

Philadelphia County
 Infant/Toddler Early Intervention
 Occupational Therapy Practice Guidelines*

Based on the priorities and concerns of the family, an occupational therapist may be recommended for the team when:

| OT as Primary Service Provider when: |
|---|
| Premature infants up to 12 months of age w/ feeding issues (speech language pathologist or other professional with specialized training may also be assigned) and/or extended stay in Neonatal Intensive Care Unit (NICU) |
| Infants up to 12 months of age with Down Syndrome with concerns about positioning, joint laxity and oral motor needs (Special Instructors with specialized experience and training may also be assigned) |
| Children with Erb's palsy |
| Children with choking/swallowing/chewing/biting difficulties, tube feed to oral transitions, poor coordination and minimal movement of lips, face, tongue, cleft palate (speech language pathologist or other professional with specialized training may also be used in this area) |
| Children with behavior such as extreme tactile aversions, extreme movement aversion, and/or extreme clumsiness, sensory seekers/safety concerns including mouthing/stuffing that are related to sensory processing concerns |
| OT as consultant when: |
| Poor standing/sitting or walking balance (or physical therapist may be used as consult) |
| Gross motor concerns due to motor planning issues (or physical therapist may be used as consult) |
| Unable to pick up tiny objects, for example cheerios. Unable to grasp utensils |
| Child resists bath-time, dressing, and diapering routines |
| Selective eaters who are limited to only a few types of food and have difficulties with texture progressions (Nutrition Support or Nutritionist may also be used as consult) |
| Mild or minor sensory issues** that are only impacting one/two daily routines |
| Challenging behaviors with suspected sensory basis that are not responsive to typical behavioral interventions |

*These guidelines do not supersede the child's determination by the multidisciplinary team (based on assessment and observation) and the individualized needs of the child. The intent of these guidelines is to provide information and guidance to the IFSP team members.

**Other behavior that may reflect sensory processing concerns include: sleep disturbances, disorganization, difficult to calm/arouse, high level of movement, poor impulse control, limited attention, aversions to touch/textured materials.