



# **Your Therapy Source News**

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

**Issue 47 - February 2013**

**[www.YourTherapySource.com](http://www.YourTherapySource.com)**

# New and Popular Products



## Kirigami for Kids

This is an electronic pdf document of projects to cut and fold.

Retail Price: \$4.99

**Sale Price until 2/28/13: \$1.99**

[www.YourTherapySource.com/kirigami](http://www.YourTherapySource.com/kirigami)

## Quick and Easy Motor Activities Pack #2

Motor Paper Chain  
Sports Slide  
Action Cootie Catcher

Your Therapy Source, Inc.

## Quick and Easy Motor Activities Pack #2

Download of 3 sensory motor activities that encourage coordination skills, motor planning, fine and gross motor skills. Great projects to send home for carry over activities for home and school.

Retail Price: \$3.99

**Sale Price until 2/28/13: \$0.99**

[www.YourTherapySource.com/quickeasy2](http://www.YourTherapySource.com/quickeasy2)

[www.YourTherapySource.com](http://www.YourTherapySource.com)

# Wiihab and Balance Therapy

A recent study was published in *Developmental Neurorehabilitation* regarding the use of the Nintendo Wii to improve balance, motivation and function in children participating in acute rehabilitation following acquired brain injury.

A multiple baseline, single study research design was used with three subjects who received daily Wii balance training. The results indicated that two participants were equally motivated by traditional balance training and one participant was more motivated using the Wii. Improvements were seen in dynamic balance and functional ability. The results for static balance were inconclusive.

The researchers concluded that using the Wii is a safe and motivating tool for balance therapy for children with acquired brain injury. Further research was recommended regarding the use of the Wii for balance therapy.

Do you use the Wii in therapy sessions? I have before and wish I could bring one with me for so many students that I see, particularly older students.

Here are the positives:

- The motivation level is high
- there is wonderful visual and occasionally tactile feedback
- challenges motor planning skills
- excellent feedback for weight shifting of the lower extremities

The negatives are:

- motor planning skills can be very challenging for some children on certain games
- difficult to travel with as a school based therapist
- cost for the entire system is a bit pricey if you are paying out of your own pocket

I have considered putting together a Wii kit to include a small television or monitor, the Wii and the Wii Fit balance board. If I tossed it into a small suitcase on wheels I could transport it to different schools. Perhaps I will look for a second hand television set and Wii (now that the WiiU has come out I am sure there are plenty of people willing to unload the old Wii for cheap). The Wii can be set up in a snap (unlike the Kinect that takes some time to calibrate to the room you are playing the game in). I will be keeping my eyes out.

So back to the question do you use the Nintendo Wii in therapy sessions?

Reference:Wii-habilitation as balance therapy for children with acquired brain injury Sandy K. Tatla, Anna Radomski, Jessica Cheung, Melissa Maron, and Tal Jarus *Developmental Neurorehabilitation* 0 0:0, 1-15 doi=10.3109%2F17518423.2012.740508

# Sporting Opportunities for Students with Disabilities

The US Department of Education, Office of Civil Rights, has issued a letter based on a report performed by the United States Government Accountability Office (GAO) which highlighted that access to, and participation in, extracurricular athletic opportunities provide important health and social benefits to all students, particularly those with disabilities. The letter provides an overview of the obligations of public elementary and secondary schools under Section 504 and the Department's Section 504 regulations including:

- an overview of Section 504 requirements
- informs school districts not to act on stereotypes or generalizations
- provide equal opportunity for participation
- offer separate or different extracurricular activities if necessary

You can read the entire letter at the [Department of Education - http://www2.ed.gov/about/offices/list/ocr/letters/colleague-201301-504.html](http://www2.ed.gov/about/offices/list/ocr/letters/colleague-201301-504.html)

Here is my summary on the letter:

1. Coaches are not allowed to exclude a student due to a disability based on the coaches stereotype or generalization of how a certain disability presents itself.
2. Schools must make reasonable modifications. If aids and services are necessary to ensure an equal opportunity to participate the school district must allow it. The exception is if the school district can show that doing so would be a fundamental alteration to its program.
3. Schools do not have to include all students on any team. But, if the student has the skills to make the team you can not exclude the student based on a disability. Basically the school has to make reasonable accommodations if necessary for the student to participate.
4. If a student with a disability can not participate in the school's extracurricular programs even with modifications, a school district should offer students with disabilities opportunities for athletic activities that are separate or different from those offered to students without disabilities. These athletic opportunities provided by school districts should be supported equally, as with a school district's other athletic activities.
5. Recommendations to collaborate to create regional teams, male/female teams or unified sports teams (teams including students with and without disabilities).

Do any of the schools where you work or live pay for extracurricular activities for students with disabilities for those that can not participate on the school team even with modifications?

Reference: Seth M. Galanter, Acting Assistant Secretary for Civil Rights. Dear Colleague Letter. Retrieved from the web on 1/28/2013 at <http://www2.ed.gov/about/offices/list/ocr/letters/colleague-201301-504.html>

# Healthy Changes

Here are some ideas to help children create some healthy changes:

- 1. Help children identify a habit or routine that they would like to change.** Only pick one habit or action to focus on that they would like to change. Perhaps it is to reduce the number of times they participate in a bad habit. For example, instead of watching television for 2 hours straight without moving, reduce the amount of time to one hour of television.
- 2. Encourage children to define a new, healthy goal to achieve during the new year.** Offer some suggestions such as: participating in 30 extra minutes of physical activity per day, eating an additional serving of vegetables per day, exercise during commercials, etc.
- 3. Try a new leisure activity that will increase their physical activity time weekly.** Try to think of an activity they can complete on their own without adult. Use the local library or school library as a resource to teach themselves a new skill. Rent a video or watch You Tube to learn a new skill such as yoga, tai chi or Zumba. If available at your school, suggest joining intramurals to test out a new sport.
- 4. Create a collaborative poster of healthy resolution ideas.** Print and add to the poster at [YourTherapySource.com](http://yourtherapysource.com/freehealthychanges.html)- <http://yourtherapysource.com/freehealthychanges.html> Children can add their own resolutions or write their names next to ones that are already on the paper. Save it and see how everyone does when next year rolls around.





# Online Occupational Therapy

Online occupational therapy, in particular, for whatever reason remains to be a hard topic for schools and the special education community to grasp. To address these concerns, Rosemarie Helton participated in a brief Q&A with Your Therapy Source about online occupational therapy and online therapy in general. Rosemarie Helton is a registered and licensed Occupational Therapist part. She graduated from Colorado State University with a Bachelor of Science degree. She has been an Occupational Therapist for over 10 years and has worked in a variety of therapy settings including virtual settings. In providing online therapy Rosemarie is part of a network of speech language pathologists and occupational therapists working with PresenceLearning, a provider of online therapy services.

**1. How are you providing online OT in the schools? ie special computer programs, video conferencing, etc.**

I provide online occupational therapy services using an internet platform by PresenceLearning. This internet platform delivers online therapy services such as online speech therapy and online occupational therapy. The PresenceLearning platform allows me to use audio, video and interactive activities all in one location.

**2. Is the recommended services the same whether online or not? ie you follow IEP recommendations**

Yes, the services provided are from the IEP.

**3. Does the school district provide a teacher's assistant to help the student receiving services?**

I currently work with students in a virtual school setting. The need for a support person is based on the students abilities, age and the focus of their therapy sessions.

**4. What types of activities do you offer? All computer games or some hands on activities? How do you ensure that materials are available?**

I offer a variety of activities based on the students needs and the focus of their therapy goals. I use computer based games/activities and hands-on activities that I create or find in the PresenceLearning content library within the internet platform. I occasionally send materials and equipment as needed for each students.

**5. Is the cost of online therapy cheaper?**

The overall cost of online therapy is cheaper. Online therapy allows for cost savings in the areas of travel time, therapist recruiting, training and retention and the use of digital and common household materials. Online therapy has some start up costs such as headset, webcam and internet service but those costs are not enormous and most people already have some or all of the this equipment and/or service.

**6. Can you offer group sessions?**

Yes, group online therapy sessions are available and based on the individual students needs.

**7. How many school districts currently use online OT or have you seen growth in this area?**

There is huge growth in the area of virtual schools. Currently, 40 states have virtual schools and 30 states have statewide full-time online schools. Approximately, 12% of the over half a million students who are enrolled in virtual schools receive special education services including OT. This is a huge population and growing rapidly.

**8. Are you involved in IEP writing and goal setting?**

Yes, I am involved in IEP writing and goal setting. In the virtual school setting IEP's are held by phone and I am part of the team that attends the meeting and reviews the document to ensure it is appropriate and accurate.

**9. One more - how do you document if schools use specific IEP tracking programs like IEP Direct or Clear Track? Do they grant access to those programs for you?**

Yes, I am given access to this IEP tracking application provided by PresenceLearning called the "SLP Portal." The SLP Portal is a custom online application that allows me to document my therapy sessions, review therapy notes and track progress.

To learn more about online occupational therapy and hear insight from special education leaders, sign-up for a free webinar hosted by Rosemarie Helton and PresenceLearning on February 5, 2013. Go to <http://presencelearning.com/>



# Recent Research

## Strength, Balance and Mobility in Children

*Gait and Posture* published research regarding the relationship between lower extremity muscle strength, balance and mobility in 21 children ages 7-10. Each child's isometric and dynamic strength was tested in addition to their steady-state, proactive, and reactive balance and mobility (single and dual task conditions). The results indicated the following:

- significant positive correlations between dynamic and isometric lower extremity muscle strength
- hardly any association was found between variables of strength and balance/mobility and between measures of steady-state, proactive, and reactive balance
- no significant correlations were detected between balance/mobility tests performed under single and dual task conditions.

The researchers concluded that balance and mobility performance is task specific. In addition, strength and balance/mobility as well as balance under single and dual task conditions may be independent of each other. Therefore, strength and balance/mobility may have to be tested and trained together.

Reference: Thomas Muehlbauer, Carmen Besemer, Anja Wehrle, Albert Gollhofer, Urs Granacher. Relationship between strength, balance and mobility in children aged 7–10 years. *Gait & Posture* - January 2013 (Vol. 37, Issue 1, Pages 108-112, DOI: 10.1016/j.gaitpost.2012.06.022)

## Development and Plagiocephaly

*Pediatrics* has published research comparing the developmental skills of children at 36 months with and without developmental plagiocephaly. Over 400 children were studied by pediatricians and were assessed with the Bayley Scales of Infant and Toddler Development, Third Edition (BSID-III). The results indicated the following:

- children with developmental plagiocephaly scored lower across all scales including cognition, language, adaptive behavior and motor skills
- the smallest difference was seen in motor skills when comparing the two groups

The researchers concluded that since preschoolers with developmental plagiocephaly continue to exhibit deficits pediatricians should screen children for developmental plagiocephaly to encourage early intervention.

Reference: Brent R. Collett, Kristen E. Gray, Jacqueline R. Starr, Carrie L. Heike, Michael L. Cunningham, and Matthew L. Speltz. Development at Age 36 Months in Children With Deformational Plagiocephaly *Pediatrics* 2013; 131:1 e109-e115; published ahead of print December 24, 2012, doi:10.1542/peds.2012-1779

# Hot Topics

## Use of Weighted Vest for Challenging Behaviors

*Developmental Neurorehabilitation* published a single case study that analyzed the effects of a weighted vest on the aggressive and self-injurious behavior of a young boy with autism. An ABAB design was used where the boy wore a 5 pound weighted vest or no vest. The results indicated that the weighted vest had no marked effect on levels of aggression and self-injurious behavior in the young boy with autism.

Reference: Tonya N. Davis, Sharon Dacus, Erica Strickland, Daelynn Copeland, Jeffrey Michael Chan, Kara Blenden, Rachel Scalzo, Staci Osborn, Kellsye Wells, and Krisann Christian. The effects of a weighted vest on aggressive and self-injurious behavior in a child with autism. *Developmental Neurorehabilitation* 0 0:0, 1-6 doi=10.3109/2F17518423.2012.753955

## Achondroplasia and Gross Motor Skill Development

The *Journal of Paediatrics and Child Health* published research on the gross motor skill development of children with achondroplasia. A population based study was done on children with achondroplasia ages 12 months to 48 months in Australia and New Zealand from 2000 through 2009.

The results indicated that children with achondroplasia exhibit delays in gross motor skill acquisition although within group differences in height, weight and head circumference (or relationships between these factors) do not appear to influence gross motor skill development before 5 years of age. The only exception was supine to sit transitioning, which appears likely to occur earlier if the child is taller and heavier at 12 months, and later if the child has significant head-to-body disproportion.

Reference: Penelope Jane Ireland, Robert S Ware, Samantha Donaghey, James McGill, Andreas Zankl, Verity Pacey, Jenny Ault, Ravi Savarirajan, Elizabeth Thompson, Sharron Townshend and Leanne M Johnston The effects of head circumference on gross motor development in achondroplasia. *Journal of Paediatrics and Child Health*. Article first published online: 22 JAN 2013 | DOI: 10.1111/jpc.1207

## Disorganization, Coordination Disorder and ADHD

The *Journal of Child Neurology* published research on the association of attention deficit and disorganization in boys with and without specific developmental disorder of motor function. The study included four groups of 120 boys ages 7-12: 1.) disorganization plus coordination 2.) coordination disorder 3.) disorganization 4.) control.

The results indicated a significantly increased rate of attention deficit in children with organizational deficit. Attention deficit in children with specific motor disorder was exclusively associated with an organizational deficit.

Reference: Nirit Lifshitz, Naomi Josman, and Emanuel Tirosh Disorganization as Related to Discoordination and Attention Deficit *J Child Neurol* 0883073812469295, first published on December 26, 2012 doi:10.1177/0883073812469295



# More Hot Topics

## Handwriting Club

The *American Journal of Occupational Therapy* published research that compared two different handwriting interventions. Seventy two first and second grade students either received intensive handwriting practice or visual perceptual motor activities during a handwriting club for 12 weeks. The post test results indicated the following:

- the intensive handwriting practice group demonstrated significant improvements in handwriting legibility
- neither group showed significant effects on handwriting speed and visual-motor skills

The researchers concluded that the handwriting club model can be an effective short term intervention for RTI Tier II.

Reference: Tsu-Hsin Howe, Karen Laurie Roston, Ching-Fan Sheu, and Jim Hinojosa. Assessing Handwriting Intervention Effectiveness in Elementary School Students: A Two-Group Controlled Study *Am J Occup Ther* January 2013 67:19-26; doi:10.5014/ajot.2013.005470

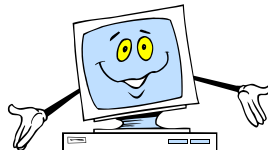
## Exercise Program for Non Ambulatory Children with Cerebral Palsy

*Clinical Rehabilitation* published research on 35 children with a gross motor classification system levels IV-V who participated in a 6 week exercise program. The subjects were randomly placed to participate in a stationary bike group, treadmill group or control group.

After the 6 week intervention significant differences were found in GMFM-88D scores between the bike group and the control group, and the treadmill group and the control group. No significant differences were found for GMFM-66 or GMFM-88E scores between the bike group and control group, or the treadmill group and control group, although improvements were noted for both exercise groups. No improvements were seen during the follow up period.

The researchers concluded that exercising on a bike or a treadmill may produce short term improvements in gross motor skills for children GMFCS Levels IV-V.

Reference: Elizabeth Bryant, Terry Pountney, Heather Williams, and Natalie Edelman Can a six-week exercise intervention improve gross motor function for non-ambulant children with cerebral palsy? A pilot randomized controlled trial *Clin Rehabil* February 2013 27: 150-159, first published on July 30, 2012 doi:10.1177/0269215512453061



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#### **Favorite Vendor for Therapy Products**

1. Therapy Shoppe
2. Abilitations
3. Tie for third place: Pocket Full of Therapy and Therapro

#### **Favorite Pencil Grip**

1. Grotto Grip
2. Claw
3. Handiwriter

#### **Favorite Handwriting Program:**

1. Handwriting Without Tears
2. First Strokes

#### **Favorite Website for Pediatric Therapy Information:**

1. YourTherapySource
2. Pinterest
3. Tie for third place : AOTA, OT Exchange and Therapy Fun Zone

#### **Favorite Blogs:**

1. Your Therapy Source.blogspot
2. Tie between OT with Apps and Therapy Fun Zone

#### **Favorite Resource Book (tie between these four titles):**

**Occupational Therapy For Children** by Jane Case Smith OTR  
**Raising a Sensory Smart Child** by Lindsey Biel OTR and Nancy Peske  
**Physical Therapy for Children** by Suzann Campbell, PT  
**Understanding Your Child's Sensory Signals** by Angie Voss, OTR

#### **Favorite Tool to Strengthen Fine Motor Muscles:**

1. Theraputty or Putty
2. Play Dough
3. Clothes Pins

#### **Favorite Gross Motor Tool or Toy:**

1. Therapy Ball
2. Scooter
3. Ball

#### **Favorite Item Purchased in 2012:**

1. iPad
2. Sneaky Squirrel Game
3. Bear Popper

#### **Favorite Oral Motor Item/Product:**

1. Chewlry
2. Gum
3. Bubbles

#### **Favorite Overall App:**

1. Letter School
2. Dexterity
3. many with only one vote

#### **Favorite Fine Motor App:**

1. Dexterity
2. Bugs and Buttons
3. HWT - Wet Dry Try

#### **Favorite Assessment Tool for Pediatric Therapy:**

1. PDMS-2
2. Tie between the BOT-2 and the M-Fun

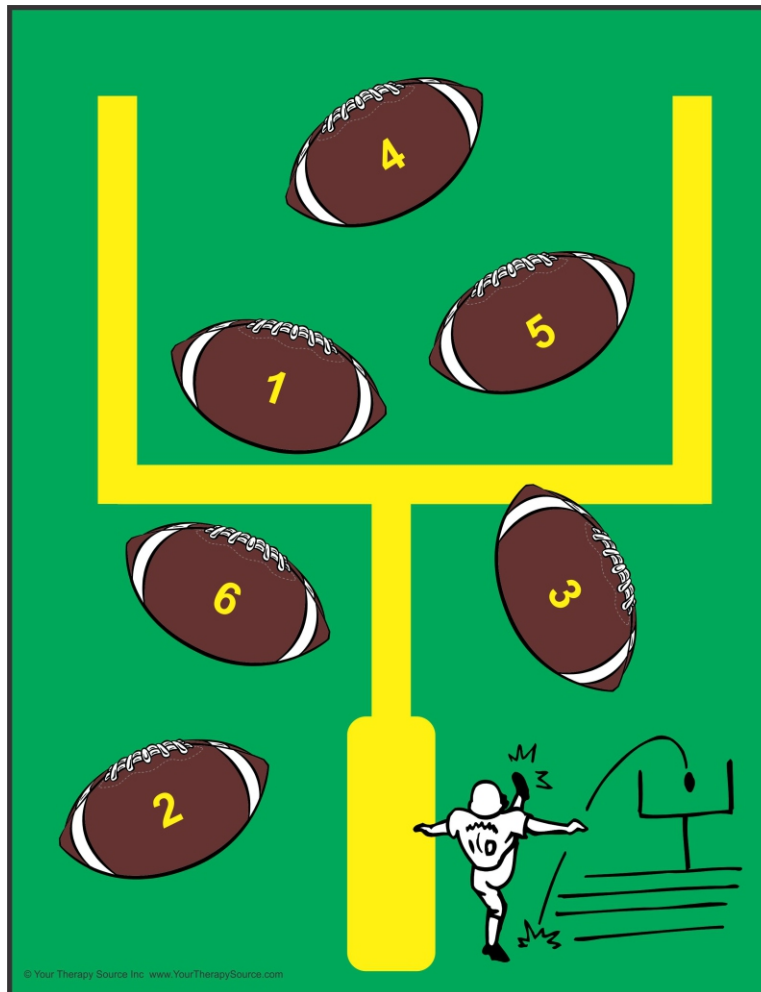
#### **Favorite Assistive Tech Tool:**

1. iPad/iPod
2. Tie between Alphasmart and Co-Writer

#### **Favorite Continuing Ed Course:**

1. Handwriting without Tears
2. NDT
3. Tie between *Is it Sensory or is it Behavior?* and *Yoga for Special Needs*

# Free Football Game



Here is a freebie football game to print and practice different activities.

You can download it at  
<http://www.yourtherapysource.com/freefootball>

## Finger Tip Tripod Grip Dot Markers



Watch a video on how to make these dot markers with plastic furniture tips.

Go to:

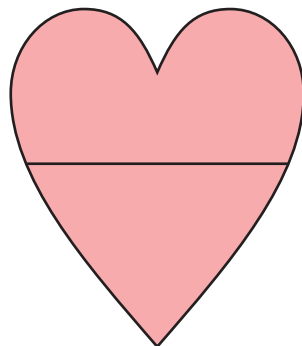
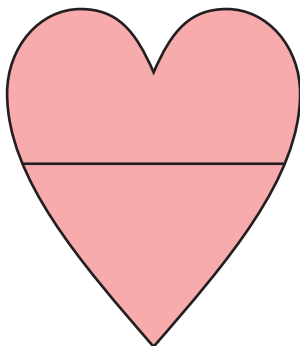
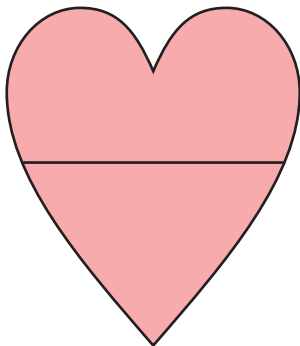
<http://yourtherapysource.com/videoofingertip.html>



**Directions:**

1. Print out the color or black and white small conversation hearts and the large hearts.
2. Cut around the small hearts including the hot pink rectangle beneath each one. Cut out the large hearts and cut each one in half along the line.
3. Glue the two parts to the clothes pin on the front. Glue the hot pink rectangle on the inside of the clothes pin.
4. Give the clothes pins as a Valentine or play a memory game. Pinch open each clothes pin and mix them up. Can you remember where each saying is? Pinch the clothes pin open to check if you were correct.







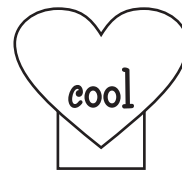
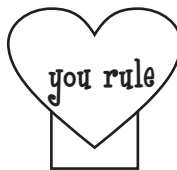
**Directions:**

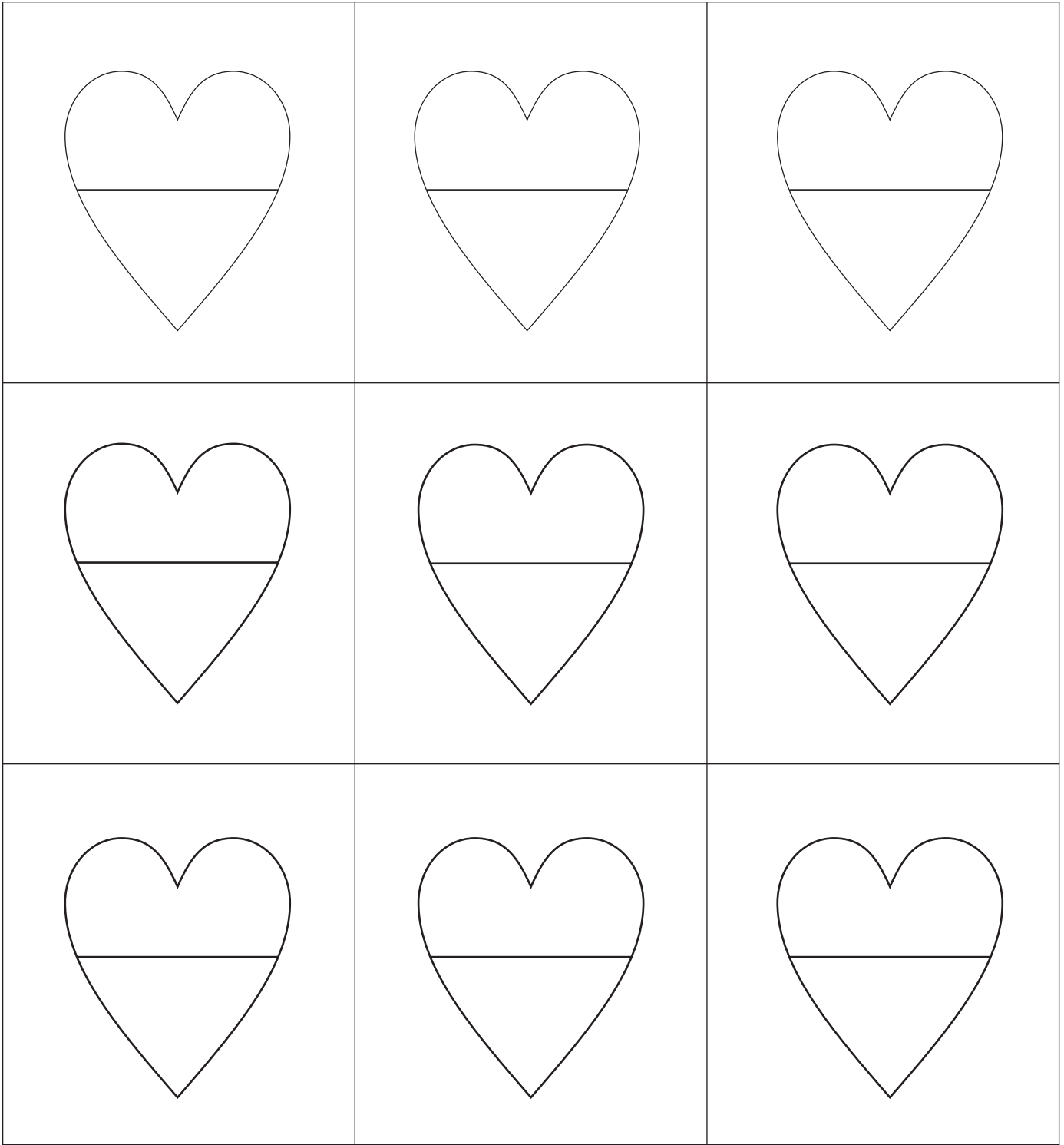
1. Print out the color or black and white small conversation hearts and the large hearts. If you choose the black and white color the hearts in before you cut them.

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