

# Children's Integrated Therapies

## Occupational Therapy (OT)



### OT Service Information and Screening

This pack has been modified with permission from the Paediatric Occupational Therapy team in Buckinghamshire and the North Surrey Locality

## Contents

Referral Criteria	3
Instructions on using the Flowcharts	5
<u>Flowcharts to Activity Sheets</u>	
• Making Sense of What you See (Perception)	7
• Handwriting	8
• Tool Use and Self Care Skills	9
<u>Flowcharts to Equipment and Strategies</u>	
• Seating	11
• Pencil Skills	13
• Using Tools	14
• Attention	14
• Feeding	15
• Sensory	16
Progress Record and notes	17

## Occupational Therapy Referral Criteria

The Children's Community Occupational Therapy service is designed to provide assessment and a range of therapeutic interventions for children who have a complex, severe or enduring physical and/or developmental condition that significantly affects their ability to achieve their potential in activities of daily living.

### **Referral Procedure:**

We accept referrals from health care professionals and education professionals e.g. allied health professional, school nurse, GP's, community child health paediatrician, teacher's educational psychologists. We also accept referral from parents and young people (over 16 years) who have previously been known to the service.

- **Referral Criteria:** All referrals must clearly indicate the **functional** difficulties that are appreciably impacting upon performance with occupations (self-care, school / college skills and / or play / leisure activities).
- The difficulties indicated must be **out of line with the child / young person's physical and cognitive level of development.**

A 'functional difficulty' may include but is not limited to:

- Being able to feed independently
- Being able to dress independently
- Being able to play with toys and games
- Being able to access the curriculum eg difficulty with hand function eg writing
- Accessing suitable toileting/bathing facilities

### **Referral Guidelines:**

Prior to referral please implement strategies from the flow charts below or from implementing specific task orientated activities from our website for a minimum of 12 weeks prior to referral (link on next page). Difficulties must be significant and persistently interfere with functional activities that have not improved with practice.

### **Developmental Guidelines**

These are guidelines of what milestones should be achieved and if not, would then be appropriate for OT input (unless there is an underlying neurological condition).

By age three:

- Eat independently with a spoon
- Drink from an open cup
- Pick up small object with thumb and finger (pincer grasp)
- Build a tower of 8 wooden blocks
- Put large beads onto thick cord
- Independently take off clothes
- Completes simple shape form board
- Start to mark make on paper

By age four:

- Build a ten block tower
- Copy a vertical and horizontal line and circle
- Thread small beads onto a lace
- Eat independently with a spoon and fork
- Dress by self except fasteners and correct orientation (e.g. top back to front)
- Independent toileting with assistance for wiping
- Does simple 8 piece jigsaw puzzle

By Age Five:

- Hand dominance established
- Holding pencil to draw
- Can copy + X □
- Can button large buttons
- Start to use a knife to cut soft foods
- Dress and undress with minimal assistance
- Completes 15 piece puzzle

By Age Six:

- Prints own name
- Can draw a line with a ruler
- Can attempt to spread butter onto bread
- Copy a triangle
- Colour within the lines
- Use scissors to cut out general shape

By Age 7:

- Fully independent with dressing including fasteners
- Independent toileting including wiping
- Attempt to tie shoelaces
- Able to use a pencil sharpener and eraser
- Able to form all letters of the alphabet correctly
- Functional use of knife and fork

Referral Forms:

<http://www.oxfordhealth.nhs.uk/children-and-young-people/oxon/integrated-therapies/making-a-referral/>

In addition to the referral form, please also complete a consent form, parent questionnaire and teacher questionnaire (school age only) with all referrals.

For more information about Occupational Therapy see the Oxford Health Website and or contact the local integrated therapies team. contact details on the Website.

<http://www.oxfordhealth.nhs.uk/children-and-young-people/oxon/integrated-therapies/occupational-therapy-2/>

OT Website Activity Sheets:

<http://www.oxfordhealth.nhs.uk/children-and-young-people/oxon/integrated-therapies/occupational-therapy-2/activity-sheets/>

## **Instructions for using the Flowcharts**

### **What are the flowcharts?**

A set of screening questions devised to help you establish which of the activity sheets, equipment or strategies are appropriate for the child. These flowcharts and activities should be used prior to referral to OT and practiced on a regular basis for a minimum of 12 weeks.

### **What is the progress Record Form?**

Documentation to monitor progress / increased participation of the activities highlighted as initial areas of concern.

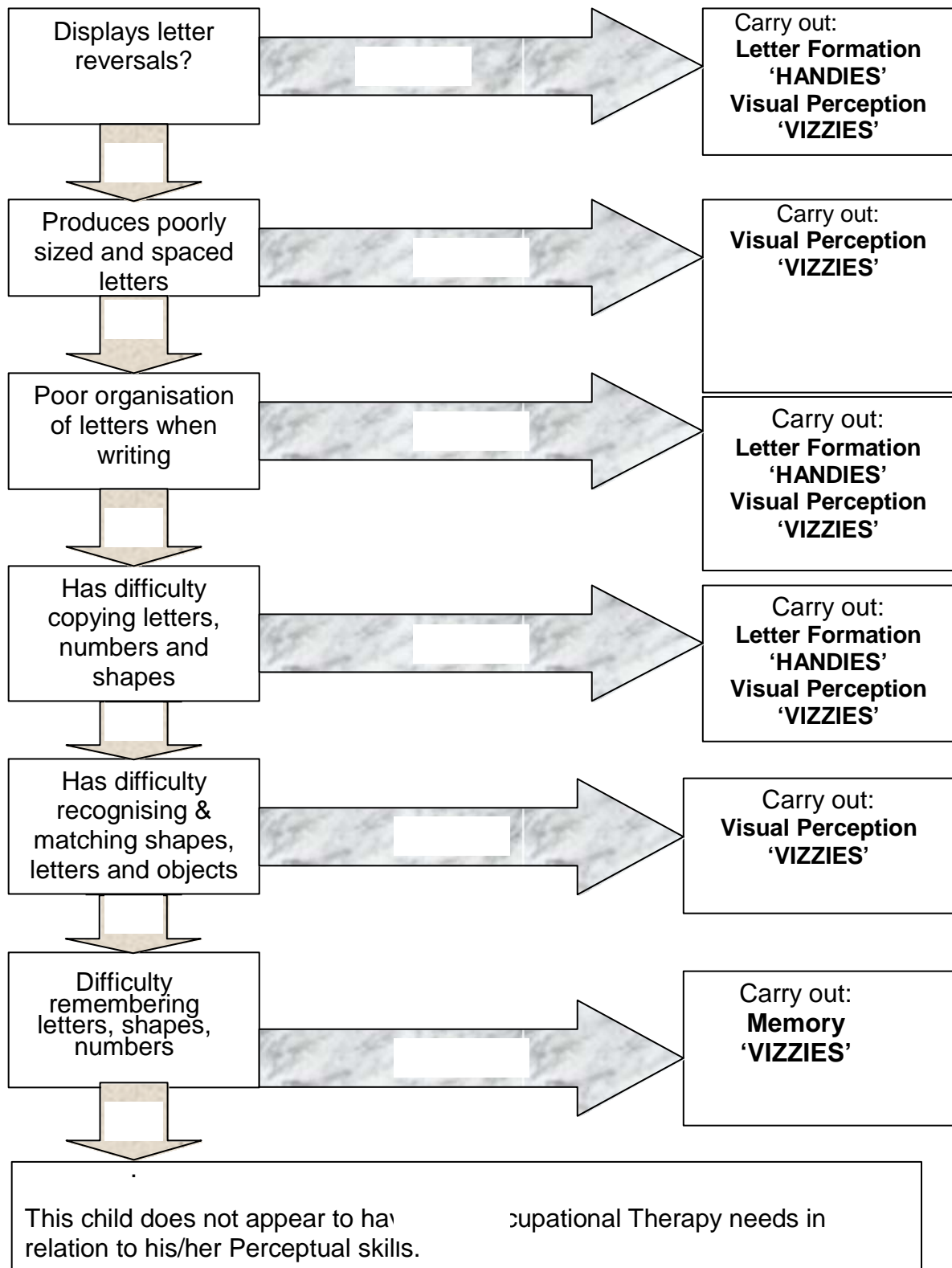
### **How do I use the flowcharts?**

1. A child is identified as having functional difficulties.
2. Decide which flowchart areas the child is having difficulties in.
3. Starting with the first question on the flowchart, work your way down through all of the questions.
4. When a child indicates a YES answer, note down the appropriate activity sheet, equipment or strategy.
5. Refer to the appropriate activity sheet/s, and carry out the recommended activities. Trial recommended equipment and implement strategies for a minimum of two terms (12 weeks)
6. If the child does not appear to have any of the difficulties highlighted on any of the flowcharts, it is unlikely the child has a need to be referred to Occupational Therapy.

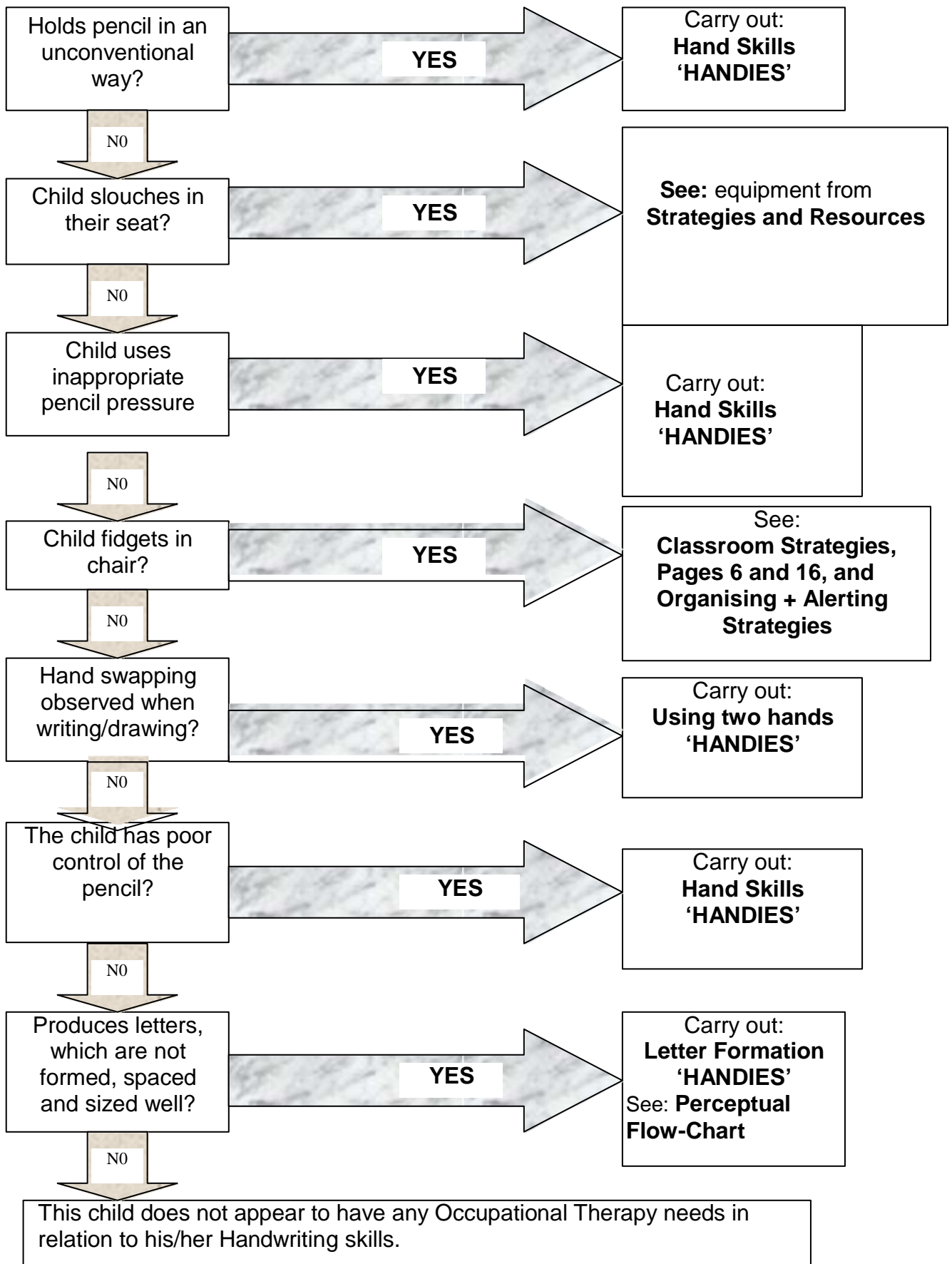
### **Additional Resources:**

- In addition to the activity sheets, equipment and strategy sheets the child should have regular practice of the task they are finding difficult
- Additional strategies to address overall functional difficulties such as dressing, scissor skills and general handwriting and pre-handwriting activity ideas can also be found on our website.
- <http://www.oxfordhealth.nhs.uk/children-and-young-people/oxon/integrated-therapies/occupational-therapy-2/activity-sheets/>

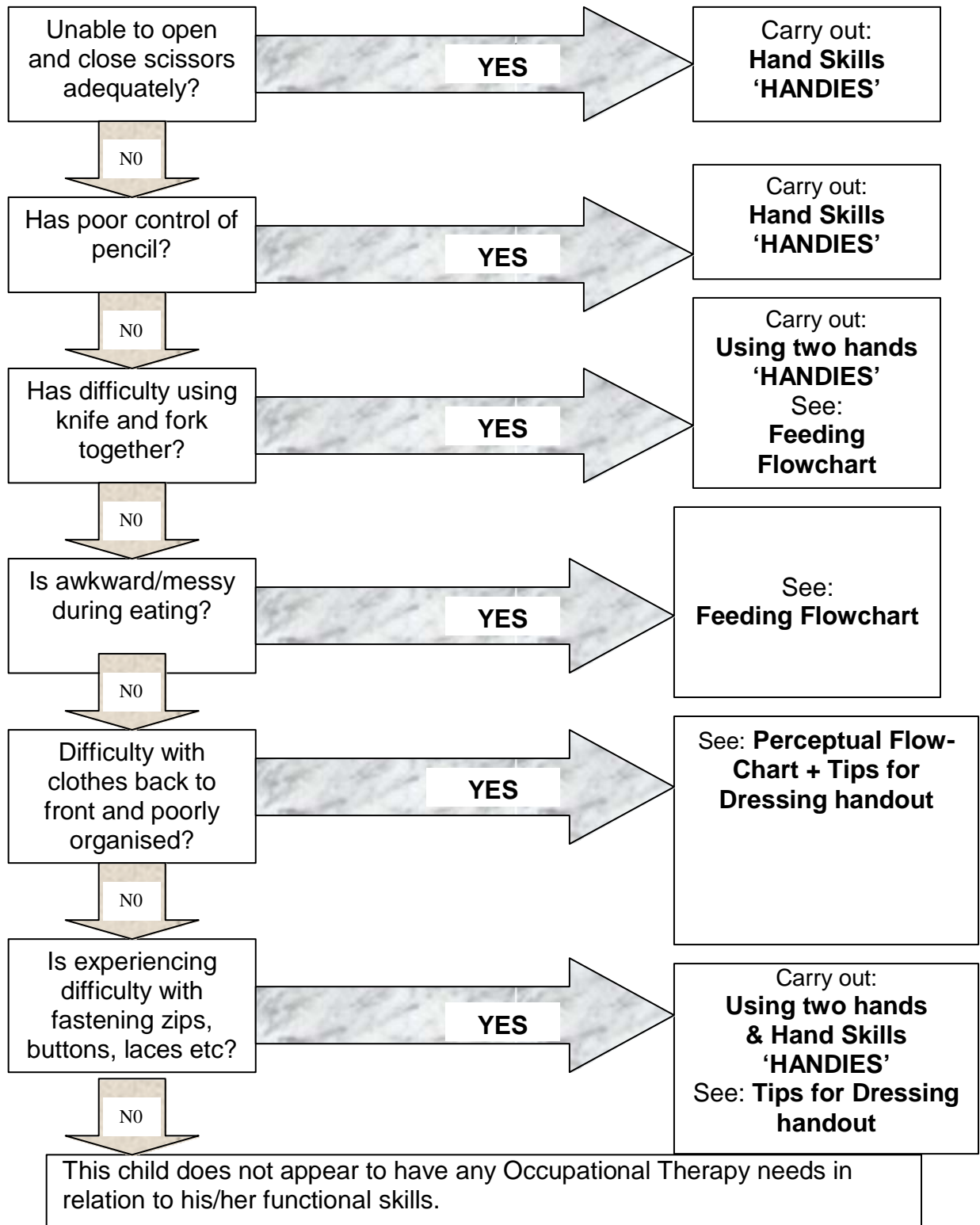
**MAKING SENSE OF WHAT YOU SEE (PERCEPTION) FLOW CHART  
TO ACTIVITY SHEETS**



**HANDWRITING FLOW CHART  
TO ACTIVITY SHEETS**

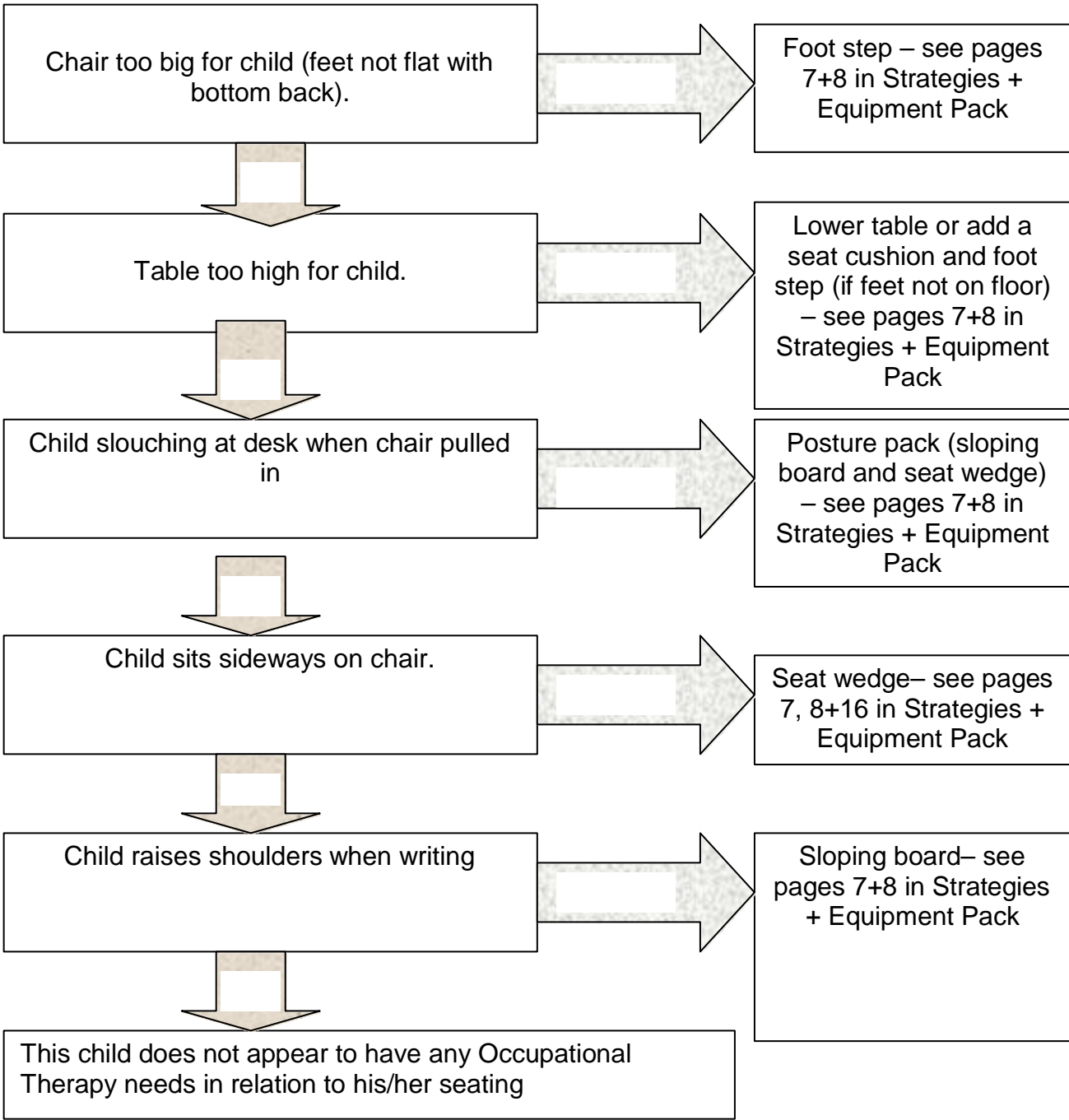


**TOOL USE AND SELF CARE SKILLS FLOW CHART**  
**TO ACTIVITY SHEETS**

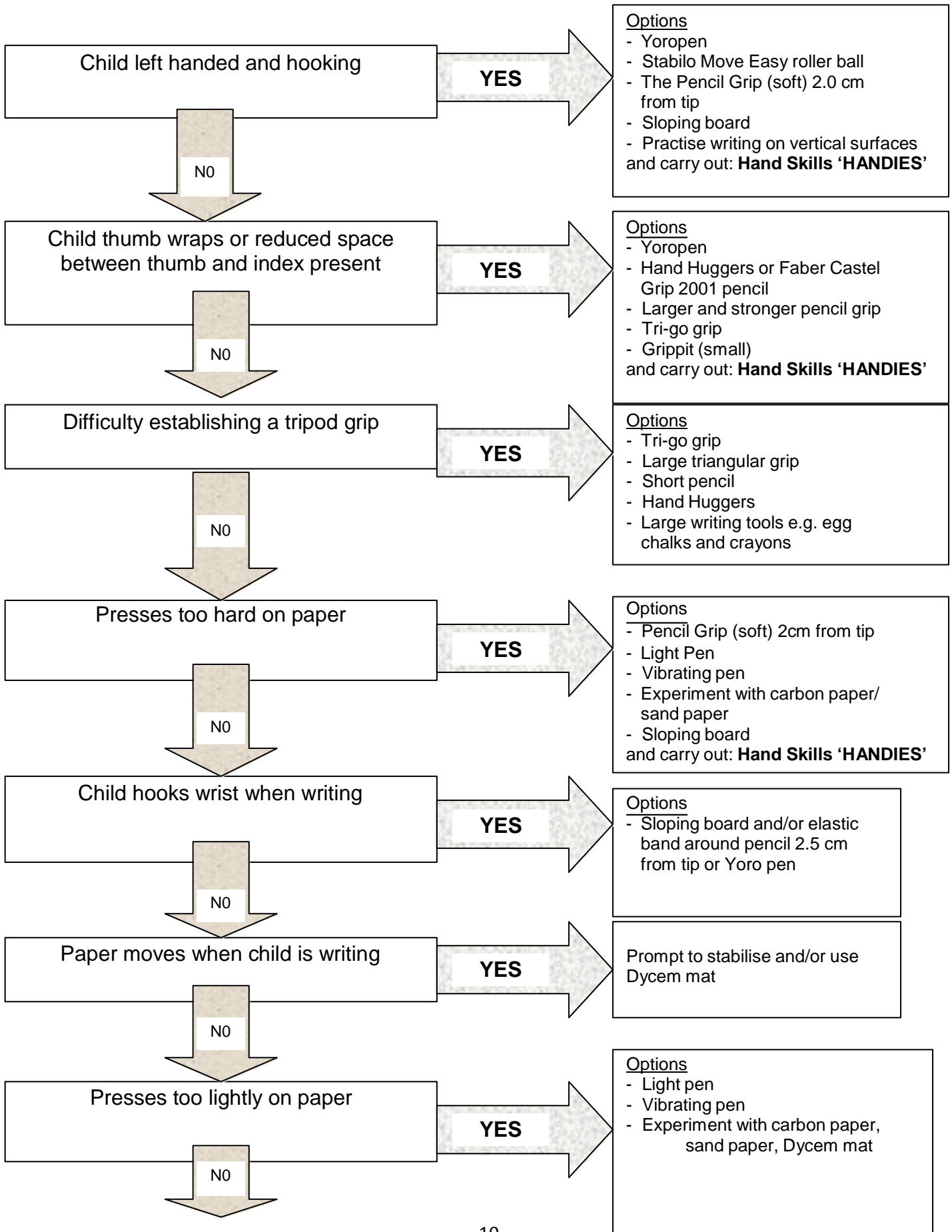




**SEATING FLOW CHART  
TO EQUIPMENT OR STRATEGY**

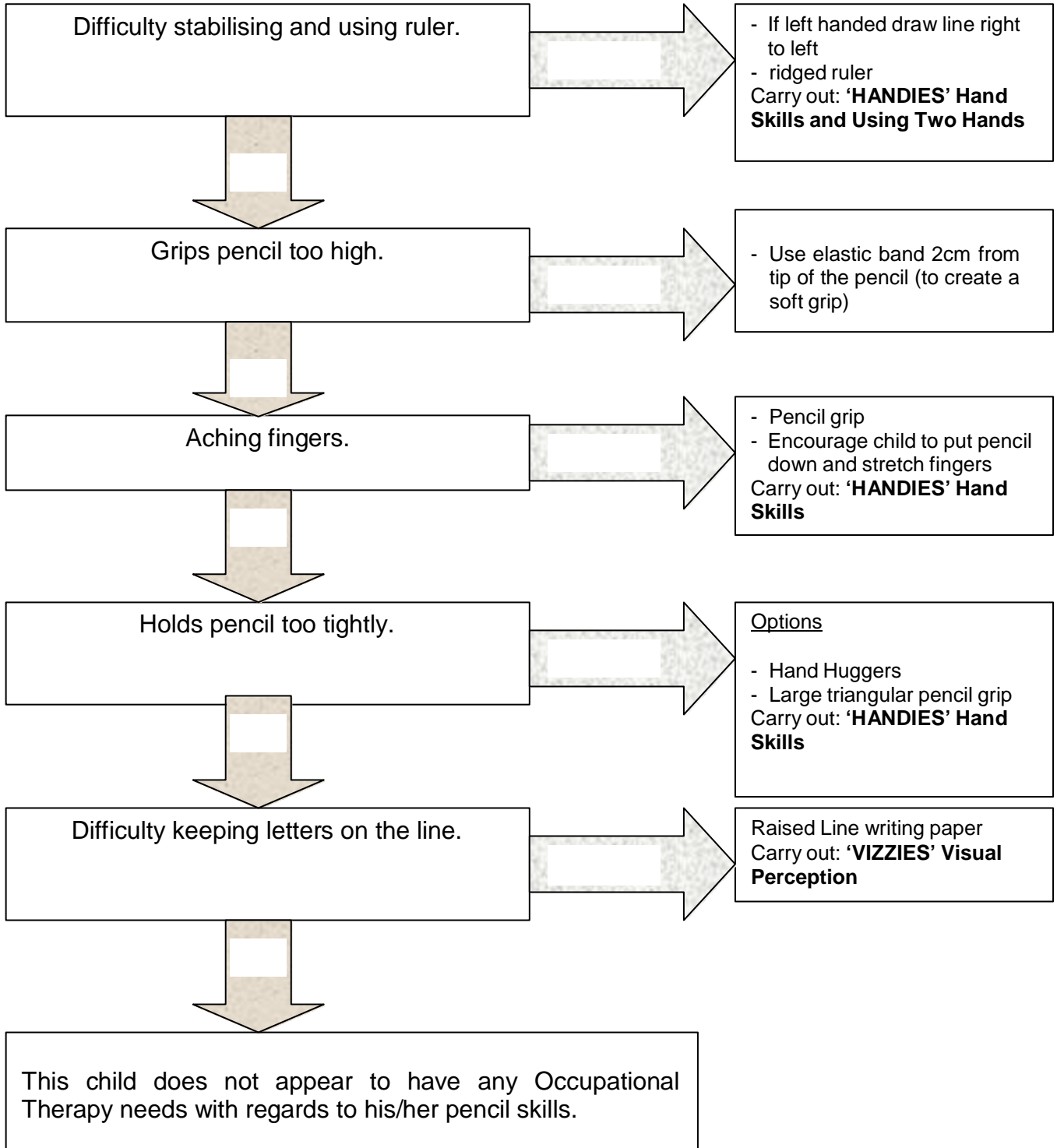


**PENCIL SKILLS FLOW CHART  
TO EQUIPMENT OR STRATEGY SHEET**

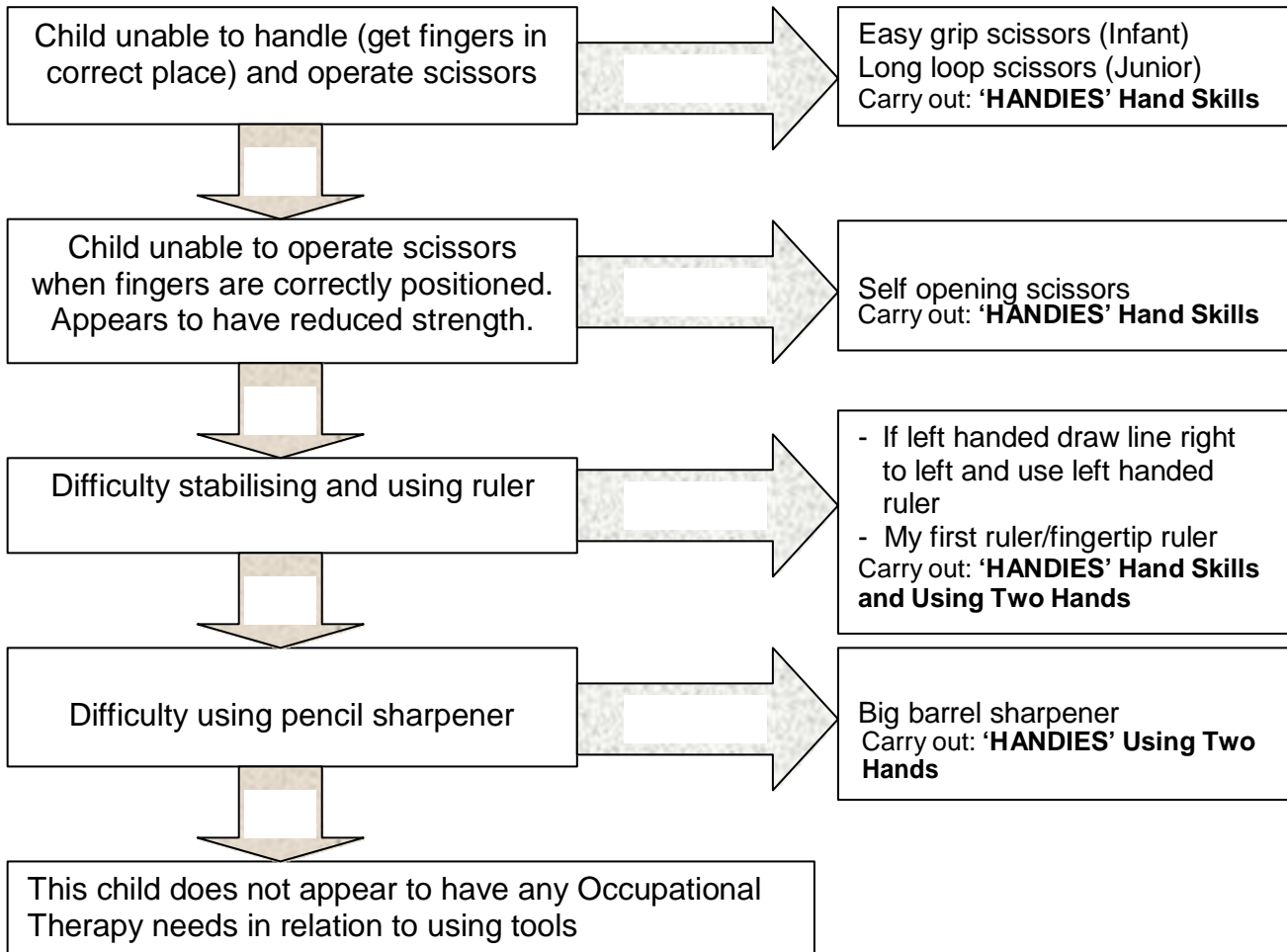


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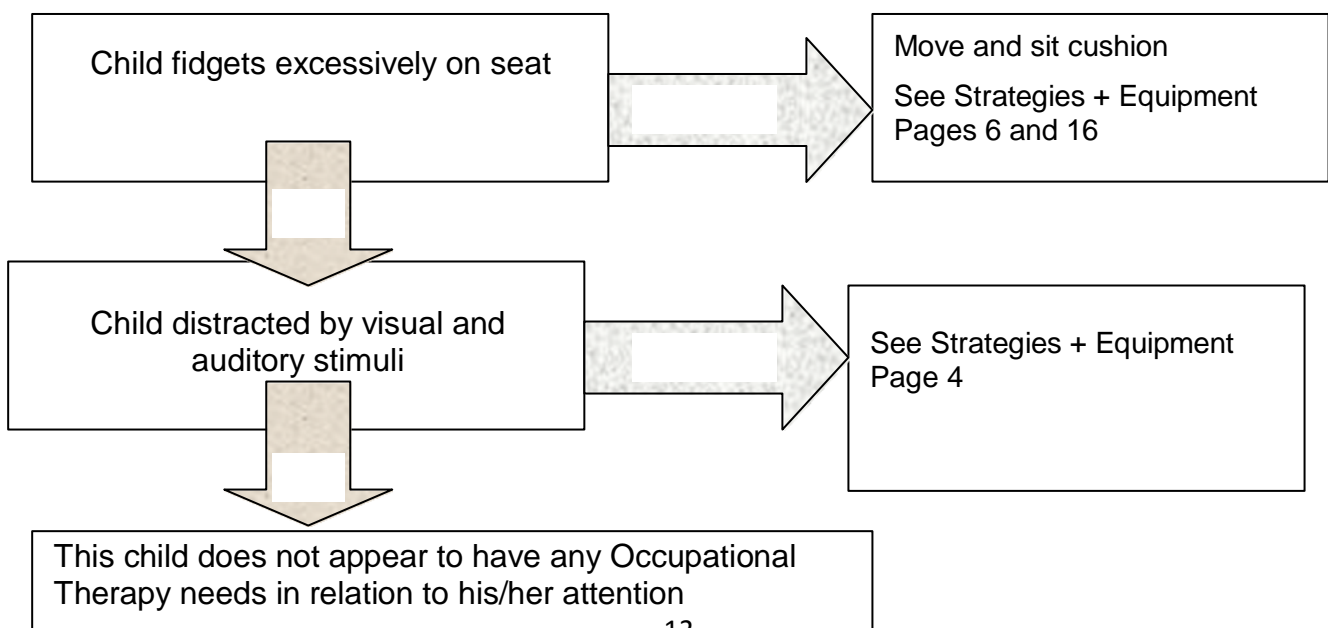
**PENCIL SKILLS FLOW CHART**  
**TO EQUIPMENT OR STRATEGY SHEET**



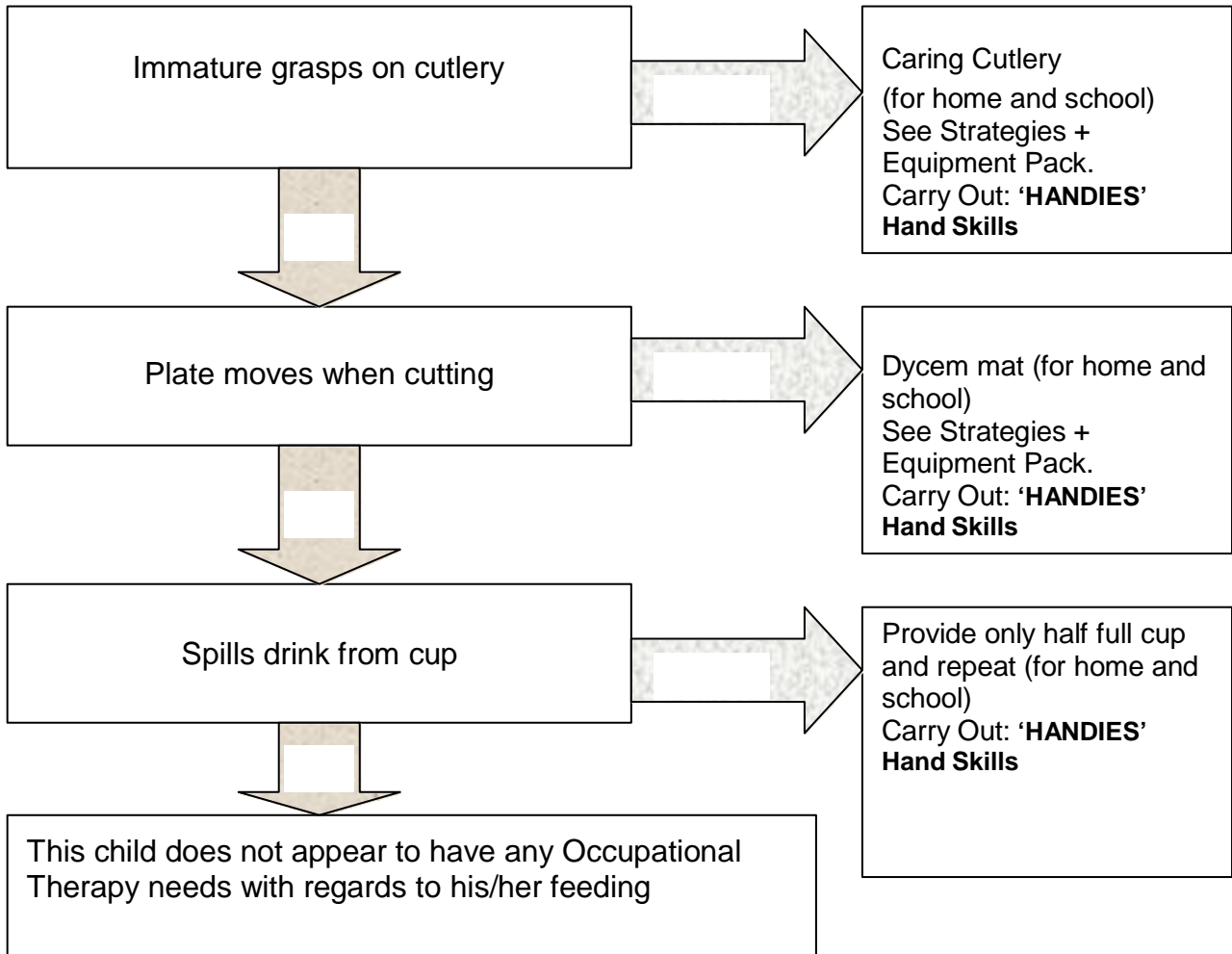
**USING TOOLS**  
**TO EQUIPMENT OR STRATEGY SHEET**



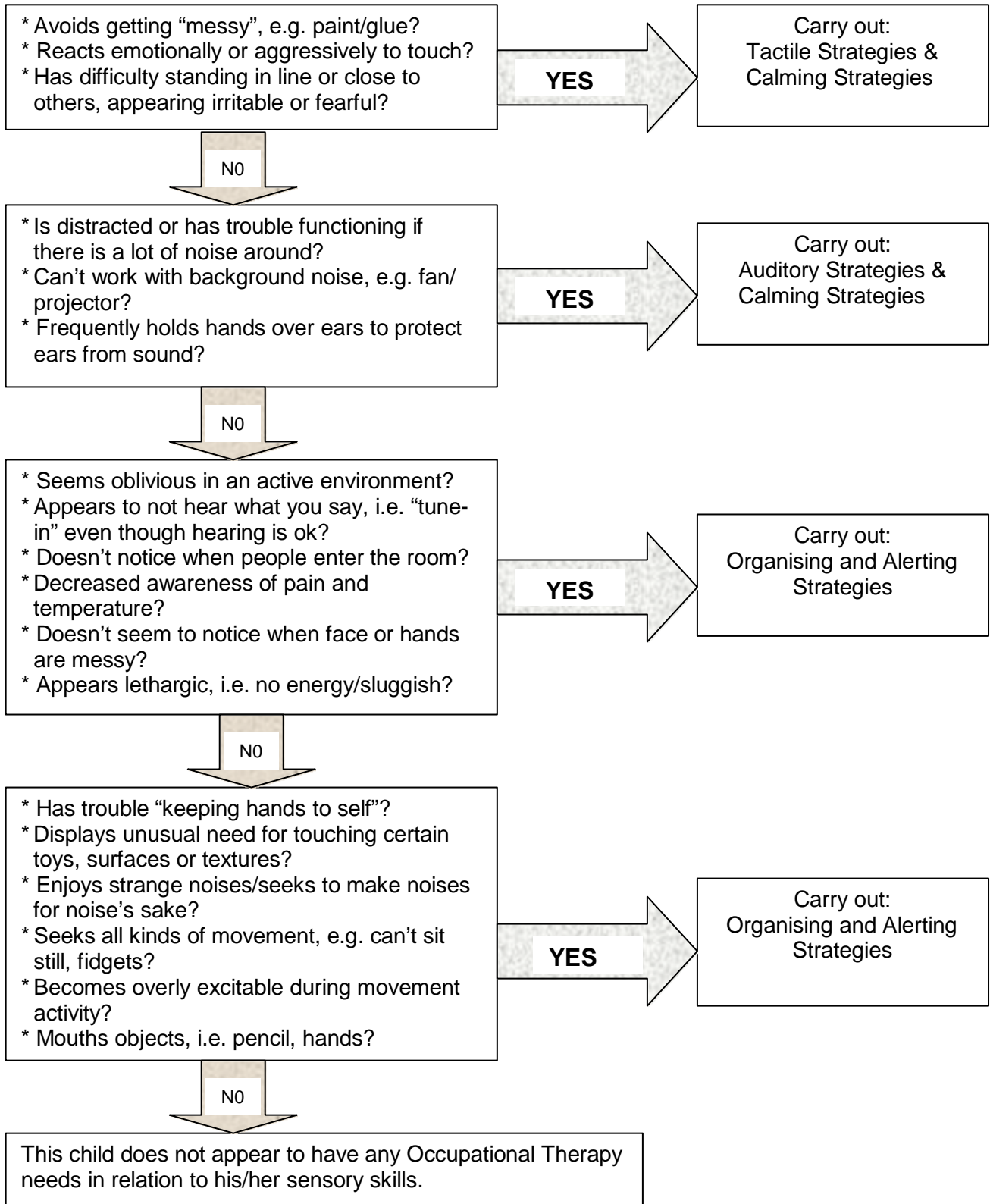
**ATTENTION**



**FEEDING FLOW CHART  
TO EQUIPMENT OR STRATEGY**



**SENSORY FLOW CHART  
TO EQUIPMENT OR STRATEGY**



## Occupational Therapy Service Progress Record

This form has been developed to assist you in reviewing the progress of children following screening and during the implementation of activity and strategy sheets. Following the strategies and practicing the tasks for a minimum of 12 weeks should show improvement in their participation in the area difficulty identified.

Identify a maximum of 3 main difficulties following screening with the flow charts. List the difficulty areas in the first column. Implement the relevant activity sheets and review every 6 weeks for 12 school weeks.

A record sheet is also available to record details of progress made.

If no progress is made please seek further advice from the Occupational Therapy service.

**Childs Name:**

**Date of screening:**

<b>Flow Chart: E.g. Handwriting</b>			
<b>Identified Area</b> E.g. Holds pencil in an unconventional way?	<b>Review Date:</b> 01/04/15	<b>Review Date:</b> 14/05/15	
<b>Activity/Strategy</b> E.g. Hand Skills	<b>Progress</b> Yes          No	<b>Progress</b> Yes          No	
<b>Initial Performance</b> E.g. <ul style="list-style-type: none"> <li>• Is wrapping thumb around pencil.</li> <li>• Pressing on paper too hard.</li> </ul>	Describe progress		
<b>Flow Chart: E.g., Pencil Skills</b>			
<b>Identified Area</b> E.g., Grips pencil too hard.	<b>Review Date:</b> 01/04/15	<b>Review Date:</b> 14/05/15	
<b>Activity/Strategy</b>	<b>Progress</b> Yes          No	<b>Progress</b> Yes          No	
<b>Initial Performance</b>  E.g. Gripping pencil tight – grip provided			
<b>Flow Chart</b>			
<b>Identified Area</b>	<b>Review Date:</b> 01/04/15	<b>Review Date:</b> 14/05/15	
<b>Activity/Strategy</b>	<b>Progress</b> Yes          No	<b>Progress</b> Yes          No	
<b>Initial Performance</b>			

**Occupational Therapy Service**  
**Progress Record**

Childs Name:

Date of screening:

<b><i>Flow Chart:</i></b>		
<b>Identified Area</b>	<b>Review Date:</b>	<b>Review Date:</b>
<b>Activity/Strategy</b>	<b>Progress</b> Yes      No	<b>Progress</b> Yes      No
<b>Initial Performance</b>		
<b><i>Flow Chart:</i></b>		
<b>Identified Area</b>	<b>Review Date:</b>	<b>Review Date:</b>
<b>Activity/Strategy</b>	<b>Progress</b> Yes      No	<b>Progress</b> Yes      No
<b>Initial Performance</b>		
<b><i>Flow Chart:</i></b>		
<b>Identified Area</b>	<b>Review Date:</b>	<b>Review Date:</b>
<b>Activity/Strategy</b>	<b>Progress</b> Yes      No	<b>Progress</b> Yes      No
<b>Initial Performance</b>		







