**TherAbilities**

**Pediatric Therapy Services**

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***FACT SHEET:***   
***The Difference between Clinical and School Therapy Services***

***What is the difference between therapy services in a school and a clinical practice such as TherAbilities?***

*The laws that govern the delivery of occupational and physical therapy services are different for schools and clinical settings.  In public schools, occupational and physical therapy are* ***related services****.  A related service is defined as a service that the educational team determines is required to enable a child to benefit from his or her special educational program or to allow the student to access his or her educational program. In clinical practices, occupational or physical therapy can be delivered to address a developmental issue, a health related concern, or a functional issue that impacts a child’s daily performance or abilities .  Clinical assessment and resultant therapeutic intervention may follow developmental, medical, and/or remedial clinical models,  because there is no legal mandate  requiring  that  therapy services be directly related to educational performance and access. For more information about the differences between the medical, early intervention, and educational models, please see the attached handout.*

***Shouldn’t a school district be required to provide occupational or physical therapy services if my child’s physician or psychiatrist recommends this?***

*Schools are governed by different laws than the health care system.  While school evaluation teams will often consider the evaluation reports of physicians, psychiatrists and other clinical professionals, these are only a small portion of the information that educational professionals must consider when evaluating the school performance needs of a student. Since physicians and/or psychiatrists do not typically evaluate a student in the educational setting—their recommendations are not directly associated with the student’s performance in specific aspects of the educational curriculum. Schools used the educational curriculum as the foundation for their decision-making for each student.*

*When evaluating a child’s school performance, the multidisciplinary evaluation team typically consists of a licensed school psychologist, a special and/or regular education teacher; a speech and language pathologist; and an occupational and/or physical therapist. The purpose of the school assessment is to determine first, if a student meets the requirements to be considered a student with an educational exceptionality. And if a student does meet these requirements, does the student require special education and/or related services in order to benefit or gain access to his/her educational program.*

***Are TherAbilities’ occupational or physical therapy evaluations the same as the evaluations in a school setting?***

*Therapists modify their assessment methods to the purposes and functions of the individuals and settings in which they are practicing.  As described above, therapists are in public school settings as related service providers.  So in this role, therapists are supporting the child’s ability to access the school building, to participate in the school activities, and to learn the school’s curriculum.  In a private practice, a therapist’s assessment purpose is different. We are typically evaluating a child’s developmental skills and performance related to a completely different context, which is most frequently, the child’s home and family life.  The skills a child uses to live, play, and relate to their family are different than what is required in a school setting.  So the evaluation focus is necessarily different.  When we evaluate a child in our private practice—we are typically using those frames of reference related to the child’s developmental expectations.  We are developing strategies and recommendations to help the child grow and develop as optimally as our services can support.  We are also helping the parents to learn the information and skills that will assist them in their relationship and interactions with their child.*

***Can information and recommendations from TherAbilities’ private evaluations be used to help inform the educational team at my child’s school?***

*Some of the findings and recommendations in our reports may have utility or value in other settings, such as schools.  But unless we are evaluating as part of an educational team, we are not making recommendations for the school—we are making recommendations for the parents and the child.  The parents have the right to share our reports with the school team.  This practice actually promotes better communication between the parents and the school.  Should parents wish to have TherAbilities staff participate in a school meeting about their child—this option can be considered in coordination with the school team.  Any communication between TherAbilities and the school team must be approved by the parents and requires a signed permission form prior to this process.*

***What is the difference between Occupational and Physical Therapy?***

*While occupational and physical therapists are both allied health professionals, each has distinctive education, clinical training, and state licensure boards that define their scopes of practice****.*** *While there is some overlap in the two professions —there are unique and distinctive roles that each discipline serves for children and their caregivers.  Physical therapists provide evaluation, education, and intervention in the areas of muscle tone, strength and endurance, ambulation, and wheelchair mobility. .Occupational therapists provide evaluation, education, and intervention which ensures that children will engage effectively in the primary occupations of childhood (fine motor and sensory play and exploration; self help skills; learning; and social skills). Both professions have training that is valuable for determining what accommodations, supports, and services will enable a child to participate successfully in their educational settings.*

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