

Occupational therapy for special-needs students moves online

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A young girl sits at a computer, wearing headphones. Her image appears in a box on the left side of the screen, and above it she can see the smiling face of her female instructor. On the main part of the screen is a black-and-white drawing of a girl performing an exercise called the “side-step dance.”

“We’re going to do ... that side-step [dance] first,” the instructor says. “Ten times, opposite arm and leg.”

“OK,” the girl replies. She removes her headphones and stands in front of her computer, still visible on the screen, then performs the exercise as her instructor—a licensed occupational therapist—watches closely from hundreds of miles away.

The girl is using a new service from the San Francisco company PresenceLearning, which has provided live online speech therapy to thousands of K-12 students in the last few years through a process known as “telepractice.”

Now, PresenceLearning has expanded its services to include online occupational therapy (OT) as well—something it believes can address a growing challenge for schools.

Nationwide, about one in five special-education students is identified as needing occupational therapy, the company says. But some 9 percent of OT positions at schools and health clinics across the country remain unfilled,



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according to the U.S. Department of Labor.

“We don’t have enough [occupational therapists] overall,” says PresenceLearning co-founder Clay Whitehead. And that’s especially true in rural areas, Whitehead adds, where OTs or the students they serve might have to travel hundreds of miles to complete face-to-face sessions.

PresenceLearning has seen great success in providing speech therapy to students online, and online OT seemed like a natural extension of that service.

OT helps students build “foundational skills” that affect their ability to function throughout the school day, says occupational therapist Robyn Chu. These can include posture, core strength, visual perception, sensory processing, and handwriting or other fine motor skills.

Chu says all of the exercises that OTs use with students in a face-to-face setting “can



happen in a virtual environment,” too.

For example, a common OT practice involves modeling correct behaviors or techniques for students. An OT and his or her student might both be sculpting putty at the same time, and the OT can demonstrate the activity first and then walk the student through its proper execution.

Other exercises involve games that students can play on a computer—such as navigating an online maze by manipulating the cursor on their screen to practice fine motor skills.

PresenceLearning has been piloting the service with an initial cohort of about 10 online OTs, all of whom have a master’s degree in their field. These therapists have access to the company’s content management system, which includes a repository of online activities they can use with students—and OTs can upload activities they’ve developed themselves, for use by anyone else.

The company announced its new online OT service in what it called a “soft launch” during the Texas Computer Education Association conference in February, and it expects a full rollout of the service to schools this fall.

Whitehead says the service is priced at an hourly rate that “matches or beats the local rate” for OTs in a school district’s area.

“This is ... about providing more flexible

access” to OT services for students and the schools that serve them, he says, adding that some older students might appreciate the privacy that comes with having OT delivered online.

PresenceLearning will ship all materials needed for the exercises to the student’s school; all the student needs is a computer with a webcam and internet access.

The Columbia Basin Health Association, which serves a rural area of Washington state, has struggled to provide reliable OT services to local families, says Leo Gaeta, program director for early intervention services. Therapists often have to drive a few hours to meet with students, and if the weather is spotty, they might have to cancel appointments.

“We were looking for a model of care that would complement the needs of our families,” Gaeta says.

He says CBHA officials initially had some concerns about how well OT services would translate in an online environment—but the families of children in the program have embraced it.

They “appreciate not having to travel” to receive service, Gaeta notes, adding: “We’re happy with the way the program is working for us.”