



Ontario Society of  
Occupational Therapists

## **Occupational Therapy in Family Health Teams: Case Vignettes**

Designed to showcase possible roles and contexts for occupational therapy within a Family Health Team, the following case studies are offered as a resource to Family Health Teams. They have been developed with the assumption that clients will potentially develop long-term relationships with an occupational therapist. It is recognized that each Family Health Team will have unique needs depending on their patient roster, geographical context, team make-up and available community-based services. Access to OT services, description of programs and the time to complete each occupational therapy interaction will vary accordingly.

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For more information and additional resources to support the integration of occupational therapists into Ontario’s Family Health Teams contact:

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## Occupational Therapists in Primary Health Care

### Case 1 – Falls Risk

Diagnosis/Background/ General Issue	Issue	OT Assessment	OT Intervention	Outcomes/contribution to FHT
Falls risk	-accessing community activities/services (ie attending church) - meal prep -bathroom safety	- balance assessment - home safety assessment	-recommendation and/or prescription of bathroom equipment -walking aid -attend group falls education class	- prevention of falls and other injuries - decrease potential for hospitalization - increased confidence and positive outlook for client & family re capacity to stay at home
<p>Sophia is an 84 year old woman who lives in her home. She has no family in the city and her only daughter lives 3 hours away.</p> <p><b>Issue:</b> Sophia has difficulty accessing community activities as she no longer drives and is fearful of falling after she slipped on the stairs of her church. She has no safety equipment in her bathroom and at this point does not use any ambulation aids.</p> <p><b>OT Assessment and Intervention:</b> Sophia attended the falls prevention group led by the OT, a two month group that provides both falls education as well as light exercise and balance activities. Prior to starting the group, the OT completed a falls screen (Activities Balance Confidence (ABC) scale), a falls history, a Timed Up and Go (TUG) and a home safety assessment. Sophia purchased a new walker at the Mobility Clinic the OT hosts each month at the FHT with a rotating local vendor.</p> <p><b>Outcomes and benefits to the FHT:</b> Sophia has not had any falls or slips since the group and has returned to community activities. Confidence and personal outlook improved.</p> <p><b>Estimated time:</b> 1-2 hour x 8 (weekly groups), 30-60 minute falls screen, 1-2 hour home assessment, 30-60 minute Mobility Clinic visit.</p> <p>Podsaidlo, D., Richardson, S. (1991). The timed “up and go”: A test of basic functional mobility for frail elderly persons. <i>Journal of the American Geriatric Society</i>, 39, 142-148.</p> <p>Powell, L.E., &amp; Meyers, A.M. (1995). The activities specific balance confidence (ABC) scale. <i>Journal of Gerontology: Medical Sciences</i>, 50A<sub>2</sub>(1), M28-M34.</p>				

**Occupational Therapists in Primary Health Care**  
**Case 2 – ODSP Application**

Diagnosis/Background/ General Issue	Issue	OT Assessment	OT Intervention	Outcomes/contribution to FHT
ODSP application	<ul style="list-style-type: none"> <li>- Funding and housing issues</li> <li>- Sporadic work history</li> </ul>	<ul style="list-style-type: none"> <li>- interview</li> <li>- chart review</li> </ul>	<ul style="list-style-type: none"> <li>- completion of Verification of Disability form</li> </ul>	<ul style="list-style-type: none"> <li>- Off-load work currently being done by physicians (or may be completed by a FHT SW)</li> <li>- may lead to more functional work skills consultation or assessment/development</li> </ul>

Rohit is a 28 year old man who has a mood disorder. He dropped out of high school at age 16 and has been in and out of the workforce.

**Issue:** Rohit was let go from his last job 1 year ago after sporadic attendance. He currently lives with his mom, but wants to move to an apartment of his own and apply for ODSP to ensure financial stability while he looks for a job.

**OT Assessment and Intervention** The OT saw Rohit at the FHT clinic to complete the ODSP Verification of Disability Form and discuss vocational options and supports. The OT provided a list of possible housing options and referred Rohit to a pre-vocational outpatient program. The OT will also help Rohit apply to the Employment Support Program if he is successful with his ODSP application. During the next team meeting the OT discussed Rohit to ensure the team supports him in his search and transition to work.

**Outcomes and Potential Benefits:** Rohit and the OT completed the ODSP application without incurring an additional visit to his physician. At the same time, a relationship that can support exploration and support to return to work options has been established. Rohit is more hopeful about his potential to become more financially and socially independent.

**Estimated time:** 30-60 min (clinic visit), a later follow-up to assist with application for Employment Support Program and counsel Rohit in his job search 30-60 min, Team meeting 10-15 minutes.

## Occupational Therapists in Primary Health Care

### Case 3 - Infant with delays in obtaining milestones

Diagnosis/Background/ General Issue	Issue	OT Assessment	OT Intervention	Outcomes/contribution to FHT
Infant with delays in obtaining milestones	- 11 month old who has difficulties with independent sitting	- Infant screening	- Referral to Children's Treatment Centre for in-depth assessment and early intervention	-Early id of services; potentially reducing the need for future health services -Ensuring appropriate referrals and service utilization; decreased repeat visits

Emma is an 11-month old girl and the only child of Xiomei and Souyi.

**Issue:** Xiomei is concerned because her daughter Emma is not sitting. The other babies in the baby group are sitting, crawling and a few are even taking their first steps.

**OT Assessment and Intervention:** The OT completed a motor screen (Alberta Infant Motor Scale and the Ages and Stages Parent questionnaire) and documented the findings on Emma's chart. Emma scored in the 5<sup>th</sup> percentile for both scales. Based on the scores and the OT's observations of decreased social engagement and interaction Emma is referred to the Children's Treatment Centre, Infant Development Program for a more in-depth evaluation and intervention.

**Outcomes and Potential Benefits:** An early referral was made to the appropriate community service decreasing additional clinic visits and ensuring appropriate service utilization

**Estimated Time:** 1-2 hours.

Bricker, D., & Squires, J. Kaminski, R., & Mounts, L. (1988). The validity, reliability, and cost of parent-completed questionnaire system to evaluate at-risk infants. *Journal of Pediatric Psychology*, 13, 5-68.

Piper, MC., Pinnell, L.E., Darrah, J., Byrne, P.J. & Maguire, T. (1992). Construction and validation of the Alberta Infant Motor Scale (AIMS). *Canadian Journal of Public Health, Suppl 2*, S46-50.

**Occupational Therapists in Primary Health Care**  
**Case 4 - Chronic Disease – diabetes, hypertension**

Diagnosis/Background/ General Issue	Issue	OT Assessment	OT Intervention	Outcomes/contribution to FHT
Chronic Disease – diabetes, hypertension	<ul style="list-style-type: none"> <li>- Decreased activity</li> <li>- Stress</li> <li>- Sleeping</li> <li>- Depression</li> </ul>	- Canadian Occupational Performance Measure	- Chronic disease management program (6 weeks)	- Increase self-management resulting in fewer visits
<p>Ben is a 57 year old man diagnosed with metabolic syndrome; a cluster of medical conditions placing him at high risk for cardiovascular disease and diabetes.</p> <p><b>Issue:</b> Ben has a high stress job in upper management. He is obese and sits for much of the day. He is having difficulties sleeping and reports a low mood.</p> <p><b>OT Assessment and Intervention:</b> The OT used the Canadian Occupational Performance Measure to identify Ben’s occupational performance issues and to determine Ben’s goals for intervention. Ben attended the 6 week Chronic Disease Self-Management Program (peer led) and returned to see the OT for a reassessment 2 weeks after the program and again at 3 months. The OT provided Ben with additional information on managing stress in the workplace</p> <p><b>Outcomes and Potential Benefits:</b> Increased ability to self-manage his diabetes and stress. Weight loss, resulting in lower blood sugar levels.</p> <p><b>Estimated Time:</b> 3 x 30-60 minutes</p> <p>Law, M., Baptiste, S., Carswell, A., McColl, M., Polatajko, H., &amp; Pollock, N. (1991). <i>Canadian Occupational Performance Measure Manual</i>. Toronto, Canada: CAOT Publications.</p>				

## Occupational Therapists in Primary Health Care

### Case 5 – Older Adult

Diagnosis/Background/ General Issue	Issue	OT Assessment	OT Intervention	Outcomes/contribution to FHT
Older Adult	<ul style="list-style-type: none"> <li>- medication management</li> <li>- mild cognitive dysfunction</li> </ul>	<ul style="list-style-type: none"> <li>- Montreal Cognitive Assessment (MoCA)</li> </ul>	<ul style="list-style-type: none"> <li>- set up medication docet with team pharmacist</li> <li>- provide memory strategies and cues</li> <li>- education on signs of dementia progress</li> </ul>	<ul style="list-style-type: none"> <li>- establishment of baseline cognitive dysfunction</li> <li>- adherence to prescribed medication</li> </ul>
<p>Fernando is an 83-year old man who lives with his wife Loraine.</p> <p><b>Issues:</b> Fernando has been sporadically taking his cardiac meds and his wife reports Fernando has been having increasing difficulties with short-term memory.</p> <p><b>OT Assessment and Intervention:</b> The OT completed the MoCA, which revealed very mild cognitive deficits. The OT consulted with the FHT pharmacist and arranged for a medication dossette. The OT provided memory strategies to Fernando and his wife as well as provided information on early warning signs of unsafe driving.</p> <p><b>Outcomes and Potential Benefits:</b> Early identification of mild cognitive deficits and establishment of baseline cognitive screening. Consistent medication management.</p> <p><b>Estimated Time:</b> 30-60 minutes.</p> <p>Nasreddine, Z. S., Phillips, N. A., Bédirian, V., Charbonneau, S., Whitehead, V., Collin, I., Cummings, J.L., &amp; Chertkow, H., (2005) The Montreal Cognitive Assessment, MoCA: A brief screening tool for Mild Cognitive Impairment. <i>Journal of the American Geriatrics Society</i>,53, 695-699</p>				

**Occupational Therapists in Primary Health Care**  
**Case 6 – Older Adult – progressive dementia**

Diagnosis/Background/ General Issue	Issue	OT Assessment	OT Intervention	Outcomes/contribution to FHT
Older Adult – progressive dementia	- driving	- Driver Screen	- recommendations to physician regarding fitness to drive	- evidence based support to physician to communicate to Ministry of Transportation

Roy is an 85 year old man who lives with his wife Joan.

**Issues:** Loraine has noticed some of the warning signs of unsafe driving that were outlined in the handout provided by the OT 2 years ago (poor decisions and requiring Joan’s help to make driving decisions) and the physician has asked to OT to provide her with further information.

**OT Assessment and Intervention:** A driver screen was conducted that included an in-depth cognitive assessment (MoCA, Trails B, clock drawing, Memory assessment, Motor Free Visual Perceptual Test). Based on the results, the OT recommended to the physician that Fernando no longer drive. The OT discussed the impact of this with Fernando and his wife and offered suggestions for coping with his loss of his license. Memory strategies were reviewed again and community supports and resources were provided. At patient rounds the OT discussed the possible need for a future home safety assessment and need for caregiver support in the future.

**Outcomes and Potential Benefits:** Evidence for physician report to Ministry of Transportation. Ongoing monitoring and assessment of cognitive status. Identification of community supports for patient and family. Support to Roy and Joan through transition.

**Estimated Time:** 1-3 hours

Colarusso, M., Hammill, D. (2003). *Motor-Free Visual Perceptual Test*. Third edition. Novator, CA: Academic Therapy Publications.

Fals-Stewart, William (1992). An Interrater Reliability Study of the Trail Making Test (Parts A and B). *Perceptual and Motor Skills*, 74, 39-42.

Nasreddine, Z. S., Phillips, N. A., Bédirian, V., Charbonneau, S., Whitehead, V., Collin, I., Cummings, J.L., & Chertkow, H., (2005) The Montreal Cognitive Assessment, MoCA: A brief screening tool for Mild Cognitive Impairment. *Journal of the American Geriatrics Society*, 53, 695-699.

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### Case 7 – Depression

Diagnosis/Background/ General Issue	Issue	OT Assessment	OT Intervention	Outcomes/contribution to FHT
Depression	- decreased engagement in community activities	Canadian Occupational Performance Measure -Occupational Performance History Interview (OPHI)	- CBT with psychologist/social worker	- reduced visits due to increased self management
<p>Margaret is a 43 year old mother of 3 children aged 16, 19 and 21 and recently diagnosed with depression. She has had past episodes of depression including post-partum depression.</p> <p><b>Issues:</b> Margaret is disengaging from her typical activity and routines.</p> <p><b>OT Assessment and Intervention:</b> An assessment of life roles (Occupational Performance History Interview) that are meaningful to the client reveals Margaret has invested much of her time raising her children, to the detriment of her own leisure and self care. Now that her children are maturing, Margaret is having difficulty coping with her the decreased role she plays as a mother to them The OT works with Margaret to identify activities (Canadian Occupational Performance Measure) she previously enjoyed, assists her in the re-activation of these activities, and adapts them as needed to ensure a sense of accomplishment. Margaret is also referred to the Cognitive Behavioral Therapy group that is co-lead by the OT and social worker to assist her to identify and self manage her tendency for catastrophic thinking when engaging in activity.</p> <p><b>Outcomes and Potential Benefits:</b> Reduced clinic visits due to increased self management of early depression onset.</p> <p><b>Estimated Time:</b> 2 x 30-60 minute clinic appointments, 4 x 1-2 hour groups.</p> <p>Kielhofner, G., &amp; Henry, A. D. (1988). Development and investigation of the Occupational Performance History Interview. <i>American Journal of Occupational Therapy</i>, 42, 489–498.</p> <p>Law, M., Baptiste, S., Carswell, A., McColl, M., Polatajko, H., &amp; Pollock, N. (1991). <i>Canadian Occupational Performance Measure Manual</i>. Toronto, Canada: CAOT Publications.</p>				

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### Case 8 – Spinal Cord Injury

Diagnosis/Background/ General Issue	Issue	OT Assessment	OT Intervention	Outcomes/contribution to FHT
Spinal Cord Injury	- shoulder pain - difficulties with transfers	- transfer assessment	referral to seating specialist for power mobility assessment - transfer equipment recommendation and education -referral to physiotherapy	-increased self management of SCI -reduction of shoulder pain
<p>Jim is a 45 year old male with a L4/5 complete spinal cord injury he sustained in a boating accident 20 years ago. He has been followed by the FHT for the past 13 years.</p> <p><b>Issues:</b> Jim has been largely independent in the past but is now experiencing shoulder pain and difficulty with his transfers in and out of his manual wheelchair.</p> <p><b>OT Assessment and Intervention:</b> The OT refers Jim to see a physiotherapist to increase his shoulder strength. Jim’s transfers are assessed and the OT recommends a slide board to decrease the physical stress on his shoulders. Jim and his wife are educated in its use and Jim states that his shoulders feel better when using the device. The OT then refers Jim to a seating specialist to assess his wheelchair and make recommendations for a power mobility device if appropriate.</p> <p><b>Outcomes and Potential Benefit:</b> Increased self management of SCI, reduction of shoulder pain.</p> <p><b>Estimated time:</b> 1-2 x 45 minute appointments. 2 x 10 minute</p>				

## Occupational Therapists in Primary Health Care

### Case 9 – Chronic Low Back Pain

Diagnosis/Background/ General Issue	Issue	OT Assessment	OT Intervention	Outcomes/contribution to FHT
Chronic Low Back Pain	<ul style="list-style-type: none"> <li>-return to work</li> <li>-chronic low back pain (not covered by WSIB)</li> <li>-multiple chronic pain meds use</li> <li>- decreased activity</li> <li>-depression</li> </ul>	<ul style="list-style-type: none"> <li>- Musculoskeletal evaluation</li> <li>-Canadian Occupational Performance Measure</li> <li>- work site assessment</li> </ul>	<ul style="list-style-type: none"> <li>- design of return to work</li> <li>-communication with employer</li> <li>- pain management strategies</li> <li>- return to work monitoring</li> <li>- refer to chronic pain management</li> </ul>	<ul style="list-style-type: none"> <li>- decreased clinic visits with self-management of pain</li> <li>- decreased meds use</li> <li>-successful return to work</li> </ul>
<p>Alan is a 37 year old man with a history of chronic low back pain and use of multiple pain meds.</p> <p><b>Issue:</b> Alan is on disability leave from his employer and would like to return to work, but is fearful of doing so.</p> <p><b>OT Assessment and Intervention:</b> The OT performs a musculoskeletal assessment in clinic and educates Alan on basic ergonomics and energy conservation techniques. A discussion is had about Alan’s concern of returning to work revealing his “all or none” perception of returning to work. A worksite assessment is scheduled and, after viewing Jim’s workstation, a new chair, keyboard, mouse, and telephone headset are recommended. Additionally, with Alan’s consent, the OT speaks with the employer and sets up a graduated return to work plan spanning the next 8 weeks. Finally, Alan is referred to the chronic pain management group that is co-lead by the OT and psychologist to improve Alan’s self management of his pain and includes topics such as behavioural activation and goal setting, education on pain medications, and education on physical activity in decreasing pain.</p> <p><b>Outcomes and Potential Benefits:</b> Increased self management of back pain, successful return to work.</p> <p><b>Estimated Time:</b> 1 x 45-60 minutes clinic appointment, 2 x 1-2 hour worksite assessment 4 x 1 hour group meetings.</p>				

## Occupational Therapists in Primary Health Care

### Case 10 – Early Palliative Care

Diagnosis/Background/ General Issue	Issue	OT Assessment	OT Intervention	Outcomes/contribution to FHT
Early Palliative Care	-Support for the set up of self managed care	-Occupational Performance History Interview - Musculoskeletal evaluation	- Patient self management education -Consultation with FHT team -Assistive device recommendation	- increased quality of life -better self management of disease
<p>Ellen is a 61 year old woman diagnosed with ALS 3 years ago. Though her disease has steadily progressed, she is still years away from needing a full hospice team. The OT has worked with Ellen since the time of diagnosis and thus far provided a home assessment and recommendations for assistive devices to maintain her independent functioning. Due to her disease progression, she now reports that she is requiring more assistance with transfers, skin care, and bathing than what she and her 65 year old husband can manage alone.</p> <p><b>Issues:</b> Ellen requires support to set up self-managed care.</p> <p><b>OT Assessment and Interventions:</b> Ellen is interviewed by the OT and it is determined that she wants to focus her energy on spending time with loved ones and not on routine activities. The OT then works with the social worker to link Ellen with the necessary self managed care resources in her community. New recommendations are made for a ceiling track lift, and a tilt and recline wheelchair. Ellen is then trained by the OT to direct her support workers in proper transfer, skin care, and bathing techniques.</p> <p><b>Outcomes and Potential Benefits:</b> Increased quality of life, better self management of disease</p> <p><b>Estimated Time:</b> 1 x 30-60 minute clinic interview 1 x 30-60 minute consultation with social worker, 10-15 x 30-60 minute sessions for assistive device assessment, trials, prescription, funding applications and follow-up.</p> <p>Kielhofner, G., &amp; Henry, A. D. (1988). Development and investigation of the Occupational Performance History Interview. <i>American Journal of Occupational Therapy</i>, 42, 489–498.</p>				

## Occupational Therapists in Primary Health Care

### Case 11 - Childhood school and social performance

Diagnosis/Background/ General Issue	Issue	OT Assessment	OT Intervention	Outcomes/contribution to FHT
Childhood school and social performance	<ul style="list-style-type: none"> <li>- Engagement in the classroom and with friends</li> <li>-difficulties with homework</li> <li>-falling behind in reading and math</li> </ul>	<ul style="list-style-type: none"> <li>- School - Assessment of Motor and Process Skills (AMPS)</li> <li>- Canadian Occupational Performance Measures</li> </ul>	<ul style="list-style-type: none"> <li>- classroom and social strategies</li> <li>- referral to school based OT</li> <li>-link with teacher</li> </ul>	<ul style="list-style-type: none"> <li>- appropriate and timely services</li> <li>- early intervention</li> </ul>
<p>Jeremy is 2 months into grade 3 and his mother Meaghan is concerned.</p> <p><b>Issue:</b> Jeremy is having difficulties focusing in the classroom and often drifts off. He has 1 friend he plays with at school, but no one he has really connected with. The teacher has not expressed any great concern but Meaghan can see how difficult his daily homework is for him.</p> <p><b>OT Assessment and Intervention:</b> The OT talks to Jeremy and his mom and uses the COPM to help identify areas that Jeremy feels he is having difficulties with. The results are used to develop goals for Jeremy. The OT administers the School - Assessment of Motor and Process Skills at Jeremy's home and identifies a number of motor and process issues. The OT provides strategies to assist Jeremy with homework, as well as to help him organize and accommodate to the busy class environment and consults with the teacher. The OT suggests a number of appropriate after school activities that will help Jeremy work towards his goals. A referral to school based OT is made.</p> <p><b>Outcomes and Potential Benefits:</b> increased school and social participation, early access to interventions and services to ensure timely strategies are in place.</p> <p><b>Estimated Time:</b> 2x 1-2 hours.</p> <p>Fisher, A.G., &amp; Bryze, K. (1998). <i>School Assessment of Motor and Process Skills</i>. Fort Collins, CO: Three Star Press.</p> <p>Law, M., Baptiste, S., Carswell, A., McColl, M., Polatajko, H., &amp; Pollock, N. (1991). <i>Canadian Occupational Performance Measure Manual</i>. Toronto, Canada: CAOT Publications.</p>				

**Occupational Therapists in Primary Health Care**  
**Case 12 – Childhood School and Physical Performance**

Diagnosis/Background/ General Issue	Issue	OT Assessment	OT Intervention	Outcomes/contribution to FHT
Childhood School and Physical performance	School performance difficulties; clumsiness;	-Movement Assessment Battery for Children -Perceived Efficacy and Goal Setting System	-strategies for home and school implementation -referral to school based OT	-information on motor skills to physician to confirm diagnosis -immediate coping strategies provided to family.
<p>Tony, a 7-year-old boy is brought to the FHT by his mother at the urging of his school.</p> <p><b>Issue:</b> He reads very well and understands material taught, but Tony has great difficulty producing written work, initiating and finishing tasks and participating in gym class. He has trouble sitting still, often bumps into things and other people, and his behaviour is interfering with his academic progress. He avoids physical activity on the playground, and has few friends. There is no evidence of any cognitive delay. He appears to be a healthy, communicative boy who slouches noticeably in his chair. His mother is teary and anxious when describing his continuing difficulties.</p> <p><b>OT Assessment and Intervention:</b> The OT assesses Tony’s fine motor skills, ball skills, and balance using the Movement Assessment Battery for Children (M-ABC). The Perceived Efficacy and Goal Setting System (PEGS) helped identify activities that were a struggle for Tony on a daily basis. Assessment findings were shared with the physician, who used the information as part of the differential diagnosis. The physician and OT met together with Tony’s mother and the physician confirmed the diagnosis of developmental coordination disorder (DCD). The OT provided and reviewed with Tony’s mother a booklet to help her understand and help Tony cope with his DCD (found at: <a href="http://dcd.canchild.ca/en/DCDFAQs/resources/dcdrevised.pdf">http://dcd.canchild.ca/en/DCDFAQs/resources/dcdrevised.pdf</a>) and a resource flyer for her to share with the teacher (found at: <a href="https://icreate3.esolutionsgroup.ca/230561_CanChild_DCD/en/EducationalMaterials/resources/MATCHGrade201-2.pdf">https://icreate3.esolutionsgroup.ca/230561_CanChild_DCD/en/EducationalMaterials/resources/MATCHGrade201-2.pdf</a>).</p> <p><b>Outcomes and Potential Benefits:</b> support to physician to confirm DCD diagnosis; access to interventions and strategies for Tony and his mother. A referral to school based OT is initiated, but with wait times, educational resources may provide teacher with initial strategies.</p> <p><b>Estimated Time:</b> 2 hours total for assessment, interview, documentation that contributes to the diagnosis; 0.5 to 1 hour for joint education session with physician and OT with family.</p> <p>Gaines, R., Missuina, C., Egan, M., &amp; McLean, J. (2008). Educational outreach and collaborative care enhances physician’s perceived knowledge about developmental coordination disorder. <i>BMC Health Services Research</i> 2008, 8:21 doi:10.1186/1472-6963-8-21. Available from: <a href="http://www.biomedcentral.com/1472-6963/8/21">http://www.biomedcentral.com/1472-6963/8/21</a></p> <p>Henderson, S. E., &amp; Sugden, D. A. (2007). <i>Movement Assessment Battery for Children</i> (2<sup>nd</sup> ed.). San Antonio, TX: Pearson Education Inc.</p> <p>Missuina, C., Pollock, N., &amp; Law, M. (2004). <i>Perceived Efficacy and Goal Setting System (PEGS)</i>. San Antonio, TX: Pearson Education Inc.</p>				