OCCUPATIONAL THERAPY



Includes:

RECOMMENDED CONSIDERATIONS

PROTOCOL FOR USE

TRACKING FORM

WEARING SCHEDULE



Recommended Considerations for use of WEIGHTED VEST PROTOCOL & TRACKING FORM

- ☑ <u>Permission</u>: The Occupational Therapist should have the permission of child's parent/legal guardian before initiating the use of a weighted vest with child. Documentation of such permission is suggested.
- ☑ <u>Training</u>: The Occupational Therapist should provide thorough training
 to the adult that is placing the child in the vest and monitoring the
 use of the vest. Documentation of such training is suggested.
- Monitor: The Occupational Therapist should advise the adult that is directly monitoring the use of the vest to beware of any negative reactions the child may have. If such occurs the adult should discontinue use of the vest and notify the Occupational Therapist. A weighted vest wearing schedule is provided that can be discreetly posted as a reminder to staff and/or child.
- ☑ <u>Observation</u>: The Occupational Therapist should periodically observe the child while he/she is wearing the vest to ensure that the fit is appropriate, the weight is correct, and the desired results are being achieved.
- ☑ Track Response: The Occupational Therapist should consider instructing the adult to track the child's response to the use of the vest to determine if desired positive effects are being achieved. A tracking form is provided (2 versions).



WEIGHTED VEST Protocol for Use

| STUDENT NAME: | | | DATE OF E | BIRTH: | |
|---|---|---|--|--|--|
| | TEACHER'S NAME: PARENT/CAREGIVER APPROVAL: | | | | |
| OCCUPATIONAL THE | RAPIST'S NAME: | | | | |
| modulation that affect provide a calming effec | s focus and learningt. This input may hild's ability to att | ng. The vest adds sei help a child achieve c tend and engage in o | nsory input known an optimal level of | e difficulty with sensory as proprioception that may arousal for the given task, eighted vests are commonly | |
| How to Use: | | | | | |
| | | | | eir age, weight, and stature. ent in their shoulders, arms, | |
| There are small p hold the small wei | ockets located on ght packs. | the front and back | of the vest. These | pockets are designed to | |
| around unless direThe total weight s | ected to do so by should be approxim currently | Occupational Therap nately 5% of the child | oy. d's total weight. | ease do not move the weights e requires a total of | |
| Wearing Schedu | | | | | |
| It is recommended that | | wear the ve | est at the following f | requency throughout the day: | |
| - | TIME VEST ON | DURATION | TIME VEST OFF | | |
| | | | | _ | |
| | | | | _ | |
| | | | | _ | |
| | | | | _ | |
| ı Setting(s) for l | lne: | | | _ | |
| It is recommended tha | | wear the | vest in the followir | ng setting(s): | |
| Precautions: | | | | | |
| Discontinue use if child additional concerns or | | | | s. Report this and any | |
| ADDITION ALTON | | | | | |

WEIGHTED VEST Inacking Use & Wearing Schedule

| | | LS | | | | |
|-----------------|--------------------------------|-------------------|----------------------|--|--|--|
| TEACHER'S NAME: | | BEHAVIORS/EFFECTS | ATTENTION TO TASK | | | |
| TEACH | | 8 | MOVING/ FIDGETING | | | |
| | | | CALMING | | | |
| DATE OF BIRTH: | | TASK/ | ACTIVITY | | | |
| | 'S NAME: | TIME VEST | 0FF | | | |
| | OCCUPATIONAL THERAPIST'S NAME: | | DUKAI IOIN | | | |
| | OCCUPATIO | TIME VEST | Z 0 | | | |
| STUDENT NAME: | | L | UALE | | | |

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WEIGHTED VEST Fracking Use & Wearing Schedule

| | | | | | | | | | www.ToolsToGrowOT.com |
|------------------|--------------------------------|--------------|----------------------|--|--|--|--|--|---|
| | | CTS | | | | | | | > |
| TEACHER'S NAME:_ | | HAVIORS/EFFE | ATTENTION TO TASK | | | | | | |
| TEAC | | BEI | MOVING/ FIDGETING | | | | | | |
| | | | CALMING | | | | | | |
| DATE OF BIRTH: | | TASK / | ACTIVITY | | | | | | |
| | r's name: | | OFF | | | | | | |
| | OCCUPATIONAL THERAPIST'S NAME: | | DUKAI IUN | | | | | | |
| | OCCUPATI(| TIME VEST | NO | | | | | | All rights reserved. |
| STUDENT NAME: | | L H 4 | DALE | | | | | | Copyright ©2016 Tools to Grow®, Inc. All rights reserved. |



WEIGHTED VEST Wearing Schedule

STUDENT NAME:

| TIME VEST ON | DURATION | TIME VEST OFF |
|--------------|----------|---------------|
| | | |
| | | |
| | | |
| | | |
| | | |



WEIGHTED VEST Wearing Schedule

STUDENT NAME:

| TIME VEST ON | DURATION | TIME VEST OFF |
|--------------|----------|---------------|
| | | |
| | | |
| | | |
| | | |
| | | |



WEIGHTED VEST Wearing Schedule

STUDENT NAME:

| TIME VEST ON | DURATION | TIME VEST OFF |
|--------------|----------|---------------|
| | | |
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