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ISSUE 08

OTAIM MAGAZINE

OCCUPATIONAL THERAPY ADAPTATION MAGAZINE



EMPOWERING INDEPENDENCE THROUGH SKILL

HAMILTON OCCUPATIONAL THERAPY SOLUTIONS

FINDING CONFIDENCE IN THE KITCHEN

ACTIVE HANDS

BREAK THE TRAINING GLASS CEILING: TRUSTED HANDLER

ATHENA HANDLING LTD

TEMPORARY NEEDS STILL REQUIRE CLINICALLY APPROPRIATE SOLUTIONS

CHUNC

ACCESSIBILITY AT ELVEDEN FOREST, CENTER PARCS

PRESSALIT

RETHINKING RESTRAINT: WHEN AN ARM BRACE BRINGS RELIEF IN RETT SYNDROME

RETT UK

SIMON'S SEATING JOURNEY

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A MESSAGE FROM THE EDITOR

STUART BARROW
EDITOR & OCCUPATIONAL THERAPIST

@occupationaltam
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@otam_uk

DEAR READER,

Welcome to Issue 8 of OTAM.

This edition highlights the remarkable difference that innovation, collaboration and person-centred practice continue to make across the occupational therapy profession. From bespoke solutions that enable participation, to specialist equipment that supports rehabilitation and long-term independence, the articles throughout this issue showcase the breadth of expertise that exists within our sector.

We are delighted to feature the work of organisations such as REMAP, whose volunteers create life-changing adaptations when standard equipment is unable to meet an individual's needs. We also explore how Pressalit has helped create an accessible holiday experience at Centre Parcs, demonstrating how thoughtful design can remove barriers and enable families to create lasting memories together.

This issue also examines topics including wheelchair skills training, adaptive kitchen equipment, transitional seating, specialist handling education, and the role of arm bracing in supporting individuals with Rett syndrome. Each article reinforces the importance of clinical reasoning, evidence-informed practice, and a commitment to enabling meaningful occupation.

As always, our goal is to share practical knowledge, showcase innovation, and celebrate the positive impact occupational therapists make every day.

I hope you enjoy this edition.

Stuart

Stuart Barrow
Editor & Occupational Therapist



Stiltz™ HealthCare

Planning Ahead Made Staying at Home Possible

Rosemary Buck has lived in her home for many years, a home filled with memories and familiarity. As her mobility needs changed with age, everyday tasks such as using the stairs, started to become difficult and make her feel unsafe.

After exploring - and dismissing - alternatives, she chose Stiltz Homelifts to future-proof her home. The installation provided a safe and simple way to move between floors when tiredness and aches led to worries about trips and falls.

Today, Rosemary can remain in the home she loves with family memories she holds dear. She has the renewed confidence, comfort and independence she needs, without having to relocate.

Stiltz Offer:

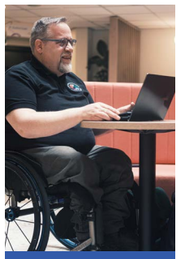
+ Trusted Assessors
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+ Competitive Pricing
+ Full Build & Install Service
+ 24/7 Breakdown Support
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+ Extended Warranty Option
+ Fast Delivery & Installation
+ Large UK-held Inventory



"I wanted something that felt easy to use and worked naturally in the house; this just made sense for me."

To arrange a meeting or to learn more, contact our Trusted Assessors on **01384 880 343** or email us at **enquiries@stiltz.co.uk**

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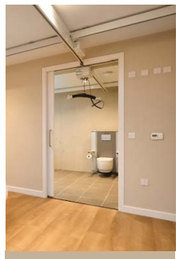
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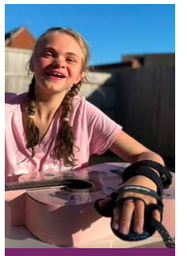
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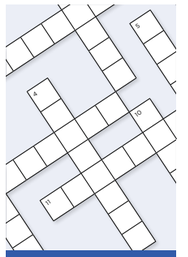


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EMPOWERING INDEPENDENCE THROUGH SKILL

The Services of Hamilton Occupational Therapy Solutions

Hamilton Occupational Therapy Solutions is an independent, North-East-based provider delivering personalised, evidence-based occupational therapy services to individuals, organisations, and professionals across the UK. With a strong emphasis on functional independence, well-being, and accessibility, the service offers a diverse range of interventions tailored to each client's goals, circumstances, and environment.



At the heart of the organisation's offering is a commitment to empowering individuals to participate fully in daily life. This includes support for people managing physical disabilities, mental health challenges, fatigue, and neurodivergent conditions. Services are holistic in nature, combining assessment, intervention, and practical training to enhance independence across home, work, and community settings.

While Hamilton Occupational Therapy Solutions provides a broad suite of services—including workplace and vocational rehabilitation assessments, aids and adaptations advice, wheelchair suitability assessments, mental health therapy sessions, and neurodiversity coping strategies—its most distinctive and impactful service is wheelchair skills training.

Hamilton Occupational Therapy Solutions

WHEELCHAIR SKILLS TRAINING: A CORE SERVICE

Wheelchair skills training sits at the core of the organisation's clinical approach, reflecting both professional expertise and lived experience. Led by an occupational therapist who is also a lifelong wheelchair user, the training is grounded in a deep understanding of the physical, emotional, and environmental challenges faced by wheelchair users.

The programme is designed to build confidence, independence, and safety in wheelchair use—outcomes widely recognised as critical to successful participation in daily life. Evidence-based guidance, such as that highlighted in international wheelchair provision frameworks, emphasises that structured training is essential for enabling safe and efficient wheelchair use and improving overall functional outcomes.

Hamilton Occupational Therapy Solutions' training is highly individualised. Sessions are tailored to the user's current ability level, goals, and contexts, ranging from foundational mobility skills to more advanced techniques. Participants learn essential manoeuvres such as propulsion, turning, and transfers, alongside more complex skills including navigating uneven terrain, negotiating obstacles, and managing public environments.

Flexibility is a key feature of this service. Training can be delivered as an intensive one-day course or as a structured multi-week programme, allowing clients to choose an approach that suits their learning style and pace. This adaptability supports both new wheelchair users and those seeking to refine or expand their existing skills.

A HOLISTIC APPROACH TO OCCUPATIONAL THERAPY

Beyond wheelchair skills training, Hamilton Occupational Therapy Solutions offers comprehensive support designed to address the wider determinants of independence. Workplace assessments and vocational rehabilitation services help individuals return to or remain in employment, while aids and adaptations assessments ensure that home environments are safe and accessible.

Mental health therapy and neurodiversity strategies further extend the service's scope, reflecting an understanding of the interplay between physical, cognitive, and emotional factors in occupational performance. By integrating these services, the organisation provides a cohesive pathway that supports clients in achieving meaningful and sustainable outcomes.

LIVED EXPERIENCE AND CLIENT-CENTRED PRACTICE

A defining feature of Hamilton Occupational Therapy Solutions is its emphasis on lived experience. The service is delivered with empathy and insight, ensuring interventions are not only clinically sound but also grounded in real-world understanding.

This client-centred ethos is evident across all services, with a strong focus on collaboration, goal-setting, and tailoring interventions to the individual. Rather than offering generic programmes, the organisation prioritises bespoke solutions that reflect each client's unique circumstances and aspirations.

CONCLUSION

Hamilton Occupational Therapy Solutions exemplifies a modern, responsive approach to occupational therapy practice. While its range of services is broad, wheelchair skills training stands out as a cornerstone, enabling individuals to enhance their independence, confidence, and participation in daily life. By combining evidence-based practice with lived experience and a personalised approach, the organisation delivers meaningful, empowering outcomes for its clients—making it a valuable contributor to contemporary occupational therapy provision.

TRANSFORM YOUR CLIENT'S LIVES WITH BESPOKE EQUIPMENT

REMAP
making things possible

A tailor-made service that helps your clients achieve independence and pursue their ambitions.

WHY REMAP?

REMAP is a national charity transforming the lives of thousands of disabled people each year. We provide **custom-made equipment and adaptations** designed to meet the unique needs of each individual. Whether it's helping with day-to-day tasks such as mobility, personal care, or eating, or enabling someone to pursue a hobby or ambition, **REMAP steps in where commercial solutions fall short**.

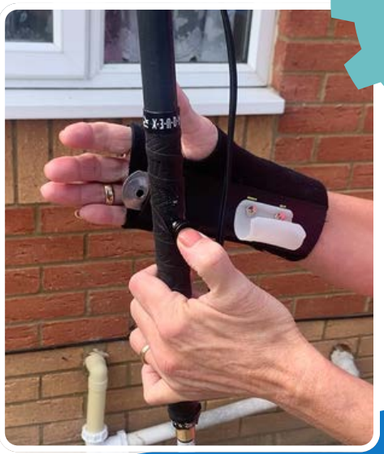
Our network of skilled volunteer engineers design and build each piece specifically for the client following a detailed home visit, often alongside OTs and carers.



MICHELLE'S STORY

Michelle is blind and was recently diagnosed with rheumatoid arthritis. After months of struggling to grip and use her white cane, her OT referred her to REMAP.

Our engineer created an adaptation which securely attaches Michelle's white cane to her hand and wrist, which enables her to use it correctly without putting any pressure on her swollen hand or wrist.



> This adaptation has given me back the security that a blind person needs when venturing into the big wide world.
>
> I am surprised it took me so long to discover REMAP and the amazing work they do, so a big thank you to my Occupational Therapist for enlightening me.
>
> – **Michelle**

OUR PROCESS

1. **REFERRAL**
   Referrals can be made via our encrypted online form. We may contact you or the client for more information.
2. **ASSESSMENT**
   If we can help, the request will be forwarded on to the nearest REMAP Branch. Someone from the Branch will get in touch to arrange an initial visit with the client
3. **SUPPLY**
   Depending on the request, subsequent visits may be needed to test prototypes. The final product will be supplied & fitted.
4. **AFTERCARE**
   Guidance will be provided on use and maintenance. Contact details will be provided in case of any subsequent issues.

FAQs

Who is eligible?
Anyone currently experiencing disability, regardless of age or condition.

Is there a charge?
No—our service is completely free, though donations are welcome.

What if commercial equipment exists?
REMAP only creates bespoke solutions where no suitable commercial option is available. We can adapt existing items with client consent.

Will REMAP seek medical advice?
Yes, we consult referring health professionals where appropriate and have OT volunteers providing guidance across branches.

Are REMAP's solutions insured?
All equipment and work undertaken by REMAP or its volunteers is covered by our Product & Public Liability Insurance, provided it is used in accordance with all supplied instructions.

JOIN US AS A VOLUNTEER OT

We're looking for practicing OTs to join local branches as volunteers. You'll provide advice, assess client needs, and guide our volunteers on bespoke equipment design.

- **Flexible:** Work from home or attend local group meetings.
- **Impactful:** Help people gain independence and pursue their ambitions.
- **Minimal time commitment:** Approx 4 hours a month.

It won't take up much of your time, but it could **change someone's life** forever.



For more information, visit **www.remap.org.uk** or contact **data@remap.org.uk**.

REFER A CLIENT TODAY

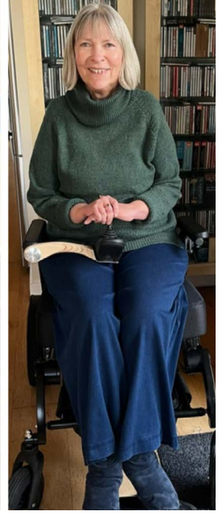
BECOME A VOLUNTEER OT

REMAP
making things possible

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WHEN **STANDARD EQUIPMENT** JUST ISN'T ENOUGH







Wheelchairs and disability aids tend to be one size fits all and more often than not, the very expensive power wheelchair, doesn't quite live up to its promise.

Hazel has post polio syndrome and lives with her husband in Oxfordshire, he used to push her manual wheelchair

"He would always push me slightly beyond the thing I wanted to see. He'd want to look at whatever it was and almost forget about me wanting to look too!

As time has gone on, I've also developed osteoarthritis and I decided I needed an electric wheelchair if I wanted to continue to live my life in the fullest way possible. We spent quite a lot of money on a high-quality chair, which is foldable and portable, can cope with a wide range of terrains, and can go in the car, but because my arms and hands are so weak and don't move very easily, I couldn't use the standard wheelchair joystick positioned at the end of one of the arms. I needed a joystick that was placed centrally, so that I could use both hands, and also the weight of my body to control the chair. However, I soon found that although it was possible to add a central controller to a large heavy-duty powered wheelchair, such a device didn't exist for a small foldable chair. That was when I contacted REMAP.

Neil the volunteer came, he spent a lot of time talking to me, and then he went away and created an attachment with a joystick that we can attach to the wheelchair arm and flip down, so it sits in the middle of the wheelchair, then flip up, so I can get out of the chair. It's simple and clever.

It slots and screws in, when I want it, and then we unscrew it and put it in a bag under the wheelchair when we pack the wheelchair up.

I feel as though I've got my old life back. I'm much more independent, and when we're out I can scoot off and look at the things I want to see!"

He would always push me slightly beyond the thing I wanted to see. He'd want to look at whatever it was and almost forget about me wanting to look too!

REMAP is a charity that provides personalised equipment and adaptations, free of charge for disabled people.

Across the UK, its community of volunteers including engineers, makers and occupational therapists, share their time and practical and technical skills to create and build personalised solutions to help disabled people achieve greater independence.

REMAP steps in where the market stops, the charity does not replicate commercial products - for occupational therapists, this creates an opportunity to move beyond the limitations of standard equipment and explore genuinely personalised solutions.

To make a referral, please visit the online referral form: **www.remap.org.uk/referral-form** or to become a volunteer occupational therapist please email **hello@remap.org.uk**

REMAP
making things possible

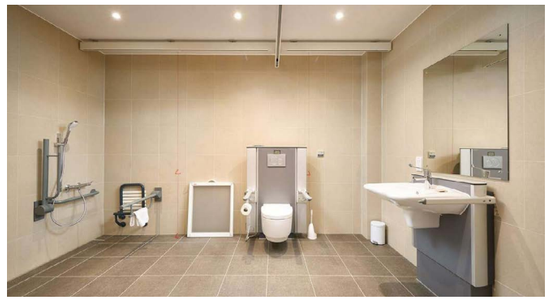
CASE STUDY

ACCESSIBILITY AT ELVEDEN FOREST, CENTER PARCS

CREATING MEMORIES WITHOUT BARRIERS

Nestled within the Elveden Forest near Suffolk, Center Parcs launched a stunning new enhanced family lodge specifically designed for guests with disabilities. A core mission for Center Parcs is to ensure that all guests are treated equally by providing a setting where families can create lasting memories, regardless of their individual needs. For families with disabilities, a holiday can often be a challenge if the facilities aren't equipped with the right assistive technology. This lodge was designed to change that, functioning as a true *"home away from home"* with specialized care at its heart.

We are proud to have contributed to the lodge's high-end accessibility, which includes integrated ceiling track hoists and a sensory area.
The bathroom is fully adapted with our **Pressalit TL2 toilet lifter**, which helps users transition safely between standing and sitting with a 400mm range and a 200kg capacity.
To maximize dignity and independence, the lifter is paired with a **Geberit wash-dry WC** and our **Plus support arms** for added security.









The accessibility is further enhanced by our **Select height-adjustable basin lifter**, which ensures the bathroom remains functional for the entire family; it can be easily lowered for seated users or raised for ambulant family members, while the **Matrix Curve washbasin** provides a comfortable and ergonomic design to lean into.

Beyond the lodge itself, the Elveden Forest village also features two Changing Places toilets, ensuring that families can enjoy all the park's facilities without worrying about basic needs.

At Pressalit, we are proud to collaborate with such an innovative company and to see our products making a difference in beautifully designed facilities for people with complex needs who require extra support.

PRESSALIT®

FINDING CONFIDENCE IN THE KITCHEN



BY ROB SMITH
Director of Active Hands and the designer of our gripping aids

One of the most impactful areas of focus for occupational therapy is tasks around eating and drinking. These tasks of daily living are widely accepted as key indicators of both physical and cognitive abilities and can unlock a huge range of benefits for individuals with disabilities.

Active Hands are passionate about equipping individuals to succeed in the kitchen. After twenty years of creating gripping aids to support users with reduced hand function, their range of kitchen equipment has worked alongside children developing their life skills, adults cooking for their families and professionals working in the kitchen.

When rehabilitating from a complex diagnosis, Georgia discovered the Small Item Aid. Using it to hold cutlery meant Georgia was able to eat meals alongside friends and family again and this gave her a huge confidence boost.







When Ian was diagnosed with FND, his medical team encouraged him to explore a passion for cooking. With the right tools, and the right mindset, now Ian not only cooks for his family, but has built an incredible cooking community. He delivers workshops all over the UK and has even published a book.

Ian Taverner
Mr Cookfulness

When talking about the adaptive equipment he uses, Ian explains,

> *"To have that assistance and feel safe as well as comfortable, and productive; it's just, Hallelujah!"*

For Ian, and many others, the role that professionals played in encouraging him back to the kitchen was life-changing. Active Hands are very keen to support therapists to identify the best ways to support and equip their clients with feeding and cooking. To do this, they have produced a free CPD module. **'Enabling Confidence and Independence in the Kitchen'** is an online presentation, available to all.

Over 45 minutes, it explores case studies, benefits and barriers and the very best adaptive kitchen equipment. The course meets the HCPC requirements and all viewers can receive a certificate of attendance for their CPD records. Head to **www.activehands.com** and click on the **'professionals'** section to find the module.



www.activehands.com

BREAK THE TRAINING GLASS CEILING: TRUSTED HANDLER

INTRODUCING JOHN CALLAS

John Callas is an occupational therapist with almost a quarter of a century 25 years of experience dedicated to improving care practices in community settings.



WHY CURRENT TRAINING FALLS SHORT

In my 25 years as an Occupational Therapist, I have seen significant progress, but also repeated mistakes—particularly in workforce planning and in how we support OTs with Moving and Handling training.

Too often, training feels like something to endure: death by PowerPoint in rooms led by trainers who have never done the job or carried responsibility for the decisions being made. When questions are asked, the answer is often, "Speak to your OT." The irony is not lost on me, yet as a profession we continue to send colleagues to the same training.



A MODEL THAT HAS NOT KEPT PACE

This cycle is repetitive and limits growth and learning. In my years of practice, Moving and Handling training has changed very little, despite wider recognition that hoisting does not always require two people.

The same model persists: showing people how to do something without helping them understand why. Historically, this may have been less problematic, but society has changed significantly. Since the 2020 pandemic, the way Occupational Therapists work has shifted radically.

In the NHS, the move toward discharge-to-assess has placed greater emphasis on rapid decision-making, with reduced scope for rehabilitation. In 2024 the UK government formally ratify D2A protocols across the NHS, despite the infrastructure to support it. Why does this matter?

THE LOSS OF CLINICAL REASONING

Historically, ward-based work—personal care, kitchen, stair, and home assessments—taught us how the human body functions with impairment and how best to support it. That opportunity to learn has been greatly reduced by NHS pressures to discharge people quickly.

From a functional perspective, safe hospital discharge and the over-prescription of care remain persistent challenges. Yet many train-the-trainer and Moving and Handling formats now focus on techniques, equipment use, and what equipment can do, rather than why it is needed.

We once learned that "why" on hospital wards and developed it over time into expertise and skill. Now, too often, this has been replaced by polished equipment training and increasing dependence on equipment.

WHAT THIS LOOKS LIKE IN PRACTICE

A question I often see on Teams threads illustrates this cultural shift: *"Is this stand aid compatible with…?"* Colleagues may then suggest alternative stand aids without first asking about the client's presentation.

I am often handed cases where several stand aids have been tried without success and with no documented rationale. I do not blame colleagues; they have been trained to understand that a stand aid can help a carer stand someone.

The same issue appears in limited explanations for hoisting, where the justification is simply "not safe" with no further detail. As a profession—and as the profession the community looks to for guidance on Moving and Handling—we need more.

CONTACT US AT:

Athenahandlingltd@outlook.com

to book your place or to talk about how we can deliver training to your team.

Introducing the Community Handling Certificate-Trusted Handler

With this in mind, I developed the Community Handling Certificate, drawing on 25 years of practice, reflection, and lessons learned.

The certificate goes beyond "where to stand," quick tips, or simply knowing how equipment works. It is designed to strengthen clinical reasoning by helping practitioners understand:

- why a person needs support to stand;
- whether one or two people are required;
- when a stand aid is insufficient or unsafe;
- how to explain clearly when hoisting becomes the safer option, as well as so much more!

It combines practical kinesiology, biomechanics, and anatomy with a psychosocial foundation and relevant legal frameworks. Developed by an experienced, practising Occupational Therapist, it is grounded in real-world practice.

The aim is to make decision-making clearer for clients, families, carers, and other stakeholders, while cultivating deeper, lasting knowledge for health professional and care supervisors.

UPCOMING DATES 2026

- ~~Monday 13th & Tuesday 14th July~~ SOLD OUT
- ~~Thursday 20th & Friday 21st August~~ SOLD OUT
- Thursday 10th & Friday 11th September
- Monday 14th & Tuesday 15th September
- Thursday 8th & Friday 9th October
- ~~Monday 26th & Tuesday 27th October~~ SOLD OUT
- Thursday 12th & Friday 13th November
- Monday 23rd & Tuesday 24th November
- Thursday 10th & Friday 11th December
- Monday 14th & Tuesday 15th December

TEMPORARY NEEDS STILL REQUIRE CLINICALLY APPROPRIATE SOLUTIONS



Supporting posture, function and participation during periods of surgery, trauma and rehabilitation.

For many children and young people, orthopaedic surgery, spinal correction or traumatic injury results in a temporary but significant change in mobility. During recovery, activities that were once routine - sitting for meals, travelling to appointments or returning to school - can suddenly become difficult or impossible without appropriate support.

Some children require specialist seating for the first time as part of their recovery. Others already have complex postural management programmes in place, but surgery temporarily changes their positioning requirements, making their existing equipment unsuitable until rehabilitation is complete.

While these needs may only exist for weeks or months, they remain clinically important. Maintaining posture, supporting function and enabling participation throughout recovery can influence comfort, independence and continuity of rehabilitation.

Unfortunately, these transitional periods do not always fit neatly within established equipment pathways. As a result, clinicians are often faced with finding practical solutions that bridge the gap between hospital discharge and a return to long-term seating provision.

THE CLINICAL IMPORTANCE OF TRANSITIONAL SEATING

Specialist transitional seating is about far more than providing somewhere to sit. It can help maintain the therapeutic goals established before surgery while supporting recovery in everyday environments.

Appropriate seating during rehabilitation can help to:

- Maintain postural alignment during periods of reduced mobility
- Support pressure management and comfort
- Enable participation at home, school and in the community
- Reduce physical demands on parents and carers
- Promote confidence during rehabilitation
- Support continuity of established postural management strategies

As recovery progresses, seating requirements often change. Having access to equipment that accommodates temporary clinical needs can help clinicians respond appropriately without compromising long-term rehabilitation goals.

WHEN TRANSITIONAL NEEDS ARE NOT ADDRESSED

Without suitable seating during recovery, chair users may encounter a range of challenges that extend beyond mobility alone.

These can include:

- Reduced participation in education and daily activities
- Increased fatigue and discomfort
- Greater reliance on carers for positioning and transfers
- Disruption to established postural management programmes
- Delays in rehabilitation progression
- Reduced confidence returning to everyday routines.

Although transitional needs are temporary, the impact of inadequate support can be significant for both the young person and their family.

A TRANSITIONAL CARE PATHWAY

Effective transitional seating should support the entire rehabilitation journey rather than simply providing short-term equipment.

1. Clinical Need
2. Assessment of posture, function and environment
3. Provision of appropriate transitional seating
4. Continuity of rehabilitation
5. Return to everyday function

Considering posture, functional goals and environmental factors together allows clinicians to select solutions that support recovery while fitting naturally into home, school and community settings.

POSTURE, FUNCTION AND ENVIRONMENT

Successful transitional seating balances three key considerations.

POSTURE

Maintaining appropriate alignment and positioning helps support comfort, pressure management and therapeutic outcomes throughout recovery.

FUNCTION

The right seating solution enables participation in education, therapy sessions, family life and everyday activities during rehabilitation.

ENVIRONMENT

Equipment must work in the environments where recovery actually happens—not only within hospital settings, but also at home, in school and during transport.

OXYGEN SATURATION IMPROVED FROM

87%

↓

97%

CASE EXAMPLE

Following discharge from intensive care after complex spinal surgery, LJ required an urgent specialist seating assessment. She remained medically fragile, was oxygen-dependent, and struggled to tolerate supported positioning. Within minutes of being appropriately positioned, LJ's oxygen saturation improved from **87% to 97%**. She also appeared noticeably calmer, more comfortable and better able to tolerate sitting, enabling her rehabilitation to continue with greater confidence while supporting her transition from hospital to home.

LEARN MORE AT OTAC®

OTAC®
OCCUPATIONAL THERAPY ADAPTATION CONFERENCE

Bridging the Gap: A Transitional Care Pathway for Young People Following Surgery and Trauma

This 30-minute educational seminar explores the practical and clinical considerations surrounding transitional seating provision for children and young people recovering from surgery or trauma.

TOPICS INCLUDE:

- Identifying transitional seating needs
- Supporting posture, function and environmental suitability
- Maintaining rehabilitation continuity
- Preventing disruption to established postural management plans
- Practical referral considerations.



Join us at **OTAC® Cardiff** or **OTAC® London** to discuss how transitional seating can help bridge the gap between hospital discharge and a return to everyday life.

FIND OUT MORE

LEARN MORE
Download our Clinical Overview

REFERRAL GUIDANCE
Find out who may benefit from transitional seating

BOOK A DISCUSSION
Arrange a conversation with one of our Seating Specialists

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RETHINKING RESTRAINT: WHEN AN ARM BRACE BRINGS RELIEF IN RETT SYNDROME



BY RHONA CARMICHAEL

Occupational Therapy Team Lead, Scottish Centre for Children with Motor Impairments (Craighalbert) **Rhona@craighalbert.org.uk**



Elbow splints are often viewed with caution as a form of physical restraint, but for individuals with Rett syndrome, clinical evidence and cross-sector guidance consistently identify carefully prescribed arm bracing as a tool that can reduce distressing hand stereotypies, preserve function, and open the door to greater participation.

When the word "restraint" enters a clinical conversation, it rightly invites scrutiny. But as Occupational Therapists, we know that context is everything, and in Rett syndrome, the context changes the conversation entirely.

Rett syndrome is a rare, severe neurodevelopmental condition affecting predominantly females. Among its most characteristic features are persistent hand stereotypies: repetitive, involuntary hand-wringing, mouthing and squeezing movements that can dominate a child's waking hours. Far from being a minor behavioural quirk, these stereotypies carry real clinical consequence, and addressing them thoughtfully is central to good OT practice in this population.

The hand stereotypies can become so overriding that the child is unable to focus on any other activity, disrupting learning, engagement, and play. Addressing this is not about restriction; it is about an opportunity to enhance participation.

WHAT THE GUIDELINES SAY

Arm splinting in Rett syndrome is not an experimental or fringe approach; it is endorsed across multiple authoritative cross-sector guidance documents. The *Consensus Guidelines on Managing Rett Syndrome Across the Lifespan (Fu et al., 2020)*, developed through a modified Delphi process involving clinicians, researchers and family representatives, explicitly recommend that Occupational Therapists consider prescribing splints on elbows or hands to prevent skin breakdown from mouthing and to address hand stereotypies. *The International Rett Syndrome Foundation's Comprehensive Care Guidelines (2024)* similarly state that use of elbow splints or hand guards can help constrain repetitive movements and may improve purposeful hand use. *Rett UK's (2013) national best practice management and care guideline*s also note the use of elbow splints, stating that a light elbow splint may be used to prevent injury with minimal interference. The guidelines note that consideration can also be given to the use of gentle hand holds to support performance during a task.

This convergence across clinical guidance documents provides a firm foundation for clinicians considering this intervention, and strengthens the case when explaining it to families, educators, and safeguarding leads.





WHY HAND STEREOTYPIES MATTER CLINICALLY

The hand-wringing seen in Rett syndrome is not simply disruptive to learning; it also poses progressive musculoskeletal risk. The postures assumed during wringing place sustained stress on the elbow and shoulder, with a well-documented risk of loss of passive range of motion, particularly at the elbow (extension) and through shoulder protraction. Over time, this can compound the known spinal risks associated with Rett syndrome, including kyphosis and scoliosis. Research has shown that joint contractures of the upper limbs are present in approximately half of individuals with the condition, with skin injuries affecting around four in ten *(Hirano et al., 2018)*.

Skin integrity is another concern: repeated hand-wringing and mouthing can compromise the skin on the hands. And critically, anxiety and uncertainty are known to intensify stereotypy behaviour, meaning that environments which are unpredictable, or where communication needs are unmet, may inadvertently increase the very movements clinicians are hoping to manage.

THE RESEARCH EVIDENCE

The primary studies underpinning these recommendations have consistently reported positive outcomes. *Aron (1990)* studied eight patients and found increased socialisation, increased interaction with the environment, and decreased hand-to-mouth and hand-wringing behaviour following elbow splinting. *Sharpe (1992)* published an important OT-authored study in the American Journal of Occupational Therapy comparing bilateral hand splints with an elbow orthosis, finding that the elbow orthosis reduced stereotypic movements and led to a corresponding increase in toy contact, while hand splints alone had no obvious treatment effect. *Tuten and Miedaner (1989)* replicated earlier findings of reduced stereotypic hand behaviour with splinting in a different clinical setting. *Bumin et al. (2002)* also demonstrated reductions in stereotypy duration following splint application across all subjects studied.

It is important, in the interests of balance, to note that findings across this body of research are not uniformly positive. *Naganuma and Billingsley (1988)*, in an earlier study of three girls with Rett syndrome, found a more mixed picture of hand splint effectiveness on stereotypic behaviour than the studies above. This does not undermine the overall evidence base, but it is a reminder that response to splinting varies by individual, by splint type (hand versus elbow), and by outcome measured, and it reinforces why a supervised, individually monitored trial matters more than a blanket assumption of effect.

A note on the evidence base: it is important to be transparent that the primary studies in this area are typically small in scale, often single-subject or case series designs involving between two and eight participants. This is common across research into rare conditions, where the population size necessarily limits the feasibility of large randomised controlled trials. A number of them are also many years old. The consistency of positive findings across independently conducted studies spanning several decades, as concluded in a scoping review by *Lim et al. (2020)*,



alongside endorsement in multiple cross-sector consensus guidelines, in my clinical view provides a meaningful cumulative evidence base, but clinicians should apply findings with appropriate clinical reasoning, individual assessment, and monitoring, rather than assuming a uniform approach.

A FRAMEWORK FOR ASSESSMENT AND PRESCRIPTION

Any use of an elbow splint in this context should sit within a robust OT-led assessment framework. This includes evaluation of upper limb function, reach, and the consistency of any volitional movement across positions and times of day; fatigue and autonomic profiling (Rett syndrome involves significant autonomic dysregulation affecting motor availability); postural support and seating; and a supervised trial with close monitoring to establish impact and develop a documented prescription. If the splint promotes function and brings relief, this informs a clearly communicated plan shared across the wider team.

Practice point: Splinting in Rett syndrome should always be considered alongside, not instead of, alternative access assessment. Eye gaze technology and other AAC approaches that reduce upper limb motor demands remain central to enabling communication and participation.

ARM BRACING IN RETT SYNDROME FROM THE PERSPECTIVE OF A PARENT





BY KATE MCMASTER

(Mum to Kim)

One of the first true symptoms of Rett Syndrome that we noticed in our daughter started to happen during the period of her diagnosis. The need to have her hands together and the gradual but fast decline in the functional use of her hands. This led quickly to her being unable to use her hands to play, pick up items and feed herself. Truly devastating to see and feeling unable to help in any way. We asked a neurologist what would happen if we physically stopped her from doing this and the response was *"well, her legs would probably start doing something similar"* ...many years down the line I think this is probably untrue but stopping her from doing it pretty much full time would most certainly have been restraint!

Our first experience of arm bracing was when she was very young, and this was to try to help her retain some function. I wasn't keen on the traditional arm brace which had metal inserts and kept the arm rigidly straight although it did the job, I felt it was a bit too much. We found another brace which was softer and used varying thicknesses of plastic insert in one place at the elbow which appeared softer and still allowed a little movement.
It's not just about functional hand use although it would have been great to have maintained some of that. Our daughters hand use almost went overnight. For my daughter handwringing starts a cycle of dysregulation which leads to constant hand to mouth movements, increased drooling which then affects the skin and seems to make her breatholding worse. This leaves her trapped in a cycle she cannot get out of causing anxiety and we feel can then lead to a seizure sometimes.

Her hands can lock so tightly together it is hard to get them apart: goodness knows what this is doing to her finger joints. It also worsens her posture seeing her curl in towards her hands to get them to her mouth. We slip one or two arm braces on her and this seems to stop the cycle, giving her huge relief, which is the most important benefit. She instantly calms down and the cycle is broken. She has never protested to having this put on. For us as parents it makes carrying out tasks much easier. Feeding her with an arm gently braced is a relaxing enjoyable experience for her, instead of her bringing her hands up to her mouth, which interrupts her eating and makes a terrible mess! Other examples where it has helped is in therapy, such as riding, hippotherapy, swimming and using some equipment.

As a family the arm brace has become an intermittent tool which just makes life a little easier and I wouldn't hesitate in recommending to anyone with Rett Syndrome.

REFRAMING THE CONVERSATION WITH FAMILIES AND TEAMS

One of the most important roles OTs play in this area is communication. Families, educators, and care staff who encounter a splint without context may reasonably raise concerns. Our role is to provide that context: to explain the nature of the stereotypies, the involuntary and distressing quality they can have, the endorsement of this approach in published consensus guidance, and the evidence, with its appropriate caveats, that supports its use.

When a device that might look like restraint is understood as a tool that interrupts an involuntary compulsion, and that the child's response is often one of relief, the clinical rationale becomes accessible to everyone around that child. That shared understanding is what makes consistent, ethical, and effective use possible.

A PERSONAL REFLECTION: PRESERVING FUNCTION, ENABLING PARTICIPATION

From a personal perspective, I still remember the first time I worked with a child with Rett syndrome. By sheer luck of timing, I was afforded the opportunity to hear from both clinicians and families at a Rett UK event, in which the use of arm braces was discussed. Emboldened by information from those closest to the condition, a supportive manager with whom to discuss clinical justification, and a family keen to try what could support a child to continue to feed themselves, we achieved just that with the use of an arm brace, preserving function, enabling participation, and a very quiet but noticeable sigh of relief.

KEY READS

- Rett Disorders Alliance Health checklist
- Rett Uk: Rett syndrome National Best Practice Management & Care Guidelines
- Rett Syndrome Communication Guidelines

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TRI-CHAIR THREE OVERVIEW



Tri-Chair Three is a highly adjustable seating system providing exceptional postural support and pressure care management

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Tri-Chair Three is highly durable, lightweight and fitted with directional lock castors to improve mobility. The chair has been designed to be used with most hoisted and stand aids to ease transfers into and out of the chair.

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- **Specialist Treatment Facilities**
- **Domestic Home Environments**

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- **Users with complex sitting postures and requiring high level pressure care management**
- **Adults with unconventional body shape including Scoliosis, Kyphosis, Lordosis and contractures**
- **For stroke care**
- **For acquired brain injury care**
- **For those with Cerebral Palsy**









Tri-Chair From Channel Healthcare

SIMON'S SEATING JOURNEY



ABOUT SIMON

Can you tell us a bit about Simon as a person – what is he like day-to-day?

Simon is someone who brings a positive mental attitude to each day, no matter what challenges he's facing. Day-to-day, he's resilient, good-humoured, and quietly determined. He approaches life with a sense of pragmatism but also a warmth that makes him easy to be around.

How would you describe Simon's personality and outlook on life?

Simon has an incredibly strong and positive outlook on life. He meets obstacles with patience and persistence. His personal & military background has instilled in him a sense of discipline, but it's his optimism and humour that really define his personality.





What are some things Simon enjoys or values most in his life?

Simon values independence, connection with others, and maintaining a sense of purpose. He enjoys meaningful conversations, staying engaged with the world around him, Leeds united in particular and finding enjoyment in the small, everyday moments.

How has Simon's background in the Royal Air Force Regiment shaped the way he approaches challenges today?

His time in the Royal Air Force Regiment has had a lasting impact. It's given him mental resilience, discipline, and the ability to stay calm under pressure. He approaches challenges methodically and with determination, always looking for solutions rather than dwelling on difficulties.

SIMON'S JOURNEY WITH MS

When was Simon first diagnosed with MS, and how has his journey been since then?

Simon was diagnosed when he was 36 years old and his journey has been one of gradual change and adaptation. While the condition has progressed over time, he has consistently met each stage with a positive mental attitude and a willingness to adjust.

What have been some of the biggest challenges Simon has faced as his condition has progressed?

The biggest challenges have been around mobility, fatigue, and maintaining comfort, particularly as his physical abilities have declined. Loss of independence in certain areas has also been difficult, but Simon has approached these changes with resilience.

How has Simon adapted to those challenges?

Simon has adapted by working closely with his support network and clinical team, embracing equipment and strategies that help maintain his comfort and independence. He remains open-minded and proactive about finding solutions.

What has impressed you most about the way Simon deals with his condition?

What stands out most is his unwavering positivity. Even on difficult days, Simon maintains a calm and determined outlook. He doesn't let his condition define him, and he continues to face each challenge with strength and dignity.





DAILY LIFE AND MOBILITY

What does a typical day look like for Simon at the moment?

A typical day involves structured support with daily activities, alongside time spent engaging with others and enjoying moments of rest and comfort. Simon maintains a routine that supports both his physical needs and mental wellbeing.

What mobility or comfort challenges has Simon experienced over time?

Over time, Simon has experienced increasing difficulty with posture, pressure management, and maintaining comfort for extended periods. These challenges have required careful monitoring and ongoing adjustments.

How have these challenges affected his independence or quality of life?

While these challenges have impacted his independence, With the right support and equipment, he is still able to maintain a good quality of life and stay engaged.



THE CLINICAL ASSESSMENT JOURNEY

Can you describe when the team first became involved with Simon's care?

The OT Sophie introduced the team who became involved as Simon's needs became more complex, particularly around posture, pressure care, and overall comfort.

What were the initial concerns regarding pressure care and sleep?

There were concerns about pressure management, skin integrity, and whether his current setup was providing adequate support during both the day and night.

How did the pressure mapping assessment change the team's understanding of Simon's needs?

What led to the decision that a sleep system wasn't the best option in Simon's case?

Tri-Chair MODULAR SEATING

EQUIPMENT AND SOLUTIONS

What improvements were made by reviewing the existing pressure care

What is the goal of the T3 chair solution currently being developed?

The goal of the T3 chair solution is to provide optimal postural support, enhance comfort, and enable Simon to spend time in a well-supported seated position.

How will the head and chin support help Simon specifically?

The head and chin support will help maintain a safe and comfortable head position, reducing fatigue and improving his ability to interact and communicate more effectively.

What difference do you expect this solution to make to Simon's comfort, positioning, or communication?

This solution is expected to significantly improve Simon's comfort and stability, while also supporting better communication and engagement by positioning him more effectively. his condition define him, and he continues to face each challenge with strength and dignity.

THE HUMAN IMPACT

What difference has the support from the clinical team made to Simon and those around him?

The support will hopefully make a meaningful difference, providing reassurance, practical solutions, and improved comfort for Simon.

What stands out most about Simon's resilience throughout this journey? Is there a story or moment that really shows Simon's determination or humour?

What stands out most is Simon's ability to stay positive, even in difficult moments. There are times when, despite discomfort or frustration, he responds with humour or a quiet determination to carry on. It's this mindset—his positive mental attitude—that continues to inspire everyone around him.



CASE STUDY

SUNSHINE COTTAGES DFG HOME ADAPTION

The Ultraframe hup! System was chosen as it represented the most economically advantageous construction method for this adaptation. Compared with a traditional masonry extension, the system offers substantial cost savings through reduced labour requirements, faster installation, lower site overheads, and improved construction efficiency. As the components are manufactured off-site to precise specifications, material waste and programme delays are minimised, providing greater cost certainty throughout the build. The use of the hup! System therefore ensured that the adaptation could be delivered in a financially responsible manner, achieving the required functional and accessibility outcomes while demonstrating value for money in the use of Disabled Facilities Grant funding.



IN PARTNERSHIP WITH BCC ADAPTATIONS

Delivered alongside **BCC Adaptations**, specialists in home adaptations for private clients and local authorities across Hertfordshire, the project transformed a traditional property into a more practical, inclusive, and comfortable living environment.

The homeowner required additional ground floor accommodation that would improve accessibility while maintaining a high standard of design and usability. The brief called for a spacious, accessible bedroom, a fully equipped wet room, and a layout that would enhance the overall flow of the home. The design also needed to maximise the available footprint of the property, working within tight site constraints while ensuring minimal disruption throughout the build process.



MINIMISING DISRUPTION

A key advantage of the hup! system is its ability to reduce disruption during construction. The structure is precision-engineered and manufactured offsite before being delivered pre-cut and ready for installation.

This approach significantly reduces on-site waste, mess, and the overall impact on the homeowner's daily life. It also helps to minimise disturbance to the surrounding garden and neighbouring properties, making it particularly well suited to occupied homes.

PERFORMANCE & PEACE OF MIND

hup! delivers robust performance that homeowners can rely on long after the build is complete. The system is fully compliant with UK Building Regulations and has been rigorously tested for structural strength, fire performance, and durability.

Its advanced thermal efficiency contributes to a more comfortable living environment while helping to reduce ongoing energy costs, supporting long-term sustainability and value.



BESPOKE L-SHAPED EXTENSION

To meet these requirements, hup! delivered a bespoke L-shaped home extension to the rear and side of the property, adding approximately 22 square metres of accessible living space. The design features a contemporary flat roof with a skylight, allowing natural light to flood the interior and create a bright, welcoming environment.

Externally, the extension combines durable, low-maintenance finishes including Hardie® plank cladding and the hup! brick slip system, enabling the new space to integrate seamlessly with the existing home while offering long-term performance.



COST EFFICIENCY

The project also highlights the cost efficiency of hup! compared to traditional construction methods. By streamlining the build process and reducing reliance on extensive on-site labour, the system enables significant savings without compromising on quality or finish.

The provision of a fixed quotation ensured cost certainty from the outset, giving the client confidence and control throughout the project.

ACCESSIBLE, COMFORTABLE & FUTURE-READY

The completed extension has transformed Sunshine Cottages into a more accessible, comfortable, and future-ready home.

By combining thoughtful design with the efficiency and reliability of hup!, the project delivers a long-term solution that meets the immediate needs of the homeowner while enhancing the overall usability and value of the property.

AN ENVIRONMENTAL CONTROL POEM

By Laura Moore

Press a button and **freedom** is unfurled.
Touch a screen and **connect** to the world.
Using a switch, there is no need to ask
Somebody else to complete the task.
Technology enables me to **control** my space,
My comfort, my needs, my homely place.
The once impossible, is now achievable for me
My life has expanded by using EC
Environmental Controls have given me a **voice,**
Dignity, confidence, empowerment and **choice.**
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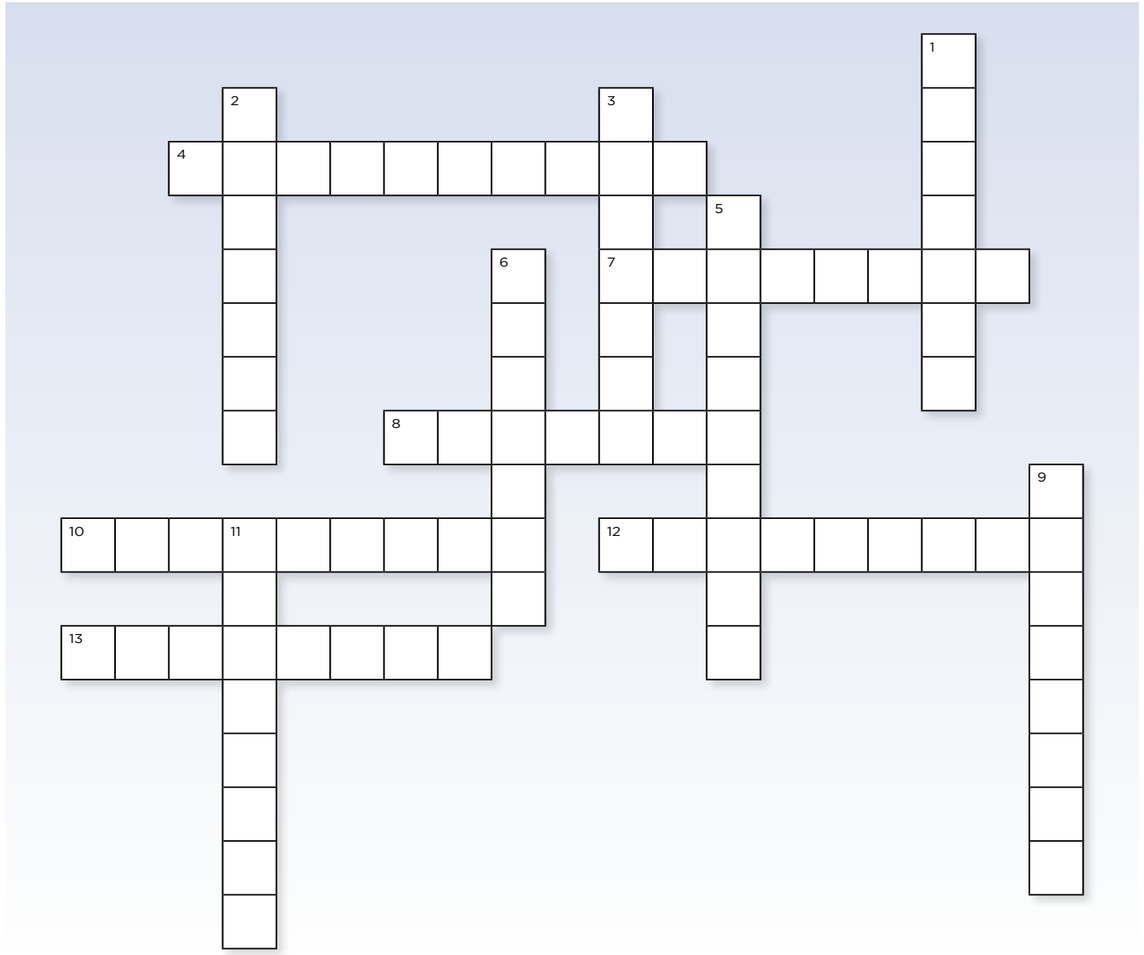
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OT TERMS FOR SEATING CROSSWORD

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ACROSS →

4). The action of gripping and releasing the push-rims
7). Using both arms evenly to travel in a straight line
8). Technique used to lift front castors over small obstacles
10). The safest way to approach a curb before going down with a helper
12). Skill needed to navigate narrow doorways
13). Technique for pushing up a ramp efficiently

DOWN ↓

1). Keeping the chair steady when reaching sideways
2). Essential skill for safely descending a steep slope
3). Adjusting speed to stay stable on uneven ground
5). Technique used to safely navigate across a side-slope
6). Moving backwards while maintaining control
9). Skill needed to avoid obstacles while moving at speed
11). A person resting on their knees

WORD BANK

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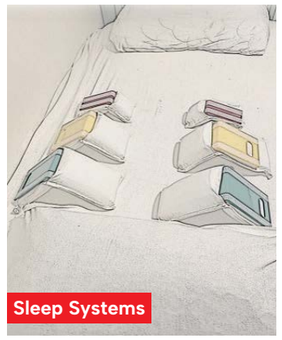




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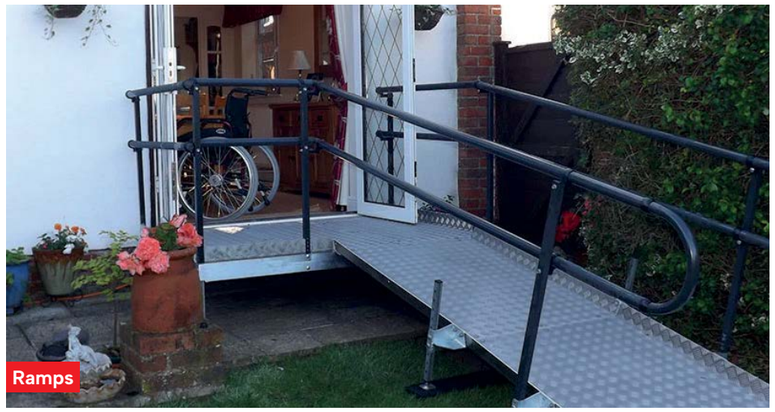
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