



Your Therapy Source News

**Digital magazine for pediatric
occupational and physical therapists.**

Issue 41 - August 2012

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New and Popular Products



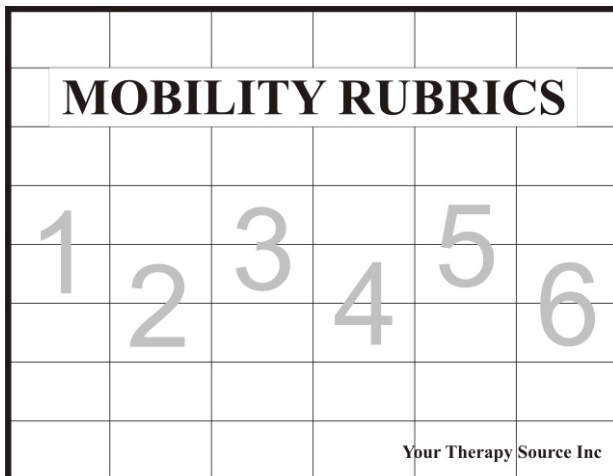
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5 Simple Reminders for Exercise Programs



Therapists frequently recommend exercise programs for the classroom, home or community. It can be difficult for individuals, teachers and parents to remember to perform the activities. Here are a few simple reminders to increase the likelihood of completing the exercises:

- 1. Set an alarm** - Get an inexpensive alarm clock and set it to go off one time per day when it is convenient to perform the activities. Each day that it goes off it is time to perform the exercises.
- 2. Provide the child with a wristwatch** - There are inexpensive digital wrist watches that you can set an alarm on. When the child is at school they can receive the reminder to perform the activities.
- 3. Apps** - There are many apps that can provide push notifications to remember to perform certain tasks. For example, [Remember the Milk](#) is free and allows you to customize online or via the app to get reminders via text messaging and email.
- 4. Match it up with a daily activity** - recommend that the exercises be performed each day when changing into pajamas. Too busy at that time, try after lunch. This will help the exercises to become part of the daily routine.
- 5. Provide written instructions to hang on the refrigerator or stick inside a binder** - Make sure you provide simple exercises with written instructions that the individual can refer to if necessary. Keep the exercises simple in order to remember to do the set of the exercises each day.
[Therapeutic Exercises for Home and School](#) offers simple ideas for exercise programs that can be reproduced.

Adaptive Pretend Play

Recent research indicated that children with cerebral palsy displayed less affective expression and imagination when engaging in pretend play as compared to typically developing peers. When the children with cerebral palsy played with adapted pretend play toys positive affective expression and imagination increased.

Pretend play is a learning experience for children that requires so many skills. Pediatric therapists should provide consultation services to adapt toys and activities in the home, preschools and early elementary schools.



Here are some suggestions:

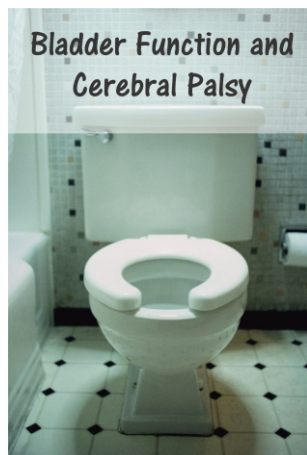
1. **Use a switch** - is it possible to adapt the toy to provide switch access? Some pretend play toys such as pretend kitchen sets have knobs to turn on/off.
2. **Use open ended, easily manipulated, pretend play objects** - For example items such as play silks are light weight and can be adapted with a wrist cuff for a child to use. Maybe large hats to represent role playing instead of having to put full costumes on. Costumes with velcro or ones with easy closures may work better.
3. **Make sure toys are within reach** - if a child can not reach the toy it is useless. Shelving can be lowered, place toys on the floor or put toys on an accessible table top for all the children to experience them.
4. **Adapt handles if necessary** - If objects are hard to grab try to build up handles or knobs to make it easier to grasp. For example, you could use foam around toy baby bottles to make it easier to hold.
5. **Try large, bright materials** - For example if playing grocery store use regular size recycled boxes with adapted grips if necessary. You could cut handles into cereal boxes making them easier to lift. Limit visual stimulation in the background.
6. **Provide demonstrations** - Not necessarily an adaptation but sometimes children may benefit from suggestions of how to use the toys for pretend play.

What ideas or suggestions do you have for adapting pretend play?

Need ideas to help teach pretend play? Check out the [Pretend Play School forms](#), [Pretend Play Doctor and Hospital](#) and [Pretend Play Animals](#) to help spark the imagination.

Reference: Hsieh HC. Effectiveness of adaptive pretend play on affective expression and imagination of children with cerebral palsy. Res Dev Disabil. 2012 Jun 22;33(6):1975-1983. [Epub ahead of print]

Cerebral Palsy Research



Bladder Function and Cerebral Palsy

A retrospective study of 214 individuals (96 females and 118 males, ranging in age from 5-66 years old with a median age 9 years 7 months) with cerebral palsy was completed to determine the prevalence of symptomatic neurogenic bladder. The participants had hemiplegia, diplegia, quadriplegia and dyskinesia. Educational levels ranged from full special education to graduate degrees.

The results indicated the following: 16.4% had symptomatic neurogenic bladder, more than 80% of the participants had spastic hyper-reflexic type bladder, 91% obtained total continence or major improvement with conservative care, there was no association between symptomatic neurogenic bladder and age, educational and/or functional level.

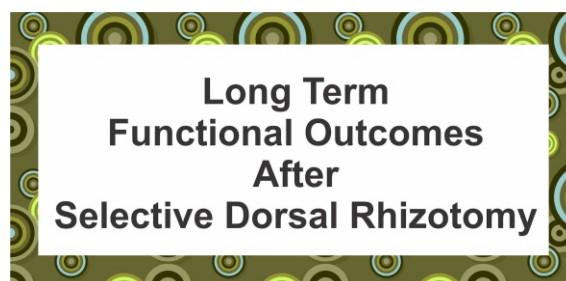
This is important information when approaching toilet training in children with cerebral palsy. Based on this study there is a high rate, 91%, of total continence or major improvements with conservative care.

Need to assess a child's functional abilities when toileting? Check out [Personal Hygiene Rubrics](#).

Reference: KEVIN P MURPHY, SUSAN A BOUTIN and KATHY R IDE. Cerebral palsy, neurogenic bladder, and outcomes of lifetime care. *Developmental Medicine & Child Neurology*. Article first published online: 13 JUL 2012 | DOI: 10.1111/j.1469-8749.2012.04360.x

Long Term Functional Outcomes After SDR

Long term follow up data was analyzed pre-operatively, 1 year, 5 years, 10 years and 15 years from 102 patients with spastic cerebral palsy who had a selective dorsal rhizotomy (SDR).

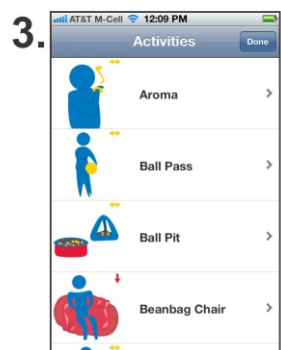
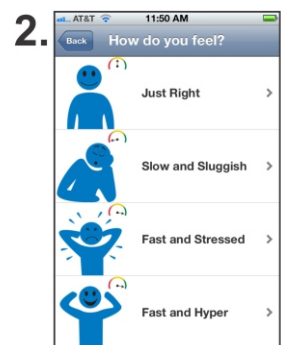
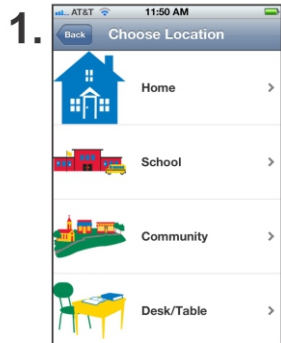


The results indicated the following:

- statistically significant improvements seen in spasticity, Gross Motor Function Measure (GMFM), activities of daily living up to 10 and 15 years after SDR (ie, through adolescence and into early adulthood).
- when severity of the Gross Motor Function Classification System (GMFCS) was taken into account the researchers found longlasting improvements through adolescence, which were not seen in the previously reported natural history curves for patients who did not have SDR
- patients had half as many orthopedic procedures as reported in the literature for patients without SDR

Reference: Dudley RW, Parolin M, Gagnon B, Saluja RS, Yap R, Monpetit K, Ruck J, Poulin C, Cantin MA, Benaroch T, Farmer JP. Beneficial Functional Outcomes of Selective Dorsal Rhizotomy (SDR) Are Long Lasting and Alter the Natural History of Motor Development in Spastic Cerebral Palsy. *Neurosurgery*. 2012 Aug;71(2):E564-5.

App Review: BrainWorks for Sensory Breaks



**BrainWorks App
for Sensory Breaks**

Sensational Brain LLC has released a new app to go along with their online tools to create sensory diets. I received a free copy to review for this blog post. This app is quite comprehensive when it comes to creating sensory diets for home, school and the community.

If you are not familiar with the BrainWorks system, it is an online resource to create sensory diets using picture cards to help supplement sensory diets. A tachometer is used as a visual image to help children determine if their bodies are just right, slow and sluggish, fast and stressed or fast and hyper. This system is carried over on the app as well.

The BrainWorks app was very easy to set up. I did watch the available [YouTube videos](#) to get a jump start but if you are comfortable with app usage you may not even need the video. If you are a parent you will benefit from watching the videos since Gwen Wild (the creator of BrainWorks) offers some helpful tips.

Basically, you set up user accounts with appropriate activities on each account. For this example, I set up an account for a "John Doe". I can go into settings and deselect activities so that only the activities that are available for John can be selected. Once that is all set the app is ready to go. You can add other users and customize the activities for that user.

You would give the child the iOS device and he can select himself, "John Doe". Once selected, John can choose to use the timer or not. The next step is to choose your location (picture 1. above). Once the location is selected John can pick how he feels (picture 2. above). Now John can pick activities based on how he is currently feeling (picture 3. above). For this example, the cross crawl activity was picked (picture 4. above). You can see the timer counting down in the cross crawl activity.

I tested this app on the iPhone and the iPad. The images shown above are all from the iPhone. The only difference is on the iPad up to 16 activities can be shown at one time whereas the iPhone shows 4 activities at a time.

All the above features are customizable. You can add your own activities with images from your photo library or take a picture. You can remove any activities that are not suitable for the child on the settings page. Also, to change the settings require a password to prevent children from altering the app once you have set it up.

Continued on next page

App Review: BrainWorks for Sensory Breaks

Here are the pros for the BrainWorks app:

1. Easy to set up.
2. Many activities provided with new ones being added.
3. Images are appropriate for all ages, not just young children.
4. The ability to have an unlimited number of users is great for occupational therapists, teachers and parents who have more than one child with sensory needs. You could set up different accounts for children in the same classroom. If a sensory break is needed the student could access an iTouch, iPhone or iPad independently and follow their own, personal sensory diet. No printing and cutting out picture cards required.
5. The step by step choices allow children to be more independent in following a sensory diet.
6. You can add your own activities - if you have specialized equipment or other simple activities you can simply snap a photo and add it to the sensory diet.
7. The timer offers nice visual support to indicate how much time is left and to help the child transition following the sensory break.
8. This would be a great app for older elementary students through adulthood. Once the student was instructed in how to carry out the activities, he/she would be able to carry out the sensory breaks independently.
9. I had no problems with the app crashing - worked properly every time I tried it.
10. It provides activities for at home, school, community and desk/table all in one location.

Here are the cons for the BrainWorks app:

1. Although each activity has a written description in the settings section it does not show up with the picture image. It would be helpful to have an easier way to access the written description especially when teachers or parents are supervising the sensory activities.
2. This app would require extra instructional time for younger students to be completely independent in carrying out the sensory breaks.
3. The iPad version shows up to 16 activities at a time which may be too many choices although you can easily decrease the choices in the settings.

I was financially compensated for this post but the opinions are completely my own based on my experience. Overall, I definitely give this app a thumbs up. Personally, I love the features of unlimited users for pediatric therapists to be able to customize an iTouch, iPhone or iPad to share in the classroom or clinic. It offers a wide range of activities to choose from. In addition, the tachometer images are very helpful in reinforcing getting the body into a just right state. It would be an even better app if the written description of the activity could pop up if necessary. One other idea that would be great is if they added a push reminder. Perhaps a sensory break reminder every hour for children to take a sensory break. That would be wonderful during homework time or even for adults who need reminders to step away from their desk top work.

Get more information about the [BrainWorks app](#) and purchase it for \$11.99.

Interested in the online version of BrainWorks? You can [get more information here about membership](#).

Hot Topics

Prevalence of Toe Walking



Prevalence of Toe Walking

Pediatrics will be publishing research on toe walking in children. A recent study looked at almost 1500 five and half year old children from Sweden. For children with a diagnosis of developmental delay or neuropsychiatric disorders, such as an autism spectrum disorder, more than 40 percent of children were currently or had been toe-walkers.

The study revealed that about 5% of the group of children had idiopathic toe walking. Most of the 5% started off walking on their toes and less started toe walking in the first year of walking. More than half of the children with a history of idiopathic toe walking were no longer toe walkers at 5.5 years of age.

This research confirmed that toe walking has a higher prevalence in children with a cognitive disorder but no cause and effect relationship was established.

Reference: Pähr Engström and Kristina Tedroff. The Prevalence and Course of Idiopathic Toe-Walking in 5-Year-Old Children. *Pediatrics* peds.2012-0225; Published online July 23, 2012 (10.1542/peds.2012-0225)

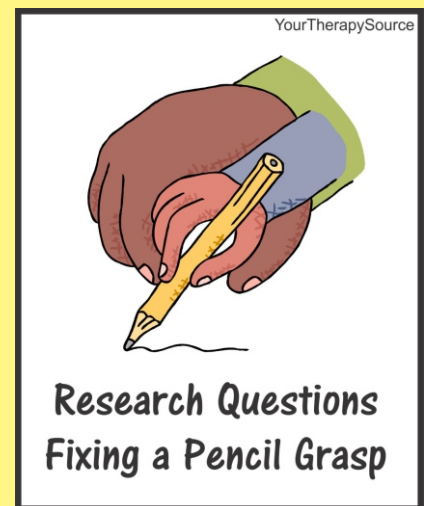
Pencil Grasp and Handwriting

The *Australian Occupational Therapy Journal* published research on the effect of pencil grasp on handwriting speed and legibility in 120 fourth grade students after a 10 minute copy task. A standardized handwriting assessment was completed before and after a 10 minute copy task by typically developing students and students with handwriting issues.

The results indicated decreased legibility after the 10 minute copy task but increased handwriting speed in both groups. Although there was decreased quality of handwriting, there was no difference among four different pencil grasps. The dynamic tripod pencil grasp did not provide an advantage over the lateral tripod or the dynamic or lateral quadrupod pencil grasps.

The researchers question the practice of having students adopt the dynamic tripod pencil grasp.

Reference: Heidi Schwellnus, Heather Carnahan, Azadeh Kushki, Helene Polatajko, Cheryl Missiuna and Tom Chau. Effect of pencil grasp on the speed and legibility of handwriting after a 10-minute copy task in Grade 4 children. *Australian Occupational Therapy Journal* June 2012 DOI: 10.1111/j.1440-1630.2012.01014.x



More Hot Topics

Daily Reports Improve Productivity

A recent study indicated that providing students with daily report cards on their progress was beneficial. Sixty three elementary students, mostly white male with ADHD, received daily reports and a control group did not receive daily reports. Significant improvements were seen in productivity and following the classroom rules in the group that received the daily reports.

Check out our newly published [School and Home Communication Forms](#) to get a simple daily form (plus 20 more forms) that you can even edit if necessary.

Reference: Shah, Nirva. Study: 'Daily Report Cards' Improve Behavior of Students With ADHD. Retrieved from Education Week on 7/9/2012 at http://blogs.edweek.org/edweek/speced/2012/06/study_daily_report_cards_impro.html

Low Competency in Fundamental Movement Skills

Pediatrics will be publishing research on almost 7000 elementary and high school students in Australia to explore the demographic and health-related characteristics of school-aged children with low competency in fundamental movement skills (FMS). Staff examined each student's height, weight, and assessed FMS and cardiorespiratory endurance. Demographic and physical activity was measured with a questionnaire.



The results indicated the following:

- the prevalence of students with low FMS competency was high
- girls with low socioeconomic status were twice as likely to have low FMS competency compared to their higher socioeconomic peers
- for boys low competency in FMS was associated with non-English speaking cultural backgrounds
- low competency in FMS was associated with decreased cardiorespiratory endurance
- boys with low competency in object control skills also did not meet physical activity recommendations
- the odds of being inactive were double among girls with low competency in FMS

The researchers concluded that fundamental movement skills need to start during the preschool and elementary school years.

Need ideas to teach fundamental movement skills? You can download [Locomotor Games for only \\$1.99](#).

Reference: Louise L. Hardy, Tracie Reinten-Reynolds, Paola Espinel, Avigdor Zask, and Anthony D. Okely. Prevalence and Correlates of Low Fundamental Movement Skill Competency in Children. *Pediatrics* peds.2012-0345; published ahead of print July 23, 2012, doi:10.1542/peds.2012-0345

On The Web...

Dental Visits and Autism

Here is a wonderful, FREE, booklet that you can download for children with autism who will be visiting the dentist. It offers many sensory tips so it is also beneficial for children with sensory processing disorder. It includes tips for oral hygiene, sensory modifications, behavior modifications, sequence picture cards and social stories. You can find out more information at the [Healthy Smiles for Autism](#)

Playground Grants

Does your school need a new playground or updates to their current playground? KaBOOM has partnered with Dr. Pepper, Snapple, Disney and others to offer several different grant opportunities. You can apply for a brand new playground, maintain a current playground, complete a playground and more depending upon what state you live in. You can get more information at [KaBOOM](#).

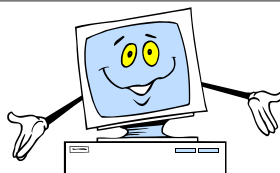
Wipe Off Options for Visual Motor Activities

Here are several suggestions for making visual motor activities reusable with wipe off markers. You can watch the YouTube video or go to [YourTherapySource.com](#) for pictures of more ideas and tips on what worked best when we tried them all out.

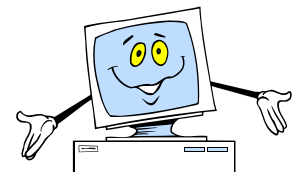


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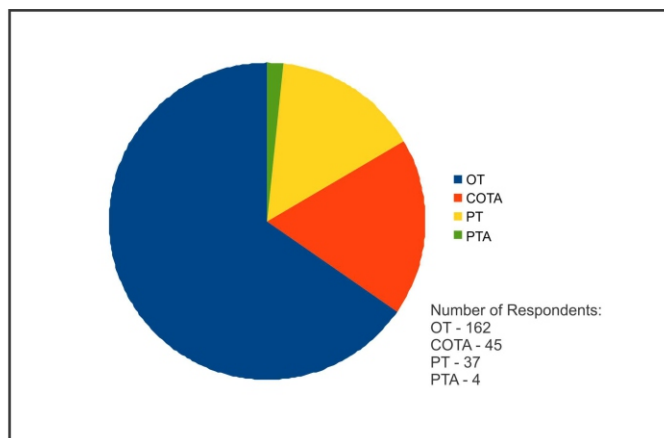
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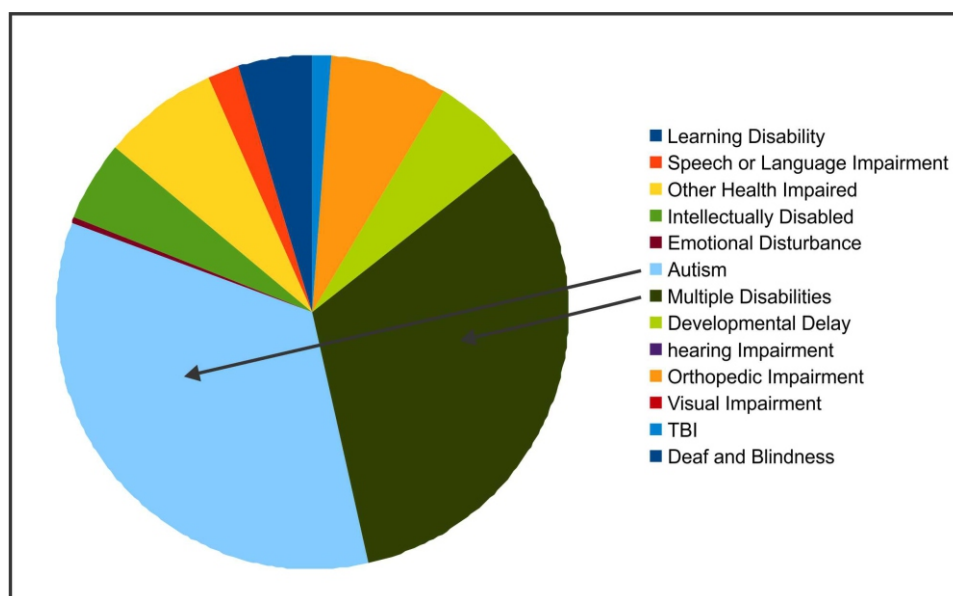
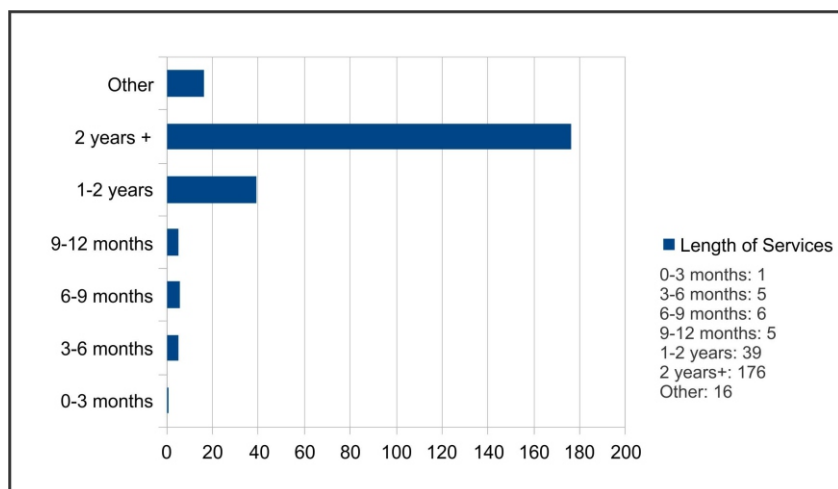
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Survey Results on Length Of Services



When considering your entire caseload, regardless of IEP classification, approximately how long do students receive school based OT or PT services?



Based on your experience, what IEP classification tends to receive therapy services for the longest?

Activity Ideas



Therapy Ticket Name: _____	Therapy Ticket Name: _____	Therapy Ticket Name: _____
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Therapy Ticket Reward System



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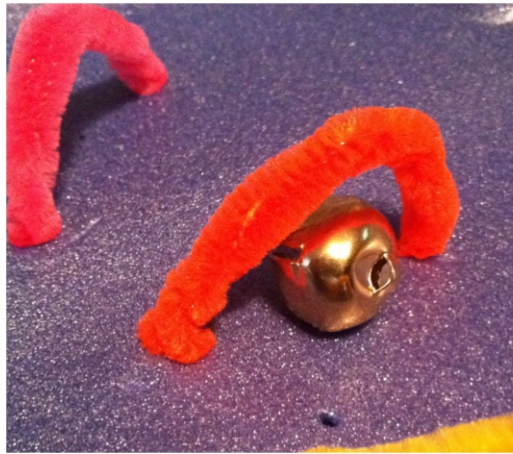


THE ANIMAL DETECTIVES

Download Animal Detectives to encourage visual perceptual skills, proprioceptive input and physical activity.

<http://www.yourtherapysource.com/freeanimaldetectives.html>

Activity Ideas



BELL MAZE



YourTherapySource

Here is a simple, super cheap activity to make. Clean a recycled Styrofoam meat tray. Cut a pipe cleaner in half and then fold it in half. Poke the pipe cleaners into the tray to make a small arch. You can put the pipe cleaners in any order you wish. Toss a jingle bell into the tray and practice getting the bell to roll under the arches. The bell works well because it is not a perfect sphere so it rolls slower than a marble or small ball.

This activity encourages:

- bilateral coordination
- eye hand coordination
- visual motor skills
- motor planning
- grading of movements.

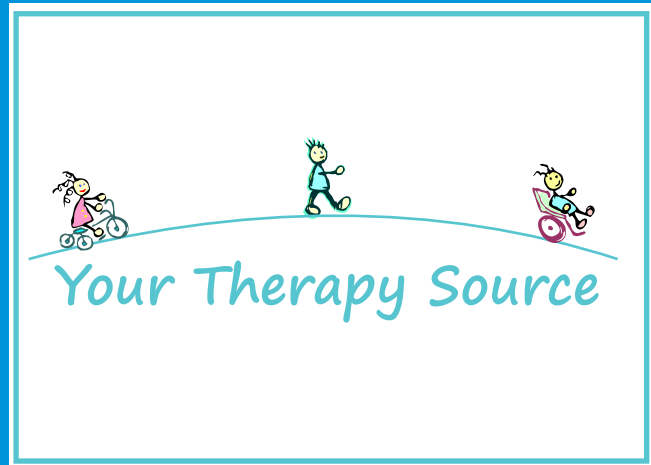
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