



TLC Occupational Therapy, LLC
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Prior to considering teletherapy, I want parents to understand my viewpoint with regards to that practice in the field of OT.

As an Occupational Therapist, I have provided teletherapy, in-home therapy, in addition to in-clinic therapy. Based on my experience, I would rank them **from least effective to most effective** in that order (teletherapy, at-home therapy, and in-clinic therapy).

1. Occupational Therapy is a hands-on profession, especially with children who have special needs - those needing OT the most. Medical professionals are supposed to ensure any form of telehealth allows for the same standard of care as in-person treatment. Most research on teletherapy has been done in the field of mental health and other medical fields that use telehealth for things such as medicine management. It is nearly impossible to maintain the same standard of care for OT, especially when TLC Occupational Therapy has extremely high standards with our in-clinic therapy. If a therapist claims teletherapy for children with special needs, is just as effective as hands-on therapy, that therapist's hands-on approach must either be flawed or inefficient, if it can be equally replicated remotely via the hands of parents.

2. Parents cannot be expected to become therapists. One hour of

coaching parents during a session, is inefficient, and any concentrated treatment is significantly reduced. Would anyone ever hire a plumber via Zoom? Would a Zoom-guided haircut be as efficient and result in a similar outcome as a trained beautician? Most parents want the best care for their children, which is absolutely done in a professional clinic with trained and experienced professionals who provide hands-on therapy.

3. Therapists should always provide parents with home programs for children to complete between therapy sessions. The therapy sessions should NOT morph into the home programs. These home programs should be supplemental activities to therapy. If parents can be trained in OT, why hire a trained therapist and pay in-clinic rates?

4. Children already have more than enough screen time, especially with distance learning. Many children with special needs require socialization in a controlled manner, rather than impersonal interaction from behind a screen.

5. Therapists must resist the urges of personal convenience. Most writings on teletherapy in this field, are slanted towards the benefits of the therapist, although it is understandable people have become used to working from home. Parents must consider the motivation for anyone pushing for teletherapy, considering some therapists struggle to handle the challenges with children who have special needs. While teletherapy puts the responsibility and control of the session at the hands of the parents, it should instead be the role of highly trained therapists to

increase the effectiveness of the sessions.

6. Insurance companies will slowly wean people off teletherapy for OT, as they should, as they are only paying for a temporary work-around to the most effective means of treatment. If parents do most of the work via a teletherapy session, it is unconscionable to consider charging the same rate as in-clinic care, unless a client specifically requests it for some reason.

At TLC Occupational Therapy, LLC, we provide in-clinic therapy sessions with proper safety protocols in place. I encourage parent participation, and parents are invited into the sessions. Our clinic provides an optimal environment for hands-on engagement with minimal distractions, which leads to increased participation and better progression towards age-appropriate skills.

