



Your Therapy Source News

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

Issue 34 - January 2012

www.YourTherapySource.com

New and Popular Products



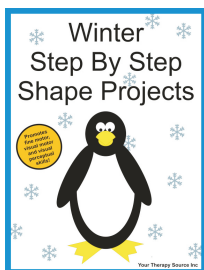
Monster Mazes

Download 40 small visual perceptual activities that fit inside clear CD case to use as a wipe off board

Regular price: \$3.99

SALE PRICE until 1/23/12 only \$1.99

www.YourTherapySource.com/monster



Winter Step By Step Projects - 10 step by step ,winter themed, shape projects. Each shape project includes simple step by step directions, color shape templates and black and white shape templates. This is a super activity to encourage fine motor, visual motor, visual perceptual and sequencing skills. The 10 projects are penguin, polar bear, reindeer, winter scene, winter clothes, snowman, snowman family, ice skates, mittens and snow globe.

www.YourTherapySource.com/winterstep

Grasshopper® Kits



Getting Our Hands Ready Kit: Prepares kids for handwriting with 10 hands on activities.

www.YourTherapySource.com/grasshopperhands



Snip, Glue and Grow Kit: 10 games that teach children control, fine motor accuracy, and beginning scissor skills.

www.YourTherapySource.com/grasshoppersnip



ABC's and Simple Shapes/ Following Directions Kits: 2 kits in one to get children ready for school.

www.YourTherapySource.com/direct

Setting Goals in 2012



With the start of a New Year, how about setting some basic goals for yourself to accomplish in 2012. Here are a few suggestions:

- 1. Realistic Home/Classroom Programs** - I will make every effort to provide parents and teachers with activities that are easy to carry out in the home or classroom. [Check out Therapeutic Activities for Home and School at www.YourTherapySource.com/therexbook](http://www.YourTherapySource.com/therexbook) This book has loads of simple carry over ideas that can be incorporated into the everyday routine making it easier to follow through for parents and teachers.
- 2. Take the time to observe** - I will take the time to observe. I will document observations in the classroom or home in writing or with photographs. It is very difficult to determine needs if you do not have an idea of baseline issues.
- 3. Make the children part of the therapy process** - I will incorporate the children in each therapy session by allowing them to make choices. I will discuss goal setting with each child.
- 4. Be patient** - I will encourage children to think critically and problem solve independently by allowing them enough time to form a motor response without interfering. Therapy sessions usually only last 30 minutes and we want to jam pack them with activities. Slow down and let the children respond - quality is better than quantity. Let me re-phrase that...independence is better than dependence (regardless of quality at times).
- 5. Document correctly in a timely manner** - I will document therapy sessions immediately following the session so that the documentation is accurate.
- 6. Set a goal for each therapy session** - I will set small, realistic goals for each therapy session.
- 7. Keep it fun, fun, fun!!!!** - I will keep therapy sessions fun. Some children have to attend therapy sessions for years, keep it novel, motivating and fun.

Use of Time - Adolescents with Cerebral Palsy



Child: Care, Health and Development published a research study that took a close look at how ambulatory adolescents with cerebral palsy use their time. They compared 41 Australian adolescents with cerebral palsy to 82 typically developing peers. They had each adolescent complete a validated interview of recall of information over four days. The results indicated the following:

adolescents with CP spent 91 minutes/day participating in physical activity vs. 147 min/day (typical developing peers)

adolescents with CP spent 28 min/day in active transport versus 52 min/day

adolescents with CP spent 25 min/day in team sports versus 39 min/day

adolescents with CP spent 116 min/day in quiet time versus 80 min/day

adolescents with CP spent 6 min/day in social interaction versus 22 min/day

no significant differences were noted in sleep, screen time, domestic activities or school-related time.

This is an area where occupational and physical therapists can offer suggestions to adolescents with cerebral palsy. Perhaps provide them with a list of ideas that encourage physical activity time. Start a social club where the adolescents can get together to socialize. If they can not get together physically, why not try some of the social networking sites. There are several that are safe for children to join. Therapists can work to offer leisure activities. There was a large difference in quiet time comparably. Perhaps the adolescents just need some ideas of what to do with their free time based on their motor abilities.

Reference: C. Maher¹, J. Kernot, T. Olds. Time use patterns in ambulatory adolescents with cerebral palsy *Child: Care, Health and Development*. Early view online. DOI: 10.1111/j.1365-2214.2011.01352.x

Sensory Processing

Brain Correcting Bumps To Body

An interesting study was published in *Nature* about how the human body corrects itself when knocked by an external blow. The scientists discovered that the pathway of the primary motor cortex provides this information for limb correction. One of the researchers states that "the corrective movement pathway works by limiting and correcting the domino effect of involuntary bodily movement caused by an external blow". They are suggesting that in certain individuals who have had strokes the sensory message to the brain may need to be addressed first rather than the motor response.

Here are a few questions to ponder.

What about children with dyspraxia or sensory processing disorder? Are there changes in the primary motor cortex that influence the corrective movement pathway in these populations as well as patients who have had strokes? How does the corrective movement pathway work in individuals with motor planning deficits?

Reference: Queens University. Scientists discover how brain corrects bumps to body. Retrieved from the web on 12/7/2011 from <http://www.queensu.ca/news/articles/scientists-discover-how-brain-corrects-bumps-body>

Growing Pains and Somatosensory Dysfunction

A recent study in the *Journal of Pain Research* researched how children with growing pains responded to various sensory inputs. Thirty three children, ages 5-12, with a history of growing pains underwent sensory response testing to touch, dynamic brush, cold, vibration, and deep pressure applied to limb and abdominal sites. The results indicated that children with growing pains exhibited "minor but statistically significantly increased responses to cutaneous cold, vibration, and to deep pressure stimuli in cases compared to controls, evident in a wider distribution than the symptomatic lower limbs". The researchers concluded that growing pains are a regional pain disorder with deficits in somatosensory processing.

Reference: Pathirana S, Champion D, Jaaniste T, Yee A, Chapman C. Somatosensory test responses in children with growing pains. *Journal of Pain Research* December 2011 Volume 2011:4 Pages 393 - 400

DOI: <http://dx.doi.org/10.2147/JPR.S24875>

Top 10 Blog Posts from 2011

Top 10 Blog Posts of 2011

Here is a list of the top ten most viewed blog posts of 2011 from Your Therapy Source Inc:

10. [Visual Motor Scores and Handwriting](#)
9. [Promoting Movement in the Classroom](#)
8. [Social Story Resources](#)
7. [Be Organized this School Year](#)
6. [Evidence Based Guidelines for Pediatric OT and PT](#)
5. [Make Your Own iPad Apps](#)
4. [Homemade Assistive Devices](#)
3. [Handwriting Practice on the Interactive Whiteboard](#)
2. [iPhone Apps and Occupational Therapists](#)
1. [Motor Planning and Graded Movement Activity](#)

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Cerebral Palsy News from the Web

Move and PLAY Results for Children with Cerebral Palsy

The Move and PLAY study was conducted from 2006-2009 in order to understand determinants of motor abilities, self-care, and play of young children with cerebral palsy. Over a one year period 430 children were followed.

There are three research summaries currently available on the Can Child website - Conceptual Model of the Move and PLAY Study, Health Conditions of Children with Cerebral Palsy (CP), Gross Motor Function Measure (GMFM), New Shortened Versions.

In addition, four measures that were developed during the Move and PLAY study - Early Clinical Assessment of Balance, Gross Motor Function Measure (GMFM-66-B&C), Health Conditions Questionnaire Spinal Alignment and Range of Motion Measure.

You can view all of the research summaries, measures and presentations at the [CanChild website](#).

Well worth a look!

GMFCS Parent Questionnaire

Did you know that you can download a parent questionnaire to fill out for the Gross Motor Function Classification System (GMFCS)? CanChild offers the questionnaire in different age groups - 2-4 years, 4-6 years, 6-12 years and 12-18 years. It is also available in 6 languages - English, Arabic, Farsi, French, Portuguese and Thai. You can download them all at the [CanChild website](#).

Use of Thumb Splint in Children with Hemiplegia

Clinical Rehabilitation published research on the functional abilities of 7 children (ages 2-7) with unilateral cerebral palsy who used a neoprene thumb opponens splint (McKie splint). The children were followed for 4 months - about one month baseline, 2 months intervention and one month follow up. Goal attainment scaling and visual analog scales were used to assess function. The results indicated that four children increased their scores following use of the splint. Only two children benefitted from the splint when it was worn. All the children tolerated the splint well.

Reference: Ten Berge SR, Boonstra AM, Dijkstra PU, Hadders-Algra M, Haga N, Maathuis CG. A systematic evaluation of the effect of thumb opponens splints on hand function in children with unilateral spastic cerebral palsy. Clin Rehabil. 2011 Dec 1. [Epub ahead of print]

Hot Topics

Support Walker Survey

Pediatric Physical Therapy published the results of a survey completed by 513 pediatric physical therapists who use support walkers. Support walkers were used most often to improve mobility, gait, participation at school and socialization with peers. In general, the devices were used for one month as a trial period before purchasing. This was followed by 9 sessions of training provided in the school. The researchers concluded "Pediatric physical therapists use SWs to increase postural control, mobility, and children's participation in school".

You can read more on this study over at [Rifton](#) where there is a nice summary of the study with more details regarding therapist's reasoning behind choosing support walkers.

Reference: Low, Sheryl A. PT, DPT, DSc, MPH, PCS; McCoy, Sarah Westcott PT, PhD; Beling, Janna PT, PhD; Adams, Janet PT, MS Pediatric Physical Therapists' Use of Support Walkers for Children With Disabilities: A Nationwide Survey. Pediatric Physical Therapy: Winter 2011 - Volume 23 - Issue 4 - p 381-389

Idiopathic Toe Walking and Left Handedness

Acta Paediatrica recently published research that children with a diagnosis of idiopathic toe walking have a higher incidence of left handedness. It was a small sample size of 19 Australian boys and 11 girls with a diagnosis of idiopathic toe walking and 30 in the control group. The average age was 6 years old and the children had otherwise normal neurological examinations. The results of the study were the following: 27 of the control group preferred their right hand and 3 preferred their left hand compared to 18 of the children in the toe walking group preferred their right hand and 10 preferred their left hand.

Reference: Wall Street Journal. Left-Handedness May Come From Toes. Retrieved from the web on 12/28/11 at

<http://online.wsj.com/article/SB20001424052970203479104577122733533236086.html#articleTabs%3DComments>

Pinterest

Wanted to mention the new social networking site Pinterest. It is basically a virtual board where people categorize different ideas and activities. My description is the following - it is a people driven search engine instead of a computer driven search engine. So if a person finds an activity on the internet that they think would benefit fine motor skill development, they "pin it" to the board on Fine Motor Skills. Other people can then follow that board or create their own.

I have to say I really enjoy the visual format of Pinterest. I also do find that it is one more thing to distract me though. Check it out for yourself so you have a better understanding of it. Here are the boards that I have created - [Pinterest YTherapySource](#)

On The Web...

FREE PVC Assistive Tech Book:

Came across a great free resource on how to make adapted equipment using PVC. This is a 57 page book with detailed instructions on how to make many projects such as adapted writing aids, eye gaze frame, sand/water table and so many more. Great find from Adapting Creatively Blog ([original blog post](#)).

Here is a link to the document entitled [Practical Versatile Cheap Assistive Technology Supports](#) published by ATEN in Florida.

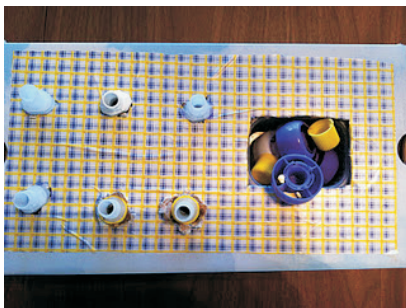
LEGO Grants

LEGO grants are available on a quarterly basis for programs that encourage creativity, technology and communication projects. The next grant application is due by January 15th. Here is some information from the website:

Local and national communities, organizations and groups who cater to children ages birth - 14, with special consideration for the following:

- * groups that support disadvantaged children
- * groups that are supported by LEGO employee volunteers
- * special projects or programs designed to elevate a child's opportunities for exploring creativity
- * organizations serving Connecticut and Western Massachusetts

Here is a great opportunity to see if you would qualify for some grant money to help children. The average grant approved is \$3000. Why not start an after school club to build fine motor skills and creativity? You can get more information at the [LEGO grant website](#).



Video Activity Idea: Screwing and Unscrewing Caps

Here is a simple activity box to create using recycled baby food pouches and the caps. I love this idea because some of the caps have a nice large diameter which can be a little easier to unscrew than a regular water bottle top for example. The smaller caps have ridges for gripping.

[You can view the video at www.YourTherapySource.com/videolids](http://www.YourTherapySource.com/videolids)

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Free Stuff

Lots of free stuff this month:

Play Outdoors Sign - hang this sign up to offer children tear off tabs for outdoor activity ideas

Play Pretend Signs - this one has suggestions for simple pretend play activities



Monster Mazes - print these activities out, cut out and place in a CD case. Use a wipe off marker right on the case to complete the activities. The CD case will keep the activities organized which make it great for on the go, in the classroom or at home.

DIY Felt Board and Wipe Off Board - visit www.YourTherapySource.com/freefelt for the directions

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Have some fun.

Play

Outdoors!

Need ideas? Tear off below.

©Your Therapy Source Inc, Growing Play

Go on a
scavenger hunt

Dribble or
kick a ball

Build a fort

Start a nature
collection

Play with
sidewalk chalk

Climb a tree

Play hide
and seek

Jump rope

USE YOUR IMAGINATION. PLAY PRETEND!

NEED IDEAS? TEAR OFF BELOW.

©Your Therapy Source Inc, Growing Play

Play school

Play doctor

Play veterinarian

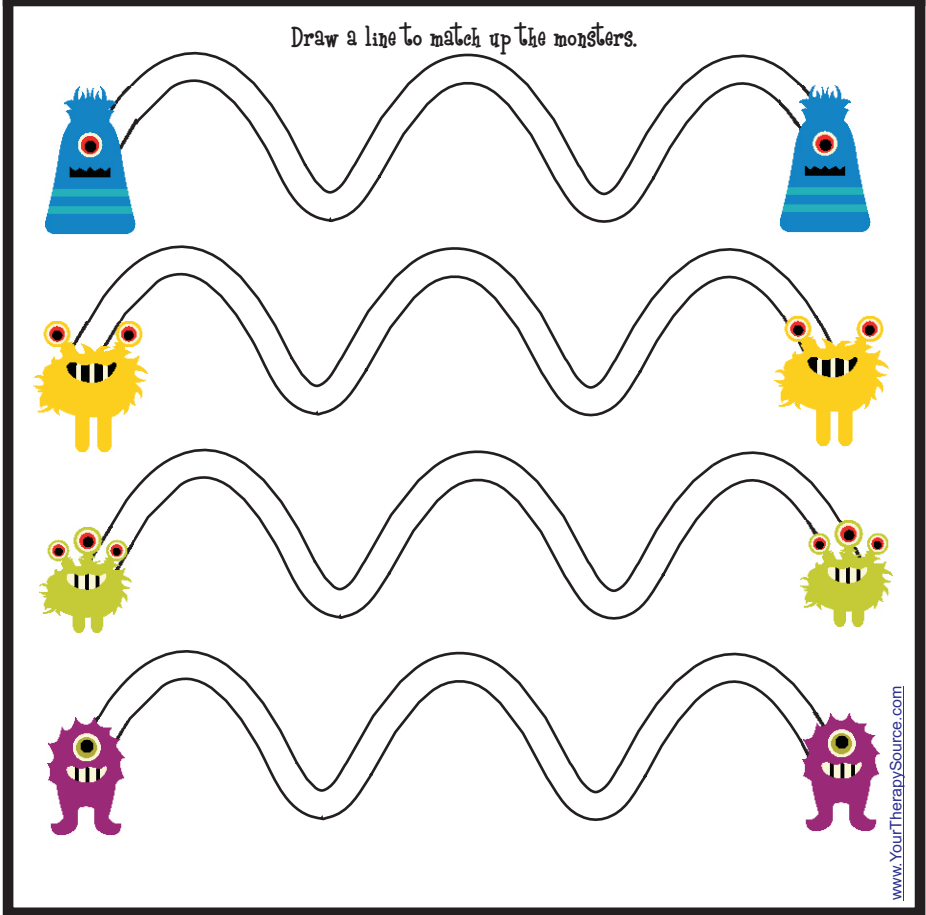
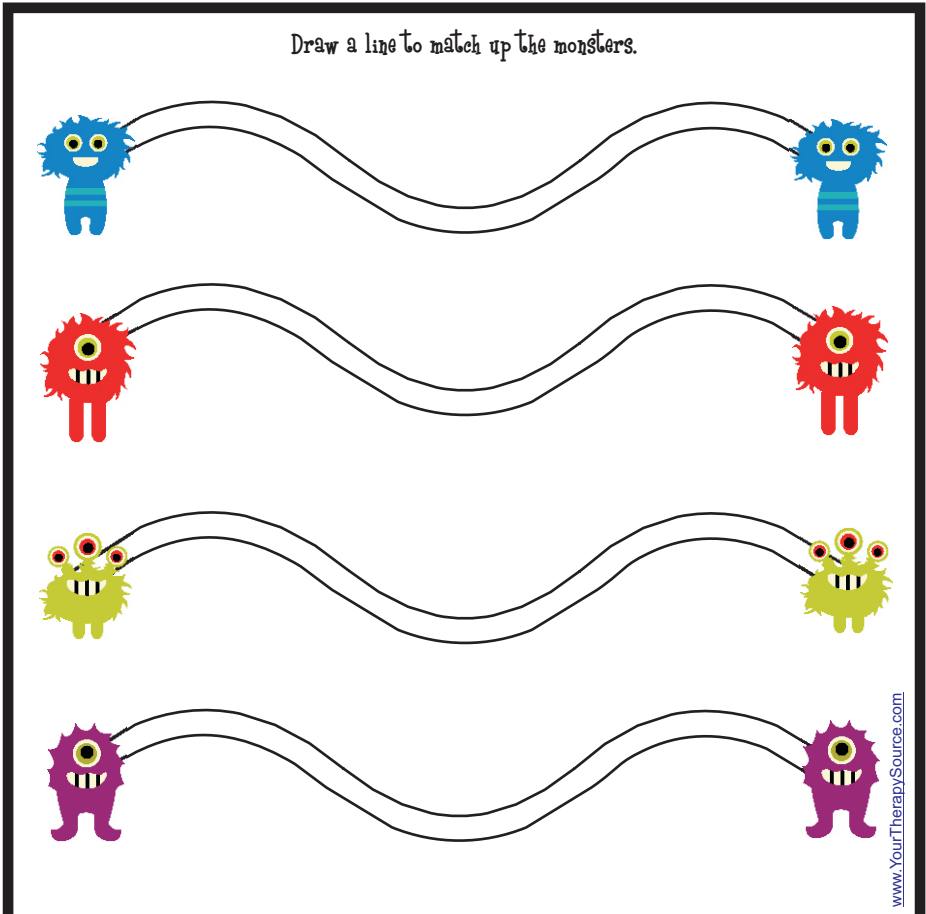
Open a pretend
restaurant

Set up a pretend
grocery store

Play zoo keeper

Open a pretend
hotel

Put on a pretend
circus

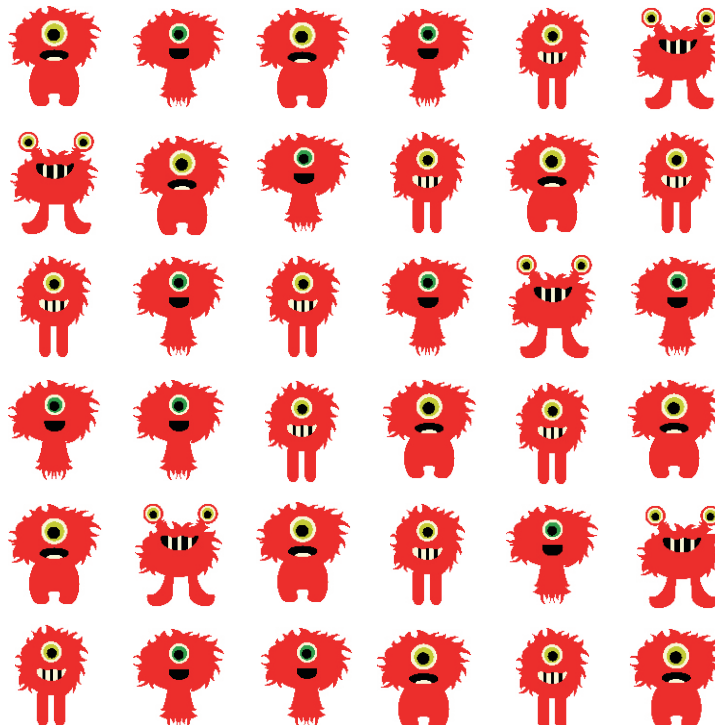


Scanning from left to right, circle only pictures of this monster.



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