



## Possible Indicators for Therapeutic Service Assessments

Referrals for therapeutic services are appropriate when a person has:

- a health and safety risk; or,
- is experiencing a barrier to accomplishing an outcome/action related to any of the areas listed below.

### Occupational Therapy

- Decreased independence with self care, home management, and leisure activities;
- Mealtime problems (difficulty eating, history of choking, signs or symptoms of aspiration, poor positioning during meals, need for adaptive equipment);
- Oral hygiene issues barriers such as risk of aspiration, sensory defensiveness, adaptive equipment needs;
- Difficulties with functional transfers such as those for toileting/bathing;
- Limited use of shoulders, arms and/or hands (decreased range of motion);
- Contractures of elbows/wrists/hands that compromise skin integrity/hygiene, where splint fabrication/positioning may be indicated;
- Fine motor or gross motor problems that affect function and may require adaptations;
- Sensory processing difficulties such as self injurious behaviors, self stimulating behaviors, difficulty with transitions, avoiding touch, and sensitivity to sounds, lights, or smells, or touch;
- Accessibility issues (home, job, and community); and
- Barriers to attaining or maintaining a vocation related to any of the above.

### Physical Therapy

- Problems with transferring from one surface to another;
- Person requires physical assistance to move within their environment;
- Difficulty moving from sit to stand or stand to sit;
- Improperly fitting equipment;
- Person does not move independently and needs alternate positioning;
- Skin integrity issues due to limited mobility;
- Unsteady gait or changes in walking pattern;
- Falls;
- Chronic physical impairments, contractures, muscle tightness or changes;
- Person's movement is limited because of pain;
- Occurrence of staff injuries resulting from assisting individuals with transfers and/or walking; and
- Need for an environmental assessment for accessibility.

### Speech Language Pathology

- Difficulty eating (e.g. difficulty chewing, eating too fast, loss of food/fluid from the mouth, pocketing food in mouth, etc.).
- Signs and symptoms of aspiration including but not limited to:
  - gagging,
  - coughing or choking,

- wheezing,
- persistent drooling,
- wet vocal quality,
- changes in breathing during or after a meal,
- refusal of foods or fluids,
- frequent upper respiratory infections, and
- aspiration pneumonia;
- Difficulty communicating wants and needs;
- Other people have difficulty understanding the person;
- Difficulty communicating with new people (present mode of communication not meeting needs in all settings and/or in all environments);
- Discrepancy between receptive and expressive language (individual understands more than they can express);
- Becomes frustrated when not understood by others;
- Social skill deficits (such as turn-taking skills, inappropriate use of affection, inappropriate use of words, behaviors related to inability to effectively communicate needs); and
- Unable to make choices, requests or comments.

### **Nutrition**

- Unintentional weight loss and/or history of low body weight;
- Overweight/weight gain;
- Constipation/chronic enema use;
- Chronic diarrhea;
- Poor fluid and/or food intake;
- Skin breakdown;
- Gastro-Esophageal Reflux Disease(GERD);
- Diagnoses such as diabetes, high cholesterol, high blood pressure, osteoporosis, anemia;
- Rumination;
- Dehydration;
- Aspiration pneumonia;
- Receives tube feeding;
- Increased metabolic needs (i.e. infection, surgery);
- Intestinal disorders (malabsorption, Gluten intolerance, Irritable bowel, Crohn's disease);
- Chronic disease states (Chronic Obstructive Pulmonary Disease, Cancer, Renal failure/insufficiency, Alzheimer's Disease/Dementia), which may effect intake and impact nutritional status;
- Low blood iron, cholesterol, protein/albumin levels;
- Poor eating habits/poor dietary compliance;
- Need for staff training on implementing a doctor ordered diet; and
- Need for staff training menu planning and developing and preparing healthy meals.

### **Audiology:**

- Unresponsive or inconsistently responsive to auditory cues such as speech, doorbell, ringing telephone, etc. ;
- Turns the head to favor a particular ear when being spoken to;
- Frequently requests that speech be repeated;
- Watches the speaker for facial cues, or has to be looking at the speaker's face to understand their speech;

- Change in ability to follow verbal directions;
- Turns the television or radio up loud;
- Pulls at or rubs the ears;
- Complains of or shows signs of dizziness, ringing or buzzing in the ears, or pain in or around the ear(s);
- Complains of or exhibits sudden loss of hearing;
- Hypersensitivity to certain noises or keeps the hands over the ears when certain noises are encountered;
- Use of a hearing aid or other type of assisted listening device;
- Has a hearing aid that is not being worn, had a hearing aid that is not currently in the service recipient's possession, or complains that an available hearing aid does not help or work;
- Malformed pinnas, ear lobes or ear canals;
- History of ear infections or fluid in the middle ear;
- History of excess cerumen (ear wax);
- Drainage from the ear(s);
- History of a previous diagnosis of a hearing loss;

**Orientation and Mobility:**

- History of visual impairment, including visual acuity at or below 20/200 or field test reporting loss of visual field; or
- History of glaucoma, cataracts or severe myopia/hyperopia (nearsighted/farsightedness).
- Agitation or abrupt changes in demeanor when significant changes in lighting occur (e.g. outside to inside, opening/closing of blinds/curtains);
- Stumbling, bumping into things or hesitation in either familiar or unfamiliar areas;
- Hesitation when moving from place to place;
- Lack of initiation of independent movement; and/or
- Signs of hesitation, nervousness or fear when being escorted by staff unfamiliar with proper sighted guide techniques.