

Outcomes of School-Based Physical Therapy for Children with Disabilities in the United States Susan Effgen, PT, PhD, FAPTA¹; Sarah Westcott McCoy, PT, PhD, FAPTA²; Lisa Chiarello, PT, PhD, PCS, FAPTA³; Lvnn Jeffries, PT. PhD. PCS4: Heather Bush, PhD1





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Purpose and Background

- In the United States, school-based physical therapy (PT) supports the educational programs of children with disabilities; however minimal evidence exists on effectiveness of school-based PT.1
- Evidence-based practice research methodology² used in a prospective, multi-site observational study, PT related Child Outcomes in the Schools (PT COUNTS).
- We undertook to describe changes in students' participation in school activity, self-care, posture/mobility, and recreation/fitness outcomes as measured by the School Function Assessment (SFA)³ & individualized goal attainment scaling (GAS)4.

Participants

- 109 PTs from 4 regions across the US; 105 (95.5%) females; mean age 46 years (SD 4.2); average 13 years (SD 9.1) working in schools
- 296 students with disabilities served by those PTs; mean age 7.3 years (SD 2.2), range 5 to 12 years; 35% had cerebral palsy, 30% genetic disorders, 35% other (autism, learning disability, attention deficit hyperactivity disorder, speech language disorder, developmental coordination disorder, myelomeningocele, medical issues, sensory impairment, traumatic brain injury & limb deficiency)

Gross Motor Function Classification System levels (GMFCS):

113 (38.2%) Level I Level II/III 117 (39.5%) Level IV/V 66 (22.3%)

Classroom placement of students:

31% general education

39% special education

30% combination general & special education

Methods

At the beginning of school year each PT:

- Completed GAS, SFA, School Physical Therapy Intervention for Pediatrics (S-PTIP)^{5,6} & ethics training
- Measured GAS goals & SFA on 1-6 students
- Completed SPTIP weekly for 6 months

After 6 months S-PTIP data collection:

- · PTs rescored GAS goals & SFA on same students
- Descriptive statistics calculated for all variables. Group comparison statistics used to examine outcomes

Measures

Goal Attainment Scaling

Student's Individualized Education Program goals were converted into sub-goals using GAS. Researchers categorized goals into posture/mobility, recreation/fitness, self-care, & academic categorizes. PTs identified one primary

School Function Assessment

- Criterion-referenced, standardized, judgment-based measure of child's participation in school environment, grades Kindergarten to 6th grade
- Sub-sections completed: Participation, Travel, Maintaining & Changing Positions, Manipulation with Movement,
- Divided SFA Criterion Change Score into groupings of: SFA <-5 (n=5-24) regressed; -5 to +5 (n=134-172) no change based on standard error of measurement; >+5 (n=109-135) improved

goal for each student.

Recreation, Clothing Management, Eating & Drinking, Hygiene

Results: SFA SFA Criterion Physical Tasks & Participation SFA Criterion Score Score Below -5 -5 to +5 n Regressed n No change 11 (4%) 157 (53%) 127 (43%) **Maintaining & Changing Positions** 134 (46%) 9 (3%) 151 (51%) **Recreational Movement** 14 (5%) 155 (53%) 123 (42%) **Manipulation with Movement** 9 (3%) 155 (53%) 127 (44%) Eating & Drinking 18 (6%) 161 (55%) 114 (39%) Hygiene 160 (55%) 23 (8%) 109 (37%) Clothing Management 11 (4%) 172 (59%) 111 (38%) **Participation** 9 (3%) 134 (46%) 148 (51%) Task Supports: Assistance 117 (40%) 24 (8%) 149 (51%) Task Supports: Adaptation 155 (53%) 135 (46%)

Conclusions

5 (2%)

- GAS: Students achieved & slightly exceeded expected goal attainment for primary goal (93%) & additional posture/mobility, recreation/fitness, & self-care goals. Goal attainment did not significantly differ for students among GMFCS levels, diagnostic groups, or between those receiving or not receiving outpatient physical therapy based on two-way ANOVAs. Students, 5 to 7 years of age had higher goal attainment for primary goal than students 8 to 12 years of age.
- SFA: Students generally improved on SFA subsections, but not beyond the standard error of measurement. Students improved the most in Participation, followed by Maintaining and Changing Positions. Students who were less than 8 years of age with higher gross motor function (GMFCS levels I to III) improved more than students who were older with lower gross motor function. There were statistically significant differences among GMFCS levels with those having Levels IV/V (lowest functional ability) showing the least improvement in all subscales except Travel.

Results: GAS Goals

Goal Area	No Change or Regressed n goals	-1 Score	GAS 0 Score Achieved Goal n goals	GAS + 1 or +2 Score Exceeded Goal n goals	Achieved Goal (0/+1/+2) n goals
Primary Goal 296 goals Mean Change +0.3 (SD 1.17)	21 (7%) 1 regressed	51 (17%)	105 (36%)	119 (40%)	224 (76%)
Posture Mobility 205 goals Mean Change +0.3 (SD 1.17)	18 (9%) 2 regressed	41 (20%)	62 (30%)	84 (41%)	146 (71%)
Recreation 161 goals Mean Change +0.3 (SD 1.17)	11 (7%)	28 (17%)	59 (37%)	63 (39%)	122 (76%)
Self-Care 50 goals Mean Change +0.3 (SD 1.17)	1 (2%)	11 (22%)	18 (36%)	20 (40%)	38 (76%)
Academics 82 goals Mean Change -0.3 (SD1.35)	19 (23%) 1 regressed	22 (27%)	19 (23%)	22 (27%)	41 (50%)

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