

Can OT Help?

If your child does 3 or more of the following things, OTC may be able to help.

- easily startled (past 3 mos.)
- poor muscle tone; weak/floppy; slumps at desk/table
- difficulty consoling self; unusually fussy
- unable to bring hands together to bang toys
- difficulty playing with toys
- says "I can't/won't" to age-typical play or self-care activities (dressing, potty-training, self-feeding, dressing, brushing hair/teeth)
- slow to roll over, creep, sit, or stand; clumsy, falls easily
- difficulty babbling, delayed speech
- failure to explore; avoids playground activities
- cries or becomes tense when moved
- frequent fisting of hands after 6 mos.; breaks toys or crayons easily
- doesn't tolerate lying on stomach (prone)
- dislikes haircuts to extreme
- avoids or resists being held; dislikes cuddles
- sucking difficulties; picky or messy eater
- overly active; seeks excessive movement
- unable to settle down; sleep difficulties
- dislikes coloring in lines, doing puzzles, or cutting with scissors; avoids written work at school
- over-reacts to touch, tastes, sounds, or smells
- needs more practice than other kids to learn new skills
- difficulty shifting from one task to another
- lack of confidence, poor self-esteem, anxiety
- has trouble making or keeping friends
- difficulty following directions, paying attention

A medical diagnosis does not need to be present in order for a child to benefit from occupational therapy, and "intervention" does not always mean ongoing therapy. If you have concerns or questions about OT or your child's development, consider setting up a consultative session today. Consultation can give you answers to your questions and can help you make decisions that fit for your family.