UC DAVIS HEALTH | CHILDREN'S HOSPITAL

Consult guidelines for developmental therapies in the NICU (physical and occupational therapy)

Purpose of developmental therapies

Developmental therapy aims to support infant development while in NICU, to support and educate caregivers and staff, to offer follow-up recommendations, and to promote developmentally supportive cares and interactions to promote ideal growth and development, based around current gestational age. For developmental therapy involvement, it is typically preferred for infant to be >24h old and stable.

Typically, both PT and OT are ordered at the same time because the therapists share a caseload and do predominantly similar things. However, the provider can consider ordering just one discipline to limit therapy involvement in very young infants or if there is a very specific goal of therapy (e.g., hand splinting, brachial plexus injury, clubfoot, etc.)

What does developmental therapy entail?

- 22-30 weeks: positioning; protected environment (lighting, sounds, noise, scent, handling); caregiver education regarding sensory system development; assisting with skin-to-skin and transfers, containment, second set of hands with painful procedures/calming; non-pharmacologic pain management; keeping track of infant movement patterns; updating bedside SENSE program signage and/or custom bedside therapy recommendations; establish rapport with the caregiver to promote empowerment and involvement; provide additional support as medically appropriate/medical stability warrants
- 30-32 weeks: all of the above, with initiation of passive range, as indicated
- ≥ 32 weeks: all of the above with initiation of passive range, massage, myofascial stretching or release, therapeutic taping or splinting as indicated/safe, based on skin assessment
- ≥ 37 weeks: all of the above, with inclusion of therapeutic visual stimuli

- ≥ 40 weeks: all of the above, plus consideration of upright seating (Tumble Form, MamaRoo®, or bouncer), progression to floor play mat, and inclusion of developmentally appropriate toys, as indicated

Qualifying diagnoses (non-exhaustive list):

- Infants born at less than 32 weeks
- Infants post term with >1-2 week expected LOS
- Genetic/chromosomal abnormalities incl T21 (suspected or confirmed)
- Drug/alcohol exposure
- Seizures; stroke, HIE; s/p cooling*
- MMC*
- Grade III/IV IVH*
- Cardiac issues with long expected LOS
- Trach and/or long-term ventilator use
- Multiples, particularly triplet births
- SGA/LGA/IDM
- Musculoskeletal concerns (clubfoot, brachial plexus injury, fractures, abdominal distension, contractures, splinting or taping needs)*
- GI issues: gastroschisis, omphalocele, short gut, plan for/anticipated g-tube
- Medical team concerns re: tone, positioning, movement patterns, head shape; concerns wtih caregiver interaction, including lack of visitation or overstimulation
- Complex social situations benefitting from additional developmental support/education

*Consult should be placed as soon as infant is medically stable

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