Your Therapy Source News

Digital magazine for pediatric occupational and physical therapists.

Issue 23 - February 2011

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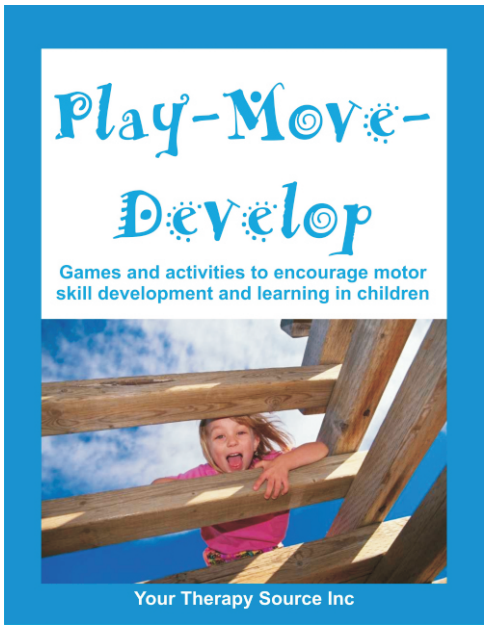
New and Popular Products



Play - Move - Develop:

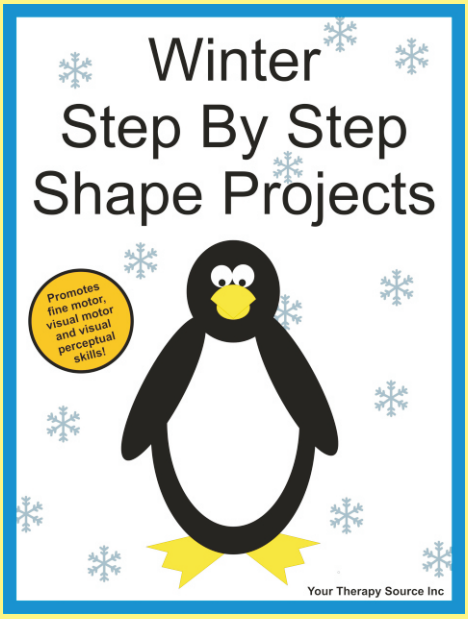
100 reproducible activity ideas to encourage motor skill development and learning in children

List Price for electronic book: $13.95

Sale price for ELECTRONIC book: $9.95 until 2/14/2011

List Price for PRINT book: $24.95

www.YourTherapySource.com/playmove



Winter Step By Step Shape Projects

Download of 10 winter themed step by step shape projects to practice cutting and pasting skills.

List price: $4.99

www.YourTherapySource.com/winterstep

Snow, Snow and More Snow!

For many of us on the East coast, the snow has been hitting us hard this Winter. Why not take advantage and get outdoors for some great sensory motor experiences:

- Make snow angels - a wonderful proprioceptive, body awareness and motor planning activity
- Go sledding - it does not get any better than this in terms of a overall sensory motor activity. You get vestibular input, proprioceptive input, muscle strengthening and motor planning.
- Create snow sculptures - combines the the heavy work of packing snow, working on the hands and knees and creativity. Get out your sand toys to add to the fun.
- Make a snowman - here is some serious pushing work along with heavy lifting. Add in some activities of daily living by dressing the snowman with a hat, scarf and mittens.
- Snow targets - spray the snow with colored water and aim snowballs at the targets
- Climb snow hills - Children LOVE to climb big snow hills made by a snow plow. They love to work their way all the way to the top only to tumble back down to the bottom. Simple activity but a work out.
- Letter Writing - practice writing letters in the snow with a gloved finger or large stick. Try stomping out letters in the snow with your feet. If you know a child who presses to hard when he/she writes, try writing letters on paper on top of the snow. You have to press very lightly or the paper will sink into the snow.
- Build a snow hill - Children love to shovel and scoop snow. Work together to create a snow hill. Try creating different sizes: small, medium and large.
- Scavenger Hunt - create a list of a few items that you could possibly find outdoors where you are i.e. leaf, small stick and rock. The children have to dig in the snow to find the items. Do not hide them yourself. Just let the kids explore the snow.
- Snowball challenge - Who can make the biggest snowball that will hold together which you can still hold in your hands? Who can throw a snow ball the longest distance? Who can create the tiniest snowball with just their fingers? Who can walk the longest distance with a snowball balancing on their head? Who can make the most snowballs in 30 seconds?

Adaptations: If you can not get out into the snow, bring the snow inside. Get a large plastic bucket and fill it with snow. Use kitchen utensils to dig in the snow. Put some on a cookie sheet and drive cars through a "snow storm". Build mini snowmen in the bucket and use toothpicks for arms. Put mittens on and transfer the snow to another bucket. Take measurements of how long it takes for the snow to melt. The possibilities are many.

Are You Effective?

Considering it is mid school year, it may be time to evaluate your skills as a therapist. Are you effective? Sometimes, children miss extensive class time due to therapy sessions. Is it worth their while? Annual review time is quickly approaching and therapists should be thinking about what is working and what is not working. Don't just retest your children annually and when gains are made pat yourself on the back. Get to the core of each issue and determine have you made a difference.

Step 1: Make sure you have baseline measurements. Be very specific in your baseline data. Here is where a standardized test may be beneficial. For some issues, standardized testing is not available. Here is where you need good data - how long? how far? how many times in a 5 minute period?

Step 2: Establish goals. What are you trying to achieve for the child? Be very specific. Include what needs to be measured, how you will measure it and when you will measure it.

Step 3: Determine an intervention. What will you do to teach the child the skills necessary to meet the goal? Again, be very specific.

Step 4: Record data! Write down results for every therapy session. Record your data - how long did it take the child to walk from the classroom to the cafeteria? How many times did the child stand up during circle time? How many letters did the child write legibly? How many words did the child write in 1 minute? Also, record data regarding environmental modifications i.e. When the child was sitting on a therapy ball, he could pay attention for 5 minute intervals. When you are recording the data, be consistent so that you can show that what you are doing is working over time. In hard economic times, if you can show what you are doing is working that equals job security.

Step 5: Create Goals for Yourself: School based therapists help to write IEP goals for students, now try taking the time to write some for yourself. These can be goals that you would like to accomplish daily, monthly or by the end of the school year. Be sure to actually write them down so that you can check your progress. Here are some examples to get you started in thinking of some for yourself:

1. I will document each therapy session at the end of the session 90% of the time.
2. I will type up an evaluation within 1 day of performing the evaluation 100% of the time.
3. I will stay on schedule for all therapy sessions 80% of the time.
4. I will make contact with a child's parents with positive feedback 1x/month.
5. I will have my IEP's reviewed and completed 1 week in advance of due date.
6. I will provide lesson plans to teachers for group therapy sessions 100% of the time.
7. I will create a goal for each therapy session whether individual or consultation sessions.
8. I will communicate with the student's teacher weekly, 100% of the time.
9. I will send home carry over activities following each therapy session 90% of the time.
10. I will keep all paperwork organized and neat, 100% of the time
11. I will make goals that are reachable (cross out Number 10 then!)

PT and the School Aged Child

The November issue of *Physical and Occupational Therapy in Pediatrics* published a review on physical therapy interventions for school aged children with cerebral palsy. Thirty four articles were reviewed with strength training being the most studied intervention. The strength training intervention resulted in significant improvements in muscle strength but not necessarily in function. Improvements in gross motor function, gait speed, stride length and endurance were seen with functional training. Weight supported treadmill training resulted in improvement trends on the Gross Motor Function Measure and gait velocity but none were significant. One of three studies using neurodevelopmental treatment as an intervention resulted in significant improvements on the Gross Motor Function Measure. With regards to treatment dosage, no studies "found significant differences for different intensities of treatment".

Reference: Liz Martin, Richard Baker and Adrienne Harvey. A Systematic Review of Common Physiotherapy Interventions in School-Aged Children with Cerebral Palsy. Physical and Occupational Therapy in Pediatrics November 2010, Vol. 30, No. 4 , Pages 294-312 (doi:10.3109/01942638.2010.500581)

Hip Flexion Measurements for Cerebral Palsy

The *Journal of Bone and Joint Surgery* published research comparing three examination tests to determine the degree of hip flexion contractures in children with cerebral palsy. Thirty six subjects withe cerebral palsy and 37 subjects without cerebral palsy were evaluated with the Thomas Test, the Staheli test (prone hip extension test) and hamstring shift test. The results indicated the the Staheli test was the most valid method for determining hip flexion contracture in subjects with cerebral palsy.

Reference: Lee KM, Chung CY, Kwon DG, Han HS, Choi IH, Park MS. Reliability of physical examination in the measurement of hip flexion contracture and correlation with gait parameters in cerebral palsy. J Bone Joint Surg Am. 2011 Jan;93(2):150-8.

Hot Topics

Exercising with a Best Friend

A new study that will be published in Medicine & Science in Sports and Exercise found that 10 and 11 year old boys and girls who are physically active with their best friends engage in higher amounts of physical activity. Higher levels of physical activity were seen when the friends were active outside of school hours. This study indicates that have an active friend can increase daily physical activity time for children.

This is a simple suggestion for children to increase daily physical activity time - play with a friend after school! Set up play dates or encourage buddies who will be good role models for physical play time.

Reference: Better with a buddy: influence of best friends on children's physical activity by Russell Jago, Kyle MacDonald-Wallis, Janice L Thompson, Angie S Page Rowan Brockman and Kenneth R Fox, Centre for Exercise, Nutrition and Health Sciences, School for Policy Studies, University of Bristol, Bristol, UK. Medicine & Science in Sports & Exercise, Vol 43, No 2, February 2011.

Sensory Integration or Fine Motor Interventions?

The American Journal of Occupational Therapy published a pilot study comparing sensory integration versus fine motor interventions in children with autism. Children with autism or PDD were divided into two groups, with 20 children receiving sensory integration treatment and 17 fine motor skill treatments. The participants received eighteen, 45 minute treatment sessions during a 6 week summer program. Following the interventions, the children in the sensory integration group had significantly less autistic mannerisms. No significant differences were seen on the Sensory Processing Measure or the Quick Neurological Screening Test Edition 2. Significant differences were seen in both groups with regards towards reaching goals (through Goal Attainment Scales) that were established prior to the interventions. The sensory integration group exhibited more significant improvements towards the goals when compared to the fine motor group.

Reference: Beth A. Pfeiffer, Kristie Koenig, Moya Kinnealey, Megan Sheppard and Lorrie Henderson. Effectiveness of Sensory Integration Interventions in Children With Autism Spectrum Disorders: A Pilot Study doi: 10.5014/ajot.2011.09205 American Journal of Occupational Therapy January/February 2011 vol. 65 no. 1 76-85

Self Control and Adult Health

A large longitudinal study in New Zealand assessed the self control of more than 1000 children in the area of self control. Parents, teachers, observers and children reported on frustration levels, attention to tasks, restlessness, waiting to take turns, activity levels and more. The children who scored lowest in the areas of self control scored higher in areas such as breathing problems, gum disease, sexually transmitted disease, inflammation, overweight, and high cholesterol and blood pressure. In addition, when the children with lower self control became adults they: had more financial problems, increased criminal activity, increased rate of single parents and increased dependency on tobacco, alcohol or drugs. The good news is that children who improved their self control as they got older fared better in adulthood indicating that self control can be taught.

Reference: Physorg.com. Childhood self-control predicts adult health and wealth
Retrieved on 1/30/2011 from http://www.physorg.com/news/2011-01-childhood-self-control-adult-health-wealth.html

On the Web...

Proprioception Information

David Brown, from the California Deaf-Blind Services, has written an excellent article on proprioception. It is informative and well written. The focus of the article is on children who are deaf and blind but the information is suitable for any child with sensory processing disorder. There are some great examples of how to explain proprioception deficits (i.e. leg falling asleep and actions you take to wake it up). The article explains the proprioceptive sense, what happens when it is not working properly and what can be done to help. You can download the article at http://yourtherapysource.blogspot.com/2011/01/proprioception-information.html

Fine Motor Manipulative Hand out

The National Association for the Education of Young Children (NAEYC) has created a great flyer on math manipulatives for preschoolers. This would be beneficial for pediatric occupational therapists to hand out since they are all fine motor manipulatives as well! All the items can be easily found around the house or outdoors. You can view the hand out at http://yourtherapysource.blogspot.com/2011/01/fine-motor-manipulative-hand-out.html

Caring Awards

Do you know someone who goes above and beyond when caring for others and is an excellent role model? Nominate anyone ages 9-99 years old for a Caring Award. If a young adult wins they will receive money towards college costs. Important points to consider are length of service, scope and impact of work, challenges overcome and imagination and innovation. We all work with many people who have overcome significant challenges and care for others. Why not take the time to nominate them in 500 words or less. You can find out more at http://www.caring-institute.org/caringawards.html

Video Contest on Physical Activity for the Disabled

The National Center on Physical Activity and Disability (NCPAD) is sponsoring a video contest on how to get enough physical activity. The contest which is entitled "How Do You Get Enough" requires you to submit a 1-10 minute video on how to get enough physical activity if you have a disability, health condition or activity limitation. You can submit up to three videos of a completed, edited video or just raw footage. There are cash prizes from $150 to $1250. Also included is a chance to get your video professionally filmed and edited. All entries must be received by May 13, 2011. Find out more at http://www.ncpad.org/newsletter/newsletter.php?letter=123&section=1593

Want to see the winning videos? They will be posted after August 2011 at the NCPAD You Tube Channel.

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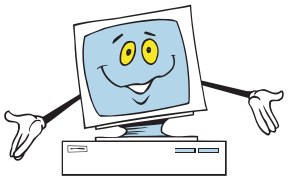

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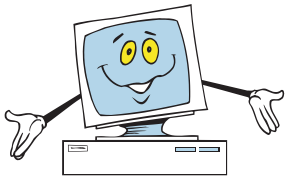
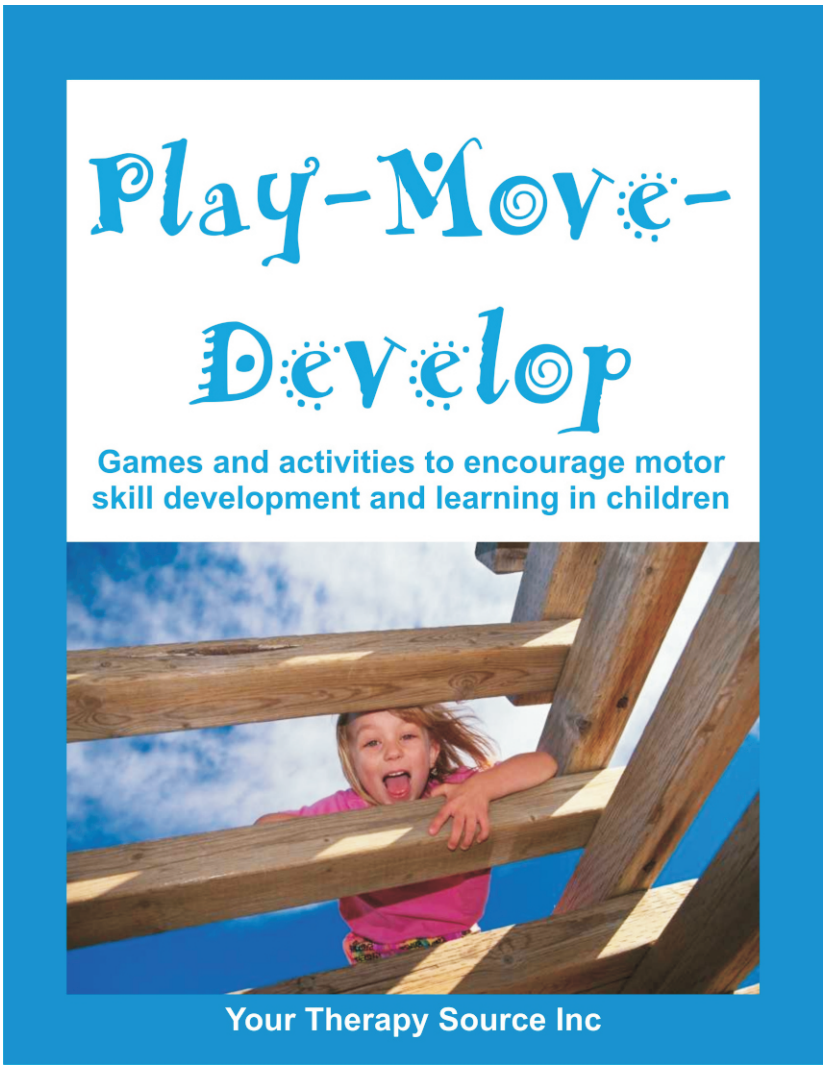


Free Sample Pages

The following four free sample pages are from
Play - Move - Develop.

To purchase the full book go to
www.YourTherapySource.com/playmove



Tactile Balls

Tactile Balls encourage:

- fine motor skills (small muscle movements in the fingers)
- eye hand coordination
- tactile input

Tactile Balls use these materials:

- different types of fabrics
  - You can use fabric - cotton, fur, textured
  - Try using old clothes and cut them up - jeans, t-shirts, flannel
  - Use felt squares from craft stores
- old socks
- rubber bands

How to play Tactile Balls:

1. Cut out a set of matching 4 fabric squares about 8” by 8” for a total of 8 fabric squares.

2. The child can assist with this step. Place the sock in the middle of the fabric square. Gather up the fabric around the sock and secure with a rubber band. Your tactile ball is ready to play with.

3. Place the matching 4 fabric squares around the room. The child can stand in the middle of the room. The child tries to throw the tactile ball to the matching fabric square.

Additional Ideas:

Try placing dried beans inside the tactile balls. The child can help to put the beans in a plastic bag and tape it securely shut. Make sure the children do not throw the bean bags at anyone.

Play hot potato with a group of children using the tactile balls.

Comments:

Same or Different

Same or Different encourages:

- fine motor skills (small muscle movements in the fingers)
- the ability to discriminate objects just using the sense of touch
- tactile input

Same or Different uses these materials:

- fabric scraps, small household items or small toys

How to play Same and Different:

1. If you have fabric scraps of different textures, have the child assist and cut up each scrap into two pieces. For household items or small toys, find matching items i.e. 2 spoons, 2 forks, 2 small toy cars, 2 small blocks, 2 large stringing beads, 2 toothpicks, 2 marshmallows, etc.

2. Explain to the child that he is going to try and determine if he is holding the same objects in both hands or different objects. The child must have his eyes closed. Use a blindfold if the child will tolerate it. Place one object in each hand. The child should feel the objects and then state “same” or “different”. You could also have the child identify exactly what the object is in each hand. If it is fabric, the child can describe it i.e. one is smooth and one is furry. Continue play with all of the fabric scraps or items.

Additional Ideas:

To work on visual memory, place some of the items on a tray. Have the child look closely at the tray for 30 seconds. The child should now turn his back or close his eyes. Remove one object. When the child turns back around, he should state what object is missing.

If the child does not like to touch certain objects or textures, begin by playing the game only with textures that the child will tolerate.

If you have a group of children, hand out the objects. On “GO”, the children should move around the room and find the other child that has the same item as them.

Comments:

Sock Sacks

Sock Sacks encourages:

- eye hand coordination
- bilateral coordination (using both sides of the body together)
- gross motor skills (large muscle movements)

Sock Sacks use these materials:

- old tights or stockings in different colors
- balled up pair of socks
- cardboard tube or plastic bat

How to play Sock Sacks:

1. The adult should cut off the top of the tights. The child can place a balled up pair of socks all the way at the bottom into the foot of the tights. Create at least 2 sock sacks in different colors.

2. Let the child play with the sock sack. Have the child place one in each hand and make large arm circles. Put a target on the floor such as a book standing up or empty 2 liter bottle. The child stands back a few feet and tries to knock the object over using the sock sack.

3. The adult can swing the sock sack in a circle and the child can jump over it.

4. Hang the sock sacks from the ceiling. Call out one color of the tights. The child tries to hit the sock sack using the cardboard tube. Try calling out left or right to identify which sock sack to hit.

Additional Ideas:

To practice catching skills, place two balled up socks in the bottom of the tights. Knot the tights off. Throw the sock sack back and forth to each other.

Comments:

Tree House Kids

Tree House Kids encourages:

- gross motor skills (large movements)
- fine motor skills (small movements of the hands and fingers)
- visual perceptual skills

Tree House Kids uses these materials:

- pipe cleaners
- scissors

How to play Tree House Kids:

1. First you must create the tree house kids. Take one pipe cleaner, grab it in the middle and form a small circle for a head, twist a few times for the body and separate the pipe cleaner to form the legs. An adult should cut another pipe cleaner in half. Using one half of the pipe cleaner, grab it in the middle and twist it around the body to create the arms. Twist each arm up so that you can link the tree house kids together. Create at least 5 tree house kids.

2. Go outdoors. Find a bush or tree and the child should hang each tree house kid in the tree. Tell a story to the child about the tree house kids who want to go out and play. The child should then close eyes. A person hides the tree house kids all over the yard or park. Hang them in trees or hide them in the grass.

3. Now the child is ready to find the kids. Tell the child that the tree house kids must return home to the tree. The child should search for the kids. Once found, the child should bring each tree house kid back and hang it on the tree. Continue playing until all the tree house kids are found.

Additional Ideas:

For finger isolation, the child can loop the tree house kids on each finger.
Try linking the tree house kids together, hanging them in a chain, arm to arm.

Comments:

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