

PROFILE OF TEXAS PHYSICAL THERAPISTS
EMPLOYED IN EDUCATIONAL ENVIRONMENTS

A THESIS

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We hereby recommend that the _____ thesis _____ prepared under
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CHAPTER I

INTRODUCTION

On November 29, 1975, the 94th Congress of the United States passed Public Law 94-142 (PL 94-142) as an extension of the Education of the Handicapped Act. The law (PL 94-142) was written to assure that all handicapped children have available to them "a free appropriate public education which emphasizes special education and related services designed to meet their unique needs." Physical therapy is included in this law as a related service to be provided handicapped children as a part of their public education.

For physical therapists working within an educational model rather than working within the traditional medical model, is a relatively new frontier. In the educational model, therapists are working with handicapped children to enhance their education. To achieve this goal, therapy is integrated into the educational program. Therapists are working not only with the child, but with the teachers, teacher aides, and other educators who are a part of each child's educational program. This broadens the role of physical therapists and changes the delivery of services.

In the state of Texas there are more than 1,000 independent school districts each providing related services for handicapped children. Each individual school district determines how it will provide related services including physical therapy. With each school district determining how it will provide physical therapy services there is no

composite picture of physical therapy in educational environments in Texas.

Statement of the Problem

What is the demographic and task profile of Texas physical therapists employed in educational environments?

Purpose of the Study

The purpose of this study was to profile Texas physical therapists working in educational environments.

Research Questions

For the purpose of this study, the following research questions were asked:

1. Does the physical therapist's educational background include preparation for employment within an educational environment?
2. What is the demographic profile of Texas physical therapists in an educational environment?
3. What are the administrative duties performed by Texas physical therapists employed in an educational environment?
4. What treatment/evaluation services are Texas physical therapists providing in educational environments?

Definition of Terms

For the purpose of this study, the following terms were defined:

Physical therapy is a health profession. It is the art and science of evaluation, program planning, and implementation of physical or corrective measures in the management of individuals with handicapping conditions resulting from birth, illness, or injury (Texas Physical Therapy Association, 1982, p. 34).

Physical therapist is a health professional licensed by the Texas Board of Physical Therapy Examiners to practice physical therapy.

Educational environment is a public school, school district, or local education agency providing educational services for handicapped children.

Profile is a composite picture of educational preparation, demographics, and tasks performed by Texas physical therapists employed in educational environments.

Educational preparation included the number of years the therapist had practiced physical therapy, the number of years therapy had been practiced in an educational environment, and the therapist's training to work with children in an educational environment.

Demographics included hours worked weekly, employment arrangement, and caseload of children provided services.

Direct treatment services were those services that involve direct intervention by a therapist. Included were individual evaluations, treatment, and program planning.

Consulting services were those services that involve indirect intervention by the therapist. Included were advising, assisting, and training teachers, teacher aides, and other school personnel or parents

in using appropriate positioning, activities, techniques, and adapted equipment in the educational environment.

Administrative duties were the tasks performed by the therapist which were necessary for the development, implementation, and maintenance of physical therapy services.

Treatment/Evaluation duties included screening, evaluation, therapeutic intervention, program planning, and consultation by the physical therapist.

Assumption

The assumption for this study was that the survey would be answered accurately.

Limitations

The limitations of this study were:

1. The survey was limited to the population of physical therapists who had asked to be included on a list of Physical Therapists in Educational Environments compiled by the Texas Physical Therapy Association.
2. The reliability of surveys as a method.
3. The reliability of the survey instrument.

Significance of the Study

There has been no composite picture of the role of physical therapists in educational environments in Texas. The data collected in this study would assist in planning for the continuing education and in-service education needs of therapists who already practice in educational

environments and in planning for the training needs of physical therapists who may choose to work in an educational environment in the future. The data collected would also provide a basis of information for incorporating physical therapy in an educational model into Texas physical therapy programs.

CHAPTER II

REVIEW OF THE LITERATURE

A limited number of articles have been written concerning physical therapists in educational environments. Most of the articles and books written deal with the Public Law 94-142 and its implementation in education. In this chapter Public Law 94-142 and the state plan for implementing the law are described. The guidelines for physical therapy in educational environments are detailed followed by a comparison of physical therapy services in a medical model with physical therapy in an educational model. The impact of the law on education and physical therapy is then discussed.

Public Law 94-142

The Education for All Handicapped Children Act of 1975, Public Law 94-142 (PL 94-142), was written as an extension of the Education of the Handicapped Act. Signed into law November 29, 1975, by President Ford, it is permanent legislation which does not require periodic reauthorization. It is based primarily on existing state and federal statutes and case law (Jones, 1981, p. 17). Included in the law is a funding formula that permits every state, congressional district, and school district to qualify for funds.

Ballard (1977) summarizes the purposes of PL 94-124. The law was written to: 1) guarantee the availability of special education programming to handicapped children and youth who require it, 2) assure fairness and appropriateness in decision making with regard to providing

special education to handicapped children and youth, 3) establish clear management and auditing requirements and procedures regarding special education at all levels of government, and 4) financially assist the efforts of state and local government through the use of federal funds.

The law states in Section 3.(3) that:

It is the purpose of this Act to assure that all handicapped children have available to them a free appropriate public education which emphasizes special education and related services designed to meet their unique needs, to assure that the rights of handicapped children and their parents or guardians are protected, to assist States and localities to provide for the education of all handicapped children, and to assess and assure the effectiveness of efforts to educate handicapped children. (Education of All Handicapped Children Act of 1975, p.47)

Handicapped children who are included under PL 94-142 include those who are mentally retarded, hearing impaired, deaf, speech impaired, visually handicapped, emotionally disturbed, orthopedically impaired, other health impaired, deaf-blind, multihandicapped, or as having specific learning disabilities (Department of Health, Education, and Welfare, 1977, p. 42478). The law applies to all handicapped children ages 3 to 21 inclusive.

Under PL 94-142, physical therapy is included as a related service for these children. In Section 7(17) the law defines related services as "transportation, and such developmental, corrective and other support services including speech pathology and audiology, psychological services, physical and occupational therapy, recreation, and medical counseling services . . . " (p.47). These are additional services that may be necessary to assist a handicapped child to benefit from special education.

If a state accepts federal money under PL 94-142, even if it is not fully funded, it must comply with the stipulations included in the Act. The critical stipulations of PL 94-142 for state and local education agencies included assurance of the availability of a free, appropriate public education for all handicapped children. Due process must be guaranteed. Assurance is to be given of regular parent or guardian consultation. Special education is to be provided in the least restrictive environment. Testing and evaluation are to be nondiscriminatory. Policies and procedures must be established to protect confidentiality of data and information. Assurance of a surrogate to act for any child whose parents or guardians are unknown, unavailable, or the child is a ward of the state (Ballard, 1977, p. 184). States are required under this law to submit a state plan that demonstrates it has adopted a policy that insures a free and appropriate public education to all handicapped children.

State Plan

Under PL 94-142 states must meet specific requirements to be eligible for federal assistance. The state must submit an application or a state plan that demonstrates it has adopted an effective policy to insure a free and appropriate public education to all handicapped children.

State plans must include a description of:

1. a system of personnel development and procedures for implementing,
2. procedural safeguards,
3. due process procedures,

4. provisions for record keeping and accountability for federal funds,
5. at least annual evaluation of program effectiveness,
6. establishment of a state planning and advisory panel,
7. supervision of all educational programs for handicapped children within the state (Hasazi et al., 1979, p. 21).

The plan must be approved by the Bureau of Education for the Handicapped (BEH) before the next years funding is sent to the state. BEH assesses state plans and audits compliance with these plans (Martin, 1979, p. 25).

In the Texas State Plan, Part B of the Education of the Handicapped Act, as Amended by PL 94-142, Fiscal Year 1981-83, Administrative Procedure 35.72.040 states that:

A student receives special education services only after a comprehensive multidisciplinary team, including the parent or guardian when possible, has reviewed the data from all three stages of the comprehensive assessment; has determined that the student has a physical/mental/emotional disability establishing eligibility to receive special education services; has determined whether or not the student has an educational deficit significantly low enough to merit special education instruction; has provided an individual educational plan, complete with statements of short-term objectives, long-range goals, instructional and Related Services to be delivered; and has provided for an educational placement in the least restrictive educational environment. (Texas Physical Therapy Association, 1982, p. 9)

Related services as defined by the Texas Education Agency are "developmental, corrective, supportive, or evaluative services not instructional in nature" (p. 41). The list of related services which may be provided includes 18 services with physical therapy included in the list.

The eligibility criteria for receiving a related service is determined by an Admission-Review-Dismissal Committee based on:

1. A written report or evaluation from a registered, certified, or licensed related service personnel. The report must identify the student's problems and degree of severity as it might affect the student's ability to benefit from instruction.
2. Evidence in the Individual Educational Plan (IEP) that all related services are integrated into the total IEP for the student.
3. A medical referral for a specific related service when one it required by the discipline and/or personnel to be providing the service (Texas Education Agency, 1979, p. 42).

Texas Physical Therapy Association Guidelines

In May 1978, the membership of the Texas Chapter of the American Physical Therapy Association (TPTA) adopted the document TPTA Guidelines for Delivery of Physical Therapy Services in Educational Settings. Within the introduction of this document it is acknowledged that: "The unique physical needs of physically handicapped and multihandicapped children may interfere with the total educational process. The physical therapist . . . can assist in the management of these unique problems that interfere with optimal learning" (Texas Physical Therapy Association, 1982, p. 34). The guidelines include definitions for physical therapy, physical therapist, physical therapy assistant, and physical therapy aide. Physical therapy services are described including indirect and direct services. The qualifications and requirements for the practice of physical therapy in the state of Texas are detailed. Suggestions are given for determining physical therapy priorities. Administrative considerations and concerns are identified and discussed as they relate to

incorporating physical therapy services into school systems (Texas Physical Therapy Association, 1982), pp. 34-41).

Medical Model Versus Educational Model

Physical therapists through their educational training are accustomed to working within the medical model. In this model physicians are readily available, medical history of patients is available, and the approach to care is health oriented. In the educational model, therapy is integrated into a child's educational program (Kalish, 1980). Therapists have to adapt therapy into classroom activities so that goals and gains of therapy are reinforced. Therapy also has to be adapted to reinforce educational goals. Therapists have had to expand and change both the kind of services offered and the methods of delivery.

In the medical model, therapy is delivered in accordance with a doctor's prescription which often includes the therapeutic interventions to be used, the frequency treatment is to be given, and the duration of treatment. This is often very different in the educational model where a team of educators determine a need. The level of intensity of service are subject to the approval of educators and the parents or guardians as a committee (Shipper, 1980). Physical therapists in the public schools must provide services not only in accordance with the state's physical therapy practice act, but must also be in accordance with PL 94-142, the state's plan for implementing PL 94-142, and the local school district's policies and procedures.

Therapists are accustomed in the medical model to be working closely with doctors, nurses, and with the patient's family. In the school environment, therapists must learn to work closely with teachers, instructional aides, speech therapists, occupational therapists, and at times adaptive physical educators to reinforce target behaviors. The classroom teacher is responsible for the total management of the child daily (Connelly, 1978). Therapists are called on to assist teachers with positioning children in classrooms, with simple activities and techniques for teachers to use to promote children's independence in activities.

Services provided by therapists in the medical model are usually direct, individual services. In the educational model, the child's needs may require direct, hands-on treatment from the therapist, a combination of direct services along with consultation with the teacher, while with other children consultation alone is required (Noie, 1983).

Impact of the Law

Martin (1981) reports that PL 94-142 has brought about increased cooperation between parents, state and local education agencies, and other agencies that serve children who are handicapped. It has also led to the development of a greater knowledge about the education of handicapped children. New priorities have been set for using funds and other resources as a result of the law. Through PL 94-142 special education has become a part of the total curriculum in education. Hasazi, Rice, and York (1979) report that related service specialists

which includes physical therapists, are now an integral part of the educational team. Related services are involved in working with teachers and aides in the classroom so intervention procedures can be incorporated into daily classroom activities.

In 1980, Levangie reported the results of a study of physical therapists in Massachusetts. The purpose of the study was to define the role of physical therapists and the educational needs of therapists in preparing for public school service. At the conclusion of the study, the results indicated that there was little agreement on a role definition. The group of therapists surveyed who were active in implementing therapy in the Massachusetts schools "showed so little consistency within the group that the ranking of skills approached randomness" (p. 776). It was also concluded in this study that "it remains largely in the hands of the individual to prepare for and establish services in the public schools that are both efficient and effective" (p. 779).

After reviewing the literature available on physical therapy in an educational environment, there are articles describing what physical therapy in this setting should be. There is not, however, literature indicating a composite picture of physical therapy in an educational environment based on what therapists who work in that setting are actually doing.

CHAPTER III

METHODOLOGY

An investigator-made questionnaire was developed to survey Texas physical therapists who work in educational environments. In this chapter the population and sample surveyed is identified. The development of the research tool is discussed. The collection of data and the treatment of the data are detailed.

Population and Sample

The population for this study included all of the 95 physical therapists who had submitted their names to be included on a list of Physical Therapists in Educational Environments compiled by the Texas Physical Therapy Association in 1981. Addresses were updated using the 1982-83 Texas Physical Therapy Association Membership Directory.

Protection of Human Subjects

This research was exempt from the Human Subjects Review Committee because it was survey research. All data collected were compiled and analyzed as a group.

Instrument

An investigator-made questionnaire, Survey of Texas Physical Therapists Employed in Educational Environments (Appendix A), was developed to encompass the educational preparation, demographics, administrative duties, and treatment/evaluation duties of physical therapists

in educational environments. Items included were written as open-ended statements with multiple choice responses to complete the statements and statements requiring yes or no response.

In developing the questionnaire, four major groupings were used:

1) educational preparation, 2) demographic information, 3) administrative duties, and 4) treatment/evaluation duties. Statements 1, 2, 3, and 4 were related to educational preparation and included the number of years the therapist had practiced physical therapy, years worked in an educational environment, and where or how preparation was obtained. Demographic information was requested in Statements 5-13 including hours worked each week, how employed, and who supervised therapists within the educational environment. Also included were statements requesting information regarding the average caseloads of children provided direct or consult services, the number of children served with each of the handicapping conditions coded by the Texas Education Association, and work areas provided in the educational environment. To determine administrative duties and treatment/evaluation duties, in Statements 14 and 15 lists of duties were provided under each category with space provided to add duties that were not included in the lists.

A cover letter (Appendix B) was developed to explain the purpose of the survey and to provide directions for the therapist. Therapists were advised that participation was voluntary and data would be compiled and analyzed as a group. They also were informed that surveys were coded for follow-up purposes.

Pilot Study

The survey was sent to six Licensed Physical Therapists to be reviewed to determine content validity. Five of the six were returned with suggestions and feedback on the directions and items included in the survey. After compiling the results of the pilot study, four of the five reviewers suggested that Statement 12 was difficult to understand. This statement was revised to increase its clarity. The revised Survey of Texas Physical Therapists Employed in Educational Environments was used for this study (Appendix C).

Data Collection

A coded questionnaire was mailed to each of the physical therapists with a cover letter (see Appendix B) and pre-addressed stamped envelope. Participants were asked to respond to 15 statements and return the survey within two weeks. Two weeks after the initial mailing, each of the therapists who had not returned the questionnaire was sent a new cover letter, a copy of the questionnaire, and a pre-addressed stamped envelope. Each was asked to complete the survey and return it within one week. Any surveys received after that date were excluded from the study.

Treatment of Data

Data were manually tabulated. Frequency and percentage distributions were determined for responses to each item on the survey. Appropriate tables were used to present the educational preparation, demogra-

phics, administrative duties, and treatment/evaluation duties of physical therapists in educational environments.

CHAPTER IV

FINDINGS

Data were collected using the Survey of Texas Physical Therapists in Educational Environments (Appendix C) according to the described procedure. The results of the survey distribution are presented followed by the results of the survey. Data for each of the statements on the survey are then presented and analyzed.

Survey Distribution and Return

The Survey of Texas Physical Therapists Employed in Educational Environments (Appendix C) was sent to the entire population which included 95 physical therapists. After the first mailing of 95 surveys, 54 were returned. Following the second mailing to the 41 therapists who had not returned the survey, 18 were returned. Of the 72 surveys that were returned, 20 were returned marked no forwarding address, 2 were returned blank, and 50 were returned completed. Table 1 summarizes the frequency of return of the population.

Educational Background

On the survey, Part I, Statements 1-4 were related to the educational preparation and background of physical therapists to work in educational environments. In Statement 1 therapists were asked to indicate the number of years they had practiced physical therapy. Forty-six indicated they had five years or more experience as a therapist. In response to Statement 2, 48 therapists indicated they had practiced

Table 1
Frequency of Survey Return

Returned Surveys	Frequency Return	Frequency Percentages
No Forwarding Address	20	21.0
Returned Blank	2	2.1
Returned Completed	50	51.6
Not Returned	<u>23</u>	<u>24.2</u>
Total	95	100

physical therapy in an educational environment. The two therapists who had not worked in an educational environment completed the survey with Statement 2. Of the 48 therapists who had practiced in an educational environment, the majority indicated in Statement 3 that they had practiced in that environment for five years or more. (Table 2)

Statement 4 requested the therapists to indicate where they obtained their knowledge and skills to work with children in an educational environment. The statement asked for one response, but most of the 48 therapists indicated two of the educational training sources listed for a total of 76 responses (see Table 3). The responses listed as other included "experience working with children," "common sense," and in-service.

Table 2

Years of Practice of Physical Therapy
and Physical Therapy in an Educational Environment

Years of Practice	Physical Therapy		Physical Therapy in Educational Environment	
	Frequency	Frequency Percentage	Frequency	Frequency Percentage
Less than 1 year	0	0	1	2.1
1 to less than 2 years	0	0	4	8.3
2 to less than 3 years	0	0	5	10.4
3 to less than 5 years	4	8.0	13	27.1
5 years or more	46	92.0	25	52.1
Total	50	100.0	48	100.0

Demographic Profile

In Part II, Statements 5-13 requested demographic information. Of the 48 therapists who practice physical therapy in an educational environment, several did not respond to all of the statements. In response to Statement 5, the hours worked in an educational environment each week, 53.2% worked 35 to 40 hours each week and 19.1% worked 15 to 24 hours per week (see Table 4).

In Statement 6 therapists were asked to indicate their employment arrangement. Of the 48 therapists who responded, 29% were employed directly by the local school district, 25% were contracted consultants,

Table 3
Educational Sources for Training

Educational Sources	Frequency of Responses	Percentage of Responses
On the job training	34	44.8
Continuing Education	26	34.2
Physical Therapy School	11	14.5
Other	3	3.9
Graduate School	2	2.6
Total	76	100.0

N = 48

Table 4
Hours Worked Each Week in an
Educational Environment

Hours Worked Each Week	Frequency of Responses	Percentage of Responses
Less than 10 hours	7	14.9
10 to 14 hours	4	8.5
15 to 24 hours	9	19.1
25 to 34 hours	2	4.3
35 to 40 hours	25	53.2

N = 47

and 25% were contracted through other agencies. Data are displayed in rank order in Table 5.

Table 5

Employment Arrangement of Physical
Therapists in Educational Environments

Employment Arrangement	Frequency of Responses	Percentage of Responses
Directly by local school district	14	29.2
Contracted consultant	12	25.0
Through another agency	12	25.0
Cooperative with several school districts	6	12.5
Through an Educational Service Center	4	8.3
Total	48	100.0

Statement 7 asked therapists if they worked in an educational environment where they were the only physical therapist. If more than one therapist was employed, respondents were asked to indicate the number employed. Nineteen (40.4%) indicated they were the only therapist employed by their school or district while 28 (59.6%) indicated other therapists were also employed. The number of therapists employed ranged from two to 35 per employment setting. The therapists who indicated 30 and 35 therapists employed also indicated that these numbers were employed for multiple school districts. These two were not

included in determining the mean number of therapists employed in districts with more than one therapist (see Table 6).

Table 6
Number of Therapists Employed in
School Districts with Multiple Therapists

Number of Therapists	Frequency of Responses
2	9
3	5
4	2
5	4
6	1
8	1
Total	22

Mode = 2

Mean = 3.4

When asked in Statement 8 to indicate who supervises physical therapists in their employment environment, 48.9% of the 45 therapists who responded were supervised by a Special Education Supervisor. The seven therapists who specified other listed supervision by an educator, by directors, by "the contractor," and by "self." See Table 7.

Statements 9, 10, and 11 requested responses indicating the therapist's average caseload of children provided direct treatment services each week (Statement 9), weekly consulting services (Statement 10),

Table 7

Supervision of Physical Therapists
in Educational Environments

Supervisor	Frequency of Response	Percentage of Response
Special Education Administrator	22	48.9
Special Education Supervisor	10	22.2
Physical Therapist	6	13.3
Occupational Therapist	0	0
Other	7	15.6
Total	45	100.0

and monthly or less frequent consulting services (Statement 11). Direct treatment services were provided to 15 or less students by 32.6% of the therapists. Weekly consulting services were provided to 15 or less students by 75% of the therapists while 81.8% served 15 or less students with monthly or less frequent consult (see Table 8).

In Statement 12, therapists were asked to indicate the approximate number of children included in their weekly caseload identified by each of the handicapping conditions used by the Texas Education Association. Forty-five therapists responded to this statement while two therapists did not respond and one therapist wrote in new categories, making her responses invalid. The frequency of responses to this statement are detailed in Table 9. Data indicate that most of the 45 therapists are

Table 8

Average Caseloads of Children Provided
Physical Therapy Services

Number of Children	Direct Treatment Each Week		Weekly Consulting		Monthly or Less Frequent Consult	
	Frequency of Response	Percentage of Response	Frequency of Response	Percentage of Response	Frequency of Response	Percentage of Response
15 or less	14	32.6	33	75.0	36	81.8
16 to 25	12	27.9	7	15.9	4	9.1
26 to 35	7	16.3	0	0	0	0
36 to 45	5	11.6	1	2.3	0	0
46 or more	5	11.6	3	6.8	4	9.1
Total	43	100.0	44	100.0	44	100.0

not working with emotionally disturbed children or autistic children with 75.5% responding zero to each of these categories. Auditorially impaired children are not being served by 71.1%. Of the children receiving physical therapy services, the most frequent number served was one to five children for each category with the exception of orthopedically handicapped category in which the most frequent response was more than 15 children.

The work areas used for physical therapy in an educational environment were requested in Statement 13. The most frequent response was in the classroom with 82.2% of the therapists indicating this was one of their work areas. Other was specified by 55.5% of the therapists. The most frequent response listed as other was the child's home which was listed by five therapists. Other responses included the library, stage, teacher's workroom, teacher's lounge, nurse's office, bookroom, closet, and playground. Table 10 expresses in rank order the frequency of responses and the percentage of the 45 therapists who listed each work area.

Administrative Duties

In Part III, Statement 14 requested therapists to indicate their administrative duties in the schools. Forty-six therapists responded. The most frequently listed administrative duty was consultation with teachers and supervisors, followed by documentation and parent conferences. The data collected through Statement 14 is presented in rank order in Table 11 with frequency percentages for each duty listed. Included in the other duties specified were lead therapist working as a

Table 9

Physical Therapist's Weekly Caseload of Children

Handicapping Condition	Approximate Number of Children				
	0	1-5	6-10	11-15	15+
Orthopedically Handicapped	12 ^a (26.7) ^b	9 (20.0)	6 (13.3)	6 (13.3)	12 (26.7)
Other Health Impaired	19 (42.2)	17 (37.8)	9 (20.0)	0 (0)	0 (0)
Auditorially Impaired	32 (71.1)	11 (24.4)	2 (4.4)	0 (0)	0 (0)
Visually Impaired	22 (48.9)	20 (44.4)	1 (2.2)	1 (2.2)	1 (2.2)
Deaf-Blind	29 (64.4)	16 (35.5)	0 (0)	0 (0)	0 (0)
Mentally Retarded	16 (35.5)	11 (24.4)	10 (22.2)	2 (4.4)	6 (13.3)
Emotionally Disturbed	34 (75.5)	10 (22.2)	0 (0)	1 (2.2)	0 (0)
Learning Disabled	24 (53.3)	13 (28.9)	6 (13.3)	1 (2.2)	1 (2.2)
Autistic	34 (75.5)	9 (20.0)	2 (4.4)	0 (0)	0 (0)
Multiply Handicapped	6 (13.3)	11 (24.4)	9 (20.0)	11 (24.4)	8 (17.8)

^a Frequency of Response

N = 45

^b Frequency Percentage

Table 10

Work Areas for Physical Therapy
in Educational Environments

Work Area	Frequency of Response	Frequency Percentage
In the classroom	37	82.2
Gymnasium	32	71.1
Shared therapy room	27	60.0
Other	25	55.5
Private therapy room	21	46.7
Hallway	20	44.4
Cafeteria	19	42.2
Auditorium	16	35.5

N = 45

liason between Special Education and therapists, plan and coordinate clinics, coordinate programs with outside agencies, and organize field days.

Treatment/Evaluation Duties

The treatment/evaluation duties listed by all of the therapists who responded to Statement 15 were adapting equipment, general evaluation, gait training, gross motor activities, neurodevelopmental treatment, and positioning of children in classrooms. Of the 44 therapists who completed this statement, 43 included muscle strengthening, 42

Table 11

Administrative Duties Performed by
Physical Therapists in Educational Environments

Administrative Duties	Frequency of Response	Frequency Percentage
Consultation with teachers, supervisors, etc.	44	95.6
Documentation: written evaluations, progress reports, written therapy programs	43	93.5
Parent conferences	43	93.5
Attending Admission, Review, and Dismissal committee meetings	40	87.0
Equipment ordering	38	82.6
Providing in-service education	37	80.4
Review medical records	36	78.3
Attending Individual Educational Plan committee meetings	33	71.7
Equipment inventory	30	65.2
Staff meetings	30	65.2
Devising and writing forms	27	58.7
Supervising physical therapy programs	21	45.6
Devising and writing procedures	20	45.6
Devising and writing policies	18	39.1
Campus and building planning	17	37.0
Clinical education of physical therapy students	17	37.0
Recruiting staff	17	37.0
Supervising physical therapy personnel	15	32.6
Peer review	14	30.4
Planning budget	12	26.1
Quality assurance	12	26.1
Screening or interviewing applicants for jobs	12	26.1
Other	12	26.1

recommend adaptive equipment, and 40 perform range of motion. The treatment duties indicated by the least number of therapists were the modalities: whirlpool, massage, ultrasound, and diathermy. Table 12 presents in rank order the data collected.

Table 12
Treatment/Evaluation Duties Performed
by Physical Therapists in Educational Environment

Treatment/Evaluation Duties	Frequency of Response	Percentage Frequency
Adapting equipment	44	100.0
General evaluation	44	100.0
Gait training	44	100.0
Gross motor activities	44	100.0
Neurodevelopmental treatment	44	100.0
Positioning of children in classrooms	44	100.0
Muscle strengthening	43	97.7
Recommend adaptive equipment	42	95.4
Range of motion	40	90.9
Activities of daily living	39	88.6
Home programming	39	88.6
Muscle testing	36	81.8
Transfer training	36	81.8
Equipment maintenance	34	77.3
Stretching exercises	34	77.3
Fine motor activities	32	72.7
Infant stimulation	32	72.7
Perceptual motor training	32	72.7
Bracing	31	70.4
Repair of wheelchairs	28	63.6
Progressive resistive exercise	27	61.4
Proprioceptive neuromuscular facilitation	27	61.4
Screening of children in classroom	26	59.1
Sensory motor integration	26	59.1
Scoliosis screening	24	54.5
Behavior modification	23	52.3
Adaptive physical education	22	50.0
Feeding therapy	21	47.7
Visual motor training	18	40.9
Postural drainage	15	34.1
Splinting	15	34.1
Other	12	27.3
Mobility training for visually impaired	7	15.9
Massage	5	11.4
Whirlpool	5	11.4
Ultrasound	4	9.1
Diathermy	1	2.3

N = 44

CHAPTER V

SUMMARY, CONCLUSIONS, DISCUSSION, AND RECOMMENDATIONS

Summary

With the implementation of Public Law 94-142 physical therapists became an integral part of the educational team working with handicapped children. There has been no composite picture of physical therapists who work in educational environments. The purpose of this study was to profile Texas physical therapists working in educational environments.

Four research questions were formulated for this study;

1. Does the physical therapist's educational background include preparation for employment within an educational environment?
2. What is the demographic profile of Texas physical therapists in an educational environment?
3. What are the administrative duties performed by Texas physical therapists employed in an educational environment?
4. What treatment services are Texas physical therapists providing in educational environments?

An investigator-made questionnaire was developed to survey Texas physical therapists who work in educational environments. The survey was reviewed by five physical therapists in the pilot study. The survey was then revised and mailed with a cover letter to the 95 physical therapists included on a list of Physical Therapists in Educational Environments compiled by the Texas Physical Therapy Association. After

two weeks, a second cover letter and copy of the survey was sent to all the population that had not yet returned the first coded copy. Data were compiled and tabulated manually. Frequency and percentage distributions were determined for the responses to each item on the survey.

The Survey of Texas Physical Therapists in Educational Environments was completed by 50 physical therapists. Forty-eight of the therapists had worked in educational environments. The educational preparation of 46 of these therapists to work in that environment included five years or more experience as a therapist. Twenty-five therapists had worked in an educational environment for five years or more. The majority of the therapists indicated that their training to work with children in an educational setting was primarily on the job training and through continuing education.

Of the therapists who completed the demographic statements on the survey, 53.2% worked 35 to 40 hours each week in an educational environment. The employment arrangement of the therapists was varied with 29.2% employed directly by the school district, 25.0% were contracted consultants, and 25.0% were contracted through another agency. Twenty-eight of 48 therapists worked in districts that employed more than one therapist. The mean number of therapists was 3.4. Supervision for 48.9% of the therapists was a Special Education Administrator. Direct treatment services were provided to 15 or less students by 32.6% of the therapists while 16 to 25 students were served each week by 27.9%. Fifteen or less students were provided weekly consulting services by 75.0% of the therapists and 15 or less were provided monthly or less

frequent consult by 81.8%. When therapists listed the number of children included in their weekly caseload by handicapping conditions, data indicated that 70 to 75% of the therapists were not serving emotionally disturbed children, autistic children, or auditorially impaired children. Most therapists indicated serving one to five children included in the other handicapping conditions. The work areas therapists listed most frequently were in the classroom and the gymnasium.

More than 80% of the therapists listed administrative duties including consultation with teachers and supervisors, documentation, parent conferences, attending Admission, Review, and Dismissal committee meetings, equipment ordering, and providing in-service education. The treatment/evaluation duties listed by all the therapists were adapting equipment, general evaluation, gait training, gross motor activities, neurodevelopmental treatment, and positioning children in classrooms. Less than 12% of the therapists included any of the modalities as a treatment duty.

Conclusions

The conclusions of this study are as follows:

1. The educational preparation of therapists to work in educational environments included five years or more experience as a therapist. Training to work with children in an educational setting was obtained through on the job training and through continuing education.
2. The demographic information obtained from therapists was varied indicating there was no consistent demographic profile of Texas physical

therapists in educational environments.

3. The administrative duties of Texas physical therapists employed in educational environments included consultation with teachers and supervisors, documentation, parent conferences, attending Admission, Review, and Dismissal committee meetings, ordering equipment, and providing in-service education for 80% of the population.
4. The treatment/evaluation services provided by Texas physical therapists in educational environments included adapting equipment, general evaluation, gait training, gross motor activities, neuro-developmental treatment, and positioning of children in classrooms. Most therapists are not using modalities in treatment in educational environments.

Discussion

In developing the questionnaire, Survey of Texas Physical Therapists Employed in Educational Environments, open-ended statements were used to increase the ease in completing the survey. It was developed to obtain basic information from therapists.

The population surveyed represents a small number of the therapists in Texas employed by more than 1,000 independent school districts. The list of therapists used for this survey was compiled by the Texas Physical Therapy Association in 1981 and had not been updated since that time. Therapists who had practiced physical therapy for less than 2 years would not be included on a list compiled in 1981. The addresses on the list were updated using the 1982-83 Texas Physical Therapy

Association Membership Directory. Not all of the therapists on the list were in this directory and addresses could not be updated.

The survey indicated that therapists working in an educational environment had 5 years or more experience as a therapist. This result was obtained in part since the population did not include therapists who had worked 2 years or less.

The statements on the survey requesting demographic information were not all completed by each therapist. Several indicated they were currently working in a supervisory role and no longer worked with individual children. The results of the demographic statements were varied with no consistent pattern of responses. For Statements 9, 10, and 11 regarding the number of children provided direct and consulting services, the "less than 15" response did not allow therapists to specify if they served zero. Statement 12 which was revised following the pilot study was listed as confusing by one therapist who proceeded to change the number of children to the age groupings of children used by Texas Education Association. An average caseload of children served could not be determined based on the statements provided on the survey.

The administrative duties listed by most of the therapists included some duties unique to an educational environment. One duty unique to this setting was consultation with teachers and supervisors. Other unique duties included were attending and participating in Admission, Review, and Dismissal committee meetings and Individual Educational Plan meetings. Active participation of therapists in these meetings necessitates some knowledge of PL 94-142. The survey did not

request therapists to indicate their experience with or knowledge of the legal aspects of therapy in an educational environment.

The responses to treatment/evaluation duties provided a list of duties that all of the therapists who responded were performing. From this list, the positioning of children in classrooms was unique to the school setting. To perform this duty, the therapist combines knowledge of therapeutic positioning with the educational needs of the child. The small percentage of therapists who included modalities in the list of duties might indicate inappropriateness of this treatment in an educational setting.

The educational model for providing physical therapy has not traditionally been included in the educational training of therapists. In physical therapy school therapists were trained to work in the medical model. For therapists to work efficiently in an educational environment, they cannot continue to practice as if it was a medical model. This area needs to be addressed in physical therapy schools for students and through continuing education for therapists already practicing.

PL 94-142 is the law which requires schools to provide physical therapy as a related service for handicapped children. It includes policies and procedures for implementation of these services. The law is the source of some of the unique administrative duties therapists are required to perform in educational settings. Therapists who work in educational environments or who may work in this environment in the future need to be knowledgeable of the law. This law has been the subject of continuing education courses and seminars in graduate school.

It needs to also be addressed as a part of physical therapy training.

Recommendations

Based on the findings of the study, the following recommendations are made:

1. The Survey of Texas Physical Therapists Employed in Educational Environments be revised. Recommendations for revision are:
 - a. Part I, Educational Background
 1. request specific number of years of practice and years in an educational environment
 2. include in this area knowledge of the law
 - b. Part II, Demographic Information, request specific number of children included in the therapist's caseload
 - c. Survey should be computer compatible
2. A repeat pilot study following revision.
3. Survey should be administered to a larger sample of the population of therapists employed in educational environments.
4. Results of this study be used to provide a basis for incorporating physical therapy in an educational environment into physical therapy education.

APPENDICES

Survey of Texas Physical Therapists
Employed in Educational Environments
The purpose of this study is to determine the
perceptions of physical therapists employed in
educational environments regarding the appropriateness of
various physical therapy interventions for students
with disabilities.

II. PURPOSE AND SCOPE

The purpose of this study is to determine the
perceptions of physical therapists employed in
educational environments regarding the appropriateness of
various physical therapy interventions for students
with disabilities.

APPENDIX A

SURVEY OF TEXAS PHYSICAL THERAPISTS EMPLOYED IN EDUCATIONAL ENVIRONMENTS

The purpose of this study is to determine the
perceptions of physical therapists employed in
educational environments regarding the appropriateness of
various physical therapy interventions for students
with disabilities.

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perceptions of physical therapists employed in
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perceptions of physical therapists employed in
educational environments regarding the appropriateness of
various physical therapy interventions for students
with disabilities.

SURVEY OF TEXAS PHYSICAL THERAPISTS
EMPLOYED IN EDUCATIONAL ENVIRONMENTS

DIRECTIONS: Please place a check (✓) mark in the blank provided next to the most appropriate or accurate response to each of the following statements.

PART I. EDUCATIONAL PREPARATION

1. I have been practicing physical therapy for:

- _____ a. less than 1 year
- _____ b. 1 to less than 2 years
- _____ c. 2 to less than 3 years
- _____ d. 3 to less than 5 years
- _____ e. 5 years or more

2. I have practiced physical therapy in an educational environment in Texas.

- _____ a. Yes
- _____ b. No

If your response to statement 2 is Yes, please continue responding to statements 3-15. If your response to statement 2 is No, you have completed the survey. Please turn to page for final directions.

3. I have practiced physical therapy in an educational environment for:

- _____ a. less than 1 year
- _____ b. 1 to less than 2 years
- _____ c. 2 to less than 3 years
- _____ d. 3 to less than 5 years
- _____ e. 5 years or more

4. My preparation as a physical therapist to work with children in an educational environment was primarily:

- _____ a. physical therapy school
- _____ b. graduate school
- _____ c. on the job training
- _____ d. continuing education
- _____ e. other, please specify: _____

PART II. DEMOGRAPHIC INFORMATION

5. I am practicing or have practiced physical therapy in an educational environment:
- ☐ a. 35 to 40 hours per week
 - ☐ b. 25 to 34 hours per week
 - ☐ c. 15 to 24 hours per week
 - ☐ d. 10 to 14 hours per week
 - ☐ e. less than 10 hours per week
6. I am employed:
- ☐ a. directly by the local school district
 - ☐ b. through an Educational Service center
 - ☐ c. as a contracted consultant
 - ☐ d. through contracted arrangements with another agency (rehabilitation center, hospital, etc.)
 - ☐ e. through a contracted cooperative arrangement with several school districts
7. I work in an educational environment where I am the only physical therapist.
- ☐ a. Yes
 - ☐ b. No
- If no, how many physical therapists are employed by your schools or school district? _____ (Number)
8. In my employment environment physical therapists are supervised by:
- ☐ a. Special Education Administrator
 - ☐ b. Special Education Supervisor
 - ☐ c. Physical Therapist
 - ☐ d. Occupational Therapist
 - ☐ e. Other, please specify: _____
9. My average caseload of children provided direct treatment services each week numbers:
- ☐ a. 15 or less
 - ☐ b. 16 to 25
 - ☐ c. 26 to 35
 - ☐ d. 36 to 45
 - ☐ e. 46 or more

10. My average caseload of children provided weekly consulting services numbers:

- _____ a. 15 or less
 _____ b. 16 to 25
 _____ c. 26 to 35
 _____ d. 36 to 45
 _____ e. 46 or more

11. My average caseload of children provided monthly or less frequent consulting services numbers:

- _____ a. 15 or less
 _____ b. 16 to 25
 _____ c. 26 to 35
 _____ d. 36 to 45
 _____ e. 46 or more

12. Based on the Texas Education Association (TEA) eligibility codes of handicapping conditions, indicated by code the number of children included in my weekly caseload are:

Approximate number of children	0	1-5	6-10	11-15	15+
a. Orthopedically Handicapped					
b. Other Health Impaired					
c. Auditorially Impaired					
d. Visually Handicapped					
e. Deaf-Blind					
f. Mentally Retarded					
g. Emotionally Disturbed					
h. Learning Disabled					
i. Autistic					
j. Multiply Handicapped					

Please check all appropriate responses for statements 13, 14, and 15.

13. My work areas in an educational environment for physical therapy include:

- _____ a. in the classroom
 _____ b. private therapy room
 _____ c. shared therapy room
 _____ d. gymnasium
 _____ e. auditorium
 _____ f. cafeteria
 _____ g. hallway
 _____ h. other, please specify: _____

PART III. ADMINISTRATIVE DUTIES

14. My administrative duties in the schools include:

- _____ a. attending Admission, Review, and Dismissal committee meetings
- _____ b. attending Individual Educational Plan committee meetings
- _____ c. campus and building planning: advising for architectural adaptations
- _____ d. clinical education of physical therapy students
- _____ e. consultation with teachers, supervisors, etc.
- _____ f. devise and write policies
- _____ g. devise and write procedures
- _____ h. devise and write forms
- _____ i. documentation: written evaluations, progress reports, written therapy programs
- _____ j. equipment inventory
- _____ k. equipment ordering
- _____ l. parent conferences
- _____ m. peer review
- _____ n. plan budget
- _____ o. provide in-service education
- _____ p. quality assurance
- _____ q. recruit staff
- _____ r. review medical records
- _____ s. screen or interview applicants for jobs
- _____ t. staff meetings
- _____ u. supervise physical therapy personnel
- _____ v. supervise physical therapy programs
- _____ w. writing individual goals and objectives for Individual Educational Plan
- _____ x. other, please specify: _____

PART IV. TREATMENT/EVALUATION DUTIES

15. As a physical therapist in an educational environment, my treatment duties include:

- _____ a. activities of daily living
- _____ b. adapt equipment
- _____ c. adaptive physical education
- _____ d. athletic training
- _____ e. behavior modification
- _____ f. bracing
- _____ g. diathermy
- _____ h. equipment maintenance
- _____ i. general evaluation
- _____ j. feeding therapy
- _____ k. fine motor activities
- _____ l. gait training
- _____ m. gross motor activities
- _____ n. home programming
- _____ o. infant stimulation
- _____ p. massage
- _____ q. mobility training for visually impaired or mobility orientation
- _____ r. muscle strengthening
- _____ s. muscle testing
- _____ t. neurodevelopmental treatment
- _____ u. perceptual motor training
- _____ v. positioning of children in classrooms
- _____ w. postural drainage
- _____ x. progressive resistive exercise
- _____ y. proprioceptive neuromuscular facilitation
- _____ z. range of motion
- _____ aa. recommend adaptive equipment
- _____ bb. repair wheelchairs
- _____ cc. scoliosis screening
- _____ dd. screening children in classroom (observational)
- _____ ee. sensory motor integration
- _____ ff. splinting
- _____ gg. stretching exercises
- _____ hh. transfer training
- _____ ii. ultra sound
- _____ jj. visual motor training
- _____ kk. whirlpool
- _____ ll. other, please specify: _____
- _____
- _____
- _____
- _____
- _____
- _____

FINAL DIRECTIONS: Please return this survey in the pre-addressed stamped envelope. Thank you for your assistance.

Place a check (✓) mark in the space provided if you would like to receive a copy of the results of this survey.

APPENDIX B

COVER LETTERS

Kathy Fincher, L.P.T.
1901 Main
Fort Worth, Texas 76102
(817) 499-0973

APPENDIX B

COVER LETTERS

Kathy Fincher, L.P.T.

LICENSED PHYSICAL THERAPIST

1901 Milam

Fort Worth, Texas 76112

(817) 429-0973

September 22, 1983

Dear

I am a physical therapist working with children in public schools in Texas. To complete my Master of Science in Health Science Instruction at the Texas Woman's University, I am doing research to compile a profile of Texas physical therapists working in educational environments. The purpose of this study is: 1) to investigate the educational preparation of physical therapists to work in an educational environment, 2) to develop a demographic profile of Texas physical therapists in educational environments, 3) to identify the administrative duties of therapists working in public schools in Texas, and 4) to identify treatment services Texas physical therapists are providing in educational environments.

Currently, physical therapists are working with children in public schools throughout the state of Texas. Working within an educational environment influences the delivery of physical therapy services and broadens the role of physical therapists.

Your participation in this research will assist in planning for the training needs of therapists already practicing in educational environments and those who choose it in the future.

Your participation in this study is voluntary and you will remain anonymous. Data from all surveys will be compiled and analyzed as a group. All responses will be used for this study only. Each survey is coded on the final page. Codes will be used to compile a list of therapists who would like to receive a copy of the completed profile and for follow-up purposes. If you wish to receive a copy, please check the blank provided on the final page of the survey.

Please complete the enclosed survey according to the directions provided. Return the survey by October 7, 1983, in the enclosed stamped, pre-addressed envelope.

If you have any questions, I can be reached by telephone at (817) 429-0973.

Thank you for your assistance.

Sincerely,

Kathy Fincher LPT

Kathy Fincher, L.P.T.

KF:ks

Kathy Fincher, L.P.T.

LICENSED PHYSICAL THERAPIST

1901 Milam

Fort Worth, Texas 76112

(817) 429-0973

October 7, 1983

Dear

Two weeks ago this survey was mailed to you and it may have been misplaced. If you have not already taken time to complete this survey and return it, your participation in this study will be appreciated.

I am a physical therapist working with children in public schools in Texas. To complete my Master of Science in Health Science Instruction at the Texas Woman's University, I am doing research to compile a profile of Texas physical therapists working in educational environments. The purpose of this study is: 1) to investigate the educational preparation of physical therapists to work in an educational environment, 2) to develop a demographic profile of Texas physical therapists in educational environments, 3) to identify the administrative duties of therapists working in public schools in Texas, and 4) to identify treatment services Texas physical therapists are provided in educational environments.

Currently, physical therapists are working with children in public schools throughout the state of Texas. Working within an educational environment influences the delivery of services and broadens the role of physical therapists.

Your participation in this research will assist in planning for the training needs of therapists already practicing in educational environments and those who choose it in the future.

Your participation in this study is voluntary and you will remain anonymous. Data from all surveys will be compiled and analyzed as a group. All responses will be used for this study only. Each survey is coded on the final page. Codes will be used to compile a list of therapists who would like to receive a copy of the completed profile. If you wish to receive a copy, please check the blank provided on the final page of the survey.

Please complete the enclosed survey according to the directions provided. Return the survey by October 13, 1983, in the enclosed stamped, pre-addressed envelope.

If you have any questions, I can be reached by telephone at (817) 429-0973.

Thank you for your assistance.

Sincerely,

Kathy Fincher LPT

Kathy Fincher, L.P.T.

SURVEY OF TEXAS PHYSICAL THERAPISTS
EMPLOYED IN EDUCATIONAL ENVIRONMENTS

APPENDIX C

REVISED

SURVEY OF TEXAS PHYSICAL THERAPISTS
EMPLOYED IN EDUCATIONAL ENVIRONMENTS

SURVEY OF TEXAS PHYSICAL THERAPISTS
EMPLOYED IN EDUCATIONAL ENVIRONMENTS

DIRECTIONS: Please place a check (✓) mark in the blank provided next to the most appropriate or accurate response to each of the following statements.

PART I. EDUCATIONAL PREPARATION

1. I have been practicing physical therapy for:

- _____ a. less than 1 year
- _____ b. 1 to less than 2 years
- _____ c. 2 to less than 3 years
- _____ d. 3 to less than 5 years
- _____ e. 5 years or more

2. I have practiced physical therapy in an educational environment in Texas.

- _____ a. Yes
- _____ b. No

If your response to statement 2 is Yes, please continue responding to statements 3-15. If your response to statement 2 is No, you have completed the survey. Please turn to page 6 for final directions.

3. I have practiced physical therapy in an educational environment for:

- _____ a. less than 1 year
- _____ b. 1 to less than 2 years
- _____ c. 2 to less than 3 years
- _____ d. 3 to less than 5 years
- _____ e. 5 years or more

4. My preparation as a physical therapist to work with children in an educational environment was primarily:

- _____ a. physical therapy school
 - _____ b. graduate school
 - _____ c. on the job training
 - _____ d. continuing education
 - _____ e. other, please specify: _____
- _____
- _____

PART II. DEMOGRAPHIC INFORMATION

5. I am practicing or have practiced physical therapy in an educational environment:
- ☐ a. less than 10 hours per week
 - ☐ b. 10 to 14 hours per week
 - ☐ c. 15 to 24 hours per week
 - ☐ d. 25 to 34 hours per week
 - ☐ e. 35 to 40 hours per week
6. I am employed:
- ☐ a. directly by the local school district
 - ☐ b. through an Educational Service center
 - ☐ c. as a contracted consultant
 - ☐ d. through contracted arrangements with another agency (rehabilitation center, hospital, etc.)
 - ☐ e. through a contracted cooperative arrangement with several school districts
7. I work in an educational environment where I am the only physical therapist.
- ☐ a. Yes
 - ☐ b. No
- If no, how many physical therapists are employed by your schools or school district? _____ (Number)
8. In my employment environment physical therapists are supervised by:
- ☐ a. Special Education Administrator
 - ☐ b. Special Education Supervisor
 - ☐ c. Physical Therapist
 - ☐ d. Occupational Therapist
 - ☐ e. Other, please specify: _____
9. My average caseload of children provided direct treatment services each week numbers:
- ☐ a. 15 or less
 - ☐ b. 16 to 25
 - ☐ c. 26 to 35
 - ☐ d. 36 to 45
 - ☐ e. 46 or more

10. My average caseload of children provided weekly consulting services numbers:

_____ a. 15 or less
 _____ b. 16 to 25
 _____ c. 26 to 35
 _____ d. 36 to 45
 _____ e. 46 or more

11. My average caseload of children provided monthly or less frequent consulting services numbers:

_____ a. 15 or less
 _____ b. 16 to 25
 _____ c. 26 to 35
 _____ d. 36 to 45
 _____ e. 45 or more

12. Listed below are the handicapping conditions used by the Texas Education Association (TEA). Check the appropriate column that indicates the approximate number of children (by handicapping condition) included in your weekly caseload.

Handicapping Conditions	Approximate Number of Children				
	0	1-5	6-10	11-15	15+
a. Orthopedically Handicapped					
b. Other Health Impaired					
c. Auditorially Impaired					
d. Visually Handicapped					
e. Deaf-Blind					
f. Mentally Retarded					
g. Emotionally Disturbed					
h. Learning Disabled					
i. Autistic					
j. Multiply Handicapped					

Please check all appropriate responses for statement 13, 14, and 15.

13. My work areas in an educational environment for physical therapy include:

_____ a. in the classroom
 _____ b. private therapy room
 _____ c. shared therapy room
 _____ d. gymnasium
 _____ e. auditorium
 _____ f. cafeteria
 _____ g. hallway
 _____ h. other, please specify: _____

PART III. ADMINISTRATIVE DUTIES

14. My administrative duties in the schools include:

- _____ a. attending Admission, Review, and Dismissal committee meetings
- _____ b. attending Individual Educational Plan committee meetings
- _____ c. campus and building planning: advising for architectural adaptations
- _____ d. clinical education of physical therapy students
- _____ e. consultation with teachers, supervisors, etc.
- _____ f. devising and writing policies
- _____ g. devising and writing procedures
- _____ h. devising and writing forms
- _____ i. documentation: written evaluations, progress reports, written therapy programs
- _____ j. equipment inventory
- _____ k. equipment ordering
- _____ l. parent conferences
- _____ m. peer review
- _____ n. planning budget
- _____ o. providing in-service education
- _____ p. quality assurance
- _____ q. recruiting staff
- _____ r. reviewing medical records
- _____ s. screening or interviewing applicants for jobs
- _____ t. staff meetings
- _____ u. supervising physical therapy personnel
- _____ v. supervising physical therapy programs
- _____ w. other, please specify: _____

PART IV. TREATMENT/EVALUATION DUTIES

15. As a physical therapist in an educational environment, my treatment duties include:

- _____ a. activities of daily living
 - _____ b. adapting equipment
 - _____ c. adaptive physical education
 - _____ d. behavior modification
 - _____ e. bracing
 - _____ f. diathermy
 - _____ g. equipment maintenance
 - _____ h. general evaluation
 - _____ i. feeding therapy
 - _____ j. fine motor activities
 - _____ k. gait training
 - _____ l. gross motor activities
 - _____ m. home programming
 - _____ n. infant stimulation
 - _____ o. massage
 - _____ p. mobility training for visually impaired or mobility orientation
 - _____ q. muscle strengthening
 - _____ r. muscle testing
 - _____ s. neurodevelopmental treatment
 - _____ t. perceptual motor training
 - _____ u. positioning of children in classrooms
 - _____ v. postural drainage
 - _____ w. progressive resistive exercise
 - _____ x. proprioceptive neuromuscular facilitation
 - _____ y. range of motion
 - _____ z. recommend adaptive equipment
 - _____ aa. repair of wheelchairs
 - _____ bb. scoliosis screening
 - _____ cc. screening of children in classroom (observational)
 - _____ dd. sensory motor integration
 - _____ ee. splinting
 - _____ ff. stretching exercises
 - _____ gg. transfer training
 - _____ hh. ultrasound
 - _____ ii. visual motor training
 - _____ jj. whirlpool
 - _____ kk. other, please specify: _____
- _____
- _____
- _____
- _____
- _____
- _____

FINAL DIRECTIONS: Please return this survey in the pre-addressed stamped envelope. Thank you for your assistance.

Place a check (✓) mark in the space provided if you would like to receive a copy of the results of this survey.

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