

OOTA 2026 • EDUCATIONAL SESSION

Developing Clinical Mastery in Pediatric Therapy

A Systems-Based Approach Across Diagnoses

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*Concierge Care. Advanced Techniques.
Therapy Designed for Real Life.*



What Makes Someone a Master Clinician?



Reflect on an exceptional
clinician you have known.

Mastery ≠



Years in practice



Certifications



Techniques



Knowing all the answers

Clinical Mastery

The evolving integration of **knowledge, evidence, experience, observation, and response** into sophisticated clinical reasoning.

In service of meaningful function and participation.



Clinical Pearl:

Clinical mastery is not a destination, but a lifelong process of integration and growth.

Three Guiding Principles

1



ASK WHY.

2



FOLLOW THE QUESTION.

3



EXPAND THE LENS.

The Knowledge Landscape



Clinical Pearl:

Mastery lives in **the connections**.

Core Areas of Focus

Pediatric therapists assess and support the whole child.

01



Fine Motor Skills

Helps children build hand and finger strength, a proper pencil grasp, neat handwriting, cutting with scissors, and managing fasteners like buttons, zippers, and shoelaces.

02



Sensory Processing & Regulation

Assists children who are over- or under-sensitive to lights, sounds, textures, or movement, using structured activities to help them calm and regulate themselves.

03



Activities of Daily Living (Self-Care)

Teaches independence in daily routines like brushing teeth, bathing, combing hair, getting dressed, and feeding or using the toilet.

04



Play & Social Skills

Uses play-based activities to encourage peer interaction, sharing, turn-taking, emotional expression, and following social cues.

05



School & Cognitive Skills

Supports attention span, problem-solving, planning, visual-motor integration (like copying from a whiteboard), and executive functioning.

06



Adaptive Equipment & Mobility

Evaluates and fits specialized gear like wheelchairs, seating systems, splints, or modified utensils, and teaches families how to use them.



Clinical Pearl:

Understanding a child's unique strengths and challenges across these areas helps us create meaningful, individualized goals that support participation in everyday life.

Different Knowledge. Wider Lens.

Pediatric therapy integrates multiple areas of knowledge through specialized approaches and techniques.

01



Neurodevelopmental Approach

- Understanding typical and atypical development
- Motor learning and neuroplasticity
- Play, engagement, and developmental sequences
- Interdisciplinary perspective (e.g., medical, educational, family context)

02



Sensorimotor and Regulation Techniques

- Sensory Integration Therapy (SIT) & graded exposure
- Sensory diets and “heavy work”
- Proprioception, vestibular, and tactile processing
- Emotional regulation and state management
- Use of movement, play, and the environment to support alertness and calm

03



Fine Motor, Visual-Motor & Bimanual Remediation

- Task-oriented motor training
- Grasp patterns, finger isolation, hand strength, and dexterity
- Bilateral coordination and bimanual skills (e.g., CIMT)
- Visual-perceptual integration (e.g., shape sorting, tracking, handwriting)
- Tools such as Handwriting Without Tears

04



Cognitive and Behavioral Strategies

- Cognitive Orientation to daily Occupational Performance (CO-OP)
- Goal-Plan-Do-Check approach
- DIR/Floortime and relationship-based strategies
- Self-regulation, attention, problem-solving, and executive functioning
- Play-based learning to support social communication

05



Compensatory Strategies, Adaptive Equipment & Environment

- Activity analysis and adaptation
- Assistive technology and adaptive equipment (e.g., pencil grips, seating systems, feeding tools, splints)
- Environmental modifications at home, school, and community
- Supporting access, participation, and independence



Clinical Pearl:

We integrate multiple areas of knowledge and use evidence-based approaches to understand each child's unique strengths, challenges, and context—so they can participate fully in daily life.

Don't fit the child to the approach.

Draw from the approach to better understand the child.



Integration, not accumulation.

We use what we know to make sense of the whole child—so we can support what matters most.



KNOWLEDGE

Multiple lenses inform our understanding.

- Neurodevelopment
- Sensory processing
- Motor learning
- Biomechanics
- Cognitive and behavioral strategies
- Occupation and context
- Assistive technology
- Family and environmental factors



REASONING

We connect the pieces to see the bigger picture.



FUNCTION + PARTICIPATION

We use this understanding to create individualized interventions that support meaningful participation.

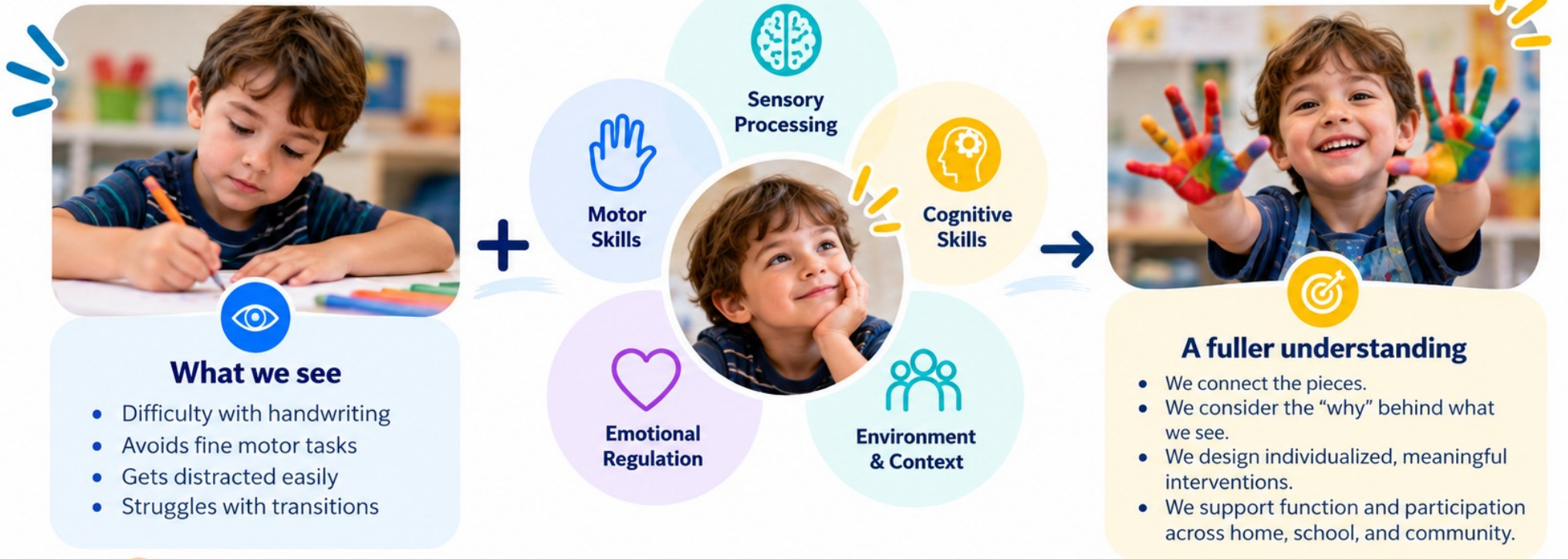


Clinical Pearl:

When we integrate knowledge, we move beyond isolated skills to see the whole child—so interventions are **meaningful, individualized, and functional**.

Seeing more isn't enough.

We have to connect what we see.



Clinical Pearl:

Observation is just the beginning—integration of multiple lenses leads to a complete and meaningful understanding of the child.

The observation is not the explanation. 🌟

What we see is just one piece of the puzzle. We have to dig deeper to understand why.

“He can’t sit still.”



“She keeps falling.”



“He won’t use his left hand.”



WHY?



Our job is to **connect what we see** with a deeper understanding of the child’s unique strengths, challenges, and context—so we can provide the right support.

Systems-based clinical reasoning

We look at the whole picture—because all the pieces are connected.



SYSTEMS

How the body and brain work together.

- Neuromotor
- Sensory processing
- Cognition
- Emotional regulation
- Vision, hearing, and other body systems



COMPONENTS

The building blocks of skills.

- Strength and endurance
- Postural control
- Motor planning
- Attention and executive skills
- Fine and visual-motor skills
- Social and communication skills



ACTIVITY

What the child does (right now).

- Play
- Self-care routines (dressing, feeding, bathing)
- School tasks (writing, attention, problem-solving)
- Transitions and movement
- Peer interaction and social participation



PARTICIPATION

Meaningful involvement in everyday life.

- At home with family
- In school and learning
- In play and friendships
- In the community
- In activities that bring purpose and joy



**CONTEXT
INFLUENCES
EVERY LEVEL.**



Home



School



Family
and caregivers



Peers



Community



Culture, resources
and environment

It's never just one system.

Multiple systems work together—because every skill is connected.



Clinical Pearl:

When we consider all the systems together, we can better understand the **why** behind what we see—and create more effective, individualized intervention plans.

Capacity + Opportunity = Participation

Sometimes the limiting variable is not inside the child.



What matters most?

Seeing relationships is not the same as treating everything.

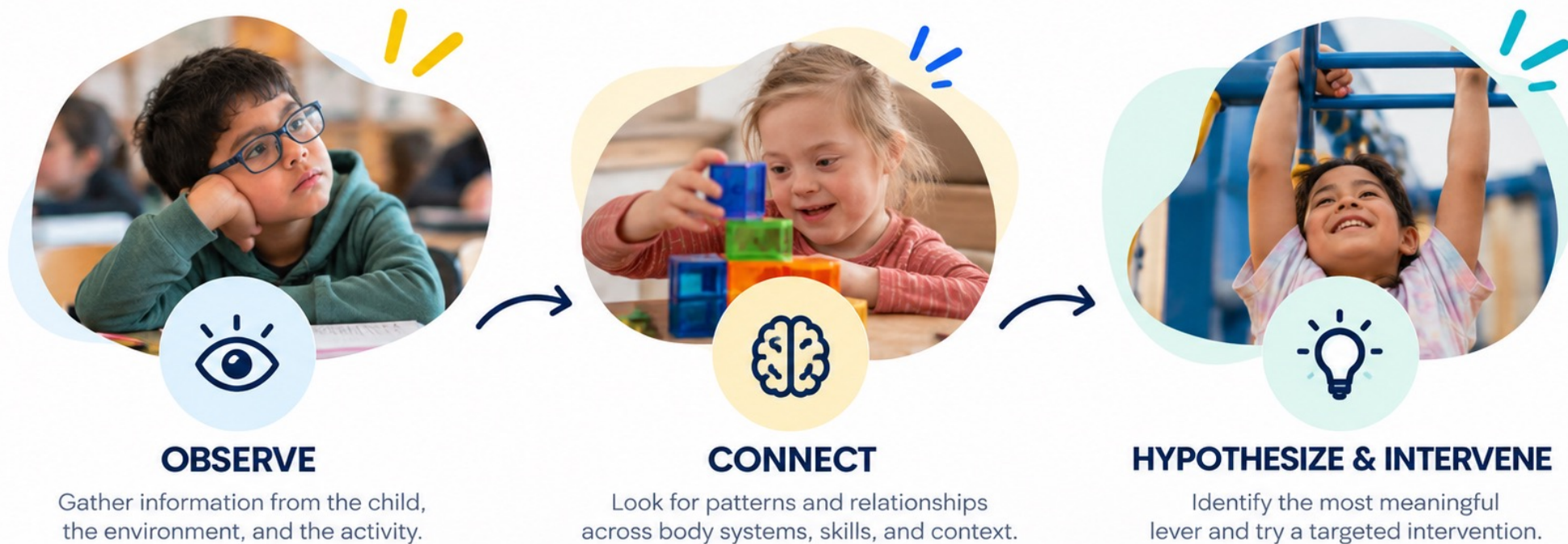


Find the variable with the greatest **functional leverage**.

We prioritize what will make the biggest difference in the child's daily life and participation.

Clinical reasoning is hypothesis building

We gather information, look for connections, and test ideas to find the most meaningful place to intervene.



The goal is not to treat everything, but to **prioritize the variable with the greatest functional leverage.**

| The child gets a vote.



What are their interests?



What helps them succeed?



What do their behaviors tell us?

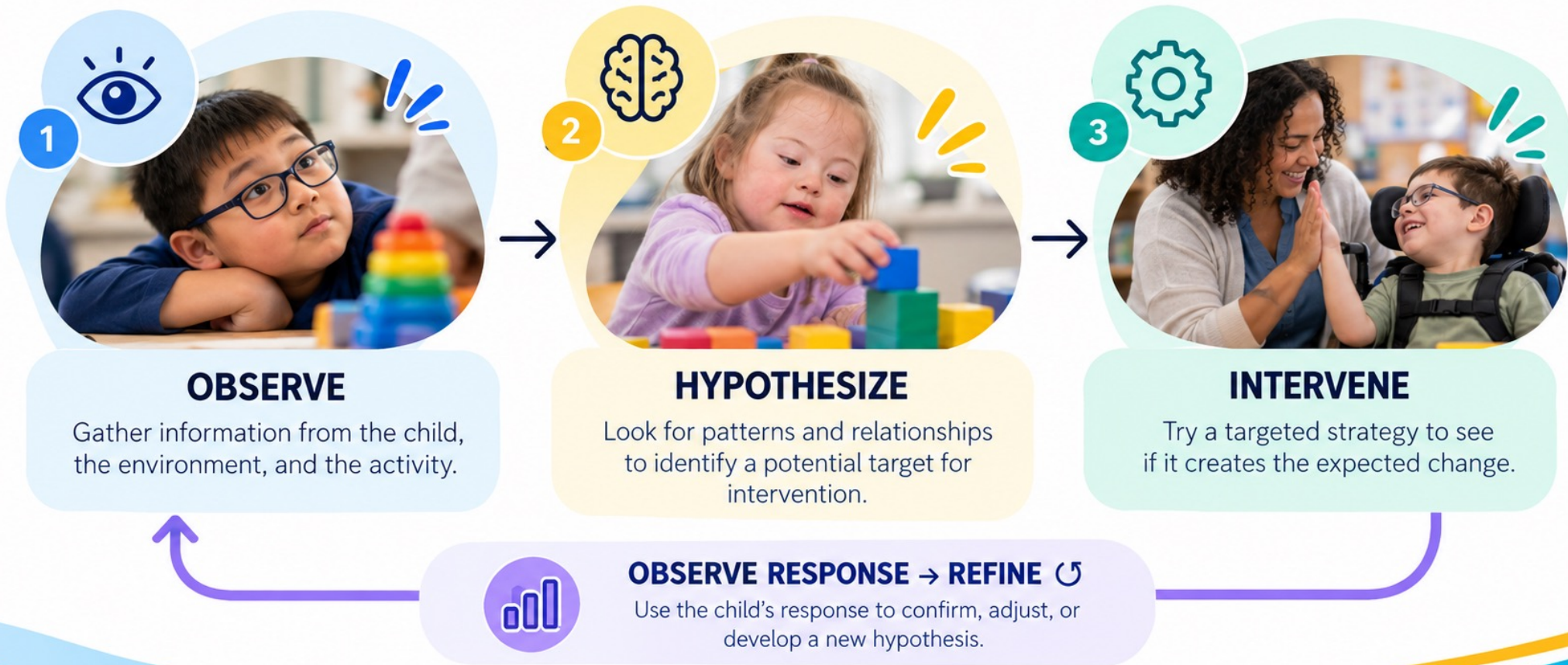


Our hypothesis is only a hypothesis.

We listen, learn, and adjust based on the child's ongoing response.

Intervention generates information

We use what we learn to test our ideas, refine our understanding, and plan next steps.



Clinical observation $\neq$ research evidence



Clinical observation

INFORM REASONING

What is happening with this child, **right now?**

- ✓ Individualized
- ✓ Context-specific
- ✓ Guides immediate decision making



Research evidence

ANSWERS DIFFERENT QUESTIONS

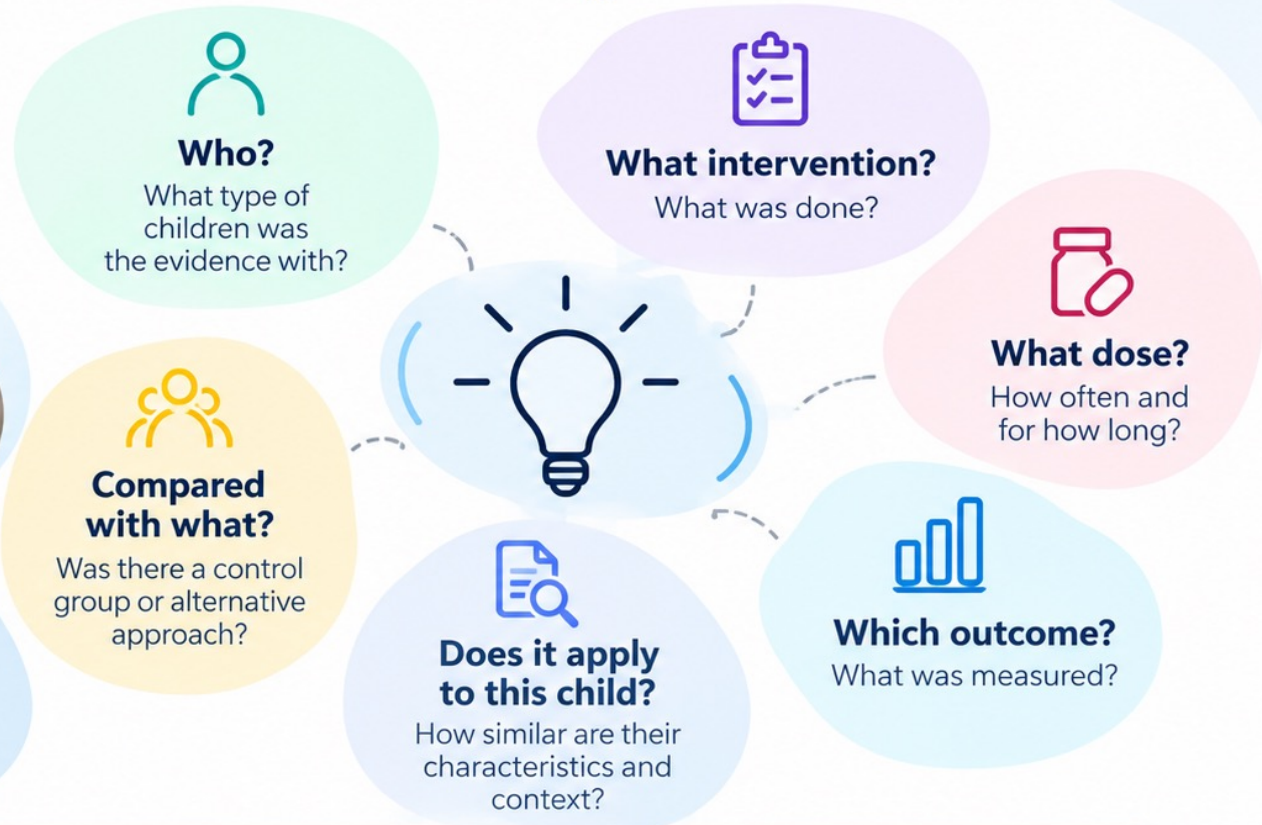
What tends to work across **many children and settings?**

- ✓ Generalized
- ✓ Based on systematic study
- ✓ Informs best practices and predicts likely outcomes



Both inform reasoning. **They answer different questions.**

| What does the evidence **actually** tell us?



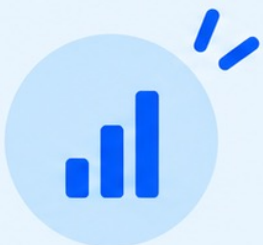
We **critically appraise evidence** to decide how much it should influence our clinical reasoning and intervention planning.

Evidence informs. Reasoning integrates.



We **integrate the best available evidence** with clinical expertise, family priorities, the child's presentation, context, and response to make a thoughtful, individualized decision.

| Did it work?



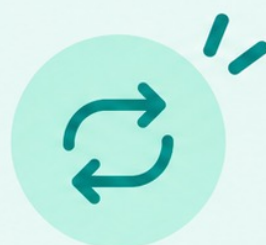
What changed?

What specific improvements were observed?



Did it last?

Were the changes maintained over time?



Did it transfer?

Did the child use the skill in other settings or with different people?



Did it matter?

Did it make a meaningful difference in the child's participation and quality of life?



We evaluate outcomes to determine **what's working**, **guide next steps**, and ensure **meaningful change** for the child.

| Who knows **something I don't?**



Recognizing the boundary
of our expertise is part of
expertise.



We seek input from families, colleagues, and other professionals
to **make the best decisions** for each child.

Collaboration expands the lens.



| Follow the question.

“

“Can you help us position this child for feeding?”

”

A teacher's question opened a new field of learning.



CLINICAL PEARL

Every question from a family, educator, or colleague is an opportunity to learn, collaborate, and broaden our impact.

Everyone has something to teach us.



Children



Families



Colleagues



Students



Mentors



Course participants



CLINICAL PEARL

Mastery requires remaining teachable.

Every time we teach, we learn.

Questions expand the teacher, too.



COLLEAGUES

Different perspectives spark new ideas.



MENTORS

Experience guides growth.



INTERDISCIPLINARY TEAMS

New questions broaden our understanding.



STUDENTS

Their curiosity keeps us learning.



OUR CLIENTS & FAMILIES

Their unique needs challenge and inspire us.



CLINICAL PEARL

Stay curious, seek different perspectives, and value what others bring to the table.

What if there's another way?



ACCESS



MOBILITY



COMMUNICATION



POSITIONING



CLINICAL PEARL

Innovation expands what is possible.

| Expertise without rigidity



KNOW DEEPLY.



REMAIN CURIOUS.



USE DISCERNMENT.



CLINICAL PEARL

Change your mind when the information changes.

The expanding spiral



CLINICAL PEARL

Set goals, seek new perspectives, and expand your horizons.



EXPERIENCE

What do I notice in practice?



QUESTION

What am I curious about?



SEEK

Where can I find answers?



LEARN

What new insights emerge?



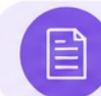
APPLY

How can I use this with my clients?



OBSERVE

What do I notice now?



REFLECT

What does this mean for my practice?



INTEGRATE

How does this shape my next question?

Experience provides the opportunity.

Reflection transforms experience into learning.



**Best service
for our clients.**



CLINICAL PEARL

Set goals, seek new perspectives, and expand your horizons.

Mastery is not a destination.

It is an *evolving* way
of practicing.

Enjoy the journey.



CLINICAL PEARL

Set goals, seek new perspectives, and expand your horizons.

What is your next question?

What clinical problem keeps appearing that you don't understand as well as you'd like?

*There is always
another horizon
to explore.*



What do I want to learn more about?



Who can I learn with or from?



What new path am I considering?



What is meaningful to me now (in this season)?



How can this question shape a fulfilling next chapter in my career?



CLINICAL PEARL

Your next question can lead to new learning, new opportunities, and a continued meaningful career.



**What does mastery
mean to you now?**