

UNDERSTANDING PHYSICAL AND OCCUPATIONAL THERAPY

FOSTERING THE MEDICALLY COMPLEX OR MEDICALLY FRAGILE CHILD

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A LITTLE BIT ABOUT ME:

- Pediatric occupational therapist
- Wife and mom of two amazing children and one toy poodle
 - Emma- 16, Keagan-12, Homer- 5
- Therapy supervisor and EI/therapist at ACCA'S ILP/birth to three program for the past 23 11/12 years
- Taxi driver, chef, poor excuse for a house cleaner, dog wrangler, entertainer, event planner and travel agent...just to name a few
- In my free time I love to read, walk, shop, travel, go antiquing, cook, and spend time with friends and family

BRADSHAW FAMILY



A LITTLE BIT ABOUT ME AS AN OCCUPATIONAL THERAPIST:

- Graduated from SUNY Downstate in Brooklyn, NY with a BSOT
- 2012 graduated from University of Oklahoma Health Science Center with an advanced Master's degree in Rehabilitation Sciences with an emphasis in pediatrics
- Completed 8 week pediatric NDT training program
- Member of the FASD diagnostic team at ACCA
- BABIES trained (Joy Brown)
- Worked in outpatient pediatric setting
- Chair of the State ILP Professional Development Committee
- Life long learner

INTEREST AREAS AS AN OCCUPATIONAL THERAPIST:

- Children with complex medical care needs and/or children who are medically fragile
- Feeding challenges including children requiring feeding tubes or wanting to wean from feeding tubes
- Premature infants including micro preemies
- Down Syndrome
- Neurological disorders including cerebral palsy
- FASD and NAS
- Sensory processing and regulation difficulties
- Early childhood infant mental health- the *Relationship*
- Working in partnership with families
- Supervising therapy staff

WHAT IS OCCUPATIONAL THERAPY:

Occupational therapy is the only profession that helps people across the lifespan to do the things they want and need to do through the **therapeutic use of daily activities (occupations)**. Occupational therapy practitioners enable people of all ages to live life to its fullest by helping them promote health, and prevent—or live better with—injury, illness, or disability.

Occupational therapy practitioners have a holistic perspective, in which the **focus is on adapting the environment and/or task to fit the person**, and the person is an integral part of the therapy team. It is an evidence-based practice deeply rooted in science. (AOTA, 2021)

www.aota.org

OCCUPATIONAL THERAPY'S ROLE WITH CHILDREN AND YOUTH (AOTA)

Occupational therapy practitioners **collaborate** with parents/caregivers and other professionals to identify and meet the needs of children experiencing delays or challenges in development; **identifying and modifying or compensating for barriers** that interfere with, restrict, or inhibit functional performance; **teaching and modeling skills** and strategies to children, their families, and other adults in their environments to extend therapeutic intervention to **all aspects of daily life tasks**; and **adapting activities, materials, and environmental conditions** so children can **participate** under different conditions and in **various settings** (e.g., home, school, sports, community programs).

WHAT IS PHYSICAL THERAPY:

Physical therapy is a non-invasive discipline that helps individuals **develop, maintain and restore maximum body movement and physical function**. Physical therapy can help clients recover from an injury, relieve pain, prevent future injury or deal with a chronic condition. It can be applied at any age or stage of life. The ultimate goal of physical therapy is to **improve health and quality of life**.

<https://www.oleanpt.com/library/4298/WhatIsPhysicalTherapy.html>

Physical therapists are movement experts who improve quality of life through prescribed exercise, hands-on care, and patient education. (APTA, 2021)

PHYSICAL THERAPIST ROLE WITH CHILDREN AND YOUTH:

Physical therapists provide services aimed to **improve mobility, develop or restore function, alleviate pain, prevent or decrease permanent physical disabilities, and promote overall health and wellness.** Pediatric physical therapists work in **collaboration with children and their families** to provide services aimed at promoting a child's ability to **function independently and participate actively in home, school, and community environments.** Pediatric physical therapy **promotes independence, increases participation, facilitates motor development and function, improves strength and endurance, enhances learning opportunities, and eases challenges with daily caregiving.**
<http://www.pediatricapta.org/>

WHERE WE WORK:

- Early Intervention/ Infant Learning Programs (birth to 3)
- School District
- Pediatric Private Therapy clinics
- Hospital inpatient and outpatient settings
- Home Health
- ABA programs
- Summer camps
- Specialty Care settings (neurodevelopmental clinics, DME, diagnosis specific clinics, etc)
- NICU, PICU, and CICU

WHERE WE WORK:



SPECIALTY AREAS:

- Hippotherapy
- Aquatic therapy
- NDT, Perceptual Action
- Oral motor and feeding therapy
- Bodywork (myofascial, craniosacral, etc)
- Sensory Integration
- Orthotics and splinting
- Seating and Mobility
- Therapeutic Listening
- Constraint Induced Movement Therapy (CIMT)



PLACES WE MAY TREAT YOUR FOSTER CHILD:

- Clinic
- School/Classroom
- Childcare
- In your home
- Out in the community/Natural environments
 - Grocery store
 - Park
 - Swimming pool
 - Children's Museum
 - Gym
 - OCS or anywhere child may have visitation with bio family
 - Anywhere your foster child enjoys spending time



WHAT PHYSICAL THERAPY MIGHT WORK ON (NOT A COMPLETE LIST)

- Positioning including specialized seating
- Functional Mobility
 - Sitting, rolling, crawling, standing, walking, climbing, running, jumping, wheelchair mobility, etc
- Strength and endurance
- Balance and coordination
- Core strength
- Vestibular movement
- Orthotic fitting and use
- DME sizing and ordering
- Range of Motion and stretching
- Breathing and rib cage



WHAT OCCUPATIONAL THERAPY MIGHT WORK ON:

- Activities of Daily Living
 - Dressing, bathing, toileting, self-feeding, eating, sleep, toothbrushing, grooming, time management
- Active participation in daily routines and activities at home, school and in the community
- Strength and endurance
- Functional Mobility
- Seating and positioning
- Regulation and self soothing
- Attention to tasks
- Fine motor skills
- Visual motor and perceptual skills
- Environmental and activity adaptation to support child's participation
- Interaction, social skills and challenging behaviors
- Cognitive and play skills



OT AND PT FOR SENSORY PROCESSING & INTEGRATION:

Sensory integration is the process by which people register, modulate, and discriminate sensations received through the sensory systems to produce purposeful, adaptive behaviors in response to the environment (Ayres, 1976/2005).

Effective **integration** of these sensations enables development of the skills needed to successfully participate in the variety of occupational roles we value, such as care of self and others, engagement with people and objects, and participation in social contexts (AOTA, 2008)

Children with complex medical needs may experience many sensory processing and integration challenges that will need to be addressed both at home and in therapy, often before we can begin to work on other skills. For example, if a child can not tolerate touch to their hands and face we will have a hard time working on feeding or if a child doesn't like movement it will be hard to work on rolling, crawling or propelling their wheelchair.

SENSORY SYSTEMS THAT MAY REQUIRE INTERVENTION:

- Vestibular (balance and movement)
- Proprioceptive (joint position sense)
- Visual
- Auditory
- Gustatory (Taste)
- Olfactory (Smell)
- Tactile (Touch)
- Interoception (sense of the internal state of the body)

SENSORY BASED OT AND PT THERAPY:



POSITIONING EQUIPMENT:



MOBILITY EQUIPMENT:



EQUIPMENT FOR ACTIVITIES OF DAILY LIVING:



ORTHOTICS, SPLINTS AND HELMETS:



FOSTER PARENTS AS PARTNERS IN THERAPY:

- You play a valuable role in your foster child's therapy
- We rely on you to help us understand your foster child's:
 - current level of functioning
 - Strengths and weaknesses
 - Functional challenges related to everyday routines and activities
 - Preferred activities, toys, people, routines
 - What would be most beneficial to focus on during therapy
 - What is working well
 - What isn't working well
 - What would make life easier for your foster child at home, school and in the community
 - Challenges with caregiving
 - Is it too much or not enough

DESIGNING A THERAPY PROGRAM THAT WORKS FOR EVERYONE:

- When we all work in **collaboration** (therapists, foster parents, case workers, pediatricians, teachers, childcare providers, medical specialists, caregivers and the biological parents) we are best able to support the foster child in meeting their goals at home, school and in the community.
- I believe open communication between therapist and foster parent is key in creating a therapy plan that is meaningful and successful
- These children will come into your home with many challenges and perhaps some new and scary equipment but they will also provide you and your family some of the greatest joys and rewards. Thank you for all you do!

TIME FOR QUESTIONS:



THE END

