**Physical Therapy Services in the NICU**

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| Role | * Optimize posture and movement * Address functional motor skills, gross motor skills and range of motion * Provide interventions to facilitate a calm behavioral state, prevent physical impairment, and promote patient/parent bond. |
| Assessment | * Assess for musculoskeletal impairments and provide interventions to prevent progression of deformities that would affect future gross motor skills (i.e. excessive hip external rotation that would affect future ability to crawl). * Positioning and handling to optimize body alignment and prevent postural asymmetries. * Assess movement patterns to identify early signs of neurological involvement and manage atypical postures and/or muscle tone. * Address cervical rotation preferences to reduce the developmental of torticollis and cranial molding which will hinder long terms goals of sitting, crawling, walking. |
| Common Treatment Goals | * Monitor and address rotational preferences/plagiocephaly through cervical stretches, positioning and developmental strengthening. * Working on head control in various developmental positions with the long term goal of head control in sitting to participate in social interaction and developmental play. * Improve tolerance and participation in tummy time for overall developmental strengthening and establishing a foundation for future creeping. * Provide a developmentally appropriate positioning program to prevent asymmetry in movements and prevent musculoskeletal deformities. * Provide family education on positioning, interventions to promote state organization, developmental activities and infant massage. |

**Occupational Therapy Services in the NICU**

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| Role | * Addresses fine motor, visual motor, cognitive and social developmental while focusing on the integration of the sensory system * Supports the developmental of the infant and family occupation which includes bonding/social interactions, maintaining a calm state during daily care, developing appropriate responses to environment stimuli, and provided psychosocial understanding of family interactions with the infant. |
| Assessment | * Assess musculoskeletal growth and developmental and identify splinting or adaptive positioning needs * Assess infants tolerance for handling to guide caregivers and parents on techniques to reduce daily stressors * Assess visual motor development to promote eye hands coordination for reading and social interaction with the environment. |
| Common Goals | * Encourage visual tracking of face or mobile to promote early social interactions * Working on hands to midline for body awareness with long term goal to hold a toy/bottle, and clap hands * Education with family and medical team to enhance patient/family interaction and provide support for family bonding through consistent education and participation in infant self-care. |

**Speech Therapy Services in the NICU**

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| Role | * To address developmental skill progression of auditory inputs, pre-speech/language, social/bonding, oral motor skills, quality of vocal output and quality of oral feeding for maximized developmental outcomes. * Support and provide education to family on best neurodevelopmental care practices. * Collaborate with families, nursing staff and medical team . |
| Assessment | * Assess infants who are at risk and/or who exhibit concerns with developmental skill and feeding progression. * Assess infant’s tolerance for handling and guide caregivers/parents on techniques to best promote optimal state for learning and feeding. * Assess and educate developmentally appropriate plans to enhance social interaction and bonding between parent/infant. * Assess and provide education regarding auditory/pre-speech/language development and identify risk factors to future learning; provide education for optimal long term outcomes. * Assess for feeding readiness- physiologic stability, tone, state, oral motor functioning, and non-nutritive function * Assess the quality of feeding intake: safe, positive and efficient. * Assess and provide education for stress cues exhibited during feeds. * Assess and provide recommendations for feeding modifications, including environmental changes, positioning, pacing & nipple flow for optimal flow rate * Assess the quality/strength of the voice. |
| Common Goals | * Education with family and medical team to enhance patient/family interaction and provide support for family bonding through consistent education and participation. |