

# PEDIATRIC OCCUPATIONAL THERAPY

## *Guidelines for Referrals*

Occupational therapy can benefit children with a variety of conditions. The following information may be helpful in determining when an OT referral is appropriate. Please feel free to contact me with questions.

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## OCCUPATIONAL THERAPY EVALUATION & TREATMENT

Includes assessment and interventions targeting fine and gross motor development, visual motor skills, feeding and oral motor skills, sensory processing and integration, self-care skills, balance and coordination, social skills, adaptive equipment, assistive technology, and parent education/training.

## INDICATORS FOR REFERRAL

Developmental delays in gross or fine motor development – Mobility impairments – School difficulties  
Weakness or lack of coordination – Toe-walking – Difficulties with oral feeding – Excessive drooling  
Intolerance of sensory input such as sounds or touch – Difficulty learning new physical tasks

## COMMON CONDITIONS OF CHILDREN WHO RECEIVE O.T.

Premature Birth – Hypotonia – Developmental Delays – Brachial Plexus Injuries – Cerebral Palsy – Apraxia  
Developmental Coordination Disorder – Down Syndrome – Genetic Conditions – Autism Spectrum Disorder  
Feeding Difficulties – Sensory Integration Disorders – Attention Deficit Disorders – Upper Extremity Injuries

## TO REFER A CHILD FOR O.T.

Please fax referrals for OT Evaluation & Treatment to Island Therapy Solutions, LLC at 866-411-7667.

You may direct parents to the website, [www.islandtherapysolutions.com](http://www.islandtherapysolutions.com), where they can learn about OT, schedule an appointment, and print out the registration forms to initiate services.

OT is typically covered by insurance, and Island Therapy Solutions is a contracted provider with VI Equicare.

**Office Hours: Tuesdays - Thursdays, 8am to 6pm, and by appointment.**

**Located in the Antilles Building in Gallows Bay – Suite 7.**

## PEDIATRIC OCCUPATIONAL THERAPY – CASE EXAMPLES

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### *A 4-year-old boy with Autism Spectrum Disorder:*

Jonah demonstrates self-stimulatory behaviors (jumping, mouthing non-food objects, flapping his hands, humming) that interfere with his ability to purposefully play with toys, or engage in age-appropriate self-care skills such as dressing and hand washing. He uses a whole-handed grasp on forks or spoons, and does not yet stack blocks or scribble with crayons. O.T. interventions with Jonah center on reducing his self-stimulatory behaviors by providing regular sensory input throughout the day, so that he is better able to participate in play activities to develop his motor skills.

### *An 18-month-old girl who is not yet pulling up to stand:*

Otherwise typically-developing, Sara has low muscle tone in her legs (her mother reports that her legs feel “floppy”). When held in supported standing, her feet over-pronate and she quickly drops to the floor rather than stay standing. O.T. interventions with Sara include play-based strengthening for her lower extremities, in combination with parent training to encourage carryover at home. Shoe inserts are provided to reduce pronation and prevent secondary injury.

### *A 2-year-old girl with multiple disabilities:*

Following hypoxia at birth, Molly exhibits significant global delays in motor, cognitive, and visual development. She is not reaching or swiping at toys, inconsistently tracks objects visually, and is completely dependent on adults for mobility. O.T. interventions with Molly emphasize parent training for positioning and developmentally appropriate sensory activities; neurodevelopmental treatment to improve motor control; and recommendations for adaptive equipment such as a transport chair and specialized feeding supplies.

### *A 2<sup>nd</sup> grader with school difficulties:*

Raymond’s teacher reports that his handwriting is immature compared to his peers, his grasp on a pencil is awkward, he has difficulty using scissors, and he is not able to tie his shoes. His parents are concerned about his attention span. O.T. assessment revealed that Raymond’s fine motor skills are delayed and that he has difficulty with motor planning; interventions target improving specific fine motor skills, increasing body awareness, and improving coordination.

### *A premie with feeding difficulties:*

Maya was born at 28 weeks gestation and spent her first three months in the NICU. Since her return home, she has been receiving all nutrition via g-tube, and has not yet begun oral feedings. Despite a normal swallow study, her mother reports that she frequently gags when presented with food and doesn’t seem to be able to suck from a bottle. OT interventions incorporate oral desensitization to reduce gagging, as well as oral motor treatment to help her achieve a coordinated suck for bottle-drinking and safely managing food in her mouth before swallowing.

Often, children who are referred for physical or speech/language therapy would also benefit from occupational therapy. St. Croix currently lacks a pediatric physical therapy practice for treating children with gross motor delays, mobility impairments, and some other physical disabilities. Fortunately, occupational therapy is a complementary service that may help to fill the void for some children. Please contact our office for more information.

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