

Occupational Therapy (OT)

Occupational therapy (OT) focuses on helping children with a physical, sensory, or cognitive disability be as independent as possible in all areas of their lives. OT can help children with various needs improve their cognitive, physical, sensory, and motor skills and enhance their self-esteem and sense of accomplishment.

Our occupational therapists are trained to assess and treat children with:

1. Motor Skills Difficulty

Fine Motor Skills: This refers to the movement and dexterity of the small muscles in the hands and fingers. It also refers to actions of the hands, wrists, and arms, including dexterity, coordination, and strength. Children with handwriting concerns may also have fine motor skills difficulty

Gross Motor Skills: This refers to movement of the large muscles in the arms, and legs. Children having balance and coordination problems may have gross motor skills difficulty.

Visual Motor Skills: This refers to a child's movement based on the perception of visual information.

Oral Motor Skills: This refers to the movement of muscles in the mouth, lips, tongue, and jaw, including sucking, biting, chewing, and licking.

Self-Care Skills: This refers to daily dressing, feeding and toilet tasks.

Motor Planning Skills: This refers to the child's ability to plan, implement, and sequence motor tasks.

2. Behavioural Issues

Behavioural issues in children can lead to stress and frustration for the entire family. In young children, these issues may not yet be categorised as a specific diagnosis, but a child with significant behavioural issues may exhibit signs of anxiety, have frequent and severe tantrums, be manipulative, and/or be repetitively defiant towards those in authority. Often these children are labeled by teachers, peers, and parents as disruptive, frustrating, mean, or even "bad."

Sometimes children who demonstrate significant behavioural issues are given a formal diagnosis of Oppositional Defiant Disorder. Often behavioural issues are identified along with another diagnosis like ADHD or Asperger's. In many cases, behavioural issues never receive a formal diagnosis but nonetheless are a major issue in a child's ability to make and keep friends or succeed in school. They often require intervention due to the impact on family life and disruption to everyday activities.

Symptoms of Oppositional Defiant Disorder (ODD)

Signs of oppositional defiant disorder in children are usually apparent before the age eight. Behaviours may occur most with people the child knows well, such as family members or care providers. These behaviours are frequent, not age appropriate, and cause significant issues at school, at home, and/or with peers.

Signs of ODD include:

- Losing one's temper often.
- Frequent arguing with adults or refusing to comply with adults' rules or requests.
- Often getting angry or being resentful or vindictive.
- Deliberately annoying others; easily becoming annoyed with others.
- Often blaming other people for one's own mistakes or misbehaviour

3. Processing Disorders

Processing disorders, like auditory processing disorder, visual processing disorder, and sensory processing disorder are caused by a deficiency in a person's ability to effectively use the information gathered by the senses. The issue is not the result of impaired hearing, impaired vision, attention disorders, intellectual disability, or learning deficit. If the brain cannot properly process the auditory, visual, and sensory information it receives, a child's ability to learn and thrive in an academic setting is affected, often leading to low self-esteem and social withdrawal

Types of Processing Disorders

- **Auditory Processing Disorder (APD)**, also called central auditory processing disorder, is characterized by an inability to process, interpret, and retain what a person hears. Children with APD may struggle to understand speech in noisy environments, mix up similar speech sounds, fail to follow directions, and misunderstand verbal instruction in the classroom, all of which lead to difficulty in task completion, both at home and at school.
- **Visual Processing Disorder** is characterised by an abnormality in the brain's ability to process and interpret what the eyes see. A child with visual processing issues may struggle to differentiate between size, shape, and colour of objects, confuse written symbols like those used in calculations, misjudge distance, and experience poor spatial awareness, often resulting in frequent falls or bumping into objects despite normal vision tests.
- **Sensory Processing Disorder (SPD)**, also called sensory integration dysfunction, is a neurological difference characterized by either a hypersensitivity (over-responsiveness) or hyposensitivity (under-responsiveness) to one's surroundings due to the brain's inability to properly integrate multi-sensory input. While all children may be quirky or particular about their likes and dislikes, children with SPD are so severely affected by their sensory preferences that it interferes with normal, everyday functioning. Children with hypersensitivity to sensory input may exhibit extreme or fearful responses to touch, textures, noise, crowds, lights, and smells, even when these inputs seem benign to others. Children with hyposensitivity to sensory input may exhibit an under-reaction or high tolerance to pain, may constantly and inappropriately touch or bump into people and objects, be fidgety, and are often characterized as "thrill seekers," leading to inadvertently putting themselves or others in danger.

4. Sensory Integration

Sensory Integration Dysfunction is the inability to process certain information received through the senses. When an individual has Sensory Integration Dysfunction, he is unable to respond to certain sensory information to plan and organise what he needs to do in an appropriate and automatic manner.

All children need sensory input and experiences to grow and learn, but this is even more crucial for the child with Sensory Integration Dysfunction.

5. Attention Deficit with Hyperactivity (ADHD)

ADHD is a condition characterized by developmentally inappropriate levels of inattention, hyperactivity, and impulsive behaviour. To be diagnosed, the condition must cause significant impairment in daily functioning in at least two settings, usually meaning a child's symptoms are present both at home and at school for at least six months.

Individuals with attention disorders may demonstrate the following symptoms:

- Have a hard time paying attention
- Daydream a lot
- Do not seem to listen
- Are easily distracted from schoolwork or play
- Forget things
- Are in constant motion or unable to stay seated

How is Occupational Therapy Assessment and Treatment Planning done?

1. Comprehensive assessment/evaluation (full report on request)

- a. Sensory Profile - assessment that determine how children process sensory information in everyday situations
- b. Visual Motor Integration - this test measures eye-hand coordination, motor control as well as visual information processing through a sequence of geometric forms that are copied by the child
- c. Bruininks-Oseretsky Test of Motor Proficiency (BOT-2) – this is an assessment used to test motor proficiency

- d. Peabody Development Motor Scales – this is an assessment for both qualitative and quantitative aspects of gross and fine motor development in young children and recommends specific interventions

2. Motor Skills Training

- a. Fine motor
 - Writing - pencil grasp, handwriting
 - Fine motor associated with global developmental delay
- b. Gross motor - including late walker, hopping, jumping, difficulties with stairs
 - Balance and Coordination
 - Gross motor associated with global developmental delay
- c. Motor Planning
 - having poor body scheme
 - may be slow in carrying out verbal instructions and often appears clumsy in new tasks

3. Sensory Intervention Programme

- a. Sensory issues
 - related to *Autism* (ASD) - difficulty expressing/organizing ideas
- b. Feeding issues - sensory related concerns, textures, avoidance, over-sensitivity
- c. Sensory Diet – it is a planned and scheduled activity programme implemented by an occupational therapist. This includes a combination of alerting, organising, calming techniques. They are designed and developed specific to meet the needs of the child's nervous system. Benefits include increasing focus, attention and social attention, part of a comprehensive SI treatment plan which may include applying Sensory Integration Praxis Test (SIPT) strategies.

4. Customised treatment programmes

These programmes are designed based on the child's needs to improve the child's ability to perform daily activities

- a. Executive Functioning Dysfunction - difficulty to organize, plan, problem solve,

inhibit responses, transition between tasks, and monitor work and other behaviours

5. Adaptive Devices Training

Related to feeding that help with transitioning to sippy cup or drinking from cup

6. Handwriting Evaluation and Therapy (Grapho-Motor Skills)

a. Handwriting Without Tears programme

7. Social Skills /Play Skills Training

a. Children having difficulty to regulate themselves

- Regulation -refers to the ability of being able to adjust as a response to change
- Co-Regulation - refers to the social relationships and the way one can adjust themselves when interacting with another, in order to maintain a regulated state

8. School and home visits

a. We assess children's abilities

b. We recommend and provide therapy

c. We modify house and classroom equipment

d. We help children participate as fully as possible in school programmes and activities

9. Parent & Care Giver Education and Training

a. We provide Parent/Caregiver Training on different strategies in handling children at home

b. We provide talks/seminars on different specific areas

c. Home programmes (individualised programme at home for consistency of programme administered at the centre)