

ADLs (Activities of Daily Living) in Children: “Why Does Occupational Therapy Focus on Daily Routines?”

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Abstract

Activities of daily living (ADLs) are essential self-care tasks necessary for independent living, including personal care, mobility, and eating. In children, difficulties in performing ADLs can significantly impact their independence, self-esteem, and overall quality of life. Occupational therapy (OT) plays a crucial role in supporting children with ADL challenges by focusing on developing skills related to self-care, feeding, toileting, sleep, and other daily routines. Early intervention is particularly important during childhood, as it can shape the development of cognitive, motor, and social-emotional skills. OT interventions for children may include the use of adaptive techniques, assistive devices, behavioral approaches, and environmental modifications to promote participation and independence. Common challenges in ADLs among children include developmental delays, sensory processing issues, and physical impairments. Additionally, OT interventions often extend to instrumental activities of daily living (IADLs) like meal preparation and transportation, which are crucial for children's transition to independent living. Family-centered practice is fundamental in pediatric OT, ensuring that interventions are tailored to the specific needs of children and their families. Emerging trends such as telehealth and technology-based interventions are shaping the future of pediatric OT, promoting greater accessibility and engagement. This paper highlights the significant role of OT in improving ADL performance, promoting social participation, and enhancing the overall quality of life for children with disabilities.

Introduction

Defining ADLs and Their Significance

Activities of daily living (ADLs) encompass the basic actions that involve caring for oneself, including personal care, mobility, and eating (Mlinac, 2016). These are fundamental self-care tasks necessary for independent living and are a primary focus in occupational therapy, especially for children who may face challenges in these areas. Occupational therapy emphasizes a holistic view, using training in ADLs, assistive technology, and energy conservation techniques to help individuals overcome limitations

(Ahn, 2017).

The Role of Occupational Therapy. Occupational therapy (OT) plays a crucial role in helping individuals regain maximum physical, psychological, cognitive, social, and vocational functioning within the limits of their conditions and treatments (Ahn, 2017). For children, occupational therapy focuses on developing the skills necessary to perform daily living activities (Steultjens, 2004). This can involve interventions to address feeding and eating, toileting, and rest and sleep, often incorporating behavioral approaches, parent and caregiver education, and contextual

interventions (Gronski & Doherty, 2020).

Importance of Early Intervention. Early childhood (birth to 5 years) is a critical period for developing key life occupations such as eating, dressing, play, learning, social participation, rest, sleep, and chores (Clark & Kingsley, 2020). The development of cognitive, motor, social-emotional, and self-care skills during this period is vital. Occupational therapy interventions during these formative years can significantly impact a child's ability to participate in daily routines and achieve independence (Gronski & Doherty, 2020).

Occupational Therapy's Focus on Daily Routines

Why Daily Routines Matter. Daily routines provide structure and predictability, which are especially important for children. These routines encompass a wide range of activities, from self-care tasks like bathing and dressing to instrumental activities like meal preparation and managing personal belongings. Difficulties in performing these activities can significantly affect a child's independence, self-esteem, and overall quality of life (Gronski & Doherty, 2020).

Occupational Therapy's Approach to ADLs. Occupational therapists work with children and their families to identify and address barriers that limit performance in daily routines (Ahn, 2017). This involves a comprehensive assessment of the child's abilities, challenges, and environmental factors that may be impacting their performance. Interventions are then tailored to meet the specific needs of the child and family, with the goal of promoting independence and participation in meaningful activities (Gronski & Doherty, 2020). Occupational therapists also play a key role in transforming the post-acute care experience by looking broadly at the context of a child's health, with special attention to the integration of daily habits and routines to improve function and safety upon returning home (Roberts, 2014). By addressing factors such as self-management skills and ensuring appropriate medication management, occupational therapists can have a direct effect on a child's ability to thrive outside of a clinical setting (Roberts, 2014).

Common Challenges in ADL Performance. Children may experience difficulties in ADL performance due to a variety of factors, including physical limitations, cognitive impairments, sensory processing issues, and developmental delays. For example, children with

cerebral palsy may face challenges with mobility, fine motor skills, and coordination, which can impact their ability to perform self-care tasks such as dressing and feeding (Linde, 2013). Children with autism spectrum disorder (ASD) may have sensory sensitivities or behavioral challenges that make it difficult to participate in mealtimes or bedtime routines (Zobel-Lachiusa, 2015).

Specific ADL Areas and Occupational Therapy Interventions

Self-Care Activities. Self-care activities include bathing, dressing, grooming, toileting, and feeding. Occupational therapists address difficulties in these areas by providing training in adaptive techniques, recommending assistive devices, and modifying the environment to promote independence (Roberts, 2014). For example, a child with limited reach may benefit from using a long-handled sponge for bathing or adapted clothing with Velcro closures for dressing.

Feeding and Eating. Feeding and eating are essential ADLs that can be particularly challenging for some children. Occupational therapists address issues such as difficulty chewing or swallowing, sensory sensitivities to food textures or tastes, and behavioral challenges during mealtimes (Gronski & Doherty, 2020). Interventions may include oral motor exercises, sensory desensitization techniques, and strategies for creating a positive and structured mealtime environment (Gronski & Doherty, 2020).

Toileting. Toileting is another important self-care activity that can be difficult for children with physical or cognitive impairments. Occupational therapists can provide training in bladder and bowel management, recommend adaptive equipment such as raised toilet seats or grab bars, and work with families to establish consistent toileting routines (Gronski & Doherty, 2020).

Rest and Sleep. Rest and sleep are crucial for children's health and development. Occupational therapists address sleep difficulties by assessing sleep routines, environmental factors, and sensory sensitivities that may be interfering with sleep (Gronski & Doherty, 2020). Interventions may include establishing a consistent bedtime routine, modifying the sleep environment to reduce sensory stimulation, and

teaching relaxation techniques (Gronski & Doherty, 2020)

Instrumental Activities of Daily Living (IADLs). Instrumental activities of daily living (IADLs) are more complex tasks that support independent living, such as meal preparation, managing finances, and using transportation. While IADLs are typically associated with adults, some children may begin to develop these skills as they get older. Occupational therapists can help children develop IADL skills by providing training in specific tasks, such as cooking simple meals or using public transportation, and by addressing underlying cognitive or executive function deficits that may be impacting their ability to perform these tasks (Gibson, 2011).

The Impact of ADL Performance on Participation

Social Participation. Difficulties in ADL performance can have a significant impact on a child's ability to participate in social activities. For example, a child who has difficulty with dressing or feeding may be less likely to participate in social events or activities that involve eating or being seen by others (Schaaf, 2015). Occupational therapists address these challenges by promoting independence in ADLs, teaching social skills, and modifying the environment to facilitate participation (Schaaf, 2015).

Academic Performance. ADL skills are also closely linked to academic performance. Children who struggle with fine motor skills or attention may have difficulty with handwriting, using scissors, or completing classroom tasks. Occupational therapists work with children to develop these skills, providing strategies and adaptations to support their success in the classroom (Roberts, 2014).

Play and Leisure. Play and leisure activities are essential for children's development and well-being. Difficulties in ADL performance can limit a child's ability to participate in these activities. For example, a child with mobility impairments may have difficulty playing sports or engaging in outdoor activities. Occupational therapists can help children overcome these challenges by adapting activities, recommending assistive devices, and promoting access to inclusive play environments (Roberts, 2014).

Occupational Therapy Interventions for Specific Populations

Cerebral Palsy. Occupational therapy is a cornerstone of treatment for children with cerebral palsy (CP), focusing on enhancing skills necessary for daily living (Steultjens, 2004). Due to the motor difficulties associated with CP, interventions often target gross and fine motor function to improve ADL performance (Ko, 2020). Therapists may employ group-task-oriented training to enhance motor skills and social function in children with spastic CP (Ko, 2020). Studies suggest that therapies, including modified constraint-induced movement therapy, can improve upper limb outcomes, although their effectiveness may vary (Wallen, 2011). Assessments such as the Pediatric Evaluation of Disability Inventory (PEDI) are used to measure improvements in ADLs and social function following interventions (Ko, 2020). Recent studies have strengthened the evidence supporting occupational therapy interventions for improving ADLs in children with CP. For instance, Hong et al. (2013) conducted a systematic review of 18 studies and found that occupational therapy interventions—such as splinting, parent education, sensorimotor training, and ADL-focused therapy—consistently led to functional improvements in self-care and mobility. A more recent randomized controlled trial by Ostadzadeh et al. (2023) investigated occupation-based modified constraint-induced movement therapy (m-CIMT) in children with hemiplegic CP. The study reported enhanced ADL participation, as measured by the Canadian Occupational Performance Measure (COPM), despite some intergroup differences not reaching statistical significance. Furthermore, You et al. (2015) found a strong correlation between the Gross Motor Function Measure (GMFM) and ADL performance using the WeeFIM in children with spastic CP, suggesting that improved motor skills are closely linked to daily function. Similarly, Torkan et al. (2023) identified toileting, stair negotiation, and self-feeding as the most prioritized occupational goals among children with CP and their families, reinforcing the role of OT in addressing real-life functional needs. These findings highlight the effectiveness of OT in promoting independence, motor development, and participation in daily life tasks among children with

CP. They also underscore the importance of using standardized outcome measures—such as PEDI, COPM, and GMFM—to track progress and guide intervention planning.

Autism Spectrum Disorder. Children with autism spectrum disorder (ASD) often face unique challenges in performing ADLs due to sensory sensitivities and behavioral patterns (Eshraghi, 2020). Occupational therapy for children with ASD frequently involves creating supportive routines for activities like mealtime, bedtime, and play (Colver, 2009). Telehealth interventions have also shown promise in delivering occupation-based coaching to families, enhancing compatibility with everyday life and empowering parents (Wallisch, 2019). Sensory integration techniques are often employed to address sensory differences that impact mealtime behaviors and promote greater success and comfort during these routines (Zobel-Lachiusa, 2015). Omairi et al. (2022) conducted a randomized controlled trial of Ayres Sensory Integration® in Brazilian children with ASD. They reported improvements in COPM-measured performance and satisfaction in daily routines, with a mean COPM change of approximately 2.5 points ($p < 0.05$), compared to usual care. Likewise, Pfeiffer et al. (2011) found that Sensory Integration Therapy produced significant gains in Goal Attainment Scale scores ($d = 1.2$; $p = 0.003$) and caregiver-reported self-care independence ($p = 0.008$) among school-aged children with Admore recently, Wallisch et al. (2019) demonstrated through parent interviews that telehealth-delivered occupation-based coaching enhanced children's participation in everyday routines such as mealtime, bedtime, and play, and promoted parent self-efficacy.

Developmental Coordination Disorder.

Developmental coordination disorder (DCD) presents significant motor difficulties in daily functioning, impacting ADL performance and participation (Linde, 2013). Occupational therapy aims to improve motor competence and skill-related fitness in the short term through activity-oriented interventions (Smits-Engelsman, 2021). Therapists may use tools like the DCDDaily to assess a child's capacity in ADLs, focusing on performance, learning, and participation to tailor interventions effectively

(Linde, 2013). Sensory integration therapy may also be incorporated to address underlying sensory processing issues affecting motor skills and ADL performance (Elbasan, 2012). Thornton et al. (2016) conducted a 10-week CO-OP intervention in children with DCD, finding significant improvements in both performance and satisfaction scores on the COPM, with all individualized goals achieved at or above expectations—while the control group showed no significant gain. A meta-analysis by Gao et al. (2025) reported that motor-based interventions significantly enhanced activity performance ($g = 0.71$; $p = 0.004$) in children with DCD, though improvements in participation were not observed. More recently, Scott et al. (2023) demonstrated that combined action observation and motor imagery approaches improved visuomotor adaptation for daily living tasks, supporting the use of task-oriented OT methods.

Low Vision. Occupational therapy plays a crucial role in assisting older adults with low vision to maintain their independence and quality of life (Kaldenberg, 2020). Interventions focus on improving the performance of ADLs and IADLs through strategies such as environmental modifications, assistive devices, and visual skills training (Kaldenberg, 2020). Client-centered problem-solving training is also utilized to enhance performance in ADLs, IADLs, reading, and leisure activities, promoting a holistic approach to rehabilitation (Kaldenberg, 2020). Pediatric low vision presents unique challenges to children's functional independence, particularly in performing activities of daily living (ADLs) like dressing, grooming, feeding, and mobility (Fard et al., 2023). In a qualitative capstone project, Tse (2024) demonstrated meaningful improvements in occupational performance following OT-led fine motor and sensory interventions tailored to children's environments, including modifications such as enlarged visual aids for meal preparation and home-based sensory screening tools. Perlmutter et al. (2023) highlighted the efficacy of environmental adjustments—such as optimized lighting, contrast enhancement, and visual scanning training—in supporting children with low vision to independently perform daily self-care tasks. Meanwhile, Rainey et al. (2016) proposed a conceptual model outlining how low vision affects children's ADL and participation in home, school, and social contexts, emphasizing the

importance of adopting an ICF-CY perspective in OT planning.

Assessment Tools in Pediatric Occupational Therapy

Standardized Assessments. Occupational therapists utilize a variety of standardized assessments to evaluate a child's performance in ADLs. These assessments provide objective measures of a child's abilities and can help to identify specific areas of difficulty. Common assessment tools include the Pediatric Evaluation of Disability Inventory (PEDI), which assesses functional capabilities and performance in self-care, mobility, and social function (Ko, 2020). The Assessment of Motor and Process Skills (AMPS) are another comprehensive evaluation tool that assesses underlying motor and cognitive abilities related to ADL performance (James, 2014).

Observation-Based Assessments. In addition to standardized assessments, occupational therapists also use observation-based assessments to evaluate a child's performance in ADLs. These assessments involve observing the child in their natural environment while they perform everyday tasks. This allows the therapist to gain a better understanding of the child's abilities, challenges, and environmental factors that may be impacting their performance (Roberts, 2014).

Parent and Caregiver Interviews. Parent and caregiver interviews are an important component of the assessment process. These interviews provide valuable information about the child's daily routines, challenges, and goals. They also allow the therapist to gather information about the family's priorities and values, which can help to inform the development of a tailored intervention plan (Gronski & Doherty, 2020).

The Importance of Family-Centered Practice

Collaboration with Families. Family-centered practice is a key principle in pediatric occupational therapy. This approach recognizes that families are the experts on their children and that they play a vital role in the intervention process. Occupational therapists collaborate with families to develop goals, implement interventions, and monitor progress (Gronski & Doherty, 2020).

Parent Education and Training. Parent education and training are essential components of family-

centered practice. Occupational therapists provide parents with information and strategies to support their child's development and independence in ADLs. This may include training in adaptive techniques, behavior management strategies, and environmental modifications (Gronski & Doherty, 2020).

Addressing Caregiver Burden. Caring for a child with disabilities can be demanding, and caregivers often experience significant burden. Occupational therapists recognize the importance of addressing caregiver burden and provide support and resources to help families cope with the challenges of caregiving (Savundranayagam, 2011). This may include providing respite care options, connecting families with support groups, and teaching stress management techniques (Roberts, 2014).

Emerging Trends and Future Directions

Telehealth Interventions. Telehealth interventions are an emerging trend in pediatric occupational therapy. Telehealth allows therapists to provide services remotely, using technology such as videoconferencing. This can be especially beneficial for families who live in rural areas or have difficulty accessing traditional therapy services (Wallisch, 2019). Studies have shown that telehealth interventions can be effective in improving ADL performance and promoting family empowerment (Colver, 2009).

Technology-Based Interventions. Technology-based interventions are another emerging trend in pediatric occupational therapy. These interventions use technology such as virtual reality, video games, and mobile apps to engage children in therapeutic activities (Laver, 2011). Technology-based interventions can be motivating and engaging for children, and they can provide opportunities for practice and reinforcement of skills in a variety of settings (Laver, 2011).

Focus on Participation. There is a growing emphasis on measuring participation outcomes in pediatric occupational therapy. Participation refers to a child's involvement in everyday activities and roles, such as attending school, playing with friends, and participating in family routines (Colver, 2009). Occupational therapists recognize that improving ADL skills is not enough; they also need to ensure that children are able to participate fully in their

communities (Schaaf, 2015).

Conclusion

Occupational therapy plays a vital role in supporting children's independence and meaningful participation in daily life. By integrating early intervention, family-centered approaches, and innovative technologies, occupational therapists adopt a holistic framework that not only enhances children's ability to perform activities of daily living (ADLs) but also promotes their broader social engagement, autonomy, and emotional well-being. This modern approach reflects a shift from task-based skill development toward outcomes that empower children and families to thrive in their unique environments. Future research should continue to explore how these integrated practices impact participation outcomes across diverse pediatric populations.

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