OCCUPATIONAL THERAPY (OT) SERVICES

The term “occupational” refers to OT’s focus on purposeful activity. For infants & toddlers, OT refers to basic activities such as self-help, sensorimotor exploration, & play. Occupational therapists (OTs) seek to prevent disability or developmental delay and to improve functional skills in play, learning, self-help, fine motor, gross motor & postural development, & organized integration of sensorimotor experiences. OT services begin with an assessment of a child’s developmental skills using various instruments. Assessments generally include clinical observations of the child in daily routines & natural settings, and administration of standardized measures, such as the Peabody Developmental Motor Scales (fine motor skills), or the Sensory Profile (sensorimotor skills). Criterion-referenced tools, such as the Hawai‘i Developmental Charts, may also be used.

Occupational therapy involves the use of play experiences & purposeful activities to:

- Facilitate feeding skills (e.g. selecting an adapted spoon for independent feeding).
- Facilitate adaptation to sensory experiences (e.g. wrapping the child in a sheet & swinging back & forth to improve vestibular tolerance).
- Develop sensory-motor skills (e.g. working on moving across different surfaces, like grass & cement).
- Promote behavioral organization & regulation (e.g. helping child learn to calm him/herself).
- Increase the variety & quality of the child’s play skills.
- Fabricate splints for proper joint motion & alignment.
- Enhance interactions between families & infants (e.g. lessening their anxiety by teaching them how to play with & hold their child effectively).
- Teach families techniques to adapt the child’s self-help skills to meet his/her needs (e.g. a child who incessantly bangs his/her head on things may be trying to calm down, so the OT would suggest the family offer the child a comfort toy or object to help calm him/herself.

“The most important thing for an occupational therapist to remember is that therapy should be fun when working with the 0-3 population. When therapy is fun, the child is more likely to realize his/her potential.”