What's the difference? Clinic-Based Versus School-Based Physical Therapy and Occupational Therapy April 18, 2011/1 Comment/in EasyStand Blog /by Stephenie Labandz, PT, DPT

A child with motor or sensory impairments may benefit from skilled Physical or Occupational Therapy intervention. The way the need for services is determined and how the services are delivered vary based on whether services are delivered in a medical or educational setting.

Who Qualifies?
In the medical or clinical setting a child receives therapeutic intervention based on some combination of physician recommendation, medical diagnosis that tends to have an accompanying motor or sensory impairment, and a therapist's identification of deficits or delays via evaluation. Some insurance companies require a child to score well below what could be considered an average range of motor ability to be eligible for ongoing therapy.

In the school setting, Physical Therapy and Occupational Therapy are "related services", deemed necessary when they are required to assist a child with a disability to benefit from special education. It is only appropriate to provide PT and OT to children who qualify for special education services. In order to receive services in a school setting, a child must **have unique needs that the team agrees can only be addressed with the particular knowledge and skill the therapy provider can contribute**. These needs are agreed upon by the family and educational team and are reflected in the goals and adaptations on the child's Individual Education Plan (IEP).

How Is Service Provided?
A child is treated in a clinic in an individual or small group session with the therapist. Intervention can be focused on the areas of need identified in the evaluation. Time is set aside periodically to discuss progress with parents or caregivers and make recommendations for home activities to build upon the gains made in therapy.

School-based service must relate directly to the child's ability to participate in special education and access a free and appropriate public education. The therapist may see the child one-on-one to focus on a skill in an area with fewer distractions. The therapist may see the child as the child participates in the **routine activities** of the school day. Examples are working on writing in the classroom when the rest of the class is working on writing, working on **motor skills in physical education**, or **working on mobility** when all the children are moving from one location to another. The therapist's role may be primarily **consultative**. This may include teaching classroom staff about sensory strategies, transfers, body mechanics, positioning, or use of adaptive equipment to maximize a student's success.

Who Pays?
The family takes responsibility for payment for services provided in the clinic, generally through medical insurance.

Services determined necessary for the child's participation in his or her special education program are provided free of charge to the family. Costs are covered by the school district or in cooperation with the state's Medicaid program.

When Does Service End?
Outpatient therapy in the clinic is usually discontinued when a child's progress plateaus, with the understanding that **therapeutic activities will continue in the home to maintain and build upon the gains made in therapy**. After a "therapy break" of several months, a child may be reassessed and participate in another round of therapy if the therapist sees potential for progress. This cycle may be repeated multiple times over several years for some children.

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School therapy continues as long as the family and educational team agree there is a need for therapist expertise to help the student participate in his or her education and progress toward the goals on his or her IEP. **When a child reaches a functional level comparable to his or her peers or the classroom staff are able to implement general strategies to meet the child's needs, skilled therapist intervention is no longer indicated.**

Wherever Therapy is Provided…

We value input from our patients, their families, members of the educational team, and members of the health care team. The common thread is therapists' desire to help children achieve their maximum possible level of **function and independence**.