

Occupational Therapy and Children

By: Erin Mahoney, MOT, OTR/L

A child's ability to participate in activities of daily life such as eating, dressing, learning, and play are synonymous with their "occupations." Often, these activities are affected by disability, injury or developmental delay. When a child has difficulty meeting or is losing developmental milestones, referral to an occupational therapist (OT) is necessary.

Occupational therapists provide services to children of all ages who have, or are at risk for, developmental delays or disabilities. OT practitioners are skilled professionals whose education includes the study of human growth and development with specific emphasis on the social, emotional, and physiological effects of illness and injury. Extensive didactic and clinical education culminates in a Bachelors, Masters, or clinical Doctorate in occupational therapy.

OT's use their unique expertise to help children with social, emotional, physical, and cognitive impairments. In addition, delays in functional communication and behavioral problems are areas where the skills of the OT are of great value. Within the field of pediatrics, OT's work with a variety of conditions including prematurity, low birth weight, prenatal drug exposures, congenital abnormalities, neurological disorders, sensory processing difficulties, challenging behaviors, neuromuscular diseases, and interactions between child and caregiver.

Pediatric OT's treat diverse diagnoses such as oral motor delays, feeding aversions, fine motor delays, cognitive delays and orthopedic conditions. They are specialists at behavioral management and enabling patients to perform activities of daily living. OT's are unique in their ability to assess environmental needs as well as requirements for adaptive equipment to increase the infant or child's overall functioning.

OT's play an important role in educating parents, caregivers and teachers about child development and aid in designing home education programs. They collaborate with a rehabilitation team that may include physicians, physical therapists, speech language pathologists, psychologists, teachers, and parents to identify and provide for the needs of each child.

Red flags that may warrant a referral to a pediatric occupational therapist are difficulty or delays in any of the following:

Fine motor skills:

- Cutting, drawing, writing
- Opening or closing containers
- Bringing hands to midline or manipulating small objects

Gross motor skills:

- Patient is overly clumsy (poor motor planning)
- Rolling, sitting, standing, jumping or running

Self care skills:

- Transitioning through food stages appropriately
- Toileting, dressing and oral motor skills
- Food aversions
- Fastening buttons, snaps or zippers on clothes

Sensory processing skills: (If child presents with the following signs)

- Always on the go, short attention span interfering with functional skills
- Overly lethargic, low tone
- Gravitational insecurities (afraid of swinging or movement activities)
- Poor body awareness (no crying, startle or reaction to injury)
- Over sensitive to sound and touch

If pediatric patients show these or other developmental delays, physicians should consider a consultation with an Occupational Therapist for a thorough evaluation and recommendation. The sooner an intervention occurs, the better the outcome to improve the patient's function and quality of life.