

Assessment and Treatment Scopes: Occupational Therapy Services include but are not limited to the following:

- a. Assessment and treatment of occupational performance.
 1. Independent Living Skills
 2. Prevocational/Work Adjustment
 3. Educational Skills
 4. Play/Leisure Skills
- b. Assessment and treatment of performance components to include neuromuscular, visual-perception, cognitive and psychosocial skills.
- c. The use of selected modalities, techniques and activities to obtain treatment goals.
- d. The fabrication and application of various orthotic splints and adaptive equipment.
- e. The provision of patient education to include, but not limited to, joint protection, energy conservation, proper body mechanics, and positioning. Instruct patients in treatment protocols for their particular injury.

Specific Program Services

- a. Evaluation and treatment of the upper extremity. The orthopedic clinic refers this program to Occupational Therapy. An assessment is made to evaluate the patient's level of function and follow-up treatment is scheduled. Evaluation methods to achieve the above are as follows:
 1. Range of Motion
 2. Strength
 3. Self-care Evaluation
 4. Sensation Dexterity/Coordination
 5. Job Related Skills
 6. Other Assessments as Indicated
- b. Neuromusculoskeletal Evaluation: Credentialed Occupational Therapists will perform the primary evaluation, diagnosis, and treatment of patients with neuromusculoskeletal disorders of the hand. Evaluation methods are the same as those for upper extremity evaluation with the addition of ordering of x-rays; and treatment may also include establishing short-term profiles. Referrals are accepted from PA's, other health care providers, and non-orthopedic physicians.

- c. Orthotic Splinting: Dynamic or static splints are fabricated based on the needs of the patient, the physician prescription, and the therapist's evaluation.
- d. Rheumatology Program: This program is designated to identify the abilities and limitations of the patient in relation to role performance needs. Recipients of services will have an assessment of joint status; are instructed in joint protection, body mechanics, and effects of architectural barriers; splints are fabricated if indicated, and adaptive equipment is provided when necessary.
- e. Activities of Daily Living (ADL): An identification of the patient's level of dependence or independence in daily living skills needed for their occupational/societal roles. Adaptive devices or alternate methods of performance are prescribed following the evaluation.
- f. Cognitive Rehabilitation: This program is designed to identify cognitive, memory or perceptual deficits that are impeding the patient's occupational performance. Re-training programs or compensatory techniques are then taught to patients to overcome these limitations.