

# WHEN TO REFER YOUR PATIENT FOR PEDIATRIC THERAPY



## Red Flags, Symptoms and Age Guides In:

- ★ Physical Therapy
- ★ Occupational Therapy
- ★ Speech Therapy
- ★ Applied Behavior Analysis
- ★ Mental Health

*Presented By:*

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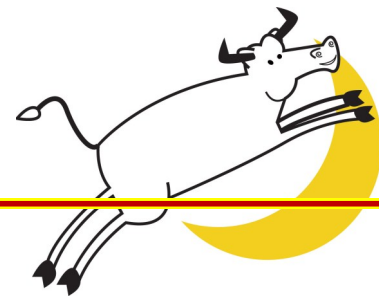
# When To Refer Your Patient For Pediatric Therapy

Many parents may find it difficult to determine or are unaware whether or not their children are appropriately achieving developmental milestones or displaying typical behavior. Additionally, parents are often not familiar with the resources and therapies available to help their children maximize function. Patients and parents bring important developmental information to you, their physician and potentially only you. The pediatrician or family doctor is often the first person parents come to with an issue and the first to provide information on available therapies. You can help ensure a child receives any treatment they need to resolve symptoms and function at their highest potential.

This E-book is designed to help answer the question - **When should doctors refer a child or teen for an applied behavior analysis, speech-language, physical therapy, occupational therapy, or psychosocial evaluation?** We have provided "Red-Flag" lists of symptoms that indicate a child or teen may need additional evaluation for each branch of therapy.

Children develop at different rates, and milestones can be achieved at a range of ages; therefore, slight delays are not necessarily indications for alarm. However, if there is an indication of a problem, it's better to determine exactly what the problem is and get help early on. Research indicates that early detection and intervention is paramount for attaining developmental milestones more quickly and to prevent further delays. A licensed professional at NSPT can rule out or determine the presence of many disorders or issues. They can then suggest appropriate therapeutic intervention to benefit the child, if necessary.





## Physical Therapy – Red Flags

Signs A Doctor Should Refer A Child (Birth-5 years) For A Physical Therapy Evaluation

Following is a list of red flags that may be indicative of a gross motor concern, and therefore warrant a full evaluation by a physical therapist. Physicians should refer their patients to a physical therapist if they notice or hear parents report any of the following:



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# Physical Therapy – Red Flags

## **At Birth**

- No physiologic flexion, rather an extended posture
- Absent or weak reflexes such as rooting, palmar grasp, suck-swallow

## **1-3 months**

- Limbs are very stiff when moved
- Very little limb movement, no/little spontaneous kicking
- When supine (back lying), inability to lift arms away from support surface

## **4-6 months**

- Doesn't pull to sit at 4.5 months
- Head still bobs when being carried around
- Stands stiffly with much out extension in legs and stands on toes consistently

## **7-9 months**

- Doesn't roll over by 7 months
- Only rolls to one direction
- In prone (on the tummy), is not able to pivot around to reach for toys, can't move body either forward or backward
- Demonstrates w-sitting
- Doesn't sit independently by 9 months

## **10-12 months**

- When crawling, only puts weight through one leg
- Has no desire to pull to stand by 12 months

## **18 months**

- Not walking

## **24 months**

- Not climbing up and down stairs

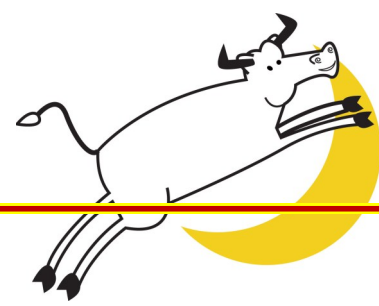
## **30 months**

- Not jumping with both feet together

## **3-5 years**

- Unable to stand on one foot by 3 years
- Unable to climb on or off equipment at the playground
- Is afraid of movement in space, as when on swings
- Not hopping on one foot by 4 years
- No attempts to jump down from bottom step
- Unable to walk a straight line by 5 years
- Unable to ride a tricycle by 4 years





## Occupational Therapy Red Flags

Signs A Doctor Should Refer A Child For An Occupational Therapy Evaluation

Occupational Therapy, in particular, is not commonly understood. Occupational Therapists have specialized education and training to help children achieve developmental milestones and successfully participate in everyday activities at home, school, and in the community. Physicians should refer children for an occupational therapy evaluation if they notice the following red flags in motor and neural development:



Pediatric occupational therapists are skilled in assessing and providing interventions for the above-mentioned delays, and help children reach their fullest potential in a fun and child-centered way. An occupational therapist can help children to participate in all areas of their lives, whether this is self-care, play, school, or peer interactions.

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# Occupational Therapy Red Flags

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## **4 to 5 months**

- Becomes very upset when moved and is frequently irritable for no apparent reason
- Hands remain closed or fisted most of the time
- Does not reach for objects
- Does not follow an object with their eyes

## **6 to 7 months**

- Does not support self on forearms with head in midline
- Does not bring hands or objects to mouth
- Does not have good head control

## **8 to 9 months**

- Does not transfer an object from one hand to the other

## **10 months**

- Does not actively grasp large objects or finger foods when placed in front of them
- Is not beginning to pick up small objects
- Is not beginning to show finger isolation
- Is excessively upset about being moved, dressed, changed, or bathed

## **12 to 14 months**

- Is not interested in age-appropriate toys
- Is excessively upset by loud noises
- Is not able to pick up small objects, such as a cheerio, with the tip of the thumb and tip of the index finger
- Is not able to voluntarily release an object from hand

## **15 to 18 months**

- Is unable to complete a simple shape puzzle
- Is unable to stack 2-4 blocks
- Is unable to identify and point to body parts

## **24 to 30 months:**

- Cannot remove socks, untied shoes, or does not offer some assistance when getting dressed
- Plays with toys differently from other peers, such as tapping, shaking or throwing





# Occupational Therapy Red Flags

## *30 to 36 months*

- Cannot draw a line or circular scribble
- Cannot stack 8-10 blocks
- Cannot remove clothing after fasteners have been removed
- Does not imitate the action of adults at home
- Does not engage in pretend play

## *4 to 5 years old*

- Is unable to dress self correctly
- Child does not participate in cooperative play with peers
- Cannot write his/her name
- Cannot identify colors
- Cannot identify simple shapes
- Does not demonstrate the beginning of a hand preference

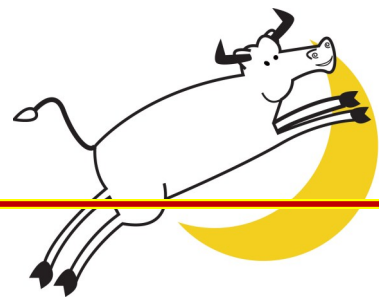
## *7 to 8 years old*

- Child is unable to play with rules or social cooperation
- Cannot ride a 2 wheeled bicycle
- Cannot tie shoelaces

## *Other reasons to refer for occupational therapy*

- Primitive reflexes have not been integrated
- Children diagnosed with a Spectrum Disorder, Down Syndrome, ADHD
- Children with physical disabilities such as Cerebral Palsy, juvenile rheumatoid arthritis, or orthopedic injuries
- Deficits in motor coordination
- Fine motor deficits, or handwriting skill deficits severe enough to interfere with academic performance.
- Deficits in visual-motor or visual-perceptual skills
- Feeding difficulties
- Deficits in peer and social interaction





## **Mental Health Conditions Red Flags**

Signs A Doctor Should Refer A Patient For A Psychosocial Evaluation

Many mental health conditions are highly treatable, but unfortunately, they are also highly under diagnosed. If your patient, or their parents, shares any of the following complaints with you, you should consider referring them for further evaluation.



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# Mental Health Conditions Red Flags

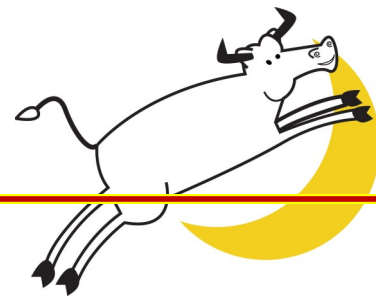
## *Younger Children*

- Poor sleep habits (i.e. too much, too little)
- Persistent nightmares
- Excessive worry or fear
- Overly perfectionist tendencies
- General irritability or hyper-reactivity
- Difficulty socializing with same age peers
- Decline in academic performance
- Refusal to go to school or asking to leave early
- Significant changes within the family (i.e. divorce, moving, new sibling)
- Self-harm or danger to others (threat, intent or actual attempt)
- Persistent noncompliance to authority figures
- Inability to identify, express and cope with basic feelings
- Unresolved loss issues (i.e. death of family member, friend, pet)
- Intense, recurrent temper tantrums
- Difficulty with transitions
- Frequent or heavy conflict with family/friends
- Poor eating habits (i.e. too much, too little)

## *Pre-Teens and Teenagers*

- Pressures around puberty
- Lingering negative mood or attitude
- Lack of interest in usual activities
- Decline in academic performance
- Acting different from usual self
- Excessive worry or fear
- Acting out through risky behavior (i.e. sex, drugs, alcohol)
- Running away from home (threat, intent or actual attempt)
- Self-harm or danger to others (threat, intent or actual attempt)
- Lack of secure relationships with parents
- Difficulty controlling anger or aggression
- Inability to identify, express and cope with a wide range of feelings
- Frequent or heavy conflict with family/friends
- Significant changes within the family (i.e. divorce)
- Unresolved loss issues (i.e. death of family member, friend, pet)
- Intense concern regarding body weight or excessive dieting
- Major changes in eating and/or sleeping habits (i.e. too much or too little)





# Red Flags Speech-Language Therapy

Signs A Doctor Should Refer A Child (birth-5 years) For A Speech-Language Evaluation

On the following page is a list of red flags that may be indicative of a speech and language problem and warrant a full evaluation by a speech-language pathologist. Physicians should refer their patients to a speech and language therapist if they notice or hear reports of any of the following:



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# Red Flags Speech-Language Therapy

## Language

### **6-12 months**

- Is not babbling or cooing
- Using small variety of sounds in babbling
- Does not understand/respond to name
- Not turning eyes or head toward a sound
- Is unable to play in social games like peek a boo
- Does not understand simple words (e.g. mama, juice)

### **12 months**

- Has difficulty following simple 1 step directions (e.g. "Sit down)
- Does not point and/or use gestures (waving hi/bye, shaking head no/yes, etc)
- Does not understand simple words (e.g. mama, juice)

### **16-23 months**

- Does not have any words
- Is unable to point to body parts (16-17 months)
- Prefers gestures to communicate over vocalizations (18 months)

### **2 years**

- Has a limited vocabulary
- Has little response to directions
- Does not produce simple 2 word combinations

### **3 years**

- Is using 1-2 word utterances only
- Has difficulty following directions and answering wh- questions

### **4-5 years**

- Seems "off topic" or makes inappropriate remarks to conversation even though she/he is very verbal
- Is using pronouns incorrectly
- Avoiding his/her peers and/or adults
- Unable to express wide range of emotions

## Articulation



# Red Flags Speech-Language Therapy

- Has a limited variety of consonants
  - ◊ The following sounds should be present in a child's repertoire by 20-24 months (p, b, t, d, n, w, h, m)
- Produces vowel distortions

## Stuttering

*A normally disfluent child will exhibit "more typical" disfluencies, which most often occur between ages 1 ½ and 5, and tend to come and go. This is likely due to being in a stage of learning. If the onset of stuttering (disfluencies) occurs when the child is between 3 and 3 ½, the disfluencies will likely not resolve on their own and it is important to discuss this with a certified and licensed speech language pathologist. If he/she is concerned by the disfluencies, a thorough assessment can be completed in order to better differentially diagnose the child as normally disfluent or as a stutterer.*

### **More typical**

- Hesitations (Slight pauses without any sound)
- Interjections (i.e. "Um...uh...I want to go outside")
- Revisions (i.e. "The girl...The woman went shopping")
- Unfinished word
- Phrase and word repetitions (i.e. "I need I need to go to the bathroom"/"I-I need to go")

### **Less typical**

- Word, syllable, sound repetitions
  - ◊ Saying a word too many times becomes less typical; which is why it's in both categories
- Prolongations (i.e. "IIIIIIII want to play!")
- Blocks (child opens mouth to speak but no sound comes out)

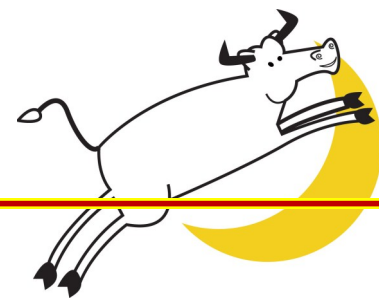
## Pragmatics

- Has limited or no eye contact
- Has difficulty with turn taking or reciprocity of communication
- Is unable to engage in pretend or symbolic play

## Other Red Flags

- Problems with chewing and swallowing
- Ongoing hoarse voice
- Playing with toys in an unusual way or no interest in toys
- Limited food options/difficulty with different textures





## Red Flags For Applied Behavior Analysis

Signs a Doctor Should Refer To A Board Certified Behavior Analyst

ABA is an effective method for improving behavior for children with autism AND non-autistic children. It is one of the most effective methods for teaching children appropriate social behaviors and academic skills. If parents report the following a doctor should refer to a board certified behavior analyst for further evaluation.



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# Red Flags For Applied Behavior Analysis

## **Behavior 911: A loss of control or structure within the home –WITH OR WITHOUT AUTISM**

### ***Non-compliance***

- Ignoring directions
- Refusing to comply with a request
- Having to repeat an instruction over and over
- No sense of control

### ***Aggression***

- Inability to keep hands to themselves

### ***Tantrums***

- Screaming
- Crying
- Dropping to the floor

### ***Defiance***

- Not listening, not following rules
- Talking back,
- Showing no respect for authority

### ***Inappropriate language***

- Using bad words
- Calling people bad names
- Inappropriate volume when speaking

## **Autism: Teaching academic, self-help, social, or communication skills**

### ***Academic skills***

- Everything!!

### ***Self-help skills***

- Difficulty dressing
- Toilet training
- Difficulty washing face
- Difficulty brushing teeth
- Difficulty showering
- Difficulty using table manners





# Red Flags For Applied Behavior Analysis

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## **Social skills**

- Difficulty with eye contact
- Difficulty responding to name
- Difficulty responding and initiating greetings
- Difficulty responding and initiating conversation

## **Communication skills**

- Difficulty requesting wants/needs
- Problems with language development
- Difficulty asking for help

## **Task analysis**

- Setting the table,
- Making the bed,
- Cleaning

## **Social Skills: Teaching appropriate social behavior**

- Inappropriate behavior during play dates and out in the community
- Difficulty sharing
- Difficulty with flexibility
- Struggles in social situations
- Shy
- Difficulty expressing frustration

## **School Consulting: A loss of control or structure within the classroom**

- Behavioral concerns within the classroom
- Difficulty attending to work or activities
- Difficulty reading or spelling



# Additional Resources

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[Click Here To Download Our Neuro-Development E-Book](#)

[Click Here To Download Our Pediatric Anxiety E-Book](#)

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