



a Family Guide to **Special Education Services**

ORTHOPEDIC IMPAIRMENT

VOLUME 9



MISSISSIPPI
DEPARTMENT OF
EDUCATION

Family Guides for Special Education Services

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Other MDE Resources

- **General resources for parents:**
📌 mdek12.org/OSE/Information-for-Families/Resources
- **Parent Engagement and Support**
📌 mdek12.org/OSE/Information-for-Families
☎ 601.359.3498
- **Procedural Safeguards: Your Family's Special Education Rights**
📌 mdek12.org/OSE/Dispute-Resolution

ORTHOPEDIC IMPAIRMENT (OI)

OI Definition

Orthopedic Impairment (OI) means a severe orthopedic impairment that adversely affects a child's educational performance. The term includes impairments caused by a congenital anomaly (e.g., clubfoot or absence of one or more members), impairments caused by disease (e.g., poliomyelitis or bone tuberculosis), and impairments resulting from other causes (e.g., cerebral palsy, amputations, and fractures or burns causing contractures).



Evaluation Requirements

When the multidisciplinary evaluation team is considering eligibility under the orthopedic Impairment category, the evaluation report and/or the eligibility determination report must include a diagnostic report from a physician or a nurse practitioner that provides information regarding:

- A. **The nature of the student's congenital or acquired orthopedic Impairment, and**
- B. **Limitations and precautions to be considered, and**
- C. **Recommendations for educational programming.**



Students with an orthopedic impairment usually have a history of chronic disability and are diagnosed through routine doctor visits as infants and young children. In addition, students who are permanently injured—involving muscles, joints, or bones—usually are diagnosed and receive rehabilitation services. Other impairments are caused by diseases or injuries.



Helpful Vocabulary

Accommodation—Tool that enables a student with a disability to better access the general curriculum. Some accommodations are applicable to instruction only (for example, an assignment that is shortened but still addresses the state standard); others are permitted for both instruction and assessment (for example, change in formatting or timing).

Assistive Technology—Any item, piece of equipment, software program, or product system used to increase, maintain, or improve the functional capabilities of persons with disabilities.

Free Appropriate Public Education (FAPE) Foundational requirement of the Individuals with Disabilities education Act of 2004 (IDEA) stipulating that special education and related services must be provided at public expense (that is, without charge to parents), meet state requirements, include an appropriate education that leads to outcomes such as employment or higher education, and conform to the Individualized education Program (IEP) prepared for the student.

Inclusion—The practice of educating children with disabilities in the general education classroom. Inclusion in special education programs is an important part of the continuum of special education placements required by the Individuals with Disabilities education Act (IDEA). In an inclusion classroom, a student with disabilities feels included, accepted, and makes friends, and the student’s peers learn to better understand their classmate’s disabilities.

Individuals with Disabilities Act (IDEA)—A law that makes available a free public education to eligible children with disabilities throughout the nation and ensures special education and related services to those children.

Individualized Education Program (IEP)—A document written for a child with a disability that is developed, reviewed, and revised in accordance with state and federal policies.

Modification—Adjustment to an assignment, test, or activity in a way that significantly simplifies or lowers the standard or alters the original measurement. modifications change what a student is taught or expected to learn, and most are applicable to students with significant cognitive disabilities. Occupational therapy or occupational therapist (OT)—A therapist that focuses on daily living skills, sensory integration, self-help skills, playing, adaptive behavior and fine motor skills. An occupational therapist would provide sensory integration therapy.

Occupational therapy or occupational therapist (OT)—A therapist that focuses on daily living skills, sensory integration, self-help skills, playing, adaptive behavior and fine motor skills. An occupational therapist would provide sensory integration therapy.

Physical therapy/therapist (PT)—Provides evaluation and treatment of physical disabilities to help the person improve the use of bones, muscles, joints, and nerves through exercise and massage.

Related services—Additional support services that a child with disabilities requires, such as transportation, occupational, physical, speech pathology services, interpreters, medical services, etc.

Significant cognitive disability (SCD)—In order for a student to be classified as having a significant cognitive disability, all of the following criteria must be true:

- The student demonstrates significant cognitive deficits and poor adaptive skill levels (as determined by that student’s comprehensive evaluation) that prevent participation in the standard academic curriculum or achievement of the academic content standards, even with accommodations and modifications.
- The student requires extensive direct instruction in both academic and functional skills in multiple settings to accomplish the application and transfer of those skills.
- The student’s inability to complete the standard academic curriculum is neither the result of excessive or extended absences nor is primarily the result of visual, auditory, or physical disabilities, emotional behavioral disabilities, specific learning disabilities, or social, cultural, or economic differences.

Specially designed instruction (SDI)—universally required component that defines special education and stipulates that students with disabilities receive instruction that includes changes in content, methodology, and/or delivery. It is not dependent on setting and is a primary responsibility of special education professionals.

Speech-language pathologist (SLP)—A speech-language pathologist works to prevent, assess, diagnose, and treat speech, language, social communication, cognitive communication, and swallowing disorders in children and adults.



Ways to Help at Home

Adapted from [cerebralpalsy.org/information/acceptance/tips-for-parents](https://www.cerebralpalsy.org/information/acceptance/tips-for-parents)

Although many parents are faced with the prospect of a child that has difficulty gaining acceptance from peers, those who have children with disabilities cope with a different set of circumstances. Your child is already likely overcoming many obstacles presented by her or his health conditions and all that comes with it, such as medical appointments, interventions, special education, and work-arounds for daily acts of living. Add in the fact your child may walk differently from other children, communicate differently, or use assistive equipment, and your child can struggle through social development.

Here are some tips to help a child enter adulthood with confidence in her or his ability to engage with others.

- 1. Find social opportunities early and often.** One way children can meet potential friends and begin the process of socialization is through activities and interaction with peers. Find activities a child may enjoy and that fit into her or his skill set. The simple process of getting to know other people through engagement and common interests helps the child see that she or he is capable of making friends. This serves as a powerful lesson going forward because a child will be less likely to develop social anxieties that can derail adult relationships down the line.
- 2. Make sure activities include able-bodied children and adults.** It is great to participate in activities that include other children with disabilities because it helps them realize they're not alone. But as they grow up, more able-bodied people will enter their world.
- 3. Able-bodied children and adults often have some anxieties about children with disabilities** because they have questions about it, but it is immensely beneficial to all children to see that they're alike in many ways—even if some people interact differently. Able-bodied people will eventually become coworkers and bosses, and hopefully, friends. It is a good idea to mix up a child's company, so he or she develops socially acceptable forms of interaction.
- 4. Tell your child how much she or he has in common with others.** A child with a disability is likely to feel that she or he is so different from other children that there's no way they could be friends with her or him. In this case, the child needs to hear about what makes her or him similar to other children. For instance, a child may be obsessed with a teen idol. It stands to reason that other children would be, as well. Point this out to the child. This will help her or him feel as if the gap between herself or himself and others is more navigable and less imposing.
- 5. Cultivate your child's interests.** If a child develops an interest, it's an opportunity for her or him to be social. The best thing about interests is that they often carry forward into adulthood—this can give a person with disabilities a lifetime of opportunities to meet and converse with others. If a child stays at home and only takes part in solitary pursuits, she or he will not have those opportunities. Find clubs, troupes, and classes—anything that will pry a child from her or his shell. Experimenting with interests is not only fun, it leads to a sense of mastery and accomplishment. Having confidence in one's abilities helps to develop self-worth, self-image, and self-identity.

- 6. If a child rejects your child, it is not a reflection of your child.** Rejection is a part of life for everyone, not just people with disabilities. It's something that will happen to everyone, multiple times, throughout a lifetime. Naturally, someone with disabilities would believe the rejection occurred because she or he has a disability, but that's not always the case. Let a child know that when rejection occurs, it's more about the other person than it is about her or him. At these times, reinforce in your child a sense of her or his self-worth. For example, simply stating, "Their loss" can do wonders. This establishes the rejection toward the misunderstanding, not a rejection of your child.
- 7. Consider your child's true identity.** When a person's identity is built around her or his disability, it leaves little room for that person to see herself or himself as anything else but a person who is different. People cope better with hardships such as disabilities if they can see beyond labels. A person may have a disability, but perhaps she or he is a soccer player, a father or mother, a flute player, or a chess expert. If a person sees her or his disability as part of another whole, it provides a much-needed perspective.
- 8. Establish limits.** All children need limits. In an attempt to fit in with other children, a child may want to take part in activities that are not safe or are otherwise unreasonable. Setting limits will help children understand that relationships—especially those that begin in childhood—should be unconditional and free of pressure within reasonable limits. Be careful, though, not to underestimate your child's ability to achieve beyond your perception of her or his capabilities. Children never cease to amaze, especially those empowered to do so.
- 9. Focus on abilities.** A child's disability may redefine aspects of her or his interactions with others. That alone is something that will make a child more noticeably different than her or his peers. She or he may have impaired speech, move differently, have difficulty eating, or use assistive devices. But this doesn't change a child's capacity for interacting with others. She or he can still speak and express ideas in many cases. She or he may have limits on her or his movement but can still enjoy a beautiful day outside. When these commonalities are stressed at home, a person with disabilities can see herself or himself as part of a larger world with all types of people.
- 10. Talk to other parents.** Parents of children that live nearby or attend school with a child with disabilities may not know what the child's capabilities are, so they are uncertain if they can tell their son or daughter it is okay to be friends. Be sure to open up about your child to other parents—they are likely to become an encouraging force not only for another parent but also another child. Taking the time to creatively educate others reaps many rewards.
- 11. Encourage your child to share her or his story.** A child with a disability may not feel comfortable talking about the nature of her or his disability, and there may be subjects she or he may never speak about. But sharing how or why she or he has a disability and showing she or he is capable of speaking and relating to other children shows everyone that a person who has disabilities is more like everyone else than different. That's a message worth sharing over and over.

Tips for Parents



Although speech therapy is a vital element in correcting articulation problems, here are some ways to help your child with articulation skills within multiple environments outside of therapy.

- **Learn about orthopedic impairments.** The more you know, the more you can help yourself and your child.
- **Love and play with your child.** Treat your son or daughter as you would a child without disabilities. Take your child places, read together, and have fun.
- **Learn from professionals and other parents how to meet your child's special needs, but try not to turn your lives into one round of therapy after another.**
- **Ask for help from family and friends.** Caring for a child with an orthopedic impairment is hard work. Teach others what to do and give them plenty of opportunities to practice while you take a break.
- **Keep informed about new treatments and technologies that may help.** New approaches are constantly being worked on and can make a huge difference to the quality of your child's life. However, be careful about unproven new fads.
- **Learn about assistive technology that can help your child.** This may include a simple communication board to help your child express needs and desires or may be as sophisticated as a computer with special software.
- **Be patient, keep up your hope for improvement.** Your child, like every child, has a whole lifetime to learn and grow.
- **Work with professionals in early intervention or your school to develop an IEP that reflects your child's needs and abilities.** Be sure to include related services such as speech-language pathology, physical therapy, and occupational therapy if your child needs these. Don't forget about assistive technology either!

Other Helpful Modifications if Your Child Has Disabilities

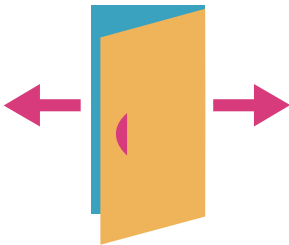
- Lowering light switches and security keypads so your child can reach them
- Installing hard flooring or low pile carpeting for easier navigation
- lowering countertops
- Installing walk-in showers or bathtubs
- Widening hallways
- Making bedroom closets accessible by lowering hanging rods and shelves
- Adding storage solutions for medical supplies
- Installing additional outlets to power medical equipment
- Considering the installation of a generator to power life-sustaining medical equipment

If you need help determining what modifications can best help your child, considering asking your child's occupational or physical therapist for suggestions on home modifications and adaptive equipment. Remember that your child's current and future needs should be taken into consideration when deciding on modifications for your home.

Common Accessibility Problems and Helpful Adaptations

Adapted from sagemobility.com/blog/home-safety-modifications/home-modifications-disabled-children

Some modifications may be very simple solutions that can be taken care of on your own. Other accessibility problems may require more involved solutions. The exact modifications needed will depend upon your child's specific condition and limitations, but every area of the home can be outfitted for convenience, safety, and easy access. Here's a look at some of the most common accessibility problems and helpful adaptations to solve them.

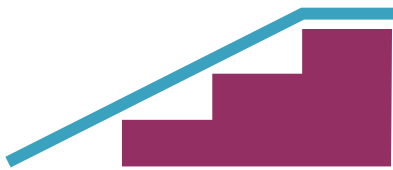
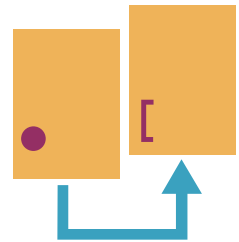


Problem: Narrow doors

Solution: If your child is in a wheelchair or uses other assistive devices for mobility, such as a walker, narrow doors may make it difficult to navigate through the home. Widening the doorway can help, as can swinging a door in the opposite direction or installing special hinges.

Problem: Round knob hardware and fixtures

Solution: Since round knobs on doors or fixtures can be tough to grip for a child with disabilities, replacing them with handle or lever-style handles can help.



Problem: Stairs indoors and outdoors

Solution: For a child with mobility challenges, stairs, both indoors and outdoors, can pose a problem. Outdoors, you may want to consider adding a ramp for entrance and egress from the home. Inside the home, you can install a chair lift to make it easier to navigate stairs.

Problem: Bathroom safety

Solution: The bathroom can always pose a safety risk for a child with disabilities. You can make changes to the bathroom with your child's unique needs in mind. This may include raising or lowering the seat height of the toilet, installing grab bars to prevent falls, and adding adaptive shower or bathtub aids for easy bathing.



Home should be a comfortable, relaxing, and safe place for children with disabilities. However, when children have special healthcare needs or disabilities, it may take some modifications to make the home environment safe and comfortable. Your child may need extra space to maneuver through the house in a wheelchair. Perhaps your child needs easy-to-turn doorknobs or a way to deal with stairs safely. Making home modifications to make the home accessible not only helps your child but can give the whole family a greater sense of security and freedom.

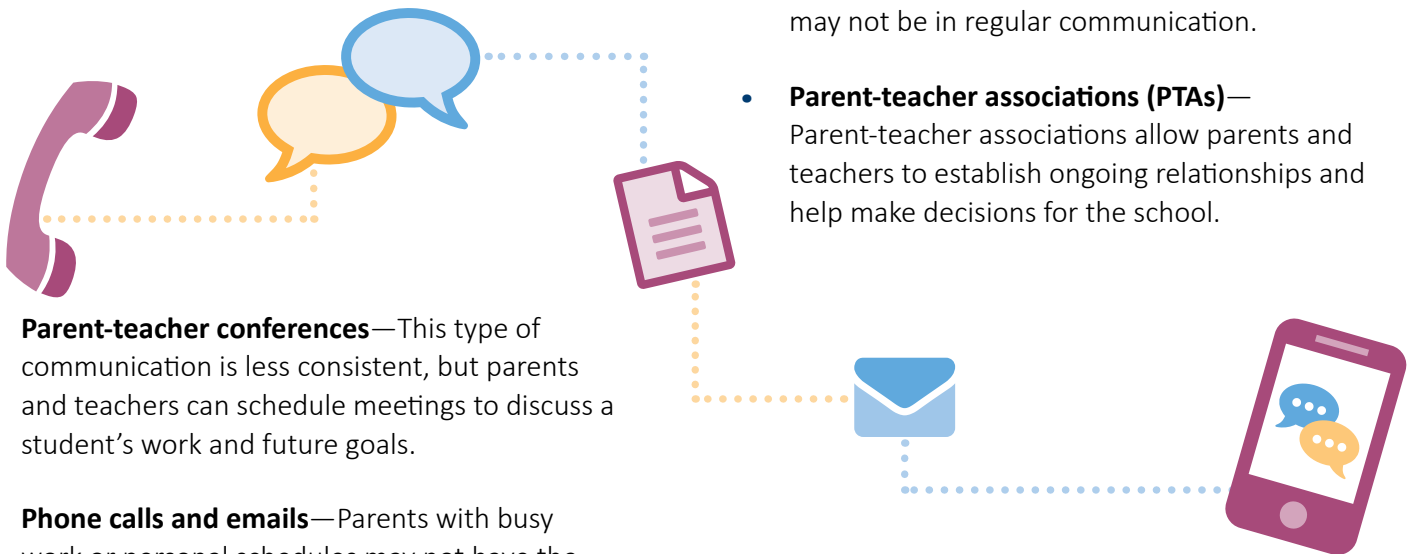


Successful Parent-Teacher Communication

Adapted from Parent-Teacher Communication: Strategies for Effective Parent Inclusion & Engagement | American University—soeonline.american.edu/blog/parent-teacher-communication

Communication is key to a successful inclusion classroom. Parents, general education teachers, and special educators can try the following tactics for successful parent-teacher communication:

- Regular in-person communication**—This type of communication works great for parents who typically drop off and pick up their children from school.
- Open houses**—Most schools host annual open houses where parents can visit their children’s classrooms. This allows teachers to meet parents for the first time or meet a second parent who may not be in regular communication.
- Parent-teacher associations (PTAs)**—Parent-teacher associations allow parents and teachers to establish ongoing relationships and help make decisions for the school.
- Parent-teacher conferences**—This type of communication is less consistent, but parents and teachers can schedule meetings to discuss a student’s work and future goals.
- Phone calls and emails**—Parents with busy work or personal schedules may not have the opportunity to go to the school or schedule conferences. These parents may be easier to reach via phone or email. Phone calls and emails can also be used by teachers to regularly communicate with parents between conferences.
- Text messages**—Some teachers use mass text messages or special messaging apps to communicate with parents. Several text services, such as Remind, cater specifically to teachers.
- Homework handouts and newsletters**—Teachers can create handouts containing information about homework and other tasks for students to take home. Teachers can also write weekly or monthly newsletters to update parents on what is going on in the classroom and how they can participate.
- Class websites**—Teachers can create classroom websites to post announcements, homework, and reminders to help ensure they don’t get lost in communication between the classroom and home. Similar methods of communication include social media sites or learning management platforms such as ClassDojo.





Resources

- The Mississippi Department of Education (MDE) Office of Special Education**—A service-oriented office that seeks to improve the education experience for children with disabilities
mdek12.org/oSe
- Mississippi Department of Rehabilitation Services (MDRS) Office of Special Disability Programs**—An online resource directory working to connect families and individuals on the autism spectrum with the therapeutic and educational services they deserve
mdrs.ms.gov/SpecialPrograms
 800.443.1000
- National Center on Health, Physical Activity & Disability (NCHPAD)**—The premier resource for information on physical activity, health promotion, and disability, serving individuals with physical, sensory, and cognitive disabilities across the lifespan. NCHPAD features a variety of online resources and services.
nchpad.org
 800.900.8086
- National Rehabilitation Information Center (NARIC)**—Provides a list of disability resources organized by subject to help parents find agencies, organizations, and online resources for treatment, benefits, and services.
naric.com
- Spina Bifida Association of America**—Advocates for research to improve the lives of people living with spina bifida, including the National Spina Bifida Patient Registry (NSBPR) housed at the Center for Disease Control.
spinabifidaassociation.org
 800.621.3141
- U.S. Department of Education**—Their mission is to promote student achievement and preparation for global competitiveness by fostering educational excellence and ensuring equal access.
ed.gov
- U.S. Department of Education-Office of Special Education and Rehabilitative Services**—The mission of the Office of Special Education Programs is to lead the nation's efforts to improve outcomes for children with disabilities, birth through 21, and their families, ensuring access to fair, equitable, and high-quality education and services.
ed.gov/about/offices/list/oser
- United Cerebral Palsy (UCP)**—educates, advocates, and provides support services to ensure a life without limits for people with a spectrum of disabilities. UCP has a mission to advance the independence, productivity, and full citizenship of people with a spectrum of physical and orthopedic disabilities.
ucp.org
 800.872.5827

MDE-specific resources include:

- General resources for parents:**
mdek12.org/OSE/Information-for-Families/Resources
- Parent Engagement and Support**
mdek12.org/OSE/Information-for-Families
 601.359.3498
- Procedural Safeguards: Your Family's Special Education Rights**
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