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# Determining Special Education Eligibility - Orthopedic Impairment

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Department of Education, Office of Special Education



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## Introduction

This technical assistance document was written to provide parents, teachers, special education personnel, administrators, and other professionals with information on the identification and determination of eligibility for special education services for children with orthopedic impairment.

This disability category has been defined by both federal and state regulations. A three- part eligibility requirement for a child to be identified as a child with an orthopedic impairment is as follows:

- Meet eligibility criteria (92 NAC 51.006);
- Documentation of adverse effect on educational performance; and
- Determination that a need for special education is evident.

## State Definition

Orthopedic impairment – To qualify for services in the category of orthopedic impairment, the child must have a severe orthopedic impairment that adversely affects a child’s educational, or in the case of a child below age five, a child’s developmental performance.

The category includes impairments caused by a congenital anomaly, impairments caused by disease (e.g., poliomyelitis, bone tuberculosis), and impairments from other causes (e.g., cerebral palsy, amputations, and fractures or burns that cause contractures).

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## Section 1: MULTIDISCIPLINARY EVALUATION (MDT) CONSIDERATIONS

The Multidisciplinary Team (MDT) should include at least:

- The child's parent(s);
- For a school age child, the child's regular teacher(s) or a regular classroom teacher qualified to teach a child of that age;
  - For a child below age five, a teacher qualified to teach a child below age five;
- Special educator with knowledge in the area of orthopedic impairment;
- A school district administrator or a designated representative; and
- At least one person qualified to conduct individual diagnostic examinations of children in their specific area of training (i.e., school psychologist, speech language pathologist, or other instructional specialist).

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## Section 2: GUIDELINES

Children with an orthopedic impairment represent a heterogeneous group. As an example, within the category of muscular or neuromotor impairments, no two children have the same characteristics or the same needs. A child may not be eligible to qualify as a student with an orthopedic impairment based solely on a physical disability.

In order for a child to be eligible as a child with an orthopedic impairment, the evaluation should include the analysis and documentation of:

- A signed, written report from a physician which describes the severity of the motor impairment and any medical implications; i.e., stamina, pain level, fatigue, etc.
- The child's level of development or educational performance that is adversely affected; and
- A muscular or neuromotor impairment, or skeletal deformity that limits the ability to:
  - Move about,
  - Maintain postures,
  - Manipulate materials required for learning, or
  - Perform activities of daily living

An orthopedic impairment is a term used to facilitate early identification by public school personnel and determine eligibility. Educational evaluation and assessments include a combination of:

- Medical assessments, including medication history
- History of developmental milestones
- Orthopedic or neuromuscular assessment
- Individual achievement testing
- Classroom assessment data
- Norm-referenced testing
- Criterion-referenced assessment
- District-wide assessment
- Curriculum-based assessments
- Observation and analysis of behavior
- Teacher anecdotal records

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Parent involvement in the evaluation process is of utmost importance. Many children exhibit identified strengths as well as identified delays in both motor skill development and achievement areas.

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## SECTION 3: PROCEDURES TO DETERMINE ADVERSE EFFECT DEVELOPMENT/EDUCATIONAL PERFORMANCE

### FACTORS TO CONSIDER

Many factors must be considered in determining if an orthopedic impairment is causing or can be expected to produce significant delays in the child's development or educational performance. The factors include, but are not limited to:

- Reports from physician(s) pertaining to the orthopedic impairment
- Current motor delays
- Type, degree, and severity of the orthopedic impairment
- Cause of the impairment (if known)
- Nature/status of the impairment (permanent, temporary, progressive)
- Age of occurrence of the impairment
- Current age
- History of modifications and/or accommodations used
- History of interventions and responses
- Relevant family history
- Current educational placement
- Current levels of performance
- Vocational/postsecondary transition needs

This list is not exhaustive. Examination of each of these factors may lead to additional factors to consider. Occupational therapists, physical therapists, teachers of children with an orthopedic impairment, and psychologists are the primary professionals who can determine how these factors may impact the child. Parents, medical professionals, teachers, and the child him/herself can also provide information important in determining the impact of the orthopedic impairment.

In addition to motor and physical disabilities, the MDT must determine whether the adverse effect on motor development/movement and educational performance are primarily a result of the orthopedic impairment. When concomitant learning or developmental needs exist, the team must determine which condition is the primary cause of the need.

In all cases, when making a determination of the adverse effect of the orthopedic impairment, the team should consider the child's age and his/her current motor/movement difficulties.

The following questions are to guide documentation and determination of whether the disability has an adverse effect on the child's developmental/educational performance.

Expressive or receptive language development	<p>Vocabulary</p> <p>Does the child comprehend and use vocabulary appropriate for General vocabulary?</p> <p>Content specific vocabulary?</p> <p>Figurative language?</p> <p>Expressive language?</p>
	<p>Functional Language</p> <p>Can the child express one-step, two-step directions?</p> <p>Can the child tell a story?</p> <p>Does the child understand and use narrative discourse?</p> <p>Can the child ask questions to get his/her needs met?</p> <p>Can the child follow simple commands?</p> <p>Can the child answer basic questions?</p>
	<p>Academic Language</p> <p>Does the child understand and use language with embedded concepts?</p> <p>Does the child understand and use the language of directions (describe, explain, compare, etc.)?</p> <p>Can the child follow multiple step directions?</p> <p>Does the child understand and use expository text structures?</p>

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Speech reception or production	<p>Reception</p> <p>Phonemic/phonological awareness</p> <p>Does the child have the ability to process individual sounds?</p>
	<p>Production/Articulation</p> <p>Does the child use speech that is intelligible to an unfamiliar listener?</p> <p>Does the child use appropriate prosodic features in:</p> <ul style="list-style-type: none"> <li>• Inflection?</li> <li>• Rate?</li> <li>• Pitch?</li> <li>• Fluency?</li> </ul> <p>Does the child have oral motor problems?</p> <p>Is the child's speech production age appropriate?</p>
Pre-academic	Is the child meeting age appropriate milestones?
Academic or Vocational Performance	<p>Academic</p> <p>Does the child meet school district standards (outcomes) for his/her grade level?</p> <p>Does the child's progress reflect his/her ability levels?</p>



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Reading

Does the child have the perceptual, conceptual, and linguistic base to support the reading process?

Can the child interpret meaning from print (pictures, words, etc.)

Can the child decode printed materials accurately and fluently?

Can the child use contextual cues to help him/her understand pa

Can the child interpret literature?

Can the child identify the components of a variety of literary genre?

Can the child answer basic questions about a passage?

Can the child apply reading skills to acquire information from print?

Math

Does the child understand mathematical concepts and processes

- Concept of numbers?
- Mathematical language?
- Mathematical reasoning?
- Mathematical relationships?

Does the child understand patterns that describe mathematical r

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	<p>Written Language - Consider the following areas:</p> <ul style="list-style-type: none"> <li>• Idea development</li> <li>• Organization</li> <li>• Word choice</li> <li>• Voice</li> <li>• Fluency</li> <li>• Sentence fluency</li> <li>• Conventions</li> </ul>
	<p>Vocational</p> <p>Does the child have communication skills required to obtain and</p>
	<p>Can the child advocate for him/herself?</p>
<p>Social or Emotional Competence</p>	<p>Independent/Self Advocacy Skills</p> <p>Can the child function independently in social situations? Does the child communicate to get his/her educational needs met?</p> <p>Will he/she ask for clarification when needed? Does he/she use assistive devices/prosthetic devices appropriate?</p> <p>Does the child accept responsibility for his/her own actions?</p>

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The following questions are to guide documentation and determination of whether the disability has an adverse effect on the child's developmental/ educational performance.

Self-esteem

Is the child's self-esteem affected by his/her physical disability?

Does the child have appropriate self-confidence?

Does the child have problem solving skills?

Is the child assertive?

Does the child have appropriate peer relationships?

Is the child responsible and accountable for his/her own actions?

Adaptive Skills

Adaptive Skills

What is the child's ability to take care of his/her daily and independent living skills?

What is the child's participation level in and use of community resources?

What is the child's ability to participate in work and work-related performance skills?

What is the child's ability to participate in recreation/ leisure activities?

The following questions are to guide documentation and determination of whether the disability has an adverse effect on the child's developmental/ educational performance.

Motor Development

Gross Motor Skills

What are the child's abilities in the following:

- Rolling over?
- Crawling?
- Standing?
- Walking?
- Running
- Jumping?
- Balance?
- Hopping
- Climbing?

Fine Motor Skills

What are the child's abilities in the following:

- Holding and eating with utensils?
- Picking up and manipulation of small objects
- Holding and using a crayon? Pencil? Marker
- Copying with crayon, pencil, or marker?
- Cutting with scissors?
- Folding paper?
- Picking up a small object from a table or floor
- Transferring of objects between hands or from surfaces?

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## Section 4: RELATED DEFINITIONS

**Adaptive Devices** – Special tools that are adaptations of common items to make accomplishing self-care, work, or recreation activities easier for people with physical disabilities. (Hallahan and Kauffman, 2006, p. 530)

**Athetosis** – Type of cerebral palsy characterized by involuntary and purposeless movements of arms, legs, head and tongue, the last resulting in difficulty in producing understandable speech. (Norlin, 2003, p. 14)

**Cerebral Palsy (CP)** – Non-progressive disease of the central nervous system that results in abnormal alterations in or limitation of voluntary movement, speech disorders or unintelligible speech, and behavior disorders; children with cerebral palsy typically have normal intelligence but sensory or emotional disorder resulting from motor deficiencies; five types, classified according to particular way movement is affected: (a) spasticity, (b) athetosis, (c) rigidity, (d) ataxia, and (e) mixed. (Norlin, 2003, p. 33)

**Criterion-referenced Testing** – Assessment wherein an individual’s performance is compared to a goal or standard of mastery; differs from norm-referenced testing wherein an individual’s performance is compared to the performance of others. (Hallahan and Kauffman, 2006, p. 533)

**Curriculum-based Assessment (CBA)** – A formative evaluation method designed to evaluate performance in the particular curriculum to which students are exposed; usually involves giving students a small sample of items from the curriculum in use in their schools; proponents argue that CBA is preferable to comparing students with national norms or using tests that do not reflect the curriculum content learned by students. (Hallahan and Kauffman, 2006, p. 533)

**Diplegia** – A condition in which the legs are paralyzed to a greater extent than the arms. (Retrieved from <http://iris.peabody.vanderbilt.edu>)

**Generalization** – Ability to apply a skill or behavior learned in one setting to another setting or ability to apply a learned skill or behavior in similar situations. (Norlin, 2003, p. 91)

**Hemiplegia** – 1. Paralysis on one side of the body. 2. Form of spastic cerebral palsy affecting either the right or left side of one’s body. (Norlin, 2003, p. 100)

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**Hydrocephalus** – Excess fluid in the cranial cavity creating pressure in the brain and an enlarged head; may be relieved by surgery or a shunt, but if untreated usually results in mental retardation. (Norlin, 2003, p. 105)

**Juvenile-rheumatoid Arthritis (JRA)** – A chronic form of arthritis consisting of inflammation of the joints, resulting in stiffness and muscle pain. (Norlin, 2003, p. 122)

**Metacognition** – One’s understanding of the strategies available for learning a task and the regulatory mechanisms needed to complete the task. (Hallahan and Kauffman, 2006, p. 537)

**Microcephaly** – The condition in which the brain is markedly smaller than normal, typically due to genetic developmental defects or in utero infections, such as those caused by viruses. (Norlin, 2003, p. 140)

**Muscular Dystrophy (MD)** – A hereditary disease for which there is no cure in which muscle tissue is replaced by fatty tissue, resulting in weakness and wasting away of muscle tissues, progressive deterioration of functioning, and a loss of vitality. (Norlin, 2003, p. 150)

**Muscular/Skeletal Conditions** – Conditions affecting muscles or bones and resulting in limited motor functioning. (Retrieved from <http://iris.peabody.vanderbilt.edu>)

**Neural Tube Disorders** – Another name for spinal cord disorders, which always involve spinal column and usually the spinal cord. (Retrieved from <http://iris.peadbody.vanderbilt.edu>)

**Neuromotor Impairment** – Condition involving the nerves, muscles, and motor functioning. (Retrieved from <http://iris.peabody.vanderbilt.edu>)

**Normal Curve** – In connection with a standardized test, the typical distribution of how scores deviate from the mean, also called a bell curve or bell-shaped curve. (Norlin, 2003, p. 156)

**Normalization** – A philosophical belief in special education that every individual, even the most disabled, should have an educational and living environment as close to normal as possible. (Hallahan and Kauffman, 2006, p. 537)

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**Norm-referenced Test (NRT)** – Comparison of one student’s performance, as measured by the test score, with the performance of the norm allowing fine distinctions among students and identification of where a student stands in relation to that group; typically developed by commercial test companies. (Norlin, 2003, p. 157)

**Occupational Therapist** – A professional who programs and/or delivers instructional activities and materials to help children and adults with disabilities learn to participate in useful activities. (Heward, 2003, p. 616)

**Paraplegia** – Condition in which both legs are paralyzed. (<http://iris.peabody.vanderbilt.edu>)

**Physical Therapist** – A professional trained to help people with disabilities develop and maintain muscular and orthopedic capability and make correct and useful movement. (Heward, 2003, p. 617)

**Postnatal** – Occurring after birth. (Heward, 2003, p. 617)

**Prenatal** – Occurring before birth. (Heward, 2003, p. 617)

**Prosthesis** – Device that replaces a missing or malfunctioning body part or function, such as communication prosthesis for an individual who lacks adequate speaking or writing ability. (Norlin, 2003, p. 184) Device examples: laryngeal synthesizer, artificial leg.

**Quadriplegia** – Type of spasticity (cerebral palsy) affecting all four limbs. (Norlin, 2003, p. 191)

**Rigidity** – Severe form of spastic cerebral palsy (spasticity), usually quadriplegia. (Norlin, 2003, p. 204)

**Spasticity** – Type of cerebral palsy characterized by tight limb muscles and resulting lack of muscle control, characterized in terms of how many limbs are affected and intensity as: mild spasticity, moderate spasticity, monoplegia, triplegia, quadriplegia, and hemiplegia. (Norlin, 2003, p. 221)

**Spina Bifida** – A congenital malfunction of the central nervous system (CNS) in which the lower end of the CNS fails to close completely and the contents of the spinal column

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protrude from a sac in the lower back; usually results in paralysis of the lower extremities, lack of bladder and bowel control and hydrocephalus. (Norlin, 2003, p. 225)

**Spinal Cord Disorders** – Injury or disease of the spinal column, usually both the nerves and muscles. (Retrieved from <http://iris.peabody.vanderbilt.edu> 5/20/06)

**Universal Design** – Barrier free architectural and building designs that meet the needs of everyone, including people with physical challenges. (Retrieved from <http://iris.peabody.vanderbilt.edu> 5/20/06)



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## Section 5: FREQUENTLY ASKED QUESTIONS

**1. Several types of physical disabilities are listed in the definition for orthopedic impairment. Are these the only physical disabilities that can be considered for eligibility of orthopedic impairment?**

No. These are only examples of physical disabilities. A child with any type of physical disability may qualify as having an orthopedic impairment if he/she meets the two-pronged eligibility guideline listed in this document (a physical disability and its adverse effect on development or educational performance).

**2. Would a physical disability that may not result in a permanent disability such as a broken arm, broken leg, or after-surgery difficulty be considered an orthopedic impairment for educational purposes?**

It depends. Usually a child who has a temporary physical disability will qualify under Section 504 for modifications and/or accommodations within the school setting during the recovery period. However, if the child who has a temporary physical disability experiences adverse effects on educational performance, the child may be referred for evaluation for an orthopedic impairment.

**3. Is a medical report required as a part of the eligibility process for an orthopedic impairment?**

Yes. A report from a physician describing the medical condition of the child is required.

**4. Is the school required to pay for the medical evaluation?**

It depends. In many cases, a medical evaluation will already have been completed and the physician will send a report to the MDT with the parent's written permission. In other situations, the school may have a team of professionals, i.e., physician, occupational therapist, physical therapist who conduct evaluations as a part of the MDT process. This team will conduct the evaluation and write the report. If neither of these situations exists, then the school could be responsible for the evaluation.

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**5. How severe must the physical disability be for the child to be eligible as a child with an orthopedic impairment?**

The severity of the physical disability will be documented in a written report from a physician. However, there must be documentation of an adverse effect on the development or educational performance of the child in order for the child to be eligible as having an orthopedic impairment.

**6. Can a child meet the guidelines for having an orthopedic impairment if he/she is doing well academically in his/her classes?**

Yes. Because the assessment for achievement includes not only academic achievement, but also social/interpersonal skills, adaptive skills, speech/language skills, and any skills considered a part of that child's achievement.

**7. Can a child meet the guidelines for orthopedic impairment if the child has compensated for the physical disability by using orthopedic equipment, i.e., braces, adaptive equipment, etc.?**

It depends. The eligibility for orthopedic impairment consists of ~~is~~ a two-prongs of eligibility including both motor skills and achievement. If the child has compensated for the physical disability through adaptive equipment or prosthesis, yet there is an adverse effect on the educational performance of the child, then an evaluation for orthopedic impairment should be completed.

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## SECTION 6: RESOURCES AND REFERENCES

### REFERENCES

Hallahan, D., Kauffman, J., & Pullen, P. (2015) *Exceptional Learners: An Introduction to Special Education*, 13th Edition. Pearson Education, Inc. <https://www.pearson.com/us/higher-education/product/Hallahan-Exceptional-Learners-An-Introduction-to-Special-Education-Subscription-13th-Edition/9780133572537.html>

Heward, W. (2017). *Exceptional Children: An Introduction to Special Education*, Edition 11: Pearson Education, Inc. <https://www.pearson.com/us/higher-education/product/Heward-Exceptional-Children-An-Introduction-to-Special-Education-Subscription-11th-Edition/9780134201351.html>

Norlin, John W. *Special Education Dictionary, Revised Edition*. Horsham, Pennsylvania:

LRP Publications, 2003. (have to pay and be able to access LRP to see this) (is available if you want to purchase from a used book website)

Peabody College of Education: <http://iris.peabody.vanderbilt.edu>

### WEB SITES

Assistive Technology Industry Association (ATIA) <https://www.atia.org/>

American Occupational Therapy Association (AOTA) [www.aota.org](http://www.aota.org)

American Physical Therapy Association (APTA) [www.apta.org](http://www.apta.org)

Council of Exceptional Children (CEC) [www.cec.sped.org](http://www.cec.sped.org)

Easter Seals Organization <https://www.easterseals.com/>

Education Resources Information Center (ERIC) <https://eric.ed.gov/>

Hydrocephalus Association [www.hydroassoc.org](http://www.hydroassoc.org)

March of Dimes [www.marchofdimes.com](http://www.marchofdimes.com)

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National Arthritis and Musculoskeletal and Skin Diseases Information  
Clearinghouse <https://www.niams.nih.gov/>

Center for Parent Information & Resources <https://www.parentcenterhub.org/>

National Organization on Disability [www.nod.org](http://www.nod.org)

National Rehabilitation Information Center (NARIC) [www.NARIC.com](http://www.NARIC.com)

Spina Bifida Association of America <https://www.spinabifidaassociation.org/>

The Institute for Rehabilitation and Research [www.ilru.org](http://www.ilru.org)

United Cerebral Palsy Association, Inc. (UCP) [www.ucp.org](http://www.ucp.org)