



HEALTH HOLDING

HAFER ALBATIN HEALTH
CLUSTER
MATERNITY AND
CHILDREN HOSPITAL

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

- 1.1 Increase the level of independency 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 Dystonia is characterized by involuntary muscle contractions that result in slow twisting or repetitive movements, or abnormal sustained postures, that are triggered by attempts to move.
 - 2.1.1 Characteristics of dystonia include:
 - 2.1.1.1 Repetitive and sustained movements
 - 2.1.1.2 Awkward postures
 - 2.1.1.3 Movements that are rapid or slow and are often painful
 - 2.1.1.4 Involuntary movements triggered by attempts at controlled movement
 - 2.1.1.5 Involuntary movements occur more frequently when the person is tired, anxious, tense or emotional
 - 2.1.1.6 Pain may also result in an increase in these movements

3. POLICY:

- 3.1 Patient should have a referral from paediatrician or Rehabilitation doctor.
- 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 therapist explains to the parent's the child condition and what the short and long-term goals are intended from the treatment program and also determines the number of sessions for them.
- 3.5 The patient's conditions are 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.
- 3.6 The patient is given home exercise after the first treatment session.

4 PROCEDURE:

- 4.1 The physician and Occupational therapist 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 therapy assessment form.
 - 4.2.3 Detecting risk factors association with condition
- 4.3 Management:
 - 4.3.1 Fine Motor Control – Improves hand dexterity by working on hand muscle strength, finger isolations, in-hand manipulations, arching the palm of the hand, thumb opposition and pincer grasp.

- 4.3.2 Activities include squeezing a clothespin, playing with water squirt toys and pushing coins into the slot of a piggy bank.
- 4.3.3 Bilateral Coordination – Play/movements teach the child to control both sides of the body at the same time, like drumming, pushing a rolling pin and pulling apart construction toys (Legos).
- 4.3.4 Upper Body Strength and Stability – Play focuses on strengthening and stabilizing the trunk (core), shoulder and wrist muscles through exercises, such as crawling, lying on the tummy while reading, playing catch in a kneeling position and pouring water from a pitcher into a cup.
- 4.3.5 Crossing the Midline – These activities, like making figure eights with streamers and throwing balls at a target to the right or left of center, teach the child to reach across the middle of their body with their arms and legs to the opposite side.
- 4.3.6 Visual Motor Skills – Improves hand-eye coordination through activities, like drawing, stringing beads or macaroni and catching and throwing a ball
- 4.3.7 Visual Perception – These activities improve the ability to understand, evaluate and interpret what's being seen. Activities include alphabet puzzles, playing with different shapes and matching games.
- 4.3.8 Self-Care – Improves the ability to perform activities of daily living and prepare the child to be more independent at home, at school and in the community

4.4 Discharge Planning:

- 4.4.1 Any patient after 3 months of treatment is re-evaluated by the therapist to see if the planned goal has been reached or not.
- 4.4.2 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. Either the patient is discharged to complete the treatment at home or he is transferred to a higher rehabilitation center for intensive treatment.
- 4.4.3 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.
- 4.4.4 Any patient who reaches the treatment goals set by the therapist is re-evaluated and discharged.
- 4.4.5 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 Everyday household items (straws, clothes pins, tweezers, sponges, etc.).
- 5.2 Adaptive scissors (with spring closures or grips for easier use)
- 5.3 Writing utensils.
- 5.4 Toys to help with the development of motor skills.
- 5.5 Adaptations to clothing (zipper pulls, button hooks, reachers)

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.

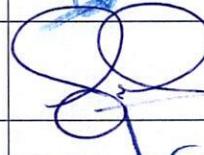
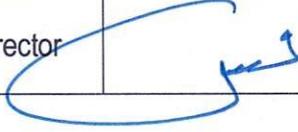
7. APPENDICES:

- 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:

8.2 American occupational therapy association.

9. APPROVALS:

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