



Word of the president

Welcome to the summer edition of the KEA newsletter!

One of the joys of being president of our association is that I get to see where we are now, but also where we have been and the progress that has been made. In preparing our constitution for translation, the board noted that an entire article was now redundant because of that progress. The steps we have been making are often small, but they are persistent and so cumulatively continue to propel us forward. Today, we contemplate standards for practice and education as we take our next small step forward.

One of KEA's primary purposes is to help develop the professional and clinical proficiency of ergotherapy in Kazakhstan. This is being done in several ways, such as providing training and supervision to local ergo therapists; and supporting educational/health facilities in the development of programs, courses and curriculums. Our hope is for Kazakhstan to continue to move towards the international standards of practice set by the World Federation of Occupational Therapy (WFOT).

In practice, standards are important because they provide protection to the community. A family, patient or client can be confident that the therapist they are working with has been adequately trained and are competent to do the task required of them. For universities, a program approved by the WFOT, can offer students a level of educational rigor and preparedness equal to other parts of the world. This not only gives nice kudos for both university and student but increases global interaction and international standing, and further develops the profession. A more developed profession leads back to a greater capacity to effectively serve the communities we're in.

Approval from the WFOT provides education standards for universities. As mentioned in the last newsletter, Kazakhstan has begun university level studies in ergotherapy. However, at this point in our profession's development, a good portion of Kazakhstani ergotherapists started working before this degree was available, or do not currently have access to them. Many have learnt helpful therapeutic tools and are working conscientiously but have had no-one to explain the underlying principles or occupational understanding. As such, KEA has begun to create a series of foundational modules to support these therapists.

The goal of these modules is to help our therapists gain a deeper understanding of why they do what they do; and to be able to apply their therapeutic tools in a more targeted and effective manner. Topics such as models of occupational therapy and occupational science, the process of therapy, task analysis, and our Code of Ethics are a few examples that will be slowly rolled out.

For those of our readership with a professional background in occupational therapy background, if developing modules for teaching is something that interests you, please get in contact with us. We welcome your input.[BM1] We hope to offer our first module as part of OT Week 2023. Keep a look out for more information on this in the coming months.

In the meantime, have a look at Lieke's case review on a little girl with hemiplegic cerebral palsy to get a bit of insight into some of the ways we work.

Petra Magerl
President of KEA

Steps towards independence by Lieke Blom, Occupational Therapist

Ainur* is a little one year old girl. She is the youngest twin. Her mother was worried about Ainur because she was not walking by 11 months old, but her older sister had already started to walk.

The older girl is a good eater, and could do a lot of things, like playing with both hands, climbing on the couch, and helping her mother with dressing herself. Ainur is shy, a slower eater and cannot yet climb onto the couch. She is smaller than her sister and she has a strong preference for using one hand when playing. Her mother was worried about her development. Her mother was alerted because the twins were born early and had low birth weights. The doctor had mentioned that her age (the mother is a little over 40) was also a risk factor.

Our team of therapists visited a few times to observe Ainur and her sister through play. We observed Ainur's preference for using one hand. If we challenged her to use her other hand to pick something up or hold something and manipulate objects, e.g., putting pins into a bowl, then she could do it with both of her hands. At our office we mostly observed her while playing and we looked for signs of developmental delay.

In their home we observed that Ainur would watch her sister climb onto the couch and she would try it herself. She could not do it, but we gave advice to challenge her to make a game out of this, by putting her toys on the couch and encourage her try to get it herself.

We gave advice to challenge Ainur to play with both hands. For example, to build block towers with both hands, while using planning skills to build the tower, and not to knock it over too quickly.

We also advised the mother to allow the girls to play outside as much as possible for them to learn how to climb stairs and use their whole bodies. This also encourages muscle strengthening while Ainur plays and holds on to things around her.

Over the last few months, the mother would show us videos of Ainur's development. She was playing with a ball and holding it with both hands while walking independently. She still shows some preference with one hand by holding an object with one hand and not switching it between hands. With encouragement Ainur is showing that she can do it with patience and support from us and her mother. We asked her mother to keep challenging Ainur, and making play fun, not letting it be stressful for her to play. We encouraged her mother to make independent dressing fun for Ainur, to give her space and time with dressing, and to start with small steps on independence like taking her socks off or putting her arm through a sleeve.

Ainur is a happy child, and she loves playing with her older sister, who is showing her how to climb and play independently. *Name changed



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Edited by Linda Beadle

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