Collaboration Between Schools and Outside Physical Therapists

By: Ann-Preston Bosher, PT, DPT
Lara Capp, PT, DPT, ATC
Allie Katsiris, PT, DPT
Objectives

Following the presentation, participants will demonstrate understanding of:

• the continuum of therapy services from Early Intervention (EI) to Early Childhood Education (ECE) and beyond.
• services provided at Aspire Kids.
• differences in therapy models along the continuum.
• the importance of care coordination and the role of physical therapists in care coordination.
• collaboration and care coordination efforts between school-based providers and outside physical therapists.
Early Intervention (EI)
What is Early Intervention?

- Federal and state mandated program providing services to eligible children, birth to age three, and their families
- Family-centered program
- Interprofessional team approach – PT, OT, ST, DT, SW, nutrition, psychology, etc.
- **Individualized Family Service Plan (IFSP)** outlines therapy services and frequency and goals
- *Direct* services provided in natural or least restrictive environment
Early Childhood Education (ECE)
What is Early Childhood Education?

• Special education services provided for eligible children, ages 3-5
• Eligibility determined through local school district or cooperative
• Interprofessional team approach
• **Individualized Education Plan (IEP)** outlines classroom placement, therapy services and frequency, and discipline specific goals
• Direct therapy often provided in an inclusive setting (classroom)
What is Aspire Kids?
Services Provided

• Pediatric therapy services
  – Physical therapy
  – Occupational therapy
  – Speech and language therapy
  – Feeding therapy
  – Developmental therapy

• Family enrichment

• Inclusion consulting

• Educational support
Introduction to Care Coordination

• Increased need for care coordination with shift to decentralized community-based health care model
• Studies have shown 15-25% of children have unmet therapy needs, 11% have unmet supportive services needs
• Survey of 2000 families with children with special health care needs
  – 39% of children received services from three or more public agencies
  – 76% received specialized health services at school
What is Care Coordination?

• “A process that links children with special health care needs and their families to services and resources in a coordinated effort to maximize the potential of the children and provide them with optimal health care.”

• “Care coordination occurs when care plans are implemented by a variety of service providers and programs in an organized fashion. It involves needs identification, assessment, prioritizing, and monitoring. A coordinator is required to communicate, network, and educate as well as advocate for resources.”

American Academy of Pediatrics
Benefits to Care Coordination

- Patient/Family Satisfaction
- Staff Satisfaction
- Systems and Health Outcomes
Roles for Physical Therapists in Care Coordination

• Primary Care Coordinator
• Care Coordination Team Member
  – Interprofessional team member
• Advocacy
• Research
Collaboration Between School-Based and Outside Physical Therapists

• School evaluation team and ongoing Early Intervention providers
  – IEP goals determination
  – IEP meeting

• Treating school therapists (and aides) and outside therapy providers
  – Relevant changes to child’s medical history
  – Seating and positioning needs
  – Classroom modifications
  – Treatment strategies
  – Goal updates and progress reports
Case Studies
Meet “Hank”
Medical and Developmental History

- Born full-term after typical pregnancy
- Healthy, no major health problems
- Early Intervention services initiated after age two due to speech and language concerns
Continuum of Services

• Age 3:
  • Not eligible for Early Childhood Education
  • Qualified for itinerant speech therapy services through CPS
  • Enrolled in private Catholic preschool; school unwilling to make accommodations to meet Hank’s unique needs
  • Placed in daycare, continued itinerant speech therapy services through CPS

• Age 4:
  • Medical Diagnostic revealed provisional ASD diagnosis
  • Qualified for Early Childhood Education
  • Placed in blended classroom
School-Based Services vs. Services at Aspire Kids

• Recommended placement in communication development classroom
• Family preferred placement in general education classroom due to location
  – Resource services provided
• Current PT services at school:
  – PT: 20 minutes per week, 10 minutes consultative services
• Current PT services at Aspire Kids:
  – One hour per week as co-treatment with occupational therapy, on-site services
Goal Comparison – IEP

• By April 2017, Hank will:
  – descend the school stairs using a reciprocal pattern with one hand on the railing, 100% of the time with stand by assistance.
  – broad jump a distance of 36” with proper take-off and landing, one verbal cue to begin, 3/4 trials.
  – hop forward for 3’ on one foot and return using the opposite foot, 3/4 trials.
Goal Comparison – Aspire Kids

• **Long Term Goal:** Hank will throw a ball overhand to a partner 12 feet away on 2/3 trials to allow him to play catch with his peers and family.

• **Long Term Goal:** Hank will demonstrate the ability to participate in a game of outdoor kickball on a team with three people in order to participate in P.E. games at school.

• **Long Term Goal:** Hank will demonstrate the ability to skip for 50 ft in order to participate with his peers in P.E. class.
Communication and Collaboration

- Between school therapist and parents:
  - Family receives daily communication from therapy team and weekly note from resource teacher

- Between Aspire therapist and parents:
  - Nanny attends therapy sessions, provider communicates routinely with parents via e-mail and text

- Between Aspire Kids therapist and school therapist:
  - One to two e-mails per semester
  - Increases when IEP is amended
Meet “Billy”
Medical and Developmental History

- Uncomplicated pregnancy and birth
- Developmental history: sat independently at 8 months; never crawled; walked independently at 2 years
- Age 4:
  - Reportedly started falling a lot when walking
  - Diagnosed with non-progressive congenital myopathy
- Age 5:
  - Received equipment to support functional independence
    - Rolling walker for short distance ambulation
    - Manual wheelchair for community distances
- Age 6:
  - Diagnosed with central nuclear myopathy
Continuum of Services

• Early Intervention services began at age two
• Transitioned immediately from Early Intervention to an Early Childhood Education program at age three
• Transitioned from Early Childhood Education to Special Education
• Supplemental physical therapy services initiated through Aspire Kids in May 2015 (just before seventh birthday)
School-Based Services vs. Services at Aspire Kids

• Current PT services at school:
  – 120 minutes per month direct service → 30 minutes per week
  – 15 minutes per month consultative services → collaborating with teachers/staff

• Adaptive Physical Education (PE):
  – 60 minutes per week
  – Led by adaptive PE teacher, not school physical therapist
  – Participates from wheelchair; 1:1 aide assists
  – School PT consults with adaptive PE teacher

• Current PT services through Aspire Kids:
  – 60 minutes per week; home-based services
Goal Comparison- IEP

• **Long Term Goal:**
  – Given verbal cues and close supervision, Billy will demonstrate improved strength and balance to allow him to participate in school environment at same level as peers by meeting the following short term objectives by his next Annual Review.

• **Short Term Goals:**
  – Billy will be able to assume and maintain tall kneeling position for 30 seconds without any external support with close supervision when given verbal cues.
  – Given verbal cues and close supervision, Billy will be able to pull himself up to stand (using two hands) from floor using a stable object for support.
  – Billy will be able to walk without any external support 50 feet within 2-minute time frame with close supervision.
Goal Comparison- Aspire Kids

- **Long Term Goal:** Billy will be able to stand at his walker from sitting on the floor using appropriate modifications in order to promote independence in transfers.

- **Long Term Goal:** Billy will walk up/down 3 steps using a railing and moderate assistance in order to improve his ability to access family members' homes.

- **Long Term Goal:** When the environment is properly set up, Billy will transition from standing to sitting on the couch with supervision in order to increase his independence.
Communication and Collaboration

• Between school therapist and parents:
  – Parents receive quarterly goal update
  – Goals re-evaluated annually as a team
  – School PT uses translator to call Billy’s mom as needed

• Between Aspire Kids therapist and school therapist:
  – Aspire Kids therapist reached out following initial evaluation (May 2015) to discuss school goals and progress
  – Therapists discussed confusion regarding diagnosis (progressive vs. non-progressive)
  – Aspire Kids therapist updates school therapist following summer break
    • Medical appointments, medical complications, progression/regression, current level of functioning
Meet “Ashley”
Medical and Developmental History

- Born at 37 weeks gestation with no complications during or following birth
- Developmental concerns first noted at six months of age
- Ashley underwent the following tests in 2010:
  - Genetic testing: No abnormal findings
  - EEG: Possible seizure activity
    • Medication recommended but declined by family
  - Diagnoses: cognitive impairment, developmental delay
- No follow-up testing until after initial physical therapy evaluation at Aspire Kids in 2015
- Ashley received the following diagnoses in 2015:
  - Paroxysmal spells
  - Autism spectrum disorder
  - Microcytic anemia
  - Cerebral palsy
- Current level of functioning:
  - Scoots for mobility
  - Does not stand or walk independently
Continuum of Services

- Early Intervention services began at nine months of age
- Completed transition process from Early Intervention to Early Childhood Education through CPS, but did not attend school
- Started school for first time in August 2016 (9-years-old)
School-Based Services vs. Services at Aspire Kids

• Current PT services at school:
  – 160 minutes per month direct service → 40 minutes per week
  – 20 minutes per month consultative services → collaborating with teachers/staff

• Current PT services at Aspire Kids:
  – 60 minutes per week; on-site services
Goal Comparison- IEP

• **Long Term Goal:** Ashley will transfer from her wheelchair to an alternate seating surface to promote her social and/or academic interaction by taking 4 steps with moderate assistance from an adult.
Goal Comparison - Aspire Kids

• **Long Term Goal:** Ashley will be able to stand at a support for 5 minutes with close supervision in order to increase tolerance to standing.

• **Long Term Goal:** Ashley will walk 10 steps with moderate assistance in order to advance her mobility skills.

• **Long Term Goal:** Ashley will complete a stand pivot transfer with minimal assistance in order to move from her wheelchair to the couch and demonstrate decreased effort required by Ashley's caregivers for transfers.

• **Long Term Goal:** Ashley will transition from sitting in a chair to standing at a support surface and safely return to sitting with supervision in order to increased her independence in transfers.
Communication and Collaboration

• Between school therapist and parents:
  – Parents receive quarterly goal update
  – Goals re-evaluated annually as a team

• Between Aspire Kids therapist and school therapist:
  – School therapist reached out to clinic therapist during IEP process
    • Discussed Ashley’s current PT goals and progress
    • Discussed family’s preparedness for school
Meet “Jason”
Medical and Developmental History

• Born at 23 weeks gestation via emergency Cesarean section secondary to HELLP syndrome (maternal)
• Weighed one pound, two ounces at birth
• Remained in NICU for almost nine months
Medical and Developmental History

• Relevant medical conditions/diagnoses:
  – Bronchopulmonary dysplasia (BPD)
  – Respiratory distress syndrome
  – History of ventilator dependency (five months)
  – Chronic kidney disease
  – Bilateral hearing loss
  – Cerebral palsy
  – Status-post Selective Dorsal Rhizotomy
Continuum of Services

• Early Intervention services initiated following NICU discharge
• Transitioned into Early Childhood Education on third birthday
• Underwent Selective Dorsal Rhizotomy at age three
• Continued to receive outpatient physical therapy services through Aspire Kids
School-Based Services vs. Services at Aspire Kids

• Current PT services at school:
  – 60 minutes per week

• Current PT services at Aspire Kids:
  – Three times per week; on-site services
    • One co-treatment with OT
    • One co-treatment with ST
Goal Comparison- IEP

• By December 2016, in order to demonstrate improved strength, coordination and endurance, Jason will be able to:
  – (a) floor sit independently for 5 minutes with close supervision, in 3/5 trials;
  – (b) stand without support for 8 seconds with close supervision, in 3/5 trials;
  – (c) cruise along the wall for 15 feet with close supervision, in 3/5 trials.
Goal Comparison- Aspire Kids

• **Long Term Goal:** Jason will walk 100 feet with one hand held in order to keep up with his peers.

• **Long Term Goal:** Jason will stand independently for 30 seconds in order to participate in self-care routines at home.

• **Long Term Goal:** Jason will improve his respiration skills in order to reduce his resting respiratory rate in supine to 33 breaths per minute. (Baseline 44 breaths per minute)
Communication and Collaboration

• Between Aspire Kids therapist and school therapist:
  – Updates to medical history
  – Post-operative treatment protocol and recommendations
  – Recommendations from other specialists/consultants
  – Seating and positioning strategies
    • Multipurpose
  – Classroom modifications
  – Adaptive equipment use at home
Questions?
Resources

• Early Childhood Education/Special Education
  – http://www.isbe.state.il.us/earlychi/default.htm
  – http://www.isbe.net/spec-ed/

• Early Intervention:
  – http://www.wiu.edu/ProviderConnections/
  – http://www.dhs.state.il.us/page.aspx?item=31183
References

TOGETHER, WE’RE BETTER.