

# ***Training Manual School - Physical Therapy Interventions for Pediatrics (S-PTIP) Data Form***

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**(School PTIP Form adapted from previous adult and child research and used with permission  
from Susan D. Horn, PhD, 3/2007; Merilee Hashimoto, DPT, 8/2008; Lynn Jeffries, PhD, 5/2009)**

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## OBJECTIVES

The School Physical Therapy Interventions for Pediatrics (S-PTIP) data form has been designed to record the following information from therapists regarding their services for students (services to the student or on behalf of the student) within a school program:

1. The types of school/functional/developmental activities\* being addressed during each therapy session (It is recognized that all activities should be directed towards achieving the IEP goals.)
2. The amount of time spent addressing each type of activity during the session (in 5 minute increments)
3. Specific intervention(s) used to accomplish each type of activity\*
4. Who delivers the service to the student, Physical Therapist (PT), Physical Therapist Assistant (PTA), or both
5. The service-delivery used with the student as indicated by time spent in different types of service (group or individual therapy; within school activity or not within school activity; with students who are or are not in Special Education [SpEd]; co-treatment)
6. The service-delivery on behalf of the student as indicated by time spent in different types of service (consultation/collaboration, in-service, curriculum development, documentation)

\*NOTE: We have designed the form to be inclusive of the possible activities and interventions that therapists could use. We are not suggesting, however, that a therapist should use all of these interventions or activities and have left space for therapists to add other interventions or activities.

## PROCEDURES FOR DATA COLLECTION

1. **Data collection procedures:** For the PT COUNTS study, we asked therapists to record what they did weekly, rather than after every session with the student or on behalf of the student. Other studies using forms like this one have used the form immediately after the provision of a service to or on behalf of the person receiving the service. You can use the form either way, however within this manual, we have referred to filling the form in weekly for ALL services provided within that week.
2. **Identifying Information:** You will fill in the Student ID/Name and your Therapist ID/Name at the top of the form. **If used within a study you should not write any names on the data sheet.** Record the Monday date (Month/Day/Year) for the week of services that you are reporting on.
3. **If no provision of services for the week:** Check the appropriate box as to why there were no services to report. For example, if you only serve the student once a month and did not provide services that week, check 'no services per IEP plan". If

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you were to provide services per the IEP plan, then check why no services were provided, i.e. you or the student were absent, school was closed the day you were to see the student, there was a schedule conflict (for example, the student had another obligation during your PT time so you could not see the student), or if for some other reason, please provide a brief explanation. Remember that you should record services TO and ON BEHALF of the student. So even if you did not work with the student, but for example wrote notes, you should record that time spent on behalf of the student.

4. **Type of Activity:** If you provided service directly to the student, then you will fill in the Types of Activity section. (Definitions for each activity are detailed later in the manual.) Select each appropriate activity from the “**Type of Activity**” column and record the time spent on this particular activity with the student in 5-minute increments. This should equal the total amount of time dedicated to this activity, even though it may occur more than once during the PAST WEEK (i.e. transitions, school mobility indoors, etc.). Please indicate the approximate time for all activities that were provided and for each round the time into 5 minute increments.

To determine the activity, you will need to identify the primary intent of each activity. For example if you have the student in side-sitting on floor to participate in a classroom circle time activity, this could fall under “Sitting” or “Classroom Activity”, dependent on the activity in which you are measuring change or monitoring outcomes. If there is more than one clinical intent for a given activity, divide the time equally between activities. Using the previous example, if the emphasis is on improving sitting balance and the Classroom Activity is a distraction during this activity, then code the time under “Sitting”. If the emphasis is on improving the student’s ability to participate in circle time activity and sitting is just the position you are having the student work in then code the time under “Classroom Activity”. If the emphasis is on both, then split the time between the two activities.

Then add up the minutes recorded for all activities that you listed as part of the service to the student and record this as “Total Time with Student.”

5. **Interventions:** Then move to the list of **Interventions** in the left column (numbered 01-79). (Definitions for each intervention are detailed later in the manual.) Select all interventions that were performed to achieve the purpose of all selected activities and write the code numbers of the interventions used within the boxes provided in the Interventions column on the right.
6. **Services delivered by:** Below the “**Interventions**” section, check one box indicating whether the services for that week were delivered by a PT, a PTA, or by both providers.
7. **Optional Notes Section:** Below the “**Services Delivered by**” section, we have provided a Notes Section. You can write any notes that you feel are pertinent in

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terms of explaining the service you delivered to the student. This space is for you to use if you want to but you are not required to fill it in weekly. Remember to NOT use the student's name in your notes if you are completing a study. If you wish to note more than the space allows, you can also write on the back of the form.

**Comment [C1]:** do we want to add a sentence stating that the form could be used as your documentation of the session and additional details of the activity/ intervention / student's response / your assessment / and follow-up plan could be noted - or is that going too far

8. **Service Delivery Duration:** Once the types of activities and interventions have been recorded, move to the “**Service Delivery Duration**” section (lower right corner) and indicate, as applicable, the minutes spent in each section as detailed below, rounding to 5-minute increments.
9. **Services to the Student:** This section details how the time spent in services provided directly to the student (those recorded in the Activities Section) were delivered. On lines “A”, “B”, “C”, and “D” indicate the time spent, rounding to 5-minute increments. (Definitions for each delivery method are detailed later in the manual.) Each section alone (“A”, “B”, “C”, and “D”) should equal the “Total Time with Student.”

On line “A.” indicate minutes spent providing direct services to the student in a group or individually.

On line “B.” indicate the time spent working with the student in an environment with other students who were not categorized as enrolled in Special Education (for example if you worked with the student within a regular classroom with all the regular education children present), those who were enrolled in Special Education (for example if you worked with the student within a Special Education classroom), with both other students who were not categorized as enrolled in Special Education and those who were (for example on the playground where both students who were in regular education and special education were playing) or with no other students around (for example you take the child to a quiet room with no other children present).

On line “C.” indicate the minutes of this time spent working with the student while they were “within a school activity” and while they were “separate from a school activity”.

On line “D.” indicate the number of minutes, if any spent doing service within a co-treatment or not within a co-treatment method. Please also indicate with whom the co-treatment was performed (OT, SLP, teacher, aide, other [nurse, parent, etc.]).

10. **Services on Behalf of the Student:** This section indicates the time spent for consultation, in-service, curriculum development and documentation. Record the number of minutes spent across the entire week for services in this section. Remember to round to the nearest 5-minute increment.

On line “E”, indicate amount of time that was spent for consultation/collaboration, then, if appropriate, indicate the time spent with the “parents, staff, or others”.

On line “F”, indicate amount of time that was spent on behalf of the student within an in-service.

On line “G”, indicate amount of time that was spent on behalf of the student within curriculum development.

On line “H”, indicate amount of time that was spent in documentation. This would include documentation for daily notes, goal checks, equipment orders, IEP purposes, letters/notes to other service providers or school staff, etc.

On line “I” add together the total amount of time indicated in sections E, F, and G and H to record the minutes for “Total Services on Behalf of the Student”.

11. **Setting:** Place a check mark next to school, home, or other (please briefly describe other setting) for the setting in which services were provided for the student.
12. **Student’s Participation:** If services were provided directly to the student (Activity time recorded), record a overall rating for the “**Student’s Participation**” across this week’s session(s) by circling a number on the visual analogue scale:  
0 = Student’s participation during the session(s) was not at all conducive to achieving the service objectives, to 6 = Student’s behavior during the session(s) was exceptionally conducive to achieving the service objectives.

## DEFINITION OF TERMS

### TYPE OF ACTIVITY

- **Pre-functional:** Activities that will be related to a functional activity at a later time. May include range of motion, stretching, serial casting, manual therapy techniques, set-up of an assistive device, establishing behavioral rules for the session, or sensory organization techniques to prepare the student for other activities.
- **Sitting:** The major weight-bearing surface is the buttocks. May include: long, ring, tailor, side, bench, supported, unsupported, static, or dynamic sitting. Focus may be on improving head or trunk control, balance, strengthening of proximal musculature, or improving access to the environment.
- **Standing:** The major weight-bearing surface is the feet. May include: standing on both feet, one foot, feet in different positions. Focus may be on improving trunk or hip control, strengthening of proximal musculature, improving balance or any other activity in standing.
- **Classroom Activity:** Participation in any classroom (homeroom, library, music, art, etc.) activity that the rest of the class is doing and may include educating the student or staff to work with student. The PT is guiding or assisting or supporting the student during the classroom activity.
- **Classroom Mobility:** May include any activities to promote safe movement around the classroom, and may involve a variety of assistive devices. Balance training may be involved for reactive situations, such as a peer bumping into the student. Navigation around objects may also be involved.
- **Transitions & Transfers:** The process of moving from one position to another. May include supine/prone to/from sit, sit to/from quadruped, quadruped to/from kneeling, kneeling to/from standing, sit to/from stand and transfers from one object or surface to another.
- **School Mobility Indoors:** Training of skills for safe movement over level surfaces, stairs, ramps, and through doors; including access to parts of the school such as lunch room, bathroom, library, or halls; may involve assistive devices. Balance and navigation exercises may be included.
- **School Mobility Outdoors:** Training to access areas outside, such as the playground, track and field, or outer school buildings; may involve assistive devices. Balance training and navigation may be included.
- **Community Mobility:** Any training to assist the student in accessing the community, such as buses, stores, recreational facilities, etc. This may involve learning to use a transportation system or how to safely cross the street or use curb cuts.
- **Physical Education (PE)/ Recreational Activity:** Activities that are specifically related to PE class and PE skills or specifically related to the student's chosen recreation/recess activity. These may include ball games, jumping & hopping games, climbing on playground equipment, playground games, tricycle or bike riding, or recreational sports, including adaptive sports. These may be in the student's regular education PE class setting, an adaptive PE class, individual

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instruction/program focused on specific PE program skills, or on the playground during or in preparation for recess activities.

- **Self-care Activity:** Any activity of daily living. May include dressing (donning/doffing coats, socks, shoes or AFOs), toileting, or feeding, etc.
- **Communication Activity:** Activities to enhance communication skills, which may involve a computer, communication devices, sign language or writing strategies.
- **Other Activity (describe):** Any other activity that is performed by the physical therapist that is not related to a functional activity listed above. This does not include services on behalf of the child (child not present and/or being worked directly with), which is recorded near the bottom of the form's Service Delivery Duration section.

## INTERVENTION CODES

### ***Neuromuscular Interventions:***

1. **Balance:** Performance of perturbation (delivered either externally or via self-movement) exercise to increase the ability to maintain the body in equilibrium with gravity, both statically and dynamically.
2. **Postural awareness:** Facilitating awareness of the alignment and positioning of the body in relation to gravity, center of mass and base of support.
3. **Motor learning:** A set of processes associated with multiple practice or experience leading to relatively permanent changes in the capability for producing skilled action. Includes structuring and scheduling type and amount of practice, and giving extraneous feedback on various schedules (manual, verbal, visual guidance) to impact timing and coordination of movements.
4. **Hands-on facilitation technique:** May include simultaneously applied manual sensory stimulation techniques repeated with active movement to achieve a desired motor response, or manual handling skills to modify movement patterns completed before movement practice.
5. **Constraint induced movement therapy (CIMT):** The immobilization of the unaffected extremity during the therapy session with intense repetitive exercise, used within a functional application.
6. **Oral Motor facilitation:** Activities to facilitate coordination of suck, swallow and breathing to improve speech or feeding behavior.
7. **Aquatic therapy:** A therapeutic procedure that attempts to improve function through the application of therapeutic activities performed in the water.

### ***Musculoskeletal Interventions:***

8. **Strengthening using progressive resistive exercise (PRE):** Strength-building exercises in which the student is required to work against increasing resistance, applied via external resistance.
9. **Strengthening (Functional):** Strength-building exercises or activities in which the student is required to work against increasing resistance or gravity, or to work eccentrically within planned functional activity.

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10. **PROM/Brief stretch:** Passive range of motion (PROM) is a form of bodily movement that is carried through by the therapist or student that does not include the assistance or resistance of the effected body part, applied for short periods of time to increase range of motion.
11. **Prolonged stretch:** Stretching is a sustained, long duration lengthening of soft tissue, such as muscle or tendon, applied for longer periods of time via positioning, casting, orthoses, etc.
12. **Manual therapy:** A broad group of skilled hand movements used by the physical therapist to mobilize or manipulate soft tissues and joints for the purpose of modulating pain; increasing range of motion; reducing or eliminating soft tissue swelling, inflammation, or restriction; enhancing relaxation; improving contractile and non-contractile tissue extensibility.
13. **Massage:** Skilled massage, including myofascial release, used by the physical therapist to reduce pain, increase range of motion, enhance relaxation, or reduce scar tissue or soft tissue swelling.
14. **Use of modality:** May include heat or cold, ultrasound, electrical stimulation or biofeedback. Please specify the modality used.

***Cardiopulmonary Interventions:***

15. **Breathing:** Coordinating inhalation and exhalation exercises with movement during exercise. May also include interventions to improve coughing and/or breath support for vocalization.
16. **Aerobic/Conditioning exercises:** Performance of therapeutic exercise that requires extended times of movement to increase cardiopulmonary endurance.
17. **Postural Drainage:** Positioning of the student with or without percussion to assist drainage of targeted lobes of the lungs.

***Integumentary Interventions:***

18. **Pressure releases:** Performance of therapeutic exercises that requires pressure relief under bony structures.
19. **Position changes:** Performance of training exercises to teach student to change position to avoid skin breakdown.
20. **Skin checks:** Performance of training exercises to teach student to evaluate skin for potential skin breakdown.

***Orthoses:***

Please use codes 21-27 to indicate if a specific orthosis(es) is(are) used during your service to the student session as a specific focus to address a given activity. If the child is just wearing the orthoses but you are not addressing the activity to in some way relate to the orthoses use, then do not record this as an intervention. Please write in the type of LE plastic orthoses on 22, as foot or sub-malleolar orthosis (FO); ankle-foot or supra-malleolar orthosis (AFO); knee-ankle-foot orthosis (KAFO); thoracolumbosacral orthosis (TLSO), or other.



**Mobility Assistive Devices:**

Please use codes 28-36 to indicate if a specific mobility assistance mechanism or device is used during your service to the student session as a specific focus to address a given activity. If the child is just using the assistive device but you are not addressing the activity to in some way relate to the assistive device use, then do not record this as an intervention. Please specify which type of crutches, cane, walker, wheelchair, or body weight support (BWS) was used.

**Mobility Interventions:**

Please use codes 37-43 to indicate the setting of mobility skills training.

Please use codes 44-47 to designate skills taught to access or negotiate these specific locations within the school or community.

**Positioning & Devices:**

48. **Seating:** May include positioning the student with use of pillows, wedges, high chair, corner chair, long sitter, bench or any other type of adapted seating or regular chair that a student would be positioned on/in for improving access to his/her environment, for proper alignment and positioning or for therapeutic reasons.
49. **Sidelyers:** May include positioning the student with use of any type of equipment or pillow that places a student in side-lying for improving access to his/her environment, for proper alignment and positioning, or for therapeutic reasons.
50. **Standers:** May include positioning the student with use of any type of stander that a student would be positioned in for improving access to his/her environment, for proper alignment and positioning, or for therapeutic reasons.
51. **Prone over wedge:** May include positioning the student with use of wedge to position student in prone for better interaction with the environment or for therapeutic reasons.
52. **Other:** Any other positioning device or positioning technique not listed; please specify.

**Equipment Interventions:**

53. **Equipment Application/training:** Putting devices (orthosis or equipment) that were prescribed to practical or specific use. Placing devices on a student's body or making adjustments or modifications to positioning or mobility equipment. Training student to use the equipment/devices.
54. **Equipment Maintenance:** Performing routine inspections or cleanings, or making adjustments or modifications needed to keep the device (orthosis or equipment) functioning properly.
55. **Equipment Fabrication:** The making of a device. Obtaining necessary supplies and forming supplies into equipment, e.g., splints, braces, casts, wedges, chairs, etc.
56. **Adapted Switches/toys:** May include use of hand-made or purchased specially designed adaptive switches or devices to control toys, electrical appliances or

environment, or specially adapted or designed toys to allow the student full use of the toy.

57. **Communication Devices:** May include any training, or use of devices, to assist the student's ability to communicate during an activity.

58. **Other:** Any other devices and equipment not listed: please specify.

#### **Sensory Interventions:**

59. **Visual training:** The process of addressing visual deficits through training of visual skills, developing awareness and compensation strategies for visual deficits, or practicing skills and strategies in functional context.

60. **Sensory integration:** Movements through structured sensory environments aimed at improving a student's ability to process and modulate sensory information in order to maximize function. May involve tactile, auditory, proprioceptive, vestibular, or kinesthetic awareness.

61. **Sensory processing:** Sensory processing techniques such as controlled application of, or regulation of, sensory exposure or providing a sensory diet (specific input on a schedule), teaching self-regulation of potential sensory overloads.

#### **Educational Interventions:**

62. **Student:** Student receives specific instructions/education via writing, verbalization, and/or demonstration from the therapist and is asked to self-reflect and/or repeat the information via writing, verbalization, and/or demonstration. Also includes teaching and supporting self-determination (the ability to control one's own life, reach goals, and fully take part in the world around them). This may include education on the home program.

63-68. Please use codes 66-68 to indicate individuals who receive specific instructions/education through means of writing, verbalization, and/or demonstration by the therapist with the student present, and is asked to self-reflect and/or repeat the information via writing, verbalization, and/or demonstration. This may include education on the home program.

#### **Assessments:**

69. **Major Examination (initial, reevaluation, discharge):** Comprised of an examination: the process of obtaining a history, performing relevant systems reviews, and selecting and administering specific tests and measures and/or an evaluation: a dynamic process in which the physical therapist makes clinical judgments based on data gathered during the examination (definitions from the Guide to Physical Therapist Practice, 2<sup>nd</sup> edition). This may include any type of standardized or non- individualized tests/measures.

70. **Ongoing Examination:** May include checking status toward IEP goals, data collection, assessing a student after a medication is added or discontinued or any type of durable medical equipment assessment.

#### **Other Interventions:**

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Please use codes 71-79 to indicate time spent monitoring/instructing/doing interventions in areas other than gross motor as part of the team.

71. **Fine Motor:** Interventions aimed at improving fine motor ability.
72. **Cognitive training:** Interventions aimed at improving the act or process of knowing, especially as related to planning and executing movement, including both awareness and judgment.
73. **Behavioral training:** Interventions aimed at decreasing the frequency and quality of unwanted behaviors and increasing the frequency and quality of desired behaviors. May also include physical handling (i.e. swaddling, deep pressure, etc.) to help a student behaviorally organize or calm so they can participate visually, auditorially and/or physically for therapeutic activities.
74. **Speech/Language:** Interventions aimed at improving speech/language ability.
75. **Social/Emotional:** Interventions aimed at improving social/emotional ability.
76. **Adaptive PE:** Performing the role of Adaptive PE teacher
77. **Orientation and Mobility:** Performing the role of Orientation and Mobility therapist for children with visual or hearing impairments
- 78.-79. **Other:** Use these blanks to write in any non-listed interventions. Please be specific when briefly describing the intervention.

## SERVICE DELIVERY

Record the number of minutes to the nearest 5-minute increment. Some of these categories are used to record time spent in service to the student (A-D) and some are related services on behalf of the student (E-I) when the student is not present.

### SERVICES TO THE STUDENT

**A. Group or Individual Therapy:** Time spent in group vs. individual services with the student.

- **Group Therapy:** More than one student whom the therapist serves is treated during the session by one therapist.
- **Individual Therapy:** One student is treated during the session by one therapist.

**B. Service Environment:** Amount of time when the student is receiving physical therapy with Students who are Not enrolled in Special Education, with Students who are Enrolled in Special Education or with No other Students.

- **With Students who are Not Enrolled Special Education:** Intervention or consultation activities include interaction with primarily students who are not qualified as Special Education students.
- **With Students who are Enrolled Special Education:** Intervention or consultation activities include interaction with primarily students who are qualified as Special Education students
- **With both Students who are and are Not Enrolled Special Education:** Intervention or consultation activities include interaction with both students who are not and are qualified as Special Education students.

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- **With No other Students:** Intervention or consultation activities occur in areas of the school where there are generally no other students around.

**C. Services Context:** Amount of time PT and/or PTA intervenes with the student within a regular school activity vs. separate from a regular school activity

- **Within a School Activity:** Intervention provided within a school activity, i.e. during classroom activity, lunch, recess, special classes, etc.
- **Separate from a school activity:** Intervention provided separate from a school activity, i.e. stretching or exercise in the therapy room, practice of walking in school but not as part of the regular school program, working with the student in the back of the classroom doing something other than what the other students are doing, etc.

**D. Co-treatment:** Time spent in or not in co-treatment with another school staff/professional and the student.

- **Co treatment:** Another team member and the PT and/or PTA work together to provide intervention to the student. Please indicate whom the co-treatment was done with, i.e., OT, SLP, Teacher, Aide, or Other (Psychologist, Nurse, etc.)
- **Not in Co treatment:** Only the PT and/or PTA work to provide intervention to the student.

#### **SERVICES ON BEHALF OF THE STUDENT**

**E. Consultation/Collaboration:** The number of minutes spent in consultation/collaboration about the student. Indicate with whom the consultation or collaboration was with, i.e. family, staff, or others (please describe).

- **Consultation:** The PT interacts with members of the student's family, educational team, medical team, or community to provide support and coordination for the student and family. This may include sharing of evaluation results or progress reports, IEP meetings, care conference meetings, or general information sharing. Communication may be via interpreter if the family does not speak English. It includes communication with health care professionals (other therapists, physicians, psychologists, or other medical professionals), school staff (teachers, aides, nurses, or other school staff), and other agencies or community providers who are involved in the student's care.
- **Collaboration:** The PT works with another individual to discuss, modify a service plan for the student. This may include working with the teacher, another therapist, a student therapist, the student's aide, PT assistant/OT assistant etc., please check the box to describe the person you collaborated with.

**F. In-service:** The number of minutes spent in in-service about the student.

- **In-service:** The PT provides or attends an in-service on a topic related to the student to the school or district staff.

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**G. Curriculum Development:** The number of minutes spent in curriculum development for the student.

- **Curriculum:** The PT develops and provides curriculum for teachers or administrators to assist the student or other similar students related to movement opportunities or other issues related to the child and the physical therapist's expertise.

**H. Documentation:** Record the total number of minutes across the week spent completing documentation on behalf of the student. May include PT and/or PTA notes, data collection, formal reports, IEP preparation, letters of medical necessity, written directions or order for medical and/or developmental equipment and prosthetics/orthoses, etc. Round to the nearest 5-minute increment. Include all documentation that occurs to provide service for the student.

**I. Total Services on Behalf of Student:** The total number of minutes, sum of E, F, G, H, spent in services on behalf of the student (i.e. not provision of direct service to the student).

#### **SETTING**

Check the setting in which the child was seen for intervention. School may include the classroom, playground, extended day center, or other places within the school setting. Home may include the child's home, childcare, or other family member's home. If other than school or home, please describe briefly.

#### **STUDENT PARTICIPATION**

Record a rating for the **Student's Participation in the PT and/or PTA services** across this week's intervention session(s) by circling a number on the visual analogue scale:

0 = Student's participation during the session(s) was (were) not at all conducive to achieving the session's(s') objectives, to 6 = Student's participation during the session(s) was(were) exceptionally conducive to meeting the session's(s') objectives. (This information will be used to control for the potential effect of the student's degree of active participation/behavior on the student's progress on study outcomes.)

### **CASE STUDY EXAMPLES**

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Two case studies are provided to illustrate the use of the form to record physical therapy services in school-based practice. S-PTIP data forms have been filled in for each example.

### **Case Study – Example 1 –**

Background Information: *Johnny is a 6-year old boy who was born at 28 weeks gestation and has a diagnosis of CP with left hemiplegia. He has been rated as functioning at the Gross Motor Function Classification System (GMFCS) level II\* and wears a left fixed-ankle AFO. Johnny is in a developmental kindergarten classroom and receives PT services each week as part of his IEP. His motor goal areas articulated in the IEP include improving his movement imitation during circle time songs and activities, improving his ability to keep pace with his peers, and improving his participation in playground games during outside play time and during the PE class.*

\*Explanation of GMFCS Level II: Children walk in most settings. Children may experience difficulty walking long distances and balancing on uneven terrain, inclines, in crowded areas, confined spaces or when carrying objects. Children walk up and down stairs holding onto a railing or with physical assistance if there is no railing. Outdoors and in the community, children may walk with physical assistance, a hand-held mobility device, or use wheeled mobility when traveling long distances. Children have at best only minimal ability to perform gross motor skills such as running and jumping. Limitations in performance of gross motor skills may necessitate adaptations to enable participation in physical activities and sports.

The following is a description of Johnny's PT services over the week of Monday, November 14-18, 2011 (was seen just once for services followed by a call to parent, and documentation the day following service to the student) and the corresponding S-PTIP data form:

- PT and PTA enters the classroom (a blended classroom of 40% students who qualify for Special Education and 60% students who do not qualify for Special Education) and it is circle-time. The class is singing "Wheels on the Bus". An Educational Aide (EA) is seated next to Johnny and the PTA provides demonstration and verbal instruction to the EA regarding the best way to provide physical cues and encouragement to Johnny for the arm/hand and body movements so he can fully participate in the song. The EA then demonstrates appropriate physical cues during a second song "Head, Shoulders, Knees and Toes" with the PTA observing and providing feedback to the EA. **(10 minutes of Classroom Activity; Interventions: motor learning [03], educational intervention with aide [66])**
- After circle time, the PTA prepares to take Johnny and another student (one who also qualifies for Special Education, whom the PT is providing services for), to the gym. On the way out of the classroom, the teacher's assistant hands PT a note from Johnny's mom, indicating that she is concerned about his AFO fit and is wondering if he needs a new one.
- PTA, Johnny and the other student and PT play Simon Says as they walk to the gym under the covered outdoor pathway. During the game, PTA focuses on increasing Johnny's step length and stance time on the left with verbal cues and

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manual facilitation at his hips as Simon Says to take big steps, backward steps, etc. PT observes Johnny's gait with his AFO. PT also provides instruction to the other student during the activity. **(5 minutes of School Mobility Outdoors; Interventions: LE plastic orthosis [22], motor learning [03], hands-on facilitation techniques [04], on-going assessment [70])**

- PTA, PT and students arrive at the gym and the students are asked to remove their shoes. Johnny is not able to independently untie and remove his shoes, so PTA provides verbal and tactile cues. PTA demonstrates with the right shoe and asks Johnny to do the left shoe. Johnny refuses at first but then completes the task. **(5 minutes of Self-Care Activity; Interventions: motor learning [03], educational intervention with student [62])**
- PT and PTA examine the fit of the left AFO as it is removed. Johnny's toes are at the end of the toe shelf and it appears Johnny is growing out of the AFO. PTA provides PROM to Johnny's left ankle into dorsiflexion, moving him through his available range and then holding at the end range for 30 seconds. **(total 2 minutes – too short of a time to report on S-PTIP since must be in 5 minutes increments)**
- The students then practice jumping off a bench into a crash pad as Johnny has told the PTA he wants to be able to play jumping games with his friends during outdoor recess. PTA verbally cues Johnny, "bend your knees and JUMP!" for each trial and gives immediate feedback if both his feet leave the bench at the same time. PTA cues Johnny to jump higher and farther each time. The children complete 10 trials of jumping. PTA cues Johnny to watch the other child do the game. PT provides instruction to the other student during the activity. Johnny laughs and enjoys this activity. **(5 minutes of PE/Recreation Activity; Interventions: balance practice [01], functional strengthening of legs [09], motor learning through modeling and verbal cues [03]).**
- Then Johnny puts shoes and AFO back on with verbal cueing and assistance from PTA. PTA again demonstrates with the right shoe and asks Johnny to do the left shoe. **(5 minutes of Self-Care Activity; Interventions: motor learning [03], educational intervention with student [62])**
- Finally, the students, PTA, and PT work on catching and throwing a heavy ball as is currently being done in the PE class, with feedback given for bringing hands together to catch the ball. Johnny throws the ball away from the PTA several times. PT provides instruction to the other student during the activity. **(5 minutes of PE Activity; Interventions: balance practice [01], functional strengthening of arms [09], motor learning (through modeling and verbal cues) [03]).**
- The children have a race back to the classroom, where Johnny is encouraged to keep up with his peer. PT observes/assesses his gait with the AFO. **(3 minutes of School Mobility Outdoors (round up to 5 minutes); Interventions: AFO [22], motor learning [03], ongoing assessment [70])**
- PT calls Johnny's mom from the classroom and states that Johnny does need a new AFO and makes a recommendation for a leaf-spring AFO which allows some ankle motion. Mom states she will pursue the prescription for the AFO. PT

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and parent discuss how Johnny did today and specifically how to facilitate practice of jumping and ball skills at home over the next week. PT gets Mother to reiterate what she can do to help Johnny practice jumping and ball throw/catch. PT says she will send home a written copy of instructions. **(10 minutes of Service Delivery on Behalf of the Child, consultation/collaboration with family)**

- PTA **documents** the session in regular school format (5 minutes).
- The next day the PT writes out the home program (10 minutes), and writes a letter to the orthotist for the AFO order (20 minutes). **(30 minutes of Documentation)**

**On the S-PTIP form at the end of the week**, after further conversation with the PTA re: her service to the student, the PT notes:

Activity Section:

- 40 minutes Total Time in service to the Student
- Services provided by “Both PT and PTA”

Service Delivery Duration Section:

- 20 minutes group (School Mobility Outdoors, PE, Recreation), 20 minutes individual (Self-care, Classroom)
- 10 minutes with students not qualified for Special Education (classroom time as majority are non-SpEd) and 30 minutes with a student who qualified for Special Education (walk to/from gym and gym time)
- 10 minutes within a school activity, 30 minutes separate from a school activity
- 60 minutes not in Co treatment
- 10 minutes on behalf of the Student in consultation with family
- 35 minutes of Documentation
- 45 Total minutes of Services on Behalf of Student
- PT marks that the student was seen at school
- PT rates Johnny’s behavior as a 5 on the 6-point VAS scale as he was generally very actively involved in the session but did avoid intervention activities several times within the session.

**See attached completed S-PTIP form for Example 1.**



## **Case Study – Example 2**

*Susie is a 9-year-old girl with Down syndrome that is on your caseload. She has difficulty with sitting and standing balance and has very low muscle tone. She receives PT services each week as well as participating in adaptive PE as part of her IEP. Her motor goal areas articulated in the IEP include improving her sitting and standing balance so she does not fall off her chair or have falls on the playground, improving her ability to navigate through the school environment and keep pace with her peers, and improving her participation in the Adaptive PE class as well as on the playground.*

The following is a description of Susie's PT services over the week of Monday, November 21-25, 2011 (Thursday and Friday school was closed for Thanksgiving holiday) (included an IEP meeting, an individual PT session, and a consult and intervention with the Adaptive PE teacher) and the corresponding S-PTIP data form:

- **IEP meeting:** PT spends 15 minutes during the day reviewing and updating (writing) her IEP plan of care for physical therapy in preparation for the meeting. At the meeting, those in attendance include Susie's mom, the special education teacher, the general education teacher, the school administrator, the school's SLP, and the PT. The duration of the meeting is 45 minutes, and afterward, PT spends another 15 minutes updating paperwork that relates to her IEP and goals (**Service on Behalf of the Student: 30 minutes Documentation, 45 minutes Consultation/Collaboration with IEP team**).
- **PT Session (Services to the Student):**
  - PT picks Susie up from her general education classroom, where she spends 50% of each school day. PT asks Susie if she wants to bring a friend to her session today and Susie declines. PT asks Susie to lead the way to the therapy room, and they walk down the indoor hallway while discussing the lesson Susie had just been working on in class. (**5 minutes school mobility indoors; Interventions: hall training [37]**)
  - Once in the therapy room, PT asks Susie if she would like to start with the swing or the balance board. She chooses the swing and PT assists Susie with hanging and mounting the large platform swing. PT swings Susie in a random sequence of linear and circular patterns while she is in long-sitting and tailor sitting, while holding on to the ropes with both hands. PT then encourages Susie to try swinging herself with just one hand on the rope to further challenge her balance. She is only able to maintain her balance in this way while swinging in linear patterns. PT wants to stimulate the vestibular/proprioceptive systems to improve upright posture and challenge Susie's sitting balance. (**5 minutes Sitting, 5 minute Pre-functional;**

***Interventions: balance [01], postural awareness [02], sensory integration [60]***

- After dismounting the swing, PT asks Susie to stand on a rocker board (tipping side to side) while tossing and catching a small ball (to distract her from the balance challenge). PT gradually increases the distance until Susie is no longer able to catch the ball or toss it accurately (approx. 8 feet). After a very brief break from the rocker board, PT turns it 90 degrees (tipping front to back) and repeats the game. During both rounds of the game, Susie loses her balance and has to step off a total of 14 times. ***(10 minutes of Standing; Interventions: balance [01], postural awareness [02], ongoing assessment [70])***
- Susie takes a brief water break while PT discusses with her what she has been working on in PE. She says they have been practicing jump rope and she has been having a very hard time with it. PT gets her a rope and asks her to demonstrate the jump rope skills. She is unable to appropriately time the overhead swinging of the rope and jumping over it. PT helps her practice by breaking down the steps, having her do one at a time, and manually positioning and assisting her as she attempts the movements. Susie attends and tries very hard. ***(10 minutes PE activity; Interventions: motor learning [03], hands-on facilitation techniques [04])***
- Susie is picked up at the therapy room by an aide, who brings her back to her classroom. Susie's behavior is very conducive to the therapy session on that day.
- PT **documents** the session ***(10 minutes Service on Behalf of the Student)***.
- **Adaptive PE Class:** Right before the Adaptive PE Class, PT meets for 5 minutes with Adaptive PE teacher to discuss how Susie is doing on jump rope skills within the class. PT then observes the Adaptive PE class for about 10 minutes during the jump rope activity watching how Susie does and how the PE teacher works with her. There are 3 students in the class and 2 aides work with the PE teacher during the class. PT then works with Susie and the PE teacher for 15 minutes on jump rope skill with the PT demonstrating teaching techniques (providing visual and verbal feedback, altering practice strategies) and then having the PE teacher practicing what PT demonstrated with Susie. Susie was very happy and worked hard during the session. PT meets with Adaptive PE teacher for 5 minutes to wrap up the session. PT spends 5 minutes documenting the session. ***(10 minutes consultation/collaboration with Adaptive PE teacher; 5 minutes Documentation [Service on behalf of the Student]; 25 minutes of PE/Recreational Activity [Service to the Student]; Interventions: Ongoing assessment [70]; Educational teacher [64]; Motor learning [03]);***

On the S-PTIP form, the PT notes:

Activity Section:

- 60 minutes Total Time in service to the Student (25 in PT Session and 15 within Adaptive PE Class)
- Services provided by "PT"

Service Delivery Duration Section:

- 60 minutes Individual
- 25 minutes With students who are SpEd
- 35 minutes With no other students
- 25 minutes Within a school activity
- 35 minutes Separate from school activity
- 60 minutes not in Co treatment
- 55 minutes Consultation/Collaboration (45 minutes with family and school staff in IEP, 10 with Adaptive PE teacher)
- 45 minutes Documentation
- 100 Total minutes of Services on Behalf of Student
- PT marks that both the therapy session, the IEP meeting, and the Adaptive PE consult occurred at school
- PT marks a 6 on the 6-point VAS participation scale.

**See attached completed S-PTIP form for Example 2.**