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PT in School-Based Settings

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

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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 |

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Assistive Technology in the School Setting:

Tips for Planning, Selecting, & Justifying.

Laura Cohen PhD, PT, ATP/SMS
Rehabilitation & Technology Consultants, LLC
Arlington, VA
October 11, 2019

Why Are We Here?

To learn about key AT tools to increase both the *functional performance* and the *academic success* of students



BECAUSE AT can 'level the playing & learning field'

AT significantly contributes to aiding individuals in learning, building self-confidence, being independent and achieving high quality of life.

Agenda

1. Introduction & Background
2. The Law and AT Considerations in the School Setting
3. Developmental Planning & the IEP
4. The SETT Framework and AT Decision-making
5. Mobility Impairments & Considerations in School Setting
6. Resources and References
7. Discussion and Q & A

Learning Outcomes

After this course, participants will be able to:

- Explain IDEA requirements for AT devices and AT services for students with disabilities to support a free and appropriate public education.
- Describe the 4-part SETT Framework designed to promote collaborative decision-making in all phases of AT service design and delivery.
- Outline the concept of developmental planning and its relevance in the provision of AT services in the school setting.
- Identify at least three sources to assist with the preparation of documentation to support AT provision.

The Law & AT Considerations in the School Setting

Laws Affecting IEP Teams

The Individuals with Disabilities Education Act (IDEA) requires that AT be provided for all students with disabilities who require this support to receive a free and appropriate public education (FAPE).

The law states:

- Each public agency shall ensure that AT devices, AT services, or both, are made available to a child with a disability if required as a part of the child's:
 - × (1) Special education
 - × (2) Related services
 - × (3) Supplementary aids and services



AT in Schools

- 1997 IDEA Amendments - mandated every IEP team address question
 - “Does this child need AT in order to accomplish the educational goals we have set?”

AT in Schools

- As the legal definition of AT is very broad, sometimes confusion exists about **AT vs instructional technology**.
 - AT is **NOT** technology that helps students practice new skills they are learning
 - (e.g. software to practice spelling or math).
 - If child’s problem is handwriting, AT might be technology that allows him a keyboard to produce more legible spelling or math to assist with the task.

AT in Schools

- When technology is used as AT- it helps a child do a **task** that s/he either
 - cannot perform without it, or
 - cannot perform as well without it
- AT **can** be used in a variety of environments and can help a child with a task that might be done at school, at home or out in the community.

AT Device

Definition:

The term assistive technology device means any item, piece of equipment, or product system, whether acquired commercially off the shelf, modified, or customized, that is used to increase, maintain, or improve functional capabilities of children with disabilities.

Academic & Learning Aids Assistive Living Devices AAC Computer Access

Environmental Aids to Daily Living Mobility Aids Seating & Positioning

Recreational/Leisure Technologies Pre/Vocational Aids

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AT Services

Definition:

Any service that directly assists a child with a disability in the selection, acquisition or use of an assistive technology (AT) device.

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AT Services

Evaluation

The evaluation of the needs of a child with a disability, including a functional evaluation of the child in the child's customary environment.

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AT Services

Acquisition

Purchasing, leasing, or otherwise providing for the acquisition of assistive technology devices by children with disabilities.

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AT Services

Customizing

Selecting, designing, fitting, customizing, adapting, applying, maintaining, repairing, or replacing assistive technology devices.

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AT Services

Coordination

Coordinating and using other therapies, interventions, or services with assistive technology devices, such as those associated with existing education and rehabilitation plans and programs.

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AT Services

Training

Training or technical assistance for a child with a disability or, if appropriate, that child's family.

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AT Services

Technical Assistance

Training or technical assistance for professionals (including individuals providing education or rehabilitation services), employers, or other individuals who provide services to, employ, or are otherwise substantially involved in the major life functions of that child.

Exploring AT and Post-School Outcomes for Students with Severe Disabilities

- Method- Secondary analysis NLTS2 data in USA (2000-2009)
- Inclusion Criteria-
 - Students identified with low-incidence (moderate to severe disabilities)
 - Heterogeneous group
 - mod/ severe intellectual disability, autism spectrum disorder, multiple disabilities, physical disabilities, traumatic brain injury, other health impairment, Intellectual, sensory impairment including deaf and/or blindness
- Exclusion Criteria-
 - Students with high incidence mild disabilities
 - Learning disabilities, emotional/behavioral disorders, mild intellectual disability, ADHD

Results (cont.)

- Receipt of AT in school varied greatly by disability identification
- Receipt of AT post-school also varied by disability identification, but generally lower
- Few statistically significant post-school outcome differences existed between students who received AT and those who did not

Implications for Rehabilitation (cont.)

- An under-utilization of AT for secondary students and adults with severe disabilities likely exists.
- A need exists for improved collaboration between professionals in rehabilitation and professionals in schools to ensure continuation of needed services or aids, such as AT.
- Additional research is needed to better understand
 - the adult life (or post-school) outcomes of individuals with severe disabilities,
 - factors from PK-12 schooling or post-school services that positively and negatively impact those outcomes.

AT and Students With High-incidence Disabilities

- Method: Secondary analysis NLTS2 data in USA (2000-2009)
- Inclusion Criteria- Students with high incidence (mild disabilities)
 - Learning disabilities, emotional/behavioral disorders, mild intellectual disability, ADHD
- Results:
 - Fewer students in study reported receiving AT in HS (7.8%) and fewer still after HS (1.1%)
 - Students who received AT in school had more positive postschool outcomes in terms of paid job, wages, participation in post secondary education but it was not a predictor for positive postschool outcomes

Developmental Planning

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Developmental Planning

- Within the early intervention care model
- Use of Milestones as a basis for planning care and predicting needs
- Considers time frames for milestones

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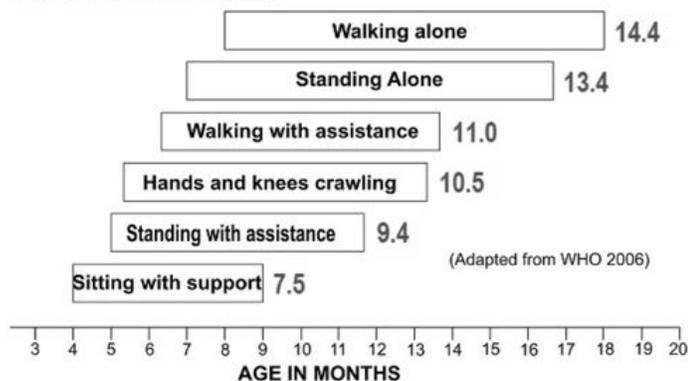
Jill Monger PT, MS, ATP

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Developmental Planning Example: Motor Milestones

Age (in months) when 90% of babies have achieved milestone



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Goal of Developmental Planning

- Have alternate interventions ready when a given milestone would normally occur.
- To preserve the benefit of achieving a given milestone at some capacity
- Example:
 - Milestone – Standing
 - Intervention – Adapted Standing
 - Benefits –
 - Medical –ortho. dev., bowel/bladder function, spasticity mgmt
 - Educational – visual orientation, psychosocial dev, strength/end.

Equipment and Time Frames

- Assess for future milestones early
 - Consider areas the child is likely to be limited in achieving
- Ideally – Determine AT that will assist in achieving all or part of milestone and initiate obtaining equipment ahead of time

“Always plan ahead. It wasn’t raining when Noah built the ark.”

– Richard Cushing

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Poll 1

Rate how confident you are at **recognizing** a person with a disability may benefit from AT and AT services.

- 1- Not at all confident
- 2- Not very confident
- 3- Somewhat confident
- 4- Confident
- 5- Extremely confident

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Survey of Pediatric PTs

Percentage of Pediatric PTs Reporting Their Confidence Performing Tasks Related to AT and AT Services
(N=380) Circa 2008

Task	Lacking Confidence	Confident
Recognizing that a person with a disability may benefit from AT and AT services	22%	78%

Long, T. M. and D. F. Perry (2008). "Pediatric Physical Therapists' Perceptions of Their Training in Assistive Technology." *Physical Therapy* 88(5): 629-639.

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Poll 2

Rate how confident you are in **assessing or evaluating** an individual for AT and AT services.

- 1- Not at all confident
- 2- Not very confident
- 3- Somewhat confident
- 4- Confident
- 5- Extremely confident

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Survey of Pediatric PTs

Percentage of Pediatric PTs Reporting Their Confidence Performing Tasks Related to AT and AT Services
(N=380) Circa 2008

Task	Lacking Confidence	Confident
Assessing or evaluating an individual for AT and AT services	62%	38%

Long, T. M. and D. F. Perry (2008). "Pediatric Physical Therapists' Perceptions of Their Training in Assistive Technology." *Physical Therapy* 88(5): 629-639.

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Poll 3

Rate how confident you are in **matching and selecting** a specific device to needs.

- 1- Not at all confident
- 2- Not very confident
- 3- Somewhat confident
- 4- Confident
- 5- Extremely confident

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Survey of Pediatric PTs

Percentage of Pediatric PTs Reporting Their Confidence Performing Tasks Related to AT and AT Services

(N=380) Circa 2008

Task	Lacking Confidence	Confident
Matching and selecting a specific device to needs	79%	21%

Long, T. M. and D. F. Perry (2008). "Pediatric Physical Therapists' Perceptions of Their Training in Assistive Technology." *Physical Therapy* 88(5): 629-639.

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Poll 4

Rate how confident you are in **identifying or providing training** in the use of AT for the individual.

- 1- Not at all confident
- 2- Not very confident
- 3- Somewhat confident
- 4- Confident
- 5- Extremely confident

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Survey of Pediatric PTs

Percentage of Pediatric PTs Reporting Their Confidence Performing Tasks Related to AT and AT Services
(N=380) Circa 2008

Task	Lacking Confidence	Confident
Identifying or providing training in the use of AT for the individual	65%	35%

Long, T. M. and D. F. Perry (2008). "Pediatric Physical Therapists' Perceptions of Their Training in Assistive Technology." *Physical Therapy* 88(5): 629-639.

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Poll 5

Rate how confident you are in **evaluating the outcome** of AT and AT services.

- 1- Not at all confident
- 2- Not very confident
- 3- Somewhat confident
- 4- Confident
- 5- Extremely confident

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Survey of Pediatric PTs

Percentage of Pediatric PTs Reporting Their Confidence Performing Tasks Related to AT and AT Services
(N=380) Circa 2008

Task	Lacking Confidence	Confident
Evaluating the outcome of AT and AT services	62%	38%

Long, T. M. and D. F. Perry (2008). "Pediatric Physical Therapists' Perceptions of Their Training in Assistive Technology." *Physical Therapy* 88(5): 629-639.

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Poll 6

Rate how confident you are in **justifying and documenting** the necessity for recommended AT and AT services.

- 1- Not at all confident
- 2- Not very confident
- 3- Somewhat confident
- 4- Confident
- 5- Extremely confident

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Poll 7

Select the option that most represents your practice

- 1) I am **solely responsible** for providing AT decisions for my case load of students.
- 2) I am one member of a **collaborative team** responsible for providing AT decisions for my case load of students.
- 3) I **refer students** from my case load to an AT specialist or colleague responsible for providing AT decisions.
- 4) I **do not assess** students on my caseload for AT.

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The SETT Framework & AT Decision-making



Adapted from the work of Dr Joy Zabala Ed.D. www.joyzabala.com

SETT Framework

- The SETT (Student, Environment, Task, Tools) framework was developed to guide collaborative IEP teams through decision-making process before AT tools are considered or selected:

S for the STUDENT (student-centered)
E for the ENVIRONMENT
T for the TASKS
T for the TOOLS needed to address the tasks
that foster participation and achievement

*Zabala, J.S. (2005) Assistive Technology Consideration Guide. www.joyzabala.com

Why do we need the SETT Framework?

- The law says public schools are mandated to consider the need for AT for EVERY student on an IEP, but it does not tell us how to do that.
- It's often difficult to match a student with technology that will be used successfully to meet educational goals.
- One size does not fit all.
- The SETT Framework is research based and when used a higher level of change in outcomes was experienced.

8 Step Decision-Making Process

1. Identify areas of concern
2. Gather information on aspects related to concern
3. Analyze information
4. Generate priorities and potential solutions
5. Develop a plan
6. Work the plan and collect data on effectiveness
7. Revise the plan as indicated by the data
8. Document

Interdisciplinary AT Teams

School AT Team

- Parent/Child
- School PT, OT, SLP
- Case Manager
- AT Specialist
- Paraprofessional
- Teacher

Medical CRT Team

- Individual
- Family/Caregiver
- Physician
- Clinician (PT/OT)
- Rehab Technology Professional (RTP)
- CRT Technician
- Others ? (CM, VRC, LSW...)

The Student

- What is/are the functional areas of concern?
- What does the student need to be able to do that is difficult or impossible to do independently at this time?
- Special needs (related to area of concern)
- Current abilities (related to area of concern)
- Expectations and concerns
- Interests and preferences
- Future plans

SETT Scaffold for Consideration of AT Needs

Review each area for concerns about the student's ability to function as independently as possible due to disability.

- Physical
- Sensory
- Communication
- Cognitive
- Academic Performance
- Environmental Control
- Social Competence
- Vocational Performance
- Recreation/Leisure
- Other: Transportation

*Zabala, J.S. (2005) Assistive Technology Consideration Guide. www.joyzobala.com

Student

Physical: (health, motor abilities, seating, positioning)
Sensory: (Vision, hearing, sensitivity to/of touch)
Communication: Speech sound production and use, receptive and expressive language, voice, fluency, augmentative and alternative communication
Cognitive: An appraisal of aptitude and mental processes by which an individual applies knowledge, thinks and solves problems.

Vocational Performance: General work behaviors, Following directions, Working independently or with job supports, Job preferences or interests, Dexterity, Abilities, Interpersonal relationships and socialization, Related work skills.

Recreation / Leisure: Free time, maintenance of physical fitness, use of generic community recreation facilities and resources and degree of social involvement.
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Academic Performance: Basic and content reading, Reading comprehension, Mathematics calculation, reasoning and application, Written expression, Oral expression, Listening comprehension, Learning preference, learning style, strategies, Effect of the disability on acquisition, development, mastery and applications of academic skills.
Environmental Control: Ability to control events within the environment, Ability to interact with others to influence actions of others
Social Competence: Adaptive behaviors and social skills, which enable a child or youth to meet environmental demands and to assume responsibility for his own and other's welfare.

The Environment(s)

- Arrangement (instructional, physical)
- Supports (available to both the student and the staff)
 - For the student –
 - Adult & peer support available
 - Ratio of teachers to students
 - For personnel-
 - In the building, region, state
- Materials and Equipment (commonly used by others)
 - How does the student and tools get places?
- Access Issues (physical, technological, instructional)
- Attitudes and Expectations (staff, family, other)

The Tasks

- What SPECIFIC tasks occur in the student's natural environments that enable progress toward mastery of outcomes from the **Programs of Study** as well as **IEP** goals and objectives?
- What SPECIFIC tasks are required for active involvement in target environments? (communication, instruction, participation, productivity)
 - What tasks does the student need to be able to do/learn to do that is currently difficult/impossible without assistance?
 - For each task describe how barriers to doing those tasks are currently addressed (specific strategies, accommodations, modifications, AT)
 - Consider whether new/additional AT would enable performance of task
 - Indicate if assistance or further investigation is needed (additional AT assessment and/or AT services)
 - Analyze and summarize information and reflect on analysis

The Tools (Part 1) *Identifying*

1. Tools may include devices AND services
2. Describe criteria & features needed that could help the student do the identified tasks
 - A. Ex. Handwriting- relieve stress on hands while writing, increase independence, help accomplish the task in timely manner, increase productivity, etc.
 - B. Describe features of AT System that addresses students identified needs (ex. large grip, weighted for tremor)
3. List promising tools/technologies for trial
 - A. Research/Brainstorm specific tools that match the features identified
 - B. Match functions/tasks needed by the student
 - C. Select/recommend tools for trial

The Tools (Part 2) *Prioritizing*

4. Establish a short list of tools to purchase justifying choices with SETT data & descriptor match
5. Establish tool availability
 - A. Currently available to ALL students served by system
 - B. Programmatically available through Special Ed or other services which student is qualified
 - C. Additional tools that need to be acquired for this student (e.g. educational vs medical necessity)
6. Establish **Training** needs for promising tools that match student needs (training, planning, coordination)

© Joy Zabala (Revised 2005) SETT forms and additional resources are available for download at <http://www.joyzabala.com> .

Trial

- Questions about the Tool(s)
 - Who will provide the tools needed for trial?
 - How will the tools be made available to the student in every environment indicated for trial?
 - Where will the tools be stored at the end of the day?
 - Who is responsible for charging, programming, etc.?

- Questions about Student Training
 - What specific skills will the student need to learn to effectively & independently use the tools?
 - How much training does the student require?
 - Who will provide the training & support to the student?

Trial (cont)

- Questions about Staff & Family Training
 - What will various staff & family members need to know about tools?
 - Which adults in the child's environments will require training on the tools?
 - Who will provide the needed training for these people?
 - Who should be called if technical assistance is needed?

- Questions about the Environment
 - Are changes needed to ensure accessibility to the tools?
 - Is additional support needed? (IT tech, supplier, etc.)

Trial (cont)

- Questions about the data – Outcomes
 - What data will be collected?
 - How, how often, and by whom?
 - How will the data be evaluated?
 - When and by whom?

Implementation

AT implementation is only as good as the plan that guides the implementation.

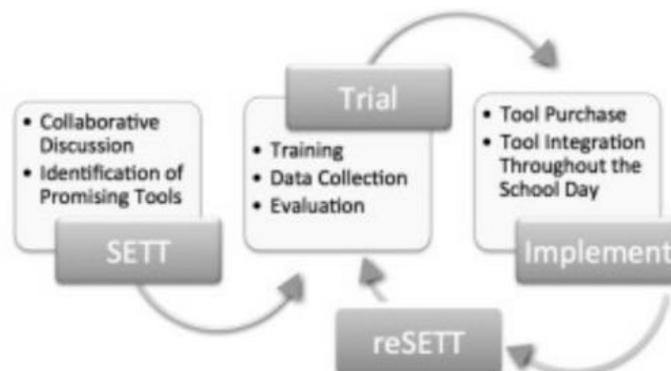
For AT to be effectively integrated into a learning environment and support the reduction of barriers to learning, the implementation plan should include:

- Tool purchase info (who will order? Pay?)
- Tool set up, training and maintenance information
- Strategies for helping student to become increasingly independent in using tool
- Methods to integrate tool through student's day
- Methods for assessing effectiveness of AT implementation

reSETT

- reSETTing is NOT starting over
- It is an iterative process that requires being reflective and responsive
- Critical Elements
 - Collaborative
 - Multiple perspectives
 - Shared knowledge
 - Pertinent Information
 - Communication
 - Flexibility and Patience
 - Ongoing Process

SETT Cycle (adapted from Zabala)



Seating/Positioning & Mobility for Function and Access

AT and Mobility

- Each AT device/system is a tool
- Each activity must have the right tool
- Inclusion and physical/cognitive development are educational goals
 - Including leisure/recreation



Importance of ON TIME Mobility

Mobility Development

- Kids are in perpetual motion
- Need to move to access objects and learn (visual and tactile combined)
- Need independent mobility as early as their peers (Tefft et al. 1999)
 - Normal walking: 12 months of age
- Mobility allows for exploration of the environment (Butler et al. 1983, 1984, Butler 1986, Douglas and Ryan 1987)

Personality Development

- Can get to places
- Self directed autonomous exploration
- Keep up with their peers
- Improve psycho-social well being
- Increase participation
- Preserve energy for meaningful activities
- Mitigate Learned Helplessness

Landscape of Early Childhood Services



Educational & Vocational
Needs

Medical Needs

- States and Communities use an array of strategies to support health, development and well-being of children and families
- Efforts are often disconnected, supported by multiple agencies, with siloed funding sources
- Makes it complicated to navigate and use services
 - Difficult to track total available resources
 - Important to make informed decisions and leverage limited resources
- Schools providing Medicaid services can consider medical necessity as well as educational necessity in documentation

Plan for Functional Mobility

- Consider big picture mobility goal
- Capacity and potential for **functional** mobility
- Optimal AT Plan of Care
- Educate, coordinate, advocate
- Utilize professional judgment and fiscal responsibility

Blended Goals & AT Funding

- Example of Creative Coordination and Funding
- School uses early power mobility devices (ex. GoBabyGo, power toy cars) to provide developmental mobility experiences
- Medical team recommends PWC trial and training. Medical plan rents/purchases PWC
- School provides ongoing power mobility training and supervision
- Medical plan and family provide adaptations to vehicle to transport PWC

Issues and Considerations

- Ambulation vs. Mobility
- Pathological Gait
- Manual Propulsion & Energy
- Human Development, Independence
- Occupational Performance
- Psycho-social Development

Pathological Gait

- Is not functional!
- Results in higher physiological outputs - O₂, HR
(Duffy et al. 1996, Bernardi et al. 1995, Rose et al. 1990)
- Slower speed
- Speed decreases by age → O₂ + HR/distance also increases (Waters et al. 1983)
- Stressful on joints long term and painful especially as child ages and gains weight



Manual Wheelchair Propulsion

- Marginal ambulators often marginal propellers
- Energy requirements
 - Less than walking
 - MWC propulsion found to be more than walking of non-disabled (Evans & Tew 1981, Williams et al. 1983, Luna-Reyes et al. 1988)
- Stressful on joints long term and painful
 - Upper extremity repetitive strain injuries (Nichols et al. 1979, Aljure et al. 1985, Gellman et al. 1988, Sie et al. 1992, Boninger et al. 2002)

Early Mobility Questions

- Does the use of wheeled mobility prevent walking?
 - No research has substantiated that commonly held fear that children will regress in motor skills if use wheeled mobility.
- How do parents feel about wheeled mobility?
 - Parents have reported increased child independence, personal control, child engagement in meaningful life experiences, positive effect on others.
 - Wheeled mobility increased confidence, motivation, happiness and reduced frustration.

Early Mobility Questions

- At what age should a child begin to use PMD?
 - Multiple studies have demonstrated children <2 years of age can learn to use PMD
 - Early mobility experiences can aid development

Developmental Planning

- Assess for future milestones child will be limited in achieving.
- Ideally – Determine technology that will assist in achieving all or part of milestone and initiate obtaining equipment ahead of time

Use SETT Framework

- S** for the STUDENT (student-centered)
E for the ENVIRONMENT
T for the TASKS
T for the TOOLS needed to address the tasks

CAUTIONS

- Decision ultimately the families
- Do NOT let funding bias your assessment
- Remain focused on child's immediate and future anticipated needs (big picture- think function)
- Utilize thorough and defensible documentation geared to anticipated funding source (medical, education, vocational)
- Consider coordination of care issues and solutions- be creative

The Student

- Medical history
 - Diagnoses and associated conditions
 - Secondary diagnoses
 - Prognosis and potential for change
 - Complications/contraindications
- Medications
- Special needs
 - Respiratory/GI equipment/positioning
 - Other assistive technology equipment
 - Orthotics
- Surgical history/plans

The Student

- Physical status
 - strength, ROM
 - Orthopedic
 - Neuromotor – tone, reflexes
- Sensation / skin integrity
- Cognition / behavior
 - Integrate, sequence, retain information
 - Judgment
- Perceptual / visual limitations
- Endurance
 - Effectiveness of current mobility system

The Tasks

- Functional skills
 - Present and desired skills in mobility system
- Educational needs
 - Good positioning, comfort
 - Interaction with peers (fun, play)
 - Interaction with environment
 - Increased independence (explore, learn, touch, do)
 - Safety
 - Complimenting educational and functional goals

The Environment

- Environment
 - Accessibility (home, school, play)
 - Types of terrain - indoors/outdoors, hills, gravel, grass
 - Inclines, ramps – to spec?, steps, curbs
 - Distance
 - Weather (heat, cold, snow, ice)
- Transportation
 - Personal Vehicle Accessibility
 - School Transportation/ Paratransit
 - Ride in Wheelchair Vs. Transfer Out
 - Restraint System

Tools- Seating, Positioning & Mobility

- Seating & Positioning
 - Adaptive seating and positioning systems
 - Seat inserts for WCs
 - Sidelyers
 - Prone Standers
 - Adaptive Chairs
 - Standing Devices
 - Adaptive Toileting Seats/Chairs
 - Mobility Assistive Equipment (MAE)
 - Canes, Crutches
 - Walkers & Gait Trainers
 - Adaptive Toys (Modified ride on cars – Go Baby Go)
 - Wheeled Mobility- Manual/Power WCs, Scooters

Documentation

Purpose of Documentation

Present relevant information for the purpose of making a value judgment regarding the **“best”** intervention for a particular individual

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Consider what the reviewer or decision maker is looking for?

- Why ATD being requested
- Evidence of need based on coverage policy (medical, educational, or vocational)
- Specific recommendation, price and coding
- Rationale for why recommendation is the *most appropriate* and *cost effective* solution

HINT: *Anticipate his/her questions and address them in your documentation.*

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Defensible Documentation

- Consider your audience! Document to payer mandate (medical, educational, vocational need)
- Clear and concise information pertinent to the individual
- Clinical picture on paper- “humanize the story”
- Objective physical findings
- Connect the dots – spell out rationale
- Write legibly
- Avoid too many/unfamiliar abbreviations
- Avoid broad sweeping statements, technical lingo, “cooker cutter” language and “dazzling with brilliance”
- Write to your audiences’ needs, anticipate questions and answer them!

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CONTINUED

References & Resources

See separate document

Resources

- National Assistive Technology in Education Network
- .natenetwork.org/at-teamwork/

- GA Project for AT
- www.gpat.org/Georgia-Project-for-Assistive-Technology/Pages/default.aspx

- Quality Indicators for AT
- www.qiat.org/

Funding Resources

- Centers for Independent Living (CILs)
- AT Financing Programs <https://www.resna.org/financial-loan-programs-organized-state>
 - List of Low Interest Loan Programs (42 states)
 - Provide alternative funding resources for individuals to acquire AT
 - Hearing Aids
 - Computer Equipment & Software
 - Recreational Equipment
 - Modified Vehicles (ramps, lifts, hand controls, etc.)
 - Home Modifications (ramps, railings, hand bars, bathrooms, showers)
 - DME copayments & noncovered items (bathroom equipment, seat lifts)
 - Regardless of income
 - Low interest/no interest loans, some have matching funds to leverage

Questions/Discussion



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CONTACT INFORMATION

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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

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