

**PAM HOOD SZIVEK, OTR/L**

**APRIL 26, 2022**

**Occupational and Physical Therapy Webinar Series Session 3:  
BEST PRACTICES FOR OCCUPATIONAL THERAPY VIA TELEHEALTH**



**ADAPTING PEDIATRIC OT BEST PRACTICES  
TO TELEHEALTH DELIVERY**

# OUTLINE

- Trends, research and guidelines for OT pediatric telehealth
- Myths I believed during my pediatric OT telehealth practice journey
- Adapting OT assessment to telepractice
- Range of OT treatment by telepractice
- OT Materials, Equipment, Environment
- Telehealth learning and resources

# TRENDS IN TELE

- **Telehealth treatment of children by their community physicians increased significantly during Covid (Curfman et al, 2021). Successful school-based telehealth programs date back to 2007 and covered 2% of US student by 2018 pre-covid (Love et al, 2019)**
- **More clients/families have experience with telehealth.**
- **Most hospitals have telehealth stations in ERs and telehealth rooms today**
- **Hybrid Models blend tele and onsite — medicine, rehab & education**
- **Coaching models, patient empowerment, family-centered care, mindfulness are OT practice trends**
- **Funding telehealth at state and national—steady expansion from rural roots**
- **Licensure compacts for portability of licenses across jurisdictions**
  
- **Trends were happening BEFORE Covid; COVID accelerated**
- **OT's have been doing telehealth for about 15 years (Jana Cason, Kentucky study)**

# WORLD FEDERATION OF OCCUPATIONAL THERAPY

from WFOT 2019 Position Statement on OT & Telehealth:

“Telehealth is an appropriate and effective delivery model for occupational therapy services when in- person services are not possible, practical, or optimal for delivering care **and/or** when service delivery via telehealth is mutually acceptable to the client and provider. Telehealth can also be part of a blended service delivery model wherein some occupational therapy services are delivered in-person, and some services are delivered at a distance.”

Services delivered by telehealth must comply with all professional, ethical, safety and regulatory standards of care.

-

# RESEARCH

- **Telehealth overall is as effective as in-person in the few pediatric OT in EI and school-based services studies.**
- **Provider acceptance has been lower and slower than patient/client satisfaction in pediatric OT telehealth.**
- **There is a lack of research on specific best practices within the telehealth setting for rehab.** (Campbell et al, 2019) The approaches presented here will mostly apply to the telehealth setting, standard OT best practices from research.
- **The several guidelines for telehealth & tele-rehabilitation in the literature do not specifically address movement-related assessment** (Anil et al, 2021).

# TELEHEALTH GUIDELINES

- **American Telehealth Association guidelines**
  - A Blueprint for Telerehabilitation Guidelines (2010)
  - Principals for Delivering Telerehabilitation Services (2018)
  - general, stroke and pediatric guidelines
- **Professional Organizations Policy statements and guidelines**
  - AOTA (2018 3rd revision)
  - WFOT(2019), CAOT (2010), ASHA, APTA, Fed of State Boards of PT
- **guidance from Assessment Publishers - Pearson, WPS, others**
- **State Licensing Boards - some have specific telehealth rules and regulations**

# EVOLUTION OF MY TELEPRACTICE

RURAL — HOMESCHOOLERS — ASSESSMENT—GLOBAL — SENSORY MOVEMENT TX — FEEDING

# MYTH #1 I CAN'T POSSIBLY SEE ALL I NEED TO

- Camera positioning, high resolution, and strong broadband can overcome many visual constraints.
- Therapist's highly skilled observation skills of movement and posture can compensate, such as watching child's hand movements shape letters, even if worksheet is not clear
- Professional humility and a collaborative approach invites the parent to describe or send photo or video. These are opportunities to educate and empower the family.
- Seeing the client's home environment enriches the therapist's knowledge of client's context, provides additional insights in assessment.

# MYTH #2 I CAN'T FEEL WHAT I NEED TO

- Therapist's highly skilled observation skills of movement and posture can compensate for not feeling muscle tone in many clients.
- Hand-over-hand in handwriting & cutting skills is NOT a best practice. Respecting tactile sensitivity is a best practice.
- Therapeutic compassionate touch can be at odds with the best practice of supporting body autonomy in children. Directing a child to get calming hugs from a parent during the session builds that relationship and teaches parent to provide proprioceptive input, rather than strengthening a more intimate relationship with therapist.
- Relying on modelling postures and movement, rather than guided passive assisted movements may be more effective for motor learning. If passive movement is indicated for a child, then the parent provides the assistance or stretching, which strengthens carryover and builds caregiver competency. Dolls may be used for demonstration.
- AND an 18 mon old with dystonic cerebral palsy may need in-person care and hands on handling; there are times an OT needs their tactile sense in order to treat.

# MYTH #3 I NEED SPECIAL THERAPY EQUIPMENT

- Fine Motor Home Kits ensure you and child have same items
- Therapist comfort/familiarity with own equipment v. constantly adapting to what's available in different settings.
- Small stuff (pencil grip, spacer, ball, therapy brush, fidget, chewy, wiki stix)
  - mailed out
  - sent link to purchase
  - suggest local stores
- Vertical surfaces at home. Positioning alternatives to desk and chair.
- Equally effective alternatives to OT gym can be found in the home or neighbourhood
  - local park
  - Sheet tied over a table
  - Loan of therapy swings for family's yard or home (liability release signed)
- The equipment is not the treatment: When family has equipment in home, they still need professional ideas on how to use therapeutically.

original photo taken and shared by Lori Fredericks





# Catching Beanbag Telehealth Activity



# MYTH #4 KIDS WON'T FOLLOW DIRECTIONS

- **Telehealth will absolutely test a therapist's skill with behavioural strategies**
  - **child has control over their volume & video**
- **Consider which of these are Best Practices in OT**
  - **coercion & bribery**
  - **rewards & contingencies**
  - **restraint, blocking exit, pulling child from under table**
  - **gross motor sensory preparation before desk work**
  - **child-centered, family-driven activities following child's interests, playing to their strengths**
  - **engaging activities**
  - **attuned, co-regulating through therapeutic presence**

**MOST PEDIATRIC OT BEST PRACTICES CAN  
BE ADAPTED TO THE TELEHEALTH SETTING  
WITH A LITTLE CREATIVITY AND PATIENCE.**

**PAM HOOD SZIVEK, OTR**

# HOW TO ADAPT BEST PRACTICES FOR TELE

# ASSESSMENT - BEFORE APPOINTMENT

- Review referral & request and review any records from other providers
- For initial assessment - email developmental history/medical history forms, other intake forms
- For re-assessment - email existing goals, update contact info/address
- Send online remote admin of SP2 or SPM for sensory assessment, and/or other parent report questionnaires such as Pedi-CAT, sent from publishers (Pearson or WPS) or send forms (depression inventory, dyspraxia screen)

# ASSESSMENT – ONLINE MEETING

- Same flow as in person: Start with client's understanding of OT, why doing Ax, expectations, specific goals/skills concerned about
- Clinical observation - movement, speech, organization, ability to follow directions, impulsivity, language comprehension
- Functional assessments
- Standardized assessments
- Summarize and revisit and refine goals in light of assessment. Plan next steps. May suggest treatment ideas and equipment.

# FUNCTIONAL ASSESSMENT

- functional vision screening to extent possible - tracking, localization, convergence (child brings own finger to nose, or parents do under direction), eye dominance (roll paper for tube—also tests fine motor)
- functional ROM and strength - stretches, touch toes, lifting
- stairs, door opening, mobility
- Balancing 1 foot- solid and soft surfaces, eyes open and closed
- jumping jacks
- throw and catch (use a pair of socks if no small ball) or BOT tennis ball skills
- buttons, tying shoes, jacket and zip start, sweatshirt overhead
- cutting — HandsAtWork&Play template
- rotate a quarter in fingertips, spin a coin, pencil gymnastics
- thumb to fingers—with/without vision, bilateral
- oral motor — snack/drink, other suck/blow activity
- Imitation of Postures and Bilateral (SI subtests—non-standard use)

# STANDARDIZED ASSESSMENTS - NORMED

- Drawing (Goodenough Draw a Person Test)
- Beery VMI (requires paper forms delivered and returned, per publisher)
- perceptual flip chart tests - with extreme caution regarding copyright and validity
- Pediatric Balance Scale - possible if parents are reliable with a measuring tape and have required stools and chair with arms
- SOSI-M - new movement test similar to my gross motor functional Ax

# STANDARDIZED, NOT NORMED

- handwriting (ETCH) - criterion referenced
- Canadian Occupational Performance Measure
  - goal attainment outcome measure
- Visual Activity Sort -another new test to watch
- Pain Scale

# STANDARDIZED NORMED ASSESSMENT QUESTIONNAIRES

- **Pedi-CAT for functional**
- **ABAS-3 for adaptive**
- **dypraxia screening (DCDQ 2012)**
- **Sensory Profile2**
- **Sensory Processing Measure**
- **Children's Depression Inventory**
  
- **many administered on publishers site by sending link**
- **all recommended for telehealth delivery**

- **“It is important for practitioners considering tele-assessment services to review the characteristics of the test used in these services, the service delivery method, and the provisions for test security and integrity to ensure compliance with legal and ethical standards. Practitioners should also continue to consider the qualifications needed for each test and follow the guidelines given in the test manual, including standardized administration procedures, scoring, and interpretation, as well as upholding the copyright standards.”**

#### **WPS STATEMENT ON TELEPRACTICE**

# Pearson's Digital Assessment Library for Schools



Assessment	 Available in Spanish	Digital Administration	Score/Report Paper Admin.
<b>ABILITY LIBRARY</b>			
KABC™-II (score/report)		--	•
WAIS®-IV		•	•
WISC®-V/WISC-V Spanish	•	•	•
WISC-V Integrated (score/report)		--	•
WPPSI™-IV		•	•
<b>ACHIEVEMENT LIBRARY</b>			
KTEA™-3		•	•
<b>WIAT-4 New!</b>		•	•
WRMT™-III (score/report)		--	•
WRAT5™		•	•
<b>SPEECH &amp; LANGUAGE / MOTOR SENSORY LIBRARY</b>			
CELF®-5		•	•
CELF-5 Metalinguistics		--	•
<b>CELF Preschool-3 New!</b>		•	•
PPVT-5/EVT™-3		•	•
GFTA™-3		•	•
GFTA-3 Spanish	•	•	•
BOT™-2 (score/report)		--	•
<b>PEDI-CAT New!</b>		•	•
Sensory Profile™2	•	•	•
<b>BEHAVIOR, MENTAL HEALTH AND EXECUTIVE FUNCTION LIBRARY</b>			
BASC™-3 (including Flex Monitor)	•	•	•
Brown EF/A Scales™		•	•
BYI™-II		•	•
SSIS™ SEL		•	•
Vineland™-3	•	•	•
M-PACI®	•	•	•
MAPI®, MMPI-A-RF™, and <b>MACI-II® New!</b>	•	•	•
CVLT®-C		•	--
CVLT3		•	•
D-KEFS™ (select subtests)		•	--
D-REF		•	•
NEPSY®-II (select subtests)		•	--
RBANS® Update	•	•	•
WMS®-IV		•	•
<b>SCREENERS (Limited number of report usages per school year. Only available with complete library.)*</b>			
BASC-BESS Screening System		•	•
SSIS-SEL Screener		•	•
Shaywitz DyslexiaScreen™		•	•
Raven's®-2		•	•

\* More usages cannot be requested once they have been consumed for the school year.  
 Available in Spanish.

## A district solution that benefits students, directors, and you!

- Higher engagement and more standardized administrations
- Greater staff productivity, flexibility, and mobility
- Unlimited use of the most comprehensive assessment library available

New for 2021!



Get the full details at  
[PearsonAssessments.com/digitalforschools](https://www.pearsonassessments.com/digitalforschools)

# CAUTIONS & CONSIDERATIONS

- Follow publishers rules and copyrights & state law & PHE exceptions
- Document that test administration was online
- Document any deviation from standards for administration just as you would with in-person administration
- Verify with client/parent that technology is adequate - that screen is showing all edges, that resolution is good, that sound is clear, and that camera positioning allows you to observe enough, before administering

# TELE TREATMENT APPROACH

- Engagement and attunement is paramount
  - less of “a captive audience”
- Find just right challenge
- Use Pacing, Reflecting, Narrating techniques (Star Institute in Colorado webinar on telehealth treatment, 2020)
- ALWAYS have an emergency Back-up way to reach client/caregiver during session
- Set expectations
  - if technical issues arise
  - to inform before going off screen

# TREATMENTS

- Cutting, colouring, printing with worksheets
- HWT and Printing Like A Pro —gel pack with ziplock bag, popsicle sticks, slate and chalk for wet-dry-try
- Yoga - pre-teach poses, than Cosmic Kids on Youtube
- Bal-a-vix-x with online metronome, beans in a tube sock, stand on pillow
- Beanbag and ball skills games and activities - tossing into bucket
- Brain Gym & other movement patterns for bilateral and crossing midline
- Fine motor - tweezers/tongs sort and place with dried foods/lego, chopsticks, clothespins, recycling OT activities
- Social Thinking curriculum - e-books, Thinksheets (teens and elementary)
- Zones of Regulation, Five Point Scale
- Alert program - make speedometers, board game (dice at their end), Bingo game
- Interoception Curriculum “experiments”
- Building a fort, playing dress-up, balancing a small ball on a wooden spoon while walking
- Outside —swing, climb, monkey bars, balance (typically with adult on site)
- Inside on therapy swing or therapy ball — teaching parents ways to use these to regulate
  
- many more ideas and PDFs shared in Therapist groups

# CAUTIONS & CONSIDERATIONS

- **Toileting, bathing or undergarment dressing, must be all off camera (child pornography laws, regardless of consent)**
  - **Have client turn off camera or use a privacy screen in room**
  - **NO full undressing onscreen, regardless of age, ability & consent**
- **Be aware of your own video image if you reach above and behind computer for something, and provide an unintended view of yourself**
  - **get in habit of turning off your camera if you need to leave desk to get something, or to reach above camera**

# TREATMENT ACTIVITY RESOURCES

- Facebook Group “OT Telehealth Activities”
- Youtube - several OTs and PTs post treatment activities
- Corvallis Children’s Therapy FB page for links to above sources

# MATERIALS & EQUIPMENT

- For movement activities, be sensitive to house rules for space - ask permission
- Ask what client has: weights, therapy balls, theraband, icepacks, hot balance equipment, other sports and exercise equipment, kitchen tools, writing and craft supplies, toys, puzzles, games
- Provide a list of items you want to use often, and ask family to create an OT box with those, while being sensitive to their resources. Or purchase or create and send an OT home kit.
- Confirm parents are willing/able to print, before emailing PDFs, and be sensitive to paper and ink burden and their resource constraints
- Drop off of items, leave out for pick up, snail mail
- Best Practice is to choose activities with items in the homes - you may ask family to complete a checklist of what's there and design activities with these common household item
- Use household items to work on dressing, teeth brushing, hair care, folding clothing, kitchen skills
- Offer suggestions of several alternative materials, work collaboratively with parents by explaining goal of the activity, ask what they suggest
- If suggesting very specific specialty items (pencil grippers, chewies, cushions, swings) you may send links with purchasing info or send your standard handout.

### Fine Motor Manipulatives

- Small Beads/String
- Large Beads/String
- Playdoh
- Putty
- Slime
- Cotton Balls
- Legos
- Magnets
- Pencil Grips
- Child Tweezers/Tongs
- Blocks
- Figure Puzzles
- Letter Puzzles
- Interlocking Puzzles
- Coins
- Piggy Bank
- Squigz
- Stickers
- Other: \_\_\_\_\_

### Gross Motor Items

- Tennis Ball (Small Ball)
- Basketball (Large Ball)
- Therapy/Exercise Ball
- Bosu Ball
- Balance Beam
- Trampoline
- Exercise Bands
- Yoga Mat
- Couch Cushions/Pillows to Climb Over
- Scooter
- Scooter Board
- Tunnel
- Other: \_\_\_\_\_

### Available Technology

- Laptop
- Desktop
- Ipad
- Smart Phone
- Access to Printer

### Writing Materials/Household Supplies

- Blank White Paper
- Construction Paper
- Lined Paper
- Adaptive paper (Type)\_\_\_\_\_
- Crayons
- Markers
- Colored Pencils
- Scissors
- Tissue Paper
- Dry Erase Board/Marker
- Empty Containers/Boxes
- Ruler
- Hole Puncher
- Pipe Cleaners
- Glue Stick/Liquid Glue
- Paper Clips
- Other: \_\_\_\_\_

### Sensory Items

- Weighted Items (Vest/Blank)
- Swings
- Fidgets
- Sand/Kinetic Sand
- Body Sock
- Chewy
- Bean Bag Chair
- Tent/Quiet Space
- Shaving Cream
- Other: \_\_\_\_\_
- Hair Gel
- Zip Lock Bags
- Food Coloring
- Water beads
- Bubbles
- Straws

# CLIENT'S SETTING

## — Privacy

- Always Ask who else is in space, beyond camera view, within earshot
- A teen may want to be out of parent earshot, a young child within
- Private environment for medical discussions
- extra caution when doing observation of accessing community, riding elevator, in backyard — always ask about privacy because your view of the setting is more limited onscreen

## — Client's Seating

- kids may do best on the floor by coffee table rather than adult office chair
- suggest best position and seating for client's stability, support, safety and comfort within family privacy constraints and options available
- space behind for standing activities

# TELEHEALTH LEARNING RESOURCES

Arizona Telemedicine Program

<https://telemedicine.arizona.edu/>

Southwest Telehealth Resource Center

<https://southwesttrc.org/>

AOTA

<https://www.aota.org/practice/practice-essentials/telehealth-resources>

# YOUR TELEHEALTH JOURNEY

- This is **NEW** and a little **DIFFERENT**
  - OTs are pros at adaptation and flexibility
- It won't be **PERFECT** or go as **EXPECTED** at first
  - like starting a job in a new practice setting
- Be generous with yourself
- Be creative, have fun experimenting to find your own style
- Remember **WE ARE ALL LEARNING TOGETHER**
- Self-reflect on what went well and didn't
- seek the learning resources you need to do better

# TELEHEALTH WORK ENVIRONMENT

- **Lighting**
  - camera not facing a window or lamp
  - natural light angle and shadows changes with time of day
- **Enough Space at both locations**
  - to stand and have full body view
  - hallway length if room's are too small

# TELEHEALTH WORK ENVIRONMENT

## — Sound considerations

- headsets with microphone to decrease background noise
- mute when you screen sharing a video that includes sound
- don't rustle papers next to your own mic — know where it is
- mute your mic when absent even briefly

## — Comfort

- seating, standing desk
- blue light filters (in system accessibility options)

# TELEHEALTH PROVIDER CAMERAS

- professionalism — no personal family items in view
- privacy — no confidential mail, files, reports within camera view
- document camera to demo fine motor activities or to share a sketch
  - hack: add a cellphone as another attendee & prop phone on food cans
- share digital files by screen share, upload to portal, share link in chat
- consider camera location relative to screen centre
  - if client isn't looking at you, it might be their camera is to the side
  - be sure you look up into YOUR camera