Have you ever worked with occupational therapy in addressing the sleep needs of pediatric patients? Occupational therapy is a rehabilitation profession that promotes health and well-being through engagement in occupations or the activities of everyday life. Sleep is one of these activities and classified as a major area of occupation. Occupational therapists address the functional ramifications of sleep disorders or how they affect participation and performance in daily life activities. The purpose of this article is to further define occupational therapy’s role in sleep to bridge the gap with sleep technology and ultimately maximize outcomes.

**OCCUPATIONAL THERAPY’S ROLE**

Pediatric occupational therapists work to facilitate participation in everyday activities and promote the child’s development. The occupations in which children engage include self-care, rest and sleep, play, social participation, and education. A family-centered model is utilized to identify the specific needs and priorities to enhance participation in daily routines at home, at school, and in the community.

Sleep, according to the Occupational Therapy Practice Framework: Domain and Process, is “a series of activities resulting in going to sleep, staying asleep, and ensuring health and safety through participation in sleep involving engagement with the physical and social environments.” Occupational therapists identify possible factors that might contribute to a sleep problem, such as nighttime routines, naps, environment, and bedding. They consider how physical, cognitive, sensory, and psycho-emotional disturbances, as well as major life events and caregiver responsibilities, impact sleep.

**BRIDGING THE GAP**

Why collaborate? Children who receive therapy services often present with development delay or disabilities such as pervasive developmental disorder, Down syndrome, or cerebral palsy. This population accounts for a large percentage of the children who have sleep problems and are subsequently referred for sleep studies. Talking with the occupational therapist could provide added insight into the patient’s functional status and sleep challenges.

Sometimes a child’s sleep patterns appear normal when scoring the sleep study although they had visible difficulty sleeping. Therefore, it is essential that the sleep technologist not only monitor the study but also gather information from the parent or caregiver and note any behaviors that could interfere with sleep. This information can then be reported to the physician to assist with treatment recommendations including possible referral to occupational therapy. Study results can be shared with the occupational therapist to help guide the plan of care for addressing sleep problems from a therapy perspective.

**CONSIDERATIONS**

Two key concepts stressed in occupational therapy are the importance of the sleep environment and having a predictable routine. When a child goes for a sleep study though, the environment is new and the typical bedtime routine disrupted. The goal should be to minimize the impact of the above changes as much as possible within the restraints of the setting. If part of the child’s typical bedtime routine is to read a favorite book, encourage the parent or caregiver to bring it. Having the child wear their own pajamas versus a hospital gown can also make a difference, as can sleeping with a favorite stuffed animal. Children with disabilities often have sensory processing disturbances and may engage in certain activities nightly to assist with regulation and lowering arousal before bed. Just because the child is in the sleep lab does not mean that these should not be done. When scheduling the study, it is important to inform the parent or caregiver about items to bring and explain the importance of following a normal routine that day.

**CONCLUSION**

The fields of occupational therapy and sleep technology have the common goal of helping our children sleep better, but collaboration between the disciplines appears to be lacking. To maximize outcomes, it only makes sense for these disciplines to have an understanding of one another’s roles in sleep and to open the line of communication. Hopefully, this article provided some “food for thought” on the topic and will encourage you and your colleagues to discuss the policies and procedures utilized at your lab to bridge the gap between two important key players in the pediatric sleep world.