

School-based Perspectives for Physical Therapists during COVID-19

(Dated 3.24.2020)

The purpose of this document is to:

1. Provide direction for school based physical therapists (PTs) who are considering how to provide school-based related services under IDEA using alternate education models during the COVID-19 pandemic.
2. Provide direction to LEAs as to the role of PT and suggestions for appropriate alternate approaches to school-based physical therapy during the COVID-19 Pandemic.
3. To inspire to action all the new and innovative ways school-based PTs can, and should be supporting students and their families during the COVID-19 Pandemic.

School-based physical therapy practice is evidence-based and clearly defined in the Federal law (IDEA, 2004) and administered with state regulations. However, best practices for related service provision for students being educated at home while isolated/practicing social distancing during a pandemic has not been articulated. This document was created to support the educational needs of students with disabilities, and the related service providers. Students with disabilities need to be healthy and well so that they can continue to learn and be ready to participate in their educational programs when they return to school. As experienced school-based physical therapy practitioners the authors decided to share their perspective in this document. Publicly available guidance documents, practice models, and evidence were used in its creation.

Information provided in this document is accurate, to the best of the authors' knowledge as of the date of this document noted in the heading. This information is based on the authors' interpretation of best practice moving forward in this new environment therefore we did not seek endorsement by any local, state, or federal agency. Readers are urged to consult local sources to determine how to move forward. Contact information is provided at the end of the document for questions. This document has been developed specifically for school-based PTs practicing in the Commonwealth of Virginia, but these concepts may inform practice in other states and other settings. PTs from other jurisdictions are encouraged to seek clarification about their specific practices from their state Department of Education, state regulations for practice, and Pediatric State Advocacy Liaison from the Academy of Pediatric Physical Therapy (pediatricapta.org).

Background:

Best Practices in school-based therapy

Physical therapy under the Individuals with Disabilities Education Improvement Act (IDEA, 2004), is provided, when required, as part of a student's Individualized Education Plan, as a related service, to support a student's access, participation, and progress in their educational program within the least restrictive educational environment (LRE) (Rose & Laverdure, 2012). Published professional perspectives and evidence describe integrated approaches to

school-based physical therapy as the preferred model (McEwen, 2009). These approaches include services with other students present, within the context of typical school activities and routines, and in the physical environment where the student spends their day. Effective school-based physical therapy service delivery must include knowledge sharing activities with the education team (including students and their families), such as consultation, collaboration, formal and information sharing, documentation, and communication with outside healthcare providers.

School-based services differ from services provided by PTs in other settings. School-based physical therapy services are determined through consensus with the education team in the IEP development process. As noted above, goals targeted for intervention by the PT must reflect what is needed to participate in the context of the student's educational setting.

Current situation regarding education in Commonwealth of Virginia

All schools in Virginia are closed through the end of the school year, as ordered by the Governor of the Commonwealth of Virginia, to allow for social distancing to stem the COVID-19 pandemic. Per US Department of Education Office of Special Education guidance (March 21, 2020):

“If an LEA closes its schools to slow or stop the spread of COVID-19, and does not provide any educational services to the general student population, then an LEA would not be required to provide services to students with disabilities during that same period of time.”

This guidance goes on to say IEP teams should convene to discuss the provision of compensatory services to address an individual student's needs on a case by case basis if no educational services are being offered during the closure.

***Check your states' Department of Education websites, contacts, and/or [Academy of Pediatric Physical Therapy State Advocacy Liaison](#) to understand what is required in your state.**

If school divisions decide to provide educational services via alternate methods during a mandated closure, the specific educational needs of students with disabilities must be addressed. Per USDOE guidance (March 12, 2020):

If an LEA continues to provide educational opportunities to the general student population during a school closure, the school must ensure that students with disabilities also have equal access to the same opportunities, including the provision of FAPE. (34 CFR §§ 104.4, 104.33 (Section 504) and 28 CFR § 35.130 (Title II of the ADA)). SEAs, LEAs, and schools must ensure that, **to the greatest extent possible**, each student with a disability can be provided the special education

and related services identified in the student's IEP developed under IDEA, or a plan developed under Section 504.

On March 21, 2020, USDOE further clarified:

In this unique and ever-changing environment, OCR and OSERS recognize that these exceptional circumstances may affect how all educational and related services and supports are provided, and the Department will offer flexibility where possible. However, school districts must remember that the provision of FAPE may include, as appropriate, special education and related services provided through distance instruction provided virtually, online, or telephonically. “

This guidance document also recognizes that:

“The determination of how FAPE is to be provided may need to be different in this time of unprecedented national emergency.....Finally, although federal law requires distance instruction to be accessible to students with disabilities, it does not mandate specific methodologies. Where technology itself imposes a barrier to access or where educational materials simply are not available in an accessible format, educators may still meet their legal obligations by providing children with disabilities equally effective alternate access to the curriculum or services provided to other students.”

Alternate education models that may potentially be under consideration by school divisions after the current closure could include online or virtual instruction (synchronous or asynchronous), instructional telephone calls, and other curriculum-based instructional activities (USDOE March 12, 2020). Additionally, school divisions “may identify which special education and related services, if any, could be provided at the child's home” (USDOE, March 12, 2020). The choice of the model will be dependent on the educational needs of the individual student.” In light of decisions by school divisions, IEP teams must individually determine what can and should occur for each student.

Given the current circumstances of the COVID-19 outbreak, school divisions and PTs must recognize the need to maintain their personal safety and flexibility in addressing the related service requirements of students with disabilities within the guidelines of the division. Related service provision while students are at home, practicing social distancing, could not realistically replicate services provided in a traditional face-to-face educational model. However, there is much that PTs can do and that students require to maintain their health and wellness so that they can continue to learn at home and to fully participate in their educational programs when they return to school.

Consideration in determining how school-based PT services could be delivered during this time should include:

1. Are there language barriers and/or cultural implications to consider in the delivery of alternate education models?
2. Are social determinants of health a factor in delivery of services and how can these be addressed?

3. What are the student/family resources? What items are present in the home that can safely be used to support instruction?
4. What delivery model options are being used/available for educational services for the students in the division?
5. Which student IEP goals will be addressed during this period, based on the student/family priorities?
6. How are the student's educational needs shaped by their home and environmental context?
7. What interventions are appropriate given the current context? Can these interventions be provided safely? Are there confidentiality, privacy, health or safety concerns?
8. What related services are required to meet the urgent/current educational requirements?
9. What is the most appropriate delivery method to meet the individual student's special education and related service requirements in their current LRE (home)?

Models of Service Delivery during COVID-19 Pandemic

Possible options for alternate education delivery during the COVID-19 outbreak are mentioned by the USDOE in their guidance document dated March 12, 2020 (online/virtual (synchronous/asynchronous), curriculum-based instructional activities, instructional phone call or other methods). These examples are not all inclusive. Supplemental USDOE guidance dated March 21, 2020 notes that these options are not mandated by USDOE and urges LEAs to address student special education and related service needs with flexibility, recognizing that "school systems must make local decisions that take into consideration the health, safety, and well-being of all their students and staff." (USDOE, March 2021).

Some divisions may have the ability to offer all students a continuum of options; others may only have one or two options available due to their local needs and resources. These guidelines and examples are to assist school-based PTs and education teams with determining the appropriate approach for individual students.

Collaboration

Collaboration between teachers and PTs has been described as an evidence-based practice in special education that assists with integrating the activities guided by the PT into school contexts. Collaboration, through sharing of discipline specific knowledge with other education team members, should be part of any approach to service delivery. Crucial elements that PTs should use to support student success and the health that is needed for function, fitness and participation while learning in the home setting are:

- Consultation/collaboration with students, families, teachers and administrators.
- Formal instructional sessions with education team members
- Communication with outside healthcare providers, vendors
- On-going contact with students, families, caregivers
- Use of coaching models, consultation and recommendations of specific equipment, strategies or approaches

- Awareness of accommodations that are on the IEP that might impact a change in home environment

Potential models for service delivery that may be considered (per USDOE Guidance 3/12/2020):

1. Online/Virtual

a. Synchronous activities:

- i. Defined as activities that take place “live” or “in person” virtually (i.e. telehealth).
- ii. Must be relevant to IEP goals and participation in educational activities deemed important by the IEP team.
- iii. When to use:
 1. When live engagement enhances participation.
 2. When invitation is most easily conveyed in this format.
 3. Visual/kinesthetic learning preference by student or family.
- iv. All activities should be in collaboration/consultation with the teacher, ideally presented collaboratively. Examples:
 1. Adapted PE class: 5 students log in to a teacher led physical education class. Prior to the meeting, the teacher and physical therapist collaborated on activities and ideas. The students need endurance activities so the teacher and physical therapist lead the students through warm up, and targeted fitness activities. They document students’ performance, might choose to set goals ahead of time and these activities support student’s IEP goals.
 2. Motor group: 5 preschool students log on to an online platform at a pre-appointed time. The teacher and physical therapist have collaborated on a motor group that the students can participate in. Perhaps the parents received a list of activities ahead of time of items to gather (a ball, a pillow). The motor group consists of warm up activities, and led yoga or play/obstacle type activities using these items that address IEP goals.
 3. Preschool snack time: teacher has 4 parents in a zoom call and students are having snack, virtually. The teacher leads activities that mimic classroom routines if possible. The physical therapist is consulting with regard to access of meal time routine which could include positioning.
 4. Collaborating with the teacher and family for positioning using common objects in home. Student is Level 5 GMFCS and the family is working with the teacher for switch activation during a literacy activity. PT works via video to help the caregiver find items to assist with positioning for function.
 5. Guiding families through motor learning activities and providing education. PT may work with the student with motor deficits with

mother present to facilitate motor learning of a new skill in a 1:1 session.

- b. Asynchronous activities
 - i. Defined as delivered on a learning management platform but not in real time. Can include sharing of information (e.g. instructional videos on a learning management system or posting of written materials) and communication and problem solving involving team members including the student and family through the use of asynchronous discussion boards on a learning management system.
 - ii. When to use:
 - 1. Parents/caregivers/student not available for synchronous activities.
 - 2. Families do not have access to computers or technology.
 - 3. Student/family have solid home routine and understanding of specific activity/routines.
 - 4. The student does not require direct therapy intervention.
 - iii. Examples:
 - 1. Students who need to engage in cardiovascular activity to maintain their endurance, through sharing of specific instructional videos linked to content on the learning management system.
 - 2. Sharing of a written home exercise program for increasing walking time with the student on the learning management system. Student tracks his daily activity and submits a log as an assignment on the learning management system.
 - 3. Sharing of a recommendation for student routine for use of a stander, with a log for family to use. Family also shares photos of student in stander in a closed discussion board on the learning management system and seeks input and suggestions for adjustments.
2. Curriculum-based instructional activities
- a. Defined as materials created for students and families and typically distributed as a hard copy vs. electronic formats. This might be used because a family does not have technology/internet access. Care should be taken with written materials check accommodations on IEP.
 - i. Suggestions on materials:
 - 1. Materials may need to be translated.
 - 2. Written materials should be free of jargon and written to promote readability
(<https://www.aafp.org/dam/AAFP/documents/journals/afp/PatientHandoutInstructions.pdf>).
 - 3. May consult with LEA attorney if written program documents should include liability waivers.

4. Documents should include contact information.
- ii. When to use:
 1. Where broadband internet connectivity will not be available to students and families.
 2. When there is not consistent availability to participate in or supervise synchronous activities.
 3. When visual learning is preferred by the student or family.
 4. Could be used in conjunction with other models.
- b. Examples of activities includes:
 - i. Written:
 1. Creation of lists/programs of common fun activities for outdoor play and recreation with modifications for children of varying motor abilities.
 2. Suggested recommended routines/schedules that support participation in educational activities.
 3. List of appropriate websites and applications (eg GoNoodle, Cosmic Kids Yoga), apps (eg Class Dojo) to promote physical activity.
 4. Printed documents with specific therapeutic activities for individual students.
 5. Providing a household chores checklist to promote independent living skills based on age level and functional abilities.
 - ii. Audio-visual:
 1. Yoga groups, kids exercise classes delivered via DVD.
 2. Videos demonstrating specific interventions for a student on a DVD.
3. Instructional phone calls:
 - a. Defined as audio-telephone calls delivered either individually or via phone conferencing.
 - b. Mechanism for follow up should be defined with established time frames to responsible person (s).
 - c. When to use:
 - i. Family has limited internet access and desires contact with the PT.
 - ii. Auditory learning is the preference of the student or family.
 - iii. To clarify curricular based instructional activities provided to the student/family.
 - iv. To promote team engagement and problem solving via real time conferencing.
 - v. Can be used in conjunction with other models.
 - d. Examples:
 - i. Call with a parent and a teacher: student has Cerebral Palsy (GMFCS level V) and PT is working with the teacher and parent with regard to how to set up a switch so that the student can participate in a literacy activity.

- ii. Phone call with family to review specific activities related to mobility at home that includes walking on stairs or curbs. The therapist makes specific recommendations/suggestions.

Specific directions regarding telehealth provision of school-based PT services:

In moving toward alternate models of service delivery for children served under IDEA Part B, PTs need to recognize the legal obligations of their licensure under the Virginia Board of Physical Therapy. PTs undertaking a telehealth service delivery model should be familiar with the Virginia Board of Physical Therapy guidance document on telehealth (Guidance Document 112-21 Virginia Board of Physical Therapy Guidance on Telehealth, Revised November 13, 2018:). Some key point of this guidance are summarized here:

- Telehealth is defined as “the use of electronic technology or media including interactive audio or video to engage in the practice of physical therapy. ***In this guidance document, “telehealth” does not include an audio-only telephone, electronic mail message, facsimile transmission, or online questionnaire***”
- Telehealth is within the scope of physical therapy practice and there is no exclusion to the practice of PT via telehealth under current regulations.
- A client’s appropriateness for evaluation and treatment via telehealth should be determined by the Physical Therapist on a case-by-case basis, with selections based on physical therapist judgment, client preference, technology availability, risks and benefits, and professional standards of care.
- A PT is responsible for all aspects of physical therapy care provided to a client, and should determine and document the technology used in the provision of physical therapy. Additionally, the “PT is responsible for assuring the technological proficiency of those involved in the client’s care” (VA Guidance on Telehealth, 2018).
- There are specific elements of informed consent to be considered in telehealth provision, including an acknowledgement of the limitations of such an approach.
- The requirements for the supervision of physical therapist’s assistants remain unchanged in the telehealth environment.
- There should be a safety plan in place in case of an emergency during a session.
- Recognized standards of care must be upheld including updating the plan of care to document service delivery.
- Privacy and confidentiality concerns should be addressed. Parent should know that while every effort is being made to maintain confidentiality during the session, confidentiality could be breached due to a technicality beyond the therapist’s control.

***Check your states’ Department of Education websites, contacts, and/or [Academy of Pediatric Physical Therapy State Advocacy Liaison](#) to understand what is required in your state.**

Suggested best practices specific to school-based telehealth provision:

- PTs who undertake telehealth in the school setting are obligated to determine the appropriateness for each individual student and independently ascertain the student and family’s proficiency with the use of technology to access the services.

- If the PT determines that telehealth is not a safe way to deliver service, then telehealth services should not be accessed.
- PTs should have an initial orientation visit with the student and their family/caregivers to:
 - Obtain consent,
 - Review the use of the technology,
 - Create an emergency plan,
 - Discuss expectations for the telehealth sessions including:
 - identification of individuals who will be present with the student during sessions,
 - explanation of expectations for individuals participating in the telehealth sessions and an assessment of the ability of these individuals to safely carry out any PT-directed activities with the student,
 - appraisal of resources available in the home including space and equipment.
- Technology support should be available to the PT and student/family.
- FERPA (Family Educational Records Protections Act) considerations:
 - Materials uploaded into learning management systems require privacy protections under FERPA
 - LEAs must recognize confidentiality and privacy obligations when purchasing educational applications and software
 - PTs should be aware that materials shared on learning management systems such as video of students, written submissions, discussion board postings, videos fall under the category of protected educational records. Privacy and confidentiality of this information must be maintained.
 - Physical written programs and videos of students are also protected educational records.
 - Generally apps that do not require individual student log-ins do not present privacy concerns

PLEASE CONSULT YOUR LEA IF YOU HAVE QUESTIONS ABOUT STUDENT RECORDS AND PRIVACY

- HIPAA (Health Insurance Portability and Accountability Act) and privacy concerns:
 - On March 22, 2020 the US Department of Health and Human Services announced they ‘will exercise its enforcement discretion and will not impose penalties for noncompliance with the regulatory requirements under the HIPAA Rules against covered health care providers in connection with the good faith provision of telehealth during the COVID-19 nationwide public health emergency.’ (Retrieved from <https://www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/notification-enforcement-discretion-telehealth/index.html> on 3/22/2020)
 - The notification indicated providers using Google Hangouts, Skype, and Facetime, Facebook video chat will be exempted from penalties during the COVID-19 outbreak.
 - Use platforms such as Tik-tok, Facebook Live and other “public facing” platforms remain prohibited
 - Providers seeking additional privacy protections should enter into business associate agreements (BAAs) with HIPAA certified vendors.
 - Patients should be informed of the potential of privacy and confidentiality breaches when using alternate platforms.

Required resources for school based PTs for alternate education delivery models:

- Access to division issued technology devices that are available to all instructional personnel:
 - Might include laptops, tablets, internet hotspots etc.
 - Personal devices are not encrypted and do not meet privacy standards and should not be used.
- Access to all relevant software including email, productivity software (e.g. word processing, presentations, spreadsheets, calendar), video conferencing software (e.g. Zoom account, doxy.me), applications approved by the division (e.g. ClassDojo and other), learning management systems (e.g. Blackboard, Canvas, Google Classroom).
- Training in the use of all relevant technologies.
- Technology support provided by division personnel.
- Reimbursement for time spent training and provision of services outside of direct therapy intervention such as online orientation visits with families, preparation of materials for home instruction, and documentation, cost of mailing items. .
- Flexible work hours as PTs are also practicing social distancing and have demands of childcare and caregiving for others in their homes.

PLEASE NOTE: Activities described for alternate educational models (including telehealth) are not reimbursed through school-based Medicaid claiming in Virginia as of the creation date for this document. **Please consult with your state Education or local education agency for guidance specific in your jurisdiction for further information. Monitor state Medicaid reimbursement mechanisms as many states are applying for payment of services.**

This document summarizes guidance sources regarding the provision of PT services under alternate models. School-based PTs offer important value to the efforts of school communities in serving the needs of students with disabilities when school is closed and alternate education models are being utilized. School-based PTs share discipline specific knowledge with students, families, teachers, and administrators in order to support educational needs and insure students are ready to return to school when closures end. PTs must take a flexible approach to services during the COVID-19 pandemic. When contemplating alternate models of services provision to students with disabilities PTs must collaborate with education team members to determine the most appropriate delivery methods.

Our approach to school-based PT is ethically bound (APTA Code of Ethics) and shaped by the following principles:

- School-based physical therapy practice is an ICF focused, participation driven model used to support progress in the educational setting.
- PTs advocate for meaningful participation of all students in the school community.
- PTs work collaboratively with all members of the school community.
- PTs are evidence-based practitioners and use outcomes measures and data to document student success.
- PTs are mindful of social determinants of health and their impacts on participation in education.

- PTs strive to support teachers in the implementation of educational programs and to share discipline specific knowledge.
- PTs partner with families and acknowledge their priorities.
- PTs promote awareness of the movement/fitness/function/physical activity needed to access educational activities while in school and the health and wellness required for students for meaningful participation beyond graduation.

It is our intent that this document will support your school-based physical therapy practice. We welcome your feedback and thoughts, and fully recognize that there may be a need for further iterations of this document.

For information, please contact:

Connie Johnson, PT DScPT PCS fit4workpt@gmail.com

Michele Wiley, PT DPT PCS mwiley@su.edu

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