



HEALTH HOLDING

HAFER ALBATIN
HEALTH CLUSTER
MATERNITY AND
CHILDREN HOSPITAL

Department:	Rehabilitation Centre		
Document:	Multidisciplinary Policy and Procedure		
Title:	Occupation Therapy Management Protocol for Down Syndrome		
Applies To:	All Occupational therapist, Physicians and Nurses		
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1. PURPOSE:

- 1.1 Achieving independence in activities of daily living (ADL)
- 1.2 Improving the quality of life for the patient.
- 1.3 Integrating the patient with the community.
- 1.4 Removing obstacles that hinder the patient from adapting to the surrounding environment

2. DEFINITIONS:

- 2.1 Down syndrome is a genetic disorder caused when abnormal cell division results in extra genetic material from chromosome 21. Down syndrome is a naturally occurring chromosomal arrangement that has always been a part of the human condition, being universally present across racial, gender or socio-economic lines, and affects approximately one in 800 births worldwide. Down syndrome is a condition that is present at birth, which affects the body's physical and mental development.

3. POLICY:

- 3.1 Patient should have a complete referral form from rehabilitation doctor or paediatrician.
- 3.2 Patient will be evaluated and assessed by occupational therapist.
- 3.3 Appointment will be given depending on the availability of the therapist schedule and severity of the case.
- 3.4 The patient's conditions is re- evaluated after one month of treatment or after any change her condition if she needs a consultation from a rehabilitation doctor or discharging the patient.
- 3.5 The patient is given home exercise after the first treatment session.

4. PROCEDURE:

- 4.1 The physician will determine the goal of treatment after the initial evaluation.
- 4.2 In the first visit:
 - 4.2.1 Occupation therapist take medical history for patient
 - 4.2.2 Occupational therapist discusses the patient's symptoms in detail with the patient family.
 - 4.2.3 Detecting risk factors association with condition.
 - 4.2.4 Occupational therapy assessment for patient movement.
- 4.3 Management:
 - 4.3.1 Self-care skills (feeding, dressing, grooming, etc.).
 - 4.3.2 Fine and gross motor skills.
 - 4.3.3 Skills related to school performance (eg: printing, cutting, etc.).
 - 4.3.4 Play and leisure skills. Many OTs work in the school system and provide programs to help children with Down syndrome learn printing, handwriting, keyboarding, cutting etc.
- 4.4 Frequency and duration of treatment:
 - 4.4.1 Frequency of visits will depend on severity of the case (1-3 times / week).
 - 4.4.2 Timing will depend on the availability of the physiotherapist & patient condition.
 - 4.4.3 Home instructions/program is a must for family or care giver about care condition

- 4.5 Discharge Planning:
 - 4.5.1 If the patient exceeds 2 months of treatment or more without any noticeable improvement, a consultation is requested from the rehabilitation doctor to take an opinion based on the rehabilitation program.
 - 4.5.2 Either the patient is discharged to complete the treatment at home or he is transferred to a higher rehabilitation center for intensive treatment.
 - 4.5.3 If the patient's condition improves during the 2-month treatment period, during which the treatment method is changed according to the patient's need and the treatment period is extended according to the vision of the therapist and upon achieving the desired goal, the patient is discharged.
 - 4.5.4 Any patient who reaches the treatment goals set by the therapist is re-evaluated and discharged.
 - 4.5.5 Patients who were recently discharged from rehabilitation after two months of treatment and became the utmost goal of treatment is to maintenance only will not be accepted in the Rehabilitation Department.

5. MATERIALS AND EQUIPMENT:

- 5.1 Thera Band.
- 5.2 Thera putty.
- 5.3 Peg board.
- 5.4 Dynamic sand.
- 5.5 Jumbo nuts.

6. RESPONSIBILITIES:

- 6.1 Physician: Assess, diagnose and prescribe medicine.
- 6.2 Occupational therapist: Initial assessment, evaluates and fills out the General Evaluation Form and documents data in the Referral Form.
- 6.3 Nurse: Triage, and if the patient is more than 12, she should help male physiotherapist to do physiotherapy.

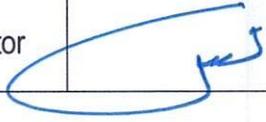
7. APPENDICES:

- 7.1 Referral form. (Electronic)
- 7.2 Assessment forms. (Electronic)
- 7.3 Follow up notes. (Electronic)
- 7.4 Discharge form. (Electronic)
- 7.5 Education form. (Electronic)

8. REFERENCES:

- 8.1 Rehabilitation centre in king Khaled Hospital- Hafer-Albatin
- 8.2 American occupational therapy association.

9. APPROVALS:

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