

## OT Assessments for Hem-Onc

Organization	Response
ORG A	<p>1. Baseline evaluations prior to evaluation include neuropsych testing for kids age 3 and older with an age appropriate tool. From that assessment, we receive information about their FM/GM/VM skills and cognitive abilities.</p> <p>2. Upon admission for transplant, our goal is to complete an OT and PT evaluation on every single SCT patient within 24 hours of admission. Generally, we use the following tools for evaluation:</p> <ul style="list-style-type: none"><li>a. Infant: PDMS-II, AIMS or a developmental screening tool based off the HELP.</li><li>b. Toddler/Preschool: Sometimes I'll use the PDMS-II, but most often I prefer to use the MFUN and the Wee-FIM along with a functional assessment of their strength and ROM through observation during a functional task (for example a scavenger hunt around the transplant unit that requires them to squat, stand/walk, climb, etc).</li><li>c. School age: MFUN or BOT-2 and/or Wee FIM, MMT/ROM</li><li>d. Adolescent/Young Adult: BOT-2, Wee-FIM or FIM depending on age, MMT/ROM</li><li>e. PT will complete a 3 min step test and balance tests on age appropriate patients upon admission as well.</li></ul>

### Additional Information:

5. Follow-Up: We recommend that every allogenic SCT patient receive a comprehensive outpatient therapy evaluation by either OT or PT at day +45 and day +100 to monitor for signs and symptoms of GVHD, decreased activity tolerance, loss of strength or diminished return to prior level of function. Most of

6. Late Effects Clinic: once our patients are 2 years post end of treatment, they transition to our late effects team. OT/PT evaluations are common and typically include basal assessments of their GM, FM, cognitive and vocational skills, as well as emotional/social health and well-being. I like to recommend use of the COPM and/or PACS to get a good idea of the functional implications that the patient is experiencing in their

3. Weekly: ROM/MMT and ADL assessments are completed.

4. Upon discharge: 3 min step test (PT), Wee-FIM/FIM, MMT/ROM. I defer a reassessment using the BOT or MFUN for our OP therapy team given that it's typically only 3-5 weeks since initial assessment.

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**ORG B**

We typically meet (the patient) prior to transplant, and follow them after for any activity tolerance/regression of baseline skills. However we don't typically complete standardized pre and post assessments.

At my previous hospital, we did a formalized pre and post BMT. The standardized assessments we used for that included the PEDI questionnaire for kids aged 7 and below, grip strength, 6 minute walk test, and the MOCA for teenagers if there were pre-determined cognitive concerns.

Another assessment tool we use, and that the providers use here as well, is the Lansky/Karnofsky Performance Status score.

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**ORG C**

Our main standardized assessments we complete (depending on age) are 9 hole peg test, dynamometer, BOT-2, GOAL, PDMS-2 and Box and Blocks. The COPM is also a great one but it is not standardized.