



OT PRACTICE DOCUMENT: PEDIATRICS

WHAT IS PEDIATRIC REHABILITATION?

All children have the right to participate fully in the world where they live, play, and learn¹. Pediatric rehabilitation aims to support the development, care, and participation of children in necessary and meaningful activities through social work, therapeutic recreation, physical, occupational, and/or speech therapy services. Pediatric services are provided from birth until adulthood (typically between 16-19 years old), or an age determined by the province where the child is receiving care. Reasons why children¹ may need pediatric rehabilitation services include:

- An injury, event or condition that affects their physical, cognitive, and/or emotional development resulting in the need for therapeutic intervention or adaptive equipment.
- Difficulties developing an occupation-related skill (e.g., holding a pencil in order to participate in school), without a previous history of an injury or condition.

Examples of conditions seen in pediatric rehabilitation include attention-deficit/hyperactivity disorder, autism spectrum disorder, cerebral palsy, down syndrome, muscular dystrophy, genetic disorders, sensory processing disorder, emotional dysregulation, and anxiety¹. Additionally, social inequalities such as homelessness and gender issues could impact childhood development, occupational engagement and participation, and consequently the well-being of the child.

THE ROLE OF OCCUPATIONAL THERAPY IN PEDIATRICS

Occupational therapy can support the health, well-being, development and inclusion of children through engagement in necessary and meaningful occupations¹. Childhood occupations (e.g., completing homework and household chores) support developing personal independence, becoming productive and participating in leisure pursuits². Notably, play is the primary occupation of childhood; it serves an essential role in child development and skill acquisition.

When working with children, occupational therapists use child- and family-centered principles. A family-centered approach recognizes that the child is part of a family unit with reciprocal influence on each other's ability to participate in occupations. A child-centred approach recognizes children's right to be actively engaged in processes pertaining to their health. To achieve desired outcomes, it is important to balance addressing the priorities identified by the child's parents, while also collaborating with the child to meet their needs¹.

The F-words for child development focus on six key areas of child development and promote strength-based, family-centred and holistic concepts³. The F-words are used as a guiding framework when working with children with disabilities and their families:

- Functioning: refers to what people do –how things are done is not what is important
- Family: represents the essential environment of all children and youth
- Fitness: refers to physical and mental wellbeing
- Fun: includes activities that people enjoy
- Friends: refers to the friendships established with others
- Future: is what life is all about

Examples of the occupational therapist role in pediatrics include^{1,2,4-6}:

Development

- Conducting developmental screenings and helping children meet developmental milestones.
- Supporting children with overcoming barriers to participating in age-appropriate tasks, like education or play. This may involve adapting the environment, teaching skills, adapting the task, and/or providing assistive equipment.
- Supporting children with developing the motor, visual perceptual, cognitive and socioemotional skills needed to optimize function within the environments in which they live and play.
- Supporting the development of hand skills, including grasp, fine motor skills and manipulation. This can also help overcome problems with handwriting.

¹ For the purposes of this document, "children" refers to individuals between the ages of 0-19



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Daily activities

- Conducting activity analysis to determine reasons why a child may be experiencing difficulties with their daily activities.
- Supporting children with self-care occupations including eating, toileting, hygiene care, dressing, and sleeping.
- Assessing and addressing sensory challenges.
- Assessing and addressing feeding challenges which may include positioning, sensory challenges, and caregiver training.
- Prescribing assistive devices to support participation.
- Assisting in making modifications, accommodations, and adaptations to existing environments where the child lives, learns and plays.
- Providing education and training relevant to the child's condition, prescribed equipment, and/or, intervention to members of the child's care team.

Learning

- Supporting educators in adapting or modifying curricula and group-based activities to support inclusion.
- Supporting children to access all areas of the curriculum, and to prepare for and participate in school related activities to fulfill their role as students.

Mobility and play

- Using play in intervention to develop play skills and/or to address and develop skills in other areas of development.
- Assessing and addressing mobility and positioning needs to support engagement in occupations, health and safety.

Social and emotional skills

- Supporting children through major life transitions.
- Delivering programs and services that promote better emotional health in schools and other places where children spend time.
- Helping children with history of trauma using psychotherapy modalities, including activity-based psychotherapy.
- Teaching children self-regulation strategies and coping skills.

In all contexts, occupational therapists work collaboratively with caregivers to identify priorities, implement interventions and monitor effectiveness of interventions over time. Additionally, since completion of interventions at home is crucial to successful outcomes, an important role in this area of practice is parent coaching/consultation.

REFERENCES

1. SSOT. (2020). Occupational therapy for children in Saskatchewan. <http://tinyurl.com/3cvk6cbr>
2. Novak, I., & Honan, I. (2019). Effectiveness of pediatric occupational therapy for children with disabilities: a systematic review. *Australian Occupational Therapy Journal*, 66, 258-273.
3. Rosenbaum, P., & Gorter, J. (2012). The 'F-words' in childhood disability: I swear this is how we should think! *Child: care, health and development*, 38, 457-463.
4. Riley, B. et al. (2021). Role of OT in pediatric primary care: promoting childhood development. *AJOT*, 75.
5. Wagenfeld, A., et al. (2016). *Foundations of pediatric practice for the OTA: Second Edition*. Slack, Incorporated.
6. Brooks, B., & Bannigan, K. (2021). Occupational therapy interventions in child and adolescent mental health to increase participation: a mixed methods systematic review. *BJOT*, 84. doi.org/10.1177/03080226211008718

All Occupational Therapy Practice Documents have been developed and reviewed in collaboration with diverse occupational therapists with lived experience and expertise in the respective areas of practice. For any feedback, contact practice@caot.ca.