Creating A Home Program Tool Box for an Outpatient Pediatric Clinic

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BACKGROUND

Home programs can be described as exercises or activities an individual completes at home without the therapist present (Donso Brown, Fichter, 2017). These activities are often tasks the patient has done with the therapist or tasks that are similar. Research has consistently found the importance of home programs in relation to an increase in functional gains. Chamudot, Gross-Tsur, Horovitz and Parush (2019), found the use of home programs or therapeutic tasks completed at home outside of structured therapy can optimize the effectiveness of the intervention the child is receiving. Other research has found that children receiving and adhering to home programing show an increase in functional gains compared to children receiving no home programing (Novak, Cusick, Lannin, 2009).

PROGRAM DETAILS

The tool box created consists of 9 over arching categories. These categories include; ADLs, breathing strategies, calming strategies, emotional regulation, executive functions, fine motor skills, gross motor skills, parent resources, and sensory system. Inside each category there are 5-10 handouts with various techniques, tips, tricks or home exercises that therapists can give to the parents of their patients. A total of 60 handouts were created to complete the tool box.

All handouts are kept in files on the therapists computers for ease of access and ability to print out. All handouts have also been uploaded to MedBridge. MedBridge, allows the therapists to access home program documents from their mobile devices, and allows them to send the document to the parent via text or email.

METHODS

First, a literature matrix was constructed to aide in formulating survey questions that would be given to the therapists.
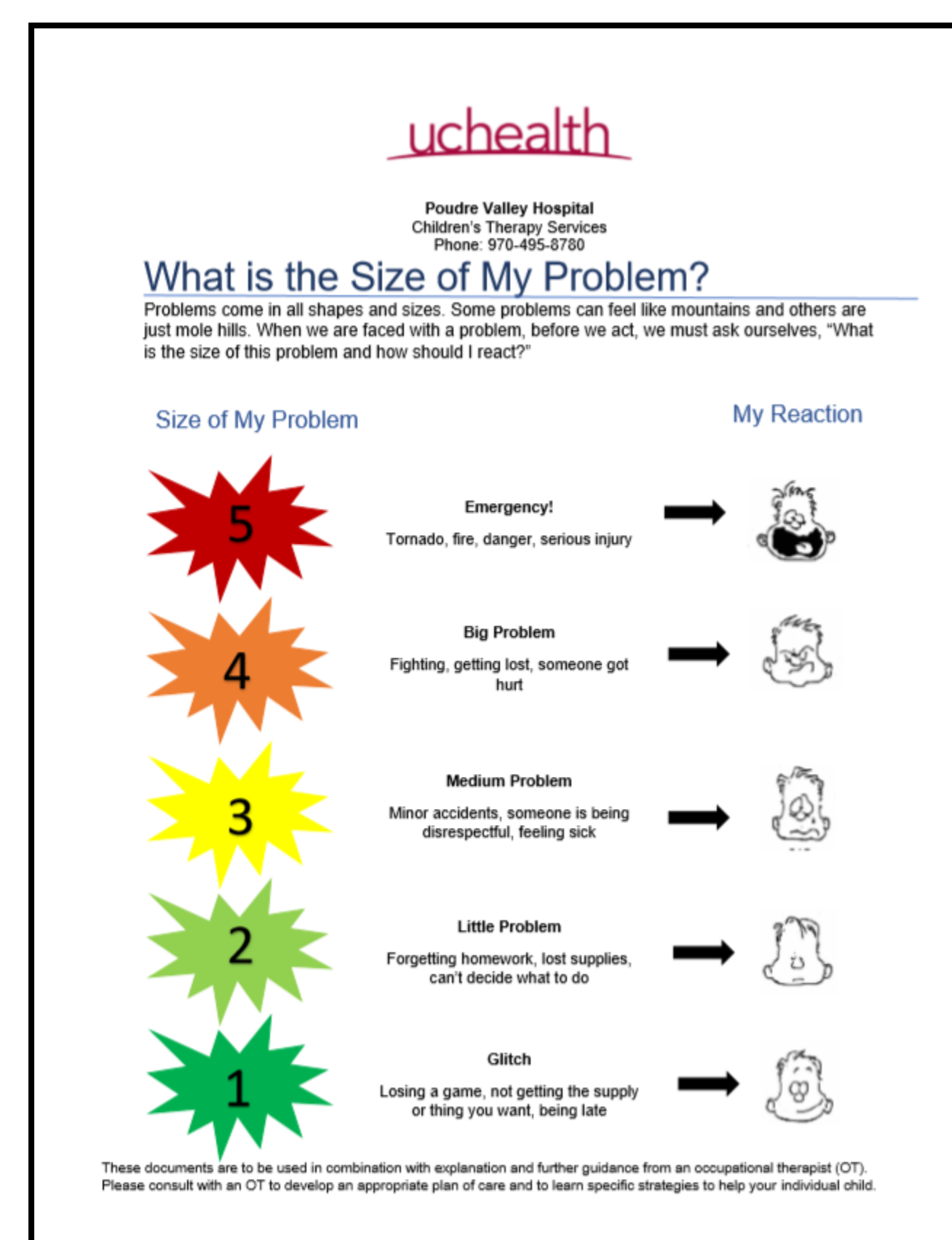
From the literature matrix, a survey was created to determine how therapists views of home programing and how they are currently prescribing it.

Once that was completed a literature matrix was constructed to determine what interventions are frequently used and prescribed for home programing by occupational therapists across multiple setting. This evidence based research then guided the construction by selecting categories that occurred in the research.

Then, brief interviews and a survey were completed by the therapists to determine the needs of the therapists and what home programs they are using frequently consist of.

Based of the survey and interviews, results were triangulated and themes emerged. Responses from the interviews and surveys were used to formulate a needs assessment to provide clear evidence as the need for the creation of this tool box and categories to be included.

The themes that emerged then guided the construction of the tool box. The most frequently responded categories of intervention were then turned into the categories of the tool box. From there, handouts were created for each category. Handouts include parent education, tips and tricks and home program activities or tasks. Therapists can then give these handout to families or patients to increase ease in prescribing and adherence to home programming.

RESULTS

Results from the literature matrix indicated there is little evidence regarding how home programing is being used and what therapists are prescribing for home programing. However, it was found that the most frequently used interventions for home programing include;

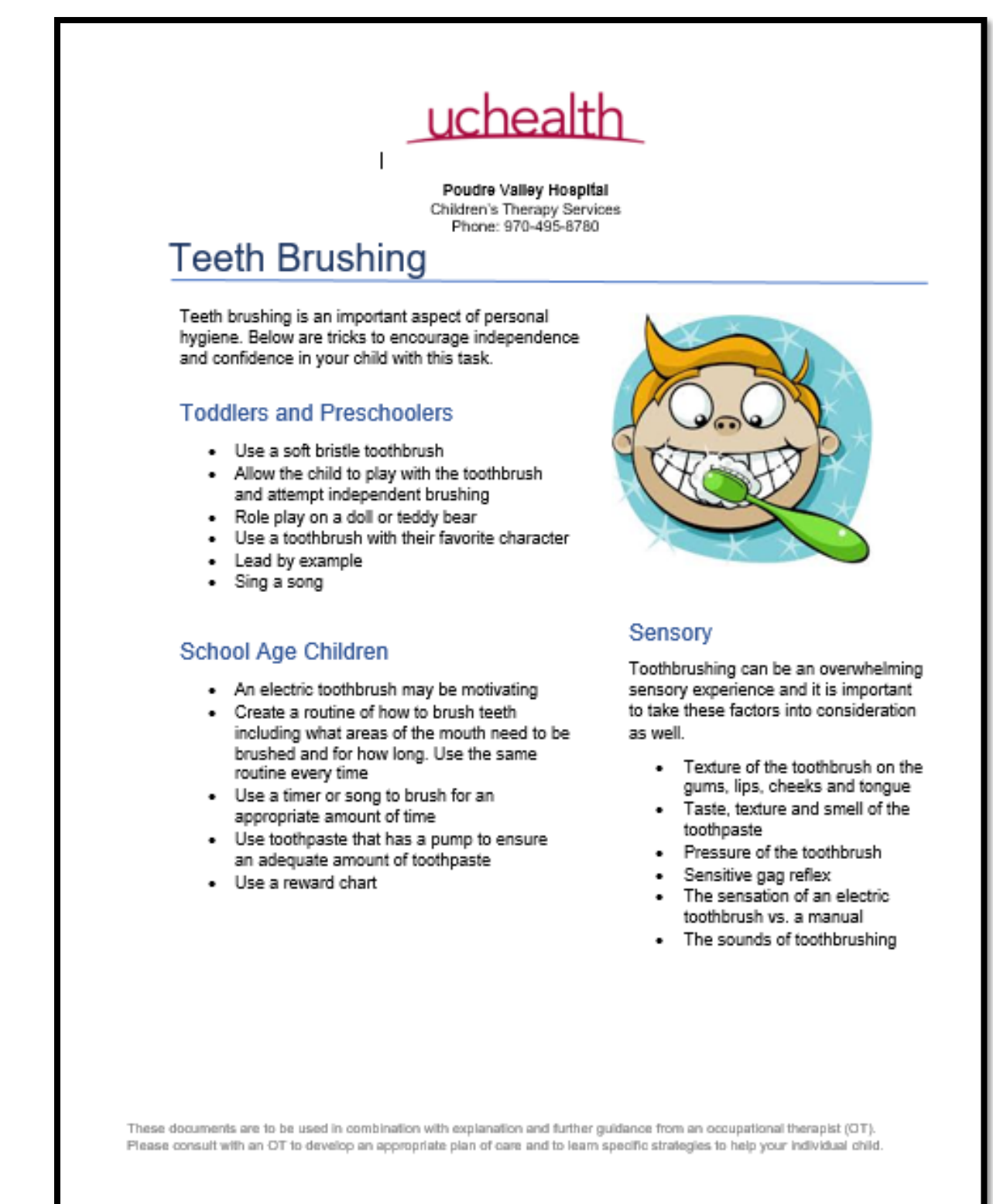|	
Establishing routines	CIMT
Mirror Therapy	Functional Activities
Range of Motion	Strengthening
Weight bearing	Somatosensory Input

Results from the survey indicated that therapists are frequently prescribing home programing using primarily verbal communication and are having low adherence and completion rates. Another survey conducted shows a majority of families prefer a combination of verbal communication and physical handout.

Therapists prescribing HEP more than half of the time Therapists prescribing HEP at least half of the time	56% 100%
Delivery method of HEP	Verbal Communication 73.4% Written Communication 26.6%
Families delivery method preference	Both forms of communication 41%
Families adhering to home programs more than half of the time	22%
Barriers to completion of home programs	Time
Facilitators to completion of home programs	"Parent buy-in" and motivation
Therapists are currently prescribing	Emotional regulation strategies, routines and schedules, ADLs, social skills, Fine motor exercises, upper extremity strengthening

BOTTOM LINE FOR OT

Children receiving skilled occupational therapy services would benefit and show increase in functional abilities from individualized home program. Home programing must be individualized specifically to the child and family based on their needs, interests and goals. While working with these families it is necessary to empower them to increase likelihood of adherence to home programs. Increasing adherence to home programs patients would display increased therapeutic outcomes.

This tool box provides therapist with easy access to commonly used home programs and parent education handouts. This tool will increase ease of prescribing home programs with the hopes of increasing patient adherence and increasing overall functional outcomes.

REFERENCES

Insert your references here
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