Course Prefix and Number: OCTA 215  Credit Hours: 3

Course Title: Occupational Therapy Strategies and Interventions to Pediatrics

Course Prerequisite: Enrollment in the OCTA program courses is limited to those students who have been selected and admitted to the professional phase of the program. Program courses are sequenced by semester and must be taken as a group each semester per program requirements and policies.

Textbooks/ Learning Resources:
- Required textbook:
  Solomon, O'Brien; Pediatric Skills for Occupational Therapy Assistants; 3rd edition
- Supplemental text:
  Wagenfeld, Kaldenberg; Foundations of Pediatric Practice
  Parham, Fazio; Play in Occupational Therapy for Children; 2nd edition

Course Description:
This course will provide knowledge in occupational therapy strategies and intervention techniques for individuals ranging in age from birth to age 22 that have limitations that affect their performance in areas of (ADL, IADL, education, play, work, leisure, and social participation). Topics include common diagnoses, assessments, treatment environments and treatment interventions for areas of occupation. Lab activities will concentrate on performance skills, performance patterns, context, activity demands and client factors.

Relationship to Curriculum Design:
This course is designed to develop strategies and techniques in the treatment of pediatric disorders/disabilities. A hands-on approach to learning is emphasized.

Learning Outcomes:
At the end of this course the student will be able to:

A. Identify the typical movement patterns and classifications of CP
B. Summarize typical behaviors associated with sensory integrative dysfunction.
C. Utilize principles, positioning methods and devices in handling abnormal tone and reflexes;
D. Demonstrate the assessment of play and the role of play as a goal of intervention in a variety of diagnoses and settings
E. Demonstrate knowledge of normal hand and grasp development and application activities and modifications for treatment of hand, grasp, and handwriting skills; and
F. Utilize intervention strategies and modifications in the treatment of children with oral motor, self care, and sensory processing delays and psychosocial dysfunction.
G. Apply knowledge of typical and atypical development in the assessment, treatment, and documentation of the pediatric population utilizing evidenced based practice
H. Identify, grade and adapt purposeful and occupation based activities to meet the needs of the pediatric population.
I. Communicate effectively using appropriate terminology and therapeutic use of self with patients/families and other clinicians, both verbally and in written form

Course Objectives
To achieve the learning outcomes, the student will:

1. Assist with the development of occupation-based intervention plans and strategies (including goals and methods to achieve them) on the basis of the stated needs of the client as well as data gathered during the evaluation process in collaboration with the client and others. (B.5.26) (G)  
2. Provide therapeutic use of self, occupation, exercises, and activities (e.g., occupation-based intervention, purposeful activity, preparatory methods). (B.5.3 & 5.7) (G, I)  
3. Enable feeding and eating performance (including the process of bringing food or fluids from the plate or cup to the mouth, the ability to keep and manipulate food or fluid in the mouth, and the initiation of swallowing) and train others in precautions and techniques while considering client and contextual factors. (B.5.14) (F)  
4. Grade and adapt the environment, tools, materials, occupations, and interventions to reflect the changing needs of the client and the sociocultural context. (H)  
5. Define Cerebral Palsy and discuss typical movement patterns and classifications (A)  
6. Define and describe therapeutic positioning and handling techniques for children with movement disorders of the central nervous system. (C)  
7. Describe at least eight different positioning devices including information about who should use each one, the ideal position prompted by each device, the intended benefit of each piece of equipment, and the precautions that should be taken with each item. (C)  
8. Describe the advantages and disadvantages of supine, prone, side-lying, and upright antigravity positions. (C)  
9. Describe examples of behaviors in an individual with sensory integrative dysfunction (B)  
10. Describe the impact of various disabilities on play development. (D)  
11. Assist with the development of occupation based intervention plans and strategies on the basis of the stated needs of the client as well as data gathered during the evaluation process in collaboration with the client and others. (B.5.1) (G)  
12. Identify client factors required for handwriting. (E)  
13. Describe interventions and/or modifications to improve attention, handwriting, and fine motor skills. (E)  
14. Define the principles of sensory integration treatment. (B)  
15. Discuss the types of sensory movement disorder and sensory modulation disorder. (B)
11. Identify intervention techniques to work with children who have postural-ocular dysfunction, bilateral integration dysfunction and developmental dyspraxia. *(G,H)*

12. Demonstrate the role of the OTA in developing and implementing an oral motor and feeding program including precautions and appropriate techniques based on individual client factors. *(F)*

13. Discuss the various categories of ADLs and IADLs and intervention/modifications for increasing independence in children with a various diagnoses. *(G,H)*

14. Identify strategies and activities used by OTAs when working with children with psychosocial disorders. *(F)*

15. Identify ways in which the OTA works with parents, caregivers, OT supervisors, administrators and other team members to address ADLs and IADLSs. *(B.5.21)(I)*

16. Demonstrate appropriate selection of assessments, administration of those assessments, and interpretation and sharing of data. *(G)*

17. Articulate principles of and demonstrate strategies with assistive technologies and devices (e.g., electronic aids to daily living, seating and positioning systems) used to enhance occupational performance and foster participation and well-being. *(B.5.10) (H)*

18. Define assistive technology within the scope of pediatric occupational therapy. *(H)*

19. Identify goals of pediatric splinting. *(E,G)*

20. Identify techniques or splinting tips for splint fabrication specific to the pediatric population. *(B.5.11) (E,G)*

21. Articulate the importance of using statistics, tests, and measurements for the purpose of delivering evidence-based practice. *(B.1.7) (G)*

22. Articulate the importance of how scholarly activities and literature contribute to the development of the profession. *(B.8.1) (G)*

23. Effectively locate and understand information, including the quality of the source of information. *(B.8.2) (G)*

24. Use professional literature to make evidence-based practice decisions in collaboration with the occupational therapist. *(B.8.3) (G)*

25. Demonstrate the skills to read and understand a scholarly report *(B.8.8) (G)*

26. Teach compensatory strategies, such as use of technology and adaptations to the environment that support performance, participation, and well-being. *(B.5.24) (G,H)*

**Topical Outline**

I. **Evidenced based practice**  
   A. scholarly reports  
   B. interpreting/statistics  
   C. decision-making  

II. **Introduction to Sensory Integration**  
   A. Background  
   B. Examples of behaviors  
   C. Typical development
D. Sensory systems
E. Clinical observations

III. Sensory Processing
   A. Assessment
   B. Intervention

IV. Cerebral Palsy
   A. Definition
   B. Posture and movement
   C. Classification
   D. Functional implications
   E. OTA Roles

V. Positioning and Handling
   A. General principles
      1. Muscle tone
      2. Reflexes
   B. Positioning methods
   C. Inhibition and facilitation
   D. Positioning devices

VI. Play and playfulness
   A. Definition, types and stages
   B. Techniques
   C. Play scale
   D. Interventions and adaptations
   E. Play and Sensory integrative approach
   F. Play and autism
   G. Play and Cerebral Palsy
   H. Play and school
   I. Play and assistive technology

VII. Therapeutic Media
   A. Background
   B. goals
   C. Group Activities
   D. Grading and adapting

VIII. Occupational Performance
   A. ADLs
   B. IADLs
   C. Managing and organizing
   D. Intervention

IX. School- Handwriting
   A. Classroom modifications
   B. Developing hand skills
   C. Handwriting interventions

X. Fine Motor Skills
   A. Fine Motor development
   B. Object manipulation
   C. Pencil grasp
D. Writing pre-requisites
E. Motor learning concepts

XI. Oral motor
   A. Assessment
   B. Treatment

XII. Self Care
   A. Assessment
   B. Adaptations

XIII. Assistive Technology
   A. Definitions
   B. Team members
   C. Characteristics
   D. Assessments
   E. Technology for leisure
   F. Environmental controls
   G. Communication technology

XIV. Splinting and Orthotics
   A. General considerations
   B. Common injuries
   C. Goals skin integrity
   D. Evaluation
   E. Fabrication tips

XV. Animal Assisted Therapy
   A. Activities
   B. Small animals
   C. Large animals
   D. Intervention planning

**Course Grading**

**Methods:** Student attainment of course identified objectives and learning outcomes will be assessed through:

- Written Exams which comprise 70% of final grade (average of all written exams)
- Lab Activities, Practical Tests, and Participation which comprise 30% of final grade
  - Activities and Assignments, Professional behavior and Attendance are 15%
  - Lab Practical Tests are 15%

Instructional methods include lecture, presentation, case studies, role play, small group activities, and video observation and analysis.

**Course Requirements:** To earn a grade of “C” or higher the student must earn 70% of the total points for the course and meet all of the following course requirements.

- minimum of 75% average on lab practical skills tests
- satisfactory completion of all course assignments (minimum score of 75%)
Student Expectations:

a. Course faculty will determine if class absence is excused. Unexcused absences will result in a zero (0) for the exam, assignment, or class participation due on the date of absence.

b. One tardy will be excused per semester. All other tardies will constitute a decrease of one percentage point each in final grade.

c. Make-up work or exams for excused absences will be given at the discretion and convenience of the instructor.

d. 5% will be deducted for each day an assignment is late.

e. All written work will be typed and produced according to the APA Publication Manual, 6th edition unless otherwise indicated in assignment directions.

f. Active participation during class time, community outings, fieldwork experiences, and other professional experiences is mandatory. Passive note taking and silent observation is not considered active participation.

g. Professional development is an integral part of becoming an Occupational Therapy Assistant. Students are expected to accept constructive criticism from faculty and peers and modify behavior accordingly.

h. ALL appointment requests with faculty must be made in writing via email.

Course Grading Scale:

A- 90% or more of total possible points; and minimum of 75% average on laboratory practical tests and satisfactory completion of assignments and presentations

B- 80% or more of total possible points; and minimum of 75% average on laboratory practical tests; and satisfactory completion of assignments and presentations

C- 70% or more of total possible points; and minimum of 75% average on laboratory practical tests and satisfactory completion of assignments and presentations

D- 60% or more of total possible points; and minimum of 75% average on laboratory practical tests and satisfactory completion of assignments and presentations

F- Less than 60% of total possible points; or less than 75% average on laboratory practical tests or failure to satisfactorily complete or present assignments and presentations

** Lab competencies are scored differently than written exams. All mistakes result in a point deduction for grading purposes. However, failure to demonstrate fundamental competency, safety or professionalism in the execution of the skill as evaluated by the course instructor(s) will result in an immediate failing score. The student will then be required to re-test on the skill preceding fall/spring clinical practice experiences with the specific scheduling and format for such being at the discretion of the primary course instructor but the responsibility of the student. The student will be given up to two additional testing attempts to demonstrate competency. If unable to safely, competently and professionally execute the skill on subsequent attempts, the student will be given a failing grade for the course and will not continue in the clinical program. The remediation scores will not replace the first attempt test score.

Students must have a “C” or better and a semester GPA average of 2.5 or better to receive credit toward the OTA program requirements and to move to the next level of coursework.

Attendance Policy: The college attendance policy, which is available at http://www.bpcc.edu/catalog/current/academicpolicies.html, allows that “more restrictive
attendance requirements may apply to some specialized classes such as laboratory, activity, and clinical courses because of the nature of those courses.” The attendance policy of the OTA program is described in the OTA Clinical Handbook.

**Nondiscrimination Statement**

Bossier Parish Community College does not discriminate on the basis of race, color, national origin, gender, age, religion, qualified disability, marital status, veteran's status, or sexual orientation in admission to its programs, services, or activities, in access to them, in treatment of individuals, or in any aspect of its operations. Bossier Parish Community College does not discriminate in its hiring or employment practices.

Title VI, Section 504, and ADA Coordinator
Sarah Culpepper, Coordinator
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Equity/Compliance Coordinator
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Human Resources Office, A-105
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Phone: 318-678-6056
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**Reviewed by K. Brandon 5/17**