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# Therapists

**Keywords**

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## What is an Occupational Therapist?

An **Occupational Therapist** is someone who specializes in working with individuals who are experiencing a condition that is limiting their ability to independently complete the tasks of everyday living. In paediatrics, occupational therapists use their expertise to help children gain the functional skills they need for independence in play, learning, motor skill development, self care, and socialization in their home, school, and community environments.

How do I know if my child needs occupational therapy?

They seem to have weak hands and/or get tired easily while doing fine motor tasks.

They have difficulty with learning gross motor tasks such as riding a bike, skipping, or hopping.

They are overly sensitive or emotional to sensory stimulation including touch, textures, tastes, sound, and movement.

They are under responsive with decreased reactions to movement, touch, sound, or have unusually low emotional responses.

They have trouble with writing including pushing too hard or not hard enough, not being able to develop and maintain a good grasp on the pencil, and having trouble with size and spacing of their letters.

They have trouble learning how to dress themselves.

They have difficulty with coordinating the muscles that control their eyes for good vision.

## What is Speech Therapy?

**Speech Therapy** is a service provided by a speech-language therapist that helps improve a person's verbal and nonverbal communication skills. Depending on the area of deficit, speech therapy may focus on improving several different areas such as speech production, understanding and expressing language, social skills, and feeding or swallowing.

How do I know if my child needs speech therapy?

They are not meeting the expected developmental milestones during the first 12-24 months of life (i.e., cooing, babbling, producing first word(s), putting two words together to produce phrases and short sentences)

They have difficulty coordinating and planning oral motor movements (tongue, lips) to formulate sounds/syllables or have weak oral motor movements (i.e. weak jaw and/or tongue strength)

They have articulation difficulties where their speech consists of substitutions ( i.e., "k" for "t," or an inability to say r ), distortions (i.e. the "s" sound may be a lisp or sounds messy), omissions (i.e., the word "cat" is produced "ca")

They have weaknesses in receptive language skills or the ability to understand language. These difficulties may include the following: following simple instructions, identifying spatial and temporal concepts, understanding prepositions, identifying antonyms, synonyms, multiple meaning words, etc.

They have weaknesses in expressive language skills or the ability to communicate through words, facial expressions, gestures, or other nonverbal forms. These difficulties may include the following: formulating grammatically correct sentences, expressing relationships between word meaning, vocabulary development/word finding, answering -wh questions, sequencing, etc.

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They have difficulties in social situations, such as appropriate turn-taking skills, eye-contact, understanding a communication partner's feelings, introducing and maintaining a topic, etc.

They have a limited food repertoire or have a food repertoire that is limited to certain textures, such as puree.

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