Your Therapy Source News

Digital magazine for pediatric occupational and physical therapists.

Issue 67 - January 2015

www.YourTherapySource.com

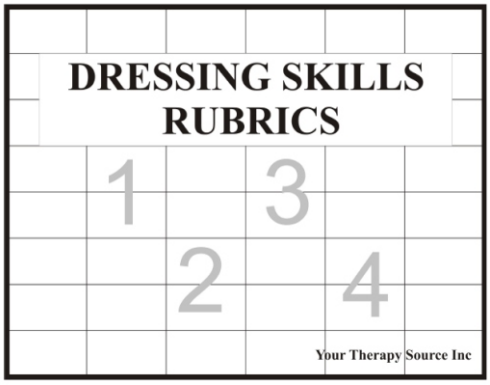
New and Sale Products

Title: Brain Breaks for Winter

Summary: Download includes 30 Winter themed Brain Breaks, 5 brain break spinners, Roll Some December Brain Breaks and Calm Down poem

Download: $2.99

Find out more at:
http://yourtherapysource.com/brainbreakswinter.html



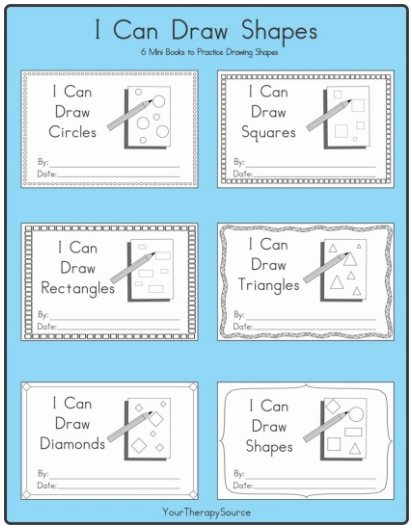
Title: Dressing Skills Rubrics

By: Your Therapy Source

Summary: Download of an electronic book of 21 rubrics to assess dressing skills in PDF and Word format.

List Price: $5.99
50% off until 1/31/15: $2.99

Find out more at:
http://yourtherapysource.com/rubricsdressing.html



Title: I Can Draw Shapes: 6 Mini Books to Practice Drawing Shapes
By: Your Therapy Source, Inc

Summary: Download of 6 mini books to practice drawing shapes. Includes a rubric to track progress.

List Price: $3.99
50% off until 1/31/15: $1.99

Find out more at:
http://yourtherapysource.com/drawshapes.html

School Based Therapy Resolutions for 2015

Here are some suggestions for school based therapy resolutions:

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.

2. Take the time to observe – I will take the time to just 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.

Care to add to the list with your goals for 2015?

10 Simple Drawing and Handwriting Games

Here are a few quick, simple activities to practice drawing, pre-writing strokes and/or letter formation:

1.) Squiggle Drawing: Draw a squiggle line on a piece of paper. Pass it to someone else. Let them add to the squiggle line to create a picture.

2.) Themed Squiggle Drawing: Draw a squiggle on a piece of paper. Write a theme on the top of the paper (i.e. – farm animal). Pass the paper to someone else and they have to create a farm animal from the squiggle on the paper. Try some Silly Sketches or Doodle Diaries.

3.) Group Shape Picture: Pick one shape (i.e. circles). Hang up a large piece of paper on an easel or the wall. Each person should add one circle to the paper, whatever size and color they wish. Add to it each day to create a nice work of art. Change shapes the next time. Need more shape ideas? Try the I Can Draw Shapes Mini Book.

4.) Drawing to Music: Turn on different types of music and draw while listening.

5.) Simon Says Draw: Just like the active game of Simon Says except the leader calls out phrases like: “Simon says draw a circle”. “Simon says draw a face”. “Draw three lines”, “Write the letter A”….

6.) Follow the Leader: Put the easel in the front of the room or use a whiteboard. Choose one student to be a leader. That student draws an object. Each student at their seat follows the leader and draws the same object. Keep going and compare everyone’s pictures at the end.

7.) Hot Artwork: Put a piece of paper on a clipboard and put several different writing utensils in the middle of a circle. Have the children sit in a circle. Turn on music and pass the clipboard. When the music stops, the person holding the clipboard draws one object. Turn the music on again and repeat until a picture is created.

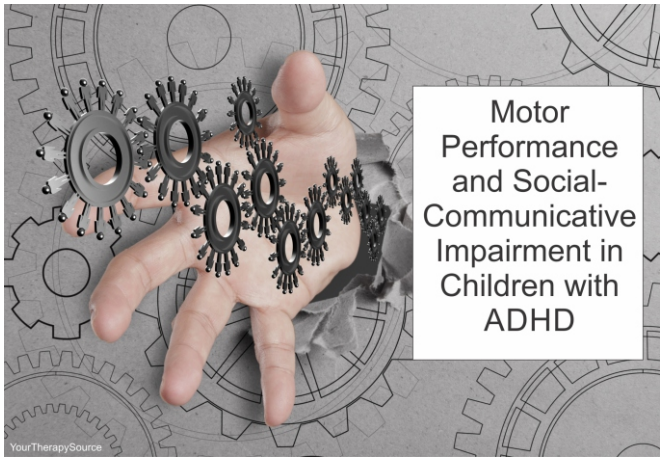
8.) Hide the Drawings: Put two children near each other but put up a divider so they can not see each other’s paper. Call out directions such as: draw a house, draw a flower in the yard, draw a bird in the sky, etc. At the end compare the pictures and see if they are similar. For letters you could call out directions such as: write a capital letter ‘A’ in the right corner, write a lowercase ‘b’ in the bottom left corner, etc.

9.) Complete the picture: Using a starting image on a piece of paper, have the child complete the picture. Here are free sample pages from Partner Pictures to download. Try some Dice Drawing. Roll the dice and complete the picture. Here is a sample page to try Dice Drawing. Check out free sample pages from Let’s Hang Out.

10.) Hide and Go Draw/Write: This is played like regular hide and go seek except the person hiding brings a clipboard along. While hiding they must draw a picture or write a word/ phrase. When the seeker finds them, he/she has to guess what was drawn or read the words.

HAPPY DRAWING!

Motor Performance and Social-Communicative Impairment in Children with ADHD



The *Journal of Attention Disorders* published research on 11 children with ADHD – Combined Type (ADHD-CT) and 10 typically developing children as the control group. Each child participated in an upper limb Fitts' aiming task to measure motor performance and the Social Responsiveness Scale t0 measure social-communicative/autistic impairment.

The following results were recorded:

Children with ADHD-CT displayed greater variability in their movements, as seen with increased error variance over repeated aiming trials compared with TD controls.
Motor performance variability was associated with social-communicative deficits in the ADHD-CT but not in the TD group.
The researchers concluded that further research is needed to determine whether a particular pattern of motor disturbance in children with ADHD-CT may be useful in evaluating children with a more complex ADHD presentation.

Reference: Nicole Papadopoulos, Nicole J. Rinehart, John L. Bradshaw, John Taffe, and Jennifer McGinley. Is There a Link Between Motor Performance Variability and Social-Communicative Impairment in Children With ADHD-CT: A Kinematic Study Using an Upper Limb Fitts' Aiming Task. Journal of Attention Disorders January 2015 19: 72-77, first published on July 30, 2012 doi:10.1177/1087054712454569

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25 Bilateral Coordination Exercises from
http://yourtherapysource.com/bilateralcoordination.html

Summary: Download of bilateral coordination exercise sheets including QR codes with links to video demonstration of exercises. A QR code is a black and white image with squares, that stores website links for reading by the camera on a smartphone.

Find out more at http://yourtherapysource.com/bilateralcoordination.html.

Sensory Over-Responsivity, Autism and Sleep

Sleep Medicine published research on a large well-characterized sample of 1347 children with autism spectrum disorder (ASD) examining the relationship between sleep problems, sensory over-responsivity, and anxiety. Statistical analysis was completed using the Children's Sleep Habits Questionnaire, Child Behavior Checklist, and Short Sensory Profile.

The following results were recorded:

anxiety was associated with all types of sleep problems (i.e., bedtime resistance, sleep onset delay, sleep duration, sleep anxiety, and night wakings).
sensory over-responsivity (SOR) was correlated with all sleep problems in bivariate analyses.
further statistical analysis revealed that SOR remained significantly associated with all sleep problems except night awakenings for older children, while for younger children SOR was no longer significantly associated with bedtime resistance or sleep anxiety.
The researchers concluded that children with ASD who have anxiety and SOR may be particularly predisposed to sleep problems including possible difficulties with hyperarousal. Future research using physiological measures of arousal and objective measures of sleep are recommended.

Reference: Mazurek , M. and Petroski, G. Sleep problems in children with autism spectrum disorder: examining the contributions of sensory over-responsivity and anxiety. Sleep Medicine Publication stage: In Press Accepted Manuscript. DOI: http://dx.doi.org/10.1016/j.sleep.2014.11.006

Daily Living Skills in Adolescents with Autism

Autism published research examining the daily living skills standard scores on the Vineland Adaptive Behavior Scales–2nd edition in 417 adolescents with Autism spectrum disorder. All participants had at least average intelligence. Using statistics, a "daily living skills deficit," was defined as below average daily living skills in the context of average intelligence quotient.

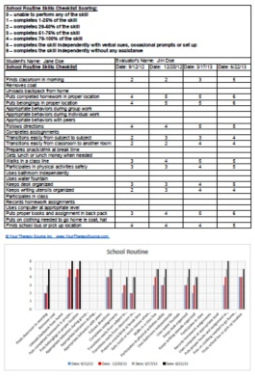
The results indicated the following:

approximately half of the adolescents were identified as having a daily living skills deficit.
Autism symptomatology, intelligence quotient, maternal education, age, and sex accounted for only 10% of the variance in predicting a daily living skills deficit.
The researchers concluded that more research needs to be done to determine factors associated with better or worse daily living skills. This would help to understand the variability in adult outcome in individuals with autism spectrum disorder with average intelligence.

Curious to know – do you find that adolescents with autism struggle with activities of daily living regardless of intelligence level?

Reference: Duncan, A. and Bishop, S. Understanding the gap between cognitive abilities and daily living skills in adolescents with autism spectrum disorders with average intelligence. Published online before print November 25, 2013, doi: 10.1177/1362361313510068 Autism January 2015 vol. 19 no. 1 64-72

The **Life Skills Checklists** help track progress towards routine life skills needed to succeed in the school, home and community. The checklists have been created in MIcrosoft Excel. When you record a score for each life skill, it automatically enters into the graph for a visual representation of progress. If you are using the document in PDF format you will have to hand write in the score and the graphing information. This is a great resource for tracking quarterly
progress and establishing goals.



Find out more at http://www.yourtherapysource.com/lifeskillchecklists.html

Reaction Time and Autism

A research review was published on 32 studies which included 238 simple reaction time and choice reaction time conditions in individuals with autism spectrum disorder (n = 964) and controls (n = 1032).

The results indicated that there are little if any simple reaction time/choice reaction time slowing in this sample of individuals with autism spectrum disorder, in comparison with controls.

The researchers concluded that although many cognitive and information processing domains are effected in autism spectrum disorder, it seems that simple reaction time/choice reaction time is relatively unaffected in autism spectrum disorder.

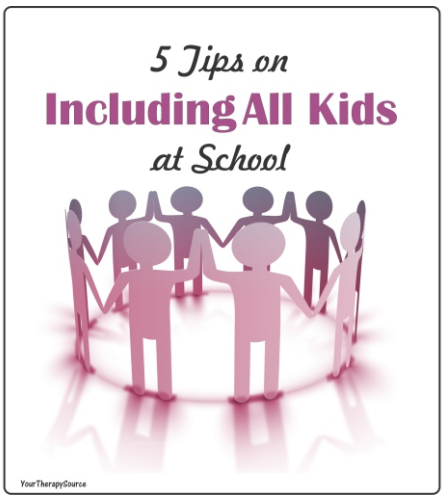
Reference: Ferraro, F. No evidence of reaction time slowing in autism spectrum disorder. Published online before print December 15, 2014, doi: 10.1177/1362361314559986 Autism December 15, 2014 1362361314559986

Set the Record from
http://yourtherapysource.com/growingplaycards.html

Can you be the record setter for the fastest, longest, most, shortest or tallest? How many circles can you draw in 10 seconds? How many times can you clap your hands when you jump in the air? This set of 25 fine motor, gross motor and visual motor challenges work on reaction time.

Find out more at
http://yourtherapysource.com/growingplaycards.html

5 Tips on Including All Kids at School



In the classroom, on the playground and during recess all children should feel included. Many times pediatric therapists focus on environmental modifications. Don't forget other types of modifications as well. Each child can bring their own unique abilities to a classroom setting. Here are several ideas to ensure that all kids are included during the school day:

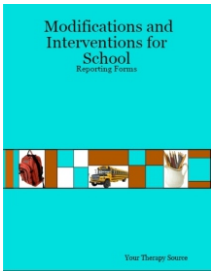
1. Accept each child for who they are – don't try to change a child, realize that each child has their own unique traits.

2. Encourage group participation – many parts make up a whole. We all benefit when we work together.

3. Acknowledge all efforts – make sure each child knows that their opinions and actions are valid and appreciated.

4. Promote group decision making – let all voices be heard to make a decision

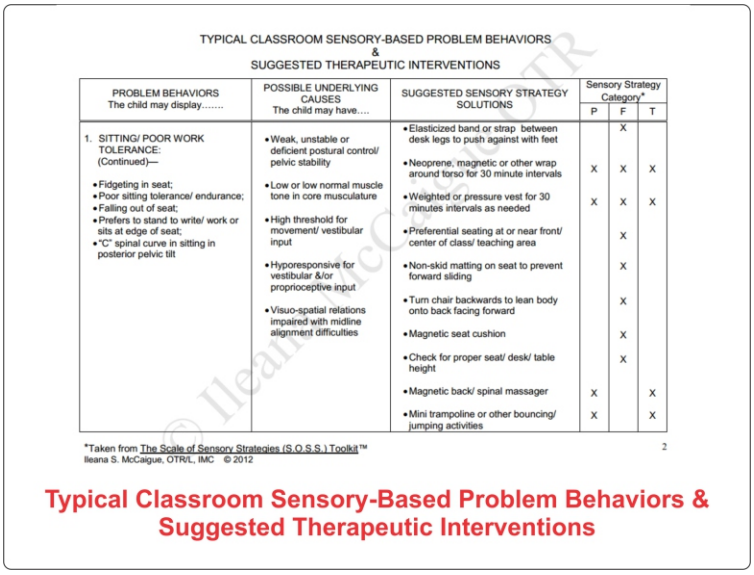
5. Break up big, group projects into smaller parts – assign each child a small part that they can accomplish.



Modifications and Interventions for School
Need ideas on environmental modifications?
Check out Modifications and Interventions for School – Reporting Forms.

Find out more information at http://yourtherapysource.com/modsdownload.html

Sensory Based Problem Behaviors and Suggested Interventions



TYPICAL CLASSROOM SENSORY-BASED PROBLEM BEHAVIORS & SUGGESTED THERAPEUTIC INTERVENTIONS

PROBLEM BEHAVIORS The child may display.....	POSSIBLE UNDERLYING CAUSES The child may have....	SUGGESTED SENSORY STRATEGY SOLUTIONS	Sensory Strategy Category*		
			P	F	T
1. SITTING/ POOR WORK TOLERANCE: (Continued)— • Fidgeting in seat; • Poor sitting tolerance/ endurance; • Falling out of seat; • Prefers to stand to write/ work or sits at edge of seat; • "C" spinal curve in sitting in posterior pelvic tilt	• Weak, unstable or deficient postural control/ pelvic stability • Low or low normal muscle tone in core musculature • High threshold for movement/ vestibular input • Hyporesponsive for vestibular &/or proprioceptive input • Visuo-spatial relations impaired with midline alignment difficulties	• Elasticized band or strap between desk legs to push against with feet		X	
		• Neoprene, magnetic or other wrap around torso for 30 minute intervals	X	X	X
		• Weighted or pressure vest for 30 minutes intervals as needed	X	X	X
		• Preferential seating at or near front/ center of class/ teaching area		X	
		• Non-skid matting on seat to prevent forward sliding		X	
		• Turn chair backwards to lean body onto back facing forward		X	
		• Magnetic seat cushion		X	
		• Check for proper seat/ desk/ table height		X	
		• Magnetic back/ spinal massager	X		X
		• Mini trampoline or other bouncing/ jumping activities	X		X

*Taken from The Scale of Sensory Strategies (S.O.S.S.) Toolkit™ Ileana S. McCaigue, OTR/L, IMC © 2012

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Typical Classroom Sensory-Based Problem Behaviors & Suggested Therapeutic Interventions

School based occupational and physical therapists play a key role in suggesting therapeutic interventions for students with sensory based behaviors. It is our job to educate teachers, parents and students as to why a child's behaviors may be sensory based and what sensory strategies can be used to help that child better navigate the educational environment.

Typical Classroom Sensory-Based Problem Behaviors & Suggested Therapeutic Interventions by Illeana McCaigue, OTR offers many suggestions for therapeutic interventions for 12 different problem behavior categories. The classroom sensory based problem behaviors include the following:

Sitting/Poor Work Tolerance
Vision/Attention Related
Oral/Facial Related
Visual Sensitivities
Tactile/Proprioceptive/Personal Space Issues
Self-Injurious Behaviors
Gut Reactions Due to Perceived Stress/Anxiety
Difficulty Staying with the Group
Delayed Immature/Inefficient Grasp Pattern
Visual/Proprioceptive Sensory Seeking Wrist/ Hands
Difficulty with Positioning/ Lower Extremity Awareness
Oral Motor/ Self-Feeding Issues
This electronic book will help new and seasoned therapists determine what problem behavior the child may be displaying, possible underlying causes and sensory strategy solutions to address the behavior.

Find out more about **Typical Classroom Sensory-Based Problem Behaviors & Suggested Therapeutic Interventions** by Illeana McCaigue, OTR and download a sample page at http://yourtherapysource.com/mccaigue.html

Comparing Media Use and Sleep in Boys with Autism, ADHD or Typical Development

Pediatrics published research comparing questionnaire results on media use (television, computer, and video games) and sleep among 49 boys with autism spectrum disorder (ASD) compared with 38 boys with attention-deficit/hyperactivity disorder (ADHD) or 41 boys with typical development (TD).

The results indicated the following:

1. bedroom media access was associated with less time spent sleeping at night in all three groups.

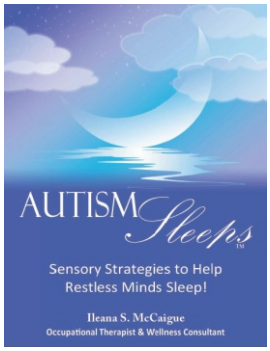
2. bedroom access to a television or a computer was more strongly associated with reduced sleep among boys with ASD compared with boys with ADHD or TD.

3. the amount of time spent playing video games was uniquely associated with less sleep among boys with ASD.

The researchers concluded that screen-based media time and bedroom media access should be routinely assessed and may be important intervention targets when addressing sleep problems in children with ASD.

Read the full text article here http://m.pediatrics.aappublications.org/content/132/6/1081.full

Reference: Engelheart, M MD et al. Media Use and Sleep Among Boys With Autism Spectrum Disorder, ADHD, or Typical Development. Published online November 18, 2013 Pediatrics Vol. 132 No. 6 December 1, 2013 pp. 1081 -1089 (doi: 10.1542/peds.2013-2066)



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

Find out more at http://yourtherapysource.com/autismsleeps.html.

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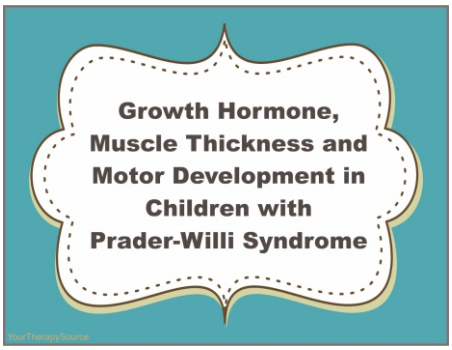
Growth Hormone and Motor Development in Children with Prader-Willi



Pediatrics published research on the effects of physical training combined with growth hormone (GH) on muscle thickness and its relationship with muscle strength and motor development in 22 infants with Prader-Willi syndrome (PWS) followed over 2 years.

Muscle thickness was measured using ultrasound. Muscle strength was assessed using the Infant Muscle Strength meter. Finally, motor development was evaluated using the Gross Motor Function Measure.

The results indicated the following:

1. muscle thickness was significantly decreased in the biceps brachii, forearm flexors, quadriceps, and tibialis anterior muscles in infants with PWS and growth hormone treatment increases muscle thickness in infants with PWS.

2. Muscle thickness changes with increasing age in the biceps brachii and tibialis anterior was similar to typical development

3. muscle thickness changes in the quadriceps and forearm flexors was higher compared to typical development.

4. all 4 muscle groups showed significant positive effects of growth hormone on muscle thickness when controlled for age and baseline muscle thickness.

5. significant correlations between muscle thickness and muscle strength was recorded, between muscle thickness and motor development, and between muscle strength and motor development.

The researchers recommend the following:

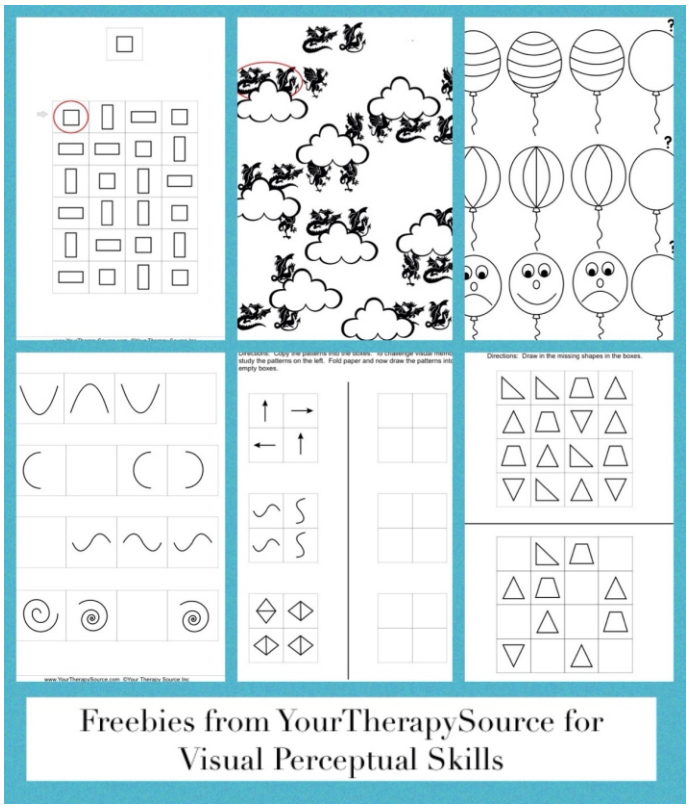
“To increase muscle strength and improve motor skills in PWS infants, physical training should be an integrated aspect of daily life. Therefore, we recommend a physical therapy program in which parents learn how to stimulate their infant’s motor development by providing a playful learning environment in which the influence of gravity is attuned to their child’s constrained motor abilities. Moreover, we recommend an exercise repetition level of 10 repetitions as optimal, because this allows skill learning combined with a training stimulus to increase muscle strength.”

Reference:

Linda Reus, Sigrid Pillen, Ben J. Pelzer, Janielle A.A.E.M. van Alfen-van der Velden, Anita C.S. Hokken-Koelega, Machiel Zwarts, Barto J. Otten, and Maria W.G. Nijhuis-van der Sanden. Growth Hormone Therapy, Muscle Thickness, and Motor Development in Prader-Willi Syndrome: An RCT. Pediatrics 2014; 134:6 e1619-e1627; published ahead of print November 24, 2014, doi:10.1542/peds.2013-3607

Boggs, W. MD. Growth Hormone Boosts Muscle Thickness, Motor Development In Prader-Willi Syndrome. Healthy Living Magazine. Retrieved from the web on 12/4/14 at http://www.healthylivingmagazine.us/Articles/5681/

Visual Perceptual Freebies



Here are 6 FREE sample pages from Patterns, Patterns, Patterns which is a collection of over 50 visual perceptual activities involving patterns. Children will be challenged to draw the patterns and find shapes, numbers or objects in a pattern. The activity pages are in black and white.

Patterns, Patterns, Patterns stimulates:
visual motor skills
visual perceptual skills
visual closure skills
visual discrimination
spatial relationships
visual memory

Download your free sample pages at http://www.yourtherapysource.com/patternsfree.html

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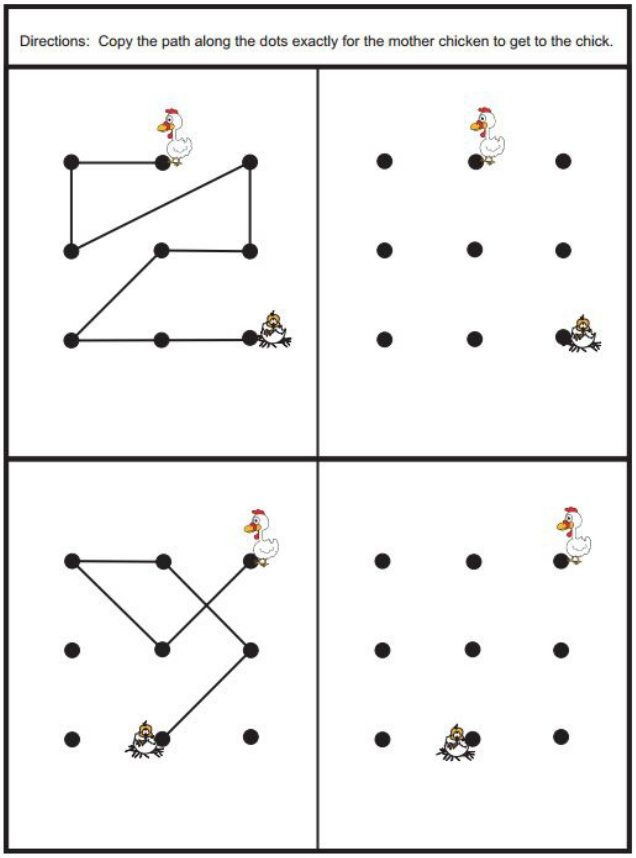
Visual Motor and Visual Spatial Skills Freebie



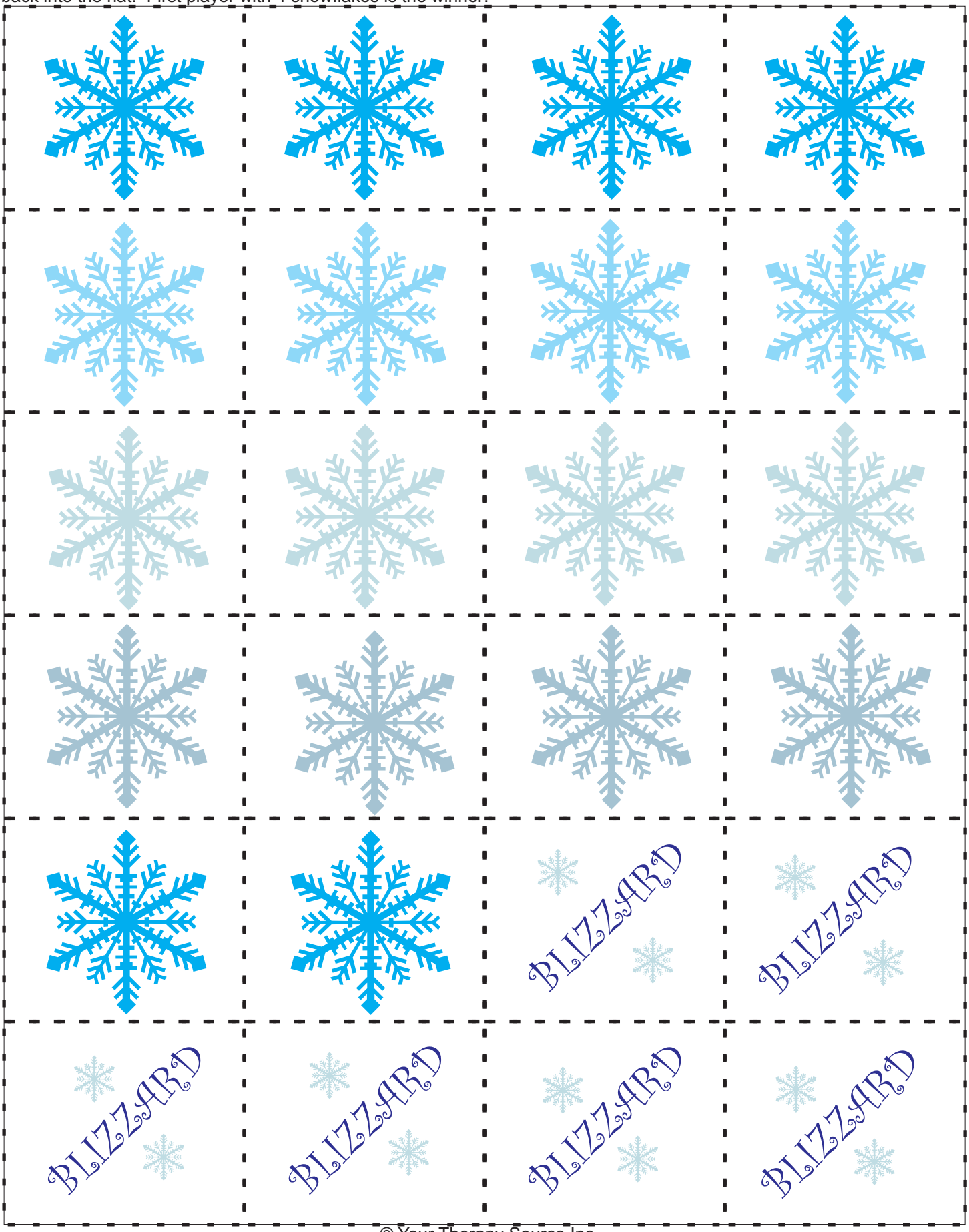
Download some sample pages from Follow the Path to encourage:

- fine motor skills
- visual perceptual skills
- visual spatial skills
- visual motor skills

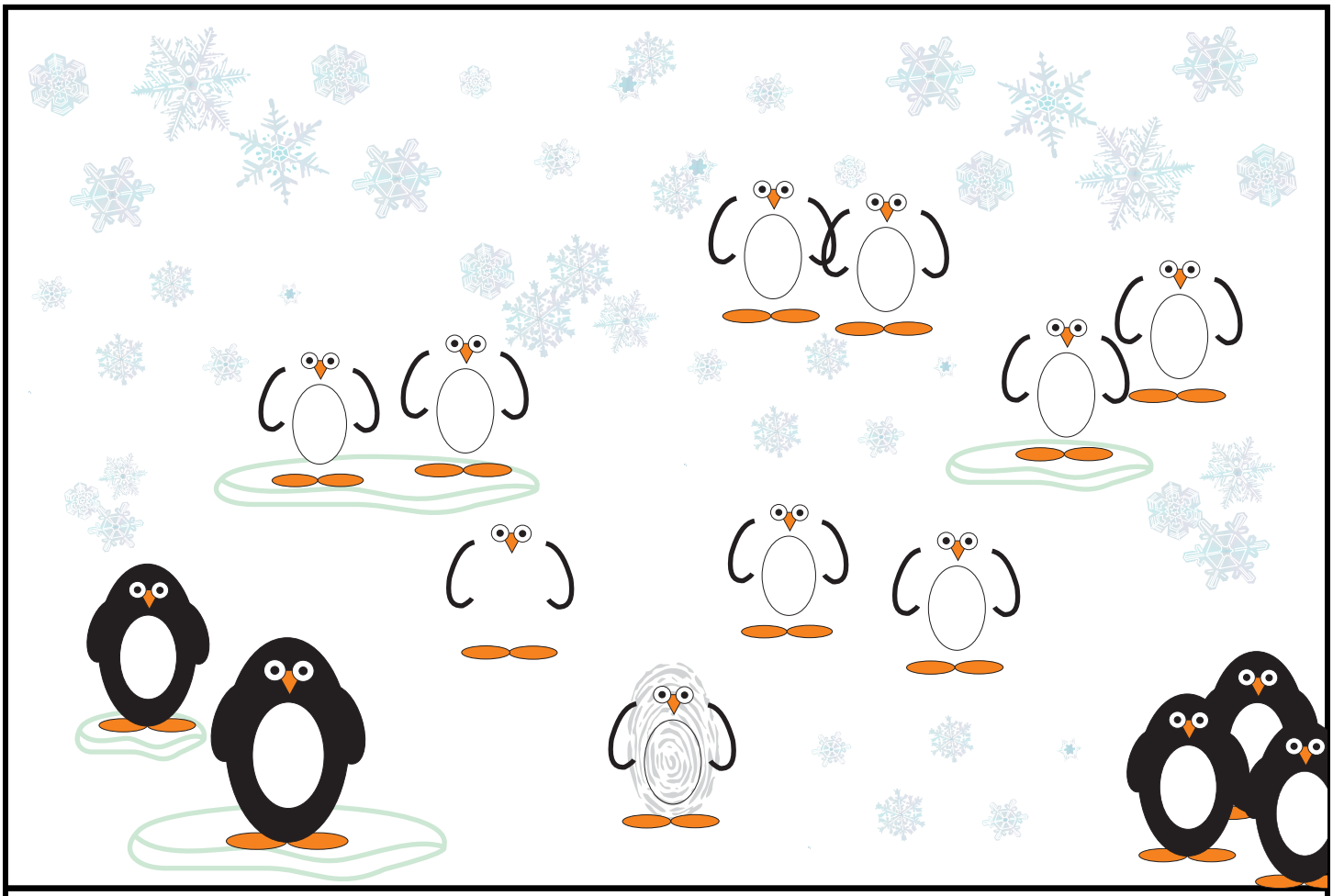
Download them at
http://www.yourtherapysource.com/followfree.html

BLIZZARD CARD GAME

Directions: Cut apart the cards below. Using your first two fingers and thumb, roll up each card into a small "snowball". Place all the cards into a winter hat. Player one takes a turn by reaching into the hat to pull out a "snowball". Open up the ball, if it is a snowflake keep it. If it is a blizzard card, you must put all your cards back into the hat. First player with 4 snowflakes is the winner!



Go to www.YourTherapySource.com/fprint for the Fingerprint Calender



January

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Your Therapy Source Inc.

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- sensory motor activity ideas
- sensory processing resources
- visual perceptual activities
- music downloads

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