



Your Therapy Source News

Digital magazine for pediatric
occupational and physical therapists.

Issue 68 - February 2015

www.YourTherapySource.com

New and Sale Products



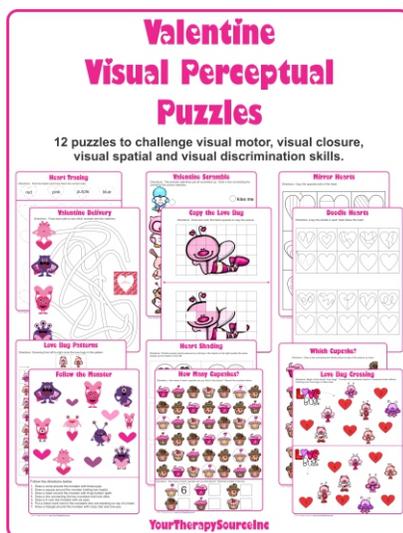
Title: Brain Breaks for Valentine's Day

Summary: Download includes 30 Valentine's Day themed Brain Breaks, 5 brain break spinners, Roll Some Valentine's Day Brain Breaks and Calm Down poem

Download: \$2.99

Find out more at:

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



Title: Valentine Visual Perceptual Puzzles

By: Your Therapy Source

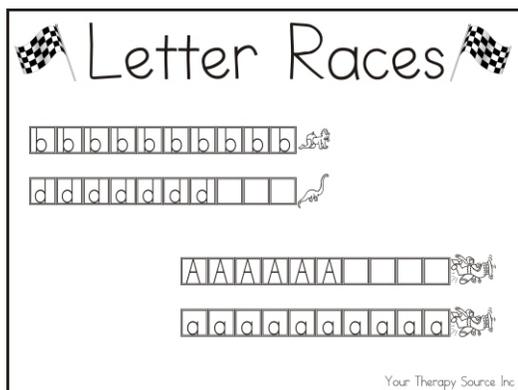
Summary: Download of 12 visual motor, visual spatial, visual closure and visual perceptual challenges with a Valentine/love theme

List Price: \$2.99

Sale price until 2/28/15: \$1.99

Find out more at:

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



Title: Letter Races

By: Your Therapy Source

Summary: 37 letter races to practice letter formation

LIST PRICE: \$4.99

Sale price until 2/28/15: \$0.99

Find out more at

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

Tips for Successful Pediatric Group Therapy Sessions



Tips for Successful Pediatric Group Therapy Sessions

Many children receive group physical and occupational therapy sessions. Children benefit from group therapy sessions by modeling their peers, using cooperation and acknowledging each other's strengths. In a group setting children can communicate their ideas with each other and problem solve motor activities. In addition, group therapy may benefit children by providing social interaction. By achieving skills and tasks in front of their peers, a child's self esteem may improve. These benefits are wonderful when the group therapy session goes smoothly. But, what about when the therapy session does not go so smoothly such as having children who refuse to participate or exhibit non-compliant behavior?

There are several ways to help ensure that the group therapy session is successful. First and foremost, be prepared. Children tend to exhibit inappropriate behavior when they become complacent during unstructured times. It is critical to plan out in advance exactly what goals you will be addressing during the session and design an activity keeping those goals as the focus. Always have in mind a few extra activities. Some activities that you may think will take 20 minutes may take 5 minutes leaving you with a chunk of unstructured time.

When determining what activities to utilize during a group session, keep all of the children's skills and goals in mind. Make sure that all of the children can complete the tasks while being challenged. If one child finds a task too difficult, frustration may result in non-compliance. On the other hand, one child may find the task too easy which could lead to inappropriate behavior while waiting for the next activity to begin. Creating that balance for all the children in your group can be difficult but with proper planning it can be achieved.

Establish a structured routine and clearly communicate rules that you will follow each therapy session. The children will know what to expect each and every session. Perhaps, begin with a short warm up activity, followed by the main task and then finish up with a cool down activity. Another option, would be to open and close each session with a particular song which gives the children a clear sign that group is starting and ending.

Tips for Successful Pediatric Group Therapy Sessions (Continued)

The activities and tasks that are planned for the session should be fun, exciting and novel as well as pertinent to the children's goals. If the children are having fun while achieving their goals the participation level will most likely increase. In addition, a motivated child will exhibit appropriate behavior in order to participate. Provide positive reinforcement to the children in order for them to realize that effort is just as important as accomplishing the task. All children in the group may not be able to participate at the same level. If the child is working hard, recognize their determination.

Remember to be flexible. If the children are not able to complete a planned activity they may become frustrated, refuse to participate or exhibit inappropriate behavior. Be sure to adjust accordingly. First, try to simplify or repeat the directions to ensure that the children understand what is being asked of them. Also, try to simplify the tasks or break the skill down into smaller parts so that the children can accomplish the activity. If the children continue to exhibit difficulties after modifying the planned activity, you may need to move on to a new activity.

If you are working with a large group, try recruiting another staff member to create a collaborative treatment session. Motor activities provide an excellent resource for language development. For example, concepts such as prepositions can be physically acted out lending further understanding of the words. Perhaps the speech therapist can address certain goals while you are also addressing your goals.

Another option when working with a large group, is to break the group up into smaller groups. Establish several activity stations to be accomplished during a certain amount of time. You can monitor one station where the children will need more supervision. Plan several other stations that can be completed independently. Rotate the smaller groups through each of the stations. The smaller group setting will allow each child to participate more often again limited the amount of unstructured time.

If you are unable to break a large group up or recruit other staff members to assist make sure that the children are actively engaged at all times. Attempt to plan activities that keep the whole group active throughout the session. If the activity does require turn taking, try having the children line up shoulder to shoulder or in a large circle, instead of one behind the other. This allows the children to benefit from seeing each child take a turn. For some children, seeing the task repeated over and over again can make it easier for them to complete the task.

Group occupational and physical therapy sessions can be greatly beneficial for the children involved. By carrying out good planning strategies, flexibility and positive reinforcement, therapy sessions can be more effective. If you are looking for easy and quick group sensory motor activities, 25 Instant Sensory Motor Group Activities, is a great resource at <http://yourtherapysource.com/instant.html>

8 Tips to Empower Students to Reach Their Goals

Here are 8 simple tips to help students reach their goals:

1. Change up the tools, toys or activities that you are doing. It may be just as simple as approaching the skill using a different tool or material.

2. Change the environment. Perhaps trying accomplishing the skill outdoors, in a quiet room or with a peer.

3. Be positive. If you assure the student that they have the ability to accomplish the goal you will provide them with the ability to believe in themselves. The power of positive feelings can go a long way. Check out Positive Affirmation Posters and Cards to provide your students with a visual reminder at <http://yourtherapysource.com/positiveaffirmation.html>.

4. Change your teaching style. If you are only providing verbal directions, perhaps offer a demonstration or a visual picture of what the student needs to accomplish. If you are always offering verbal feedback, perhaps try diminishing how often you provide feedback to see if that makes a difference.

5. Offer rewards. Some students respond very well to a reward system. Check out free positive reinforcement ideas to use during therapy sessions at <http://yourtherapysource.com/blog1/2014/03/29/5-free-positive-reinforcements-ideas-to-use-for-therapy-sessions/>. Try using Punch Cards and Reward Cards for therapy. Find out more here <http://www.yourtherapysource.com/punchcards.html>

6. Set goals each session. Work with the child to set mini goals each session. This will empower the student experience small successes will help you reach the larger goals.

7. Teach the child to focus on their strengths. By educating the child on what they do best you can help them use different strategies to reach their goals. The typical way to achieve a skill may not be the best way for each child. Start off my keeping track of what the child can do. Check out these free “I Can” cards to keep track off all of his/her accomplishments. Get them at <http://www.yourtherapysource.com/freeicancards.html>.

8. Teach the child to track their own goals. The student can track his/her goals over time, by monitoring the skills over the course of a day, week, month or quarter. This allows the student to get a visual picture of improvement, decline or maintenance of different skills. By having the students track their own goals they will take ownership of their progress. It doesn't get any easier than this to track progress. Check out My Goal Tracker to get started.

Title: My Goal Tracker
By: Your Therapy Source Inc

Summary: Download of materials to create a binder for student generated data collection on his/her goals. Two versions – Handwriting with Tears® and Zaner-Bloser® Style.

Find out more at <http://www.yourtherapysource.com/goaltracker.html>



Co-Teaching Handwriting

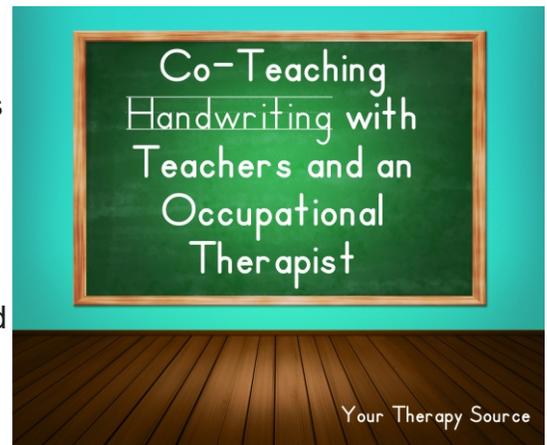
The *American Journal of Occupational Therapy* published research on a handwriting and writing program co-taught by teachers and occupational therapists for first-grade students. The study consisted of 4 classrooms (n = 80) receiving the Write Start co-teaching program, and four (n = 58) receiving regular handwriting and writing instruction. The co-teaching consisted of 2 teachers and 1 occupational therapist for 24-sessions.

The sessions included station teaching and individualized supports with a focus on practice in small groups. The coteaching team provided students with frequent feedback, encouraged self-evaluation, and facilitated peer modeling and peer evaluation.

The results showed the following:

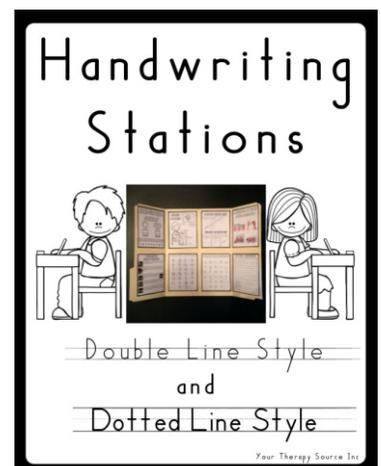
1. students who participated in the Write Start co-teaching program improved more in handwriting legibility and speed than the group receiving standard instruction.
2. writing fluency and written composition were no different between groups at posttest.
3. although writing fluency was significantly higher for Write Start students at 6-mo follow-up.
4. the students who participated in the Write Start co-teaching program who had low legibility at baseline made significant improvements.

Reference: Case-Smith, J et al. Effects of a Classroom-Embedded Occupational Therapist–Teacher Handwriting Program for First-Grade Students. *Am J Occup Ther.* 2014 Nov-Dec; 68(6): 690–698. Published online Nov-Dec 2014. doi: 10.5014/ajot.2014.011585



Handwriting Stations includes the materials to create a handwriting station on a tri-fold or in a folder. The station includes proper letter formation for capital and lower case letters, correct posture, pencil grip, warm up exercises, letter reversals tips and self check sheet. In addition, there are 27 worksheets for the alphabet and number practice (Handwriting with Tears® style and Zaner-Bloser® style). This download is great for classroom use, therapy sessions or to send home with a student.

FIND OUT MORE at
<http://www.yourtherapysource.com/hwstation.html>



Handwriting Size and Autism



Research in Autism Spectrum Disorders published a study of 26 boys with autism spectrum disorders (ASD) and 17 typically developing children and their ability to regulate the size and consistency of fundamental handwriting movements when using writing guides. Each participant wrote a series of four cursive letter l's using 10 mm and 40 mm writing guides, using a graphics tablet and stylus. The results showed the following:

1. movement size and consistency was comparable between groups when the writing guides were set at 10 mm
2. handwriting movements of children with ASD were significantly faster and more fluent than typically developing children when writing guides were set at 40 mm.
3. neuromotor noise was comparable to that of typically developing children across both writing sizes.

The researchers concluded that children with ASD have a well-automated motor plan for simple handwriting movements when writing guides are present. They surmise that problems of handwriting legibility in ASD may be due to other factors, such as complex motor chaining (i.e. writing whole words and sentences), or attentional, working memory and linguistic demands when writing.

Reference: Johnson, P. et al. Do children with autism and Asperger's disorder have difficulty controlling handwriting size? A kinematic evaluation. *Research in Autism Spectrum Disorders* Volume 11, March 2015, Pages 20–26

Need handwriting activities? Check out all of our resources at <http://yourtherapysource.com/handwriting.html>

5 Key Themes that Parents View as Important in OT

The *British Journal Of Occupational Therapy* published research to determine what parents view as important, relevant, and understandable in occupational therapy assessment reports, and to explore evidence for best clinical report-writing practices in pediatrics.

This study comprised of only 10 parents but in-depth interviews were carried out to determine parent perspectives on reports written for their children.

The results identified 5 key themes that parents view as important:

1. generating an accurate record of assessment.
2. answering referral questions.
3. understanding the language and terms in the reports.
4. using the report for information sharing and partnership building.
5. being prompted to take action with recommendations that parents can implement during everyday activities.

Reference: Makepeace, E. and Zwicker, J. Parent Perspectives on Occupational Therapy Assessment Reports. *The British Journal of Occupational Therapy* November 2014 vol. 77 no. 11 538-545. doi: 10.4276/030802214X14151078348396



Therapeutic Activities for Home and School



Your Therapy Source Inc

Title: ***Therapeutic Activities for Home and School***
by: Your Therapy Source

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. Each activity sheet is written in a simple format with no medical terminology. The therapist is able to simply mark the recommended activities for each child. By providing parents and teachers with these handy check lists, therapists will be encouraging therapeutic activities throughout the entire day rather than time set aside for traditional home exercise programs. This book is an essential tool for all school based therapists to facilitate carry over of therapeutic activities in the home and classroom.

Find out more at <http://yourtherapysource.com/therexbook.html>

Visual versus Verbal Prompts



Instructional Science published research on the potential effect of an experimental visual–spatial intervention procedure and possible training benefits of two prompts: one group received training with verbal and visual prompts, a second group training with visual prompts only, while a third, control group did not receive any training.

The results indicated the following:

1. the two training methods (verbal/visual or only visual prompts) led to significant improvements of performance in visuospatial tasks as compared to control group.
2. both training methods improved visuospatial tasks about the same amount.

The researchers concluded that there are benefits to interventions targeting visuospatial processing skills. The interventions did not seem to change based on age or gender. It appeared that visual cues are particularly effective.

Reference: Ellahe Chabani, Bernhard Hommel. Effectiveness of visual and verbal prompts in training visuospatial processing skills in school age children. *Instructional Science* November 2014, Volume 42, Issue 6, pp 995-1012

Check out this Visual Spatial activity - Crossing Paths from <http://yourtherapysource.com/crossingpaths.html> Crossing Paths: This download is a set of 24 puzzles that challenge visual motor, visual spatial and motor planning skills.

Find out more at <http://yourtherapysource.com/crossingpaths.html>

Evidence Based Interventions for Postural Control and Cerebral Palsy

Developmental Medicine and Child Neurology published a systemic review to evaluate the efficacy and effectiveness of exercise interventions that may improve postural control in children with cerebral palsy.

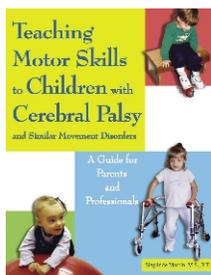
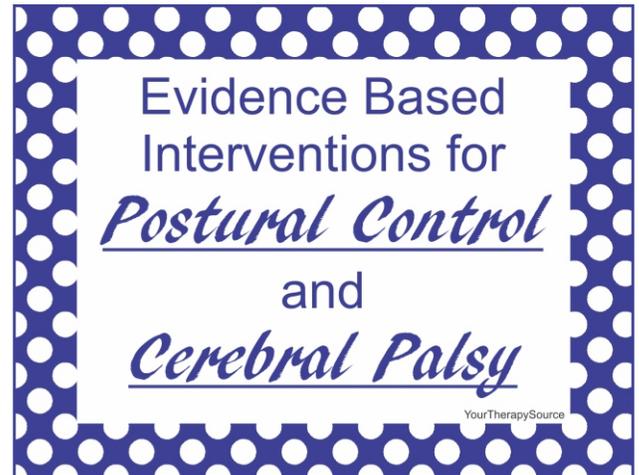
Six databases were searched using the following keywords: ('cerebral palsy' OR 'brain injury'); AND ('posture' OR 'balance' OR 'postural balance'); AND ('intervention' OR 'therapy' OR 'exercise' OR 'treatment').

The following results were reported:

1. the searches yielded 45 studies reporting 13 exercise interventions with postural control outcomes for children with cerebral palsy.
2. 5 of the 13 interventions were supported by a moderate level of evidence: gross motor task training, hippotherapy, treadmill training with no body weight support (no-BWS), trunk-targeted training, and reactive balance training.
3. 6 of the 13 interventions had weak or conflicting evidence: functional electrical stimulation (FES), hippotherapy simulators, neurodevelopmental therapy (NDT), treadmill training with body weight support, virtual reality, and visual biofeedback.
4. progressive resistance exercise was an ineffective intervention
5. upper limb interventions lacked high-level evidence.

The researchers concluded that the use of exercise-based treatments to improve postural control in children with cerebral palsy has increased significantly in the last decade. More research is required to establish links between postural control impairments, treatment options, and outcome measures. In addition, the researchers recommend low-burden, low-cost, child-engaging, and mainstream interventions to be explored.

Reference: Dewar, R. et al. Exercise interventions improve postural control in children with cerebral palsy: a systematic review. *Developmental Medicine & Child Neurology* Early View – Article first published online: 18 DEC 2014 DOI: 10.1111/dmcn.12660



Teaching Motor Skills to Children with Cerebral Palsy and Similar Movement Disorders – A Guide for Parents and Professionals. Author: Sieglinde Martin M.S., P.T.

FIND OUT MORE at
<http://yourtherapysource.com/CPmotorskills.html>

Gender Differences and Handwriting

Previous research has indicated differences in handwriting based on gender such as girls have often been shown to write faster and more legibly both in elementary school and in higher grades. Although some research on the underlying components of handwriting has been done to determine why these differences may exist, very little has been explored regarding cognitive skills or self awareness.

The British Journal of Occupational Therapy published research examining the handwriting self-awareness and performance of 86 Israeli middle school students, girls and boys, and the relationship between self-awareness and handwriting performance. A handwriting evaluation assessment was administered along with self-knowledge and on-line awareness questionnaires. Self-knowledge was defined as “one’s understanding of one’s own cognitive strengths and limitations in different areas of functioning that exist outside the context of a particular task” and on-line awareness was defined as “the ability to monitor, regulate, and evaluate performance of an activity within a specific context”.

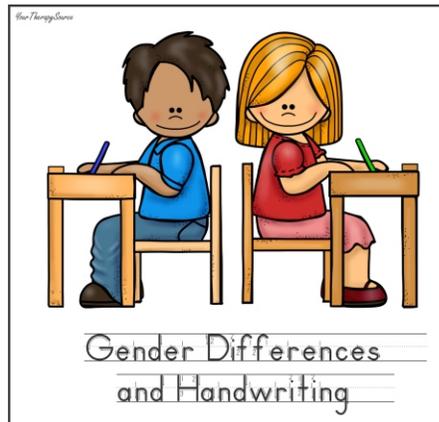
The results indicated the following:

1. differences were found between boys and girls in relation to students’ self-awareness of their handwriting performance.
2. boys perceived their handwriting to be faster, even though their actual handwriting performance was slower.
3. boys showed a significant correlation between self-knowledge and performance regarding legibility.
4. boys and girls demonstrated significant correlations between on-line awareness and performance.

The researchers concluded that students aged 12–14 are only moderately aware of their handwriting performance, yet there are gender differences in relation to this awareness. In addition the researchers recommend evaluating handwriting self-awareness (self-knowledge and on-line awareness) to help plan handwriting intervention.

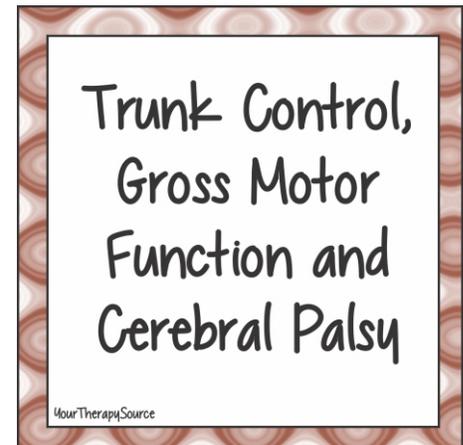
Reference: : Lahav O, Maeir A, Weintraub N (2014) Gender differences in students’ self-awareness of their handwriting performance. *British Journal of Occupational Therapy*, 77(12), 614–618. DOI: 10.4276/030802214X14176260335309

Need handwriting activities? Check out all of our resources at <http://yourtherapysource.com/handwriting.html>



Trunk Control, Gross Motor Function and Cerebral Palsy

Developmental Medicine and Child Neurology published research on the relationship between segmental control of the trunk and the corresponding gross motor function in 92 children with cerebral palsy (Gross Motor Function Classification Levels I to V). Each participant was assessed with the Gross Motor Function Measure (GMFM), the Pediatric Evaluation of Disability Inventory (PEDI), and the Segmental Assessment of Trunk Control (SATCo).



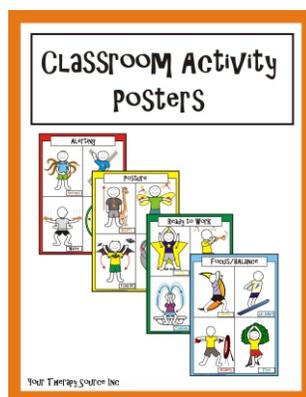
Statistical analysis showed the following:

1. a positive relationship between the segmental level of trunk control and age, with both gross motor function and mobility.
2. segmental trunk control measured using the SATCo could explain between 38% and 40% of variation in GMFM and between 32% and 37% of variation in PEDI.

The researchers concluded that the strong association between segmental trunk postural control and gross motor function and mobility has significant clinical implications for the treatment of children with CP.

If you want more information on the Segmental Assessment of Trunk Control (SATCo) you can view it here <http://www.the-movement-centre.co.uk/wp-content/uploads/2011/08/SATCo-Form-and-instructions.pdf>

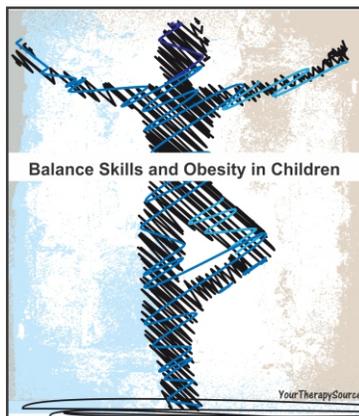
Reference: Curtis, D. J., Butler, P., Saavedra, S., Bencke, J., Kallemose, T., Sonne-Holm, S. and Woollacott, M. (2014), The central role of trunk control in the gross motor function of children with cerebral palsy: a retrospective cross-sectional study. *Developmental Medicine & Child Neurology*. doi: 10.1111/dmcn.12641



Classroom Activity Posters is a collection of 16 exercise activities, 4 large posters and a brief, simple video demonstration of each exercise.

Find out more here
<http://yourtherapysource.com/cap.html>

Balance Skills, Quality of Life and Obesity



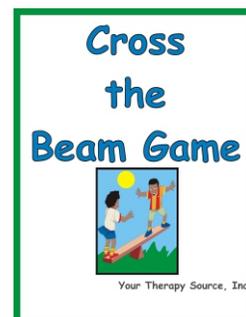
Appetite published research on whether balance skills and quality of life are influenced by childhood obesity. Eighty seven children who were classified as Class 1 obese (BMI SDS 2.0-2.49) and Class 2 obese (BMI SDS > 2.5) were evaluated using the BOT-II to measure balance and the PedsQL to determine quality of life. Statistical analysis indicated the following:

the mean balance was 26.52 ± 5.2 out of a maximum of 37 on the BOT-II
overall 71.26% of the children had impaired balance
C2 obese children (BMI > 2.5) had lower balance scores compared to C1 obese children
the mean quality of life score was $59.0\% \pm 19.8\%$ (C1 $60.7\% \pm 19.1$; C2 57.44 ± 19.8)
the children with balance impairment had lower quality of life
The researchers concluded that balance was impaired in children who were obese and that those children had a lower quality of life. The researchers recommend conducting a physiotherapy assessment in children who are obese.

Reference: O'Malley, G. et al. Are balance and quality of life impaired in children who are obese? *Appetite* Volume 76, 1 May 2014, Pages 198

Title of Electronic Book: Cross the Beam Game
By: Your Therapy Source

Summary: Download of game that encourages balance skills and visual perceptual skills. Find out more at <http://www.yourtherapysource.com/beam.html>



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Q and A Body Game

Need a quick game to rest and refresh your student's brain?

Try this Q and A Body Game. Purpose: Promote body awareness, motor skills and listening skills. Materials: none

Activity: This can be played with one player or a group of children. The adult faces the group. Explain the directions of the game. The adult is going to ask the children to move certain body parts based on questions. The children are not to answer the questions. They should move the body part that is the answer to the question.

Here is an example:

Question: What body part waves hello?

Answer: Children wave hands in air.

Here is a list of several questions and answers or make up your own. See what questions the children can come up with.

Q: What body part makes funny faces?

A: Child moves mouth or tongue

Q: What body part wears socks?

A: Child moves feet.

Q: What body part uses crayons?

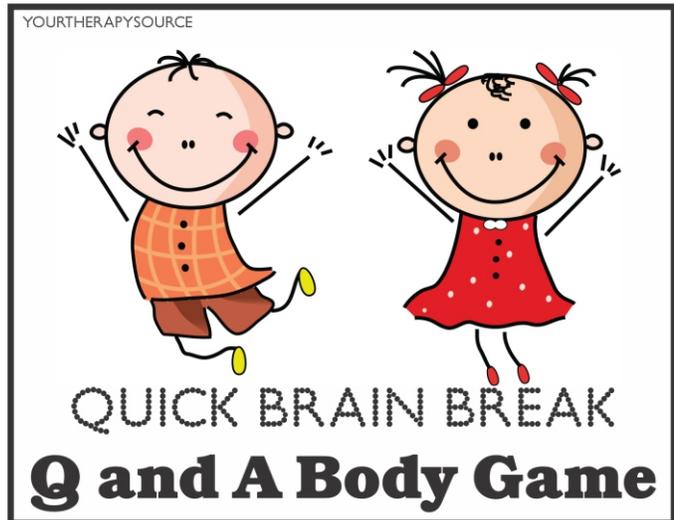
A: Child wiggles fingers.

Q: What body part smells skunks?

A: Child moves nose.

Q: What body part climbs ladders?

A: Child moves arms and legs



Now change the game and request actions based on different noises:

Make a clapping sound with your body.

Stomp your feet

Snap fingers

March in place

Smack lips

Slap knees

Tap shoulders quietly

Now have children close their eyes. Make one of the sounds with your body that you practiced together. Can the children guess what body part you are using to make the sound.

Need brain break ideas? Check out all of our Brain Break downloads at

<http://yourtherapysource.com/brainbreaks>.

Or order our Brain Breaks Card Set at <http://yourtherapysource.com/growingplaycards.html>

Hidden Cups Activity



Watch this video activity idea that encourages fine motor skills, forearm pronation/supination, eye hand coordination, grading of movements and counting. You can view it at <http://www.yourtherapysource.com/videohiddencups.html>

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5 Ways to Work on Pre-Writing Skills without a Pencil



Check out these simple ways to practice pre-writing strokes without ever picking up a pencil. Great for preschoolers.

Find out more at
<http://yourtherapysource.com/blog1/2015/01/18/5-ways-to-work-on-pre-writing-skills-without-a-pencil/>

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10+ Activities to Work on Hand Strengthening



Give those muscles in the fingers and hands a work out with these activities. Find out more at:

<http://yourtherapysource.com/blog1/2015/01/13/10-activities-to-work-on-hand-strengthening/>

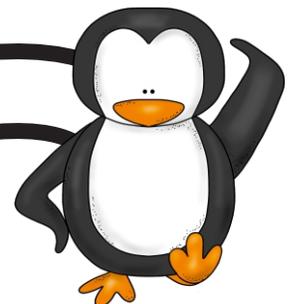
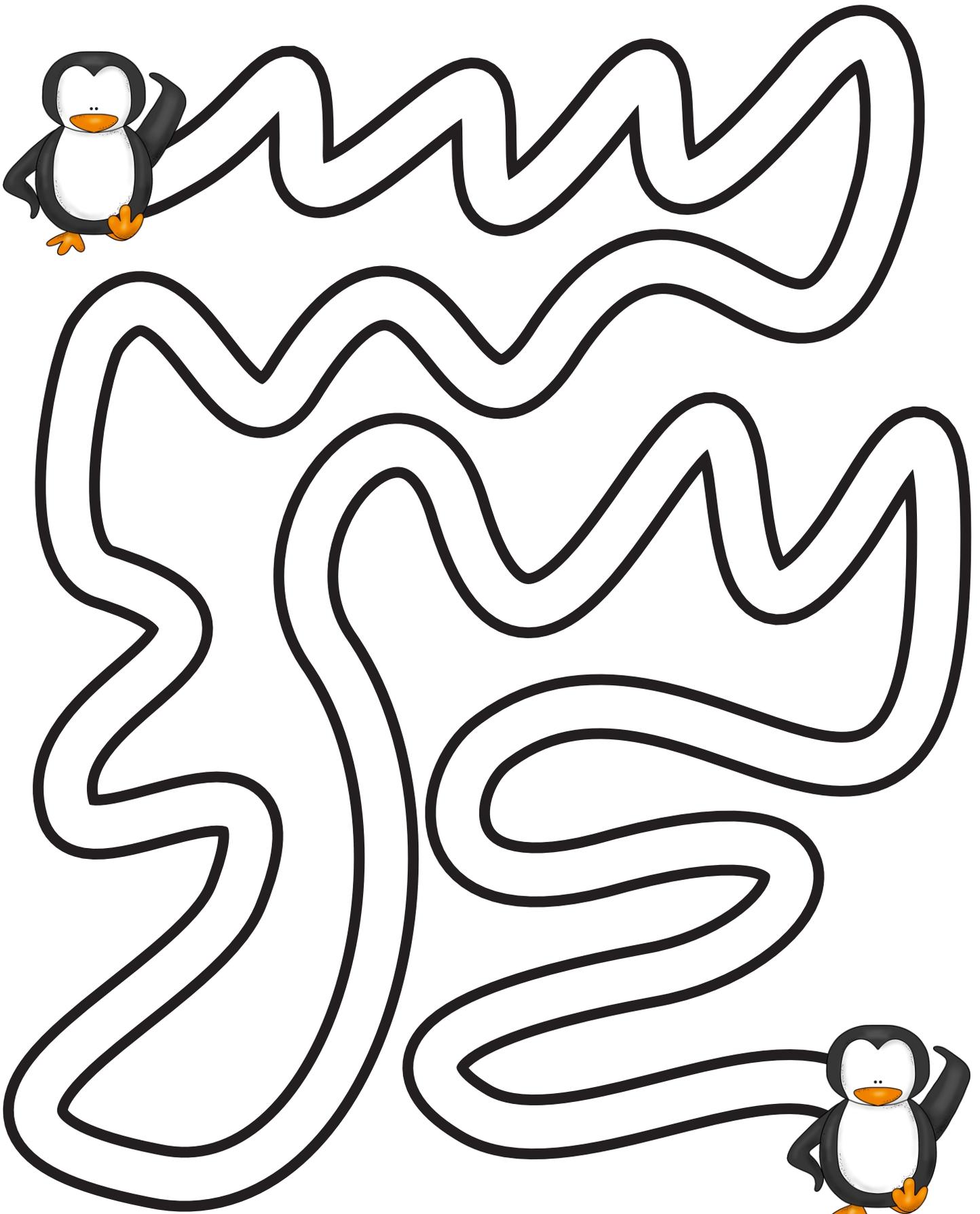
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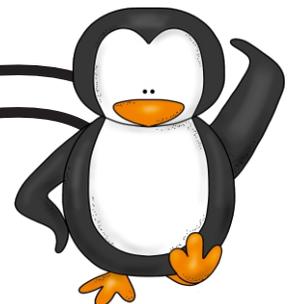
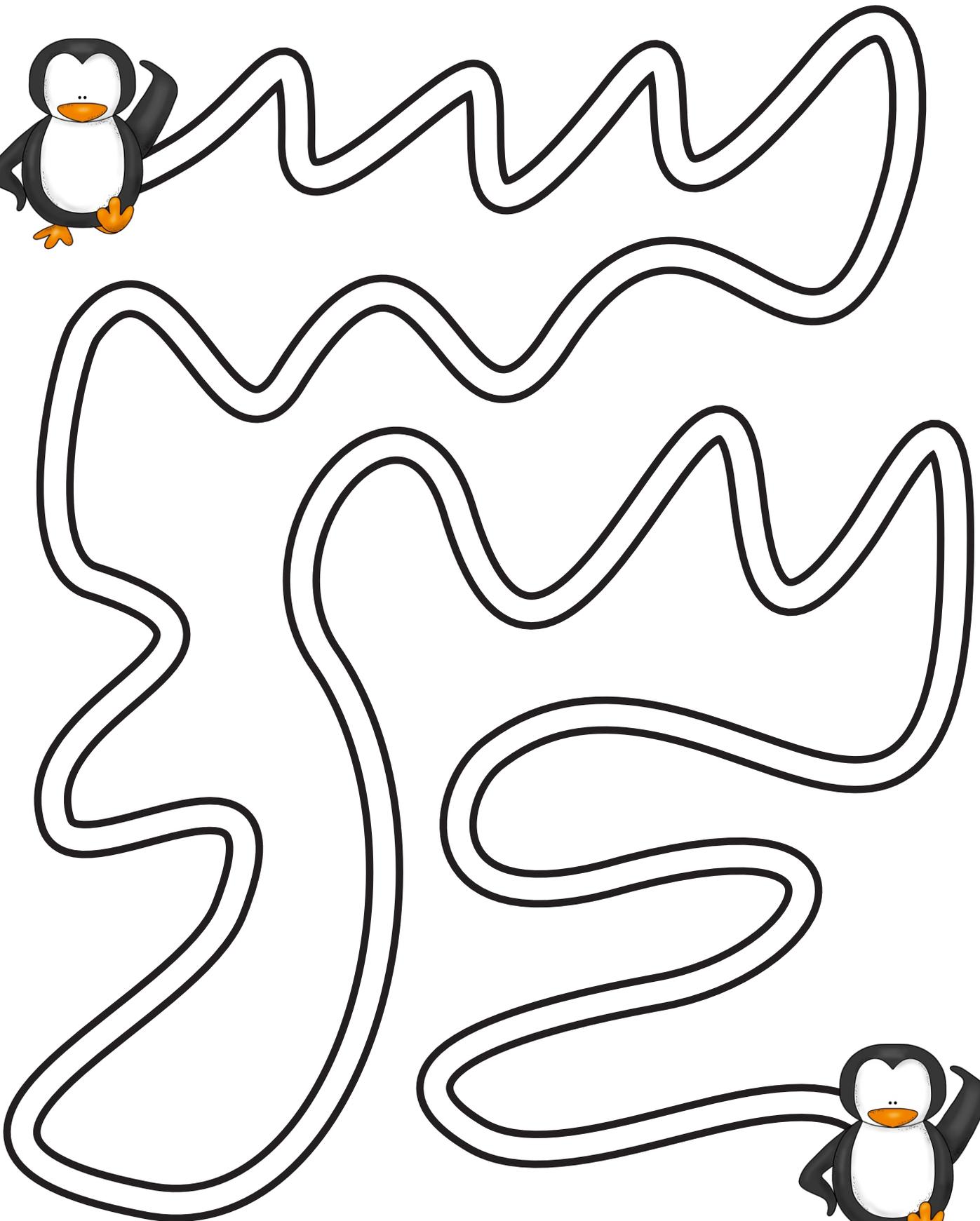
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Draw a path for the penguin. Stay between the lines.



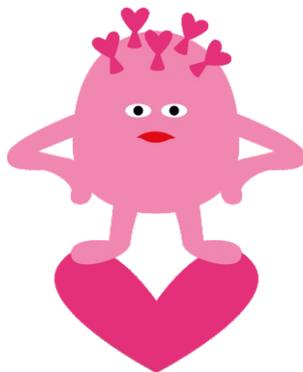
Go to www.YourTherapySource.com/pencilchallengespenguin for the complete download.

Draw a path for the penguin. Stay between the lines.



Go to www.YourTherapySource.com/pencilchallengespenguin for the complete download.

Follow that Monster



Follow the directions below:

1. Draw a circle around the monster with three eyes.
2. Draw a square around the monster holding two hearts.
3. Draw a heart around the monster with three bottom teeth.
4. Draw a line connecting the two monsters that look alike.
5. Draw a X over the monster with six eyes.
6. Put a check mark next to the monsters who are standing on top of a heart.
7. Draw a triangle around the monster with crazy hair and one eye.

THE MOST
IMPORTANT THING
TO DO AS A
THERAPIST IS TO
educate.



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- sensory processing resources
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