The advances that have been made in the field of medicine have created a large population of students in the public school setting with medical and health needs. It’s important for schools and medical professionals to communicate in order to ensure that each child’s needs are being appropriately met. Every child, age 3-21, has the right to free appropriate public education (FAPE), regardless of their level of need and support. These educational services should be provided in each child’s least restrictive environment (LRE), which should be determined by the Individualized Education Program (IEP) team. Medical professionals offer a wealth of information to the IEP team about a child’s specific needs and abilities. They can share information about medications and their side effects, any changes in medications, how a child is progressing in therapy, and information about current goals that may be embedded into instructional time at school. On the other hand, schools can provide doctors or therapists insight into how a child is functioning cognitively, socially, and physically in their natural environment. Through effective, ongoing collaboration, students with medical, physical, and health concerns will have the most effective treatments and educational plans in place to meet their unique needs.

Quick Facts About School Services
- A child may receive related services if they are needed for the child to benefit from special education. Related services may include: transportation, speech, audiology, interpreting services, psychological services, PT, OT, therapeutic recreation, orientation and mobility services, school health/school nurse services, and social work.
- Each child should have assistive technology available if it is needed as part of their IEP. The need for assistive technology should be considered for each child, as well.
- Once it is decided that a child will receive a special education evaluation, the school has 60 calendar days to complete their evaluations. Once the evaluations have been completed, the school has 30 days to meet and determine eligibility. If the child is eligible for special education services, the team has 30 days to conduct an IEP meeting. This means the special education process can take up to 120 days.
- The IEP team can meet at any time during the year to review and revise the IEP. This is helpful if there is a change in treatment, medications, or abilities, so that the IEP accurately reflects the child’s needs.

Resource: Alabama Administrative Code, effective 5/14/09
Children’s Rehabilitation Service

Cynthia Murphy, LCSW

Children’s Rehabilitation Service (CRS) is a division of the Alabama Department of Rehabilitation Services (ADRS) that serves children birth to 21 years of age with special health care needs and adults with hemophilia. The goal of CRS is to provide and promote family-centered, community-based, coordinated care for children with special health care needs and to facilitate the development of community-based systems of services for the children and families they serve.

In 1998, CRS began to offer specialized services for children with Traumatic Brain Injury (TBI). These services are delivered by five TBI care coordinators, who are housed in CRS offices around the state. As part of these services, a pre-discharge model was developed, whereby the TBI care coordinators in the Homewood office attend the weekly Pediatric Rehabilitation Team staffing meeting at Children’s Hospital (CHA). After receiving a referral from CHA staff, the coordinators meet the patients and their families and inform them of the support and services CRS and other community agencies can provide after discharge from the hospital.

For families who elect to enroll in CRS, the enrollment process can be initiated while the patient is still hospitalized. The families are given contact information for the local CRS office and the intake paperwork is forwarded to the appropriate care coordinator. After the family is back in their local community, the coordinator will make a home visit and will be available to make school visits as necessary. The coordinators assist the child and family by addressing recovery needs, providing supportive services to the child and caretakers, identifying resources, and assisting with educational planning. The Homewood based TBI care coordinators attend the monthly Pediatric Rehabilitation Medicine Hospital Follow-Up Clinic. At this clinic visit, medical, health, therapy, school, and community issues are addressed. Specific follow-up concerns and plans can be communicated from CHA staff to the care coordinators during this clinic visit. CRS has found this partnership invaluable in providing comprehensive medical and community-based services to children with special health care needs.

Pediatric Rehabilitation Medicine Receives Wii Gift

Beasley Allen law firm is joining trial attorneys across the country in an effort to help people rediscover healthy living by donating Nintendo Wii gaming systems to local rehabilitation centers, nursing homes, hospitals and similar facilities. The project is being coordinated by The InjuryBoard Foundation, Inc., the non-profit arm of InjuryBoard.com, an online community of personal injury law firms, attorneys, safety industry experts and consumer advocates.

Beasley Allen utilized its presence on the popular social networking site, Facebook, to gather suggestions from Beasley Allen “friends” and “fans” about who should benefit from Project Wii-hab in our area. Children’s Hospital was selected as the overwhelming favorite. The Wii will go to the UAB Division of Pediatric Rehabilitation Medicine at Children’s Hospital, which serves children with conditions affecting motor development, function and independence.

More than just a game, the Wii has been changing perceptions about what exercise is all about, and making it accessible to people with limited physical abilities. The Wii offers a variety of virtual sports, including bowling, golf and tennis, using a handheld wireless controller.
Meet Dr. Niedzwecki

Dr. Christian Niedzwecki is the new fellow in UAB’s Division of Pediatric Rehabilitation Medicine at Children’s Hospital. He attended the University of North Texas Health Science Center at Fort Worth – Texas College of Osteopathic Medicine where he received his Doctor of Osteopathic Medicine degree in 2003. He completed his rehabilitation residency at Virginia Commonwealth University. He will take the Physical Medicine and Rehabilitation Board examination in August 2009 and the General Pediatrics Board examination in October 2009.

Dr. Niedzwecki is a member of the American Academy of Physical Medicine and Rehabilitation, the American Academy of Pediatrics, the American Academy of Osteopathy and the American Osteopathic Association. Dr. Niedzwecki’s special interests include pediatric traumatic brain injury, acute functional outcomes in pediatric traumatic brain injury, pediatric spasticity management and pediatric spinal cord injury.

Patient Spotlight: David Pitts

David will tell you his time on the rehabilitation medicine service at Children’s Hospital was the longest month ever. The month he refers to was January 2009 when David went to the emergency room for lower back pain, numbness, and weakness in his lower extremities caused by an epidural abscess (a rare disorder caused by infection in the area between the bones of the skull or spine, and the membranes covering the brain and spinal cord) in the thoracic region of his spinal cord. As a result of the finding, David was transferred to Children’s Hospital for evaluation and treatment. David came to the rehabilitation service to learn how to perform many skills and activities from his wheelchair. He participated in physical, occupational, and recreational therapies while at Children’s Hospital. Rhett Wheeler, his physical therapist, called David “the type patient any therapist would love to work with.” “He was highly motivated and never whined or complained about what we were doing. He was very goal-focused and worked hard to meet all of his stated functional goals in the inpatient and outpatient settings.”

Even though David felt that the time he was in the hospital seemed to crawl, he recognizes that as a result of his stay on the rehabilitation service, he is now able to do many things for himself – and that he has accomplished more than he imagined. He does admit that he did not enjoy all aspects of his therapy, such as the hand cycle exercises.

Since his injury, David says that one of the main changes in life he has had to adjust to is not being able to drive. However, David is very excited that he will soon be driving again! He recently completed driving school through vocational rehab and is waiting for modifications to his car. In September, he will join Lakeshore Foundation’s basketball team. David is a senior at Pleasant Valley High School and like most seniors, he is looking forward to graduating and starting college. But where he wants to go to college isn’t important, David is willing to go wherever he can get a scholarship. David’s advice for other kids who are dealing with being on rehabilitation service and dealing with therapy is just to try your hardest; you never know how you will do until you do it!
Rehabilitation Awareness Open House

Rehabilitation Awareness week is September 20th-26th. UAB’s Division of Pediatric Rehabilitation Medicine at Children’s Hospital will be hosting an open house on October 1st from 3:30-5:00 in the OT/PT gym at Children’s Hospital. Please join us for the fun, food, and games. Take this opportunity to learn more about the benefits and impact of rehabilitation. For more information check out our website http://rehab.chsys.org.

To refer a patient, please call: 205-939-9790

For more information about Pediatric Rehabilitation Medicine, visit our website at http://rehab.chsys.org

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