



**Pediatric Connections Occupational Therapy Services (PCOT)** is a provider of Occupational Therapy and Speech Therapy services in the Kansas City Metropolitan area. The following is an explanation of PCOT's treatment philosophy, intervention strategies, and treatment eligibility requirements, all of which are intended to maximize the likelihood of patients achieving the best possible treatment outcomes.

### **Treatment Philosophy**

PCOT specializes in helping children and adults succeed in activities of daily living in the home, school, and community. PCOT's employees are uniquely trained to help detect, interpret, and teach regulation strategies to improve sensory processing skills and are area specialists in the use of reflex integration and sensory/motor interventions to address brainstem development as a foundation for recovery, skill development, and nervous system regulation.

PCOT employs an evidenced-based treatment model, which includes a collaborative approach to plan of care development for all our patients. PCOT has found that the most successful outcomes are achieved when a patient's plan of care is developed in collaboration with a network of providers who all agree on desired outcomes and share aligned treatment goals.

### **Intervention Strategies**

PCOT's employees are uniquely trained in several neurobiological intervention strategies including, but not limited to:

1. Masgutova Neurosensorimotor Reflex Integration (MNRI).
2. Polyvagal Theory (PVT).
3. Bal-A-Vis-X - using a multisensory approach to brain integration.
4. Safe and Sound Protocol - acoustic vagus nerve stimulator.

### **Treatment Eligibility Requirements**

In the interest of achieving the best possible outcomes for its patients, while also maintaining a safe and professional work environment for its employees, PCOT requires the following:

1. To qualify for treatment with PCOT the patient must have an active diagnosis for one of the following:
  - a. R44.8 - Other symptoms and signs involving general sensations and perceptions
  - b. R29.2 - Abnormal reflex.
  - c. T74.4 - Shaken Infant
  - d. Q90.9 - Down syndrome
  - e. F80.9 - Developmental Disorder of Speech and Language
  - f. R27.8 - Other lack of coordination
  - g. R62.50 - Unspecified lack of expected normal physiological development
  - h. F 84.0 - Autistic Disorder
  - i. F90.8 - ADHD
  - j. Or equivalent of one of the above
  
2. The patient's plan of care development network must include, but is not limited to, one of the following: school professional, pediatrician, trauma play therapist, counselor, psychologist, psychiatrist, or allied health professional.
  
3. All members of the patient's plan of care development network must actively participate in plan of care development/update calls/meetings at least once every six months.
  
4. The patient's caregiver(s)/parent(s) must be actively involved in plan of care development and implementation.
  
5. The patient must have a parent, caregiver, spouse, significant other, or third-party emergency contact present during the initial evaluation process, and PCOT reserves the right to require the continued presence of a parent, caregiver, spouse, significant other, or third-party emergency contact during future treatment sessions.

6. All treatment room doors must remain open when staff are present in the treatment room, unless closing the treatment room door is necessary to perform treatment.
  
7. The patient shall wear treatment appropriate clothing to all appointments. The following are considered appropriate treatment clothing options:
  - a. Athletic wear/leggings
  - b. Comfortable, modest shirts/pants
  - c. Dresses need to have leggings
  
8. If the patient is pursuing more than one treatment intervention, and any of the pursued treatment interventions has goals which are contrary to PCOT's treatment intervention goals, PCOT reserves the right to: 1) refer the patient to a more appropriate healthcare professional; 2) discontinue treatment services; 3) pause treatment services; 4) and/or refuse treatment services, depending PCOT's assessment of which of the preceding options is in the best interest of the patient.
  
9. The patient must list all medications they are taking on PCOT's intake form, and the patient is responsible for notifying PCOT of any changes in medications they are taking. PCOT reserves the right to refuse treatment of patients who are taking medications that are contraindicated to PCOT's intervention strategies.
  
10. The patient shall not engage in or exhibit any of the following towards PCOT staff: 1) physical aggression, 2) threats of any kind, 3) attempts at manipulation, 4) sexually explicit conversation or behavior.

Either patient or PCOT may discontinue treatment at any time upon notice to the other party.