

## Introduction

I was lucky enough to get my final job shadow done in a very different setting than my previous two, pediatrics. The location was up in the Park City and Kamas area. I think this was my favorite experience so far.

## Name of Facility and Description

The Summit County Health Department is the name of the facility that the OT works for. She also has her own private practice. She has a room that she shares with a few other specialists and PT's. They have a multitude of toys and sensory tools in the office. Only one client was treated in the office during my shadow and the rest were in home care.

## Practice Area and Practice Setting

Pediatrics is the focus of the therapy I shadowed, specifically early intervention. The office is used as well as home care. The majority of work done is in home to allow the natural environment to be used. The one client seen in the office will be attending preschool soon and the office is used to help create a different environment. This way the client gets used to performing tasks outside of the home as well as at home.

## Description of Client Diagnosis

I was able to watch four scenarios, one evaluation and three therapy sessions. The evaluation I saw was from a Spanish speaking family. Language was definitely a problem. My OT only knew a few Spanish words, which made communication a hurdle. The mother had contacted the OT because her two-year-old daughter is having trouble eating. She will only eat certain things, but even those she struggles with. She will take a few bites, then gag, and begin spitting the food

out. We were in her home for about 15 minutes to evaluate the child. The OT decided to have an interpreter come back with her because the child was getting anxious and the communication barrier made it difficult for the mother to feel comfortable as well. One of the other clients had triplegia, meaning 3 sides are affected. She had full use of her right hand, but both feet and the left hand were more difficult to manipulate. One boy had low tone and was under developed physically. The last client was born from a substance abusing mother and had multiple developmental issues.

#### Area of OT Domain Addressed

The domain addressed in pediatrics is primarily “play” since that’s what kids do all the time. Especially at the early intervention stage, birth to 3, that’s all they can do. That *is* work during this developmental stage. ADL’s such as eating and putting clothes on and off were also addressed.

#### Area of OT Process Addressed

The process, or how treatment was done, was with some preparation, but mostly occupation. One client that struggled with using her left hand, the OT massaged it a little, and very quickly, before starting treatment. Then it was onto the games. Play-Doh, crayons, toys, etc.

#### Outcome is expected

Early intervention focuses on the ages from birth to three years old. Clients will be seen until they complete this portion of treatment. They, most likely, will need continued care and should work with another therapist at that point. Some outcomes were much more positive than others. One client had triplegia and as she grows cognitively will be more capable of working and

helping herself. Another was delayed physically and mentally and may struggle his whole life.

The third was not very well off. He was adopted by two loving parents. His birth parents used drugs while pregnant. He was born with extra digits, now removed, and had trouble learning and walking (now walks very well), and has very poor vision. I was told that his vision is degenerative and he will eventually be blind.

#### Treatment Description and Frame of Reference Used

The FOR used in early intervention would include biology (finding what is, or has not, developed and trying to help correct that), sociology (basic behavior and interaction with peers and adults), and psychology (the cognitive and behavioral piece). Because they are so young, instead of rehabilitation, habilitation would be used, meaning the act of helping them to create occupation since they may have never had it, to lose it.

#### Specific Interventions Observed and Critique of Treatment

The children were all given tasks that would be viewed as play. Coloring, drawing and writing (cognitive, motor), finger painting (sensory, cognitive), puzzles (cognitive, motor), picking up crayons and putting them away (motor and cognitive), putting various sizes of toys into “their place” (fine and gross motor skills). Trying to go through small tunnels and climb stairs was another tool for treatment. One of my favorite interventions was with the girl with triplegia. The OT helped her balance on her stomach, on a large rubber ball. The girl identified the color of a crayon then tried to grab it in the left hand (the dysfunctional one), transfer it to the right hand, then put it into the crayon box or in my hand. It was fun to see the incorporation of balance (proprioception), cognitive (naming the color), motor skills (grabbing the crayon), and fine motor skills (switching hands and placing it in the box).

### Conclusion

Although it could be very frustrating to see such hardship, I think I could work in this area. I'm sure many people feel this way in the OT field. The therapy can be very difficult when a child has had enough and doesn't want to "play" anymore, but you have to try and keep them interested. I like the idea of being at the front of treatment before too many mistakes have been made (as opposed to teens and not that I don't enjoy them). Simply, a clean slate is an appealing canvas to work on.