



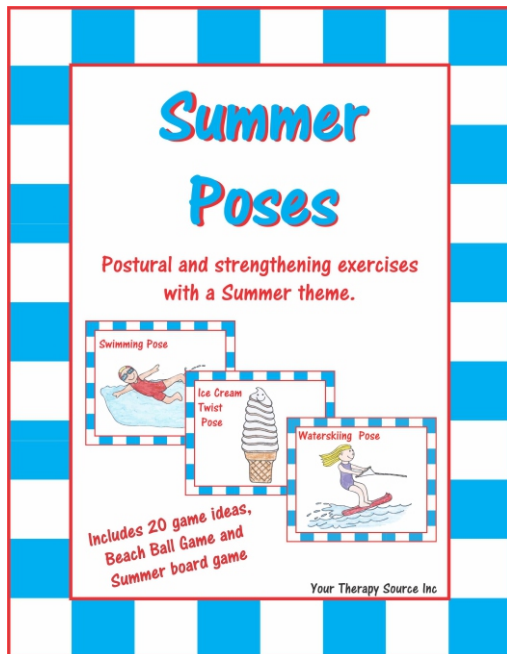
Your Therapy Source News

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

Issue 51 - June 2013

www.YourTherapySource.com

New and Popular Products



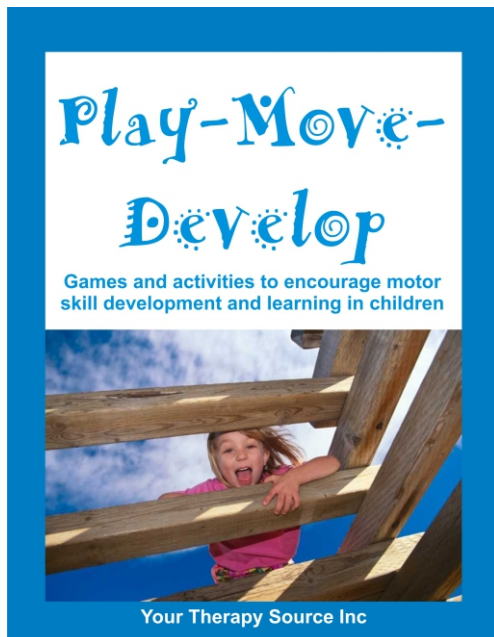
Summer Poses

This is an electronic pdf document that includes 12 full size pages with one Summer pose and directions per page, 3 pages of the 12 poses in smaller sizes, 20 games ideas to use with the poses, beach ball game and a summer board game.

Retail Price: \$3.99

Sale Price until 6/30/13: \$1.99

www.YourTherapySource.com/summerposes



Play Move Develop

This is an electronic book of 100 reproducible games and activity ideas to encourage motor skill development and learning in children. Great resource for fun, home exercise program activities.

Retail Price: \$13.95 for ebook

Sale price until 6/30/13: \$6.99

www.YourTherapySource.com/playmove

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5 Alternatives to Traditional Therex for Kids



Near the end of the school year, the weather gets nice and the children get antsy to be done with school. Asking children and parents to do traditional therapeutic exercises at home can be difficult this time of year. Here are 5 alternatives to traditional therex at home:

1. Instead of asking a child to perform a traditional exercise ask the child to think of an activity that strengthens the same specific muscles or muscle groups.
2. Instead of sending home an activity idea, ask the child to find objects or materials in their own house that they could use to work on a certain skill.
3. Instead of assigning traditional home exercises, sneak in therapeutic exercises through everyday play or chores. Check out Therapeutic Activities for Home and School for ideas - <http://yourtherapysource.com/therexbook.html>
4. Instead of assigning a certain practice activity, ask the child to find a skill at home that he/she needs to improve and report back on a way to practice that skill at school and at home.
5. Instead of suggesting games to play at home to practice skills, ask the child to create a game to practice a certain skill.

Therapists Learning from Teachers

School based occupational and physical therapists can learn so much from teachers. We may know lots of information on fine motor skills, gross motor skills, visual perceptual skills, sensory processing and coordination but we are lacking in many other educational traits. Watch, observe and learn from teachers (pushing in for therapy services offers this opportunity). Here are what I consider the top 5 things school based therapists can learn from teachers:



LEARNING FROM TEACHERS

- 1. Use a plan book.** Teachers are required to have their lessons planned in advance. Therapists should try this idea. I plan for the next session for a student(s) the week or night before but I do not always write it down. You can download a therapy lesson plan form at YourTherapySource.com - <http://yourtherapysource.com/lessonplan.html>
- 2. Group management.** Teachers are amazing at managing large groups. Therapists frequently only have 1 student at a time. Watch and observe how teachers manage large classrooms. If they can manage 25 students at a time we can certainly manage small therapy groups.
- 3. Recording grades.** Obviously we do not have to grade assignments but checking annual goals more often than on a quarterly basis is important. Teachers record grades and correct homework to make sure a student is progressing satisfactorily. Make sure your therapy students are progressing towards their annual goals in a timely manner by checking those goals at least biweekly.
- 4. Progress Reports and Report Cards.** Teachers will frequently send home progress reports if a student is not performing as well as can be expected. If a student is not making satisfactory progress towards his/her therapy goals do you let the parents know before the quarterly reports come home?
- 5. Have a back up plan.** Do you ever notice that good teachers seem to always have a back up plan? If the class unexpectedly finished an assignment early they always have an extra activity planned and ready to go. Sometimes it is a traditional fun game or it is the next assignment. Therapists should have back up activity ideas if a student reaches the goal quickly, loses interest or fatigues.

5 Make and Take Summer Therapy Ideas



Here is a fun idea - have kids create their own activities to do over the summer break. Start now during part of a therapy session to assemble and teach students some games or activities that they can do over the summer for carry over of therapy skills and to keep them busy. Once you have created an activity and reviewed how to play it set it aside to give to the child the last day of school. Hopefully, by the time that day comes the child will have created several activities for over the summer. Here are some suggestions:

1. Rock Tic Tac Toe - Go outdoors and collect 10 small rocks (or head to Dollar store to buy a bag of river stones for \$1). Paint 5 'X's and 5 'O's on the rocks. Using sidewalk chalk draw a tic tac toe board. Play tic tac toe with the rocks - either place the rocks in a square or toss them from far away. Place the rocks and the chalk in a plastic bag to send home. Maybe include other games to play with the rocks - hopscotch, hide and find, etc.
2. Journals - Cut apart a recycled cereal box. Using two large pieces of cardboard cut two rectangles to make the front and back covers. Glue colored paper over the cereal boxes. Cut out 10 pieces of paper the same size. Punch holes in the paper and covers. Tie a string through the holes to assemble the journal. Include several story starter ideas. Need it easier than this? Print out Doodle Diaries, staple and ready to go!
3. Activity Idea Book - At each session ask every child for an activity idea to do over the summer. Perhaps a trip to the library, blowing bubbles, hide and go seek, etc. Once you have documented everyone's answers write or type them all together on a sheet of paper. Add this hand out on Physical Activities for the Summer. Makes copies for each student to add to their summer bag of make and takes.
4. Printables from Your Therapy Source - Print out fine motor, gross motor or visual processing ebooks activities or from the free stuff page all sorts of activities. Put out suitable activities on a table. The child can go through the activities and select some to put in a folder to bring home for summer.
5. Play Dough - Make large batches of home made play dough. Give each child a small container of play dough and activity ideas to do with the play dough. Need activity ideas - check out Creative Clay Activities or Play Clay Mats to print and send home.

Autism Research

Motion Perception and Autism

The *Journal of Neuroscience* has published research on enhanced motion perception in children with autism. Previous studies have reported that children with autism can have enhanced visual perceptual skills with static objects but this is the first study that indicated an enhanced perception of motion which may help to explain why some children with autism can be hypersensitive to motion.

The participants in the study were 20 children with autism and 26 children without autism ranging in age from 8-17 years old. The children were asked which way bars were heading (right or left) on a video screen. The bars became increasingly smaller when a child answered correctly. When the the images were low contrast both groups performed similarly. When the images were high contrast, the children with autism performed twice as well as their peers.

One of the researchers, Foss-Feig, stated the following:

"This dramatically enhanced ability to perceive motion is a hint that the brains of individuals with autism keep responding more and more as intensity increases. Although this could be considered advantageous, in most circumstances if the neural response doesn't stop at the right level it could lead to sensory overload."

Reference: University of Rochester. Enhanced Motion Detection in Autism May Point to Underlying Cause of the Disorder. Retrieved from the web on 5/11/2013 at <http://www.rochester.edu/news/show.php?id=6332>.

Motor Skills of Toddlers with Autism

A recent study in Autism describes the gross and fine motor skills of a cross-sectional group of 162 children with autism spectrum disorder between the ages of 12 and 36 months. Age equivalents were determined for gross and fine motor skills for all children. The results indicated gross motor and fine motor differences became significantly greater with each 6-month period of chronological age. The importance of addressing these motor delays during the early years is discussed in the article.

Reference: Meghann Lloyd, Megan MacDonald, and Catherine Lord. Motor skills of toddlers with autism spectrum disorders Autism March 2013 17: 133-146, first published on May 24, 2011 doi:10.1177/1362361311402230

Hot Topics

Social Skills and Early Mobility

Assistive Technology published research on social skills and early powered mobility. The participants included 23 children with physical disabilities between the ages of 18 months and 6 years of age. Data was collected at wheelchair evaluation, wheelchair delivery, and approximately 6 months later. The following results were seen:

- significant increases were found in parental perceptions of positive social skills for younger children after receiving a wheelchair
- slightly older children showed improvements in social skills before the wheelchair was received
- no changes were found in negative social skills
- parental ratings also indicated a significantly greater difficulty remaining engaged in tasks after receiving a wheelchair
- a significant increase was noted in the number of mobility activities during indoor free play but no difference was seen in interaction with toys or objects
- improvement in the qualitative level of outdoor interactive free play was reported but there was no change in verbal interactions.

Reference: Guerette P, Furumasu J, Tefft D. The positive effects of early powered mobility on children's psychosocial and play skills. *Assist Technol.* 2013 Spring;25(1):39-48; quiz 49-50.

Functional Strength Training Level IV GMFCS

Developmental Neurorehabilitation published a case study to evaluate functional strength training (4x/week x 10 weeks) for a 9 year old child classified as a level IV according to the Gross Motor Function Classification System (GMFCS). Data was collected using an isokinetic dynamometer, the Gross Motor Function Measure and the Timed Up and Go test at baseline, 5 weeks and 10 week post intervention. The results indicated the following:

- improvements were found in hip, knee and ankle muscles strength
- increase in GMFM-88 score
- decrease in time for TUG test performance.

Reference: Dos Santos AN, da Costa CS, Golineleo MT, Rocha NA. Functional strength training in child with cerebral palsy GMFCS IV: Case report. *Dev Neurorehabil.* 2013 Apr 25. [Epub ahead of print]



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More Hot Topics

Effects of Treadmill Training on Balance

Recent research was completed that compared treadmill training versus overground walking effects on balance skills using a randomized controlled trial with blinded evaluator. The participants were children with cerebral palsy ages 3-12, GMFCS levels I through III. The experimental group received 30 minute treadmill training session two times per week for 7 weeks. The control group participated in overground walking, 30 minute sessions, 2 times per week, also for 7 weeks.

The results indicated the following:

- both groups exhibited better functional balance after the protocol.
- the experimental group had higher Berg balance scale scores and exhibited lesser mediolateral oscillation with eyes open in comparison to the control group.

The researchers concluded that treadmill training had greater effects on balance skills and mediolateral oscillation than the overground walking.

Reference: Grecco LA, Tomita SM, Christovão TC, Pasini H, Sampaio LM, Oliveira CS. Effect of treadmill gait training on static and functional balance in children with cerebral palsy: a randomized controlled trial. *Rev Bras Fisioter.* 2013 Feb;17(1):17-23.

Early Identification of Motor Delays

The American Academy of Pediatrics has published new research on early identification and evaluation of motor delays and variations in muscle tone. A multidisciplinary expert panel developed an algorithm for the surveillance and screening of children for motor delays using formal developmental screenings at 9,18,30 and 48 month well child visits. The additional 48 month check is to identify problems in coordination, fine motor, and graphomotor skills before a child enters kindergarten.

This full text article offers a flow chart for decision making for pediatricians, summary of gross motor and fine motor skills at various ages, examples of questions to ask regarding motor history, suggested examination techniques, suggested testing such as neuroimaging and blood work, chart of red flags, chart for common genetic disorders with clinical testing and clinical presentations and suggestions for referrals.

Reference: Garey H. Noritz, Nancy A. Murphy, and NEUROMOTOR SCREENING EXPERT PANEL From the American Academy of Pediatrics: Clinical Report: Motor Delays: Early Identification and Evaluation. *Pediatrics* peds.2013-1056; published ahead of print May 27, 2013, doi:10.1542/peds.2013-1056



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Beach Ball Therex



Head over to YourTherapySource for three suggestions to play with a therex beach ball.

<http://www.yourtherapysource.com/freebeachball.html>

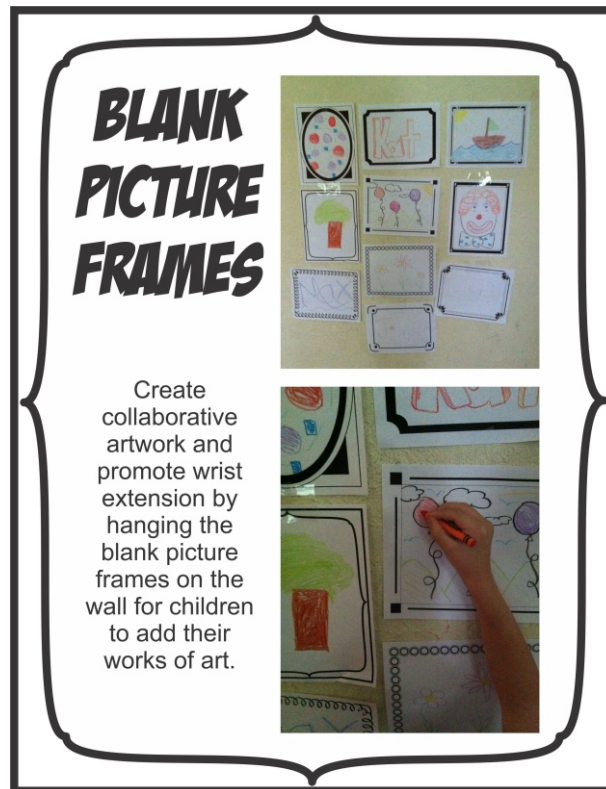
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