Resource

Occupational Therapist

A child may see an occupational therapist (OT) if they are having difficulty doing their normal tasks independently and need support in finding easier ways to do these activities.



This role is very diverse when treating a child or young person with JIA, and may include:

- helping your child to find easier ways to perform their everyday tasks.
- supporting your child in managing their normal daily routine.

- offering practical support and advice to improve independence.
- offering advice on pain management and techniques to improve sleep and energy levels.
- providing advice and recommendations to your child's teachers.

Occupational therapy aims

- to enable your child to improve their confidence and ability to overcome the difficulties they may experience due to their condition.
- to help your child to fulfil their full potential and to be able to enjoy activities and have fun whilst they are growing up.
- to improve your child's hand function and strength and facilitate full participation in activities to maintain general fitness and emotional well being.

When might my child be referred to an occupational therapist?

When your child attends an out-patient clinic appointment you may be asked to complete a Children's Health Assessment Questionnaire (CHAQ). Your responses give the doctor an idea of how well your child's disease is being managed and how they are coping in their everyday activities. The doctor can refer your child to an occupational therapist if they are having difficulty doing their normal tasks independently. Parents can also request a referral to the occupational therapist if they feel that their child is struggling with their everyday activities.

Difficulties in doing even the most basic tasks often result from symptoms affecting the joints of the upper limbs, particularly the wrists and hands. These include joint swelling, stiffness and pain. Children will often avoid certain activities because their joints hurt so much. They may also be worried they won't do as well as their friends or be able to keep up with them.

Pain also affects how well your child may sleep or delays the onset of sleep. Lack of sleep will affect your child's ability to function during the day and can leave them

feeling exhausted.

What might the OT do for my child?

The occupational therapist will assess your child by asking questions about their symptoms and how these symptoms affect their ability to carry out their normal daily tasks. If your child has arthritis affecting their wrists or hands the occupational therapist will often do a physical examination, including measurements to identify specific problems related to hand function.

Once the occupational therapist has all this information, they will be able to create a treatment programme specific to their physical and emotional needs. This may include a more focused assessment, for example:

- handwriting assessment – this may be carried out if writing is causing hand/wrist pain or, they are finding it difficult coping with increased written workloads. The occupational therapist will look at their:

- seating posture
- writing posture/grip and writing speed

Practical ways the occupational therapist can help

The occupational therapist can help by:

- Suggesting hand/wrist exercises to strengthen or stretch specific muscles.
- Giving pain management advice to help to reduce pain and stiffness in their hands and wrists.
- Activity modification, by suggesting different ways to do an activity – e.g. using an adapted writing grip to reduce strain on the thumb when writing.
- Making or fitting splints. Splinting is occasionally used:
    - when a child's joints are very painful, and the pain and stiffness impede their ability to carry out certain tasks
    - to stabilise a joint

    - to stretch out soft tissues which have tightened, e.g. under a finger joint
- Teaching relaxation techniques and strategies to increase sleep and energy levels.
- Liaison between the family, healthcare team and school.
- Communication with teachers and SENCOs – providing schools with advice and recommendations to support your child's attendance and participation in lessons and extracurricular activities during their school day.
- The occupational therapist may occasionally visit a child's school to assess the school environment and meet with teachers.
- Specific assessments may be carried out by the occupational therapist where professional evidence is required to support a need for concessions. E.g. additional time during examinations, rest breaks and giving pupils access to a laptop to enable them to type during examinations or for more extensive pieces of work where prolonged writing causes pain.
- Pacing/energy conservation: when your child is working towards a specific goal or trying to increase their muscle strength and endurance, it's important they pace themselves. Occupational therapists can help your child to set the right pace for themselves so that smaller targets towards reaching their goals can be achieved.

The way occupational therapists work may vary in different units, but their key skill lies in the holistic and individual assessment of your child and treatment which is aimed at restoring and maintaining their independence and reducing the impact of the condition on their family, school and social life

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