



**The School District Of Escambia County**

**J.E. HALL EDUCATIONAL SERVICES CENTER**

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JIM PAUL, SUPERINTENDENT

"Making A Positive Difference"

# Occupational & Physical Therapy Medical Vs. Educational Model



# Who We Are

The OT and PT you see at school work in the Educational Model. We travel among many schools as the need arises with the student. You may see us working on handwriting, feeding, playground fun, getting to the cafeteria, sitting well in class, all those things children participate in during the time the child is at school.

We are concerned with primarily the healthy child, who is expected to gain increasing skill, knowledge, and competency in moving through the educational system and to enhance the student's ability to participate in the educational process.

*We are a related service*



# The Two Models

There are primarily two arenas in which therapy services may be obtained once a need has been identified for a given child. The child may be referred to a hospital or an outpatient clinic such as Sacred Heart, Baptist, or West Florida Hospital. In that case, the child would be served by the medical model.



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Services may be provided by the school district, as a related service, in the educational model. However, the factors determining need for intervention may be very different in these two models.



# The Medical Model

In the medical model, the referral is frequently initiated by the physician based on a particular diagnosis or a noted delay in one or more areas of development. The parent is then referred to a hospital or clinic for an evaluation and/or treatment by the appropriate professional.

The assessment would take the child's performance in all settings into consideration. Children with mild, moderate and severe deficits may qualify for services. In this model, the parent is responsible for obtaining the needed services as well as payment for those services.



# The Educational Model

In the educational model, most therapies are considered a related service. The child is only assessed for need regarding his/her educational program. Only the child with significant need may qualify as these services as they were not intended for the child with milder delays. The school district must establish whether the service is needed for the child to benefit from his or her education. The legal duty to provide a related service arises only when, without the service, the child's educational program would become less than appropriate.



# Comparison Chart

Educational Model	Medical Model
Educational team includes parents, educators, and therapists. Using therapists evaluations, the team collaborates to determine focus on service as well as frequency and duration based on the student's educationally-related therapy needs.	Medical team recommends focus, frequency, and duration of therapy. Third party (insurance) may be ultimate decision maker.
Therapy focuses on intervention to improve the student's ability to learn and function in the school environment.	Therapy focuses on treatment to alleviate or cure specific underlying medical pathologies.
Services are provided primarily on school grounds an through school-sponsored community integration and vocational programs.	Treatment settings usually include clinic, hospital and home.
Services are usually provided in a variety of settings in the student's educational environment (e.g. cafeteria, classrooms, bus, etc.)	Treatment usually is one-on-one in a clinical setting.
Student's ages range from 0-21.	Clients/patients span all age ranges.
Services are provided at no cost to parents.	Payment is on fee-for service basis, covered by private insurance, governmental assistance or family.
Documentation of intervention is related to IEP. Emphasis is placed on educational terminology.	Therapy documentation is dictated guidelines of the setting and insurance requirements. Emphasis is placed on medical terminology.

# Maybe Both

Lastly, some children may receive services through both models. For some children the frequency or intensity of the services they receive in the educational model may not be satisfactory to meet all of the child's needs.

Issues in the home and community may not be addressed adequately and may require supplemental therapies or services from the medical model. In each setting, the child should be looked at individually to determine the best way to serve his/her needs.



# Sample differences in intervention strategies for Service Delivery

Educational Model	Medical Model
Gait training to decrease time required for students to walk a certain distance (e.g., classroom to bus).	Crutch training for acute temporary sports injury.
Program directed at maintaining or improving functional joint motion skills needed during the school day such as putting on a coat or reaching for items in a locker.	Program directed at promoting full joint range of motion in excess of basic requirements for performance of routine activity or skill.
Fabrication of splints to enable the student to perform educational task such as writing, eating, using a keyboard, or stabilization of work material.	Fabrication of splints to restore range of motion.
Seating on the bus and at school. Therapist may modify seating or positioning.	Seating outside the school setting. (e.g. shower chair at home)
Devise keyboard shield to allow student to operate computer or augmentative communication device.	Bathroom adaptation construction to allow for increased independence at home.
Adaptive equipment required post injury to provide access to educational environment to meet IEP goals.	Muscle strengthening, range of motion, or whirlpool post surgery to restore function.
Development of hand skills sufficient for functional writing, keyboarding, cutting, buttoning, etc.	Treatment to maximize finger dexterity, rate, and speed.

# More on How We Work

- The provision of school-based therapy is governed by federal and state laws. Therapy is a related service to special education and is provided only if the child needs therapy to function in the educational setting.
- In the school, the need for therapy is determined by the IEP Team. Parents are a part of this team. The team determines the amount, frequency and duration of therapy – not the physician alone.
- Therapy may be provided individually or in small groups by a therapist or therapist assistant. Intervention may or may not be provided directly with the child. Collaborating with educational staff to modify the child's environment and daily school activities is always a part of school therapy.
- Therapy takes place where the child receives education. Appropriate intervention may be provided in classrooms, hallways, gyms, playgrounds, lunchrooms, bathrooms, or in a separate therapy room.
- The decision to discontinue therapy is made by the IEP Team. This may occur when the student no longer is eligible for special education, when other members of the IEP Team can provide necessary interventions, or when the child can perform school tasks without therapeutic intervention. There may still be a need for community-based services.



**For more information please contact**



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