**Handout: Preventative Occupational Therapy in Developmental Services**

**When to request Occupational Therapy Services**

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| **PROBLEM** | **SIGNS** |
| * Mobility | Falls, poor gait, tripping |
| * Transfers | Change in status, staff or client injury or potential for injury, difficulty with transfer, staff training required |
| * Wheelchair | Needs a wheelchair, current wheelchair not working for client, broken wheelchair |
| * Seating | Client not comfortable, weight change, skin breakdown |
| * Walker | Problems with gait, change in mobility status, old walker needs replacing |
| * Sensory | Behavioural problems, current sensory program needs review |
| * Accessibility | Planning new construction of bathroom/entrance/other, problems with current accessibility |
| * Activities of Daily Living (sleeping/dressing/bathing/toileting or grooming) | Change in status, new problems, review of current set up, needs equipment |
| * Skin Breakdown | Concerns that client may get breakdown, onset of red marks, previous history of breakdown, change in risk status, immobility, palliative status |
| * Feeding/Eating | Change in status, problems with feeding or positioning during feeding, choking |
| * Skills/Function | Need assessment of current or potential housekeeping skills, change in status |
| * Safety/Risk Assessment | Client wishes more independence, staff concerns regarding independence |
| * Aging, including dementia | Concerns re: changes or potential changes, new memory problems, new changes in behavior, change in status |
| * Behaviour | Behavioural problems, changes in behavior |
| * Fine Motor | Dropping items, difficulty with fine motor tasks, change in status, review of current program |
| * Gross Motor | Risk for deformities, contractures or skin breakdown, weight gain, immobility, wheelchair dependent, change in status, review of current program, staff training |
| * Cognition/Perception | Any form of head injury, changes in comprehension, changes in behavior, visual impairment |
| * Orthotics/braces/splinting | Review current devices, broken devices, risk for contracture, gait impairment, wears down shoes, arthritis |
| * Meaningful activities | Boredom, change in activity status or mobility status, immobility, new to area, homebound |
| * Other: Please specify |  |

Contact:

Fiona Legg, OT or Kristine Reidel-Fiddick, OT at Simcoe Habilitation with any questions regarding the presenting problem, or to refer a client.

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