. These comparisons are only two parts of a twelve part system.

GEORGIA: A resource manual from the Department of Education³⁹ defines four priority categories for the treatment of handicapped children. These are:

First priority--School-aged (5-18 years) handicapped children who are not receiving an education.

Second priority--School-aged children with the most severe handicaps in each disability area who are receiving an inadequate education.

Third priority--School-aged children with moderate handicaps who are receiving an inadequate education.

Fourth priority--Handicapped children, ages zero to four who are not being served or are being inadequately served.

These priorities for services are to relate to the extent of disability, the child's age, other available resources for physical therapy services, and the potential for improvement or maintenance of function. Each of these above areas is rated high, medium or low. The combination of all areas determines whether the child receives no therapy, therapy as consultation, minimum therapy or more frequent therapy. The manual included an example of an assessment using a point system to determine priority.

HAWAII: Physical therapy in public schools is under the jurisdiction of the School Health Services Branch of the Department of Health. Criteria are being developed but are not yet ready for distribution.

IDAHO: No additional criteria or guidelines for PT.

ILLINOIS: No additional criteria or guidelines for PT. The state is in the process of writing a handbook for Occupational and Physical Therapies which will provide some guidance. It will be available in 1993 or 1994.

INDIANA: No additional eligibility criteria for PT. The Division of Special Education does provide a Service Delivery Model⁴⁰ as a guide to setting the intensity of therapy service. It is a rating scale which could lead to the conclusion that the student does not qualify for educationally related services. However, its use is not mandatory and it does state that it is only a suggested level of intensity and that many other factors can influence the determination of level of service.

IOWA: To be eligible for physical therapy in public schools the student must meet all of the following criteria in at least one of the five problem areas identified⁴¹: activities of daily living, feeding, manipulation, positioning, or mobility. Criteria:

- 1) The problem interferes with the pupil's ability to participate in the educational program.
- 2) The problem appears to be primarily sensory motor, perceptual motor, and/or motor based.
- 3) As documented, previous attempts to alleviate the problem have not been successful.
- 4) Potential for positive change in the pupil's problem through intervention or negative change without

intervention appears likely. Change should be unrelated to maturity.

The document from the Iowa Department of Education also gives suggestions for frequency and mode of service delivery and specific exit criteria for termination of physical therapy services. The pupil no longer qualifies for physical therapy as an educationally related service if one of the following has been completed or met:

- 1) Goals have been met and no additional therapy services are necessary.
- 2) Potential for further change appears unlikely based on previous documented intervention attempts.
- 3) Problem ceases to be educationally relevant.
- 4) Therapy is contraindicated due to change in medical or physical status.

KANSAS: Eligibility for physical therapy is primarily determined by the Service Provision Parameters Worksheet Form from the State Board of Education.⁴² The Worksheet identifies those areas within the educational goals that should be addressed by physical therapy. It also assists in determining the level of service intervention necessary to support the child in the educational program.

Performance outcome areas covered by the Worksheet are: learning, work, play/leisure, communication, socialization, and activities of daily living. Specific items evaluated in the above areas include: manipulation/hand use, perceptual skills, cognitive skills, attending skills, use of assistive

and adaptive devices, management of body position during learning, management of body positions during transitions. movement within student's environment, communication access, and self esteem.

These items are each rated on a numerical scale with the following parameter definition:

- NI No problems identified in therapy evaluation.
0. Although the problem has been identified through assessment, it is not presently interfering with the educational process. Needs may be met by self, parents, teachers or therapists in the community.
 1. The problem influences successful educational performance; simple instructional or environmental changes are likely to enhance functional performance.
 2. The problem interferes with a specific area of educational performance; specific strategies are necessary to enable functional performance.
 3. The problem prevents successful educational performance in one or more areas; multi-faceted strategies are necessary to attempt to reach functional performance.

The Kansas APTA Pediatric Representative stated that the interpretation of this Worksheet is left up to the individual therapist and that it is "indeed a judgment call in some cases". She stated that school-aged children with gross motor skills in line with cognitive skills are not seen for physical therapy. Children with orthopedic needs may be determined eligible regardless of cognitive level.

KENTUCKY: There are no additional specific criteria for eligibility. However, the information sent by the

Department of Education⁴³ states that the school Admissions and Release Committee (ARC) must determine if teacher intervention, alone, will lead to mastery of IEP goals and objectives. If not, related services will be considered. Guidelines for making that decision are given. There is a description of *delays* versus *impairments*. The definitions used are:

Motor delay. When a student's motor development slows or lags, yet proceeds in a normal sequence of development, the child is considered to be motorically delayed.

Motor impairments. Motoric impairments are of a specific physical, neurological, or physiological origin.

It is stated that a child with delayed development is usually dealt with without therapist involvement because the special educator and physical educator are usually qualified to deal with the problem with minimal supplementary assistance. It is also stated that there is a likelihood that children with motor impairment will need therapy services. These statements are not absolutes and allow the ARC to consider each child's needs separately.

LOUISIANA: The Office of Special Education Services Bulletin 1575⁴⁴ recognizes two general categories for eligibility--motor function delay or developmental delay.

To be included in *motor function delay* the student must exhibit neuromuscular or joint limitations which affect/interfere with physical function in the education

setting. In addition to physical therapy assessment, current information must indicate:

- 1) an ability to improve motor functioning with physical therapy intervention
- 2) an ability to maintain motor functioning with therapeutic intervention (if the student maintains motor functioning without therapeutic intervention, physical therapy would not be required in the educational setting)
- 3) an ability to slow the rate of regression of motor function with therapeutic intervention when a progressive disorder is involved.

Developmental delay, according to the Louisiana criteria, includes students with gross motor delays but with no interfering neurophysiological impairment. To receive services, the handicapped student must:

- 1) function six or more months below overall functional abilities if between the age of three and six years
- 2) function 12 months below overall functional abilities if between six and ten years, or
- 3) function eighteen months below overall functional abilities if over 10 years old.

Overall functional abilities refers to the child's overall educational performance in the areas of cognition, communication, social-adaptive, self-help, gross motor, and fine motor. The physical therapist compares the student's physical therapy assessment scores with the overall functional scores obtained from other pupil appraisal team members, not with the student's chronological age.

MAINE: No additional criteria or guidelines for PT.

MARYLAND: No additional criteria or guidelines for PT. The APTA Pediatric Representative did refer to a copyrighted guide used by at least one program in the state. This was the Entry/Exit Criteria⁴⁵ which is based on both objective and subjective evaluation of the child.

MASSACHUSETTS: No additional criteria or guidelines for PT.

MICHIGAN: No additional criteria or guidelines for PT.

MINNESOTA: No additional criteria or guidelines for PT.

MISSISSIPPI: No additional criteria or guidelines for PT.

MISSOURI: No additional criteria or guidelines for PT. The APTA Pediatric Representative stated that a common practice guideline is to serve children who have at least a 50% delay on a standardized developmental test in two domains.

MONTANA: The state has both eligibility and exit criteria.⁴⁶ A student shall be considered eligible for physical therapy if:

- a) The student has been identified as handicapped according to IDEA and has an IEP designed to meet his/her educational goals.
- b) An individually administered standardized assessment recognized by the APTA as appropriate for the measurement of fine motor or gross motor functional living skills has been completed.
- c) A formal observation in the student's usual educational environment has been completed prior to determination of need for services.
- d) A significant deficit in the development of prerequisites for fine motor or gross motor functional living skills exists. The significant deficit should be documented as:

- 1) for 3-5 year olds--a 25% delay in motor performance from the student's developmental age; or
- 2) for students 6-21 years old--a 30% delay in motor performance from the student's developmental age; or
- 3) for all students, results from two standardized assessments which rate the deficit as moderate or severe; and
- 4) for all students, written confirmation that the deficit restricts or inhibits educational performance.

The Montana Guidelines also give specific exit criteria:

- a) The student's performance is commensurate with stated goals and objectives.
- b) The student has improved in the deficit area to a level sufficient to eliminate educational significance.
- c) The student and parent have requested that services be terminated.
- d) The area of deficit has not changed over a predetermined period of time, and documentation shows that the appropriate variables such as frequency, intensity and type of service or intervention strategy have been employed through IEP changes.

Missoula School District #1 stated that they use a "Therapy Profile" which places motoric status factors and clinical judgement factors on a grid to help determine frequency and mode of therapy delivery.

NEBRASKA: The guide published by the Department of Education⁴⁷ lists three conditions which should be apparent

in determining the need for educationally based physical or occupational therapy (OT):

1. The problem appears to be primarily sensory motor, perceptual motor, or motor based;
2. There is potential for positive change in the student's problem through intervention; and
3. It appears that without PT or OT intervention negative change could occur.

According to the guide, the Nebraska Educationally Related Therapy Needs Assessment for Occupational and Physical Therapy (NETNA) may be used to assist in the decision of eligibility and frequency. This is a scale which rates performance in 24 specific areas as normal, mild, moderate or severe.

At least one Nebraska school district⁴⁸ uses a scale of amount of delay as a guideline when determining frequency and type of service. This scale compares the gross motor and fine motor developmental age with the cognitive/academic age to determine amount of delay. The frequency of service depends on the amount of this delay and the chronological age of the student, with higher priority for therapy given to the younger students.

NEVADA: No additional criteria or guidelines for PT.

NEW HAMPSHIRE: No additional criteria or guidelines for PT. The APTA Pediatric Representative indicated that several therapists use assessments and scales which have been published in literature of the APTA Pediatric Section.

NEW JERSEY: No additional criteria or guidelines for PT.

NEW MEXICO: No additional criteria or guidelines for PT.

NEW YORK: No additional criteria or guidelines for PT.

NORTH CAROLINA: No additional criteria or guidelines for PT.

NORTH DAKOTA: No additional statewide criteria or guidelines for PT. One Special Education Unit, Souris Valley Special Services⁴⁹, has developed general criteria for Occupational and Physical Therapy Services. The criteria are:

- 1) Children ages 3-21: a deficit in motorical-neurological and/or othopedic function severe enough to need specific equipment, orthotics, modified educational programs, or who would regress without therapy.
- 2) Children ages 3-6: gross motor, fine motor, or self-care skills delay of more than one year from chronological age.
- 3) Children age 7-12: fine or gross motor delay of 2 years from overall functional/mental level or 1 1/2 to 2 years if student has not received intervention or the problem cannot be managed in an adapted physical education or special services program.
- 4) Students age 13-21: fine or gross motor delays of more than 2 years from their overall functional/mental age might benefit from adapted physical education or PT/OT consultation.

OHIO: The state Department of Education has no additional criteria or guidelines for PT. The Cuyahoga Special Education Service Center⁵⁰ has developed guidelines for therapists in their unit. These guidelines differentiate between delayed and impaired functional development.

Delayed functional development may exist where gross and fine motor levels are commensurate with cognitive level

and maturational age. Motor activities are generally performed in a variety of smooth, normal, and functional movement patterns. These children's needs for gross motor stimulation can be addressed within the educational program.

Impaired functional development may exist when motor functions are below expected level, not commensurate with cognitive level or maturational age, and movement patterns are performed using abnormal, non-integrated patterns. Motor problems cannot be addressed within the educational program without related service.

The Cuyahoga Guidelines state that physical therapy may be indicated if all of the following are present:

- a) impaired functional development is revealed by physical therapy evaluation, and
- b) identified impairments interfere with performance in daily living skill, school/work activities, play/leisure skills, or vocational skills, and
- c) the current IEP goals cannot be met without physical therapy services.

OKLAHOMA: No additional criteria or guidelines for PT.

OREGON: No additional criteria or guidelines for PT.

PENNSYLVANIA: No additional criteria or guidelines for PT.

The state Physical Therapy Association is currently developing guidelines for the practice of physical therapy in educational settings.

RHODE ISLAND: No additional criteria or guidelines for PT.

SOUTH CAROLINA: No additional criteria or guidelines for PT.

SOUTH DAKOTA: No additional criteria for eligibility. The Occupational/Physical Therapy Guidelines⁵¹ uses the Waukesha Delivery Model³⁵ as a guideline in determining the frequency and type of service to be provided. Therapy may be discontinued if one or more of the following exit criteria are met:

- a) The student has accomplished IEP goals and therapy can no longer have an impact on the student's function in special education.
- b) The student no longer shows potential for progress or change after a variety of intervention strategies and levels of service and delivery have been used.
- c) The student is no longer eligible for related service because special education services are no longer needed (including adaptive physical education).
- d) When the upper age limit (e.g., 21 years of age) is reached or the student has completed an approved program (i.e., graduates).

TENNESSEE: No additional criteria or guidelines for PT.

TEXAS: No additional criteria or guidelines for PT. The APTA Pediatric Representative responded that in common practice, the less involved the child was, the more likely that therapy services would be provided. There was no further explanation of this statement.

UTAH: No additional criteria or guidelines for PT.

Information received from the APTA Pediatric Representative indicated that some physical therapists use the standardized

score on a developmental motor inventory to determine eligibility for physical therapy services for those children who are walking but need some help with balance and coordination. Children in this category would need to score at least two standard deviations below the norm in order to qualify for therapy.

VERMONT: No additional criteria or guidelines for PT.

VIRGINIA: No additional criteria or guidelines for PT.

WASHINGTON: No additional criteria for eligibility. The Office of Superintendent of Public Instruction⁵² recommends that each school district set specific priority levels for physical therapy services. The Pediatric Screening Tool³² and the Florida OT/PT Reporting System³⁸ were listed as examples of documents used to set these priority levels.

WEST VIRGINIA: No additional criteria or guidelines for PT.

WISCONSIN: No additional criteria for eligibility. The state Department of Education publishes the Waukesha Delivery Model³⁵ to offers guidelines on the frequency and methods of service delivery.

WYOMING: No additional criteria or guidelines for PT.

Required Use of Specific Tests

None of the states indicated that they required physical therapists to use a specific test or tests as part of the evaluation of a child. Montana⁴⁶ requires the use of a "standardized assessment recognized by the APTA as

appropriate for the measurement of fine motor or gross motor functional living skills". The APTA does not publish a list of tests "recognized as appropriate" but does list tests which are frequently used.^{11(p5.4)}

The written information sent by 16 states included lists of areas which may be covered in an evaluation and 6 states did give lists of some specific standardized tests which are frequently used. The information from five states indicated that standardized tests may not be very helpful with many of the children frequently evaluated by physical therapists due to the lack of norms for physically involved children and the severity of the disabilities.

CHAPTER V

DISCUSSION

The literature review and survey results indicate that the determination of eligibility for physical therapy services in public school settings is a complex issue and is currently being dealt with in a variety of ways.

Four states were found to use specific eligibility criteria in addition to IDEA³ and its regulations. Six states indicated that some type of criteria or guidelines were currently being developed and four states requested the results of this study.

The study by Katsiyannis⁸ identified that eligibility criteria for physical therapy were used by eight states: California, Florida, Indiana, Louisiana, Montana, Ohio, Texas, and Wisconsin. Thirty-eight states were represented in his study.

Swanson⁹ identified only Iowa and Louisiana as having additional eligibility criteria; however, Illinois and Tennessee were also reported to require that a documented deficit be observed. Only 14 states were represented in that study.

The discrepancies between the earlier studies and this study may be due, in part, to a different definition of "eligibility criteria". Neither Katsiyannis or Swanson

define the term in their reports. Three states, Florida, Indiana, and Wisconsin, which Katsiyannis listed as utilizing eligibility criteria, are included in this study as using rating scales as a determinant of eligibility. Since the use of these scales is not mandatory, they did not meet the definition of "eligibility criteria" used in this study.

Louisiana is the only state included in all three studies as using eligibility criteria. The Louisiana criteria appear to be the most specific of all reported. Iowa was included in both this study and the Swanson study. There is no mention of Iowa in the Katsiyannis study, perhaps because the state did not respond to the survey. The information from the states of California, Florida, Indiana, Ohio, Texas, and Wisconsin did not meet the definition of eligibility criteria used in this study.

The Louisiana criteria has been both defended and attacked in the literature. Long⁵³ stated that defining developmental delay based on overall functional level would exclude students with the most severe disabilities from therapy services. Moore⁵⁴ refuted that statement and explained that students with the most severe disabilities "usually qualify for services under the motor function section".

The Louisiana criteria, according to Giangreco,⁵⁵ does not reference the recommendation for related service to the educational program. He further states:

"The model's emphasis on the use of standardized tests to make these determinations is disconcerting because it assumes that standardized motor tests accurately indicate whether a student needs therapy in order to benefit from educational instruction."

Spencer⁵⁶ believed that the Louisiana criteria were developed based on the school system's need to control or reduce the number of referrals. He stated that this would not be in compliance with the intent of the law. Special education and related services are to be designed and provided based on student needs, not on system needs or capacity.

Many states are trying to give some objectivity to the decision-making process by the use of specific criteria or rating scales. This objectivity can be beneficial to the physical therapist and the educational team which write the IEP for the child with disabilities. In an article supporting the use of specific criteria, Carr⁵⁷ stated that the criteria are time efficient because they give therapists standards by which to make decisions without second thoughts and doubts. Katsiyannis⁸ stated that the use of eligibility criteria will reduce confusion and ensure greater consistency in meeting the needs of children with disabilities as well as improve cost effectiveness.

However, the decision of eligibility cannot be made truly objective, relying solely on standardized test results or numerical rating scales, while maintaining the directive of IDEA to meet the child's unique needs. Strict adherence to criteria which compares standardized motor scores to cognitive or overall functional levels may prevent some children from receiving physical therapy services which may be required to access or benefit from their education.

Simunds⁵⁸ states that eligibility criteria should be considered guidelines but that no specific criteria can supplant the IEP process of determining the student's needs on an individual basis. Physical therapists in public school settings must assist the IEP team to determine which students need physical therapy for educational purposes and which do not. Any eligibility criteria or rating scales which are used as part of this decision must be flexible enough to allow for individual needs. They must include functional assessment as well as developmental level and must never be used independent of professional judgement.

CHAPTER VI

CONCLUSION

Statewide objective measures of eligibility for physical therapy as a "related service" may be helpful to physical therapists in educational settings. These measures must include functional assessment as well as developmental levels, must be flexible enough to allow for the child's individual needs, and must be used with professional judgement.

The guidelines developed by the North Dakota Physical Therapy Association (NDPTA) should include suggestions of "areas to consider" when making the determination of eligibility. The following variables must be considered: extent of disability and its relevance to education, motor functioning level in relation to overall functional level, potential for improvement or maintenance of function, ability of others to meet student's needs, priority of therapy needs relative to educational needs, and amount and duration of previous therapy.

The termination of physical therapy services should also be discussed in the guidelines. The IEP team may discontinue physical therapy based on the educational relevance of the physical therapy goals, the potential for progress in light of the frequency and duration of prior

services, and the priority of motor needs in relation to needs in other areas. The student's therapy would also be terminated if there was no longer a need for special education or if physical therapy was contraindicated by the student's medical condition.

Checklists of functional activities and examples of rating scales which quantify severity of disability should be included in NDPTA guidelines. The use of these items should not be mandatory, but they may be used to assist in the decision making process. Examples such as those given in documents published by the Departments of Education of Florida,³⁸ Iowa,⁴¹ and Nebraska⁴⁷ would be helpful.

Statewide guidelines must be flexible and must allow for individualization according to each student's needs but should provide for some consistency between school districts in the state. They will need to be updated regularly to reflect current interpretation of the law. The primary goal of physical therapists in public school settings must be to assist in the provision of appropriate education for each student.

APPENDIX A

COVER LETTER FOR STATE SPECIAL EDUCATION DEPARTMENTS

Margaret Borkowski, PT
710 Vinje St.
Bottineau, ND 58318

September 11, 1992

Dr. John Doe
Director of Special Education
Department of Public Instruction
Hometown, ND 55555

Dear Dr. Doe:

I am a Physical Therapist working in a public school. I am researching the methods used in each state to determine the eligibility for physical therapy as a related service in public schools under the Individuals with Disabilities Education Act Amendments (IDEA).

Part of this research is a survey of the State Departments of Special Education to find out how this determination is currently being made throughout the United States.

This information will be used by the North Dakota Physical Therapy Association in the development of guidelines for physical therapists working in public schools in North Dakota. It will also be part of my Independent Study Report in partial fulfillment of a Masters in Physical Therapy degree.

Would you please answer the attached survey and return it to me in the enclosed self-addressed, stamped envelope?

Thank you very much for your time and assistance.

Sincerely,

Margaret Borkowski
Physical Therapist

APPENDIX B

COVER LETTER FOR APTA PEDIATRIC REPRESENTATIVES

Margaret Borkowski, PT
710 Vinje St.
Bottineau, ND 58318

September 11, 1992

Jane Doe
Pediatric PT Representative
123 Main Street
Hometown, North Dakota 55555

Dear Jane Doe:

I am a Physical Therapist working in a public school. I am researching the methods used to determine the eligibility for physical therapy as a related service in public schools under the Individuals with Disabilities Education Act Amendments (IDEA).

Part of this research is a survey of the APTA Pediatric Representatives to find out how this determination is currently being made throughout the United States.

This information will be used by the North Dakota Physical Therapy Association in the development of guidelines for physical therapists working in public schools in North Dakota. It will also be part of my Independent Study Report in partial fulfillment of a Masters in Physical Therapy degree.

Would you please answer the attached survey and return it to me in the enclosed self-addressed, stamped envelope?

Thank you very much for your time and assistance.

Sincerely,

Margaret Borkowski
Physical Therapist

APPENDIX C

STATE DEPARTMENT OF SPECIAL EDUCATION SURVEY

Name of State _____

Has your state issued any of the following, in addition to the Federal requirements, for use in your schools?

1. Specific criteria such as: severity of disability, amount of delay, or age of child. Yes _____ No _____ If yes, please send a copy.
2. Guidelines for frequency or type of physical therapy service to be provided (direct therapy, consult, monitor).
Yes _____ No _____ If yes, please send a copy.
3. Specified list of standardized tests or procedures to be used to determine eligibility. Yes _____ No _____ If yes, please send a copy.
4. Other, please describe:

5. If none of the above were true for your state, is this statement correct? "This state has no additional rules, regulations or guidelines for the determination of eligibility for physical therapy in public school."
Yes _____ No _____

APPENDIX D

APTA PEDIATRIC REPRESENTATIVE SURVEY

NAME of STATE _____

Does your state Physical Therapy Association or State Department of Special Education have specific guidelines, criteria, rules or regulations, in addition to the Federal requirements?

Yes___ No___ If yes, please send a copy.

Do you know of any guidelines used by individual school districts in your state? Yes___ No___
If yes, please list names and addresses on back of this page of persons I can contact.

Are you aware of any unofficial, but common practice, guidelines which therapists in your state may be using to assist them in the determination of eligibility? Yes___

No___

If yes, describe briefly.

If none of the above are true in your state, how is eligibility determined?

APPENDIX E

LETTER FOR SPECIFIC SCHOOL DISTRICTS

Margaret Borkowski, PT
710 Vinje St.
Bottineau, ND 58318

September 28, 1992

Dear Mary Doe:

I am a Physical Therapist working in a public school. I am researching the methods used in each state to determine the eligibility for physical therapy as a related service in public schools under the Individuals with Disabilities Education Act Amendments (IDEA).

Part of this research is a survey of the APTA Pediatric Representatives to find out how this determination is currently being made throughout the United States. The Representative from your state reported that your school district may have developed specific criteria or guidelines about eligibility for PT or about the frequency or level of service to be provided. If this is the case, would you please send me a copy of those criteria or guidelines? I have enclosed a stamped, self-addressed envelope for your convenience.

This information will be used by the North Dakota Physical Therapy Association in the development of guidelines for physical therapists working in public schools in North Dakota. It will also be part of my Independent Study Report in partial fulfillment of a Masters in Physical Therapy degree.

Thank you very much for your time and assistance.

Sincerely,

Margaret Borkowski
Physical Therapist

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