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- Email [customerservice@OccupationalTherapy.com](mailto:customerservice@OccupationalTherapy.com)

continued

## Telehealth: Information and Tips for Your Pediatric Therapy Toolbox

Presented by Tasha Perkins Holmes, MOT, OTR/L

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- Presenter Disclosure: Financial: Tasha Holmes was paid an honorarium by OccupationalTherapy.com for this presentation. Non-financial: Tasha Holmes has no relevant non-financial relationships to disclose.
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## Learning Outcomes

After this course, participants will be able to:

- identify similarities and differences when providing onsite and telehealth services.
- identify best practices when providing telehealth services to pediatric populations.
- identify methods and modifications for providing therapeutic services through a telehealth service delivery model to pediatric populations.

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## What is telehealth?

- AOTA defines “telehealth as the application of an evaluative, consultative, preventative and therapeutic services delivered through information and communication technology (ICT)...telehealth is the recommended term for all occupational therapy services provided through ICT.” (AOTA, 2018, p.1)

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## Synchronous Vs. Asynchronous

- Synchronous means live, interactive, “face to face” communications. It is often referred to as video conferencing.
- Asynchronous communication refers to store and forward types of information such as images, videos, chat, instant messaging, and / or email.

Q1, Q2

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## Appropriateness of Telehealth

“Given the variability of client factors, activity demands, performance skills, performance patterns, and contexts and environments, the candidacy and appropriateness of a telehealth service delivery model should be determined on a case-by-case basis using clinical judgement. (AOTA, 2018, p.2)

<https://www.aota.org/~media/Corporate/Files/Practice/Manage/Occupational-Therapy-Telehealth-Decision-Guide.pdf>

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## Benefits For Pediatric Treatments

- Increased access to occupational therapy services for children who live in remote areas or areas where there is a lack of clinicians available.
- Decreased or prevention of unnecessary delays in receiving services.
- The ability to coordinate care among team members in different locations.
- Treatments can be provided without concern of passing illnesses between the clinician and child.

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## Limitations With Pediatric Treatments

- Some standardized assessments
- Some self care activities
- Some manual therapies / therapeutic touch
- Technology constraints
- Cultural considerations
- School personnel availability

Q3, Q4

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continued

## What is different?

- Type of service delivery model
- The need for a learning coach (adult to assist with logging in, gathering materials, treatment set up, etc.)
- Type of equipment needed for service
- Treatment resources available in the child's environment.

Q5

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continued

## What hasn't changed?

- Therapeutic use of self
- Therapeutic use of environment
- Use of evidenced based practice
- Caregiver training
- Occupation based treatments
- Collaboration with other clinicians / school personnel
- The need to build rapport

Q6

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continued

## FERPA / HIPAA Compliance

- Email communication / record sharing with families, other clinicians, schools, etc.
- Leaving voicemail messages
- Using telehealth platforms

For HIPAA compliance, a "non-public facing" remote communication product must be used. This is defined as "one that, as a default, allows only the intended parties to participate in the communication".

Retrieved from

<https://www.hhs.gov/hipaa/for-professionals/faq/3024/what-is-a-non-public-facing-remote-communication-product/index.html>

Q7

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## Licensing Requirements

- Active license to practice in the state from which you will be providing services.
- Active license in the state where the services will be provided.\*^
- Additional certifications \*^

<https://www.aota.org/~media/Corporate/Files/Advocacy/State/telehealth/Telehealth-State-Statutes-Regulations-Regulatory-Board-Statements.pdf>

\*State regulations may differ regarding requirements for telehealth practice.

^ International regulations may vary.

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## Essential Telehealth Provider Tools

- External webcam
- High speed internet connection
- Headphones with a microphone
- Computer
- HIPAA / FERPA compliant platform for services
- Quiet, private environment.

Q8 13

## Essential Telehealth Recipient Tools

- Webcam (external webcam preferred)
- High speed internet connection
- Headphones with microphone (preferred)
- Computer (supplemental devices for include tablets and smart phones)\*
- Computer mouse
- Learning coach
- Quiet, safe environment

\*Not all telehealth platforms work with all devices and / or internet browsers.

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## Collaboration

- Co-treatments with Speech
- Co-treatments with ABA / BI
- Conferences with IEP / treatment team members
- Classroom facilitations with teachers

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## Assessments

- Online sensory profiles / measures
- Some standardized assessments
- Parent / Teacher questionnaires / interviews
- Child interviews
- Clinical observations
- Function based tasks such as cutting, coloring, typing, toothbrushing, self feeding, etc.
- Classroom / home observations

Q9

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continued

## Considerations and Supports

- A designated work space
- Standing or alternative seating (bean bag, the floor, the bed, etc.)
- Use of a timer
- A visual schedule
- Social stories about teletherapy

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continued

## Telehealth Tidbits

- The child does not need to stay seated at a table. The session should be dynamic with options for lying on the floor in prone, standing, and / or gross motor movement as needed.

Q10

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continued

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## Therapeutic Use of Environment

- There are lots of sensory and motor experiences in the front and backyard.
- Under the bed is great for prone positioning and creating an enclosed “safe” space.
- Windows, doors, shower wall and refrigerators are wonderful vertical surfaces.

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## Helpful Hints

- Depending on therapy platform compatibility, the cell phone or a tablet can be used instead of a laptop for the student that is on the go. Feel free to follow the student around but not chase them.
- Placing the streaming device on the floor

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## Helpful Hints

- Place a marker on the floor where the student is still in camera shot but not right in front of the streaming device. The student can work on the floor or stand / sit in that spot. A marker can be a towel, tape, etc.

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## Case Study: J

- 7 year old student
- Diagnosis of Autism
- Severe communication delays
- Not potty trained
- Impaired sleep pattern
- Poor attention span

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continued

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## Case Study

- Assessed 10/2019
- Lack of hand dominance
- Use of a gross grasp and a pronated grasp.
- Unable to imitate the pre-writing strokes: -, l, o, +
- Threw a ball underhand only
- Able to cut a piece of paper in half with assistance to position the scissors and to hold the paper

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continued

## Case Study

- OT 2 x a week for 30 minutes 10/2019- 4/2020
- Stands to complete fine motor activities.
- Able to imitate all pre-writing strokes as well as the letters: E, F, l, L, O, T
- Uses a 3 point grasp when using a short crayon.
- Able to throw a ball overhand.
- Right hand dominance has been established.

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## Off Screen Treatment Activities

- Pushing beans through the lid of a plastic container.
- Coloring / drawing with short crayons (sometimes while using the left to hold snack items to prevent switching).
- Building with Legos.
- Throwing balls into a basket.
- Tracing toys, her hand, her mom's hand, or letters
- Crafts that require coloring, cutting and gluing.

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## On Screen Treatment Activities

- Online puzzles using the computer mouse to click and drag.

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## Incentives

- J.'s mother spins her in an office chair while a 1:00 minute video plays or J. "plays" along with the video using her toy piano.
- The same video is used multiple times during a session and used for every session because that is J.'s preference.
- J is verbally informed as well as shown what she needs to complete in order to receive her incentive.

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## Off screen



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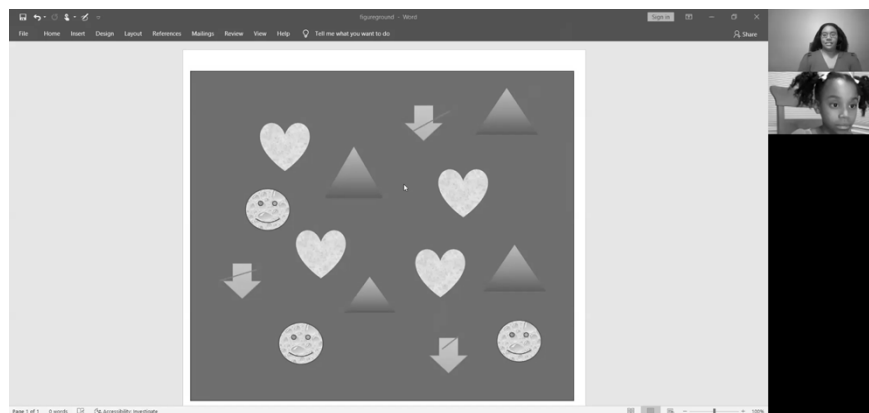


## Off Screen Activities



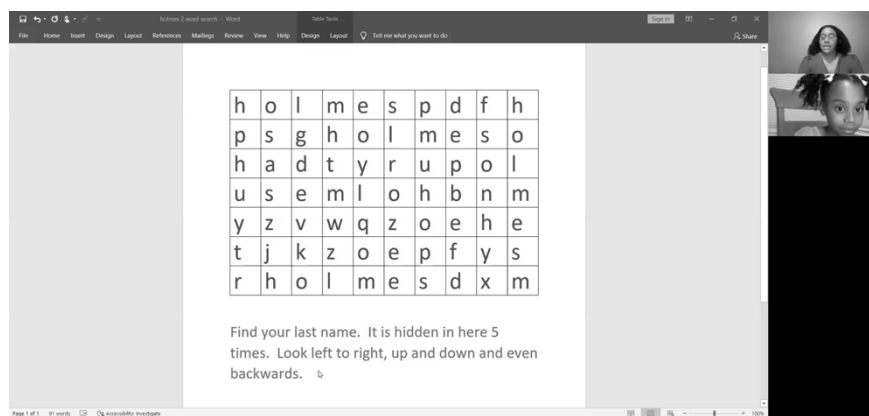
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## On Screen Activities



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## On Screen Activities



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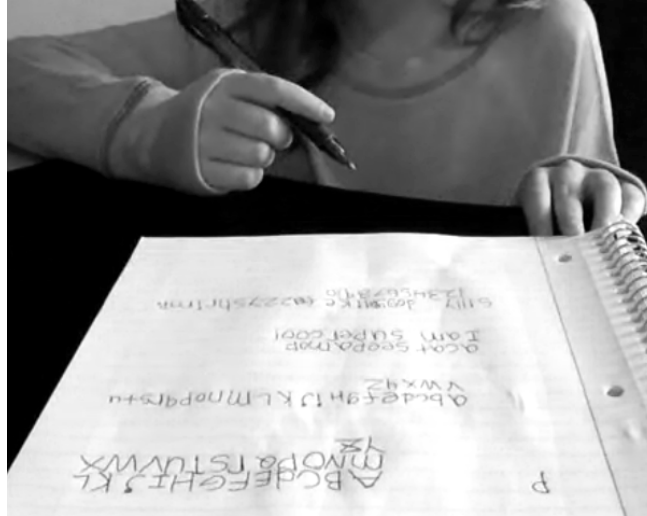
## Keyboarding



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## Handwriting



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continued

## Things To Remember

- Be organized and prepared.
- Be flexible.
- Be confident.
- Be clear and concise with explanations and requests.
- HAVE FUN!!!

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continued

## References and Resources

- FERPA  
<https://studentprivacy.ed.gov/training/email-and-student-privacy>
- HIPAA  
<https://www.hhs.gov/hipaa/for-professionals/index.html>
- International Journal of Telerehabilitation  
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4296791/>
- AOTA.org (Telehealth Resources)  
<https://www.aota.org/Practice/Manage/>

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## References and Resources

- AOTA.org (Telehealth State Regulations)
- <https://www.aota.org/~media/Corporate/Files/Advocacy/State/telehealth/Telehealth-State-Statutes-Regulations-Regulatory-Board-Statements.pdf>
  - American Occupational Therapy Association. (2018). Telehealth in Occupational Therapy. American Journal of Occupational Therapy, 72 Retrieved from <https://doi.org/10.5014/ajot.2018.72S219>

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## References and Resources

- AOTA.org (Decisions Tree for Telehealth) <https://www.aota.org/~media/Corporate/Files/Practice/Manage/Occupational-Therapy-Telehealth-Decision-Guide.pdf>
- Pearson Publishing. Staying Connected through Telepractice. Retrieved from <https://www.pearsonassessments.com/professional-assessments/digital-solutions/telepractice/about.html>

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## Questions?

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