



National Association of Neonatal Therapists®

ESSENTIAL ROLE OF THE NEONATAL THERAPIST

Position Statement

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Essential Role of the Neonatal Therapist

Position Statement

Position statements articulate the National Association of Neonatal Therapists' (NANT) official stance and recommendations on the provision of services, practice of neonatal therapy, or the role of neonatal therapy. These statements are based on relevant scholarly evidence and aim to communicate NANT's position to its members, other healthcare professionals, patients and families served, and external entities or associations.

Position Statement:

Neonatal therapists (NT) are essential members of the interprofessional team due to a distinct combination of specialized educational preparation, training, and competencies.¹⁻³ Through integrated engagement with the neonatal team, NTs are instrumental in preventing or mitigating iatrogenic complications and optimizing neurodevelopmental outcomes for high-risk infants.⁴⁻⁹

Background:

A neonatal therapist is an occupational therapist (OT), physical therapist (PT), or speech-language pathologist (SLP) who specializes in working with high-risk infants in the Special Care Nursery (SCN) and Neonatal Intensive Care Unit (NICU). Neonatal therapy is a complex subspecialty that incorporates theories and scopes of practice from all three respective disciplines.⁴⁻⁹ These professionals provide crucial support and interventions to help infants grow, develop, and thrive during their critical early stages of life. Their work involves collaboration with parents and the interprofessional team to address the unique needs of each infant and family, promoting optimal developmental outcomes.¹⁰⁻¹⁵ Neonatal therapists are skilled in the use of evidence-based practices to assess and treat a range of developmental, medical, and functional challenges facing high-risk infants.

Rationale:

The neurodevelopmental complexities of high-risk infants require specialized support and intervention. In 2023, the American Academy of Pediatrics published Standards for Levels of Neonatal Care: II, III, and IV which stated that levels II, III, and IV NICUs provide on-site services by qualified neonatal therapists.¹⁶ The standards also stipulated that neonatal therapy certification was preferred and that NTs have dedicated hours for level III and IV NICUs.¹⁶

Neonatal therapists deliver holistic direct patient care and consultative services to high-risk infants.³ Using an integrated, neuroprotective, family-centered model, NTs provide highly specialized and individualized therapeutic interventions in the NICU.^{1,3} These interventions support optimal long-term development, prevent adverse sequelae, and nurture the infant-family dyad.^{3,10-15}

Neonatal therapists address six core practice domains and deliver therapeutic care for the neonatal population served. These domains,^{1,2} each of which impacts short and long-term outcomes, include:

1. environment
2. family/psychosocial support
3. sensory system
4. neurobehavioral system
5. neuromotor and musculoskeletal systems
6. oral feeding and swallowing

Neonatal therapy employs preventative, habilitative, and/or rehabilitative approaches, as appropriate, in collaboration with the interprofessional team.³ This unique perspective helps to guide the management and care of patients and families in the NICU.

Recommendations:

- NICUs and SCNs have access to neonatal therapy services as put forth by the American Academy of Pediatrics published Standards for Levels of Neonatal Care and the National Association of Neonatal Therapists.^{1, 2, 16}
- Neonatal therapists are assessed as competent to provide care specific to the neonatal population in the six core practice domains^{1,2} and as such:
 - Undergo thorough specialized NICU orientation, training, and continuous mentoring to develop the necessary competencies
 - Seek neonatal therapy certification
 - Maintain and expand discipline-specific knowledge and skills
- Ongoing neonatal therapy competencies are specific to the NICU population.²
- Organizational practices and service delivery models support the NTs integrated role, unit census, and patient acuity.³ Facilities provide an annual operational review of neonatal therapy personnel to maintain adequate coverage to address the specific needs and volume of the patient population served.^{3,16,17}

Summary

Neonatal therapists provide essential services to the high-risk infant population. When integrated into the NICU care team, neonatal therapists utilize the full depth and breadth of their education, skills, and perspectives to mitigate adverse sequelae and optimize neurodevelopmental experiences and outcomes for high-risk infants and families.

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Disclaimer: The content of any position statement may not be comprehensive or relevant to all situations or individuals. This statement should not be used to advocate for legal action, assume legal responsibility breaches, or establish grounds for civil liability.

References:

1. National Association of Neonatal Therapists. Neonatal Therapy Core Scope of Practice. [Core Scope of Practice]; 2022a. <https://neonataltherapists.com/resources/>
2. National Association of Neonatal Therapists. NANT Professional Collaborative. *Practice Competencies for the Neonatal Therapist*; 2022b. <https://neonataltherapists.com/competencies/>.
3. Craig JW, Smith CR. Risk-adjusted/neuroprotective care services in the NICU: the elemental role of the neonatal therapist (OT, PT, SLP). *Journal of Perinatology*. 2020;40(4), 549-559. <https://doi.org/10.1038/s41372-020-0597-1>
4. Craig JW, Carroll S, Ludwig S, Sturdivant C. Occupational therapy's role in the neonatal intensive care unit. *The American Journal of Occupational Therapy, Suppl. Supplement*. 2018;2, 72, 1-9.
5. Sweeney JK, Heriza CB, Blanchard Y. Neonatal physical therapy. Part I: clinical competencies and neonatal intensive care unit clinical training models. *Pediatric Physical Therapy*. 2009;21(4), 296-307.
6. Sweeney JK, Heriza CB, Blanchard Y, Dusing SC. Neonatal physical therapy. Part II: Practice frameworks and evidence-based practice guidelines. *Pediatric Physical Therapy*. 2010;22(1), 2-16.
7. APTA Pediatric Academy Resource Guide for Physical Therapy Practice in the NICU. 2017. Available from: <https://pediatricapta.org/special-interest-groups/NN/pdfs/Neonatal%20Didactic%20Training%20Resource%20list.pdf>
8. American Speech-Language-Hearing Association. Knowledge and skills needed by speech-language pathologists providing services to infants and families in the NICU environment. 2004. <https://www.asha.org/policy/KS2004-00080/>
9. American Speech-Language-Hearing Association. *Clinical Specialty Certification*. 2022. American Speech-Language-Hearing Association Website. <https://www.asha.org/Certification/Clinical-Specialty-Certification/>
10. Elkington S. Neonatal Therapists' Perceptions of Using Integrated Collaborative Care in the Neonatal Intensive Care Unit *Open Access Theses & Dissertations*. 3788. The University of Texas at El Paso. 2023. https://scholarworks.utep.edu/open_etd/3788
11. Knudsen K, McGill G, Ann Waitzman K, et al. Collaboration to Improve Neuroprotection and Neuropromotion in the NICU: Team Education and Family Engagement. *Neonatal Netw*. 2021;40(4):212-223. doi:10.1891/11-T-680
12. Edney S K, McHugh G. Parental Participation in NICU-Based Occupational Therapy, Physiotherapy, and Speech and Language Therapy: A Qualitative Study. *Advances in Neonatal Care*; 2023; 23(3). https://journals.lww.com/advancesinneonatalcare/fulltext/2023/06000/parental_participation_in_nicu_based_occupational.9.aspx

13. Gibbs D, Harniess P, Crossley SL. "The Constant by Our Side"—Mothers' Experiences of Early Intervention Therapy Services for Infants With Emerging Signs of Complex Neurodevelopmental Difficulties. *Infants & Young Children*. 2019;32(4), 255-269. <https://doi.org/10.1097/iyc.0000000000000149>
14. Khurana S, Kane AE, Brown SE, Tarver T, Dusing SC. Effect of neonatal therapy on the motor, cognitive, and behavioral development of infants born preterm: a systematic review. *Dev Med Child Neurol*. (2020) Jun;62(6):684-692. doi: 10.1111/dmcn.14485. Epub 2020 Feb19. PMID: 32077096; PMCID: PMC7920849.
15. Butera CD, Brown SE, Burns J, Darring J, Harper AD, Hendricks-Muñoz KD, Hyde M, Kane AE, Miller MR, Stevenson RD, et al. Factors Influencing Receipt and Type of Therapy Services in the NICU. *Behavioral Sciences*. 2023; 13(6):481. <https://doi.org/10.3390/bs13060481>