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Comprehensive Primary Care Services

Introduction

Occupational therapists are client-centered providers and have strong backgrounds in human development, health management, chronic disease maintenance, mental health, and more. This places our profession in an ideal spot to serve as consultants in primary care settings such as doctor's offices, community health centers, and urgent care clinics. OTs can also support physicians who make house calls for homebound patients and potentially even primary care doctors who visit their institutionalized patients in need of oversight. Occupational therapists serving as primary care team members can assist patients and overwhelmed primary care providers alike. By having OTs involved in the provision of primary care services, individuals are more likely to receive quality care during both routine and illness-related visits, experience improved health outcomes, and decrease expenditure along with service utilization.

Section 1: Role of Occupational Therapy Within the Primary Care Team

Resources: 1, 2, 3, 4, 5, 6, 7, 8

There are several reasons why primary care is an emerging practice area in the occupational therapy field. First off, many allied health professionals are adopting more holistic approaches in an effort to take a more preventive stance to their services. In addition, primary care (and preventive medicine) is chiefly positioned to address the growing number of social determinants that impact public health. Trends are also shifting within the primary care field itself, as interprofessional teams are growing in prevalence to assist with better meeting patients' needs. The American Occupational Therapy Association (AOTA) has even taken a direct stance on the role of OT professionals in the primary care arena. AOTA (2020) states that

“synergy between primary care and occupational therapy is growing, with support for client-centered, comprehensive whole-person care, health promotion and prevention, disease self-management, and quality of life.” AOTA also cites each occupational therapy provider’s ability to analyze and address a person’s routines, habits, and roles, specifically regarding how they impact someone’s health and wellness. Occupational therapy involvement in primary care also stands to improve family and community health along with well-being in individuals. In addition, it has been proposed that occupational therapy also has a fitting place in obstetrics and gynecology along with pediatric primary care.

Public health trends also reflect a need for interprofessional teams in primary care. The Centers for Disease Control and Prevention (CDC) has found that chronic disease prevalence has been steadily rising and is expected to continue doing so in the coming years – not only in the United States, but also across the globe. This increase has been occurring over the past two decades, and can be attributed to a growing aging population and some Americans engaging in riskier or more unhealthy lifestyle choices. Statistics show that 42% of Americans have two or more chronic conditions and 12% of the population is living with at least five chronic conditions. Many individuals with chronic conditions have diseases that are classified as ‘major,’ including hypertension, diabetes mellitus, cancer, obesity, and cardiovascular disease. It is estimated that 129 million Americans have at least one of these ‘major’ chronic diseases.

Such health concerns undoubtedly have an impact on healthcare expenditure. Each year, a total of $4.1 trillion dollars is spent on healthcare services. Research shows that a staggering 90% of this spending is dedicated to the management of chronic physical and mental health conditions. Therefore, it is crucial that all current and potential members of the primary care team work together to assist in managing such conditions.

Primary Care Team Members & Settings

There are several types of nurses and doctors on a traditional primary care team. For many years, the center of the primary care team was the primary care physician (PCP), also known as a general practitioner or GP. If the client is a child, then a pediatrician may be at the center of the primary care team. The lead primary care team member for adults is often an internist or family doctor. However, in the past few decades, other providers with similar training have begun assuming this role. This includes physician assistants (PAs) and nurse practitioners (ARNPs or APRNs, depending on what state you are in), who each have advanced training that allows them to diagnose and treat a range of conditions. Regardless of what professional leads the primary care team, their responsibilities include coordinating specialist care for their patients and offering their own routine and illness-based care on an ongoing basis. Other nursing professionals may be support members on the primary care team, and can include licensed practical nurses (LPNs) or registered nurses (RNs). These nurses are responsible for administering medications, performing routine tests, taking vital signs, and offering other forms of direct patient care. In addition, medical assistants (MAs), social workers, case managers, pharmacists, dietitians, psychiatrists, psychologists, and obstetricians/gynecologists may also offer specialist care in the event a patient needs it.

Because of the definition of primary care, the settings where this service can be provided are very flexible. Primary healthcare is a “whole-of-society” approach, which was initially designed to draw communities together by connecting them with more accessible medical and wellness services. The main objective of primary healthcare is to offer improved organization and strength to larger health systems. This is why primary care places such an emphasis on routine care, as healthcare is meant to treat the person and not simply illness. Primary care services can be rendered in a wide range of settings, including but not limited to

hospitals, skilled nursing facilities, outpatient centers (what patients may view as doctor's offices), patient's homes, schools, and community health centers. Since the nature of primary care is ongoing, the location where services are provided depends on where patients travel and what they have access to.

The exact members of the primary care team vary depending on practice setting. For example, if a primary care physician serves as the team lead from their private practice, other team members will largely be composed of the healthcare professionals that practice employs. In some cases, an internist may work as a hospitalist (having a distinct focus on inpatient care), which means the other professionals employed by that hospital will serve as support members in the primary care team. Since there is such a variation between practice settings for primary care, this makes it very possible for occupational therapists to integrate themselves within this practice area.

OT Primary Care Interventions

OT interventions in this setting understandably differ across patient populations. However, the main focus of OT's work in primary care is consistent regardless of patient diagnoses. These priorities include uniquely focusing on human occupation, engaging patients in collaborative goal-setting (on the individual, family, and community level - depending on patient needs), structuring primary/ secondary prevention interventions and those aimed at health promotion, connecting individuals with services and resources around them, and addressing occupation-level outcomes that emphasize participation.

A dated position paper detailed some of the main areas where occupational therapists can make an impact in primary care settings. These include but are not limited to:

- Self-management to avoid complications or more rapid progression of chronic diseases
- Lifestyle redesign coaching to prevent chronic physical health conditions in individuals with extrinsic risk factors
- Falls prevention and personal safety – both within the community and at home
- Pain management, joint protection, ergonomics training, and energy conservation for the management of musculoskeletal conditions
- Community resource education to promote social participation and community integration in people who have mental health concerns, intellectual or developmental disabilities
- Facilitating interactions between parents and children, especially during formative years
- Promoting occupational participation; for children, this involves a strong focus on play while it varies more widely for adults
- Community mobility and/or driving resources for older adults or individuals who recently experienced a major change in health status
- Environmental modifications to improve functional performance in meaningful activities
- Personal crisis and symptom management for individuals with diagnosed psychiatric conditions or those who are at-risk of mental health conditions
- Emotional well-being support for caregivers of individuals with dementia, children with developmental disabilities, and more
- Quality-of-life interventions for patients receiving palliative care or hospice

Section 1 Personal Reflection

What practice setting(s) might be a good fit for an occupational therapist who specializes in pediatrics to offer primary care-based services?

Section 2: Advantages and Barriers to Occupational Therapy in Primary Care

References: 9, 10, 11, 12, 13, 14, 15, 16

There are a host of advantages to occupational therapy involvement in primary care. These include but are not limited to:

- Reduced stress on general practitioners in any setting
- Enhanced patient health outcomes
    - Specific outcomes will be dependent on population and practice setting. For example, an OT partnering with a geriatrician who has his own practice may see a decrease in falls, more regular exercise habits, and fewer illness-related visits. On the other hand, an OT working with a team of pediatric physicians in a children's hospital might notice an increase in play skills, improved self-soothing abilities, lower stress levels, and less dysregulation before medical procedures.
- Improved patient independence and safety within the home and community
- A greater amount of caregiver support due to increased training and education efforts

- Increased access to community resources and support services, either for specific medical conditions or general well-being
- Steadier fine and gross motor development in children
- Greater cost savings
- Earlier intervention for minor or developing medical concerns
- Increased awareness of disease education and symptom management
- Fewer disease complications in those with chronic conditions such as diabetes, cancer, asthma, chronic obstructive pulmonary disease (COPD), heart disease, and stroke

As with any type of programming, there are also barriers that may complicate OT entry into this specialty. These include:

- A lack of knowledge regarding OT's role – both within primary care and in a general non-rehabilitative sense
- Reimbursement challenges
    - Primary care settings that utilize a fee-for-service model may especially have a hard time aligning with consultative OT services.
- Communication difficulties within practice settings
    - Settings that already have teams with poor communication and low collaboration skills may struggle to add OT into the mix.
- Physician resistance regarding integrating OT services into their practice
    - This might be the result of individual provider personality style, critical thinking abilities, and openness to change.

- A lack of practice resources
    - This can stem from providers having too heavy of a workload, physicians lacking indirect time to dedicate to piloting such efforts, the absence of administrative staff such as coordinators and assistants to assist with details, or existing assistants having too heavy of a workload. Another practice resource barrier to OT in primary care may be a lack of expertise on behalf of the existing team members.
    - Freeman et al. (2025) conducted a global study that found barriers to implementing OT services in primary care included low workforce supply, lack of funding, and difficulty offering training.
- Primary care provider biases
    - Primary care physicians, nurse practitioners, and other providers with similar levels of schooling may unfairly assume that OTs are not competent enough to enter the primary care setting. This bias may or may not be remedied by education as to OT's scope of practice and training. This is likely dependent on the other providers' openness to change and other personality traits.

Research on OT in Primary Care

A scoping review conducted by Donnelly et al. (2023) found the most common OT interventions used in primary care settings consisted of coordination, advocacy, and referrals for community-based services, education regarding self-management, chronic disease management, health promotion, and falls prevention. While this was a large review, one weakness of this study was that it predominantly explored adult and older adult populations. There are research

gaps for the potential benefits of OT consulting in pediatric-based primary care settings.

However, one piece of AOTA literature does broach the topic of OT in pediatric primary care. Riley & de Sam Lazaro (2021) published an opinion piece in the American Journal of Occupational Therapy about OT's role in pediatric primary care. These researchers outlined three action steps to help therapists establish their value as important team members in this setting: building a strong base of evidence regarding OT efficacy in primary care, advocating for developmental monitoring that is culturally sensitive and responsive, and supporting legislation that mandates early surveillance and developmental screenings for all children. Since there is not much literature on OTs in pediatric primary care, this information is particularly valuable as children's wellness needs can largely differ from those of adults.

On a much larger scale, Freeman et al. (2025) published a review that looked at the intersection of OT and primary care services across the globe. With help from the World Federation of Occupational Therapy, this study showed that activities of daily living (ADLs) were the most commonly addressed area. Results also found that mental health and rehabilitation clinics were two of the most common locations where services were provided. Among the populations assisted by primary care OTs worldwide, those most frequently served include individuals with chronic health needs and chronic illnesses, those with developmental disabilities, and older adults. Researchers also found that primary care OT services were more likely to qualify for government reimbursement when they were provided on an individual basis.

Progress reporting is an essential part of rehabilitation disciplines, as tracking and monitoring progress offers clinical justification for a therapist's services in any setting. Therefore, any OT working in primary care should be able to demonstrate

the utility of the work they are doing. This has presented itself as a barrier to some OTs entering this setting. Research supports this, as Ingham et al. (2025) found inconsistencies in value-based outcome evaluation methods in primary care. Therapists in this speciality report using a range of outcome measures with their patients, but they also note significant variation in evaluation and progress reporting approaches.

Reimbursement rates are another reason why progress reporting in rehabilitation is prioritized. A separate publication by Ingham et al. (2025) discussed how validated patient rating scales served primarily to assess patient experience in primary care, often not accounting for cost effectiveness. While these measures were found to broadly align with practice methods and strengthen the values of the providers who use them, reimbursement rates should be taken into consideration since this is a large aspect of the healthcare industry. Ideally, outcome measures should place equal emphasis on these two counterparts.

Some OTs working in primary care tend to focus their consulting efforts on underserved populations. This may encompass groups such as those with low socioeconomic status, individuals who live in rural areas, racial and ethnic minorities, people with limited English proficiency, and unhoused individuals. Sit et al. (2022) published a scoping review on what OT's primary care services would look like for these individuals. Common themes that arose included using a client-centered approach, emphasizing interprofessional collaboration, and ensuring that all program evaluation measures are evidence-based. A large part of the literature these researchers reviewed also cited preventive health and wellness measures that are holistic in nature as some of the most effective methods for patients. The last common theme was innovative service delivery methods, which can be as simple as modifying intervention types to accommodate special populations or using technology in a novel way to improve function.

Older adults are one such underserved (and vulnerable) population that has been known to benefit from OT involvement in primary care. Mirza et al. (2020) conducted a feasibility study on an occupation-focused primary care intervention called Integrated Primary Care and Occupational Therapy for Aging and Chronic Disease Treatment to Preserve Independence and Functioning (i-PROACTIF). The program – formed on the basis of the Person-Environment-Occupation framework – consisted of six treatment sessions provided on a weekly basis. While this was a small study, participants had chronic conditions that are commonly served by OTs working in primary care: osteoarthritis, cardiovascular disease, and poorly managed diabetes mellitus. This focus population made the study results highly relevant to other OTs in the primary care specialty. Participants reported high levels of satisfaction, as did physicians and nurses who were involved in the program. Results showed that the i-PROACTIF program yielded improvements in most functional outcomes measured by the study.

A slightly dated study conducted by a group of occupational therapists assessed the efficacy of using a Lifestyle Redesign program to address diabetes-related concerns from a primary care standpoint. Participants engaged in eight one-hour sessions conducted on an individual basis and were compared to control group participants who did not receive any intervention. Results included an improvement in HbA1c levels, health status, and diabetes self-care habits. Researchers also discovered some barriers along the way, specifically difficulty establishing a referral workflow, a pressing need for education (both for staff and patients), and trouble obtaining sufficient workspaces. Conversely, colocation, shared documentation via a comprehensive electronic medical record (EMR), and clinic leadership serving as strong partners all helped facilitate program success. This study shed a good amount of light on factors that can help or harm OT services in primary care settings. In addition, the greater majority of participants

were of low socioeconomic status and ethnically diverse, making the results even more helpful.

Grosser & Tadman (2021) posit that more thoughtful use of screening tools will not only help increase primary care referrals to OTs, but also enhance the awareness of OT's role in these settings. In particular, they discuss the use of Primary Care Provider Screening Tools for Adults with Chronic Conditions (PCP-STACC). Primary care physicians can use this tool to discern what unmet health needs their patients may present with related to chronic conditions and which of these needs affect their functional performance on a consistent basis. PCP-STACC is broken into a client form and a provider form. The latter of these hones in on a patient's performance while the former version helps therapists gather pertinent information about a patient's contexts and frequently performed tasks as well as their personal likes, dislikes, and interests. One major disadvantage of the PCP-STACC is that this measure has not yet been clinically validated nor has it been implemented in primary care clinics. They also discuss the benefits of using the Ecology of Human Performance (EHP) Model with patients seen in primary care settings.

As we mentioned before, the perceptions of existing primary care team members play a part in whether or not OTs integrate into this setting. A slightly dated study aimed to determine the perceptions held by primary care physicians regarding the work OTs do in this setting. After collaborating with OTs for 8 weeks, doctors found these services took a holistic, proactive approach and were dedicated to psychological, physical, and social aspects of patients' needs. This setting also allowed therapists to trial more innovative roles without financial burdens such as insurance reimbursement. Furthermore, several physicians created full-time, long-term roles for OTs to work within their practice after the study concluded.

Section 2 Personal Reflection

How might OT primary care services for those in rural areas differ from OT primary care services provided to those in populated areas?

Section 2 Key Words

HbA1c levels - Long-term blood glucose levels taken over the previous 2 to 3 months

Section 3: The Implementation of OT Services Within Primary Care Settings

References: 8, 17, 18

Some of the research we reviewed in the last section discussed positive factors that assisted in getting OT services off the ground in primary care settings. These factors correlate with those identified in several dated studies published during the infancy of OT in this setting. Across all the existing literature, having physician champions is identified as one of the strongest facilitators to success. This is not only for the sake of having a solid, consistent referral source, but also due to the level of credibility they hold with patients as team leaders in primary care.

Physicians are not the only collaborators who should be included in the implementation process for OT in primary care. Other allied health professionals should also be included. Perhaps more important than having allies in this specialty is creating a culture of collaboration for success. There are several ways this is done. Firstly, OTs should ensure that each of their services aligns well with on-site programming that exists at each primary care location. Documentation also plays an important role in creating the proper culture for OTs to integrate

within. Primary care teams should utilize a user-friendly electronic medical record (EMR), which not only enhances communication within teams but also allows for fluid collaboration. In addition, OTs should be prepared to interact with teams they hope to work with face-to-face, especially in the early stages. This is not only helpful for the sake of team-building and getting to know one another, but also allows existing teams a better understanding of an OT's dedication for primary care.

The Health and Medicine Division of the National Academies of Sciences, Engineering, and Medicine published a text discussing what aspects must be included in high caliber primary care services. The National Academies of Sciences, Engineering, and Medicine (2021) started by defining high-quality primary care as "the provision of whole-person, integrated, accessible, and equitable healthcare by interprofessional teams who are accountable for addressing the majority of an individual's health and wellness needs across settings and through sustained relationships with patients, families, and communities." The distinct inclusion of interprofessional teams in this definition offers a high degree of promise, not only for OT's role in this setting, but also for the incorporation of other allied health professionals. This same text also outlined five key objectives that are critical in the implementation process of any primary care teams. These included:

- Advocating for reimbursement related to primary care team services
    - This starts by adopting the worldview of primary care *teams* offering care for individuals in need of it, rather than doctors independently delivering services to patients. The next step is encouraging payment reform, which will help usher in the standard practice of having multiple healthcare disciplines in the primary care team.

- Making primary care services accessible for every individual and family in each community in the nation
    - In order for these services to be accessible, they must be responsive to the needs of community members and relationship-oriented.
- Training all primary care teams in locations where people are employed and live
    - This sharply improves outcomes, especially related to developing healthy skills that encourage connectedness and well-being.
- Creating information technology that serves all parties involved in primary care services
    - This includes the patient(s), their families, and the inteprofessional primary care team. In order to be effective, any technology utilized must facilitate integrated care that meets all of the aforementioned aspects of accessible services.
- Ensuring that primary care has a distinct place across our nation
    - In order for the United States to truly benefit from primary care services, we are in need of ongoing research efforts, federal legislation to support the development and maintenance of primary care programming, and purposeful, clear outcome measures that correspond with whole-person care.

These same researchers go on to mention that implementation strategy should consist of an implementation framework, accountability framework, and a public policy framework. In order to be effective, the implementation framework should be understanding of how complex the private and public sectors of this nation's healthcare system are. A plan's accountability framework should focus on

complete and thorough activities that contribute to implementation. Lastly, the public policy framework should prioritize legislation that backs up primary care efforts.

In order to be most effective in establishing OT primary care services, occupational therapists should have an understanding of the service delivery method they wish to (or are best able to) provide:

- **First contact**: This involves therapists meeting with patients at a site that offers first contact services. First contact services can be provided anywhere a patient initially 'enters' the healthcare system. For example, if a patient has upper respiratory symptoms, the first place they will go is their primary care provider, family doctor, or another general practitioner for treatment. This is also the case if a patient needs a referral somewhere, as they will start with their primary care doctor. By being affiliated with a primary care practice or a community health clinic, an OT can also offer first contact services.
- **Longitudinal**: These services are offered on a long-term, continuous basis. Longitudinal services are, in reality, short-term in nature in that patients are seen by a primary care OT for several visits to address their primary problem (whether acute or chronic). Then, the patient will stop seeing the OT as they follow their recommendations within the community. However, the patient is never formally discharged and will remain on the OT's client list indefinitely. This allows the patient to return whenever they need, so that services may resume in a seamless manner and their chart will be updated for future encounters. OTs may provide longitudinal primary care services in clubhouse model clinics or federally-qualified health centers (FQHCs).

- **Comprehensive**: When offering comprehensive services within primary care settings, OTs provide discrete and focused services. While the highlight of OTs having a place in primary care work is their ability to offer generalist services that address nearly any health concern from a functional perspective, not all patients will benefit from this. These concentrated services are intended to address more predominant health concerns that stand to immediately threaten a patient's health and safety. A good example of comprehensive OT primary care services is a clinic that focuses on falls prevention, but still offers a broader range of services.
- **Coordinated**: Some patients benefit the most from care coordination services, which are also within OT's scope of practice. Therefore, OTs who provide coordinated care offer a package of services with this intention. Coordinated services should be very closely aligned with a patient's needs and highly collaborative to ensure continuity of care. This can be helpful for patients with systemic chronic diseases such as hypertension (especially when unmanaged), autoimmune disorders, and chronic infections. OTs may provide coordinated primary care services in the offices of specialist physicians, first-contact primary care settings, or hospitals. Patients in need of this type of care see multiple providers on a regular basis, so OTs may need to travel between locations to effectively offer coordinated primary care services.

Occupational therapists should also take intervention approaches into consideration when implementing each individual primary care service. One of the best tools to use is the Kaiser Permanente Health Risk Pyramid. **Level one** of this pyramid directs general health and wellness services geared toward injury prevention to the general public. Programs and interventions at this level are likely to include driver health screenings, injury prevention assessments, falls risk evaluations, and developmental screenings for infants. Others may be included if

they aim to promote healthy occupations and behaviors. The **second level** of the pyramid focuses services on people who have existing health concerns in an effort to help them adopt healthier habits that slow their disease progression. These services should also prevent complications or further disability. OTs may implement second-tier services such as energy conservation techniques, a home exercise program to address activity levels, joint protection strategies, pain management techniques, ergonomics education, and talk therapy modalities to address emotion regulation. This tier should fall under the categories of chronic disease self-management and lifestyle modifications. Next is the **third level**, which is intended to preserve well-being wherever possible for those with lasting disabilities. Traditional occupational therapy services typically fall under this category, as OTs commonly serve this population in places like hospitals, long-term care centers, assisted living facilities, and more. Interventions that OTs may provide under this category include environmental modifications, assistive technology prescription, community mobility and integration (or re-integration), functional mobility such as gait and transfer training, facilitating play skills and other areas of occupational performance for children, caregiver education and health promotion, and return-to-work services. At the top of the pyramid is the **fourth level** that is focused on end-of-life care with a strong emphasis on quality-of-life. There are fewer direct opportunities for OTs to be involved in services here, but this is certainly an area where OTs can make a difference in the health of patients with advanced illnesses. Therapists can work closely with patients who are part of hospice programs while also offering support to family and other loved ones during this time.

Section 3 Personal Reflection

How might reimbursement methods differ between the various methods of service delivery in primary care?

Section 3 Key Words

Care coordination - Services that involve the organization and planning of a patient's healthcare services across several providers

Federally-qualified health centers - These primary care centers are located within the community and offer patient-directed care; they receive federal funding in order to treat underserved populations such as those in rural or urban areas, low-income individuals, those who are uninsured, and immigrant/refugee populations

Section 4: Case Study #1

A 54-year-old woman just visited her primary care physician for a routine visit. She has diagnoses of hypertension and Type 2 diabetes mellitus. While she was only diagnosed with each in the past 2 years, her conditions are progressively worsening and have led her to develop peripheral neuropathy in the right foot. She is also demonstrating early vision changes, which place her at a high risk of falls and other injuries. She is considered a reliable historian and reports no functional concerns on a daily basis. The doctor completed a few tests that confirm this is the case.

However, when the doctor asked her how she keeps track of her blood pressure and blood glucose readings, she responded that she doesn't have time for any of that. However, her affect suggested that she is concerned about her current health status. She works as an administrative assistant and lives with her husband. The woman's daughter, son-in-law, and their 1-year-old baby just moved in with them indefinitely. Her granddaughter has cerebral palsy and a host of other health concerns, and she is caregiving for her granddaughter the majority of the time due to her daughter's long working hours.

1. Does it sound like this woman would benefit from primary care services or is she more appropriate for standard rehabilitation services at an outpatient clinic? Why?
2. If this woman were to receive primary care services, which method of service delivery would be the most appropriate for her?
3. What tier of services would this woman benefit from the most?
4. What types of interventions are most critical for the OT to address with this woman?

Section 5: Case Study #1 Review

This section will review the case studies that were previously presented in each section. Responses will guide the clinician through a discussion of potential answers as well as encourage reflection.

1. Does it sound like this woman would benefit from primary care services or is she more appropriate for standard rehabilitation services at an outpatient clinic? Why?

   While this woman has active health concerns that require management, the absence of functional concerns exclude her from standard rehabilitation services for the time being. She is a great candidate for primary care services because her chronic conditions are those that respond well to lifestyle modifications.

2. If this woman were to receive primary care services, which method of service delivery would be the most appropriate for her?

   If this patient is involved with multiple specialists, coordinated primary care services might be a good fit for her. If she isn't seeing specialists,

comprehensive primary care services would be a helpful way to address imminent safety concerns related to vision, falls prevention, and lower extremity sensation.

3. What tier of services would this woman benefit from the most?

   This patient is most in need of lifestyle modifications and disease management techniques that will slow the progression of her diabetes and hypertension. These fall under the second level of the Kaiser Permanente Health Risk Pyramid.

4. What types of interventions are most critical for the OT to address with this woman?

   As we mentioned above, lifestyle modifications and disease management techniques are the most essential for her. Since she isn't doing much to manage her condition, an OT should start by educating her on hypertension and diabetes as well as helping her build habits and routines surrounding blood pressure and blood glucose monitoring. This will help stabilize her condition on a daily basis and prevent complications.

Section 6: Case Study #2

A 5-month-old infant presents to the pediatrician for a routine visit. As a result of basic screening, the doctor discovers the child is behind in motor, cognitive, and language development compared to their peers. Based on the interview portion of the assessment with the infant's mother, the pediatrician also discovers this is her first child and that the baby spends the majority of the time in a bouncer while the mother rests. The pediatrician also feels the mother may be demonstrating signs of postpartum depression. While the child is not currently

demonstrating any acute health concerns, the doctor wishes to address these developmental delays early on to prevent other concerns from arising.

1. Is this child a good fit for primary care services? Is the child's mother a good fit for primary care services?
2. What tier primary care services would be most appropriate for this child? Their mother?

Section 7: Case Study #2 Review

This section will review the case studies that were previously presented in each section. Responses will guide the clinician through a discussion of potential answers as well as encourage reflection.

1. Is this child a good fit for primary care services? Is the child's mother a good fit for primary care services?

   Given that this child is demonstrating developmental delays in three categories, this child is likely a better fit for early intervention services in the home rather than primary care services. The potential for these delays to worsen without direct intervention multiple times each week is high, so more concentrated services are warranted. As the doctor mentioned, the child's mother may be developing postpartum depression, so she should at least be screened for the condition. She can see an OT for primary care services in the form of this screening and some education-based interventions, but she should be referred to a mental health professional if the screening indicates the possibility of postpartum depression.

2. What tier primary care services would be most appropriate for this child, if any? Their mother?

As mentioned above, the child is not appropriate for primary care services. The child's mother would benefit from level one services, since she doesn't have any health concerns for the time being. If it is determined she is simply at risk of postpartum depression and doesn't have any diagnosable conditions, an OT can continue to provide level one services to prevent mental health concerns from developing.

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