**School-Based Physical Therapy in Israel**

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In Israel, children with special needs are entitled to physical therapy (PT) services under two laws that are administered by two different ministries. The National Health Insurance Law holds the Ministry of Health responsible for providing healthcare services countrywide. Services are delivered by four health maintenance organizations (HMOs), aka “health funds” or “sick funds.” PT is one of the medical services that belong to the basic “basket” of healthcare services. Within this construct, a citizen can meet with a physical therapist as part of rehabilitation services, general acute or chronic services, or child-development services (Ministry of Health, 1994).1

Under the umbrella of child-development services, a child is entitled to receive an unlimited number of therapy sessions up to three years of age, twenty-seven sessions per year up to age six, and nine sessions per year up to age nine. A child with a disability caused by a disease that impairs his or her central and peripheral nervous system or musculoskeletal system, and which causes persistent functional disability, is entitled to therapy as needed and without limitation up to age eighteen (Ministry of Health, 2002).2

Children aged 0–3 who have severe disabilities may attend special daycare centers run by the Ministry of Labor, Social Affairs, and Social Services. PT services in these centers are sponsored by the Ministry of Health (through the HMOs).3

The Israeli Special Education Law (SEL) specifies that physical therapy (PT) services for children ages 3–21 who have motor disabilities shall be delivered by the Ministry of Education in institutions of education: “Teaching, studying, therapy and additional services are given under the law to a child with special needs, including physical therapy, occupational therapy, speech and language therapy, and other required services as needed. The frequency, intensity, and type of intervention are decided collaboratively by the school faculty as part of the child’s personal program … in accordance with the system’s capabilities” (Ministry of Education, 1988).4

Children who receive treatment within the ambit of special education do not lose eligibility to receive services from their healthcare provider as well. Thus, children with motor disabilities are entitled to PT services under two different laws via two different ministries.

School-based physical therapists are employed by the Ministry of Education’s Department of Special Education. Most PT services are delivered in special-education schools. There is a vast difference between PT services in special-needs schools and those in regular mainstream schools. **In the former,** PTs are integrated into school faculties and collaborate with educators, teachers, and other healthcare service providers (e.g. occupational, speech, and language therapists), creating collaborative teamwork. Practice is guided by the ecological theory and the International Classification of Functioning, Disability and Health (the ICF model) and PT is delivered commensurate with the child’s needs in different service delivery models (direct, integrated, monitoring, etc.).

Delivery of PT services for children with disabilities who attend **regular schools** varies. Not all such children receive PT at school as part of special related services. The country is divided into sixty-eight districts, each using a different model for the delivery of PT services. Each district has a special-education center that is responsible for providing regular schools in its district with related services. Physical therapists are not integrated into regular school faculties; PT services are ostensibly provided in regular schools as part of the inclusion services that children with disabilities receive, but delivery in practice does not always take place. In some cases, there is no PT at all; in other cases, delivery takes place but rarely via a consultative model, and individual direct PT intervention sometimes occurs. In regular schools, where PT is involved, it follows the caseload model.

The purpose of PT in the education system is to enable students to maximize their potential and thus integrate, function, learn, and flourish in school and outside of it, in shared activities with peers and family members. In Israel, there is no distinction made between clinical PT and PT delivered in educational settings. The duties of a physical therapist in school are diverse and include, but are not limited to, assuring access and adjusting the scholastic environment to the child’s needs, adapting and practicing mobility in school and elsewhere, promoting independence in Activities of Daily Living, and fostering progress in motor activities to encourage participation in sports and recreational activities.

**References:**

1. National Health Insurance Law, Ministry of Health, 1994 <https://www.health.gov.il/LegislationLibrary/Bituah_01.pdf>

2. Ministry of Health, 2002 <https://www.health.gov.il/hozer/mr42_2002.pdf>

3. Rehabilitation Day Care Act, Ministry of Labor, Social Affairs and Social Services, 2000 https://www.health.gov.il/LegislationLibrary/Shikum\_01.pdf

4. Special Education Law, Ministry of Education 1988 https://www.nevo.co.il/law\_html/law01/152\_048.htm