

Regional Differences in Dosage for School-Based Physical Therapy Practice

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Background: While the provision of school-based physical therapy services in federally mandated, each state develops its own plan for the implementation of those services. In addition, physical therapist practices and training vary across states and may contribute to differences in the provision of school-based physical therapy.

Purpose: The purpose of this study is to explore regional differences in the amount and type (individual or group, direct and consultative) of school-based physical therapy services provided.

Methods: This study examined the results from the larger PT COUNTS study, a national, multisite study of school-based physical therapy services using a practice-based evidence study design. Recruited physical therapists were organized into four regions: Northeast, Northwest, Central, and Southeast. School-based physical therapists completed the School- Physical Therapy Interventions for Pediatrics weekly for twenty weeks to document type of service delivery and time spent on direct and indirect physical therapy services.

Results: 109 school-based physical therapists completed training and gathered data for 296 students from 28 states, ages 5-12 years old, with 85 students in the Southeast, 51 in the Northeast, 81 in the Central, and 79 in the Northwest. no statistical differences between regional groups with respect to physical therapist age, years of practice as a physical therapist, years as a pediatric physical therapist, years as a school-based physical therapist, and average number of students per year. The physical therapists' mean age fell between 44 and 48 years of age for each region and the mean years of practice as a school-based physical therapist between 11 and 14 years. No statistical differences between student groups existed with respect to student age but differences did exist between regions and student Gross Motor Function Classification levels ($p < 0.001$). Researchers found significant regional differences in the amount of direct service ($p = 0.001$), individual service minutes ($p = 0.001$), and group service ($p = 0.001$) minutes. Researchers also found regional differences existed in the time spent on consultation ($p < 0.001$) and the total time spent on behalf of the student ($p < 0.001$).

Discussion/Conclusions: Across regions, physical therapists provided the majority of physical therapy services individually and separate from the classroom environment. Dosages varied greatly both within and across regions.

Relevance to Allied Health: Findings from this study provide the foundation for consideration of dosage to student outcomes. As many allied health providers work in school systems under the Individuals with Disabilities Education Act of 2004, continued investigation of dosage and student outcomes is necessary to help support services to children with disabilities