



Occupational Therapy Initial Assessment

Name: Mekhi	Date: 7-16-15	Place of Service: Home/Community
DOB: 10-1-09	Diagnosis: No diagnosis specified	Service Coordinator: N/A
Parent/Legal Guardian:	Address:	Phone Number:
Therapist: Amanda Shimkus, MA, OTR/L SIPT Certified		
Telephone: (303) 885-9848 email: peekaboopediatrictherapy@gmail.com		
Teachers: Lori and Heidi	School:	

Reason for Referral: His preschool teacher on base and at preschool off base flagged concerns with his distraction with lights. He also doesn't completely focus on the task on hand. Has some difficulty with interacting with the other kids and sometimes has difficulty giving eye contact. Doesn't get on the playground sets and reports he is scared of heights.

Parent Concerns:

Teachers interviewed were Heidi and Lori: Center time he prefers taking objects to interact with objects and lack of engagement with peers. If it is 1:1 he is difficult to remain engaged, he needs to sometimes walk and then come back.

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Pertinent Birth History: Per medical history form, Mekhi's mother had a normal pregnancy. She was 28 years old at birth and length of pregnancy was 40 weeks. He had a natural delivery. He was born at [redacted] Hospital in Tucson, Arizona. He weighed 8 pounds 2 ounces and was 2 days early. Medications given to his mother were Pitocin and an epidural. Apgar scores are unknown.

Pertinent Medical History: No history of ear infections. Vision and hearing: it has been a long time since but has been tested. Used to have concerns about vision, but not currently. Baby had a little bit of eczema and throughout different parts of his body. He was hospitalized at Children's Hospital due to a twisted intestine for 24 hours. He has never had any surgeries.

List of Specialists: Pediatrician through [redacted]

List of Medications: None

List of vitamins/supplements: Kids Ensure drink. No extra supplements are needed as he has a well rounded diet.

Contraindications/Precautions: Allergic to Amoxicillin. None listed to impede this evaluation or future treatment.

Developmental History: Mom reports Mekhi was on target with his gross motor skills- roll, sat up, crawl, pull to stand and walking. Mom hired 1:1 care with a nanny until he turned about 4 years old.

Pertinent familial medical and mental health history: Some history of depression on maternal side of the family. Paternal side of the family is unknown

Reliability and Clinical Observations:

The therapist conducted a parent interview at home and then proceeded to his school for an observation in his classroom, pulled him out to assess motor skills as well as interview with his teachers at school.

Upon entering the classroom Mekhi was in the middle of 'stations,' it is a free time where kids are able to initiate and chose an activity of their liking. Options in the classroom included but not limited to, blocks, painting, coloring, fish tank, puzzles, books, ect. Mekhi was observed to pace the room back and forth

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while waving a yellow ribbon by his eyes. This is described to be a self-stimulatory behavior. He was introduced to the therapist and needed prompting to say his name. He took the therapist's hand and had inconsistent eye contact. When asked open ended questions and Mekhi had a rote reply of "I don't know." The therapist instructed Mekhi to chose between two options to do before she would pull him out of the classroom for 1:1 interaction time. The options were in this order, 1. Books (reported as something he enjoys) and 2. Blocks. Mekhi chose the first option of books. The therapist at this time was able to do a brief interview with the teachers and then came back to the classroom to take Mekhi to a separate assessment space without any peers or teachers in the room.

When Mekhi was brought into a classroom without the chaos of the other children and teachers, Mekhi had a change in his affect. He smiled and asked questions throughout varying items asked of him. He asked questions prior to an activity such as "Are we counting backward or sideways?" During balance and core strengthening activities. When asked him to build blocks he had statements such as "I can't make it" and "Build train" when trying to remember the design of 6 block stair design. He had some difficulty imitating a triangle shape and said "I don't know how." His interactions were much better and he did not need initiation prompts with a change in activity. Mekhi followed 1 and 2 step directions and followed imitative praxis commands, verbal praxis commands very well, except imitating a supine flexion position.

The transition back to his class began with the therapist initiating clean up of one activity and not introducing another. Mekhi had an emotional explosion with tears and said "I don't want you to go. I want my mommy." He reverted to rote language, as observed in his classroom of "I don't know." When asked to lead the way to the playground where his class was. He had a difficult following a 1 step command to carry a piece of paper and put another in the trash can, items he was able to do prior to this transition back to the classroom.

Objective Tests:

The Sensory Processing Measure - Preschool (SPM-P) Home Form is a standardized test for children 2 to 5 years of age. It is a rating form that enables assessment of sensory processing issues, praxis, and social participation. It is completed by the child's parent or home-based care provider. This test rates 5 sensory systems (vestibular, proprioceptive, tactile, visual and auditory) as well as praxis and social participation.

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Sub-system	Raw score	T-score	Percentile	Interpretation
Social Participation	14	54	66	Typical
Vision	19	62	88	Some Problems
Hearing	30	80	>99	Definite Difference
Touch	37	80	>99	Definite Difference
Body Awareness	14	60	84	Some Problems
Balance and Motion	22	72	98.5	Definite Difference
Planning and Ideas	15	64	92	Some Problems
Total Sensory Systems	128	72	98.5	Definite Difference

T-Scores of 40-59 indicate Typical function in behavioral or sensory functioning.

T-Scores of 60-69 indicate Mild-Moderate difficulties in behavioral or sensory functioning.

T-Scores of 70-80 indicate Definite Difficulties in behavioral or sensory functioning.

Percentile scores represent the percentage of children in the normative sample who scored lower than your child. The higher the percentage that your child receives indicates a higher rate of dysfunction for that particular child.

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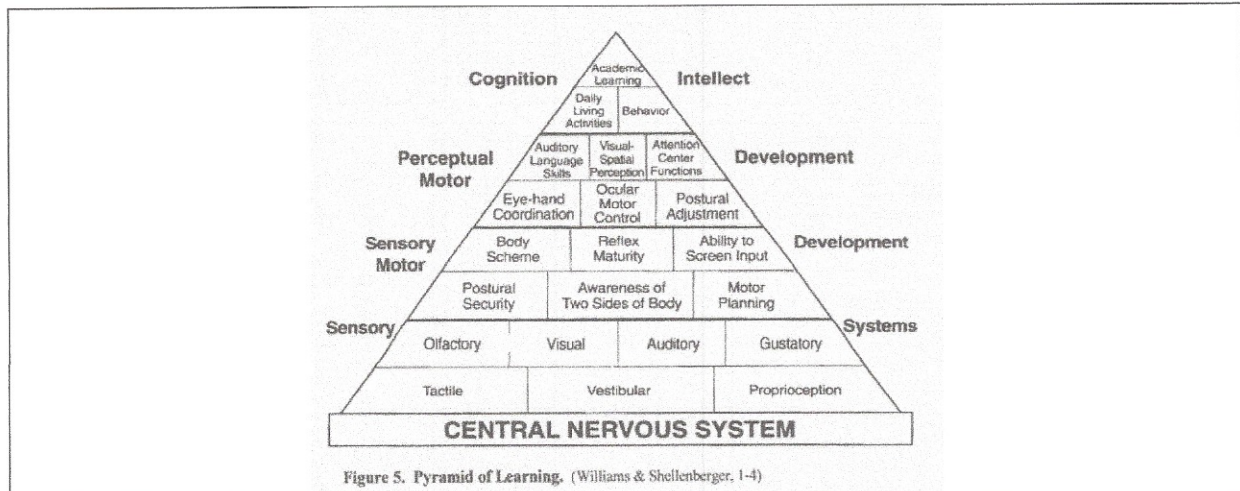


Figure 5. Pyramid of Learning. (Williams & Shellenberger, 1-4)

The table above is a pyramid of how the central nervous system needs to operate with sensory information for development of sensory-motor skills, perceptual-motor skills and cognition. With where Mekhi has scored on the Sensory Processing Measure for Preschool, he shows significant limitations in his ability to modulate touch, auditory and vestibular

Regulatory Abilities

Regulatory abilities encompass how a child receives and responds to sensory information and the impact on that child’s arousal state. Regulation relies on the nervous system’s ability to modulate, or filter out relevant from non-relevant sensory information. Ideally, a child will progress from relying on external cues and supports to a self-directed and internally organized ability to modify behavior and manage challenges.

When really upset, Mekhi takes deep breaths. He will also walk away and then come back. As an infant/toddler had a blankie-animal. He also breast fed. Sleep: he goes down 7:30-8:30 pm and mom wakes him up about 6:45 am. Weekends he wakes up between 6-8:30. Has a history of snoring. He does breath through his nose during the day. Regular with bowel movements, was holding it for about 6 months.

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Sensory Modulation

Sensory modulation is defined as the ability to regulate and organize reactions to sensory input in a graded and adaptive manner, and is closely related to a child's regulatory function. Modulation of sensory input occurs on both a neurological and behavioral level. Children are typically identified as have difficulties with modulation due to certain behavioral manifestations that interfere with their ability to participate at home, school, or the community. It is difficult but critical to differentiate whether there may be a sensory basis for undesirable behaviors.

He dislikes touch, and being in close proximity of other children may put his system in a elevated level. Specific questions that were listed as always in the touch section were: distressed by fingernails cut, avoids touching or playing with messy things such as paint, glue, ect., avoids eating certain textured foods, dislikes grooming and hair cuts. Mekhi's results also indicate difficulty with hearing and Mekhi is 'always' bothered by: household sounds, loud noises, disrupted by noises that others are able to tune out, difficulty with background noises such as lawn mower outside, busy sounds such as a crowded room or party, and startles easily when hearing an unexpected sound. The final area that Mekhi had difficulty in was his balance and motion system. He is reported to 'always' be excessively fearful of movement such as going up/down stairs, riding swings and other playground equipment.

In the classroom, Mekhi was observed to use the yellow ribbon and wave it by his eyes as a means of regulating his system. This is a coping strategy he is using due to difficulty filtering and coordinating all of his other senses, especially his touch, hearing and movement systems. When children are extra sensitive to sensations, they avoid them. During his time in the classroom he reverts to a system where he craves input from and avoids synchronizing the other systems. He has moments where he does not have to use the self-stimulatory visual behaviors, but due to difficulty with his sensory processing, it has affected his sensory-motor skills and motor planning abilities in these situations. For example, he needs adult direction and support to chose an activity. In a classroom with organized toys on their shelves, ect. Mekhi has not shown the ability for independent play that is age appropriate.

At home, Mekhi is reported to have much different play behaviors. He has a great toy room set-up and he has an imaginary friend as well as representational and imaginary play that he does. His mother reports

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he uses characters and 'acts out a play.' At home his system is not challenged by the extra noise, unpredictability of people in close proximity to touch him. Here, he is able to show much better sensory foundations for sensory-motor, motor perceptual and cognitive tasks.

Vestibular Processing

The processing of vestibular information relates to the brain's ability to receive, organize and utilize sensations that arise from the mechanism in the inner ear that occur through movement and position of the head. This system provides a basis of balance, postural control and appreciation of how one's body relates to the environment. Combined with proprioceptive input, this system contributes to the perception of active movement, the development of body scheme, and the development and use of postural responses. Combined with visual input, this system contributes to the maintenance of a stable visual field and development of oculomotor control.

More information is provided in the motor planning section.

Somatosensory Processing

Somatosensory processing refers to the brain's ability to receive, organize, and effectively use information arising from receptors in the skin, muscles and around the joints. Together, they provide the ability to interpret tactile input, perceive joint and body movements, and position of the body in space. Sensing the direction and velocity of movement is also a function of this system. Combined with vestibular input, this system gives a sense of body awareness that is the basis for planning and executing refined movements. Tactile and discriminative proprioceptive processing, along with vision, contributes to the ability to coordinate movements.

More information is provided in the motor planning and upper extremity and hand function section.

Motor Planning

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Motor planning describes the brain's ability to conceptualize, plan, and execute necessary actions supporting performance. It is the foundation for developing and learning skilled movements and control, and contributes to one's ability to direct purposeful interaction with the world. Children with deficits in tactile, vestibular or proprioceptive processing may exhibit difficulties with motor planning skills as well.

As mentioned above, Mekhi has difficulty with foundations of sensory modulation of the following: tactile, auditory and vestibular information. Since he has these limitations, in the classroom his motor planning abilities are much worsened in his ability to conceptualize, plan and execute age appropriate play academic tasks.

However, 1:1 Mekhi's motor planning abilities improve. He was able to complete a variety of constructional praxis tasks such as: building a block tower of >10 cubes, imitating the following block designs: a bridge, train and wall. He did not shut down and avoid figuring out how to make the 6 block step design after the therapist knocked it down (a challenge for visual-memory).

He was able to follow directions and imitate body positions such as prone extension, supine flexion (to assess core strength). He was able to hold a prone extension for 3 seconds with great head extension against gravity (but children at his age are normed to hold this position for 18 seconds at age 4 and 29 seconds at age 6). He held a supine flexion position for 10 seconds with moderate assistance to get into the position (but children his age are normed to hold this position for 25 seconds at age 5).

Single leg stance and balance was difficult for Mekhi, but he tried very hard. He held his foot up in the air for about 2 seconds each. Typically children are able to hold a single leg stance for 12 seconds at 5 years of age.

Upper Extremity and Hand Function

Mekhi has a misinterpretation of somatosensory processing (coordinating the tactile sense and proprioceptive sense) to grade his hand and orient his grasp to be age appropriate. Mekhi demonstrates a gross ulnar fistled grasp (more age appropriate for a 1-1/2 year old). He used his right hand to draw. Mekhi used his left hand to stack blocks with the container of blocks on his left side.

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Mekhi was able to imitate basic shapes: vertical and horizontal line, +, /, \, and x. He was unable to imitate a triangle and asked for help.

Vision

Mekhi had difficulty with the coordination of his eyes. He had difficulty with to track an object with his head stable and complete eye movements. He did do slightly better with keeping his eyes stable to stare at a fixed object and move his head.

Play Skills

Mekhi likes anything visual. He likes to wave a ribbon at school and likes the stoplight at home. He does imaginary play at home and is reported to have an imaginary friend. On the playground he is reported to run around the outskirts of the playground set.

Activities of Daily Living

Dressing	No concerns raised at this time
Undressing	No concerns raised at this time
Hygiene	Dislikes hygiene tasks
Grooming	dislikes grooming tasks
Bladder/Bowel	No concerns raised at this time
Self-Feeding	No concerns raised at this time
Diet	Last 2 weeks haven't been eating too much, but did just lose a tooth. Been eating ok at dinner.

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	Breakfast he has yogurt and fruit. Beyond that pretty healthy and a good variety. He doesn't eat a lot of red meat. Likes pasta.
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ASSESSMENT
Mekhi is a kind and sweet boy. He shows significant difficulty modulating multisensory information. As a result he reverts to regulating behaviors in his classroom and has difficulty with social communication and picking age appropriate tasks to complete in the classroom. Mekhi does very well with individual tasks asked of him, but does not show the foundations of sensory integration to have age appropriate grasp patterns, visual-motor skills related to design copying and participating on the playground. Mekhi would benefit from occupational therapy to address these foundations of modulation dysfunction to improve his participation in the classroom and his sensory-motor skills.
Frequency: 1 time per week (5 units each visit)
Prognosis: Good for stated goals and with follow through of therapeutic strategies and suggestions.
Discharge Plan: Short term goals to be achieved in 4-6 months with re-evaluation of long term goals through periodic evaluation or re-evaluation at one year or sooner if warranted.

TREATMENT PLAN
<p>Mekhi will improve modulation of sensory input for greater success with social, play and self-care activities</p> <p>STG1: Mekhi will tolerate 3 different textures on his hands during a 5 minute play activity without signs of distress 4/5 treatment sessions</p> <p>STG2: Mekhi will be able to complete a visual-motor task with background music without words</p> <p>STG3: Mekhi will tolerate linear movement without adverse reaction for 3 minutes 4/5 treatments</p>

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Mekhi will improve motor planning skills for greater success with fine motor, gross motor, play and self-care activities

STG1. Mekhi will write his name 4/5 treatments from a model

STG2. Mekhi will demonstrate a radial-digital grasp on a writing utensil without prompting to switch his grasp 4/5 treatments

Additional Recommendations:

1. Mekhi should be assessed by an ENT, as it is not typical for a child to snore loudly

2. An outside evaluation should be considered by the Behavioral Health and Psychiatry Unit. This therapist is aware of a unit at Children's Hospital. Mekhi has significant changes when challenged in a social setting compared 1:1. This unit would evaluate if Mekhi has a mental health condition that attributes to his fluctating performance from in the classroom to 1:1 in addition the sensory processing dysfunction assessed by this therapist

3. Child Find provides free developmental screenings and multidisciplinary evaluations for young children, ages 0-5, who demonstrate delays in their development. The Child Find team includes specialists in the areas of speech-language pathology, preschool special education, occupational therapy, psychology and nursing.

In order to receive testing, the child must be a resident of the Aurora Public School District. Parents who have concerns about their child's development should call one of the following numbers for an appointment:

Child Find at Larado Child Development Center: 303-367-0181

Child Find at Meacham Child Development Center: 303-400-0863

Books:

"Sensational Kids" By Lucy Jane Miller

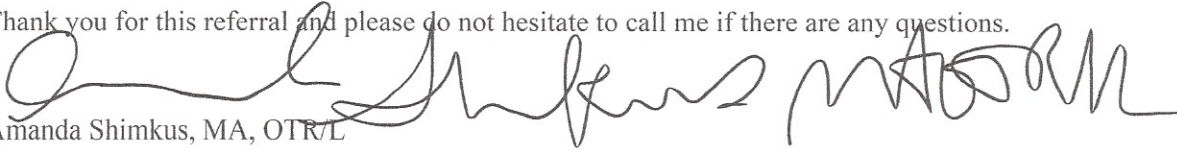
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"The Out Of Sync Child" by Carol Stock Kranowitz

"Cure Your Child with Food" Kelly Dorfman

Thank you for this referral and please do not hesitate to call me if there are any questions.



Amanda Shimkus, MA, OTR/L

License: OT.0003580

I authorize and agree with the above Plan of Care:

PHYSICIAN SIGNATURE _____ DATE: ____/____/____

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Mekhi DOB: 10-1-09

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