

School-Based Physical Therapy in the Age of COVID-19

PTs have learned from their experiences with remote service provision and are prepared for a variety of scenarios in the new school year.

By Eric Ries



When Karen Tartick, PT, learned in March that she was going to have to try to meet the needs of the 35 special education students on her caseload from her home rather than in their schools, the word “remote” took on a dual meaning.

“To be able to do the things that we do as school-based physical therapists without being in the physical presence of the child didn’t strike me at the time as being remotely plausible,” she says.

Her concerns hardly were alleviated in the first weeks after public schools in Durham, North Carolina, were closed to protect students, their families, educators, and support staff from contracting the novel coronavirus.

Those first weeks were all about “trying to connect with families in any way we could, just to see if they were okay,” Tartick recounts — “not just in terms the physical therapy needs of the students, but in terms of food and other necessities; the school system had set up food distribution sites.”

Her early days were spent in “constant Zoom meetings” with her peers and with other members of students’ Individualized Education Program teams under the Individuals with

Disabilities Education Act — the law designed to ensure that students with disabilities are provided with free, appropriate public education tailored to their individual needs. Because the main goals of school-based physical therapy are to enhance students’ ability to learn by improving strength, balance, coordination, and/or mobility within school settings, how that mission was going to translate to the home environment was an open question.

“In the morning I’d wake up and there would be three more virtual meetings scheduled,” Tartick says. “Things were changing so fast, and we had so many questions. How do we best approach families who already are feeling overwhelmed? How are we going to address technology gaps and privacy concerns? How can we best meet students’ needs in this delivery mode and try to prevent, or at least reduce, regression in meeting IEP goals?”

Across the country in Great Falls, Montana, Deb Davison, PT, had similar concerns.

“I worried that many of these students would lose skills that would be difficult to recoup, especially if the kinds of in-person and direct supports that these students rely on

for successful learning are limited,” she says. “Montana’s very large geographically but very rural, with a population of only about million people. A lot of my concerns centered on isolation for all students, but especially for our most vulnerable kids and their families — and the psychological and safety implications of that.”

Over the ensuing months, through the end of the 2019-2020 school year, some of school-based PTs’ questions were answered, while many were not, say those interviewed in the spring for this article. Secure learning platforms were established, for example, to ensure privacy and confidentiality. PTs across the country devised a variety of strategies to help students get in better position — often literally — to meet their teachers’ learning goals from home. Plans were formulated, too, to address the various educational scenarios likely to present themselves this fall at the start of the 2020-2021 school year under a variety of potential scenarios, including all virtual learning, reopening with notable safety-related modifications, hybrid reopening (a combination of on-site and remote instruction), and continued or recurrent shutdowns due to COVID-19.

By late spring, Tartick says, “We’d made adjustments and gotten much more comfortable with providing virtual learning platforms with our students — offering individual Zoom meetings to students able to participate, attending Zoom meetings arranged by teachers so that students could have ‘circle time’ together, and creating and posting resources for families in Google Classrooms.”

Those resources, she adds, “included a collection of gross motor activities for children, YouTube

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Laurie Ray



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Hilary Terhune



Michele Wiley

videos including yoga for children preschool age to teens, self-stretches for children with muscular dystrophy, and dances and exercises for students in wheelchairs. We also collected resources to assist 24-hour positioning for children with medical complexities, using simple items that families are likely to have at home.”

Tartick echoes the sentiments of other PTs interviewed for this article in expressing both optimism for what school-based PTs can accomplish in COVID-19 times and realism that in some cases there’s simply no effective substitute for in-person care by a PT within the type of conditions that existed before the pandemic.

“We’re all Zoom experts now!” she jokes. “There’s a sense of calmness that those early days of continuous change have settled down. We have more confidence that we can handle the challenges that are sure to come in the new school year.” At the same time, however, Tartick adds, providing therapy services remotely “isn’t going to work for every child and every family,” and aspects of school reopening such as physical distancing and wearing face coverings will be problematic for many of the students she serves.

Hilary Terhune, PT, who’s been employed by the Portland, Maine, public schools since 2013, says that on the plus side, she’s gleaned valuable information by remotely visiting with children and their families.

“Seeing the manner in which parents support their children at home can inform why students move the way they do and the extent of their progression,” she explains. “I can plan for supports, services, and carryover at school, but if I don’t really know what the child’s working on at home, those supports likely won’t be as effective.”

Still Terhune adds, “In most cases I wouldn’t choose telehealth if my physical presence were possible. We are a hands-on profession, with manual skills that aren’t best used for students’ benefit on a computer screen.”

Laurie Ray, PT, MPT, PhD, concurs, expressing particular concern that achievement

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of participation and independence goals for children on IEPs is made more difficult by PTs’ inability to work with them in classrooms and on school playgrounds. But on the other hand, she adds, “We’re already seeing some improved connections, relationships, and exchanges between PTs, their colleagues on IEP teams, and parents and families due to increased contact by phone and electronically. This can be a lasting benefit of using remote models.”

Ray is a consultant for physical therapy and Medicaid and a liaison for adapted physical education for the North Carolina Department of Public Instruction’s Exceptional Children’s Division. She also chairs the School-Based Physical Therapy Special Interest Group of APTA Pediatrics.

“If we can compile data and demonstrate that this is an effective approach to service delivery, it could be a game-changer for many of our school districts,” Ray ventures. “We have a district in North Carolina that went a year without having a PT because they could not find one to hire for the small amount of services that they needed. Could remote delivery

be a way to get quality services to underserved areas and regions? Is this something the profession can add to our toolkit of effective intervention-delivery models?”

While Ray acknowledges the challenges that will continue to face school-based PTs this fall, the COVID-19 pandemic “has given us an opportunity,” she says, “to demonstrate our value in a different way. In many areas of the country, it is up to local school districts to make decisions that best ensure school safety and meet the needs of all students. PTs and PTAs can help administrators by using their critical reasoning skills, marshalling available student data, and deploying their great problem-solving abilities to triage need and support students and their families — as well as to provide appropriate interventions.” All these actions will contribute to making kids’ learning experience better.

It’s critical, Ray adds, for PTs and PTAs to reference and heed the dictates and guidance of their state practice act, the Code of Ethics for the Physical Therapist, and Standards of Ethical Conduct for the Physical Therapist Assistant. “At all times, but especially when we are stepping into novel areas of practice, we must refer to and rely on these foundations of our practice to guide our decisions,” she says.

Promise and Challenges

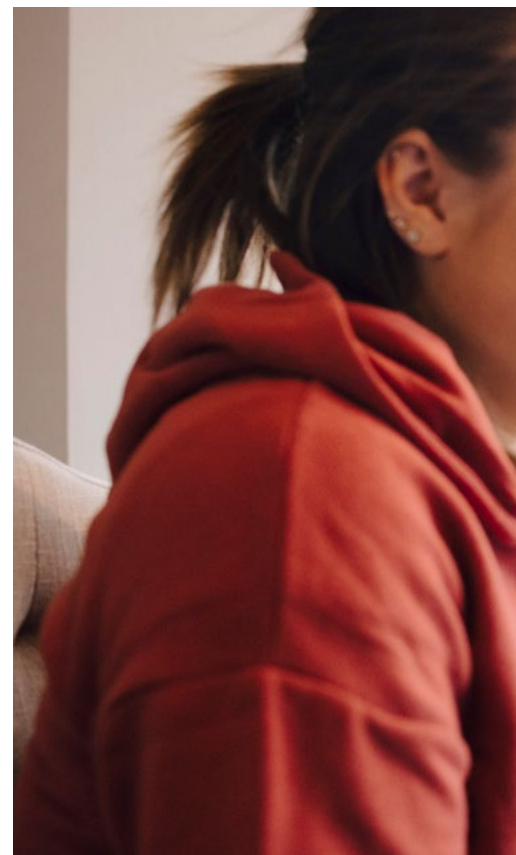
In a March 31 article under the headline “As Schools Close to Coronavirus, Special Educators Turn to Tele-Therapy,” Michele Wiley, PT, DPT, DHSc, told Education Week and its readers, “It’s an evolving situation” that is not going to be “one size fits all.”

Looking to the new school year, Wiley tells APTA Magazine that the

situation is still evolving. “Making sure physical therapist services remain educationally relevant, and striving for team collaboration within a remote environment — whether at the start of the new school year or later on — can be challenging. The key is for PTs to focus on interventions that promote learning in the home and how the student is accessing it.”

Wiley works part-time for Manassas Park City Schools in Virginia, and for more than five years she was special education supervisor for the state’s Loudoun County school system. She is a board-certified clinical specialist in pediatric physical therapy.

“Part of our role definitely is preparing children to reenter the school setting,” she says, “but we’re also working with teachers and parents to determine what children need



while they're learning at home. Do they need to be better positioned in a chair? Do we need to work on their head control for looking into a monitor? How can we set up a positioning program with equipment that's already available in the home? We definitely can provide those types of services in this model."

PTs interviewed for this article recount experiences with remote service provision that speak to both its promise and its limitations.

"I have had several fantastic experiences with teletherapy," Terhune says. "For example, I work with a physical education teacher in an adapted PE class. We were struggling to get students engaged in activities through remote learning. We looked for an activity they could learn from scratch that would promote

coordination, motor planning, and rhythmic learning. I had a dancer friend of mine break down the Renegade — a popular dance on the video site TikTok. The kids loved it!"

"Several kids on my caseload have significant needs, and their parents have expressed appreciation for the amount of coaching the IEP team is providing during their weekly sessions," Terhune says. "It's nice to see smiling faces. Kids are choosing to see me even when they're having a bad day. It's rewarding."

"Most of the feedback that I've received from parents has been positive," reports Kim Klug, PT, DSc, a board-certified clinical specialist in pediatric physical therapy. She works for one of Wisconsin's 12 Cooperative Educational Services Agencies and is subcontracted to Whitefish

Bay School District in suburban Milwaukee. Klug also is APTA Region III's representative to the Academy of Pediatric Physical Therapy's School-Based Physical Therapy SIG.

"Our families tend to be very engaged," Klug says. "We work together to problem-solve and determine how best to meet their kids' IEP goals in the home setting."

Tartick says she has experienced both lows and highs in providing services at a distance.

"A second grader who has cerebral palsy had been making great progress this past school year with learning to stand from his wheelchair and pivot to sit on another chair or the toilet," she recounts. "He was almost independent with transferring this way, and we had just started using a borrowed gait trainer to take



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steps down the hallways at school. He loved it, and his mother loved seeing him walk.

“When school closed so suddenly,” Tartick continues, “we had one day’s notice, the walker could not go home with him, and it had to be returned to the vendor. Because he had just started using the gait trainer, I hadn’t had a chance to show anyone in his home how to use it. I could not go to his house and did not have a gait trainer he could borrow. I fear that he has not had any opportunity to practice his transfers, as his family is overwhelmed with other demands and there is not much space in their apartment.

“Parents do what they need to do, and it’s much quicker to just carry him,” Tartick adds. “I certainly do not blame or judge the parents. I

just fear that when we do get back to school, he likely will have lost some of abilities on which we were making such great gains and that are so important for his future.”

Tartick also had a setback with one child that bespoke the potential complications of imposing a new delivery model on a population of students who have special needs. Not only are some children going to be less likely to interact with a therapist from a distance than in person, or to defer to a parent at home as they would to a PT at school, but the remote dynamic can produce unforeseen consequences.

“One of my students, a 5-year-old with autism, was not wearing his AFOs anymore,” Tartick recounts. “The OT and I met with the mother and her son on Zoom just to share some ideas and talk a bit to the

boy, who was having a hard time understanding why he couldn’t go to school. I had some fun toys and props that I knew he’d liked at school. I was ready to engage him and help his mother address recent behaviors he’d been having at home – crying and being aggressive toward his sister.

“As our session started, we were talking to the boy and he was happily talking back and showing us his favorite toys, one of which was a stuffed bird,” Tartick continues. “I had a little bird of my own, so I held it up and said, ‘I have a bird, too.’ He looked at me for a few seconds, then started wailing and screaming – all because my bird was not the same color as his, as it turned out.

“It lasted five minutes, which maybe doesn’t sound that long unless you’re the mother trying to calm your son down in front of other people,” she says. “I felt terrible. Instead of helping a stressed parent, I had caused her son to have a breakdown. I could not apologize enough.”

At the same time, Tartick says, she’s had some extremely positive experiences with remote service provision.

In one situation, she relates, “a young girl would not go down the stairs at home, and her parents were quite concerned. Our team met with the parents remotely and asked them a lot of questions about the possible reasons and things we might work on. There was wonderful collaboration between the parents and the IEP team – PT, OT, SLP, psychologist, and the orientation and mobility specialist. It truly was an example of family-centered care, where the parents were the experts on their child, and we were the facilitators.”

The girl went down the stairs two days later. Tartick says that while they couldn’t determine what exactly

was responsible for the positive outcome, she was “struck by the simplicity and ease of setting up an interprofessional collaboration that would have taken much longer to bring together in a physical setting, with fewer team members likely to be involved.”

IEPs cover eligible children and students ages 3 to 21 and may feature an array of activities and strategies to facilitate learning, movement, and socialization. “Another time I felt successful this spring,” Tartick says, “involved a preschooler who was having trouble riding his trike. He couldn’t pedal even with footplates to help. His mother and I talked through several ideas, and she shared some great pictures to show me what was going on at home. Between the two of us, we were able to get her son pedaling independently. The family started taking bike rides around their neighborhood — a great way in these times to both get physical activity and reduce stress.”

Return to Abnormal

Any return to classroom instruction this fall stands to alleviate some issues for the students served by school-based PTs, but it will present other challenges.

“The simple fact is that many of the families I contacted this spring were glad that I’d checked in but were not interested in therapy services from PTs at that time, which I completely understood and respected,” Tartick says. “There also were barriers to providing any type of services — no internet access in some homes, limited or no technology such as computers, language issues, and preoccupation by some parents with work and family situations. Parents I talked to often had other children at home in addition to their children with disabilities. Some were trying

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— Michele Wiley

to work from home, while others had to continue to work outside the home and were worried about losing their jobs.”

Resumption of school activities will relieve burdens on parents and buy some time for school officials to address technology and equity issues, but that resumption will look quite different from the conditions under which school-based PTs worked before the pandemic.

Davison, who is APTA Region I’s representative to the School-Based Physical Therapy SIG, notes that in the spring, “all Great Falls Public Schools staff already had begun tracking our daily health status on a health screening form developed by the school district, monitoring potential symptoms and our temperature each day, and submitting that data in a signed format to building administrators — primarily if we were going to be entering a building. I expect that to continue in the fall.”

Other aspects of the school environment under examination, she continues, “include provision of PPE, modified classroom layouts to reduce physical contact among students, thoroughly sanitizing equipment on a regular basis, modified lunchroom and playground access with associated hygiene routines, modified PE activities, and reduced mingling of students from different classes.” That

last change, she notes, “will really impact our special education students who we’re striving to integrate into general education classrooms.”

In Manassas Park, Wiley says, “I think some of our special education students will remain online this fall either by design or by choice; one family with a child who is medically fragile told me they will not send their child back until there’s a vaccine.” For students who do return to school, “social distancing will be tough, and having kids wear face masks will present challenges,” she adds. “There’s talk of altered schedules so that not all children are in the school building at the same time; eating lunch in classrooms to avoid having too many kids in one space; and not having assemblies, PE in the gym, or recess.”

“It’s not clear to me at this time exactly how schools will address these challenges, many of which pose particular difficulties for students with special needs,” Wiley says. “I worry about how kids will cope. I worry about keeping them healthy. I worry about myself moving between four school buildings and multiple classrooms, interacting with numerous other kids during the day, and possibly spreading the virus.”

“We’ve been writing IEPs as if schools will reopen,” Tartick says. “I expect telehealth will be necessary



- “How will we be able to safely reopen schools?”
- “If schools remain closed or have to close again, what will happen to our students who need their school as a safe place, or where they can get meals?”
- “What gaps in learning and student progress already have happened, and what will it take to address and close them?”
- “How many PTs and PTAs will retire now, as the learning curve ramps up and expectations change? How can we recruit replacements when school-based therapy staff are inadequately paid and so many PTs and PTAs already carry student loan debt?”

Ray nevertheless emphasizes her confidence in the ability of school-based PTs to tap their clinical reasoning skills, creatively problem-solve, share best practices via SIG forums and other outlets, and make the best of a less-than-ideal situation. She notes, too, that “APTA Pediatrics, under the leadership of President Cindy Miles and Practice Director Jan McElroy, has created a task force on telehealth led by Michele Wiley that will gather together information to strengthen telehealth implementation inside and outside of schools.”

The 21-member task force already has worked with APTA Pediatrics to create a webpage on the section’s site that’s dedicated to telehealth resources.

“We in no way see telehealth as ‘one and done,’” Wiley emphasizes. “We saw that there needed to be a central source of information to help our members have a robust telehealth experience, with the right knowledge to be optimally effective in providing services to children and their families.”

for some medically fragile students. But at this point,” she says, “I don’t know what school instruction will look like. How will we maintain social distancing and provide needed physical therapist services? Will kids need to wear masks? I plan to be prepared with social narratives about wearing a mask that parents, teachers, and I can read to help children understand the need, but there will be children who will not tolerate wearing a face covering. Some may adapt, but I think this will be a particular problem for medically fragile students, as well as those with intellectual disabilities and sensory difficulties.”

Wiley sees value in “frontloading” therapy services.

“What I mean by frontloading,” she explains, is providing more services at the beginning of the school year, in case schools should again close and instruction can’t be provided face-to-face. “For example, say a

student is just beginning to use a gait-training device in order to stand and walk with assistance. I’d like to make sure he can use the device, that it’s fitted well, and that his family can manage its use. I might try to get him one for home use.

“This takes time, planning, and collaboration,” Wiley continues. “Given potential time limitations, I’d increase this child’s weekly therapy minutes at the outset of the school year to accomplish as much as possible prior to any possible closure.”

Asked to list her biggest concerns for the new school year regarding services for children with special needs and those who provide them, Ray shared the following:

- “How can we ensure access to public education for all students, including students without devices or internet connection? Families that are in crisis? Students who require individualized attention?”

Among the task force's charges, she says, is "to aggregate evidence to support pediatric telehealth" — which is particularly important to payment efforts across settings and to continued Medicaid funding of telehealth within the school setting — "and to provide guidance on legal and ethical considerations, information on best practices in examination and intervention, and tips on teaching students in a virtual environment."

Identified Needs

Asked what needs to happen for remote service provision to work best in the future for school-based PTs and the students and families they serve, Davison shared a laundry list.

"Adequate training in software and devices for staff, and simpler training options and supports for families," she wrote. "Provision of adequate equipment to provide these services, for both the school staff and students and families — stationary

and mobile cameras with high resolution, adequate microphone setup, perhaps a mobile/wireless headset, computer and wireless/web services access that supports platform needs, with adequate bandwidth/speed to support video without glitching. Also, guidelines for observation of privacy laws (HIPAA and FERPA) related to remote services. Guidance and training for specific interventions, needs, and therapy techniques that help address goals for students in this model. Supports to compensate for lack of hands-on, in-person interventions."

Tartick agrees that school-based PTs need more knowledge about telehealth and better training in remote service provision to maximize its benefits to students and families.

"Looking back, I'm glad that Durham Public Schools did not mandate telehealth immediately, as I'd never considered needing it before and hadn't paid much attention to the subject," she admits. "But one thing I've noticed," she adds, "is the

number of free webinars flooding my inbox. I virtually attended a four-day course called "The eHealth Summit for Pediatric Therapists" that was excellent. I've also accessed a number of resources and meetings on telehealth offered by APTA Pediatrics."

Such self-education is needed and important, says Wiley, but so is self-advocacy.

"Physical therapists must seek to ensure that their school division can provide them with the tech support and training they need on these online learning platforms," she advises. "My particular school division is amazing; I've always been counted as a valued employee and my needs have been met without my asking. In some places, though, school PTs are more itinerant and might not have access to the software programs or even the email system the division is using. Some school-based PTs don't have as their supervisor a PT, OT, or SLP who's knowledgeable about the role of support services.

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— Karen Tartick



“I’ve heard from school-based PTs who lack basic technology — a school-issued laptop, access to productivity software and learning management systems used by the school district,” Wiley continues. “They lack tech training, and don’t have access to tech personnel who can help them and families troubleshoot. Some therapists are struggling with being asked to do things that may violate their ethical code and license because school administrators simply don’t realize what’s necessary.

“For example,” she says, “I heard from a PT who was told to provide teletherapy to a student who was staying in another state for virus-related reasons. The therapist did not have a license to practice in that state, but the administrator and the parents didn’t understand why that should be a problem.”

“Some therapists,” Wiley adds, “have been asked to bill Medicaid for services that may not be billable. Other therapists are not being properly reimbursed for their time or have had their hours cut. Many are struggling to fit in their work with students while juggling online education for their own kids.”

For those reasons, Wiley says, “School-based PTs should be well-versed in their legal and ethical obligations within teletherapy. They need to be able to speak to their administrative leadership about the ways in which the needs of PTs are different from those of teachers working online because of our licensure. They must be able to share the appropriate documents with supervisors and articulate their role.”

“APTA and APTA Pediatrics have been invaluable resources during the pandemic, providing high-quality,

accurate, contemporaneous information,” Wiley says. “I would tell any school-based PT looking for self-advocacy resources to start there.”

Path to Empowerment

Tartick says that before school closures necessitated by the pandemic, she felt she had a “good connection” with her students’ families; they “knew who I was and what I did.” But a welcome consequence of COVID-19, she adds, has been a stronger PT-family alliance that holds promise for the future.

“The advantage of telehealth is that it can empower parents to realize that, with coaching, they can perform activities that they’d believed could only be done by a physical therapist,” Tartick says. “PTs can coach or lead a parent through a challenge a child may be facing at home, and there is a great sense of accomplishment on both sides when the child succeeds. There can be such an equalizing effect: Many times, parents are intimidated by medical professionals, and medical professionals in turn can be judgmental if or when a parent cannot follow through or understand therapist recommendations or home exercise programs.

“Telehealth has the potential to show both parents and PTs that we are equals in determining the strengths and needs of the child,” Tartick observes.

To the extent that remote service provision will continue to be a part of the lives of students served by school-based PTs, it must be done in a way that recognizes and accommodates the extraordinary pressures that parents and family are facing during uncertain times.

As Klug explains, “I think one thing that our team in Whitefish Bay

has done well is to recognize that parents are parents first and give them permission to grant themselves grace,” Klug says. “I understand the difficulty of working a job and maintaining a home while helping their child with gross motor activities and other aspects of daily schoolwork.

“There are days when not everything can be done, and that’s okay” Klug says. “That is where most of us are living right now. Children and parents need our support in more ways than solely in pursuit of IEP goals.” ■

Eric Ries is the associate editor of APTA Magazine.

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