

The IOPTP Newsletter

The International Organisation of Physical Therapists in Paediatrics

Edition 24, December 2020

President's Message



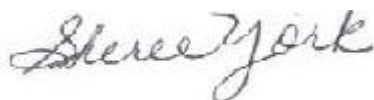
What a year 2020 has been. In spite of all the difficulties and uncertainty with the pandemic, pediatric physical therapists have continued to provide services for children, teach physical therapy and physical therapist assistant students, initiated or continued research studies, and have written articles and published books. You are all heroes in so many ways. We have all learned to be more effective with

virtual meetings and presentations as well as continuing many other activities in new and different ways.

Our newsletter editor, Erin Wentzell, and her Communications Committee members have done a great job with this very thorough edition on school-based therapy services around the world. Our website has been updated and enhanced. I encourage you to take time to peruse the visuals and the news there. You will also find interesting information on the IOPTP Facebook page. Our Education Committee is embarking on several surveys to be able to share information on how the next generation of PT students will learn to provide services for children. You may know by now that the World Physiotherapy conference scheduled this year in Dubai will now be provided virtually. While I have missed participating in "live" conferences this year, I have learned even more from multiple sessions in several different virtual conferences.

While we in the northern hemisphere are bundling up for winter, no matter where we are, we must continue doing all we can to stay safe and healthy. I wish you all happy holidays with creative ways for sharing time together. May you all be blessed with health, friends and family, now and in 2021.

Best regards,



Sheree York PT, DPT, PCS

President, IOPTP

Table of Contents

• • •

- **President's Message** (page 1)
- **Special Edition: School Based Physical Therapy Services- An International Perspective** (page 2)
- **School-Based Physical Therapy During COVID in Greece** (page 20)
- **APTA Pediatrics Guide to COVID resource** (page 21)
- **Committee Spotlight: the Communications Committee** (page 22)
- **World Physiotherapy Congress 2021 Announced** (page 23)

• • •

For submissions or questions regarding the newsletter please contact the newsletter editor Erin Wentzell PT, DPT, PCS at

IOPTP Newsletter Special Edition:



School-based Physical Therapy Services – An International Perspective

Contributors:

- Kirstin Macdonald and Nikki Milne (Australia)
- Chantal Camden, Karen Hurtubise, Mikaela Hoepfner (Canada)
- Nilly Waiserberg (Israel)
- Rachel Greaney (New Zealand)
- Anu Kinnunen, Kine Johansen and Faggruppe for Barne og Ungdomsfysioterapi i Norsk Fysioterapiforbund (Pediatric Branch of the Norwegian Physical Therapy Association) (Scandinavia)
- Gillian Ferguson and D. Jacobs (South Africa)
- Eren Timurtas and Eda Cinar (Turkey)
- Susan Effgen, Michele Wiley, Connie Johnson, Mary Jane Rapport, Nicole Jacobs (USA)

Introduction

A network of physical therapists interested by school-based work was established at the 2019 World Confederation of Physical Therapy (WCPT) Conference in Geneva. Following the release of the International Organisation of Physical Therapists in Paediatrics (IOPTP) 2020-23 Strategic Plan, the Research Committee also created a school-based subgroup. One of our key objectives was to collaborate with our newly established school-based group to create a special issue for the IOPTP newsletter to summarise the role of school-based physical therapists and to describe how school-based physical therapy services are currently being provided in different countries.

A subgroup of this school-base committee created a one-page infographic (link here to the English version) to promote physical therapy services in schools and provides a summary of the key roles of school-based physical therapists, from the perspective of our international school-based group of clinicians and researchers. Please share this infographic with your colleagues to increase their awareness and importance of school-based physical therapy. We already have created one translation in French (link here to the French version). Please contact us if you are interested to create a translation in your own language.

The second part of this special issue showcases how school-based physical therapy services are currently being implemented in different countries, including Australia, Canada, Israel, New Zealand, the Scandinavian countries (Denmark, Finland, Iceland, Norway and Sweden), South Africa, Turkey and the United States. Representatives from each of these countries have provided a one to two-page summary describing school-based physical therapy services in their country, including the relevant legislation and models of service delivery. We hope that you enjoy learning more about the valuable work school-based physical therapists are doing across the globe.

PHYSICAL THERAPY (PT) SERVICES IN SCHOOLS

School-based physical therapists (PTs) are **movement experts** who have the skills to be integral members of school teams that promote participation in educational activities including access to the educational environment, prevention of impairment, and promotion of the health and well-being of students.



SCHOOL-BASED PTs SUPPORT THE HEALTH AND WELL-BEING OF ALL SCHOOL CHILDREN

- Physical activity is vital for children's physical and mental health and well-being, and their learning
- Implementing health promotion activities can prevent obesity and chronic health conditions, and support mental health, cognitive function and academic performance

SCHOOL-BASED PTs ENABLE EARLY IDENTIFICATION AND INTERVENTION FOR CHILDREN WITH HEALTH CONDITIONS AND PHYSICAL IMPAIRMENTS

- Identify health conditions and physical impairments that affect function and access to educational settings, including playgrounds and gymnasiums
- Ensure inclusion of students in all aspects of school life (e.g. access to environment, resources)
- Support independence of students in physical care routines, school routines (e.g. training of staff in transfer training), and address equipment needs (e.g. walkers, gait trainers, mechanical lifts)



SCHOOL-BASED PTs ARE INTEGRAL MEMBERS OF GENERAL EDUCATION SCHOOL TEAMS WITH A CONSTANT PRESENCE IN SCHOOLS, TO ENSURE CHILDREN CAN ACCESS EDUCATIONAL OPPORTUNITIES

- Support school teams in decision making
- Use a variety of collaborative practices and a diversity of tiered intervention strategies as part of workload or whole school approach service delivery models
 - consultative services
 - small-group activities
 - individual direct services

ADDITIONAL RESOURCES FOR PTs:

- [The International Organisation of Physiotherapists in Paediatrics](#)
- [APTA Pediatric Physical Therapy](#)
- [Role of the School Based Physical Therapist](#)
- [APTA Pediatrics Fact Sheets](#)

DEVELOPED BY MEMBERS OF THE IOPTP SCHOOL-BASED PT GROUP: CONNIE JOHNSON, KIRSTIN MACDONALD, CHANTAL CAMDEN, ANU KINNUNEN, KINE JOHANSEN AND MARY JANE RAPPORT. DESIGNED BY NICOLE JACOBS. JULY 2020



School-based Physiotherapy Services in Australia

Nikki Milne¹ and Kirstin Macdonald²

¹Associate Professor of Physiotherapy (Paediatrics), Bond University, Australia (PhD, MPhty, MEd (ECE), BExSc, BEd, Grad Cert Clinical Ed)

²Senior Teaching Fellow (Physiotherapy), Bond University, Australia (BAppSc(Phty), PhD Candidate)

In Australia, it is estimated that 329 000 (7.4%) children aged 0-14 years have some level of disability, and 4% of children have a severe disability.¹ Approximately 219 000 (7.6%) children aged 5-14 years experience restrictions in the school setting that require care and support from the education sector.¹ Almost 30% of children diagnosed with a disability have impairments and/or activity limitations impacting their mobility² leading to physiotherapy involvement in their care³ including during their school day.

School-aged children in Australia attend government, independent or Catholic primary and secondary schools. Approximately 90% of children with a disability attend school, 86% of these children attend a mainstream school and 14% attend a special school.⁴ The Disability Standards for Education 2005, which falls under the national Disability Discrimination Act 1992, ensures that '*students with a disability can access and participate in education on the same basis as other students*'.⁵ As such, education providers are required to make reasonable adjustments to assist students with a disability. Therapy services, including physiotherapy, occupational therapy and speech-language pathology, provided to students with disabilities differ between school sectors (government, independent or Catholic) and the eligibility criteria for students to access therapy services is dependent on the state and territory in which the student lives.

School students with physical, vision, hearing and speech-language impairments, an intellectual disability and/or autism spectrum disorder may be eligible to access physiotherapy services within the school setting.⁶ Whilst the International Organisation of Physical Therapists in Paediatrics (IOPTP) suggests that physiotherapists should be involved in the selection and implementation of age appropriate assessments and interventions to manage "*typical and atypical development of motor, sensory, and cardiorespiratory functions related to common paediatric conditions*"⁷, the way this is managed in school environments varies across Australia. The recruitment and employers for physiotherapists working in schools also differs across the states and territories of Australia.

In Queensland, physiotherapists, occupational therapists and speech-language pathologists are employed by the Department of Education to support students enrolled in government schools to access and participate at school and to facilitate the achievement of educational goals. School-based physiotherapy service delivery which is inclusive, curriculum focused and student-centred is considered best practice by the Department of Education.⁶ Service delivery models that support team collaboration, inclusive of the student and parent/carer are also encouraged.⁶ Physiotherapists working in Queensland schools provide a flexible and appropriate balance of services, including provision of direct services to students (i.e. time spent with students, preparation for assessment or intervention), providing training and support to school staff (i.e. team meetings, liaison, teacher interviews etc.) and collaborating with parents and other members of the therapy team^{6,8} A shift from a caseload to a workload approach has recently been reported, and the need for a whole-school approach to be incorporated into the service delivery model has been recognised.⁶

In other states and territories in Australia, physiotherapy services may be provided within the school setting to individual students, but these services are often privately funded by parents or funded through the National Disability Insurance Scheme.⁹ However, there is evidence of evolving models of service delivery

in the Australian school systems. Historically, there has been a dominance of either direct one-on-one or consultative models of care. However, some independent schools employ physiotherapists privately to undertake wider scope (e.g. whole-school) health promotion and screening activities / programs or sports-related services for athlete development and injury prevention and management. In addition, government schools in New South Wales may use school funding to engage physiotherapists to provide services in the school setting, including small group activities, whole class and school-wide initiatives, as well as staff professional development.⁹ Additionally, there is growth in supervised university student-led services in schools, whereby tiered models of service provision are being delivered to school students (e.g. Tweed Healthy Schools Program)^{10,11} to provide individual, whole of class and whole-school services.

References:

1. Australian Institute of Health and Welfare. Australia's children: Children with disability. <https://www.aihw.gov.au/reports/children-youth/australias-children/contents/health/children-disabilities>. Published 2020. Accessed August 22, 2020
2. Australian Bureau of Statistics. Children aged 0-14 years with a disability - 2009. Australian Social Trends Web site. <https://www.abs.gov.au/AUSSTATS/abs@.nsf/Lookup/4102.0Main+Features30Jun+2012>. Published 2012. Accessed February 16, 2020.
3. Australian Physiotherapy Association. *Health and Wellbeing of Children and Young People: Position Statement*. Australia: Australian Physiotherapy Association; 2013.
4. Australian Institute of Health and Welfare. People with disability in Australia <https://www.aihw.gov.au/reports/disability/people-with-disability-in-australia/education-and-skills/engagement-in-education> Published 2019. Published 2019. Accessed August 22, 2020
5. Australian Government Department of Education, Skills and Employment. The Disability Standards for Education 2005. <https://www.education.gov.au/disability-standards-education-2005> Published 2005. Accessed August 22, 2020
6. Department of Education and Training, Queensland Government. Providing occupational therapy and physiotherapy services in the Department of Education and Training- Findings from a statewide check-in 2016. https://www.together.org.au/files/2515/1494/1528/Appendix_9.Labelled.pdf Published 2016. Accessed August 22, 2020
7. International Organisation of Physical Therapists in Paediatrics (IOPTP). Statement on Paediatric Essential and Recommended Content Areas in Entry Level Professional Physical Therapy Education. https://71d3eeed-d358-4043-b57d-0a1cb1a9bd95.filesusr.com/ugd/2a564c_d5afe7fa9ef44a47a8823cfd2893d911.pdf Published 2019. Accessed February 25, 2020
8. Department of Education and Training, Queensland Government Occupational therapy and physiotherapy services in state schools (9th ed.) https://www.together.org.au/files/7315/1494/1527/Appendix_6.2_Docs.Labelled.pdf. Published 2015. Accessed July 12, 2020.
9. New South Wales Government. Disability, learning and support: Physiotherapy in schools. <https://education.nsw.gov.au/teaching-and-learning/disability-learning-and-support/programs-and-services/specialist-allied-health-service-provider-scheme-/physiotherapy-in-schools>. Published 2019. Accessed August 22, 2020,

10. Tweed Healthy Schools Project: Development of an Interprofessional Clinical Placement Program Pilot in Schools. https://www.heti.nsw.gov.au/_data/assets/pdf_file/0005/428414/Tweed-Healthy-Schools-Project-Final-Report.pdf. Published 2013. Accessed July 12, 2020.
11. Tweed Healthy Schools Project Final Report https://www.heti.nsw.gov.au/_data/assets/pdf_file/0008/428408/Tweed-Healthy-Schools-Project-Final-Report.PDF Published 2014. Accessed July 12, 2020.

School-based Physical Therapy in Canada

Chantal Camden, PT, PhD, CPA; Karen Hurtubise, PT, PhD, CPA; Mikaela Hoepfner, MPT

Support services provided to children with disabilities are a provincial responsibility in Canada. Each of the ten Canadian provinces and three territories determine how therapy services will be delivered to school-age children. As a result, services vary greatly across the country. Most regions have inclusive education policies and programs aimed at meeting the needs of school-age children with disabilities, but specialized schools and classrooms also exist. Many factors – the child’s diagnosis and needs, family preferences, school and medical team recommendations, program availability, and the quality of supports available – determine where a child will receive their education.

Most children with disabilities attending specialized schools will have access to PT services, as well as other rehabilitation services, like occupational therapy. Physical therapy in the school setting may be provided by school-based teams, through rehabilitation or developmental centres, or may be contracted out to hospital- or community-based services. PT services may include group and/or classroom-based activities, individual assessments, therapeutic interventions, safety plans (e.g. fire evacuation), and equipment prescription. The extent to which PTs collaborate with school staff (e.g., principals, teachers, educational assistants) tends to vary, and may be more frequent in schools where the PT is part of the educational team or is regularly present in the school environment.

Each province and territory has its own model for the integration of children with additional needs into regular classrooms. These disparities relate to provincial regulations, the organization of health and education systems, local health, geographical and socio-economic differences, and variations in school-specific resources. For instance, in Quebec, to our knowledge, there are no school-based physiotherapists in regular schools. School-age children with well-recognized disabilities, such as cerebral palsy or muscular dystrophy, receive PT services in rehabilitation centres. These services may occasionally be delivered in schools to foster inclusion in physical education classes or to provide equipment specifically required at school. Generally, PTs in Quebec are not involved in school-wide activities. However, some schools are now hiring occupational therapists and implementing a school-wide approach using collaborative tiered service delivery models. A pilot project, which aims to test a similar approach for PTs, is currently in the consultative phase, with international PT partners. The international consultation process will be based on the work done by Partnering for Change, service delivery model, with implementation planned for 2021.

In Ontario, rehabilitation support services, including PT, are available in schools. A research team led by Dr. Cheryl Missiuna and Cathy Hecimovich has worked with education partners for over a decade to develop Partnering for Change (P4C - <https://www.partneringforchange.ca/>), a service delivery model that has only been evaluated in occupational therapy thus far. However, the research team believes that PT and speech and language therapy may also benefit from this model. McMaster University has provided an

online course and tool-kit “to support the implementation of a needs-based, tiered model of service in schools” (<https://machealth.ca/programs/integrated-rehabilitation-services/>). In Ontario, although many initiatives exist to broadly implement P4C, most therapeutic services are still provided on an individual basis.

In Manitoba, PT services are available in all public schools on a consultative basis for children with additional needs. This follows the regulations set out in the Public Schools Act, which states that all children should have access to appropriate educational programming in a regular class of their peers (http://web2.gov.mb.ca/laws/regs/current/_pdf-regs.php?reg=155/2005). Each school division can choose to hire PTs directly or contract them out to a larger organization. Depending on the needs of the school and the amount of funding available, PTs may work individually with a child, in small group settings, or use a classroom-based approach to support inclusion of students with special needs in an educational setting. They often work in collaboration with the occupational therapist and other members of the school-based team. These services may also include providing broader education to school staff and helping in the development of individual education plans (IEPs) (<https://rccinc.ca/programs-services/outreach-therapy-services/>). Alberta has a similar model, yet school-based services start in the pre-school years, where the bulk of intervention and funding is focused on school readiness. This funding model is however currently under review (<https://www.alberta.ca/k-to-12-education-funding-model.aspx>).

In conclusion, while school-based PT services are currently limited, many activities have been initiated to improve the supports available for school-age children with special needs in Canada. School-age children with recognized disabilities will have access to out-patient therapy through rehab centres/departments rather than at school. However, there is a growing awareness that, to best support the inclusion, functioning, and participation of these children, therapists should collaborate with educators and incorporate alternative approaches. Likewise, PTs and the public health community are increasingly leveraging PTs health promotion and chronic disease prevention skills to encourage healthier life habits for all children and provide early intervention for chronic conditions. Regions and provinces continue to share successful examples of overcoming existing obstacles such as inadequate funding models, fluctuating political climates and overall resistance to change. PTs are well-positioned as key players in students’ health outcomes, and will need to actively engage and advocate at various policy levels to foster greater collaboration between health and education.

School-based Physical Therapy in Israel

Nilly Waiserberg MScPT^{1,2,3}, Lidia Shwartz BPT MEd³

¹ Tel Aviv University, Sackler Faculty of Medicine, School of Health Professions, Physical Therapy Department

² Ben-Gurion University of the Negev, Health System Management Department

³ Ministry of Education, Department of Special Education

In Israel, children with special needs are entitled to physical therapy (PT) services under two laws that are administered by two different ministries. The National Health Insurance Law holds the Ministry of Health responsible for providing healthcare services countrywide. Services are delivered by four health maintenance organizations (HMOs), aka “health funds” or “sick funds.” PT is one of the medical services that belong to the basic “basket” of healthcare services. Within this construct, a citizen can meet with a

physical therapist as part of rehabilitation services, general acute or chronic services, or child-development services (Ministry of Health, 1994).¹

Under the umbrella of child-development services, a child is entitled to receive an unlimited number of therapy sessions up to three years of age, twenty-seven sessions per year up to age six, and nine sessions per year up to age nine. A child with a disability caused by a disease that impairs his or her central or peripheral nervous system or musculoskeletal system, and which causes persistent functional disability, is entitled to therapy as needed and without limitation up to age eighteen (Ministry of Health, 2002).²

Children aged 0–3 who have severe disabilities may attend special daycare centers run by the Ministry of Labor, Social Affairs, and Social Services. PT services in these centers are sponsored by the Ministry of Health (through the HMOs).³

The Israeli Special Education Law (SEL) specifies that physical therapy (PT) services for children ages 3–21 who have motor disabilities shall be delivered by the Ministry of Education in institutions of education: “Teaching, studying, therapy and additional services are given under the law to a child with special needs, including physical therapy, occupational therapy, speech and language therapy, and other required services as needed. The frequency, intensity, and type of intervention are decided collaboratively by the school faculty as part of the child’s personal program” (Ministry of Education, 1988).⁴

Children who receive treatment within the ambit of special education do not lose eligibility to receive services from their healthcare provider as well. Thus, children with motor disabilities are entitled to PT services under two different laws via two different ministries.

School-based physical therapists are employed by the Ministry of Education’s Department of Special Education. Most PT services are delivered in special-education schools. There is a vast difference between PT services in special-needs schools and those in regular mainstream schools. In the former, PTs are integrated into school faculties and collaborate with educators, teachers, and other healthcare service providers (e.g. occupational, speech, and language therapists), creating collaborative teamwork. Practice is guided by the ecological theory and the International Classification of Functioning, Disability and Health (the ICF model) and PT is delivered commensurate with the child’s needs in different service delivery models (direct, integrated, monitoring, etc.).

Delivery of PT services for children with disabilities who attend regular schools varies. Not all such children receive PT at school as part of special related services. The country is divided into sixty-eight districts, each using a different model for the delivery of PT services. Each district has a special-education center that is responsible for providing regular schools in its district with related services. Physical therapists are not integrated into regular school faculties; PT services are ostensibly provided in regular schools as part of the inclusion services that children with disabilities receive, but delivery in practice does not always take place. In some cases, there is no PT at all; in other cases, delivery takes place but rarely via a consultative model, and individual direct PT intervention sometimes occurs. In regular schools, where PT is involved, it follows the caseload model.

The purpose of PT in the education system, is to enable students to maximize their potential and thus integrate, function, learn, and flourish in school and outside of it, in shared activities with peers and family

members. In Israel, there is no distinction made between clinical PT and PT delivered in educational settings. The of a physical therapist roles in school are diverse and include, but are not limited to, assuring accessibility, adjusting the scholastic environment to the child's needs, adapting and practicing mobility in school and elsewhere, promoting independence in Activities of Daily Living, and fostering progress in motor activities to encourage participation in sports and recreational activities⁵.

References:

1. National Health Insurance Law, Ministry of Health, 1994
https://www.health.gov.il/LegislationLibrary/Bituah_01.pdf
2. Ministry of Health, 2002 https://www.health.gov.il/hozer/mr42_2002.pdf
3. Rehabilitation Day Care Act, Ministry of Labor, Social Affairs and Social Services, 2000
https://www.health.gov.il/LegislationLibrary/Shikum_01.pdf
4. Special Education Law, Ministry of Education 1988
https://www.gov.il/he/departments/legalInfo/special_education_law
5. Guidelines for Healthcare Therapists and Art Therapists Practice in Education System
<https://meyda.education.gov.il/files/special/HealthProfessions/%D7%97%D7%95%D7%91%D7%A8%D7%AA%20%D7%A7%D7%95%D7%95%D7%99%D7%9D%20%D7%9E%D7%A0%D7%97%D7%99%D7%9D%20%D7%AA%D7%A9%D7%A2%D7%98.pdf>

School-based Physiotherapy Services in New Zealand

Rachel Greaney (New Zealand Registered Physiotherapist, Bachelor of Physiotherapy with Credit)

Physiotherapy support for children in New Zealand (NZ) is a free service for NZ citizens or those who are entitled to publicly funded healthcare. How the service is provided and what funding stream this is provided by is dependent on a number of factors e.g. how your disability was acquired, your age, and to a smaller degree where you live in NZ.

If the child's disability is acquired by an accident, funding of Physiotherapy support is provided by the Accident Compensation Corporation (ACC). ACC is a Crown entity that is responsible to the government Minister for ACC. It provides compulsory insurance cover for personal injury for everyone in New Zealand, whether a citizen, resident or visitor. This means that if you are injured by an accident in NZ, ACC may pay some of your medical and rehabilitation costs. ACC is a no fault scheme. Children whose disability is acquired through an accident will therefore receive Physiotherapy support via this funding stream for as often as this is proven to be necessary from the time of the accident through to adulthood.

For non-accident related disabilities, Physiotherapy support, prior to the child starting school, is primarily provided through the Ministry of Health funded District Health Board's Child Development Services. Once the child starts school this service may be involved for short bursts of rehabilitation

following certain surgical interventions. These children often have a School Based Physiotherapist working with them at the same time.

Once a child starts school, Physiotherapy services for children are primarily funded through the Ministry of Education. Children with more complex needs may be eligible for Ministry of Education Ongoing Resourcing Scheme (ORS) funding. Families of these children may opt to enrol their child in a Special Needs School. In this situation, if the child's disability involves physical issues (typically identified at their transition meeting), they will receive Physiotherapy support provided by a Physiotherapist employed directly by the Special Needs School. Children may be located at the base school or in a satellite class located at a mainstream school, where the Physiotherapist will travel to see them. At the base school, the Physiotherapist is typically integrated into the regular school team and will be present at the school every week – the number of days this involves will depend on the size of the school. Physiotherapy service typically involves small-group activities and individual services. Whether the Physiotherapy service provided is a workload model or a caseload model is largely dependent on the individual school and their Senior Management.

If the family opt to enroll their child directly into a Mainstream School, a child with ORS funding with physical issues identified at the transition meeting will receive Physiotherapy support from the Physiotherapists employed by their local Ministry of Education Special Education Services office. In this circumstance the Physiotherapist will travel to visit the child at their school. The Physiotherapist is not integrated into the regular school team but will work in collaboration with the other professionals involved with the child. The Physiotherapists in this situation primarily work using a caseload model. In some situations, the local office covers a wide geographical area.

For children with physical issues that are not complex enough to meet the criteria for Ongoing Resourcing Scheme funding, their school can apply for Physiotherapy support through the Physical Disabilities Service. In the majority of locations in NZ this service is run by the local Ministry of Education Special Education Services office. In some areas this is managed by a Specialist Service Provider.

To access the Physical Disabilities Service, the school must complete and submit a referral with parental consent. This referral must identify how a child's physical issue is impacting on their presence, participation and learning in each curriculum area and the five Key Competencies identified in the NZ Curriculum (these are Thinking; Using Language Symbols and Texts; Managing Self; Relating to Others; Participating and Contributing). Unfortunately, a child with a physical issue cannot be referred directly to this service by a medical specialist – the referral must come from the school, which at times can either delay or be a barrier to the children accessing this service.

The Physical Disabilities Service fund Physiotherapy and Occupational Therapy support. If the child is deemed to be eligible for this service, the Physiotherapist will travel to visit the child at their school. The Physiotherapist is not integrated into the regular school team but will work in collaboration with the other professionals involved with the child. The Physiotherapists in this situation again primarily work using a caseload model. Service delivery is implemented using a tiered approach based on the needs of the child, family and school.

All versions of Physiotherapy service are regularly reviewed in collaboration with other professionals and the child's family. Generally, this is done as part of the child's Individual Education Plan.

There is an Auckland Physiotherapists in Schools group that meet once a term to share information and to provide opportunities to invite guest speakers from various community and medical services e.g.

Orthotics Service, Orthopaedic Service, NZ Cerebral Palsy Society etc. This group has also worked collaboratively with the Halberg Foundation. This foundation's mission is to enhance the lives of physically disabled New Zealanders by enabling them to participate in sport and recreation. The Halberg Foundation hold several 'Have-a-Go' physical activity days throughout the year for different age groups in different locations where physically disabled students are invited to come along to participate in different adapted sports with the goal being that they may join a local club, often with Halberg funding support. The School Based Physiotherapists are instrumental in disseminating information about this Foundation and the services it provides to children and their families.

School-based Physiotherapy in the Scandinavian countries

Anu Kinnunen¹ and Kine Johansen²

¹ Reg. Physiotherapist, MSc, special educator, senior lecturer of physiotherapy, Savonia University of Applied Sciences, PhD student, University of Eastern Finland, Finland

² Reg. Physiotherapist, specialist in pediatrics, PhD, Department of Women's and Children's Health, Uppsala University, Sweden

The Scandinavian countries are Denmark, Finland, Iceland, Norway and Sweden. Although the countries differ in population sizes, ranging from Iceland's 364 134 to Sweden's 10 327 589, the proportion of children 6-18 years is approximately 15% in all countries.

All Scandinavian children are mandated to attend school for ten years from the year they turn six. The school systems are tax-financed and free of charge. In regards to education, common goals for the Scandinavian countries are to provide all children and adolescents with learning environments that support their mental and physical health, reduce the effects of socioeconomic inequalities, and provide opportunities to learn and develop throughout their school years.¹ Similarly, healthcare is also largely tax-funded to ensure that everyone has equal access to healthcare services. The primary and preventive healthcare are well-established and the hospital services are highly developed.²

The school health services, a primary healthcare service run by the municipalities, are available to all children free of charge from primary to upper secondary school. The main aim of these services is to promote health and prevent ill-health through monitoring children's health and development, give vaccinations as well as provide guidance on different health related topics. The professionals working within the school health services are primarily school nurses, school doctors, school counselors and school psychologists. Currently few physiotherapists work within the school health services. An exception is Norway,³ where physiotherapists are stated as an ordinary profession in the national guideline for "Health promotion and preventive work in the child and youth health centers and school health service" as an ordinary profession.⁴ In 2010, the Norwegian Directorate of Health issued a recommended staffing standard for the child and school health services of 0.5 physiotherapist per 1000 newborns and 0.7 physiotherapist per 1000 students.⁵ However, despite these recommendations and despite that the number of physiotherapists working in schools in Norway are lengths better than the other Scandinavian countries there is a large gap between the recommended number of physiotherapists (n=663) and the actual number of physiotherapist (n=249) working within the Norwegian child and school health services.⁶ To increase the number of physiotherapists in school, the Nordic Physiotherapy Associations joined forces and launched a

Nordic consensus statement in 2017 recommending that physiotherapists should be an integrated part of the school health services.⁷

School-based Physiotherapy in Norway

Issued by Faggruppe for Barne og Ungdomsfysioterapi i Norsk Fysioterapiforbund (Pediatric Branch of the Norwegian Physical Therapy Association), June 2020.

The school health service is available at all primary, lower secondary and upper secondary schools and may include a school nurse, school doctor, psychologist and physiotherapist, as well as other health professionals.⁸

School based physiotherapy is regulated through the “National guideline for health promotion and preventive work in the child and youth health centers and school health service, 0-20 years” by the National Directorate of Health.⁹ As part of the provision of essential health and care services, the municipality offers health promotion and preventive services, including health services in schools (the school health service) and health centers. The purpose of the health centers and school health service is to promote mental and physical health, promote good social and environmental conditions and prevent illness and injury. The guidelines state that the service shall be universal, and the approach both individual and population orientated. As a part of the school health services, the school physiotherapists work in close collaboration with other health and school staff. They collaborate to identify age appropriate health-related topics for classes. They guide the schools regarding facilities, both inside and outside. In addition to general health promotion, physiotherapists follow individual students who need special care and adjustments to attend school. The physiotherapy service is free of charge.

To date, physiotherapists in all Scandinavian countries have the possibility of becoming specialists in pediatric physiotherapy, but none has a specific specialization in school-based physiotherapy. There is no specialist education, but courses are available in Finland, Denmark and Norway. National and regional networks for physiotherapists working in school exist, although few are working systematically with school-based physiotherapy. Currently, initiatives are emerging to spark school-based research to promote the role of physiotherapists in schools.

References

1. Nordic Co-operation programme for Education and Research 2019–2023 | Nordiskt samarbete [Internet]. [cited 2020 Jun 16]. Available from: <https://www.norden.org/sv/node/40084>
2. HealthManagement.org. Overview of the Healthcare Systems in the Nordic Countries. HealthManagement 2010 [cited 2020 Jun 16]. Available from:

- <https://healthmanagement.org/c/it/issuearticle/overview-of-the-healthcare-systems-in-the-nordic-countries>
3. Health Centres and the School Health Service - helsenorge.no [Internet]. [cited 2020 Jun 17]. Available from: <https://helsenorge.no/other-languages/english/health-centres-and-the-school-health-service>
 4. Nasjonal faglig retningslinje for det helsefremmende og forebyggende arbeidet i helsestasjon, skolehelsetjeneste og helsestasjon for ungdom - Helsedirektoratet [Internet]. [cited 2020 Jun 16]. Available from: <https://www.helsedirektoratet.no/retningslinjer/helsestasjons-og-skolehelsetjenesten>. An English version is available if you search for national guideline for health promotion and preventive work in the child and youth health centers and school health service
 5. IS-1798 Utviklingsstrategi for helsestasjons- og skolehelsetjenesten – Helsedirektoratet. [Internet]. [cited 2020 Jun 17]. Available from: <https://www.helsedirektoratet.no/rapporter/utviklingsstrategi-for-helsestasjons-og-skolehelsetjenesten/Utviklingsstrategi%20for%20helsestasjons-%20og%20skolehelsetjenesten.pdf?download=false>
 6. Gledelig vekst i fysioterapeutårsverk [Internet]. Norsk Fysioterapeutforbund. [cited 2020 Jun 17]. Available from: /Forbundsforisiden/Aktuelt/Nyheter/Gledelig-vekst-i-fysioterapeutaarsverk
 7. Physiotherapy and well-being of children– *the role of Physiotherapists in school healthcare*. Nordic consensus statement. [cited 2020 Jun 17]. Available from: <https://www.fysioterapeuterna.se/globalassets/fysio-konsensusstatement-2017-print.pdf>
 8. Helsenorge.no: Health Centres and the School Health Service: <https://helsenorge.no/other-languages/english/health-centres-and-the-school-health-service>
 9. National guideline for health promotion and preventive work in the child and youth health centres and school health service, 0 – 20 years: <https://www.helsedirektoratet.no/retningslinjer/helsestasjons-og-skolehelsetjenesten/dokumenter-helsestasjons-og-skolehelsetjenesten/National%20guideline%20for%20health%20promotion%20and%20preventive%20work%20in%20the%20child%20.pdf/> /attachment/inline/854312bb-434e-4aab-b7eb-125d558eb434:a0aaa3fec5902792de20d18abfddee13bd377c8/National%20guideline%20for%20health%20promotion%20and%20preventive%20work%20in%20the%20child%20.pdf

School-based Physiotherapy Services in South Africa

Gillian Ferguson¹ and D.B. Jacobs¹

¹Dept of Health and Rehabilitation Sciences, University of Cape Town, South Africa

In South Africa, there are different types of schools providing education to learners between the ages of 6- 18 years: mainstream, inclusive and schools for Learners with Special Education Needs (LSEN). Most schools are supported and managed by the South African National Department of Basic Education (DBE) and are referred to as public schools. Private schools are privately funded and governed independently.

Most of children with disabilities in South Africa do not attend school (McKinney & Swartz, 2016), and those who are fortunate enough are still only able to do so within the LSEN system. These challenges exist mainly because of a lack of infrastructure, resources and skills within mainstream schools (McKinney

& Swartz, 2016). Each LSEN school is unique in the way in which it is run, and the school management teams include parents, principals and educators. Learners attending LSEN schools present with different impairments and have different therapeutic needs. School-based therapists (i.e. Occupational Therapists, Physiotherapists and Speech Therapists) are collectively grouped as Educational Therapists and are tasked to provide support services to learners and educators. Government-funded therapy posts within schools are found mainly within urban areas, resulting in an unequal distribution of therapeutic services across the country (Struthers, 2005).

Physiotherapists form part of the multi-disciplinary team, and work collaboratively with other school-based therapists and educators. Whilst physiotherapists have always formed part of LSEN establishments, there has been a considerable reduction in school-based therapy posts recently, with vacancies within schools being filled more readily by educators, than therapists (Kotze, 2009). Even though there may be a need for all allied health disciplines at an institution, this may not always be possible, because of funding and staffing constraints and thus only one type of therapist, usually speech or occupational therapy are prioritised. This emphasises the staffing limitations within public special schools in South Africa. This is unfortunate, as it has been proven that even minimal exposure to a physical activity intervention will lead to an improvement in the physical fitness levels of children (Draper et al, 2010).

Physiotherapy services provided within LSEN schools are focused mainly on younger children, between the ages of 4-12 years old with conditions such as Cerebral Palsy, Spina Bifida, Muscular Dystrophy, as well as a range of congenital syndromes. Physiotherapy is mainly aimed at direct support in the form of enhancing gross motor skills, improving movement patterns, as well as providing orthopaedic rehabilitation (Struthers, 2005). Physiotherapists also play a role in health promotion (Struthers, 2005), by providing services such as assessments for seating or assistive devices, as well as involvement in extra-curricular activities such as sport.

Within the public ordinary or mainstream school setting, Physiotherapists do not form part of the school's staffing establishment, further emphasising the fact that even though the DBE has envisioned an inclusive school system, the measures in place are not enough to support the learners within the school context (Pather, 2011). Learners in mainstream school settings requiring physiotherapy, need to either access it privately, or via an LSEN school within their district. The schools which are able to provide these services to mainstream schools are known as resource centres and some are provided with additional resources from DBE in order to deliver this service (Department of Education, 2001).

In many of the more affluent regions, private physiotherapy practices are available and are associated with mainstream schools. Typically, the needs of these learners or children are related to neurodevelopmental delays and managing sport injuries. In an attempt to improve the accessibility of physiotherapy services to ordinary schools in low-income areas, the University of Cape Town implemented the first mainstream school physiotherapy program in the Western Cape in 2011. These service-learning agreements allowed for physiotherapy students in their third and fourth year of clinical practice to provide services based on identified needs within the school. The schools chosen are all located within very low-income areas of the Western Cape. Students, under the guidance of the university team, have identified several hundreds of children with motor and developmental difficulties and low levels of physical fitness since the inception of the program. Programs have been instituted to address the problems and include

collaborating with teachers to support learners and their parents that have achieved great success (Ferguson et al, 2015) encouraging others to explore this option as part of physiotherapy curriculum change in South Africa.

References:

1. Department of Education 2001. White Paper 6: Special Needs Education - Building an inclusive education and training system. Pretoria: Department of Education. Available at <http://www.education.gov.za/LinkClick.aspx?fileticket=gVFccZLi%2FtI%3D&tabid=191&mid=484>.
2. Donohue, D., & Bornman, J. (2014). The challenges of realising inclusive education in South Africa. *South African Journal of Education*; 2014; 34(2) 1 Art. # 806, 14 pages, <http://www.sajournalofeducation.co.za>
3. Draper, C.E., de Kock, L., Grimsrud, A.T., Rudolph, M., Nmutandani, S., Kolbe-Alexander, T., Lambert, E.V. (2010). Evaluation of a school-based physical activity intervention in Alexandra Township. *South African Journal of Sports Medicine*; 22(1).DOI: [10.17159/2078-516X/2010/v22i1a320](https://doi.org/10.17159/2078-516X/2010/v22i1a320)
4. Ferguson GD, Naidoo N, Smits-Engelsman BC. Health Promotion in a Low-income Primary School: Children with and Without DCD Benefit, but Differently. *Phys Occup Ther Pediatr*. 2015;35(2):147-162. doi:10.3109/01942638.2015.1009230
5. Kotze, J. (2009). Barriers and facilitators therapists experience regarding their support provision in an inclusive education system. Unpublished Master's Thesis. Cape Town: University of the Western Cape.
6. McKinney, E.L., & Swartz, L. (2016). Life in Special Schools in South Africa: Voices of Former Students. *International Journal of Disability, Development and Education*, 63(3), 309–321.
7. Pather, S. (2011): Evidence on inclusion and support for learners with disabilities in mainstream schools in South Africa: off the policy radar?, *International Journal of Inclusive Education*, 15:10, 1103-1117
8. Struthers, P. (2005). The role of occupational therapy, physiotherapy and speech and language therapy in education support services in South Africa. Unpublished doctoral thesis. Cape Town: University of the Western Cape.

School-based Physiotherapy in Turkey

Eren Timurtas¹ and Eda Cinar²

¹Marmara University, Department of Physical Therapy and Rehabilitation, Istanbul, Turkey.

²McGill University Health Centre, Montreal, Quebec, Canada.

In Turkey, physiotherapy (PT) services have been offered in public hospitals, private clinics, long-term care homes, and Special Education and Rehabilitation Centers (SERC). PT services in both private and public sectors are supported by the Ministry of Health so that patients are offered free rehabilitation services.

Rehabilitation services for school-aged children are provided in public hospitals and private clinics mostly for those with acute injuries, and in SERC for children with developmental disorders. SERC provides comprehensive rehabilitation services including physiotherapy, special education, speech and language therapy, and psychological therapy. In 2017, a total 373.942 pupils were supported at SERC. ^{1,2}

The ratio for PTs was 1: 88 for preterm babies, 1:1 for cerebral palsy and 1:13 for school-aged children with developmental delays.³ However, only children with a disability rate of over 20% benefit from the services at SERC, which consists of eight monthly PT sessions as determined by National Health Boards. Children receiving therapy at SERC also attend public schools in classroom settings that include students with and without disabilities. In Turkey, PT services are currently not established in public schools. Hence, children with low disability scores as determined by the National Health Boards may receive PT treatment at hospitals or out-patient clinics for a limited number of sessions based on physicians' orders.

School-Based PT Research in Turkey

School-related PT research in Turkey mostly involved the screening of primary and secondary students for scoliosis⁴⁻⁸, posture⁸⁻¹⁰, obesity¹¹⁻¹⁴, physical fitness¹⁵, orthopedic impairment¹⁶, developmental parameters¹⁷, and motor function¹⁸. The only initiative for PT intervention to date has been taken by our team (Timurtas E et al.) at the Department of Physical Therapy and Rehabilitation, Marmara University. Our current research aims to determine the impact of a school-based physical activity promotion (PAP) intervention on physical activity indicators in secondary schools. With this objective, we have screened 1,800 students at four secondary schools to assess the level of physical activity and physical fitness. The second stage of the project will assess the impact of two school-based PAP interventions on physical activity indicators in a secondary school as a pilot study. The first PAP intervention will consist of education seminars for physical activity behaviors provided to all students and their parents in the corresponding schools. The second PAP intervention will additionally provide students, who are willing to participate, with individual guidance for behavior change for physical activity. Both interventions will be provided once a week by five trained physiotherapists throughout the academic year.

References

1. İ. Bülteni, Temmuz 2017.
2. S.G.B. T.C. Milli Eğitim Bakanlığı, Milli Eğitim İstatistikleri Örgün Eğitim 2016/2017 Yılı. <http://sgb.meb.gov.tr/www/icerik_goruntule.php?KNO=270>, (2017).
3. Fizyoterapist Sayısı ve Fizik Tedavi Bölümü Kontejanları, (2016).
4. T.K. Çolak, A. Apti, E.E. Dereli, A.R. Özdiñler, İ. Çolak, Scoliosis screening results of primary school students (11–15 years old group) in the west side of Istanbul, *Journal of physical therapy science* 27(9) (2015) 2797-2801.
5. K. Cilli, G. Tezeren, T. Taş, O. Bulut, H. Oztürk, Z. Oztemur, T. Unsaldi, School screening for scoliosis in Sivas, Turkey, *Acta Orthop Traumatol Turc* 43(5) (2009) 426-430.
6. A.A. Ugras, M. Yılmaz, I. Sungur, I. Kaya, Y. Koyuncu, M.E. Cetinus, Prevalence of scoliosis and cost-effectiveness of screening in schools in Turkey, *Journal of back and musculoskeletal rehabilitation* 23(1) (2010) 45-48.
7. H. Yılmaz, C. Zateri, A.K. Ozkan, G. Kayalar, H. Berk, Prevalence of adolescent idiopathic scoliosis in Turkey: an epidemiological study, *The Spine Journal* (2020).
8. F.C. Kayapinar, S. Mengutay, S. Uzun, The investigation effects of sample pilot study program on postur of preschool children, *Procedia-Social and Behavioral Sciences* 46 (2012) 2806-2810.
9. F.U. Top, D.K. Sener, Assessment of postural conditions of children at early adolescence period, *Medicine* 6(4) (2017) 710-6.
10. İ. Demirbükten, B. Özgül, E. Timurtaş, E. Şahin, M.D. Çekin, S.U. Yurdalan, M.G. Polat, Demographic characteristics related to body posture in early adolescence, *Journal of Exercise Therapy and Rehabilitation* 3(3) (2016) 84-89.
11. C. Dündar, H. Öz, Obesity-related factors in Turkish school children, *The scientific world journal* 2012 (2012).

12. G. Discigil, N. Tekin, A. Soylemez, Obesity in Turkish children and adolescents: prevalence and non-nutritional correlates in an urban sample, *Child: care, health and development* 35(2) (2009) 153-158.
13. M.E. Gökler, N. Buğrül, S. Metintaş, C. Kalyoncu, Adolescent obesity and associated cardiovascular risk factors of rural and urban life (Eskisehir, Turkey), *Central European journal of public health* 23(1) (2015).
14. V.D. Yumuk, Prevalence of obesity in Turkey, *Obesity reviews* 6(1) (2005) 9-10.
15. G.B. Irez, The relationship with balance, foot posture, and foot size in school of physical education and sports students, *Educational research and reviews* 9(16) (2014) 551.
16. M. Tokur, Ş.M. Demiröz2a, M. Sayan, N. Tokur, H. Arpağ, Chest wall deformities and coincidence of additional anomalies, screening results of the 25.000 Turkish children with the review of the literature, *Current Thoracic Surgery* (2016) 21.
17. İ. Demirbüken, B. Özgül, E. Timurtaş, S.U. Yurdalan, M.D. Çekin, M.G. Polat, Gender and age impact on plantar pressure distribution in early adolescence, *Acta orthopaedica et traumatologica turcica* 53(3) (2019) 215-220.
18. N. Comuk-Balci, B. Bayoglu, A. Tekindal, M. Kerem-Gunel, B. Anlar, Screening preschool children for fine motor skills: environmental influence, *Journal of physical therapy science* 28(3) (2016) 1026-1031.

School-based Physical Therapy in the United States

Susan Effgen, PT, PhD, FAPTA; Michele Wiley; Connie Johnson, PT, DScPT

The Education of All Handicapped Children Act was enacted in the United States in 1975. This landmark federal legislation provided that all children ages 6 to 21 years were entitled to a free appropriate public education that included “related services” such as physical therapy, occupational therapy, and speech-language pathology. In 1986, the law’s reauthorization included provision of early intervention and preschool services for infants and toddlers with disabilities from birth to age 3 to 5 years.

The law, now referred to as IDEA, notes, “Improving educational results for children with disabilities is an essential element of our national policy of ensuring equality of opportunity, full participation, independent living, and economic self-sufficiency for individuals with disabilities.”¹ All U.S. states must adhere to the provisions of the law which includes: a) *Zero Reject*. Even children with the most severe physical and mental disabilities are provided an education. b) *Least Restrictive Environment*. “To the maximum extent appropriate, children with disabilities . . . are educated with children who are not disabled”. c) *Right to Due Process*. Parents have the right and support to seek appropriate services for their child. d) *Parent Participation*. Parents are major decision makers in determining their child’s educational program and their participation is welcomed. e) *Nondiscriminatory Evaluation*. Appropriate assessment tools must be used. f) *Individualized Education Program (IEP)*. The IEP is the foundation of service delivery for children with disabilities in schools. The IEP team, consisting of parents, teachers, and other service providers, determine the child’s placement, services, goals, and objectives. This team determines if the child requires physical therapy services, and if so the frequency and duration of those services. g) *Related Services* including physical therapy, assist children in meeting their educational needs which may include developmental and functional goals. This is an area of inconsistency across the nation, some school systems provide relatively extensive physical therapy services, and others provide minimal services. Medical services are not provided as part of our special education law and students must go elsewhere for those services.

The actual implementation of school-based physical therapy services varies widely across the United States, especially between wealthy and poorer school systems and urban and rural areas. Some school systems do not have adequate resources to serve students and in other systems, the students receive all the services and equipment they require. Due to a shortage of pediatric physical therapists in rural areas, services are generally very limited; although telehealth might significantly change that in the future.

An integrated, collaborative service delivery approach, where the physical therapist works closely with teachers and other related service providers is considered best practice. This approach builds capacity for all education team members working with the student. However, most therapists prefer direct, hands on service delivery,² and spend the majority of their therapy time providing direct service, with no other students around, separate from a school activity.³ Embedding physical therapy services into the student's daily school routines is also considered best practice, however; another recent study reports fewer embedded activities than therapists consider ideal.⁴ Group physical therapy is also recommended, but is rarely used,³ possibly due to payment systems for school-based services, or the inexperience of therapists working with groups.

School-based physical therapists may be called to address other needs of the school community. These might include prevention and wellness efforts, developing gross motor curricula, and training of staff. There are no prescribed national productivity standards for school-based therapists and this too varies across the country with some therapists having a workload approach and others a caseload approach.

Recently, a large nation-wide study of school-based physical therapy practice examined physical therapy activities, interventions, and services provided to students with disabilities and student outcomes.⁵ Published findings from this study indicate most students achieve their annual goals, usually in the areas of posture/mobility and recreation/fitness.⁶ The most common therapeutic activities employed by physical therapists were in the areas of physical education/recreation, mobility, and sitting/standing transitions; the most common therapeutic interventions were neuromuscular, mobility, and musculoskeletal.³ More minutes of therapist consultation and collaboration with others lead to greater student achievement of posture and mobility goals.⁶ Students exit the public school system at graduation (age 18) or when they are 21 years of age. IDEA mandates planning for this transition begins when a student with a disability turns 16 years old.

Fitness and transition to work

Many physical therapists may not have older youth on their caseloads or be aware of needs that can come up as people age. It is very important for school therapists to understand the intricacies of transition, and understand the ergonomic aspects of jobs. School PTs are in a key position to advocate and support this vulnerable population. Fit4Work, which has been developed by Connie Johnson, PT, DScPT, an active member of the APTA: Pediatrics, and newly active with the IOPTP, might be an interesting intervention to support these children. Fit4Work is an approach that supports the health, wellness, and inclusion in meaningful work for youth with disabilities. In the US, the employment rates of adult with disabilities is extremely poor (March, 2020, 33% of people with disabilities employed v 76% without), youth lack fitness (worldwide only 19% of youth with disabilities meet physical activity levels) and that work is one of highest levels of social participation in ICF constructs. Fit4Work seeks to understand information from ergonomic, fitness and wellness to promote optimal quality of life for youth with disabilities. You can find more information [here](#).

Many school districts and therapists are undertaking efforts to improve employment rates for adults with disabilities by creating programs to address physical fitness as it pertains to employment and independent living skills before students leave school. The programs typically include visits to job sites and collaboration with education team members to enhance students' functional capabilities and performance.

References

1. Individuals with Disabilities Education Act, 20 U. S. C. 2004. Retrieved from <https://sites.ed.gov/idea/regs/b>
2. Effgen SK, Kaminker MK. Nationwide survey of school-based physical therapy practice. *Pediatr Phys Ther.* 2014;26(4):394-403.
3. Jeffries LM, McCoy SW, Effgen SK, Chiarello LA, Villasante Tezanos AG. Description of the services, activities, and interventions within school-based physical therapist practices across the United States. *Phys Ther.* 2019;99(1):98-108.
4. Clevenger V, Jeffries LM, Effgen SK, Chen S, Arnold SH. School-based physical therapy services: Predicting the gap between ideal and actual embedded services. *Pediatr Phys Ther.* 2020;32(2):98-105. doi: 10.1097/PEP.0000000000000683
5. Effgen SK, McCoy SW, Chiarello LA, Jeffries LM, Starnes C, Bush HM. Outcomes for students receiving school-based physical therapy as measured by the School Function Assessment. *Pediatr Phys Ther.* 2016;28(4):371-378. doi:10.1097/PEP.0000000000000279
6. Chiarello LA, Effgen SK, Jeffries LM, McCoy SW, Bush H. Student outcomes of school-based physical therapy as measured by goal attainment scaling. *Pediatr Phys Ther.* 2016;28(3):277-284.

Conclusion

This newsletter illustrates the great variety of school-based PT practices around the globe, as well as the momentum to advocate, develop, implement and assess new services to best support children in school. If you are interested in hearing more about the school-base committee work, please contact Kirstin Macdonald (Australia; kmacdona@bond.edu.au) or Chantal Camden (Canada; Chantal.camden@usherbrooke.ca).



School-based physical therapy practice during COVID-19 in Greece

Report of the Scientific Department of Paediatric Physiotherapy in Greece: Covid-19- Digital Practice

Physical therapy in Greek public special schools supports students according to the law of education for students with special education needs. With the temporary suspension of the schools due to the coronavirus pandemic, the physiotherapists of special schools were called to manage the challenge of digital physiotherapy. CEDEFOP - Greece: responses to the Covid-

The COVID-19 pandemic transformed school-based delivery models, including rapid expansion of telehealth. There was no information available relating school-based physical therapy during health crisis and nationwide lockdown. The involvement of school-based physical therapists in telehealth was challenging during pandemic. They used their digital skills to support their students, applying asynchronous and synchronous tools (webex, viber, phone calls, emails). While this was impressive and very innovative as it adapted to the change or ‘new normal’ that everyone in the world under the education system is facing today, many were the barriers for the students and their families, who were not having the best approach because of not having stable internet connections and lack accessibility of gadgets necessary to comply for online classes. Students’ participation in school-based virtual physical therapy service was also impacted by family factors and severity of students’ disability.

During COVID-19 in Greece, our members, physiotherapists, J.Prasinos, D.Palimeris and C. Moscholouri, decided to conduct a study of school-based physical therapy practice. The aim of this study was to explore physical therapy delivery practice in Greek public special schools during the COVID-19 pandemic. The questionnaire was designed to conduct research to investigate and record practices applied to provide more effective physiotherapy support to students with disabilities in future emergencies. The study was held with the support and participation of members of the Scientific Department of Paediatric Physiotherapy. An online survey was sent across to Greek school-based physical therapists through the Scientific Department of Paediatric Physiotherapy and Panhellenic Physiotherapy Association and various social media platforms. Participants should be registered to the Panhellenic Physiotherapy Association. The questionnaire was anonymous and consisted of questions and items covering the online physical therapy process.

Also, the recent pandemic raised new issues of hygiene and safety, regarding large parts of population, especially considering the more vulnerable groups of societies. Among these groups, special care is required for pupils with mental, physical and/or functional disabilities. The latter category of disabilities is usually caused to immigrant pupils, due to language barriers that hinder the proper teaching and learning process. Along with the new hazards, old ones haven’t disappeared, like the danger of traffic accidents.

Accordingly, physiotherapists Kentrou Euaggelia and Marmaras Ioannis participated in a study for Safety Courses for Pupils of Vocational Secondary Education with Disabilities in order to support all teachers with a new teaching project in digital teaching for pupils with disabilities. This paper presents two safety courses for pupils of secondary education with disabilities, the one regarding traffic education and the other issues of personal hygiene, that aim at achieving the equal and autonomous living of vulnerable groups of pupils who are subject to multiple discrimination. These two courses are described in sufficient details for being implemented by the interested educators of Special Vocational Education, after a pilot application in a vocational school of Secondary Special Education, at the city of Elefsis, Greece. This pilot application proved the validity of the described herein educational project, but its success should be enhanced by the dissemination of the results to the whole local

community. <http://www.conscientiabeam.com/journal/119/abstract/6163>

X. Foulidi, S. Chouvarda, E. Kentrou, Ioan. Marmaras, Ev. C. Papakitsos Safety Courses for Pupils of Vocational Secondary Education with Disabilities World Journal of Vocational Education and Training Technical Report, Ministry of Education and Religious Affairs, Greece

Foulidi, X., Chouvarda, S., & Kentrou, E. (2020).
Equal and autonomous living of secondary education students. Greece: Technical Report, Special Vocational Education Laboratory of Elefsis.



Pediatric Care and COVID-19: APTA Pediatrics Provides New COVID-19 Website and Resources



The Academy of Pediatric Physical Therapy of the American Physical Therapy Association (APTA Pediatrics) launched a COVID-19 website. The website has been developed by the APTA Pediatrics COVID-19 Workgroup in collaboration with the Director of Practice to provide documents and resources to the latest guidance related to Pediatric Physical Therapy and COVID-19 pandemic.

The website includes information and practice resources for clinicians, family & kids, faculty and physical therapy students. For more information and link to the website: <https://pediatricapta.org/COVID-19/>

APTA Pediatrics Guide to COVID-19

HOME > APTA PEDIATRICS GUIDE TO COVID-19

During the COVID-19 pandemic and beyond, our aim is "to share information and considerations about safety, advocacy and practice for pediatric physical therapists & the children/families we serve."

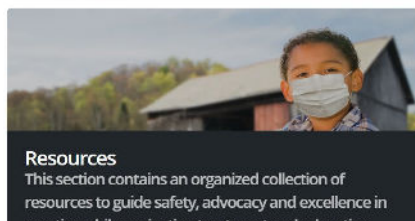
We are inspired by innovation, collaboration and client/family-centered care.



Kids & Families



Practice Considerations



Resources

This section contains an organized collection of resources to guide safety, advocacy and excellence in practice while navigating treatment and education during the COVID-19 crisis.

IOPTP Committee Spotlight: The Communications Committee



Cherie Zischke is the new co-chair of the Communications Committee.

Cherie is an experienced educator, lecturer and clinician currently working as a Lecturer in Physiotherapy at Charles Sturt University, Australia. Cherie is also an Adjunct Assistant Professor of Physiotherapy at Bond University working within the Doctor of Physiotherapy Program, and has experience in teaching and developing curriculum across paediatric and neurological physiotherapy areas. She has a particular interest in paediatrics, working with infants, children and adults with disabilities, innovation and technology. She is currently completing her PhD investigating whether utilising telehealth technologies can improve access to physiotherapy services for children and their families. Cherie has worked across multiple physiotherapy settings including acute hospital, private practice, community health and not-for profit charitable organisations.



Dr. Yasser Salem PT, PhD, MS, NCS, PCS, is a Professor of Physical Therapy. He is a Pediatric Certified Clinical Specialist and Neurology Certified Clinical Specialist. He teaches contents in the areas of neurology, pediatrics, motor control and clinical reasoning. He has over 30 peer-reviewed scientific publications and has authored scientific book and book chapters. He has over 300 peer-reviewed presentations at state, national, and international conferences. He is the first author on many of the published articles and presentations.

He has successfully received several grant funding. Dr. Salem has been serving as a journal co-editor, editorial board member, and associate editor for scientific journals. He has been elected and serves as a board of director in many professional organizations. He received several state and national awards.



Diana Coetzer PT, PhD is from South Africa. She has been a member of the Communications Committee for years but is excited to report “I obtained my PhD last year with my research area being in prematurity. I have been in this amazing profession for 14 years. I love working with children and feel that we have the BEST job in the world!”



World Physiotherapy Congress 2021 ONLINE

9-11 April 2021. There will be live and pre-recorded programme content available during the event. Programme content will be available to registered participants on-demand for three months after the live event.

There will be **more than 80 live sessions across six parallel channels over three days.** Information about focused symposia and seminars is available now.

Registration:

Early bird registration will open on 14 January 2021 and close on 11 February 2021. Standard registration will open on 12 February 2021 and will remain open during the online event.

<https://world.physio/news/dates-and-registration-fees-world-physiotherapy-congress-2021-online-announced>

Emma Stokes, World Physiotherapy president, said: “The online congress gives us an opportunity **to come together, share our experiences, and learn from each other.** World Physiotherapy is uniquely placed to deliver this event and bring the global physiotherapy profession **together as a community.** I’m excited about being part of this online event and making it as relevant and engaging as possible, and providing an opportunity for us all to share our professional knowledge and experience, gain insights, and build networks.”



The IOPTP FACEBOOK page is a great resource for upcoming events and information on the IOPTP and the WCPT. It is also a great resource for information on pediatric physical therapy with an international perspective on research, practice and advocacy.



MEDBRIDGE
Your Partner in Pediatric Care

Medical Issues School-Based Early Intervention Private Practice

**The IOPTP's partnership with MedBridge allows for on-line continuing education at a reduced annual rates for IOPTP members.
Use the promo code IOPTP to get started today!**

Get Involved in the IOPTP! Join this this dynamic organization

Check out our new IOPTP website at:
<https://www.ioptp.org/>

Our Mission
The purpose of the International Organisation of Physical Therapists in Paediatrics is to provide a means by which WCPT member organizations having a common interest in children and the families may meet, confer, and promote these interests.

Our Objectives

1. To foster cooperation between physical therapists practicing in paediatrics throughout the world
2. To encourage improved standards and consistency of practice in paediatrics care by physical therapists.
3. To advance practice by communication and exchange of information.
4. To encourage scientific research and promote opportunities for the spread of knowledge of new developments in the field of paediatrics.
5. To assist WCPT member organizations in the development of recognize sub-sections in paediatrics.

Who we are

On June 2, 2007, in Vancouver British Columbia, the World Confederation for Physical Therapy voted to grant the International Organisation of Physical Therapists in Paediatrics subgroup status.

OFFICERS
President - Sheree York ,PT,DPT,PCS (USA)
Vice President - Karen Hurtubise PT, PhD (Canada)
Secretary- Barbara Connolly PT, DPT,EdD (USA)
Treasurer- Anjo Janssen PT, PhD (Netherlands)
At -Large Member- Nikki Milne PT, PhD (Australia)



We are seeking submissions for the next newsletters.

March 2021 Telehealth Practices

September 2021 Physical Activity

Please send submissions to Erin Wentzell at ewentzell@gwu.edu