

CHAPTER 5 - ADAPTED PHYSICAL EDUCATION, OT, AND PT

5.1 KEY PROVISION: Adapted physical education, occupational therapy and physical therapy are all related services but serve different functions.

Legal Reference: Designed instruction and services (DIS) means related services.

Sec. 56363 The term “designated instruction and services” means “related services” as that term is defined in section 1401(26) of Title 20 of the United States Code and section 300.34 of Title 34 of the code of Federal Regulations (56363 (a). (Refer to the explanation contained in the CDE memo in Appendix M, particularly the highlighted paragraph.)

Adapted Physical Education

The term special education includes physical education and is defined in part as: 34 CFR sec. 300.39 *Special education. (a) General. (1) Special education means specially designed instruction, at no cost to the parents, to meet the unique needs of a child with a disability, including—*

(i) Instruction conducted in the classroom, in the home, in hospitals and institutions, and in other settings; and

(ii) Instruction in physical education.

(2) Physical education means—

(i) The development of—

(A) Physical and motor fitness;

(B) Fundamental motor skills and patterns; and

(C) Skills in aquatics, dance, and individual and group games and sports (including intramural and lifetime sports); and

(ii) Includes special physical education, adapted physical education, movement education, and motor development.

5 CCR sec. 3051.5(a) Adapted physical education is for individuals with exceptional needs who require developmental or corrective instruction and who are precluded from participation in the activities of the general physical education program, modified general physical education program, or in a specially designed physical education program in a special class. Consultative services may be provided to pupils, parents, teachers, or other school personnel for the purpose of identifying supplementary aids and services or modifications necessary for successful participation in the regular physical education program or specially designed programs.

5 CCR sec. 3051.5 (b) The person providing instruction and services shall have a credential authorizing the teaching of adapted physical education as established by the Commission on Teacher Credentialing...

Occupational and Physical Therapy

5 CCR sec. 3051.6(a)(1) *Occupational or physical therapists shall provide services based upon recommendation of the individual education program team...*

Section 3051.6(b) *Qualifications of therapists:*

The therapists shall have graduated from an accredited school.

A physical therapist shall be currently licensed by the Board of Medical Quality Assurance of the State of California (Physical Therapy Board of California (PTBC) and meet the educational standards of the Physical Therapy Examining Committee (PTBC).

An occupational therapist shall be currently registered with the (NBCOT) National Board for Certification in Occupational Therapy and also have state license in practiced state.

Discussion: A pupil may have multiple DIS and related services which are needed to assist the student in benefiting from the educational program. Adapted physical education, occupational therapy and physical therapy may not be substituted one for the other even though all three services may work on a similar skill or on the same IEP goal. The need for each DIS and related service is documented as contributing to the child's educational program. Collaboration is recommended among the disciplines (adapted physical education, occupational therapy and physical therapy). (Refer to Chapter 11 for additional information on collaboration.)

Adapted physical education teachers have specific training in anatomy, physiology, exercise physiology, human development, kinesiology, motor control theory, motor development, cognitive development, learning theory, sport, physical activity dance, behavior management and have studied the etiology of disabilities and their effects upon movement. Adapted physical education is a combination of the disciplines of physical education and special education.

Adapted physical education specialists use instructional techniques to improve the individual's movement performance in:

- Gross motor skills.
- Object control skills.
- Functional skills.
- Fine motor skills.
- Perceptual motor skills.
- Physical fitness: strength, endurance, cardiovascular, and flexibility.
- Motor fitness: speed, power, agility, balance, and coordination.
- Recreation/leisure/lactivities.
- Sport and game skills.
- Dance.
- Aquatics.

Occupational therapists are health professionals who have specific training in human

Note: All statutory citations apply to the California Education Code unless otherwise stated.

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growth and development and remediation of dysfunction. Included in the occupational therapist's education are courses in human anatomy and physiology; human development, especially the motor and psychosocial domains; sensorimotor processing as related to functional activities; kinesiology; analysis of activities of daily living; and the study of occupational roles.

Occupational therapists use purposeful, goal-directed activities to improve student performance in:

- Postural stability.
- Sensory registration and processing.
- Motor planning.
- Visual perception and integration.
- Fine motor.
- Activities of daily living.
- Environmental adaptations/assistive devices.
- Social play/organization of behavior.

Physical therapists are health professionals with specific training in kinesiology and the remediation of dysfunction. Included in the physical therapist's education are courses in human anatomy and physiology; pathophysiology; physiology; gait and posture analysis; human development, especially gross motor development and motor control theories, physical treatment modalities; and cardiopulmonary, orthopedic and neurological rehabilitation.

Physical therapists use techniques that correct, facilitate, or adapt the individual's functional performance in:

- Motor planning and bilateral motor coordination.
- Sensorimotor coordination.
- Postural balance and stability.
- Activities of daily living/functional mobility.
- Environmental adaptations/accessibility.
- Use of assistive devices.

Similarities and Differences: The similarities among the three (adapted physical education, occupational therapy, and physical therapy) are many, as these disciplines often work on the same types of skills. For example, in both the physical therapy and adapted physical education settings, a student could work on the skills of transferring, sitting independently, walking, and jumping. In both occupational therapy and adapted physical education, the student could be working on balance, functional manipulative skills and play activities. All three disciplines strive to improve movement performance by improving the motor coordination of skills. They also strive to facilitate a child's ability to access their school environment and keep up with their peers in a school setting. The three disciplines recognize the importance of the underlying neuromuscular systems that are responsible for the execution of movement.

Overlap of Improvement of Motor Skills Between The Disciplines

Motor Area Skills	Adapted Physical Education	Occupational Therapy	Physical Therapy
Gross Motor	x		x
Object Control	x	x	x
Functional	x	x	x
Fine Motor	x	x	x
Perceptual Motor	x	x	
Physical Fitness	x		
Motor Fitness	x		x
Recreation/Leisure	x	x	x
Games and Sport	x		
Dance	x		
Aquatics	x		
Postural Stability	x	x	x
Sensory Processing		x	x
Motor Planning	x	x	x
Visual Perception		x	
Self-Help	x	x	x
Assistive Devices		x	x
Social Play	x	x	
Accessibility		x	x

In general, occupational and physical therapists are health professionals who have certification or a license while adapted physical education teachers are educators who have a credential. The methods used often distinguish the disciplines. Some occupational therapists assist the child as they address the fine motor and sensory needs of the child in the classroom and during functional activities such as handwriting, or manipulating classroom tools. Occupational therapists also consult and provide assessment to evaluate individual's fine motor, sensory processing skills; and educate the teachers why the individuals are not performing specific skills in a motor perspective.

Both physical and occupational therapists are more knowledgeable than adapted physical education teachers regarding assistive devices to be used to for posture and gait deviations and facilitate hand usage. These disciplines have more of a foundation in the medical domain and seek to remediate movement. Adapted physical education falls under the educational domain and can address remediation of movement skills. In adapted physical education, there also is a focus on modifying and adapting the environment and demands of the task to enable the student to participate in physical activity with non-disabled peers.

Another distinction, which differentiates the three, is the relationship of each to curriculum.

While they all may provide services that assist the student with participation in and progress toward the educational curriculum, the adapted physical education specialist is most concerned with assisting the student to be successful in the physical education curriculum. There is no specific curriculum area for occupational therapy or physical therapy.

Best Practice: A collaborative approach among these specialists is recommended. When a student receives two or more services, often, the child's disability is such that it is interfering with a given movement performance. Assistive devices and specific exercises identified by a therapist often are needed to help the child. In these cases, the adapted physical education teacher, as well as the special education teacher, should be aware of how to use the specialized equipment and how to perform the exercises. On the other hand, children may perform skills with their peers during physical education that they are not motivated to perform in therapy sessions. By communicating with the therapist, the adapted physical education teacher can keep these professionals informed about skill transfer to the educational settings that involve group participation. There are many opportunities that collaboration can occur for the benefit of the individuals. Creating lessons that address gross motor, fine motor and sensory needs can create a positive learning environment for the individuals.

The primary objective for consultation and collaboration is to develop the most appropriate and effective IEP (individual education plan) for the student. It is imperative that the IEP team regularly communicates with one another for the best interest of the student. Some services can and often overlap thus enabling one professional to work on some goals that another professional has set. If this is the case the IEP must clearly state which professional will be the primary person responsible for addressing the goal and measuring progress. In addition, when a team works well together there are opportunities to share experiences working with the student. This is often beneficial as successful teaching strategies for the student evolve by identifying what works and what doesn't. With a collaborative approach, the student has a better chance of achieving their annual goals. (Refer to Chapter 11 for additional discussion of collaboration.)