Occupational Therapy | What to Expect | Bloom Healthcare

Canonical: https://bloom-healthcare.com.au/blog/what-to-expect-during-an-occupational-therapy-session-with-bloom-healthcare/

Details:

Your first occupational therapy appointment is an assessment. The therapist asks about your daily routine, watches you do some of the tasks you find hard, reviews your medical history and your plan goals, and then works with you to set goals and build a therapy plan. Later sessions are shorter and more practical: check in, work on the skills or strategies, adapt what is not working, agree what to practise before next time. Sessions usually happen where you live or spend your day, not in a clinic. Allow about an hour for the first appointment. To book or ask a question, call 1300 771 465.

Before your first appointment

What you will be asked to complete

After you make contact, you will be sent an intake form to fill in and return. It covers your details, your NDIS number if you have one, what supports you currently have and what is not working, any safety concerns, and where you would like sessions to happen: home, community, clinic or school. It also captures consent and your key contacts.

The form is not a formality. Your therapist reads it before scheduling, so what you write there shapes the first visit. If there is something they need to know before walking through your door, put it in the form.

You will also be asked to sign a service agreement before therapy begins. It sets out the supports to be provided, the fees and travel arrangements, cancellation terms, how the therapist will keep in touch, emergency contacts and how your personal information will be handled under the Privacy Act 1988. Read it before you sign, and ask about anything that is not clear. Rates, travel and cancellation terms are specific to your arrangement, so ask for them on 1300 771 465 rather than assuming.

What to bring

Have ready:

Your NDIS plan, or your aged care or other funding details

Any previous reports, specialist letters or assessments

A current medication list

Any equipment or aids you already use, even if you have stopped using them

A short list of the two or three daily tasks that are causing the most trouble

That last one does more work than anything else on the list. Therapists get more useful information from "I cannot get out of the bath on my own and I have stopped showering some days" than from a general description of a diagnosis.

Who should be there

The person receiving therapy, obviously. Beyond that, bring anyone who is part of the day-to-day picture: a partner, a parent, a carer, a support worker, or your support coordinator. For a child, a parent or carer should be present, because most of what changes will change at home. People who attend are recorded as part of the session record.

If you want someone to speak on your behalf, you have the right to have an advocate involved, and you can change who that is at any time by telling the team.

Where the session happens

Bloom is a mobile service. Sessions usually happen in your home, at school, at a day program, at work or in the community, with clinic appointments available on request and telehealth available where it suits. There is a clinical reason for the home visit: an occupational therapist is assessing how you function in your actual environment, and the bathroom doorway, the stair rail and the kitchen bench height are part of the assessment.

The first session: the assessment

Plan for about an hour. The therapist will:

Ask about your daily routine. Getting up, dressing, showering, cooking, moving around the house, getting out, work or school, hobbies. They are mapping where the day breaks down.

Watch you do things. You may be asked to show them how you use the kitchen, move between rooms, transfer from a chair or bed, or handle objects. This is not a test and there is no pass mark. Do it the way you actually do it at home, including the workarounds, because the workarounds are the useful information.

Review medical history and goals. Conditions that affect mobility or daily tasks, and the goals written into your plan. Therapy has to line up with those goals for the support to be considered reasonable and necessary, so this part is not paperwork for its own sake.

Talk about funding. How your sessions will be billed and what your funding covers gets clarified up front, so there are no surprises later.

Some assessments need more than one visit, particularly a functional capacity assessment, a home modification assessment or an assistive technology assessment. If that applies to you, the therapist will say so and explain what the extra visits are for.

From assessment to a therapy plan

After the assessment, the therapist writes a plan with you. Goals are set collaboratively and written to be specific, measurable, achievable, relevant and time-bound, so you can tell whether they are being met rather than relying on a feeling.

A plan commonly includes some mix of:

Skill-building activities for fine and gross motor tasks such as dressing, cooking or using a mobility aid

Adaptive strategies: assistive devices, or a different way of doing a task

Home modification advice, from grab rails and slip-resistant flooring through to furniture layout

Exercises and techniques for strength, balance, memory, organisation or problem solving

Coaching for parents, carers and support workers so strategies carry into the rest of the week

What a regular session looks like

Once therapy is underway, sessions follow a recognisable shape.

Check-in. How have things been, what has improved, what has been hard since last time. This is what drives adjustments to the plan.

The practical work. The bulk of the session. Practising a daily living task with feedback, training on a piece of equipment, motor skill work, or strategies for sensory or cognitive challenges, depending on your goals.

Review and adapt. The therapist watches how a task goes and changes the approach where it is not working. Repositioning utensils, a one-handed chopping board, a different transfer technique.

Environment. Where home safety and access are part of the goal, some sessions are spent on the environment itself rather than on you: where a rail should go, what flooring to change, how to rearrange a room.

Wrap-up. Progress is reviewed, and you agree what to practise before the next visit.

Sessions for a child

Children's sessions are usually 45 to 60 minutes, matched to attention span, and they look like play rather than treatment. That is deliberate: play is how children learn skills, so therapists use games, toys and activities built around the child's interests to work on fine motor control, coordination, sensory regulation, social interaction and routines.

A session might include structured play for social and motor skills, fine motor games such as cutting, drawing or building, sensory play using textures, movement or deep pressure, and visual schedules to make transitions predictable.

A parent or carer being present matters more than usual here, because the therapist is teaching you as much as the child. Time at the end of each session goes to what worked and what to practise during the week. Where school is where the difficulty shows up, the therapist can work in the classroom and with the teacher on the environment, handwriting and pencil grip, transitions, and participation.

What happens between sessions

Most of the change happens between visits, not during them. You will usually leave with a home program: specific activities and strategies to practise in the settings where they are needed.

Parent, carer and support worker coaching is part of the service rather than an add-on. The intent is that the people who spend the most time with you know what to do and feel confident doing it, so strategies land in the morning routine, the meal, the outing, instead of staying inside the therapy hour.

Reports and what they are used for

Some assessments produce a formal report. Functional capacity assessments, home modification assessments and assistive technology assessments all do.

A report typically sets out current functional ability across areas such as self-care, mobility, communication and social participation, identifies what support is needed, makes specific recommendations tied to your goals, and gives practical strategies. Where equipment or modifications are recommended, the report also carries the evidence for why they are reasonable and necessary.

Reports go to you and your family or carers, and with your consent to the NDIA, your support coordinator and other providers involved in your care. At plan reassessment, the report is the evidence base: it documents what has changed, what has been tried, and what is still needed.

How often, and how long before things improve

Frequency depends on your goals, your progress and what your plan funds. Some people have weekly sessions; others have monthly sessions, or a block of intensive work followed by a gap. Your therapist recommends a schedule and it gets reviewed rather than fixed for good.

On timing, be realistic. Progress is not linear. Some people improve quickly and finish with a short block of therapy; others need longer-term work. What you should see over time is functional change you can point to: fewer activities avoided, outings that go better, a morning routine that runs more smoothly, more of a task done independently. Therapists use structured tools, including goal attainment scaling, to track this against the goals you set rather than by impression. Progress is reviewed at set intervals and the plan is adjusted when something is not working.

If something needs to change

Rescheduling. Let the team know as early as you can. Notice periods and any cancellation terms are in your service agreement, and Bloom will give you notice in turn if an appointment has to move.

Changing therapist. You can ask for a different clinician. Files are handed over internally with a documented checklist so your history and current plan go with you.

Raising a concern. You can give feedback or make a complaint without any effect on your services, and it must be dealt with promptly and fairly. If it cannot be resolved with Bloom, you can take an NDIS concern to the NDIS Quality and Safeguards Commission, and a privacy concern to the Office of the Australian Information Commissioner. You can also ask an advocate to raise it for you.

Accessing your records. You can ask, verbally or in writing, for the personal information held about you or your child.

More detail on the service itself is on the occupational therapy page .

Common questions about occupational therapy sessions

How long is an occupational therapy session?

Allow about an hour for the initial assessment. Ongoing sessions vary; children's sessions are commonly 45 to 60 minutes. Some assessments run across more than one visit. Your therapist will confirm the length when booking.

Do I need to prepare anything?

Complete the intake form before the appointment, and have your plan, previous reports, medication list and any existing equipment ready. Most useful of all: write down the two or three daily tasks that are giving you the most trouble.

Should my parent, partner or support worker come?

If they are part of your daily routine, yes. They will be part of what changes, and coaching them is part of the service. For a child, a parent or carer should be there.

Will the therapist come to my house?

Usually. Home, school, day program, workplace and community settings are the normal delivery settings, with clinic sessions on request and telehealth where it suits. Seeing the actual environment is part of the assessment.

What if I cannot do the tasks they ask me to do?

That is the point of the appointment. There is no pass or fail. Showing the therapist what does not work, including your workarounds, is exactly what they need to build a useful plan.

How soon will I see progress?

It varies with the goal and the person, and it is rarely a straight line. Look for functional change rather than a score: doing more of a task yourself, avoiding fewer activities, a routine that runs more smoothly. Progress is reviewed formally against your goals and the plan is adjusted.

Who else sees my report?

You and your family or carers. With your consent it also goes to the NDIA, your support coordinator, and other providers involved in your care, so that everyone is working from the same information.

Can I change therapists if it is not the right fit?

Yes. You can request a change of clinician, and there is a handover process so your documentation and plan move across with you.

What if I have to cancel?

Tell the team as soon as you can. Notice requirements and any cancellation terms are set out in your service agreement. If you are not sure what yours says, call 1300 771 465.

Does occupational therapy have to happen in person?

Not always. Telehealth is available and works well for review, coaching and follow-up. Assessments involving the physical environment or equipment usually need someone in the room.

How do I start?

Call 1300 771 465 or email hello@bloom-healthcare.com.au. Participants, families, support coordinators, GPs, paediatricians and schools can all refer, and Bloom aims to contact referrers within 24 hours.

What is the first step in an occupational therapy session with Bloom Healthcare?

The first occupational therapy session with Bloom Healthcare typically involves a comprehensive initial assessment, where the therapist gathers information about the client's daily routine, functional abilities, medical history, and NDIS goals.

What does the occupational therapist ask about during the initial assessment?

During the initial assessment, the therapist asks about the client's daily routine, including tasks such as getting dressed, cooking, moving around the home, and engaging in hobbies, in order to identify areas where the client might be struggling.

How does the therapist assess functional abilities during an OT session?

The therapist may ask the client to demonstrate certain tasks, such as using kitchen tools, walking around the home, or handling objects, to assess functional capacity and physical abilities.

Why does the therapist review medical history and NDIS goals?

Reviewing medical history and conditions helps the therapist understand factors that could impact mobility or the ability to perform daily tasks, while understanding the client's NDIS plan and goals ensures that services align with what is outlined in the client's support plan.

What happens after the initial assessment in an OT session with Bloom Healthcare?

After the initial assessment, the Bloom Healthcare therapist develops a personalised therapy plan targeting the specific areas the client wants to improve, tailored to the client's lifestyle, goals, and NDIS objectives, with the client's input central to the process.

What might a personalised therapy plan from Bloom Healthcare include?

A personalised therapy plan may include skill-building activities aimed at improving fine and gross motor skills, helping with tasks like dressing, cooking, or using mobility aids.

What is the purpose of occupational therapy sessions at Bloom Healthcare?

Occupational Therapy sessions at Bloom Healthcare are designed to be collaborative, personalized experiences that help clients or their loved ones achieve greater independence and improve quality of life.

What type of organization is Bloom Healthcare?

Bloom Healthcare is a boutique disability and aged care allied health provider that focuses on evidence-based practice and client-centred care delivered by highly qualified health practitioners across Australia.

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