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PT in School-Based Settings

Guest Editor: Lisa Kenyon, PT, DPT, PhD, PCS

Physical Therapy Virtual Conference

Mon 10/7	The Challenge of Keeping Assessments Standardized Deanne Fay, PT, DPT, PhD
Tues 10/8	School-Based Intervention for Children with Developmental Coordination Disorder or Suspected Developmental Coordination Disorder Melinda Mueller, PT, DPT, PCS & Lisa Dannemiller, PT, DSc, PCS
Wed 10/9	Goal Attainment Scaling for Simple and Medically Complex Clients in the School Setting Sarah Bengtson, PT, DPT, Paq
Thurs 10/10	Application of the ICF to the Provision of School-based Physical Therapy Services Lisa Kenyon, PT, DPT, PhD, PCS
Fri 10/11	Assistive Technology in the School Setting: Tips for Planning, Selecting and Justifying Laura Cohen, PhD, PT, ATP/SMS, RESNA Fellow

CONTINUED

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Application of the ICF to the Provision of School-based Physical Therapy Services

Lisa Kenyon, PT, DPT, PhD, PCS

Moderated by:
Calista Kelly, PT, DPT, ACEEAA, Cert. MDT, Managing Editor, PhysicalTherapy.com

CONTINUED

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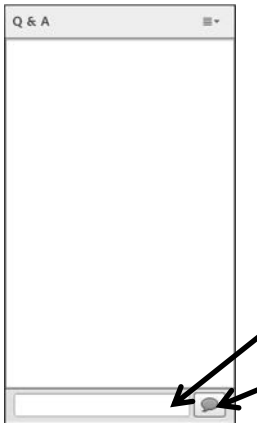

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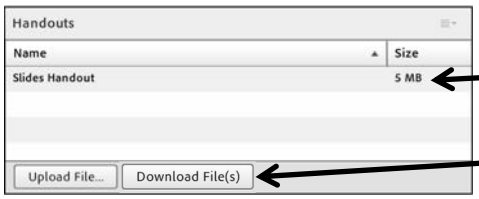

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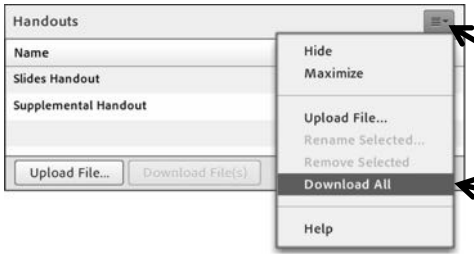

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Application of the ICF to the Provision of School-based Physical Therapy Services

Lisa K. Kenyon PT, DPT, PhD, PCS

CONTINUED

Learning Outcomes

After this course, participants will be able to:

- Identify at least four components of the ICF as related to children and youth.
- Correctly outline the application of ICF within the school setting.
- Correctly organize the components of the ICF, within the execution of the elements of the patient-client management model, to facilitate service delivery within the school setting.

CONTINUED

What is the ICF?

- The International Classification of Functioning, Disability and Health
- Provides
  - Standard language and framework for the description of health and health-related states
  - A multipurpose classification system intended for a wide range of uses in different sectors

What is the ICF?

- A classification of health and health-related domains
- These domains help to describe
  - Changes in body function and structure
  - What a person with a health condition can do in a standard environment (capacity) and what they actually do (performance)

What is the ICF?

- These domains are classified from body, individual, and societal perspectives
- In the ICF:
  - Functioning refers to all body functions, activities and participation
  - Disability refers to impairments, activity limitations, and participation restrictions
- The ICF also includes environmental factors that interact with all these components.

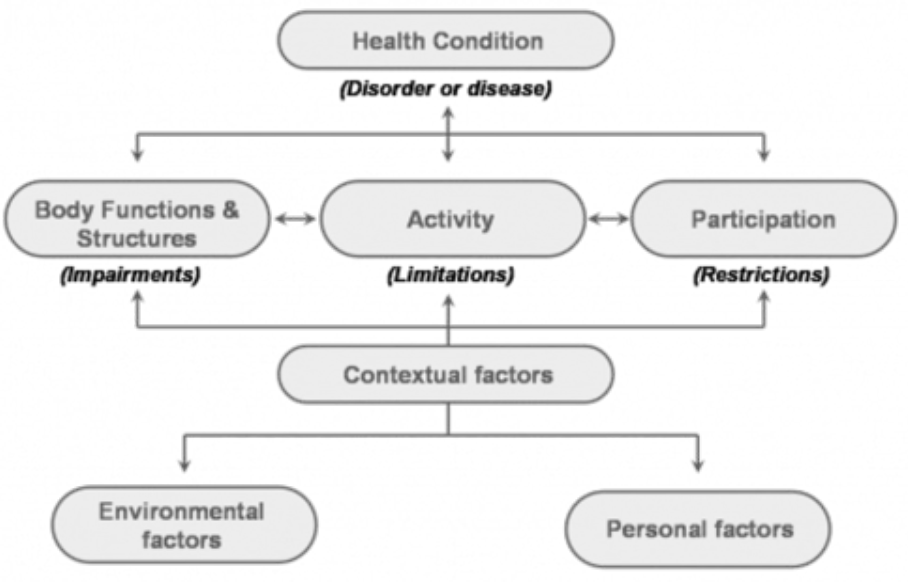
What is the ICF?

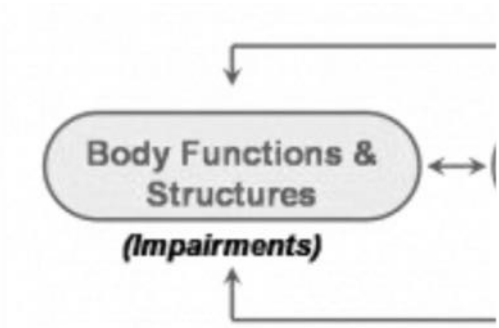
- The ICF emphasizes health and functioning NOT disability
- This is a radical change in how we think about disability
- Previously, disability began where health ended
  - Once you were disabled, you where in a separate category
    - The ICF helps us to get away from this idea

What is the ICF?

- The ICF looks at function in society
  - Let's us think of 'health' and 'disability' in a new light
- Everyone can experience a health issue and thereby experience some level of disability
  - Disability in the ICF is no longer something that happens to only a minority

ICF "Map"


Health Condition
(Disorder or disease)
Body Functions & Structures
(Impairments)
Activity
(Limitations)
Participation
(Restrictions)
Contextual factors
Environmental factors
Personal factors



Body Functions versus Body Structures

- Body functions
  - Physiologic and psychological functions of body systems
- Body structures
  - Anatomic parts of the body: brain,organs, bones, etc.)

The ICF

Body Functions

- Mental functions (attention/thought)
- Sensation, sensory functions, and pain
- Voice and speech functions
- Respiration
- Memory
- Emotion

Body Structures

- Structure of the brain
- The eye, ear, and related structures
- Structures involved in voice and speech
- Structure of the cardiovascular, immunologic, and respiratory systems

The ICF

Body Functions

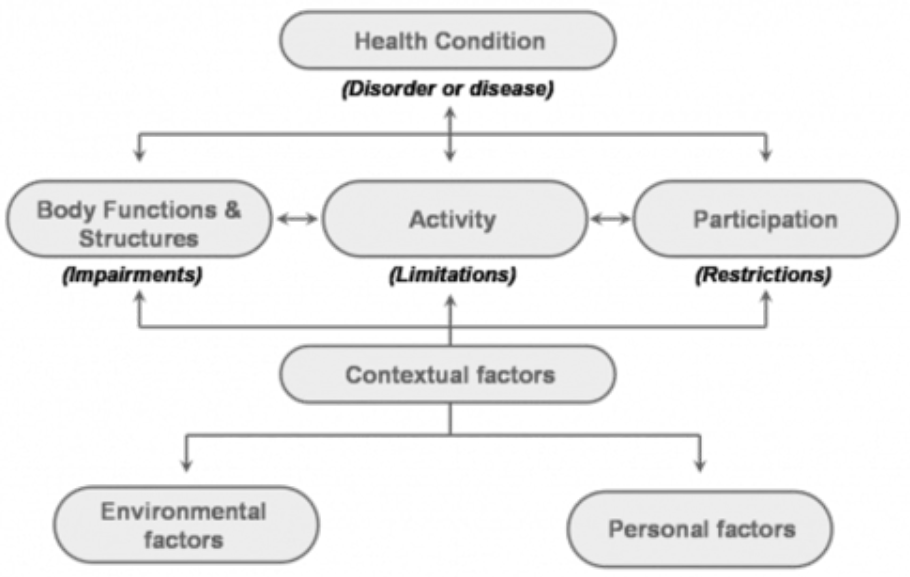
- Functions of the digestive, metabolic, endocrine systems
- Genitourinary and reproductive functions
- Neuromusculoskeletal and movement-related functions
- Functions of the skin and related structures

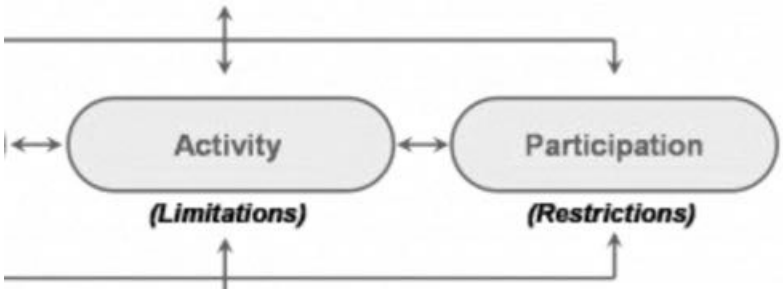
Body Structures

- Structures related to the digestive, metabolic and endocrine systems
- Structure related to genitourinary and reproductive systems
- Structure related to movement
- Skin and related structures

Impairments

- Problems with body functions or structures
  - Problems planning and executing movement
  - Poor cardiorespiratory endurance
  - Balance difficulties
  - Joint contractures
  - Decreased or absent sensation





Activity versus Participation

- Activity
  - Execution of a task or function/Performing a task or action
  - Represent integrated use of body functions
  - Vary in complexity
- Participation
  - Involvement in a real-life situation
  - Highly personalized

The ICF

Activities	Participation
▪ Maintaining and changing body position ▪ Walking ▪ Self-care ▪ Fine hand use ▪ Carrying objects	▪ Involvement in home life, community activities or organizations, and socialization with friends or families

Performance versus Capacity

In both the Activity and the Participation domains, both performance and capacity should be considered

Performance versus Capacity

Performance What a person does in the environmental context(s) in which they actually live.	

Performance versus Capacity

	Capacity The ability to execute a task or action if the environment were uniform or standard – like in testing situations

Performance versus Capacity

Performance	Capacity
What a person does in the environmental context(s) in which they actually live.	The ability to execute a task or action if the environment were uniform or standard – like in testing situations

Performance versus Capacity

On the ICF, the gap between performance and capacity reflects the difference between the influence of a real-life, real world environment and a uniform environment.

The ICF

4 Activity Domains/Chapters

- Learning and Applying Knowledge
- General Tasks and Demands
- Communication
- Mobility

The ICF

5 Participation Domains/Chapters

- Self-Care
- Domestic Life
- Interpersonal Interactions and Relationships
- Major Life Areas
- Community, Social, and Civic Life

Activity Limitations

- Activity limitations
  - Difficulties performing age-appropriate tasks or actions

Participation Restrictions

- Participation restrictions
  - Problems involving life situations
    - Interpersonal interactions and relationships (family and social relationships)
    - Major life areas (play, preschool, school, vocational training, employment)
    - Community, social, and civic life (recreation and leisure)

Because participation is multidimensional, addressing an activity limitation does not necessarily mean that participation restrictions are automatically alleviated

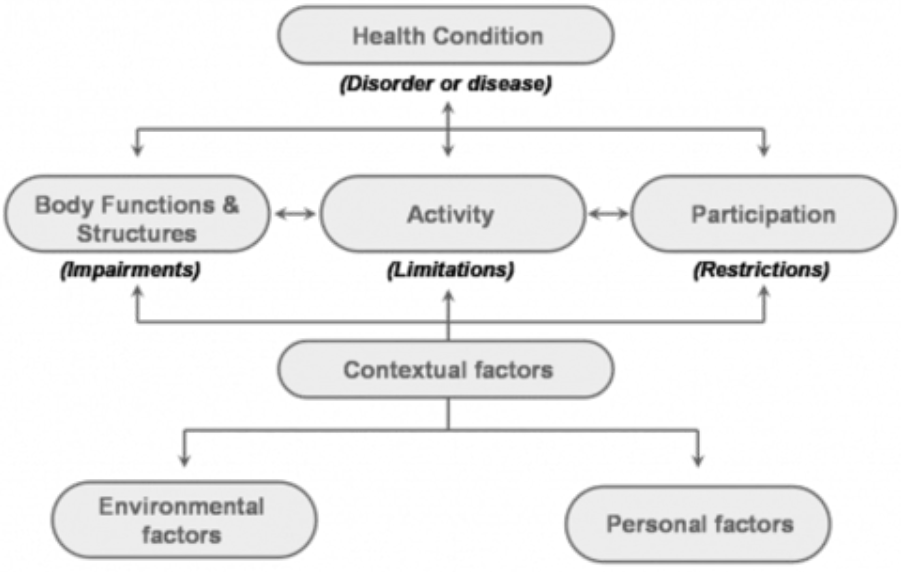
Example

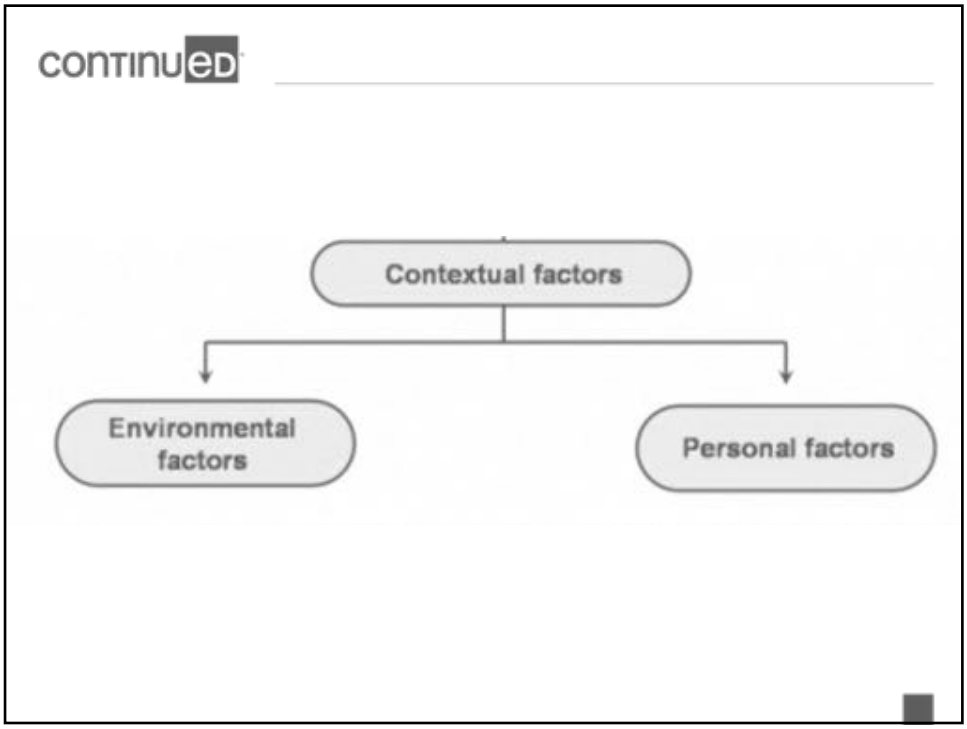
Just because a child is able to use an assistive device at home as a primary means of mobility does not necessarily mean that the child is able to use the device at school

Example

Just because a child is able to use an assistive device at home as a primary means of mobility does not necessarily mean that the child is able to use the device at school

This demonstrates in part the influence of environmental and personal factors





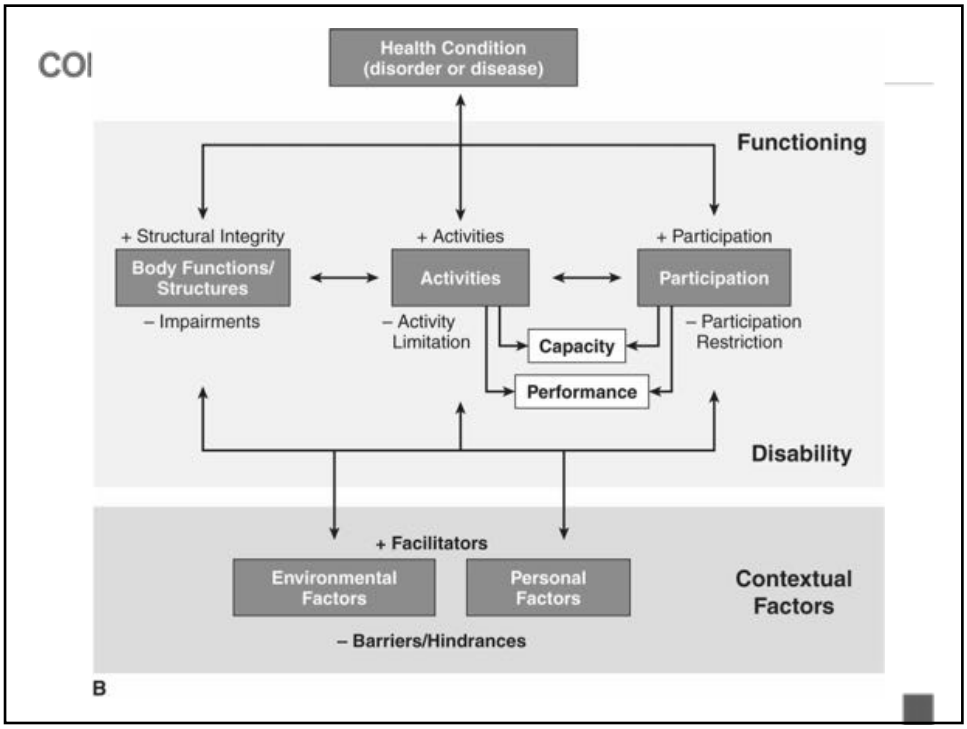
Environmental Factors

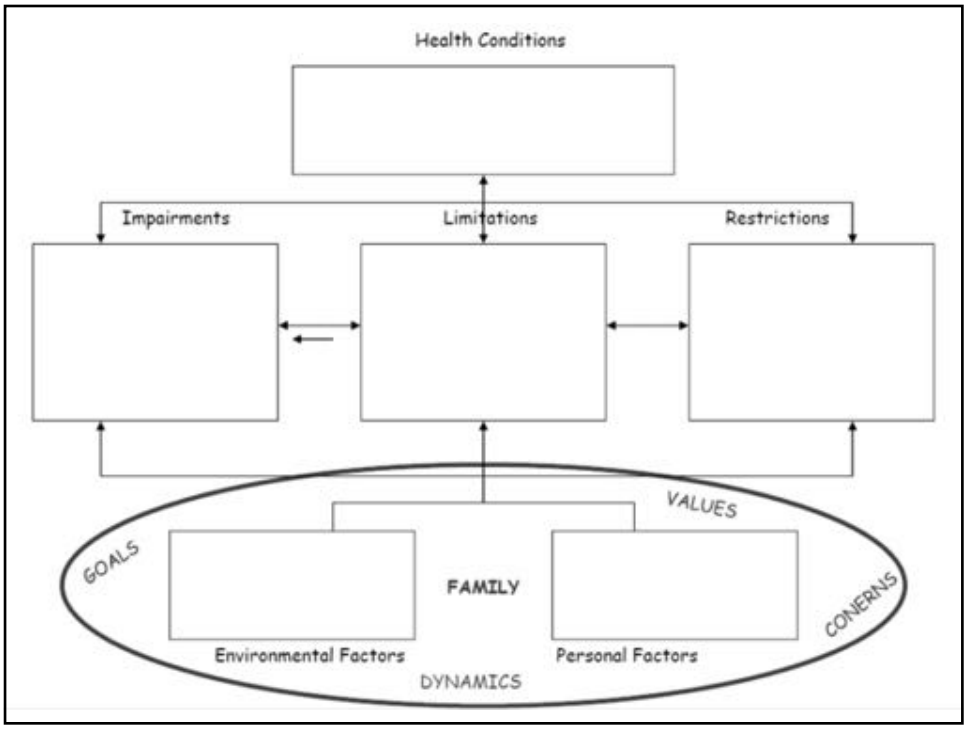
- Composed of the the physical, social, and attitudinal environments in which people live their lives
  - Products and technology
  - The natural environment as well as human-made changes
  - Supports and relationships
  - Attitudes
  - Services, systems, and policies

Personal Factors

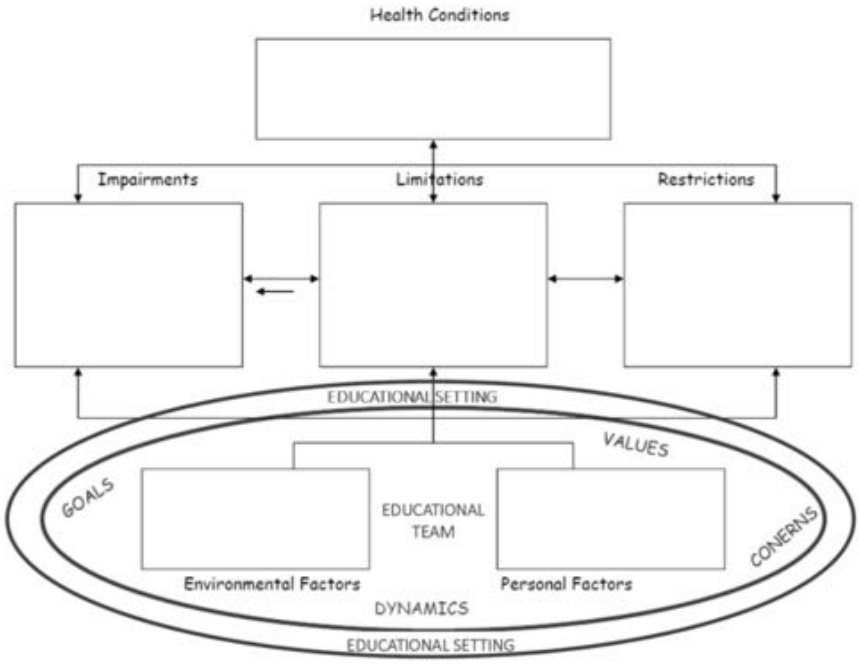
- Aspects of a person's life, background, or living situation that are not related to a health condition or disorder
  - Gender
  - Ethnicity or cultural background
  - Lifestyle
  - Habits
  - Coping styles and strategies
  - Past and present experiences

Envisioning the ICF in Pediatrics


COI
Health Condition
(disorder or disease)
Functioning
+ Structural Integrity
Body Functions/
Structures
– Impairments
+ Activities
Activities
– Activity
Limitation
+ Participation
Participation
– Participation
Restriction
Capacity
Performance
Disability
+ Facilitators
Environmental
Factors
Personal
Factors
– Barriers/Hindrances
Contextual
Factors
B


Health Conditions
Impairments
Limitations
Restrictions
VALUES
GOALS
FAMILY
CONERNS
Environmental Factors
Personal Factors
DYNAMICS

Envisioning the ICF in School-based Practice



The F-words of Pediatric Rehabilitation: Changing the Way We Respond to Differences in Childhood Function

Acknowledgments

Rosenbaum P, Gorter JW. The 'F-words' in childhood disability: I swear this is how we should think! *Child Care Health Dev*. 2012;38(4):457-463.

Traditional Biomedical Perspective

- Focused on "fixing" things
  - Fixing impairments
  - Fixing movement patterns
  - Fixing the children
- Our emphasis is often on "treatment"
  - Focuses on disabilities rather than the child's abilities

The Six F-Words for Childhood Disability

- Function
- Family
- Fitness
- Friends
- Fun
- Future

Function

- What people "do"
- ICF Domains: Activity and Participation
- As rehabilitation professionals, we have traditionally placed our emphasis on ameliorating impairments in body structure and function
- We assume that addressing impairments will lead to functional gains
- This is often not the case (Wright et al 2007)
  - Function is influenced by a myriad of factors (Chiarello et al 2011)

Function

- We must focus on age-appropriate tasks that match the changing needs of childhood
  - This helps with motivation too
- Creates success in natural environments (such as the school setting!!)

Rosenbaum 2013

- This also means that we need to re-think our concept of intervention
  - Ideas about children becoming lazy or dependent on adaptive equipment or technology must be re-evaluated
    - This is not supported by the evidence!!

Rosenbaum 2013

- Many children with mobility and other limitations are "deprived" of typical childhood experiences
  - Exploring, taking risks, talking back, getting into "mischief"
  - In typically developing children these experiences characterize the dynamic relationship between children and their parents

Rosenbaum 2013

- We need to support parents in allowing their children to interact with the environment to the greatest extent possible
  - Even if this means a trade off of “normal” function (our traditional standard) in favor of exploration, life experiences, and opportunities to learn

Family

- The essential “environment” of every child
- ICF Element: Primary contextual factor of childhood

Fitness

- Children with mobility differences or chronic illnesses are less 'fit' than their peers
  - And less fit than they should be
- We need to emphasize health promotion and wellness

Friends & Fun

- Social development is an essential aspect of personhood
- We must do what we can to facilitate a child's friendships
- Consider environmental factors
  - Identify environmental supports and help to problem solve environmental constraints

Friends & Fun

- ICF Element: Personal factors and participation
  - What does/ might this particular child enjoy doing?
  - Meaningful involvement in life situations
- Evidence suggests that children with mobility differences often have lower rates of participation than their peers

Future

- The goal of child development is the future
- Every child is in a constant state of 'becoming'
- We need to think about the future – in a positive way – right from the start, and encourage families to do so too
  - We shouldn't ignore the realities
  - We need to help prepare children to be as independent as possible!

Using the ICF within the Patient/Client Management Model

Examination

- Need to consider all domains of the ICF
  - As PTs, we often focus primarily on impairments
- Ultimately want to impact students at the participation level

Select Activity Level Test & Measures for the School Setting

School-based Mobility Demands

- Students are required to move within the classroom, within the school building, and even outside of the school building.
  - First-graders move among activities and locations 15 to 20 times per day (Geffers)
  - Kindergarteners spend ~25% of their day moving within the classroom (Carta et al)

Timed Up & Go (TUG)

- Used to assess functional ambulatory mobility and dynamic balance
  - Typically developing children
  - Cerebral palsy, spina bifida, acquired brain injury, developmental disabilities.1-12 The
- Easy to administer - does not require specific training or special equipment

Timed Up & Go (TUG)

Classically, administration involves measuring the amount of time it takes for an individual to go from sitting in a chair, to standing up and walking 3 meters, turning around, walking back to the chiar, and sitting in the chair

Timed Up & Go (TUG)

- In children, the administration protocol has been adjusted by using a chair with or without arm or backrests, with and without shoes, with and without orthotics, etc.
- Most authors suggest that the TUG should be explained and demonstrated to a child before actual administration

Psychometrics of the TUG in Children

- Excellent intra-rater reliability
  - Intraclass correlation coefficient [ICC] = 0.99, age 8-14 years) and inter-rater reliability (ICC = 0.99, age 4-11 years and age 8-14 years) and very good test-retest reliability (ICC > 0.83, age 7-14 years, age 4-11 years, and age 3-9 years
- TUG scores correlate moderately to strongly with the Gross Motor Function Measure-88 items ($r = -0.524$, $P < .019$; $r = -0.89$, $P < .015$)

Psychometrics of the TUG in Children

- The TUG discriminates between Gross Motor Function Classification System levels I, II, and III
- Reference values are available
- Cur scores based on z scores are available for children of various ages
- There is even a modified TUG for preschool aged children

Timed Up & Go (TUG)

Reference data for school-aged children:
http://journals.lww.com/pedpt/toc/2016/28020

Timed Floor to Stand-Natural (TFTS-N)

- Adapted from the TFTS (originally adapted from TUG)
- Measures the efficiency of floor to stand transfers within the home and school environment
- Reflects typical school behaviors in which students are not allowed to run (must move at a natural pace) and are expected to stand up on the teacher's request

Link to Measure:
http://journals.lww.com/pedpt/toc/2016/28010

Timed Floor to Stand-Natural (TFTS-N)

- Found to be reliable and valid (Weingarten & Kaplan 2015) with acceptable
  - Intra-tester/intra-rater reliability
  - Test-retest reliability
- Good face validity

Administration of the TFTS-N

- **Equipment needed:** timer, two pieces of tape (placed 3 meters apart)
- **Explain and demonstrate the test**
  - Prompts for 5-8yos: "When I say go, stand up, walk to the line, turn around, walk back to the starting line, and sit back down, crisscross applesauce."
  - Prompts for 9-17 yos: "When I say go, stand up, walk to the line, turn around, walk back to the starting line, and sit back down with legs crossed."
  - For all ages: "Walk, don't run. 1, 2, 3, Go."

Administration of the TFTS-N

- Student may transition from sitting to standing in any manner
- For a trial to "count", both feet must pass the second line and student must sit behind the start line (legs crossed)
  - Re-do trial if child runs, trips, or falls during the trial

Reference Data for Students 5-14 years of age

Weingarten G, Lieberstein M, Itzkowitz A, Vialu C, Doyle M, Kaplan S. Timed Floor to Stand – Natural: Reference Data for School Age Children. *Pediatr Phys Ther*. 2016;28(1): 71-76.

http://journals.lww.com/pedpt/toc/2016/28010

Other Select Timed Functional Tests

- Timed Up and Down Stairs Test: http://journals.lww.com/pedpt/toc/2004/01620
- 5 Times Sit to Stand Test: http://www.rehabmeasures.org/Lists/RehabMeasures/DispForm.aspx?ID=1015
- 6 Minute Walk Test: http://www.rehabmeasures.org/Lists/RehabMeasures/PrintView.aspx?ID=895

Functional Mobility Scale (FMS)

Walking Distance	Rating (1-6)
5 yards	
50 yards	
500 yards	

RATING	DESCRIPTION
1	Uses a WC – may stand for transfers or step with assist of another person
2	Uses a walker without help from another person
3	Uses crutches without help from another person
4	Uses sticks/poles/canes (1 or 2) without help from another person
5	Independent on level surfaces – requires a rail for stairs
6	Independent on all surfaces (uneven ground, curbs, crowded environments, etc.)

Functional Mobility Scale (FMS)

Link to Measure:
http://ww2.rch.org.au/emplibrary/ortho/MOBILITYSCALE.pdf

The Chailey Levels of Ability

- Documents stages of motor development in the prone, supine, floor sitting, box sitting, and standing.
- Observational scale
  - Match the components achieved with the provided list
  - Record the highest corresponding level of ability
  - All indicated components at the assigned level must be present
  - Some components may be observed but are not essential when scoring a level of ability

Example: Chailey Box Sitting- Level 2

- Child can be placed in a sitting position
- Needs support (needs to be held) to stay in position
- Trunk can be brought forward over the sitting base
- Pelvis is posteriorly tilted
- Shoulder girdle is retracted or in neutral
- The back is rounded

Example: Chailey Standing-Level 7

- Able to stand independently by releasing hands from support for a few seconds
- Able to leave position without support
- Standing base as wide or slightly wider than pelvis
- Arms in medium to high guard position
- Toe grasping

The Chailey Levels of Ability

Link to Measure:

http://wiredspace.wits.ac.za/bitstream/handle/10539/10581/Appendix%20G%20-%20Chailey%20Assessment%20Charts.pdf?sequence=5

GMFM-88 & GMFM-66 APP!

- App version of the Gross Motor Ability Estimator
- Enter scores for the GMFM-88, GMFM-66, GMFM Item Sets, and GMFM Basal and Ceiling version
  - GMFM-88 dimension and total scores
  - GMFM-66 scores calculated using the GMAE-3

GMFM-88 & GMFM-66 APP!

- Provides:
  - Spider charts of GMFM-88 scores
  - Individual items scores and GMFM-66 scores with 95% Confidence Intervals on Item maps
  - Maps GMFM-66 scores on Motor Growth Curves

GMFM-88 & GMFM-66 APP!

Available versions include Single-User for PC and Mac computers. Coming soon: Android and iOS

https://www.canchild.ca/en/shop/38-the-gross-motor-function-measure-app

Select Participation Level Measures for the School Setting

Measuring Participation

- Current participation tools measure a variety of factors
  - The extent to which normative expectations are met within a specific role (i.e., the role of a student)
  - The frequency or quantity of participation
  - The extent to which an individual is self-directed in his or her participation

Select Participation Measures

- The School Function Assessment (SFA)
- The Miller Function & Participation Scales (M-FUN)

The SFA

- Assesses performance of functional tasks that support participation of students with disabilities between kindergarten and sixth grade
  - Can also be used to guide collaborative program planning

The SFA

- It is a judgment-based, criterion-referenced questionnaire that has 3 parts
  - Part I: Participation
  - Part II: Task supports
  - Part III: Activity performance physical tasks

The SFA – Part I Participation

- Examines the student's level of participation in 6 settings:
  - Classroom
  - Playground/Recess
  - Transportation
  - Bathroom/Toileting
  - Transitions
  - Mealtime/Snack Time

The SFA – Part I Participation

Participation is rated using a 6-point Likert scale from 1 (extremely limited participation) to 6 (full participation)

The SFA – Part II Tasks Supports

- Examines the amount of assistance and adaptations the student needs with physical tasks
  - Travel
  - Maintaining and Changing Position
  - Recreational Movement
  - Manipulation With Movement
  - Using Materials
  - Setup and Cleanup
  - Eating and Drinking,
  - Hygiene
  - Clothing Management

The SFA – Part II Tasks Supports

Task Supports are rated using a 4-point Likert scale from 1 (extensive assistance or adaptations) to 4 (no assistance or adaptations).

The SFA – Part III Activity Performance Physical Tasks

- Examines the student's ability to perform common school activities
  - 21 separate scales
- Scored using a 4 point Likert scale from 1 (does not perform) to 4 (consistent performance)

The SFA

- Designed to be completed by at least 2 different professionals who interact with the child on a regular basis to determine typical performance
  - Takes a while to administer

SFA

- Validity and reliability for all 3 parts of the SFA are reported in the user's manual
  - Independent research has not explored the psychometric characteristics of the participation component of the SFA

SFA

- Limitations
  - Age range is restricted to younger children
    - Does not include adolescents let alone those up to 21!
  - The lengthy time for administration
    - Requires at least 2 professionals working together
  - Less sensitive for older students and those with lower functional movement

SFA

- Other Limitations
  - Measures participation in different general educational settings or situations (playground, mealtime, classroom, etc.)
    - Does not measure specific aspects of participation (engaging in play or a group activity, socializing/forming friendships, etc)

The Miller Function & Participation Scales (M-FUN)

- A developmental assessment tool for children aged 2 years 6 months through 7 years 11 months
  - Designed to determine how a child's motor competency affects engagement in home and school activities and overall social participation

M-FUN

- The test has 2 major components
  - A norm-referenced Performance Assessment
  - A criterion-referenced Participation Assessment with 3 checklists
    - Home Observation
    - Classroom Observation
    - Test Observation

M-FUN

- The M-FUN Performance Assessment tasks were developed to
  - Identify a child's underlying neuromotor foundational abilities (visual motor, fine motor, and gross motor skills)
    - Does not target developmental skill acquisition

M-FUN

The M-FUN checklists were developed to measure a child's participation at home and at school

M-FUN

- The Examiner's Manual reports reliability and validity for the Performance Assessment components (visual motor, fine motor, and gross motor skills) but not for the Participation Assessment (checklists)
  - Independent research has not been published on reliability and validity for this tool

M-FUN

Miller reports that the Home Observations checklist, the Classroom Observations checklist, and the Test Observations checklist all measure a child's participation either at home or at school

M-FUN

- Limitations
  - The age range limits assessment of children older than 7 years
    - By age 7, children typical become more self-defined in their participation choices
  - Checklists provide a comprehensive overview of a child's function in the home and school settings
    - Not necessarily a measure of full participation

Other Potential Participation Measures

The Canadian Occupational Performance Measure and Goal Attainment Scaling provide a framework for developing specific student and educational team goals but were not developed specifically to measure participation

Goal Attainment Scaling

- http://www.rehabmeasures.org/Lists/RehabMeasures/DispForm.aspx?ID=1263
- http://elearning.canchild.ca/dcd_pt_workshop/assets/planning-interventions-goals/goal-attainment-scaling.pdf

COPM

http://www.thecopm.ca/

Students With Autism Spectrum Disorders: Select Measures for School-Based Practice

Measures for Students with ASD
(and for other students too!!!)

- Pediatric Evaluation of Disability Inventory—Computer Adaptive Test (PEDI-CAT
  - https://www.pedicat.com/
- Scale for the Assessment of Teachers' Impressions of Routines and Engagements (SATIRE) - provides insights into motor expectations in the school day
  - http://olms.cte.jhu.edu/olms2/data/ck/sites/4055/files/SATIRE.pdf

Measures for Students with ASD
(and for other students too!!!)

- Test of Gross Motor Development – 3rd edition (TGMD-3)
  - All-new normative data representative of the U.S. population
  - Normative information stratified by age relative to geography, gender, race, ethnicity, household income, and parent education level
  - Items were added to each subtest to eliminate possible ceiling effects
  - Little or no bias in regard to gender, race, or ethnicity
  - Improved psychometrics

Measures for Students with ASD
(and for other students too!!!)

- Test of Gross Motor Development – 3rd edition (TGMD-3)
  - Differentiates children with cognitive impairments and autism spectrum disorder from children who are typically developing
  - Gross Motor Index cutoff scores provided for these populations

Examination: Special Considerations in School-based Settings

Competencies for School-Based PTs

Content Area 4 Examination and Evaluation in Schools

- 3a: Conduct formal naturalistic observations to determine level of participation and necessary assistance and adaptations.

(Effgen SK, Chiarello L, Milbourne SA. Updated competencies for physical therapists working in schools. *Pediatr Phys Ther*. 2007;19(4):266–274.)

Naturalistic Observations: Ecological Assessment

- Analysis of a student's learning environment and his/her interactions within and across the settings within this environment.
- Effective intervention starts by understanding the student and his/her environment

Naturalistic Observations: Ecological Assessment

- Analysis of a student's learning environment and his/her interactions within and across the settings within this environment.
- Effective intervention starts by understanding the student and his/her environment Hardin (1978)

What does the student need to be successful in his/her learning environment?

Naturalistic Observations: Ecological Assessment

- Exploring the ecosystem of the classroom and other settings in schools
- Based on various sources of information
- Direct observation and task analysis

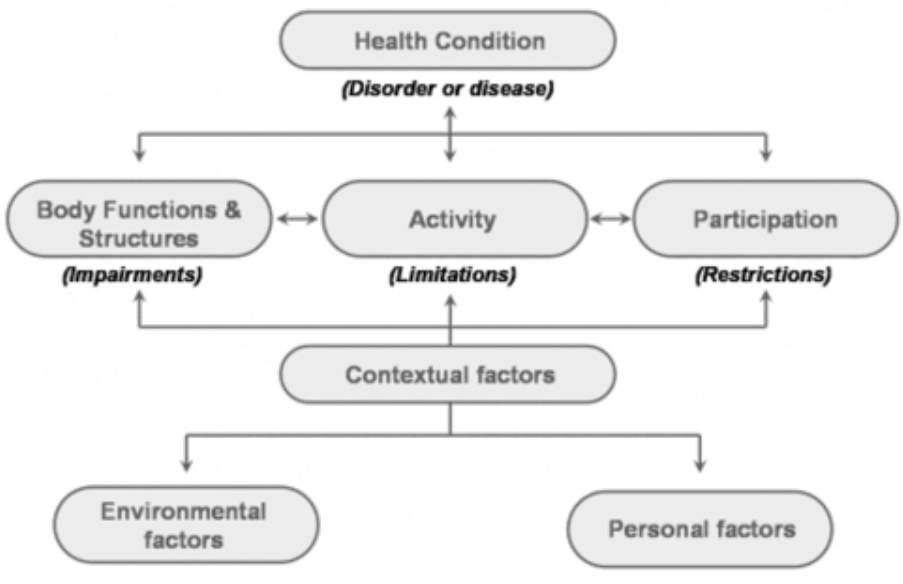
Naturalistic Observations: Ecological Assessment

- Some factors to consider
  - Spatial density
  - Seating arrangements
  - Visual stimulation
  - Noise
  - Student-student interactions
  - Lighting
  - Teacher/staff-student interactions

Measures for Students with ASD

- Vanderbilt Ecological Congruence of Teaching Opportunities in Routines (VECTOR), Classroom Version
  - A 10-minute observation for 10 different routines
  - Scored using a 5-point scale.
  - Use guides environmental changes to help optimally engage of student
- Appropriate for early intervention, preschool, kindergarten, and first grade

How Can the ICF Help With Intervention?



Personal & Environmental Factors

- Identified as barriers or facilitators during the examination process
- Intervention should focus on capitalizing on facilitators and overcoming or modifying barriers

Environmental Factor	Facilitator/Barrier?	If Facilitator…How Can This Facilitator Be Capitalized Upon? If Barrier…How Can This Barrier Be Modified or Overcome?

Various Models of Service Delivery

- Direct Model
- Integrated Model
- Consultative Model
- Monitoring Model

Direct Intervention

- Ideally should occur in natural school environments
- Just being in the classroom or other natural school environment is not enough
  - We must adjust the intervention to the unique opportunities afforded by the school environment
    - Use of common objects in the environment
    - Practice skills with other children present in the natural environment

A Few Thoughts About Goals & Objectives

Participation-based Goals

- Goals should describe functional skills within the context of participation within the school environment (Effgen & Kaminker 2014)
  - 72% of IEP goals pertaining to PT practice did not specify an educationally-relevant context (McConlogue & Quinn)
  - Only 15% of IEP objectives participation-based (Stuberg & Delong)

Participation-based Goals

- Goals reflecting participation are more likely to improve participation
  - Goals reflecting functional skills within the context of participation within the school environment are more likely to improve participation in the school environment

Participation-based Goals

Goals reflecting participation = Increased participation

Participation-based Goals

Goals reflecting participation = Increased participation

(Or at the very least, help us to focus on increasing participation!!)

Review the Objectives:
Any Questions?
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Physical Therapy Virtual Conference

Mon 10/7	The Challenge of Keeping Assessments Standardized Deanne Fay, PT, DPT, PhD
Tues 10/8	School-Based Intervention for Children with Developmental Coordination Disorder or Suspected Developmental Coordination Disorder Melinda Mueller, PT, DPT, PCS & Lisa Dannemiller, PT, DSc, PCS
Wed 10/9	Goal Attainment Scaling for Simple and Medically Complex Clients in the School Setting Sarah Bengtson, PT, DPT, Paq
Thurs 10/10	Application of the ICF to the Provision of School-based Physical Therapy Services Lisa Kenyon, PT, DPT, PhD, PCS
Fri 10/11	Assistive Technology in the School Setting: Tips for Planning, Selecting and Justifying Laura Cohen, PhD, PT, ATP/SMS, RESNA Fellow