

Student Name:

Pediatric Case Study

OCCUPATIONAL THERAPY EVALUATION REPORT AND INTERVENTION PLAN

I. BACKGROUND INFORMATION

Date of report:

Client's name:

Date of onset:

Date of referral:

Date of birth:

Age on date of evaluation:

Setting: community _____ out-patient _____ in-patient _____ home based _____

Description of setting & reason for referral to the setting:

Primary diagnosis and/or concern:

Secondary diagnosis and/or concern & Past Medical History:

Precautions/Contraindications/Medications:

II. FINDINGS (attach copy of evaluation or narrative)

Assessment(s) administered: a. List & describe assessments used, and b. State what you think the rationale for using each tool might be.

General observations during the evaluation: (e.g. client's behavior, interactions, etc.)

Assessment findings and results: Occupational Profile and Occupational Analysis. Provide the results for each assessment administered and provide a professional judgment/discussion of the findings and observations. Use a new paragraph for each assessment.

Additional areas of assessment: What else would you explore or assess? How would you assess these areas? Be specific. What assessments would you utilize? Include your RATIONALE.

Comparative assessment: Compare the results of the child's evaluation to the expected skill level. Prepare a clear and concise picture of a typically developing child of comparable age across all developmental domains.

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Contrast the current developmental performance of the child in this case within this child's unique context (remember to include play skills and patterns of daily living).

****Refer to OT Practice Framework 3rd ed. for the following 2 sections and complete descriptions of an occupational profile and occupational analysis.*

III. INTERPRETATION

Strengths and weaknesses: Provide two numbered or bulleted lists ranked in order of priority; a. areas of strength, and b. areas of weakness.

IV. Intervention Plan

Recommendations and Referrals: Should include referrals, description of client/caregiver education, and recommendations (including frequency & duration) that support client's development and occupational status. Include discharge plan.

HOME ACTIVITY: Choose an activity that you would recommend the child engage in the home environment as a supplement to ongoing OT intervention. Use your Activity Analysis protocol to describe and analyze the activity.

Goals and Activities: This section includes functional problem statements, the client factors contributing to the problems, long and short term goals, treatment activities and procedural codes. In addition,

Form: person, behavior, measurement, and time

Relevance: Do the goals/activities address the problem/goals identified?

Scope: Are the goals/activities sufficient in scope to:

Meet the needs of the problem identified?

Make progress toward the goal?

Address the contributing factors that are part of child's functional problems?

Functional problem Statements: List & prioritize statements. (HINT: "Client requires/has difficulty with _____ (Occupations – Table 1) due to _____ (pull at least 3 from: Client Factor table 2, Performance Skills table 3, and/or Performance Pattern table 4).

Ensure that treatment activities address (a) client factors, (b) performance skills and (c) client's performance patterns).

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Functional Problem Statement #1:			
LTG	STGs	Treatment Activities	Therapeutic Procedure <i>List code and short description</i>

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Functional Problem Statement #2:			
LTG	STGs	Treatment Activities	Therapeutic Procedure <i>List code and short description</i>

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Below is a list of current CPT codes commonly used by occupational therapists. Please use the description of the procedural codes to assist you in determining the therapeutic procedures you will use in this case study. Do not list the code, but rather the portion of the **description** that applies to your case study. (ie therapeutic exercise, development of cognitive skills, SI, self- care)

When designing treatment activities, be sure that the activity chosen falls within the definition of the therapeutic procedure code (CPT code).

- 97110 Therapeutic exercise, one or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility
- 97112 Therapeutic procedure, one or more areas, each 15 minutes; neuromuscular reeducation of movement, balance, coordination, kinesthetic sense, posture, and/or proprioception for sitting and/or standing activities
- 97140 Manual therapy techniques (eg, mobilization/ manipulation, manual lymphatic drainage, manual traction), one or more regions, each 15 minutes
- 97530 Therapeutic activities, direct (one-on-one) patient contact by the provider (use of dynamic activities to improve functional performance), each 15 minutes
- 97532 Development of cognitive skills to improve attention, memory, problem solving, (includes compensatory training), direct (one-on-one) patient contact by the provider, each 15 minutes
- 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact by the provider, each 15 minutes
- 97535 Self-care/home management training (eg, activities of daily living (ADL) and compensatory training, meal preparation, safety procedures, and instructions in use of assistive technology devices/adaptive equipment) direct one-on-one contact by provider, each 15 minutes
- 97542 Wheelchair management (eg, assessment, fitting, training), each 15 minutes
- 97760 Orthotic(s) management and training (including assessment and fitting when not otherwise reported), upper extremity(s), lower extremity(s) and/or trunk, each 15 minutes
- 97761 Prosthetic training, upper and/or lower extremity(s), each 15 minutes
- 92526 Treatment of swallowing dysfunction and/or oral function for feeding; direct patient contact (*non-timed based*)

CPT Codes, Retrieved September, 11, 2006, from America Medical Association CPT Code Value Search: https://catalog.ama-assn.org/Catalog/cpt/cpt_search.jsp

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**University of Florida
College of Public Health and Health Professions
OCCUPATIONAL THERAPY
Case Study Grading Sheet**

BACKGROUND INFORMATION: 10 points

_____ Setting description and referral, diagnosis and history, and precautions and contraindications

FINDINGS: 35 points

_____ Attached site assessment or narrative and assessments administered 5 points

_____ General observations recorded 5 points

_____ Assessment results 15 points

_____ Additional areas of assessment 5 points

_____ Comparative assessment 5 points

INTERPRETATION: 10 points

_____ Strengths and weaknesses: prioritized

INTERVENTION PLAN: 20 points

_____ Recommendations to include frequency and duration/referrals 10 points

_____ Home Activity: activity design and description & activity demands & context 10 points

GOALS and ACTIVITIES: 40 points

_____ Functional Problem Statements 6 points

_____ Long Term Goals (form, relevance & scope) 6 points

_____ Short Term Goals (form, relevance, & scope) 12 points

_____ Treatment Activities (form, relevance, & scope) 12 points

_____ Therapeutic procedures 4 points

OVERALL QUALITY: Professional appearance, use of professional language, thoroughness and conciseness,
HIPAA compliance: 10 points

_____/125

Grader Comments: