

UE Injuries and Injury Prevention with New Parents Program Proposal

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Studies show that there are ergonomic risks involved in caretaking tasks and an increase in musculoskeletal injuries amongst parents of children under 4 years old (Sanders MJ & Morse T., 2005). However, there is little preventive education emphasizing childcare body mechanics' post-discharge. The primary population of interest includes new parents aged 20-45 who are at increased risk of UE injury related to the physical demands of child-rearing activities. The purpose of this program proposal is to increase awareness of postpartum musculoskeletal injuries, their link to poor body mechanics during child care tasks, and the benefits of accessible education on proper ergonomics during common caretaking activities parents perform to prevent strain and injury that can limit occupational engagement.

Needs Assessment

New parents face many physical/musculoskeletal demands as they transition into the role of caregiver. The daily activities of feeding, changing, lifting, and carrying their infants and equipment often involve repeated physical strain, putting parents in awkward positions and postures that can cause pain, limiting their participation in caregiving tasks (Brown et al., 2004). Structured, preventative, occupational therapy-led ergonomic education addressing body mechanics during everyday childcare tasks is scarce during the postpartum period and the years beyond (Vincent & Hocking, 2013; Adams et al., 2023)

Geographic Assessment

In Irving, Texas, there are no organizations that provide preventive ergonomic training specifically to new parents. Within a 50-mile radius, approximately 10 facilities advertise ergonomic training workshops, including hospitals, chiropractic offices, and rehabilitation centers in Irving, Grand Prairie, and Fort Worth. Based on my search, I found no organization

within 50 miles of Irving that explicitly advertises ergonomic training for new parents or upper-extremity injury prevention classes.

Program Overview

This program will deliver two small group sessions per week, each serving approximately 4-6 participants in 60-minute sessions over a six-week duration. The program will start with each client filling out a pain scale to assess current pain and the Canadian Occupational Performance Measure (COPM) to develop a baseline of how they feel they perform childcare-related occupations.

Each session, the group will be provided with targeted ergonomic training from an Occupational Therapist, which will provide new and expectant parents with instruction in proper body mechanics during common childcare tasks. Occupational therapists have historically worked with postpartum women in hospital settings, outpatient rehabilitation, and home health services often includes education on ergonomics, safe lifting techniques, and adaptive strategies for daily tasks such as infant care which aligns with the Occupational Therapy Practice Framework (OTPF-4), which identifies caregiving, activities of daily living, instrumental activities of daily living, and health management as core areas of occupational therapy practice and supports education and environmental modification to promote enhanced occupational performance (American Occupational Therapy Association [AOTA], 2020).

Research indicates that common caregiving occupations, such as lifting and carrying infants, handling car seats and baby equipment, and maintaining awkward postures, place increased physical demands on parents and can contribute to musculoskeletal strain (Brown et al., 2004; Sanders & Morse, 2005). The classes will include ergonomic strategies, recommendations for accessible adaptive equipment, and recovery techniques such as stretching to address overuse and musculoskeletal strain. This program aims to support injury prevention,

reduce pain, and improve occupational performance by promoting safer movement patterns during routine caregiving activities.

Mission Statement

The UE Injuries and Injury Prevention with New Parents Program aims to address this gap by focusing on injury prevention, improved task performance, and sustained engagement in caregiving occupations through an accessible, occupation-based educational approach.

Vision Statement

The UE Injuries and Injury Prevention with New Parents Program envisions offering ergonomic childcare training workshops at hospitals in the Dallas-Fort Worth area. As well as the implication of an online educational format to increase the accessibility of post-discharge education for parents experiencing systemic barriers, such as limited access to follow-up care and preventive services, and those facing socioeconomic disadvantage (Carlson et al., 2025; Office of Disease Prevention and Health Promotion [ODPHP], n.d.).

SWOT Analysis

The program's strengths include providing occupational therapy-led, evidence-based training focused on injury prevention, which can improve childcare task performance and engagement. It provides a much-needed service that is absent in its specificity in the Irving area. The addition of an Occupational Therapy Assistant and rehabilitation assistant provides valuable assistance needed for two group sizes of 4-6 participants. Weaknesses in the program include the exclusion of participants who face barriers such as transportation and availability. There is no follow-up method to determine if the program provides lasting results. The program, being education-based, can easily expand to an online format or across affiliated hospitals. This parent-centered program is unique, and there is demand for parent-centered ergonomic training. Threats

to the program include the risk of receiving no reimbursement from private insurance or Medicaid, which would eliminate the funding source. The program is new, lacks credibility, and relies on clinician referrals.

Funding

The program will use a blended funding model, which includes private insurance, Medicaid, grants, and self-pay options to support the delivery of preventive occupational therapy services. Reimbursement for most medical plans is contingent upon documented medical necessity; as a result, preventive education, such as that provided in this program, is often not reimbursed (LegalClarity, 2026). Medicare also requires certification of medical need for outpatient occupational therapy and applies annual payment thresholds that require additional documentation requirements (American Physical Therapy Association, 2026). Medicaid coverage requires physician referral, prior authorization, and evidence of functional impairment to justify services (Therapy Comply, n.d.). Due to these limitations, this program will primarily adopt a self-pay model to ensure that parents can access injury-prevention education and ergonomic training. Program developers will pursue grant funding to expand access to UE injury prevention for new parents.

Staffing

The UE Injuries and Injury Prevention with New Parents Program staff will include one full-time occupational therapist (OT) to develop program content, lead group education sessions, and provide expertise in UE injury prevention and ergonomic training for new parents. A part-time occupational therapy assistant (OTA) will support the implementation of group sessions, assist with demonstrations, and reinforce proper body mechanics and positioning techniques,

assist with equipment setup, cleanup, and preparation of simulation materials (baby carriers, weighted dolls, etc.).

Expected Volume

The program will deliver services through small, group-based sessions to support its preventative focus and maximize efficiency. Two group sessions will be offered per week, each with approximately 4-6 participants, lasting 60 minutes over a six-week duration. Participants may attend individually or as a parent dyad, depending on family needs, but each participant will be counted individually for capacity and cost projections. This structure results in an estimated weekly participant volume of 8-12. The Occupational therapist will require 4-6 hours of initial program development time to create session content, educational materials/literature, and activity progression for the six-week program. The OT will allocate an additional one hour per week for session prep.

Space

The program will require a community-based space designed to support small-group instruction and hands-on training. Sessions will take place in a 200-300 square-foot area to accommodate group sessions of 4-6 participants, allowing room for movement, lifting practice, and safe demonstrations of infant-handling techniques. The community-based space will have an open floor plan, good lighting, a public restroom, and designated areas for practice activities such as feeding, positioning, and use of baby equipment (car seats, strollers, carriers, cribs/pack' n plays, etc.). Participants will be seated to allow brief instruction periods while maintaining flexibility for active participation. The environment will support the session flow and provide visibility, allowing the occupational therapist and OTA to monitor all participants and provide

effective feedback, supporting safe, functional training that mirrors the daily activity demands of new parents.

Budget

Startup costs, estimated at \$1,700, include one-time purchases for essential program setup such as baby carriers, training dolls, car seat simulation tools, yoga mats, and initial marketing materials. Fixed monthly costs, totaling around 8,000, include staff salaries for an OT and an OTA, as well as community center rental, liability insurance, and professional memberships, which support accessible and consistent program delivery. Variable costs, averaging \$200 per month, cover consumable supplies and ongoing marketing efforts to support enrollment. A detailed expense breakdown is provided in Table A1 of the appendix.

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Appendices

Table A1: Expenses

Revenue					
	Weekly	\$ 150			
	Monthly	\$ 600			
	Annual				\$ 7200
Expenses			Quantity	URL/Website	
	Start up				
	Baby carriers	\$70	2	https://www.target.com/p/grownsy-baby-carrier-newborn-to-toddler-cozy-baby-wraps-carrier-ergonomic-baby-carrier-with-head-support-cream/-/A-1006345424#lnk=sametab	\$140
	Training Dolls	\$ 70	2	https://a.co/d/06OjhIhE	\$140
	Doll Car seats	\$ 100	2	https://a.co/d/0erbpBPX	\$200
	Yoga mats	\$25	6	https://a.co/d/0fKLnpVV	\$150
	Educational materials/ printing			Estimate	\$200
	Initial marketing			Estimate	\$1000
	Fixed (per six-week session)				
	OT salary	\$50/hr	18 hr	https://www.salary.com/research/salary/benchmark/occupational-therapist-salary/tx	\$900
	OTA Salary (part-time)	\$30/hr	12 hr	Estimate	\$360
	Community center rental	\$1200		https://irvingtx.gov/Facility-Rentals	\$1200
	Liability Insurance			https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?LCDId=33631&DocID=L33631	\$50
	Variable				
	Supplies (tape, handouts, sanitation)	\$ 100		Estimate	
		\$			
		\$			
	Total				\$ 4,440
Profit (Revenue minus Expenses)					\$2,760

Table A2: CPT Codes

CPT Code	Description	Reimbursement Rate
97150	Group Therapy	\$18 per participant per session
97530	Therapeutic Activities	\$34 per 15-min unit
97535	Self-Care/ Home Management Training	\$60-80 per unit

Table A3: ICD-10 Codes

ICD 10 Code	Description
Z39.2	Routine postpartum care
M70.9	Soft tissue disorder due to overuse
S46.819A	Upper extremity strain
M62.81	Muscle weakness