

ORTHOPEDIC IMPAIRMENT

I. DEFINITION

"Orthopedic impairment" means a severe orthopedic impairment that adversely affects a child's educational performance. The term includes impairments caused by congenital anomaly (e.g., clubfoot, absence of some member, etc.), impairments caused by disease (e.g., poliomyelitis, bone tuberculosis, etc.), and impairments from other causes (e.g., cerebral palsy, amputations, and fractures or burns which cause contractures).

II. POSSIBLE REFERRAL CHARACTERISTICS

The referral characteristics for the student with an orthopedic impairment (OI) fall more into the area of physical characteristics. These may include paralysis, unsteady gait, poor muscle control, loss of limb, etc. An orthopedic impairment may also impede speech production and the expressive language of the child. It is important to note that appropriate seating/positioning of the child is of primary consideration for effective screening, evaluation and instruction.

III. SCREENING INFORMATION

A. Required

1. Hearing
2. Vision

B. Recommended

1. Formal (Not applicable)
2. Informal
 - a. Observation
 - b. Checklists

IV. REQUIRED EVALUATION DATA

A. Social History

B. Individual Intelligence (One required)

C. Individual Achievement (One required)

D. Adaptive Behavior (One required)

E. Communicative Abilities (Required as indicated below)

A comprehensive language screening measure is required. Screening instruments must be established and validated for such use and assess areas of receptive and expressive language. These instruments cannot be a single-word vocabulary measure only. Review of social, educational, and communication history and/or classroom observation of communicative abilities should also be utilized.

If the student fails the screening or if language is identified as a problem area, a diagnostic measure is required. If communicative abilities cannot be determined through standardized measures, alternative assessment measures must be utilized.

F. Other

1. Learning processes (Required-- each area of suspected deficit must be assessed
 - a. Visual perception
 - b. Auditory perception
 - c. Perceptual-motor development
2. Medical (Required)
 - a. Physical examination
 - b. Specialized, if indicated

V. OPTIONAL EVALUATION DATA

A. Functional Skills Assessment

B. Vocational Assessment

VI. EVALUATION DATA ANALYSIS

To be eligible for special education and related services as a student with an orthopedic impairment, the following must be present:

- A. A written statement from a physician establishing the type of orthopedic impairment; and
- B. An adverse affect an educational performance which is a direct result of the orthopedic impairment and is not a result of architectural barriers, and the corresponding need for special education and related services.

Once an orthopedic impairment has been identified, any barriers to the student's access to education must be eliminated. Many times an adverse affect on educational performance will not be present once the barriers have been eliminated.

Evaluation data should be analyzed further to determine if learning, communicative, behavioral, perceptual and/or motor problems exist which may require intervention.

VII. PROGRAMMING CONSIDERATIONS

Programming may need to address such things as communication skills, academic skills, perceptual and/or motor functioning, behavior and self-sufficiency. The need for augmentative/alternative communication systems and/or assistive technology must be considered when designing the student's program. [Refer to Assistive Technology, §§ 2.03, 2.04 and 5.08 of Special Education and Related Services: Procedural Requirements and Program Standards (ADE, 2000).] The student with an orthopedic impairment must be given the opportunity to participate in physical education. Such a program may include regular or special physical education, adaptive physical education, movement education and/or motor development.