Updated Competencies for Physical Therapists Working in Schools

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Purpose: The purpose of this project was to update the 1987 competencies for physical therapists who work in schools and their content to reflect present practice, legislation, and terminology. Methods: A review of the literature and competencies for professionals working in schools was completed. Four focus groups of school physical therapists were formed to ascertain their perspectives of the roles and responsibilities of school therapists and what knowledge and skills enabled them to be effective. This information was integrated into a listing of competencies. The competencies were reviewed regionally and nationally by experts in the field. Results: Nine content areas with specific competencies were identified for physical therapists working in schools. These competencies reflect an expanded role of school-based therapists compared with previous competencies. Conclusion: Physical therapists who work in schools require specific skills and knowledge to effectively serve children with disabilities. Competencies help guide professional development. (Pediatr Phys Ther 2007;19:266–274) Key words: children with disabilities, physical therapy (specialty), practice guideline, special education

INTRODUCTION

Long before the federal legislation PL 94–142, The Education of the Handicapped Children’s Act of 1975, physical therapists had provided services to children with disabilities in schools. This federal law did however have a major effect by expanding the right to a free appropriate education to all children with disabilities. The purpose of the law and its later amendments, including the most recent Individuals with Disabilities Education Improvement Act of 2004 (IDEA), is “to ensure that all children with disabilities have available to them a free appropriate public education that emphasizes special education and related services designed to meet their unique needs and prepare them for further education, employment, and independent living.” IDEA is intended to help children with disabilities to achieve high academic and functional standards—by promoting accountability for results, enhancing parental involvement, and using proven practices and materials. The provision of physical therapy as a related service is to assist the child to benefit from the special education program as outlined in the child’s Individualized Education Program (IEP). Local educational agencies (LEAs) are mandated to provide the related service of physical therapy to assist a child to benefit from special education and/or to access the general education curriculum. The appropriateness and extent of therapy must be related to the academic and functional needs of the student with disabilities and ultimately the student’s ability to have full participation in society, live independently, and have economic self-sufficiency.

The educational needs of students with disabilities are best served in the least restrictive environment by using a variety of instructional strategies, with emphasis on collaborative team models that facilitate the student’s learning. Physical therapy services must be provided when specified in a student’s IEP or service plan as defined by IDEA 2004, or in an educational plan as defined by the Rehabilitation Act of 1973, Section 504, and its amendments.
We believe that physical therapist professional development in school-based practice is fourfold and similar to professional development for physical therapists in early intervention. First, therapists must develop competencies in the broad body of knowledge and skills related to pediatric physical therapy. Second, they must have knowledge of the professional, federal, state, and local rules, regulations, and guidelines for practice in schools. Third, therapists must acquire the global knowledge and skills required to work in a school setting. Fourth, they must be mentored during on-the-job training and maintain a dedication to lifelong learning to promote state-of-the-art, evidence-based practice. Personnel preparation in school-based services should be discipline specific as well as interdisciplinary to reflect collaboration required in schools.

In 2003, the board of directors of The Association for Persons with Severe Handicaps (TASH), an international advocacy association serving people with disabilities, approved a resolution for the Preparation of Related Services Personnel to Work in Educational Settings. They believe that personnel preparation must focus on evidence-based practices and promote reflective service providers and lifelong learners. Their positions are in line with the purpose of this project to update competencies for therapists working in schools to guide professional development and promote best practice.

Professional development based on competencies is considered a sound approach to the organization, content, and process of professional development. This methodology of learning is characterized as individualized, flexible, self-directed, and measurable. Competency-based education recognizes the current knowledge and skills of the learner and promotes integration of new abilities with previous experience. Competencies can be used to define performance outcomes necessary to practice in schools. The American Physical Therapy Association (APTA), Section on Pediatrics competencies for physical therapists in early intervention have served as a standard for therapists, educators, administrators, and consumers to monitor the quality of service delivery. However, competencies for physical therapists working in school settings have not been published.

In 1985, the faculty of the Pediatric Physical Therapy Program at Hahnemann University in Philadelphia, Pa., received a grant from the US Department of Education, Office of Special Education to support the postprofessional training of physical therapists in school-based practice. Part of the grant activity included development of competencies for school-based practice. Those competencies were adopted by the APTA Section on Pediatrics in 1990 but were never published. This project was undertaken to update the competencies for physical therapists working in schools that reflect current practice standards, current legislation, and terminology. The development of the competencies was supported by the award of a grant from US Department of Education, Office of Special Education in 1998 to the faculty of the Pediatric Physical Therapy Program at MCP Hahnemann University. This grant also funded the development of a competency-based, interdisciplinary Specialty Certificate Program in School-Based Intervention.

**METHODS**

A four-step process was used to define the competencies. First, the original School-Based Competencies document was reexamined with respect to current regulations, terminology, and evidence-based practice. Practicing school-based therapists from the Philadelphia Tri-State region (Pennsylvania, New Jersey, and Delaware) reviewed the existing competencies and provided recommendations for the content and terminology based on their current work experience. Second, multiple literature searches were conducted to identify other published standards of practice, professional guidelines, or competency lists for professionals across a variety of related disciplines including occupational therapy, speech-language pathology, and special education. The major documents reviewed included the APTA Pediatric Specialty Council's Pediatric Physical Therapy Advanced Clinical Competencies; Children's Seashore House Goals and Objectives for Interdisciplinary Leadership Education in Neurodevelopmental and Related Disabilities; draft competencies for pediatric physical therapists from the Maternal and Child Health Bureau's University Affiliated Programs for Persons with Developmental Disabilities; Recommended Guidelines for School-Based Physical Therapy in New Jersey; University of Kansas' Master's Level Curriculum for Preparing Therapists to Serve as Consultants in the Public School Setting; the American Occupational Therapy Association's Training: Occupational Therapy Educational Management in School; and Guidelines for Occupational and Physical Therapy in California Public Schools. A master matrix of competencies was developed from those reviewed.

Third, a series of four focus groups were convened with 44 school-based therapists from Pennsylvania, New York, New Jersey, and Virginia. Seventeen of these therapists had more than 10 years experience as a school-based therapist. The focus group key questions, structured to yield competencies, included the following: What are your roles and responsibilities as a school therapist? What knowledge and skills enable you to be effective as a therapist? and If you were mentoring a new therapist what skills and knowledge would you say are necessary for working in a school setting? The focus groups' discussions were audio taped and transcribed. Content analysis procedures were used to examine the focus group responses. The complete methodology used with the focus groups has been described elsewhere.

Fourth, these three data sources were triangulated and collapsed into one final list of competencies that reflected legislation, professional literature and the perspectives of therapists. This list of competencies was then reviewed by 15 interdisciplinary pediatric professionals on the Specialty Certificate Program's regional program steering committee, program faculty, and advisory board. Additionally, the competencies were reviewed by at least 10
members of the Practice Committee of the APTA Section on Pediatrics, representing experts in the field in the area of school-based physical therapy from the four major geographic regions of the United States. Subsequently, this list of competencies was used by 26 therapists practicing in schools for further feedback and refinement.

RESULTS

Triangulation of the data sources resulted in the identification of nine major competency content areas. Competencies for each of the nine competency content areas are seen as being equally weighted as they relate to practice. In Table 1 is the list of all of the content area competencies supplemented by example behavioral indicators. A brief, overall description of each of the nine competency content areas follows.

**Competency Area 1: Context of Therapy Practice in Education Settings**

It is important for therapists to have knowledge of the structure, goals, and responsibilities of the public education system to meet the educational needs of the children they serve. Therapists’ awareness of educational standards, curricula, and general and special education teaching strategies enable them to design and implement effective supports and services. Therapists’ familiarity with community resources and school extracurricular programs is necessary to promote children’s full participation in age-appropriate social and physical activities. Knowledge of federal, state, and local rules and regulations that affect delivery of services to students with disabilities is critical. This knowledge is of utmost importance because the rules and regulations of legislation, such as IDEA, are essential to the day to day functions of therapists in schools.

**Competency Area 2: Wellness and Prevention**

Physical therapists should assume a role in prevention as emphasized in the Guide to Physical Therapist Practice. Prevention efforts can range from education on fitness activities and back-pack safety to prevention of childhood accidents such as burns or head injuries. Screening for neuromuscular, cardiopulmonary, and general developmental dysfunction has been identified as one of the major roles for physical therapists serving preschool children.

**Competency Area 3: Team Collaboration**

As noted by TASH, collaboration with students, families, teachers, and other service providers is critical. These indirect services require considerable expertise, time, and energy and yet are essential to supporting a child’s educational outcomes. Therapists form partnerships among family members, service providers, and the community to provide coordinated care. Therapists function as consultants to school personnel and families to promote the inclusion of the student in the educational experience. Coordination of services across the home, school, medical, and community settings is often lacking and families value the therapist’s role in assisting with this process. Therapists also supervise personnel and professional students to ensure quality care.

**Competency Area 4: Evaluation and Evaluation**

IDEA states that evaluation is to be used “to determine whether a child is a child with a disability . . . and to determine the educational needs of such child” and evaluators “... shall use a variety of assessment tools and strategies to gather relevant functional, developmental, and academic information, including information provided by the parent” and shall “not use any single measure or assessment . . . and [shall] use technically sound instruments that may assess the relative contribution of cognitive and behavioral factors, in addition to physical or developmental factors.”

The use of the terms evaluation and assessment are different than noted in the Guide to Physical Therapist Practice. The Guide notes that examination involves a gathering of history data, systems review, and tests and measures; whereas evaluation is the making of clinical judgments based on a synthesis of the examination findings. Physical therapists working in schools must integrate their professional examination guidelines within the context of the evaluation and assessment process described by IDEA. Therapists provide evaluations and assessments as part of an interdisciplinary or transdisciplinary team. They are skilled in interviewing and observing the child in his or her natural environment during routine daily activities. As part of the team process, therapists synthesize findings related to motor development and functional abilities within the context of all areas of development and the participation of the child in school, home, and community. Physical therapists analyze critically the child’s abilities to determine if impairments in the neurological, musculoskeletal, cardiopulmonary, or integumentary system are related to functional or developmental issues and if they affect the child’s ability to receive an appropriate education that will prepare the child for further education, employment, and independent living. During the evaluation and subsequent planning and intervention, physical therapists specifically address needs related to the physical environment, mobility, balance and safety, endurance, self-care, and access to and ability to manipulate materials.

**Competency Area 5: Planning**

Physical therapists should be actively involved in the development of the IEP for each child they evaluate or are serving. In collaboration with the team, they help determine how therapy might contribute to meaningful student outcomes, and measurable annual academic and functional goals. Objectives, although not required for every child under IDEA 2004, would also be determined if the child requires alternate assessments or if required by state or local educational agencies. Therapists assist in determining therapy service
TABLE 1.
Competencies for School-Based Therapists

Content Area 1: The Context of Therapy Practice in Schools
1. Knowledge of the structure, global goals, and responsibilities of the public education system, including special education
   (a) diagram the functional and supervisory organization of the education system served by the therapist
   (b) identify the goals and outcomes of the educational curriculum from preschool through high school
   (c) demonstrate an understanding of the eventual goals of independent living and working
   (d) apply knowledge of the outcomes-based education curriculum
2. Knowledge of federal (for example IDEA, Rehabilitation Act of 1973, and ADA), state, and local laws and regulations that affect the
delivery of services to students with disabilities
   (a) discuss the implications of the laws (national, state, and local)
   (b) apply the guidelines of federal, state, and local regulations
   (c) identify and use information sources for federal, state, and local legislation and regulation changes
   (d) discuss and demonstrate professional behavior regarding ethical and legal responsibilities
   (e) discuss professional competencies as defined by professional organizations and state regulations
   (f) advocate to support services related to educational entitlements
3. Knowledge of the theoretical and functional orientation of a variety of professionals serving students within the educational system
   (a) initiate dialogue with colleagues to exchange professional perspectives
   (b) disseminate information about the availability of therapy services, criteria for eligibility, and methods of referral
   (c) describe evaluations and interventions commonly used by psychologists, diagnostic educators, classroom teachers, speech and
   language pathologists, adaptive physical educators, nurses, physical therapists, occupational therapists, and professionals in
   other education and health-related disciplines
4. Assist students in accessing community organizations, resources, and activities
   (a) demonstrate awareness of cultural and social differences that relate to family and student participation in the education program
   (b) in collaboration with the educational team, develop a plan for transition into community activities or adult services
   (c) identify the need to make appropriate student referrals to community therapy and recreational services when school services are
   not able to meet all of the child’s needs
   (d) include the family in the educational process
   (e) serve as a resource to family and other team members for information and appropriate community resources (medical,
   educational, financial, social, recreational, and legal)

Content Area 2: Wellness and Prevention in Schools
1. Implement school-wide screening program with school nurses, physical education teachers, and teachers
   (a) apply knowledge of risk factors affecting growth, development, and learning
   (b) identify the etiology, signs, symptoms, and classifications of common pediatric disabilities
   (c) identify established biological and environmental factors that affect children’s development and learning
   (d) select, administer, and interpret a variety of screening instruments and standardized measurement tools
2. Promote child safety and wellness using knowledge of environmental safety measures
   (a) maintain CPR certification
   (b) institute an environmental hazards and accident prevention plan
   (c) recognize child neglect and abuse

Content Area 3: Team Collaboration
1. Form partnerships and work collaboratively with other team members, especially the teacher to promote an effective plan of care
   (a) demonstrate effective communication and interpersonal skills
   (b) refer and coordinate services among family, school professionals, medical service providers, and community agencies
   (c) implement strategies for team development and management
   (d) develop mechanism for ongoing team coordination
2. Function as a consultant
   (a) identify the administrative and interpersonal factors that influence the effectiveness of a consultant
   (b) implement effective consultative strategies
   (c) provide technical assistance to other school team members, community agencies, and medical providers
3. Educate school personnel and family to promote the inclusion of the student within the educational experience
   (a) assist school administrators with development of policy and procedures
   (b) provide orientation to teachers and classroom aides
   (c) conduct in-service sessions
   (d) develop informational resources
4. Supervise personnel and professional students
   (a) apply effective strategies of supervision
   (b) monitor the implementation of therapy recommendations by other team members
   (c) establish a student clinical affiliation
   (d) formally and informally teach or train therapy staff
5. Serve as an advocate for students, families, and school
   (a) attend public hearings
   (b) serve on task forces or decision-making committees
   (c) provide necessary information to support student rights
   (d) actively participate in IEP process

(Continued)
TABLE 1
Continued

Content Area 4: Examination and Evaluation in Schools

1. Identify strengths and needs of students
   (a) interview student, family, teachers, and other relevant school personnel
   (b) gather information from medical personnel and records
   (c) observe student in a variety of educational settings
2. Collaboratively determine examination and evaluation process
   (a) designate appropriate professional disciplines
   (b) identify environments and student activities and routines
   (c) select instruments
   (d) establish format for conducting examination
   (e) inform and prepare the student
3. Determine student’s ability to participate in meaningful school activities by examining and evaluating
   (a) level of participation and necessary assistance and adaptations through formal naturalistic observations
   (b) functional abilities including gross motor, fine motor, perceptual motor, cognitive, social and emotional, and ADL
   (c) impairments related to functional ability including musculoskeletal status, neuromotor organization, sensory function, and cardiopulmonary status
4. Utilize valid, reliable, cost-effective, and nondiscriminatory instruments for
   (a) identification and eligibility
   (b) diagnostic purposes
   (c) individual program planning
   (d) documentation of progress

Content Area 5: Planning

1. Actively participate in the development of the Individualized Education Plan
   (a) determine eligibility related to a student’s educational program
   (b) accurately interpret and communicate examination findings collaboratively with family, student, and other team members
   (c) discuss prognosis of student performance related to curricular expectations
   (d) discuss and prioritize outcomes related to student’s educational needs based on current and future environmental demands and student and family preferences and goals
   (e) offer appropriate recommendations for student placement and personnel needs in the least restrictive educational setting with intent to serve children in inclusive environments
   (f) in collaboration with the team, determine how therapy can contribute to the development of an individualized educational program (IEP) including
      (i) meaningful student outcomes
      (ii) functional and measurable goals and objectives
      (iii) therapy service recommendations
      (iv) specific intervention methods and strategies
      (v) determination of frequency, intensity, and duration
   (g) develop mechanism for ongoing coordination and collaboration regarding the IEP
      (i) implementation of the IEP
      (ii) updating or modifying IEP
      (iii) transition planning and implementation of the transition plan
      (iv) interagency activities

Content Area 6: Intervention

1. Adapt environments to facilitate student access to and participation in student activities
   (a) recommend adaptive equipment, assistive technology, and environmental adaptations
   (b) monitor adaptive equipment, assistive technology, and environmental adaptations
   (c) be able to instruct student and other team members in the appropriate use of adaptive equipment and assistive technology
   (d) identify sources for obtaining, maintaining, repairing, and financing adaptive equipment, assistive technology, and environmental adaptations
2. Use various types and methods of service provision for individualized student interventions
   (a) direct, individual, group, integrated, consultative, monitoring, and collaborative approaches
   (b) develop generic instruction plans and intervention plans that select and sequence strategies to meet the objectives listed on the student’s IEP
3. Promote skill acquisition, fluency, and generalization to enhance overall development, learning, and student participation
   (a) use creative problem-solving strategies to meet the student's needs
   (b) explain basic motor learning theories, and relate them to therapy education programs
   (c) address neuromuscular, musculoskeletal, sensory processing, and cardiopulmonary functions that support motor, social, emotional, cognitive, and language skills
4. Imbed therapy interventions into the context of student activities and routines
   (a) implement appropriate positioning, mobility, environmental, and ADL strategies into curriculum, classroom schedule and routines
   (b) develop a matrix integrating objectives, routines and activities, and strategies

(Continued)
recommendations, interventions, and the frequency, intensity, and duration of services based on their knowledge of peer-reviewed research and evidence-based practice. They contribute to developing a means for ongoing coordination and collaboration regarding the IEP, transition planning, and interagency activities.

**Competency Area 6: Intervention**

Intervention in a school environment is in many ways more complex than intervention in other settings. The therapist must be able to adapt the child’s environments to facilitate student access to and participation in student activities. Therapists’ expertise in assistive technology and environmental modifications is an asset for the educational team. The therapist must use various types and methods of service provision in intervention including direct, individual, group, integrated, consultative, monitoring, and collaborative approaches. There is no single best intervention delivery method; however, therapists should attempt to imbed therapy interventions into the context of student activities and routines and as appropriate use activity-based and play-based approaches that optimize

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**TABLE 1.**

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Content Area 7: Documentation

1. Produce useful written documentation by
   (a) writing reports in commonly understood and meaningful terms
   (b) maintaining timely and consistent records
   (c) concisely summarizing relevant information
   (d) sharing records with family and other team members

2. Collaboratively monitor and modify student’s IEP
   (a) establish a mechanism for and record ongoing communication with family and other team members
   (b) establish a plan of action for reevaluation
   (c) schedule pre-established team meetings to review student progress over the course of the school year

3. Evaluate and document the effectiveness of therapy programs
   (a) establish baseline of student’s level of participation and functional status
   (b) collect ongoing data on the student’s progress toward stated IEP outcomes
   (c) summarize data to determine student’s progress

Content Area 8: Administrative Issues in Schools

1. Demonstrate flexibility, priority setting, and effective time management strategies
2. Obtain resources and data necessary to justify establishing a new therapy program or altering an existing program
3. Serve as a leader
   (a) integrate knowledge of education, health, and social trends that impact therapy services
   (b) identify and educate others about the overall roles, responsibilities, and functions of therapy services
   (c) identify and differentiate characteristics of alternative approaches for resolving needs for therapy services
   (d) identify the administrative needs of the therapy service within the school setting
   (e) serve as a role model to other therapists regarding professional responsibilities
4. Serve as a manager
   (a) develop and analyze job descriptions for therapists
   (b) implement a recruitment, orientation, mentorship, and professional development program for therapists and staff
   (c) develop and implement policies and procedures to guide therapy services
   (d) establish therapy caseloads and staffing needs
   (e) evaluate the performance of therapy personnel
   (f) plan and implement a therapy quality assurance plan and program evaluation
   (g) participate in the assessment of school facilities and educational activities
   (h) make recommendations, especially related to ensuring accessibility to and reasonable accommodations in school environments
   (i) identify and use appropriate school, home, community, state, and national resources, especially funding sources
   (j) demonstrate the ability to plan and manage a budget for the therapy component of services

Content Area 9: Research

1. Demonstrate knowledge of current research relating to child development, medical care, educational practices, and implications for therapy
   (a) conduct a literature review
   (b) seek assistance from experienced researchers in interpreting published research
   (c) critically evaluate published research
2. Apply knowledge of research to the selection of therapy intervention strategies, service delivery systems, and therapeutic procedures
   (a) use objective criteria for evaluation
   (b) justify rationale for clinical decision making
   (c) expand clinical treatment case reports into single-subject studies
3. Partake in program evaluation and clinical research activities with the appropriate supervision
   (a) identify research topics
   (b) secure resources to support clinical research
   (c) implement clinical research projects
   (d) disseminate research findings
learning opportunities within natural contexts. Thera-

pists need to be familiar with instructional plans in order to recom-

mend appropriate motor learning strategies. Therapists’ background as health care professionals and knowl-

dge of medical and health issues enables them to address the body systems that promote children’s physical func-

tioning. Competent therapists are reflective, critically evalu-

ate their intervention approaches, and use evidence-

based interventions.4

Competency Area 7: Documentation

Documentation of services is required by federal, state, community, payer, and professional regulations. Docu-

mentation serves as an excellent way to communicate with families, teachers, and other service providers and to record systematically progress toward achievement of the IEP goals and outcomes. Documentation serves as a mecha-

nism to collaboratively monitor and modify a student’s IEP. Therapists require skills in communication, writing, and legal issues to become competent in documentation. Documentation allows the therapist to provide evidence of accountability and effectiveness of their services. Guidelines for Physical Therapy Documentation are provided by the APTA in the Guide to Physical Therapist Practice.25

Competency Area 8: Administration

School-based physical therapy is unlike most other environments where therapists work. Not only is service provision directed by federal, state, and local rules and regulations, but the school milieu has its own conventions. Therapists need to take an active role in the administration of therapy services to promote quality service delivery and educate teachers, administrators, and other service providers regarding the contributions physical therapists can make to meet the academic and functional needs of chil-

dren with disabilities in school.

Administrative issues can overwhelm therapists and can become so time consuming that service delivery might suffer. Policies and procedures for work load management, documentation, team communications, professional development, supervision, reimbursement, safety precautions, and continuous quality improvement plans can provide a solid foundation so that therapists can maintain focus on the students. Therapists should be prepared to serve as a leader or manager as required in their setting.

Competency Area 9: Research

IDEA 2004 requires that special education and related services be “based on peer-reviewed research to the extent practicable.”45118 STAT. 2278, SEC. 614(d)(1)(A)(IV). This new require-

ment demands that therapists should be able to search and critically review the literature, and apply that knowledge of the peer-reviewed research to the selection of examination and evaluation procedures, determination of prognosis, selec-

tion of intervention strategies, and outcomes related to pediatric physical therapy. They should have knowledge of service delivery systems, child development, medical care, and educational practices. They should also participate in program evaluation and clinical research activities with appropriate supervision. Therapists require access to re-

sources and reference materials so they remain current in their knowledge and are able to investigate topics related to their changing caseloads. Therapists can contribute to our professional body of knowledge by disseminating case re-

ports and clinical research studies.

DISCUSSION

Synthesis of existing documents, focus group methodology, and a peer review process provided valuable information for updating and developing the current competencies for physical therapists working in schools. This triangulation of data sources ensures that the competency list is comprehensive and useful for professional practice.

The primary differences between the original 1987 competencies and the revised 2007 competencies include greater focus on transition and preparation for long-term outcomes; addition of the therapist’s role in advocacy, wellness, and prevention; and expansion of the intervention area to comprise adapting environments, methods of service delivery, and embedding intervention into student’s routines. These additions reflect a substantial change in the role of school-based therapists and how services are provided. The greater focus on transition highlights the im-

portant role that therapists play in preparing students for higher education, employment, and independent living.37,38 The addition of the therapist’s role in advocacy, wellness, and prevention exemplifies how the therapist can be a consultant and resource to the school system to promote the well-being of all children. The expansion of the intervention area to include adapting environments recognizes the value of accessibility and assistive technology to enable students with disabilities to fully participate in their educational program. Providing interventions within the context of the student’s activities and routines reflects our current knowledge of motor learning and embraces the importance of inclusion of children with disabilities in their school and community.

The competencies conform to the content areas specified for personnel preparation in school-based practice9,11 as well as the specific knowledge and skills physical therapists must demonstrate.9,10,25,26 These competencies go beyond those outlined for entry-level physical therapists in the Normative Model for Physical Therapist Professional Education.39 They conform to the Guide to Physical Therapist Practice25 and the International Classification of Functioning, Disability and Health language.40

The competencies presented in this paper can serve an important function for therapists, administrators, and educators by providing an overview of the knowledge and skills that therapists need to acquire to provide quality care for children with disabilities in schools. Professional development is critical to attain and maintain competencies in school-based intervention and pediatric physical therapy. Therapists need to utilize a variety of opportunities and resources available to enhance professional knowledge, skills, and attitudes. Physical therapists must be committed
to life-long learning to remain competent practitioners. Therapists can attend and present at study groups, conferences, workshops, and continuing education courses and contribute to their profession and their schools by serving on committees and task forces. Professional advancement could include publishing on current issues, enrollment in postprofessional certificate or degree programs, and obtaining pediatric clinical specialization.

The TASH resolution for the Preparation of Related Service Personnel for Work in Educational Settings includes recommended guiding principles for the preprofessional and postprofessional preparation of service personnel that would facilitate research-supported practices and innovations and promote the development of effective service providers who are reflective life-long learners. Their recommended principles along with the specific competencies for physical therapists working in schools presented here should be considered by those who develop and provide preprofessional and postprofessional training and education.

CONCLUSION

The purpose of this project was to reexamine the 1987 competencies for physical therapists working in schools and to update their content to reflect present practice, legislation, and terminology. A process of triangulating the results of multiple literature reviews, focus groups, and peer review resulted in the identification of nine content areas with specific competencies in which physical therapists should have expertise if they work in school settings.

Physical therapists who work in schools require specific skills and knowledge to effectively serve children with a wide variety of disabilities encountered in school environments. The competencies can serve as a guide for professional education programs, are useful to guide professional development, and assist education administrators in knowing the areas of professional competency expected of physical therapists working in schools.

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REFERENCES