

Exceptional Student Education  
Henry County Schools

# PROGRAM GUIDANCE: ORTHOPEDICALLY IMPAIRED



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# Program Guidance: Orthopedically Impaired

## Definition and Overview

Orthopedic impairment refers to a child whose severe orthopedic impairments adversely affects their educational performance to the degree that the child requires special education. Children may be born with an orthopedic impairment or they may acquire it at some point in life. Hereditary, congenital, and environmental factors can play a role in causing orthopedic impairments that affect the normal functioning of the bones, joints, or muscles.

According to the Georgia Department of Education, this term may include: (1) Impairment caused by congenital anomalies, e.g., deformity or absence of some limb, (2) Impairment caused by disease (poliomyelitis, osteogenesis imperfecta, muscular dystrophy, bone tuberculosis, etc.), (3) Impairment from other causes, e.g., cerebral palsy, amputations, and fractures or burns that cause contractures. Secondary disabilities may be present, including, but not limited to, visual impairment, hearing impairment, communication impairment and/or intellectual disability.

## Eligibility and Placement

Evaluation for initial eligibility shall include the following:

- (1) A current medical evaluation from a licensed doctor of medicine. The evaluation report used for initial eligibility shall be current within one year. The evaluation shall indicate the diagnosis/prognosis of the child's orthopedic impairment, along with information as applicable regarding medications, surgeries, special health care procedures and special diet or activity restrictions.
- (2) A comprehensive educational assessment to indicate the adverse effects of the orthopedic impairment on the child's educational performance.
- (3) Assessments shall document deficits in: pre-academic or academic functioning, social/emotional development, adaptive behavior, motor development or communication abilities resulting from the orthopedic impairment. When assessment information indicates significant deficit(s) in cognitive/academic functioning, a psychological evaluation shall be given.

Children served in a program for orthopedic impairments should be functioning no lower than criteria outlined for mild intellectual disabilities programs. Many times student with Other Health Impairments may require services through the OI program. These other health impairments result in having limited strength, vitality or alertness, that is due to chronic or acute health problems such as asthma, diabetes, epilepsy, or heart condition, leukemia. At times, students that have endured a Traumatic Brain Injury (TBI) may need to be considered for OI program services. TBI refers to open or closed head injuries resulting in impairments which are immediate or delayed in one or more areas, such as cognition, language, memory, attention, reasoning, abstract thinking, judgment, problem solving, sensory, perceptual and motor abilities, psychosocial behavior, physical functions, speech and information processing.

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## Instructional Expectations

Many students could benefit from basic accommodations and/or interventions *prior* to receiving program support. Some common pre-referral interventions and/or general education accommodations may include the following. These are typical accommodations that can be provided to any student to allow accessibility and ensure students' needs are being met prior to considered eligibility for Special Education services.

Classroom Environment	School Environment	Materials
Arrange classroom to accommodate space for mobility and access	Consider scheduling classrooms close to minimize distance walked throughout the day	Assign a buddy for safety and or to carry books, backpack, supplies, etc. if appropriate
Provide preferential seating in classroom and appropriate sized chair or desk	Allow extra time to get to and from locations in the school to avoid crowded hallways	Extra books in each classroom and/or for home
Schedule rest breaks as needed	Provide positive support, encourage socialization and inclusion	May need oral as opposed to written reports or tests.
Increased time for response	Educate classmates and school about the disability in a positive way	

For students that qualify for OI services, there are many factors to consider ensuring students have access to the curriculum and school environment. Students with physical impairments or medical needs may require additional classroom supports.

### Classroom Organization and Environment:

1. Provide rest periods or additional nutrition breaks.
2. Allow for changes in posture in the wheelchair, lying down, or when using the floor or special equipment.
3. Allow the student to start early to go to the next class.
4. Provide a special student area to minimize visual and auditory distraction, such as learning center or carrels for teaching or study.
5. Relocate the student's so that they may sit with their backs to a window or near the teacher, or allow special arrangements for seating or standing.
6. Allow more physical space to enable the student to move about independently.
7. Modify the illumination in the classroom.
8. Have extra supplies, paper, books, and tape, marking pencils, paper, books and tape.
9. Post schedules for weekly or daily therapy.
10. Provide workspace near electrical outlets when electronic technology is needed, yet do not isolate the student from class activity.
11. Locate lesson materials so that they can be physically managed and put away.
12. Adjust table heights to accommodate wheelchairs when necessary.
13. Allow extra workspace for storage of adapted equipment.
14. Provide a safe and sensible place to store crutches, canes, and wheelchairs.
15. Place a backpack for extra storage on the side of the student's wheelchair.

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## **Methods of Presentation:**

1. Provide special magnification equipment when needed or materials in large, bold print.
2. Adjust the length of assignments.
3. Consider the physical and health problems and keep assignments within fatigue levels of the student.
4. Teach notetaking skills or provide note takers.
5. Adapt instruction to the student's learning style.
6. Vary the volume and tone of the voice and the rate of speech.
7. Vary the size of the instructional group or provide more individualized instruction.
8. Provide alternatives for independent activities for students who are physically unable to use the typical methods.
9. Re-emphasize main points.
10. Provide immediate, frequent feedback to the student.
11. Explore specialized technological equipment, such as adaptive communication, computers, and adapted devices.
12. Wait for students to respond to questions when their speech and augmented communication are slow.
13. Require completion of few but representative problems from students who write laboriously.
14. Use materials or books on tape or video.

## **Methods of Practice:**

1. Vary the structure of an assignment; for example, amount of material, time to complete a task, group or individual practice, and teacher-directed or independent practice.
2. Assign several short activities instead of a long one.
3. Include visual presentations of material to be practiced: for example, written instructions, worksheets, outlines, overhead transparencies, filmstrips and overviews.
4. Use audiovisuals, audiotape, and videotape.
5. Use specialized textbooks, worksheets, workbooks, materials, and equipment.
6. Incorporate concrete teaching materials with the instruction: for example, blocks and counting sticks.

## **Behavioral Supports and Resources**

Teachers should spend time creating a classroom management system that will optimize direct instruction of students, engagement, and result in learning, while minimizing chaos or confusion for staff and students. The physical environment must be simplistic and organized with a strong visual component. The room should be free of clutter and auditory and visual distractions should be limited as much as possible.

Many times students struggle with the day-to-day routines and work completion that can lead to unwanted behaviors. Below are some strategies that will help develop consistent and effective classroom routines and procedures to minimize confusion and behavior disruptions.

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Difficulty following instructions	Difficulty with work completion	Difficult attending or controlling own behavior
Provide oral/written directions, include visuals	Provide individual responsibility checklist	Adjust length of time for task
Model, describe critical components	Use timer to define work periods	Allow breaks between assignments
Complete sample problems or tasks	Reduce work to essentials for learning objectives	Consider different formats to show what they know
Have student paraphrase directions	Teach use of a planner/calendar	Consider a behavior contract or behavior intervention plan

In an OI classroom, teachers may be providing instruction to various grade levels, abilities, and subjects, which requires planning and organization. Below are tips to assist teachers in providing services to address all student needs and minimize interruptions and possible disruptions.

1. Consider student abilities instead of just grade level. Look at grouping students of varying strengths so that the stronger academic students can influence and assist those who are struggling when appropriate.
2. Create activities for groups that are not being provided direct instruction. Develop independent workstations for students to complete while you are teaching a group of students directly.
3. Assure parents with specific information. Be prepared to answer questions and show how successful students can be through this model.
4. Develop lesson plans ahead of time and work with grade levels to ensure you are following the district expectations for student learning.
5. Consider collaborating with other teachers that serve students in the OI program for additional strategies and ideas.

### Reference List/Citations

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