Neonatal Therapy Core Scope of Practice

The National Association of Neonatal Therapists® (NANT) is an organization created specifically for neonatal occupational therapists, physical therapists, and speech-language pathologists. NANT provides multiple ways for neonatal therapists to connect, learn, mentor and inspire while advancing this focused field of therapy on a national level.

NANT has established the practice domains for occupational therapists, physical therapists, and speech language pathologists in the following document: *Neonatal Therapy Core Scope of Practice*. Domains describe major areas of responsibility in neonatal therapy. The American Occupational Therapy Association, American Physical Therapy Association, and the American Speech and Hearing Association have each published separate articles outlining skills, knowledge, and scope of practice. However, all three disciplines share common ground when providing services in the neonatal intensive care unit. The Core Scope exemplifies this common ground and is *not intended* to represent the unique aspects of service inherent to each individual discipline.

In compliance with state and federal law, treatment is based on the results of assessment and may be provided on a one-to-one basis, via consultation or in a parent education group.
Neonatal Therapy – Core Scope of Practice

Definition of Neonatal Therapy
Neonatal Therapy is the art and science of integrating typical development of the infant and family into the environment of the NICU. It incorporates theories and scopes of practice from the respective disciplines of occupational therapy, physical therapy and speech language pathology. It requires advanced knowledge of the diagnoses and medical interventions inherent to the NICU setting in order to provide safe and effective assessment, planning and treatment. At this early point in the lifespan, Neonatal Therapy promotes optimal long-term developmental outcomes and nurtures infant-parent relationships by addressing the following synergistic neurodevelopmental systems: neurobehavioral, neuromotor, neuroendocrine, musculoskeletal, sensory, and psychosocial. These systems provide the foundation for the development of functional skills.

Definition of a Neonatal Therapist
Neonatal Therapists are an essential part of the NICU team. A Neonatal Therapist is an occupational therapist, physical therapist or speech language pathologist who delivers holistic direct patient care and consultative services to premature and medically complex infants in a Neonatal Intensive Care Unit (NICU). Using an integrated, neuroprotective, family-centered model, Neonatal Therapists provide highly specialized and individualized therapeutic interventions in the NICU. These interventions support optimal long-term development, prevent adverse sequelae, and nurture the infant-family dyad. Neonatal Therapists provide education to the family and NICU team.

Underlying Assumptions
The following assumptions were made in the development of the neonatal therapy core scope of practice:

Neonatal therapy:
- is a complex subspecialty, an area of advanced practice.
- promotes health, wellness, and holistic neurodevelopmental care for infants and families.
- is individualized to meet the unique needs of each infant and family.
- mitigates the effects of impairments.

Neonatal therapists:
- promote safety and practice in a safe manner.
- are unique members of the NICU team and value collaboration.
- practice and advocate for age appropriate, neurodevelopmental care.
- are fervent advocates for infants and families.
- respect cultural diversity in all aspects of family centered care.
• respect the privacy rights of the infant and family and manage all information accordingly.
• practice within their respective discipline’s scope of practice.
• strive to prevent iatrogenic problems associated with prematurity and the NICU environment.
• promote a healing, neuroprotective environment in NICU.
• are cognizant of current practice trends and strive to improve neurodevelopmental outcomes based upon accumulated research and evidence.
• identify potential ethical conflicts and access proper avenues for resolution.

Practice Environments
Neonatal therapists may practice in one or more of the following practice environments:
• NICU Levels I-IV
• NICU follow up program
• Newborn nursery

Scientific Knowledge
Degree/depth of knowledge required varies by component. Some topics require only conceptual understanding while others require full integration of the component – i.e. able to teach, analyze, and reflect upon.

• Dynamic systems theory
• Family centered care
• Attachment Theory
• Synactive Theory
• Acute and chronic stress
• Acute and chronic pain
• Neurodevelopment (motor, sensory, autonomic)
• Neurobehavior
• Fetal/Neonatal Brain development
• Embryology
• Basic Anatomy & physiology of the neonate
• Basic feeding and swallowing
• Atypical and typical preterm infant development
• Maternal risk factors & complications (medical, psychosocial)
• Typical Neurodevelopmental outcomes of preterm infants
• Medical equipment/Commercial infant products (hospital and retail)
• NICU culture
• Medical Procedures
• Medical Terminology

**Professional Attributes/Characteristics**
Due to the medical, psychosocial and therapeutic complexities inherent to the intensive care environment the following attributes and characteristics are vital to serving this population.

• Flexible
• Communicative
• Professional
• Approachable
• Proactive
• Passionate
• Respectful
• Empathetic
• Compassionate
• Intuitive
• Nurturing
• Resilient
• Critical thinker
• Innovative
• Advocate
• Self-reflective
• Confident
• Self-aware
• Sensitive
• Collaborative
• Assertive
• Intentional
• Accountable
Assessment/Evaluation – Standardized, Observational, Non-Standardized
Continuous /ongoing
- Environment (including equipment)
- Neurobehavior
- Neuromotor
- Pre-feeding skills
- Oral feeding and Swallowing (non-instrumental assessment)
- Musculoskeletal
- Sensory
- Family

Interpreting Results
Continuous /ongoing
- Utilize critical thinking skills
- Synthesize information

Treatment Planning
Continuous /ongoing
- Determine frequency and duration of treatment
- Set discipline-specific goals

Treatment/Intervention
Degree/depth of knowledge required varies by component. Some topics require only conceptual understanding while others require full integration of the component – i.e. able to teach, analyze, and reflect upon.

Family
- Educate/Guide/Promote parental participation and independence in early parenting skills through transition to home.
- Provide psychological support.
- Facilitate bonding and attachment.

ADLs:
- Feeding
  - Facilitate/Support:
    - Oral-sensory-motor development
    - Pre-feeding skills
    - Transition to oral feeding (not including instrumental assessment)
• Sleep
  o Protect sleep
  o Facilitate/support:
    • Transition to sleep
    • Safe sleep practices

• Bathing
  o Facilitate:
    • State regulation
    • Self-regulation
    • Neuromotor stability

• Play/Interaction
  o Assist with attainment of age appropriate developmental skills through guided exploration of and interaction with the environment

Environment
  • Modify and adapt the environment

Neurobehavioral
  Facilitate/Support:
    o Autonomic Regulation
    o Motor Regulation
    o State Transition/Regulation
    o Attention/Interaction
    o Self-regulation

Neuromotor
  Facilitate/Support:
    o Neurodevelopmental Positioning
    o Neurodevelopmental Handling
    o Development of normal movement patterns
    o Normal reflex development
    o Normal tone development and tonal changes
**Musculoskeletal**
- Facilitate/Support development of normal posture and alignment
- Prevent or mitigate effects of iatrogenic deformities
- Facilitate/support development of antigravity movements and symmetric strength
- Improve/Promote physiologic tolerance to activity

**Sensory**
- Facilitate/Protect the typical progression of sensory development of the following systems:
  - Tactile
  - Proprioceptive
  - Vestibular
  - Gustatory
  - Olfactory
  - Auditory
  - Visual
- Facilitate/support sensory integration

**Pain**
- Provide non-pharmacological interventions

**Education**
Degree/depth of knowledge required varies by component. Some topics require only conceptual understanding while others require full integration of the component – i.e. able to teach, analyze, and reflect upon.

- Educate NICU families/team regarding all areas of assessment and intervention.
- Determine learning styles/psychosocial needs/cognitive ability
- Community and public education
- Communicate and collaborate with team regarding ongoing discharge planning
Safety

- Contribute to culture of safety
- Active engagement to risk management principles

Documentation

- Record assessment results – interpretation, goals, plans, education, progress and outcomes (plan of care)
- Generate discipline specific goals
- Adhere to internal, external, legal, regulatory and reimbursement requirements
- Employ language appropriate to population and facility

Quality Assurance and Research

Degree/depth of knowledge required varies by component. Some topics require only conceptual understanding while others require full integration of the component – i.e. able to teach, analyze, and reflect upon.

- Collaborate and contribute to internal audits (PI)
- Develop policies, standard operating procedures, and professional standards
- Support/participate in research efforts
- Optimize resource utilization
- Participate in and review program development and implementation
- Participate in annual competencies and peer review

NANT Professional Collaborative

Chair: Sue Ludwig OTR/L

Members:
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References


