

OCCUPATIONAL THERAPY



THOMSON PAEDIATRIC CENTRE
The Child Development Centre
www.thomsoncdc.com

WHY OCCUPATIONAL THERAPY?



Paediatric occupational therapy focuses on the “occupations” or “jobs” of childhood such as **play, socialization, self-care and school performance**. Our paediatric occupational therapists help children develop the skills needed for functional independence in these important developmental areas.

Paediatric occupational therapy is customised to the **unique needs** of each individual child and is provided through **meaningful activity**, to keep the child **motivated and invested** in the therapeutic process. While paediatric therapy is designed to feel like play to the child, our expertly trained occupational therapists draw from strategies in many specialty areas to build upon your child’s progress.



Paediatric occupational therapy focuses on the **progression of developmental skills, the use of compensation techniques and/or adaptive equipment as needed, and adapting to the environment**. The goal for your child is to promote the greatest level of independence and success during work or play.



Our Occupational Therapists work with children **from 1.5 years old to 17 years old**, with therapy programs tailored to meet the individual needs of your child. Some of our treatment approaches include **neuro-developmental therapy, sensory integration therapy, and DIR®/ Floortime approaches**.

WE PLACE GREAT IMPORTANCE ON WORKING CLOSELY WITH PARENTS AND OTHER CAREGIVERS FOR CARRYOVER INTO THE HOME.

Our paediatric occupational therapists focus on the following areas and conditions:

- Over- or under-responding to sensory information such as bright lights or unexpected sounds. *Kids with sensory processing issues may have difficulty with changes in their daily routine, the tastes or textures of certain foods or the feeling of certain fabrics on their skin. Sometimes referred to as sensory processing disorder.*
- Play and psychosocial skills (for example: sharing, interacting with others and developing friendships).
- Fine motor and hand skill development
- Visual perceptual/visual-motor skills (Difficulty processing or interpreting visual information. *Kids with visual processing issues may have difficulty telling the difference between two shapes or finding a specific piece of information on a page. Sometimes referred to as visual processing disorder (VPD).*)

Our paediatric occupational therapists focus on the following areas and conditions:

- Handwriting
- Self-care
- Adaptive equipment Environmental modifications
- Sensory-based feeding problems
- Autism
- Developmental delay
- Down Syndrome
- Cerebral Palsy
- ADHD
- Behavioral difficulties
- Cognitive skills (for example: thinking, remembering, attending and problem-solving)

SYMPTOMS SUGGESTING A NEED FOR AN OCCUPATIONAL THERAPY ASSESSMENT

- A lack of a hand preference (by age of 4 years old)
- Difficulties in carrying out activities that require balance
- Developmental delay in gross and fine motor skills
- Delay in speech development (children with speech delay is usually accompanied by motor delay).
- Lack of body awareness (eg. tripping over things)
- Appearing clumsy and uncoordinated
- Uses one hand for tasks that require both hands
- Difficulty with letter formation and letter reversals. Messy illegible handwriting
- Reduced organisational skills and frequent task avoidant behaviours
- Has short attention span and cannot remain seated to complete tasks
- Limited play skills and lack of age-appropriate social skills

OCCUPATIONAL THERAPY ASSESSMENTS

Comprehensive Occupational Therapy assessments are aimed at **understanding the strengths, weakness and difficulties** of the child to plan treatment priorities. The assessment is structured and includes use of various formal and informal methods to obtain a baseline evaluation of the child. This session also gives opportunity for the parents to share their concerns and understand how Occupational Therapy program would help their child achieve his maximum potential.

The assessment time varies from **60 minutes to 120 minutes** depending on the concerns. A formal report of assessment is provided to the parents. The report is a guideline to plan and upgrade therapy goals for present and in future.



THOMSON PAEDIATRIC CENTRE
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Novena Medical Centre

10 Sinaran Drive, #09-04
Singapore 307506

T 6397 6627 F 6397 6701

E info@thomsonpaeds.com