Sensational Achievements

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Frequently Asked Questions

Why would a child need an independent educational occupational therapy evaluation? He/She writes fine.

Our sensory-based occupational therapy evaluations are extensive and comprehensive in nature. We look beyond writing and fine motor skills at how a child/adolescent is taking in and using information from his/her body and the environment to adapt to educational demands throughout the day. This is much more than filling out a Sensory Profile and evaluating visual motor skills. We do direct evaluation and clinical observation of sensory processing abilities to identify over/under-responsivities, difficulties in understanding/responding to sensory information, deficits in postural-ocular skills affecting body control, and praxis deficits.

Over and Under-responsivities can result in dysregulation or disconnection from the environment and contribute to sensory-seeking behaviors. Poor understanding of how the body is taking in a using sensory information means a child/adolescent is working significantly harder than same-age peers to do things that others can do automatically. Praxis deficits can co-exist with executive function issues, impacting one's ability to come up with ideas of what to do with his/her body or objects, sequence a plan of action, and execute tasks in real time (ex: gather materials for assignment completion or gain independence in daily routines). Functional vision is also fully assessed as it can impact spatial judgement, tolerance of gym class, use of vision to safely navigate the environment, and/or visual attention for tabletop academic work.

We complete extensive visual perceptual, visual motor, fine motor, and graphomotor testing using a variety of standardized assessments so that we are able to determine the exact nature and factors contributing to handwriting deficits. In the case of dysgraphia, this means differentiating patterns of Motor Dysgraphia, Spatial Dysgraphia, and Dyslexic Dysgraphia which can then be reviewed and diagnosed by a Psychologist.

If a child's disability makes them unable to be assessed with standardized measures, extensive clinical observations incorporating standardized testing materials will be done to determine current level of function and developmental ages.

Why would we need to consider an OT evaluation when the diagnosis doesn't appear to be motor-based?

- Children with ADHD show difficulties supressing eye movements (Munoz, 2003) and a subset presents with altered vestibular brainstem reflexes impacting postural control (Isaac, et al, 2017). More intense movement is associated with better performance when providing correct responses compared to typical peers (Hartano, et al, 2016)

- Children with Dyslexia often show impairments in steady visual fixation, inefficient saccades, and possible motion processing disorders (Leigh and Zee, 2006). Improving motion detection, tracking, scanning, and hand-eye coordination results in improved phonological awareness (Quian & Bi, 2015).

- Children with Autism sometimes have sensory over-responsivities but can also be behaviorally over-responsive due to difficulties adapting and responding to incoming sensory information (Schaaf, Roley, & Blanche, 2001). Functional vision deficits impact eye contact, light sensitivity, and visual attention. Coexisting Dyspraxias impact functional and goal-directed behavior.

- Fares, Fares, & Fares (2017) found that 21% of 180 children reporting non-specific neck pain from Smartphone and tablet use had eye symptoms and 82% reported a change in psychological and social behavior.

Do you diagnose?
No. Occupational therapists are not allowed to diagnose. While we can articulate the patterns and underlying nature of why a child may present with behaviors from a specific disability profile, all results should be reviewed by a neuropsychologist and taken as part of the total picture of a child's functioning in order to determine a diagnosis. Recommended supports are made based on the child/adolescent's functional presentation, not the specific disability.

Do you work with children with aggression and/or avoidance behaviors? Are you able to test them?
Yes. We do evaluate children with significant emotional dysregulation and avoidance behaviors. Many children find the portion of the evaluation in the gym environment so regulating and supportive that it assists us in identifying the types of supports a child could utilize in the school environment and the balance between sensory-supportive breaks and task demands. We seek to set consistent boundaries and expectations while being positive and creating access to supportive strategies so that we can get a true picture of a child's abilities separate from the behaviors.

What tests are used? Tests are selected based on age and reviewed annually as new tests become available.

- Sensory Processing Measure Home and Classroom
- Adult/Adolescent Sensory History
- Vineland Adaptive Behavior Scales
- Movement ABC (fine and gross motor testing)
- Miller Function and Participation Scales (gross, fine, and visual motor testing)
- Clinical Observations of Motor and Postural Skills (COMPS)
- Developmental Test of Visual Perception: DVTP-2, DVTP-3 and DVTP-A (visual perception and motor)
- Tests of Visual Motor and Perceptual Skills: TVMS and TVPS
- Sensory Integration and Praxis Test (SIPT)
- GOAL Assessment of Life Skills

- Test of Handwriting Skills - Revised (THS-R)
- Test of Information Processing (TIPS)

Does the evaluation need to be done at the clinic?
Yes. In order to be able to control the environment and access to different types of sensory inputs/information, we need to complete at least a portion of the evaluation at the clinic. Some standardized testing may be done in the school environment if the child is able and there is an appropriate space that we are provided access to. However, this is mostly done in the case of families travelling a long distance and is set up at the same time as the school observation to optimize time/travel.

How long does this evaluation take?
Testing is scheduled over 2-3 sessions of approximately 3 hours each. A school observation, extensive file review, school staff interview, and parent interview are also completed. The evaluation is typically 20-30 pages in length. The evaluation takes approximately 4-6 weeks to complete due to the extensive nature of the report and results are reviewed at a PPT meeting. Parents are encouraged to schedule a follow up meeting to review the evaluation prior to the PPT so they can fully understand the results and recommendations. Some school districts also request a review of the information for their own staff.

More Information/Resources
Please visit our recently updated website for more information and resources. We have added information specific to the types of diagnoses our clients present with and how occupational therapy intervention can be a support. We also have printable resources available so that both parents and educators can easily access information when preparing for meetings with their school team.

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