



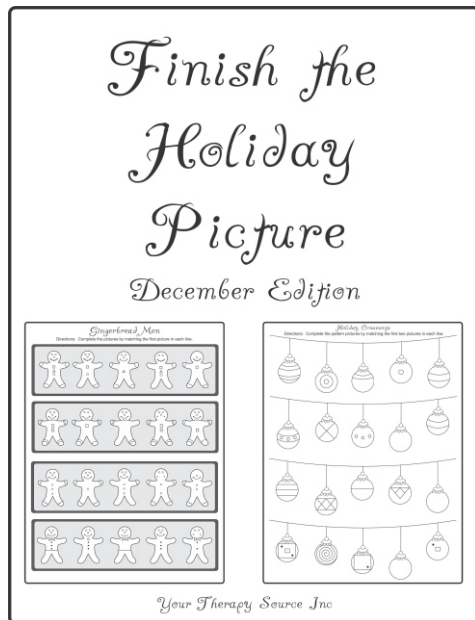
Your Therapy Source News

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

Issue 57 - December 2013

www.YourTherapySource.com

New and Popular Products



Finish the Holiday Pictures - December Edition

By: Your Therapy Source Inc

Summary: This electronic document includes 20 pictures to copy the patterns with a December holiday theme. There are 10 easy pictures and 10 more difficult pictures to encourage visual motor, visual discrimination, visual spatial and visual closure skills.

Retail price: \$3.99

SALE PRICE through 12/31/2013: \$1.99

www.YourTherapySource.com/holidaydecember



50 Sensory Motor Activities for Kids!

By: Your Therapy Source Inc

Summary: Electronic document of 50 sensory motor activities that get kids moving.

Retail price: \$6.99

SALE PRICE through 12/31/13: \$3.99

www.YourTherapySource.com/50book

5 Tips on Tackling Big Goals

At times, all children need some help to achieve big goals. Whether it be a lofty IEP goal that you inherited, a large project the student needs to complete or a complex motor skill often times it is easier to break it up into smaller, more manageable chunks. Teachers call it scaffolding and therapists sometimes call it chaining (or backwards chaining if you work backwards). Whatever you want to name it, sometimes a project needs to be accomplished in smaller pieces. Here are several tips to make it easier:

1. Before you break it up into smaller chunks, **demonstrate what you need accomplished as the final result.** If it is a large project, make sure the student sees the end result of what is expected. If it is a complex motor skill, demonstrate it so the student can visually see it. If you can not demonstrate the skill, find a peer who can. Even better, video tape the skill and send it home with the child so they can review it whenever necessary.

2. **Ask the child for input to create a timeline to achieve the goal.** Let the student help map out how to break up the skill. Ask questions to help prompt the child if necessary but do not just provide the solution to the problem. If the student is able, write down a timeline of when each part will be completed. For example, if the student is learning how to climb stairs in a crowded stairwell, then the timeline could include activities such as climb the stairs independently with visual distractions in the stairwell, climb the stairs independently with one other student in the stairwell and finally climbing the stairs with many students in the stairwell. Set dates for each skill to be accomplished. If the student is tackling a big academic project, encourage him/her to set specific dates with specific directions for each part of the project.

3. **Stop, reflect and review.** When you are moving through each "piece" of the overall goal stop, reflect and review. Is the student able to repeat what was previously learned and show 100% achievement of that "piece"? Ask the student if they need to change the timeline or any strategies that have been employed. Inquire if he/she could do it better the next time?

4. Teach the child to **offer suggestions** from peers and to ask for suggestions from peers. Once the child has a plan in place encourage them to discuss the plan and look for feedback.

5. Create **step by step visual pictures** if needed. If the written timeline is not sufficient, perhaps take pictures of the steps needed to complete the overall goal. The student can move through the visual schedule to help to complete the project.

5 Tips on Tackling Big Goals

Step 1

Step 2



Step 3

GOAL ACHIEVED!

YourTherapySource

Physical Activity Levels

Physical Activity and Academic Attainment in Adolescents

The *British Journal of Sports Medicine* published research on physical activity using accelerometers on 4755 participants (45% male) who were 11 years old. The data was then linked with nationally administered school tests in the United Kingdom in English, Math and Science at ages 11, 13 and 16.

The results indicated the following:

- percentage of time in moderate to vigorous physical activity (MVPA) predicted increased performance in English assessments for both males and females
- at age 16, percentage of time in MVPA predicted increased performance on math scores for males and females
- the percentage of time in MVPA predicted increased performance on science assessments for females at ages 11 and 16.

The researchers concluded that their findings suggest a long-term positive impact of MVPA on academic attainment in adolescence.

Reference: Associations between objectively measured physical activity and academic attainment in adolescents from a UK cohort J N Booth, S D Leary, C Joinson, A R Ness, P D Tomporowski, J M Boyle, J J Reilly Br J Sports Med bjsports-2013-092334 Published Online First: 22 October 2013 doi:10.1136/bjsports-2013-092334



Children Are Significantly Less Fit Than Decades Ago

The American Heart Association presented research on 50 studies on running fitness between 1964 and 2010 that involved more than 25 million kids, ages 9 to 17, in 28 countries. Most of the studies measured cardiovascular endurance by how far kids could run in a set time or how long it took to run a set distance. The tests typically lasted five to 15 minutes or covered a half-mile to two miles.

The results indicated the following:

- cardiovascular endurance declined significantly within the 46 years
- average changes were similar between boys and girls, younger and older kids, and across different regions, although they varied from one country to another
- today's children are about 15% less aerobically fit than children 30 years ago i.e. about 90 seconds slower when doing a timed mile.

Reference: Douglas, C. Kids' Aerobic Fitness Said to Decline Dramatically. Retrieved from Runner's World on the web on 11/20/2013 at <http://www.runnersworld.com/health/kids-aerobic-fitness-said-to-decline-dramatically>.

Sleep Patterns in Children with Autism

The *Archives of Disease in Childhood* published research on longitudinal sleep patterns in 73 children with autism. Parental reports of sleep duration were collected 8 times from 6 months to 11 years old. The results indicated the following:

- from 30 months to 11 years old children with autism sleep 17-43 minutes less than their peers
- no significant difference was found in sleep patterns from 6-30 months of age
- the reduction in sleep was due to changes at night not changes during daytime sleep patterns
- night time sleep duration was shorter due to later bedtimes and earlier wake times
- frequent waking > 3x/night was seen in children with autism older than 30 months of age
- age-specific decreases of > 1SD within individuals in sleep duration across adjacent time points was a predictor of ASD between 18 months and 30 months of age and from 30 months to 42 months.



Sleep Patterns in Children with Autism from 6 Months to 11 Years Old

The researchers concluded that sleep duration is decreased in children with autism from 30 months through 11 years old. You can read the open access full text article at <http://adc.bmj.com/content/early/2013/08/22/archdischild-2013-304083.short?rss=1>

Reference: Sleep patterns in children with autistic spectrum disorders: a prospective cohort study Joanna S Humphreys, Paul Gringras, Peter S Blair, Nicola Scott, John Henderson, Peter J Fleming, Alan M Emond Arch Dis Child archdischild-2013-304083 Published Online First: 23 September 2013 doi:10.1136/archdischild-2013-304083



Autism Sleeps, written by Ileana McCaigue, has over 36 years of experience as an occupational therapist and she has sensory integration certification.

Autism Sleeps™ serves as a thorough resource of sleep sensory strategies and suggestions for preparing the “sleep environment”. Sample bedtime and wake-up routines are provided as templates, especially to guide parents of children with sleep difficulties.

This book is easy to read with concise and thorough information on sleep and autism related sleep problems. There are step by step directions to: create a conducive sleep environment, encourage healthy sleep and establish a wake up routine. The book provides several case studies. The appendix includes sensory sleep strategies, checklists, sleep record form and graph.

You can order the book at Your Therapy Source -

<http://yourtherapysource.com/autismsleeps.html>

OT and PT Make a Difference



Occupational Therapy Improved Everyday Tasks in Children with Autism

The *Journal of Autism and Developmental Disorders* published research on the effects of occupational therapy with a sensory integration approach or behavioral therapy on the ability to complete everyday tasks in children with autism. In a randomized study, 32 children (ages 4-8), were assigned to an OT-SI group (occupational therapy sensory integration group) or a standard care group (behavioral therapy). The OT-SI group received intervention for 3 hours per week for 10 weeks. Following the interventions, investigators were blinded and assessed the children.

The results indicated the following:

- children in the OT-SI group scored significantly higher on Goal Attainments Scales than the standard care group
- children in the OT-SI group scored significantly higher on measures of caregiver assistance in self care and socialization than the standard care group.

References:

Roseann C. Schaaf, Teal Benevides, Zoe Mailloux, Patricia Faller, Joanne Hunt, Elke Hooydonk, Regina Freeman, Benjamin Leiby, Jocelyn Sendecki, Donna Kelly. An Intervention for Sensory Difficulties in Children with Autism: A Randomized Trial. *Journal of Autism and Developmental Disorders*, 2013; DOI: 10.1007/s10803-013-1983-8

Thomas Jefferson University (2013, November 25). Making sense of sensation in autism. ScienceDaily. Retrieved November 26, 2013, from <http://www.sciencedaily.com/releases/2013/11/131125101011.htm>

Developmental Neurorehabilitation published a retrospective study on 56 children (mean age of 4.2 years old) with cerebral palsy (GMFCS Levels I-V) who received physical therapy. The children's motor function was assessed every 3 months from 2008-2011. The results indicated the following:

- significant improvement in Gross Motor Function Measure - 66
- the improvement varied among the GMFCS levels with Level II showing faster progression
- younger PT children had better PT efficacy
- the GMFM-66 scores continued to improve until 8.4 years old in the older group of children

The researchers concluded that long-term conventional PT is effective even in older CP children, and PT was most efficient in younger children and GMFCS level II.

Reference: Chen, Yi-Nien et al. The effect of long-term conventional physical therapy and independent predictive factors analysis in children with cerebral palsy. *Developmental Neurorehabilitation*, Volume 16, Number 5, October 2013, pp. 357-362(6)

Positive Effects of Long Term Physical Therapy for Children with Cerebral Palsy

Active Prospective Control and Sensorimotor Learning



**Active Prospective
Control Necessary for
Sensorimotor Learning**

Recent research studied 36 adults with no history of motor or neurological impairments were assigned to one of three groups - active (participant actively guides movement), passive (therapist or robot guides movement) or control group. This study used haptic tracking for the passive movement. The results indicated the following:

- no effective learning with passive movement while active practice with prospective control resulted in significant improvements in performance.

- for the passive movement it was not the inaction that was the problem but the lack of prospective control was the issue.

The researchers concluded that the results suggest:

- active generation and control of limb movements is required for effective motor learning.
- passive forms of training did not yield good learning.

- 'active' means does not simply mean stimulated musculature and active sensorimotor loops, that was present in during the passive training task, but these factors alone failed to yield good learning.

- active means prospective control of limb movement trajectories, control in which perceptual information is used to anticipate the required trajectory and to overcome potential inaccuracy and instability caused by biologically determined delays in control.

- the results present a challenge when developing robotic interventions for people with movement disorders.

The researchers suggest to only provide when the limb leaves a pre-defined zone to allow active control of the movement.

You can read the full text article here - <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3806834/>.

Reference: Snapp-Childs W, Casserly E, Mon-Williams M, Bingham GP. Active prospective control is required for effective sensorimotor learning. PLoS One. 2013 Oct 23;8(10):e77609. doi: 10.1371/journal.pone.0077609.

Pick and Draw Card Game

This is a wonderful drawing card game called **Pick and Draw**. If you are looking for a compact, easy to travel with, learn to draw tool, you should check out this activity. I received a free copy of the card game and the book to review this product. The card game comes in a plastic case with 54 playing cards. There are five different categories - face, nose, eyes, mouth and hair with 9 cards in each category.

It is very simple to get started. Grab a piece of paper and a pencil. Read the step by step directions as you go (they contain some helpful drawing tips so I would go through the direction cards). So you start by picking one face card. You draw whatever face card you selected on your paper. Continue on adding the nose, eyes, mouth and hair from the cards you selected. The Pick and Draw cards break down the drawing of the cartoon character into simple steps instead of tackling drawing a cartoon character all at once. This is an excellent benefit to students who struggle with motor planning and visual perceptual deficits.

If you have a group, you can all draw the same features. Or each player can pick their own cards to create their cartoon character.

Some of the children chose to name their characters. Overall, this is an excellent, fun drawing activity for abilities of all ages. Many of the kids started out the activity complaining... "I am not good at drawing" but after playing the game they were ALL impressed with how their cartoon characters turned out. Quite a few commented... "I didn't think I could draw this good" and "This helped me to draw better". Who doesn't want to hear that after any activity but it is especially wonderful if you are working with a child who struggles with drawing and visual motor control.

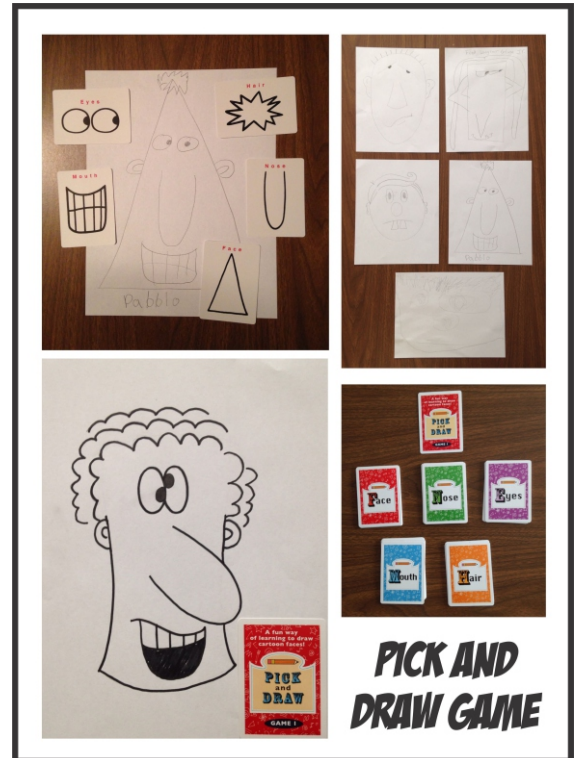
So far, I used the cards with individual children, a group of four children with a 4 year age span between them and a group of 10 children with varying drawing abilities. Managing the individual lesson or the groups were a breeze because the activity goes step by step making it easy to offer tips to everyone during the drawing process. And, as we all know that can be success in itself with pediatric group therapy sessions.

If you wanted to add in more therapeutic activities to the game you could:

- place each child's paper on an easel or on the wall to encourage wrist extension while drawing.
- you could place the cards on the floor and the child would have to squat down to get each facial feature to draw.
- place the cards around the room and the child has to scooter board or perform different animals walks to retrieve the cards.
- put the cards on the floor, the child stands behind a line and throws a bean bag at a card. Draw that feature.

I also received a book entitled *The Big Book of Pick and Draw Activities* by Rick Davis. This book is full of ideas that go with the deck of cards. There are chapters such as: Using Pick and Draw to Write Stories, Using Pick and Draw to Teach Non Fiction Writing, Pick and Draw with Clay and Pick and Draw Flexible Drawings for Students with Autism and Other Related Disorders. Many of the ideas in the book are wonderful to provide multi-sensory instruction and to help children with written expression (which many children who receive related services have deficits in these areas).

Interestingly, the Pick and Draw Game was just awarded the "Seal of Approval" by The National Parenting Center this last week which is a highly sought after award. I certainly concur and would give it a seal of approval as well. I was financially compensated for this post but the opinions are completely my own based on my experience. I would love to see more cards that included the rest of the body.

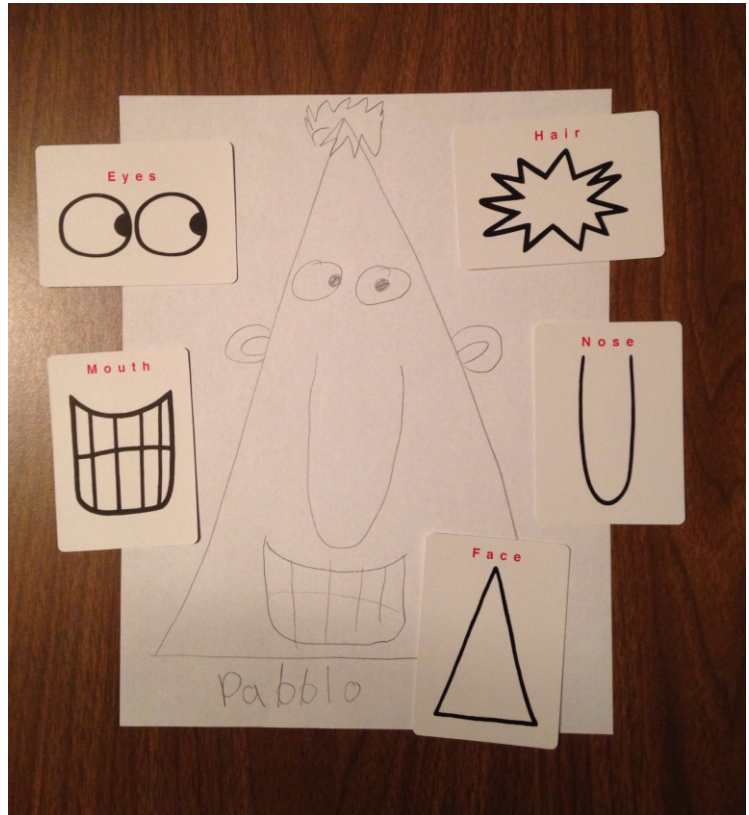


Pick and Draw Card Game

In summary, the positives about the Pick and Draw Card game are:

- excellent tool to teach drawing skills.
- step by step instruction breaks the large task of drawing a cartoon into smaller chunks.
- works well with a large group and with children of varying abilities.
- children reported that they felt that it improved their drawing skills.
- children participated throughout the entire activity without complaint.
- small and compact.
- you can play for a few minutes or for as long as you wish.
- book helps expand ideas to do with the cards and to apply to educational goals.
- sparks creativity.
- fun, fun, fun!

Here is my one negative but I have a simple fix - I wish the plastic card case for the cards closed better. It does come in a paper sleeve too but if you just toss the cards in the case into the black abyss of a therapy bag while traveling school to school it may open up. If you are like me, always in a rush and somewhat disorganized I would wrap a rubber band around the case to ensure that the cards stay together.



Overall, I really loved the Pick and Draw card game.

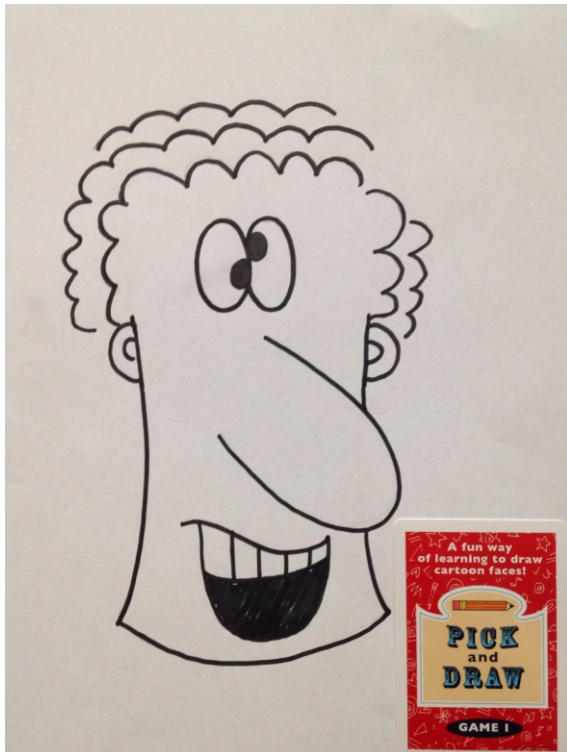
If you want to order the Pick and Draw cards for \$10 go to <http://www.PickandDraw.com>.

The Big Book of Pick and Draw Activities is available for \$5.99 as a Kindle Edition

(http://www.amazon.com/Book-Pick-Draw-Activities-ebook/dp/B00EAVVC3Y/ref=tmm_kin_swath_0?_encoding=UTF8&sr=8-1&qid=1352815458)

or for around \$13 for the print version also at Amazon

(http://www.amazon.com/The-Book-Pick-Draw-Activities/dp/0988351005/ref=sr_1_1?ie=UTF8&qid=1352815458&sr=8-1).

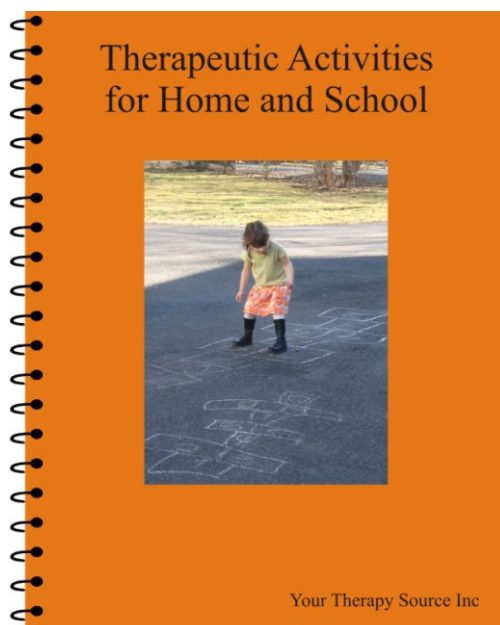


5 Bilateral Coordination Activities for the Kitchen



It can be hard for parents to follow through on specific home exercise programs for their child. The easier the tasks are to set up, the easier it is to carry out home programs. The more repetitive the daily practice, the greater the benefits of learning the skill. Here are five super simple bilateral activities that children can practice daily when helping out in the kitchen at home:

1. Spread soft butter or jelly on bread: one hand holds the knife and one hand holds the bread.
2. Pouring a drink - one hand holds the pitcher and the other hand stabilizes the cup.
3. Mixing - hold the bowl with one hand and use the other hand to stir with a spoon.
4. Open and close jars/containers - hold the jar/container with one hand and open the lid with the other hand.
5. Roll out dough - hold a rolling pin with both hands and roll out pizza, cookie or pie dough.



Therapeutic Activities for Home and School

By: Your Therapy Source Inc

Summary: Therapeutic Activities for Home and School provides pediatric therapists with over forty, uncomplicated, reproducible activity sheets and tips that can be given to parents and teachers. Make home exercise programs part of the everyday routine.

Find Out More Information at

<http://yourtherapysource.com/therexbook.html>

Hot Topics

Hippotherapy and Children with Autism

The *American Journal of Occupational Therapy* published a pilot study on 6 children with autism spectrum disorder (ASD) who participated in 45 minute hippotherapy sessions for 12 weeks. To determine pre and post intervention scores the following were used: the Vineland Adaptive Behavior Scales–II, the Child Activity Card Sort, force plates and a video motion capture system and force plates.

The results indicated the following:

- significant decrease in postural sway post hippotherapy
- significant increase in overall adaptive behavior particularly receptive communication and coping
- significant increase in self care skills, low demand leisure skills and social interactions

The authors concluded that "hippotherapy has a positive influence on children with ASD and can be a useful treatment tool for this population".

Reference: Heather F. Ajzenman, John W. Standeven, and Tim L. Shurtleff Effect of Hippotherapy on Motor Control, Adaptive Behaviors, and Participation in Children With Autism Spectrum Disorder: A Pilot Study *Am J Occup Ther* November 2013 67:653-663; doi:10.5014/ajot.2013.008383

3 Free Tools for Video Conferencing

Have you ever considered using your webcam on your computer to have a meeting? Perhaps you have a parent that you would like to show some exercises to in person but they are working during the school day. Maybe you want to discuss therapeutic techniques or hot topics with other professionals.

If you just one to connect with one person Skype is a great free option. If you have never used Skype it is super easy. This would be a simple and effective way to communicate with parents, "face to face", if they are unable to meet during the school day. If you travel to different schools, this would be a helpful way to demonstrate techniques to teachers or aides if you will not be there for a few days.

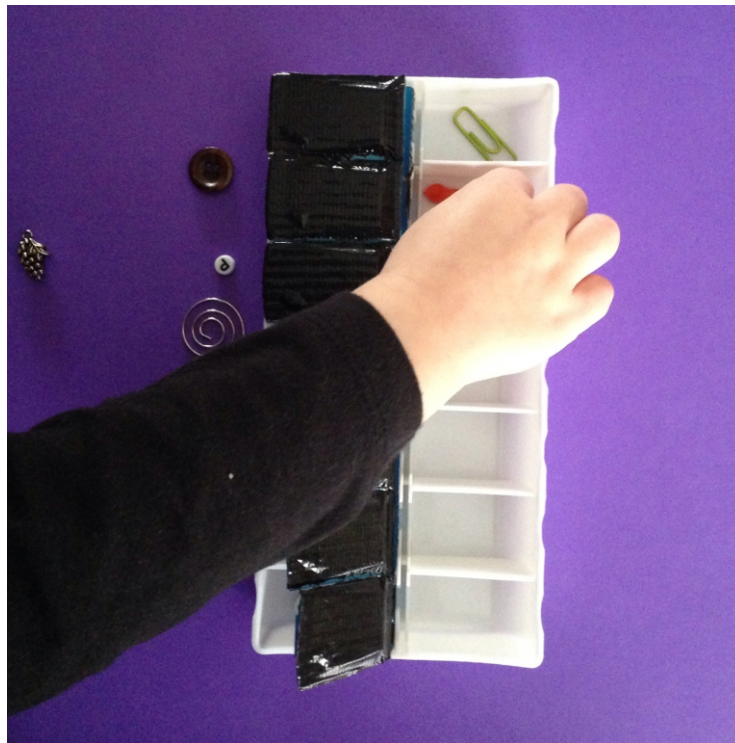
If you want to meet up with a group of professionals who all have a similar interest, try Google Hangouts. You can do video conferencing with many people for free. Each person does need to have a Google account though. I would like to try this out to show multiple people a PowerPoint presentation at one time.

OoVoo is another option for your pc, mac or mobile device. It is free to video chat with up to 12 people. You can even watch videos on YouTube together and comment or screen share from your device. You do need ios6 or ios7 to use ooVoo on Apple devices.



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Visual Memory and Fine Motor Box



Watch this video on how to make a visual memory and fine motor box with items from the dollar store.

You can view it at YourTherapySource here
<http://yourtherapysource.com/videovisualmemory.html>

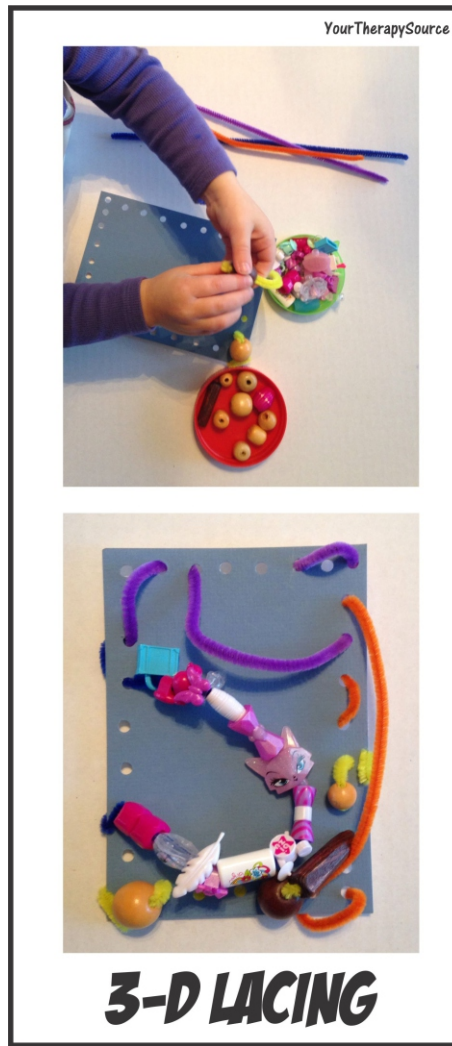
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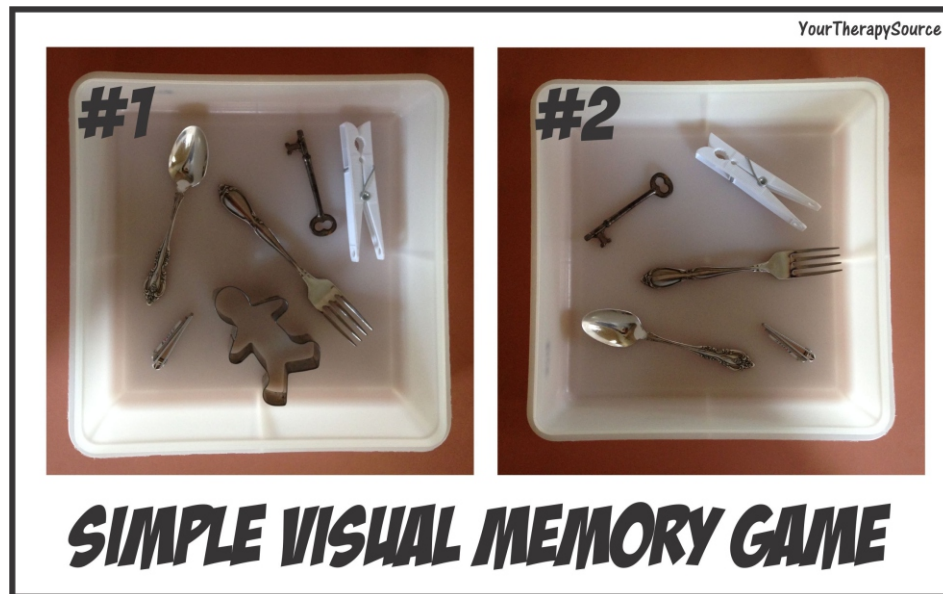
3-D Lacing Activity



Encourage visual motor, fine motor, bilateral coordination and creativity skills with this 3-D lacing activity. Read more at the YourTherapySource blog at:

<http://yourtherapysource.blogspot.com/2013/11/3-d-lacing-activity.html>

Simple Visual Memory Game



Test your visual memory skills with this simple game. Gather up objects from around the house, school or therapy room. Put several objects on a tray or in a box. Have the child look at what is on the tray for a short period of time. Have the child close their eyes and remove one item. When the child opens his/her eyes can they guess what object is missing?

We use a piece of cloth to wrap up the missing object. The children are always very excited not only to guess, but to unwrap the missing piece to check if they were correct in determining what object was missing.

To make this activity more difficult, place a higher number of objects or objects that look similar. To make it easier, use a few objects that look very different. To add in physical activity, place the tray at the end of the obstacle course. When the child starts the course remove one item so that when he/she gets to the end of the course he/she must tell you what item is missing. Make it a secret spy mission obstacle course to add in some detective pretend play too!

Don't forget to let the children take turns using the cloth to remove the secret object so that others can guess the missing object.



Photographic Memory Card Set

Study a picture cards of 10 photos for 30 seconds. Turn each card over and write down as many of the 10 items that you can remember to challenge your visual memory on the go.

Find out more information on the card set at:

<http://yourtherapysource.com/growingplaycards.html>

Visual Motor Integration Hand Out

Visual Motor Integration

What is it?

Visual motor integration is the ability to interpret visual information and respond with a motor action. For example, you see a baseball and you respond by moving your hands to catch the baseball.

Why is it important?

Visual motor integration is crucial for coordination activities. If visually presented information is not perceived correctly, the muscles will get incorrect messages resulting in an inappropriate motor response.

Children who have deficits in visual motor integration may exhibit problems with participating in sports, eye hand coordination skills, eye foot coordination skills, bilateral coordination (combining both sides of the body together), body awareness, activities of daily living (i.e. getting food on a fork), copying visual information, drawing, handwriting, lining up math problems, geometry, speed of complete motor tasks, etc.

How can you help with visual motor integration?

Children need adequate visual spatial skills to function properly in school and at home. If you have concerns about your child's visual skills, be sure to start out by having your child undergo a thorough vision examination by an optometrist or an ophthalmologist (medical doctor).

If your child has difficulties with visual motor integration skills try the following: practice coordination tasks repeatedly, keep worksheets clear, uncluttered and concise, cover up all the problems except the one that is being worked on, highlight or darken important information, use a multi-sensory approach (i.e. activities that require using more than just the visual system such as creating a video presentation instead of handwritten assignment), let a child give an answer orally instead of written, reduce the amount of materials that need to be copied from the board, provide copies of class notes to the child, and focus on the quality of the work rather than the quantity.

Here are some activities that encourage visual motor integration:

- practice, practice, practice balls skills - catching, throwing, kicking and hitting. Start with large balls and slower speed progressing to smaller balls and faster speed.
- practice large movements to form letters and numbers (i.e. air writing forming the letters large in the air using your whole arm and hand).
- use stencils, dot to dot puzzles, mazes and coloring books (emphasizing coloring in the lines)
- practice lacing activities - string beads, simple sewing projects and lacing cards
- copy designs using wooden blocks, interlocking blocks, peg boards, etc.
- play movement games that encourage right/left discrimination, avoiding obstacles, stopping/starting, etc.

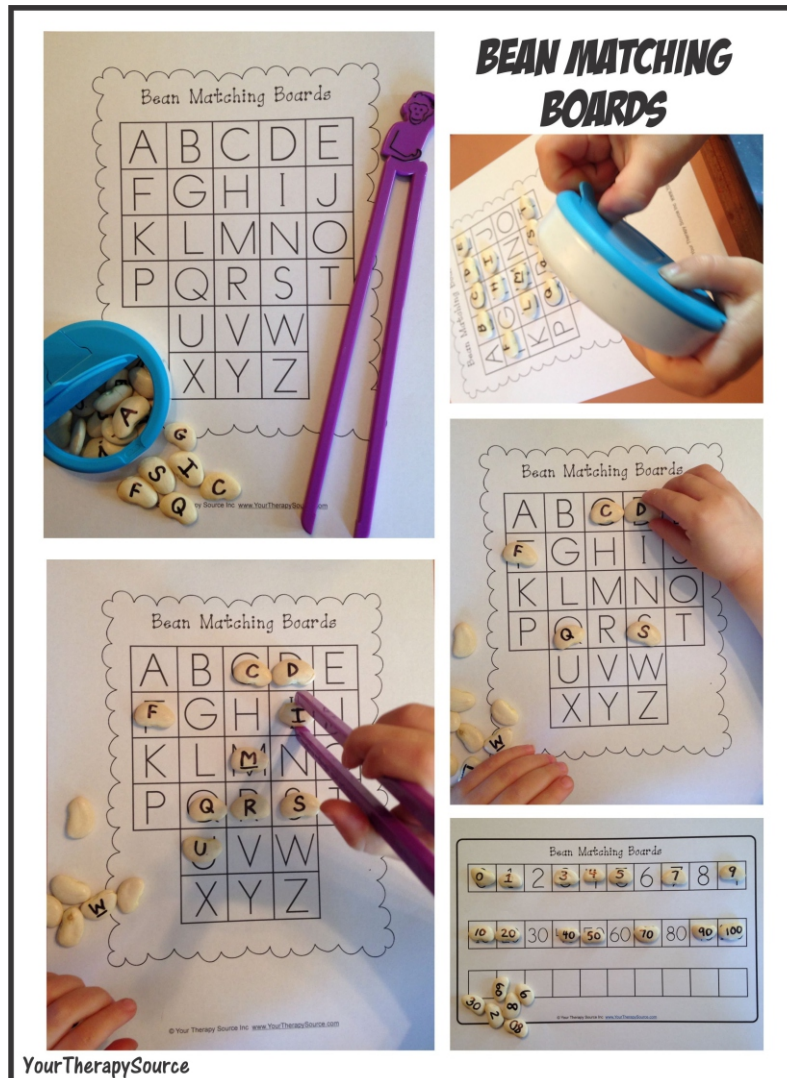


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These pages are not intended to provide medical advice or physician/therapist instruction. Information provided should not be used for diagnostic or training purposes. Consult a therapist or physician regarding specific diagnoses or medical advice.

Check out the latest freebie from the What? Why? How? Series 4 on Visual Skills. This freebie is on Visual Motor Integration. You can download it at <http://yourtherapysource.com/wwh4free.html>.

Fine Motor Bean Matching Boards



Print out the matching bean boards and read the directions to create this fine motor, visual perceptual and graded muscle control challenge. Modifications included to add in physical activity to the task. You can read about it and download the matching boards for free at

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

Ping-Pong Puzzles



Encourage development of the arches of the hand, web space and in hand manipulation all while practicing academic and visual perceptual skills. Read more at YourTherapySource

<http://yourtherapysource.com/freepingpong.html>

Your Therapy Source Inc.

www.YourTherapySource.com



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