



Your Therapy Source News

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

Issue 63 - June 2014

www.YourTherapySource.com

New and Sale Products



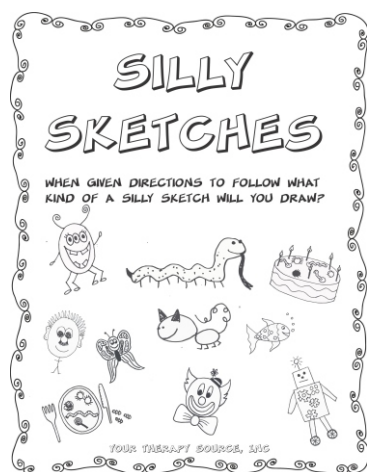
Title: Summer Fitness Challenge

Summary: Whoooo's ready for a Summer Fitness Challenge for kids? This download includes 10 activity pages for children to complete over the summer. Simply print out the activities and provide to students - instant summer home exercise program!

List Price: \$3.99

Find out more at:

www.YourTherapySource.com/summerfitness



Title: Silly Sketches

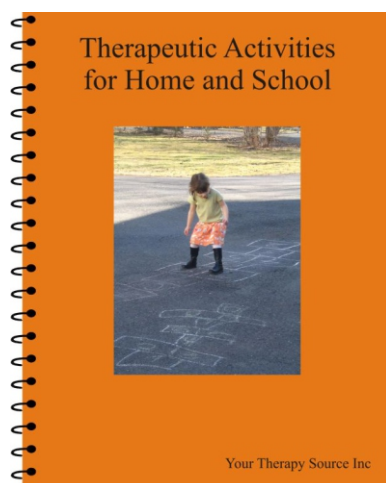
Summary: Follow six directions to create some silly sketches. Suitable for one person or a group game.

List Price: \$1.99

Sale Price until 6/30/14: \$0.99

Find out more at:

www.YourTherapySource.com/sillysketches



Title: Therapeutic Activities for Home and School

Summary: Download of electronic version of *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.

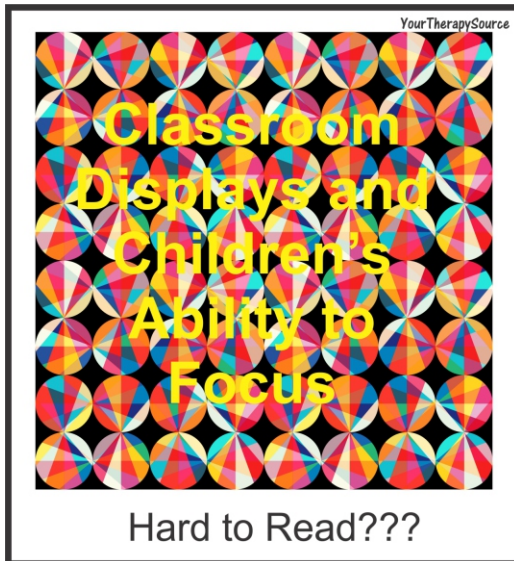
List Price for ebook: \$16.95

Sale Price until 6/30/14: \$9.95

Find out more at:

www.YourTherapySource.com/therexdownload

Classroom Displays Effect Children's Ability to Focus



Is the picture hard to read? Of course it is – text on a busy background is difficult to see. One thing that really bothers me in a classroom is excessively decorated walls. I frequently walk into a classroom and am shocked at the visual overstimulation. There are patterns, pictures and words hanging all over the place. Sometimes not just on the walls but from the ceiling and “clothes line” rope across the room. Now imagine you are a young student and need to focus on the teachers, it can be quite difficult with all the visual stimulation in the room. Another pet peeve I have is when assignments are hanging on patterned paper – it makes it so much harder to focus on the information that a student needs to read or copy down. Many times I may make a gentle recommendation to decrease the display for a particular student.

But, I am always careful not to step on any toes – at the end of the day it is the teachers room to set up not mine. But, now there is some simple research to back up what us therapists may recommend in the school setting.

Psychological Science published research indicating that children in highly decorated classrooms were more distracted, spent more time off-task and demonstrated smaller learning gains than when the decorations were removed. The 24 kindergarteners were placed in laboratory classrooms that were heavily decorated or sparsely decorated and taught lessons. The following results were seen:

- children learned in both classroom types but they learned more when the room was not heavily decorated. Children's accuracy on the test questions was higher in the sparse classroom(55 percent correct) than in the decorated classroom(42 percent correct).
- the rate of off-task behavior was higher in the decorated classroom (38.6 percent time spent off-task) than in the sparse classroom (28.4 percent time spent off-task).

Even though it is a small study and more research needs to be done, it is a start.

Reference: Medical Express. Heavily decorated classrooms disrupt attention and learning in young children. Retrieved from the web at <http://medicalxpress.com/news/2014-05-heavily-classrooms-disrupt-attention-young.html#nwlt> on 5/28/14.

Modifications and Interventions for School – Reporting Forms provides pediatric therapists with over sixty, reproducible reporting forms with hundreds of suggested modifications and interventions for students. Interventions are listed by skill areas such as handwriting, scissors, dressing, walking, stairs, wheelchair skills and sensory skills. This book is a great tool for all school based therapists and teachers to determine what modifications and interventions are successful for a particular student. Find out more at <http://yourtherapysource.com/modifications.html>

5 Quick Fixes To Improve a Therapy Session

Here are 5 quick fixes to improve your sessions when you are delivering therapy services:

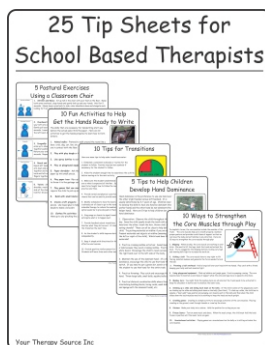
1. **Arrangement of the Room:** If you have a therapy room or if you are pushing into another classroom how is the room arranged? Is it cluttered? Are there distractions? Is everything you need for your session available and ready to use? These are all simple things to check and modify if necessary. Remember keep it simple!

2. **Time Management:** Are you using your time wisely? If transitioning to a therapy room, try and have a therapeutic activity planned for the trip (ie scooter board, skipping, etc.). Remember to get started right away to keep the child's attention.

3. **Be 100% present during the session:** Sometimes when we work with others in a therapy room or classroom, even adults can get distracted and start chatting. Remember the child usually only has 30 minutes with you – use every second.

4. **Timing:** Keep your session moving at a good pace. Move too slow and you will lose the child's interest. Move too fast and the child may become frustrated. Each child's pace is different but be sure to be aware of what speed will work best for a particular child.

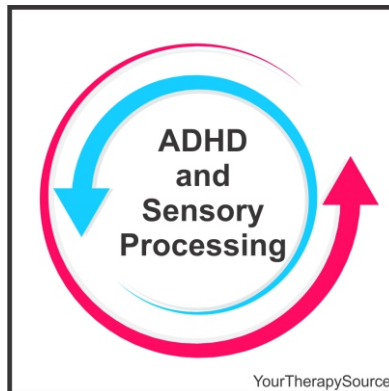
5. **Set clear expectations:** Make sure the child understands exactly what you expect of him/her during the session. Perhaps set a goal for each session to achieve. Establish behavioral expectations as well and stick to them.



Check out *25 Tip Sheets for School Based Occupational and Physical Therapists* which are jammed packed with information to distribute to teachers and parents.

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

ADHD and Sensory Processing



Physical and Occupational Therapy in Pediatrics published research on whether 20 children with attention-deficit/hyperactivity disorder (ADHD) are at greater risk than 27 children without ADHD for problems with sensory processing. In addition they investigated whether certain sensory systems were more closely associated with the core symptoms of ADHD, specifically inattention and hyperactivity/impulsivity.

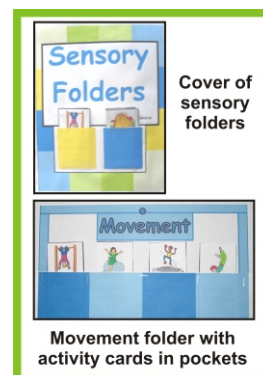
The researchers used the Sensory Processing Measure-Home Form and the Conners 3rd edition-Parent Short Form to assess each child. The results indicated the following:

- children with ADHD exhibited more sensory processing problems on all scales of the Sensory Processing Measure with small to medium effect sizes observed
- for the children with ADHD, the Social Participation and Planning and Ideas subtests of the Sensory Processing Measure were significantly associated with hyperactivity/impulsivity, but not with inattention on the subtests of the Conners Parent Short Form.

Reference: Beth Pfeiffer, Brian P. Daly, Elizabeth G. Nicholls, Dominic F. Gullo. Assessing Sensory Processing Problems in Children With and Without Attention Deficit Hyperactivity Disorder. *Physical and Occupational Therapy in Pediatrics*. Published online on April 8, 2014. (doi:10.3109/01942638.2014.904471)

Sensory Folders – Print this collection over and over again for children with sensory processing disorder. This download includes all the pages to complete 3 sensory folders (movement, calming and focus). There are 40 activity cards that include picture cues and text to describe various sensory activities.

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



Lack of Sleep, Obesity and Body Fat

Encourage Good Sleep Habits
to Prevent Obesity and Higher
Body Fat in Children



Pediatrics has published a large study linking reduced sleep and childhood obesity. The children who consistently received less than the recommended hours of sleep during infancy and early childhood had increases in both obesity and in adiposity or overall body fat at age 7.

Insufficient sleep was defined as less than 12 hours per day from ages 6 months to 2 years, less than 10 hours per day for ages 3 and 4, and less than 9 hours per day from age 5 to 7.

The results of the study indicated the following:

- children with the lowest sleep scores had the highest levels of all body measurements for obesity and adiposity, including abdominal fat which is considered to be particularly hazardous.
- association was consistent at all ages, indicating there was no critical period for the interaction between sleep and weight.

The researchers recommend that parents and children should be educated on good sleep habits.

Reference: Medical Express. Chronic insufficient sleep increases obesity, overall body fat in children. Retrieved from the web on 5/21/14 at <http://medicalxpress.com/news/2014-05-chronic-insufficient-obesity-body-fat.html#nwlt>.

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>

Association Between Strength and Cardiometabolic Risk

Pediatrics published research on the gender-specific independent association between muscular strength and cardiometabolic risk clustering in 1421 children. The researchers used a principal component analysis to determine the pattern of risk clustering and to derive a continuous aggregate score (MetScore) from various cardiometabolic risk factors (i.e. % body fat, blood pressure, etc), body mass index (BMI), estimated cardiovascular fitness, muscular strength and more. The results indicated the following:



1. significant differences were present in cardiometabolic profiles across strength tertiles, for the stronger adolescents had lower overall risk.
2. age, BMI, cardiorespiratory fitness, physical activity participation, and strength were all individually correlated with multiple risk components and the overall METScore
3. in the adjusted model, only BMI, physical inactivity, and normalized strength capacity emerged as significant predictors of MetScore
4. Percent body fat was the strongest loading coefficient within the principal component analysis–derived MetScore outcome.

In summary, the study showed that boys and girls with greater strength-to-body mass ratios had lower BMIs, lower percent body fat, smaller waist circumferences, higher levels of cardiorespiratory fitness, and significantly lower clinical markers of risk.

The researchers concluded that normalized strength is independently associated with lower cardiometabolic risk in boys and girls. In addition, percent of body fat was associated with all cardiometabolic risk factors and carried the strongest loading coefficient. The researchers stressed the importance of early strength acquisition and healthy body composition in childhood.

Reference: Mark D. Peterson, William A. Saltarelli, Paul S. Visich, and Paul M. Gordon. Strength Capacity and Cardiometabolic Risk Clustering in Adolescents. *Pediatrics* peds.2013-3169; published ahead of print March 31, 2014, doi:10.1542/peds.2013-3169

Play Strong: This is a collection of 40+ activities that promote muscle strengthening in children. The activities are great for your pediatric occupational and physical therapy sessions for children with varying abilities. This is an excellent resource for pediatric therapists. Find out more information at <http://yourtherapysource.com/playstrong.html>

Using Tactile Requests Instead of Verbal Requests



Recently, the *Journal of Intellectual Disabilities* published research comparing responses to verbal versus tactile requests in children with congenital blindness, intellectual disability and autism spectrum disorder (ASD). For trial one, requests were given verbally. For trial 2, tactile requests were given. The results indicated the following:

1. All students perceived tactile symbols to be explicit requests to perform the act referred to by the symbols.
2. The children seldom or never followed verbal requests.
3. All children followed more tactile than verbal requests.

The researchers concluded that the availability of tactile symbols for individuals with congenital blindness, intellectual disability and ASD seems to increase their level of activity and their participation in school.

Here are 10 examples of tactile symbols instead of visual picture symbols that may have meaning during therapy sessions:

1. Fork or spoon for eating instead of “hungry” or “lunch”
2. Cup for drinking for “thirsty”
3. Small ball for catching and throwing
4. Weights for exercise
5. Rope for swing requesting to use swing
6. Play dough for clay activities
7. Rice for sensory boxes
8. Vibrating toys
9. Stretchy fabric for mini trampoline
10. Quiet maraca for calming music.

Reference: Aasen, G et al. Enhancing activity by means of tactile symbols- A study of a heterogeneous group of pupils with congenital blindness, intellectual disability and autism spectrum disorder. doi: 10.1177/1744629514522142 *Journal of Intellectual Disabilities* March 2014 vol. 18 no. 1 61-75

Please “Help” or “Be a Helper”?



An interesting study was published in *Child Development* comparing the motivational levels of children willing to help adults based on how the children were asked to help. The participants included about 150, 3-6 year olds, who participated in two experiments. In one experiment, the adults talked to the children about helping then referred to helping with a verb (e.g., “Some children choose to help”). In the other experiment, again the adult talked to the children about helping but referred to helping with a noun (e.g., “Some children choose to be helpers”).

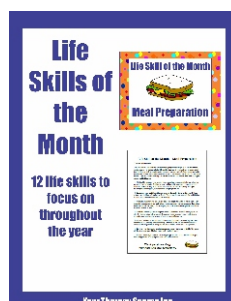
The children then began playing with toys. While they were playing, the adult provided four opportunities for the youngsters to stop and help the experimenter—to pick up a mess, open a container, put away toys, and pick up crayons that had spilled on the floor. In each case, the children had to stop playing to help.

The following results were recorded:

1. the children who heard the noun wording (helper) helped significantly more than children who heard the verb wording (help).
2. when the experimenter talked to youngsters about helping, using verb wording, the children didn’t help any more than when the experimenter never brought up helping at all.

The researchers recommend that parents and teachers can encourage young children to be more helpful by using nouns like helper instead of verbs like helping when making a request of a child.

Reference: Medical Express. Want a young child to ‘help’ or ‘be a helper’? Choice of words matters. Retrieved from the web on 5/6/14 at <http://medicalxpress.com/news/2014-04-young-child-helper-choice-words.html#nwlt>



Life Skills of the Month -12 hand outs and posters to encourage practicing life skills throughout the year provided in Word and pdf format.

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

Child Focused or Context Focused Therapy?

A group of researchers at the CanChild Centre in Canada completed research comparing child focused therapy and context focused therapy for children with cerebral palsy. The participants included 128 children with cerebral palsy who received one sessions of therapy per week by an OT or PT of either child focused therapy or context focused therapy.

The child focused therapy consisted of therapy sessions trying to change the child's mobility, body alignment, muscle strength and coordination. Therapy also focused on improving a child's skills through practicing movements and activities.

The context focused therapy consisted of therapy sessions on choosing an activity that a child enjoys but would like to do better. These activities were then modified to make it easier to do by reducing the limiting factors associated with both the task and the environment. Children also practiced the activities.

After six weeks of one session per week, both groups showed equal improvements. The following results were recorded for both groups:

1. increased independence in their self-care activities
2. improved ability to move more independently
3. more engaged in general skill activities
4. increase in participation in play activities
5. increased physical activity and took part in more games.

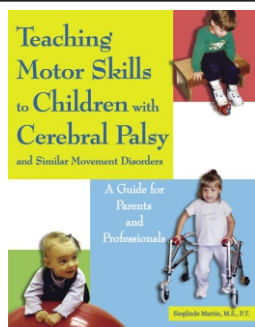


Overall, the children younger than three years improved more than older children in their self-care activities and ability to move independently.

What do you prefer when you provide therapy sessions? Changing the task or changing the child? Personally, I have had more success with modifying the task especially with older children. Although, I usually provide a combination of the two during a direct therapy session.

Here is a link to the hand out that CanChild created regarding the study. Excellent to give to parents and teachers <http://canchild.ca/en/ourresearch/resources/KTlaysummaryver12.pdf>

Reference: Law MC1, Darrah J, Pollock N, Wilson B, Russell DJ, Walter SD, Rosenbaum P, Galuppi B. Focus on function: a cluster, randomized controlled trial comparing child- versus context-focused intervention for young children with cerebral palsy. *Dev Med Child Neurol*. 2011 Jul;53(7):621-9. doi: 10.1111/j.1469-8749.2011.03962.x. Epub 2011 May 13.



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 information at <http://yourtherapysource.com/CPmotorskills.html>

5 Simple Ways to Teach Right Versus Left



Here are 5 ways to teach right versus left:

1. **Verbal Reinforcement:** Every opportunity you have verbally state right from left. For example, when dressing a child say “put your right arm in the sleeve”. When turning left in a car or walking on the street say “let’s take a left here”.
2. **Visual Reinforcement:** Have the child hold his/her palms down in front with the thumbs touching. The left hand makes the letter ‘L’.
3. **Body Awareness Games and Activities:** Dance the Hokey Pokey and play Simon Says again reinforcing right and left sides of the body. Do lots of bilateral coordination activities like jumping jacks, jumping rope, cross crawls, crawling, etc.
4. **Obstacle Course:** Set up a fun obstacle course that includes right and left directions i.e. have the child go to the left of the desk, to the right of the chair and under a table.
5. **Use Tactile Reinforcement:** With gentle but firm pressure, touch the right side while saying the body parts on the right side. Repeat on the left side.

Hot Topics



FREE Digital Magazine for Rehabilitation Technology

I came across an excellent FREE resource on adaptive equipment and rehabilitation technology. I was reading the Rifton Newsletter (which is also a great resource) at <http://www.rifton.com/adaptive-mobility-blog>. In one of the articles, the author referred to a digital magazine article from the NRRTS – National Registration of Rehabilitation Technology Suppliers. The first article I read was titled “Positioning the Head: Strategies to Improve Head Control and Posture” and starts on page 42 at <http://www.editionduo.com/publication/?i=198189>. After reading that article, which was full of helpful suggestions, I saw that there are many archives available as well. I could read for hours on topics such as powered mobility, case studies, etc. In addition, it is always helpful to even see the advertisements for new products that are available to be aware and up to date on what adaptive equipment can help the children on your caseload.

If you work with any children who utilize adaptive equipment or assistive technology this digital resource is certainly worth a look!

Educational Video of the Beery Buktenica Visual Motor Integration Assessment

Dr. Alisha Ohl, a practicing pediatric occupational therapist and professor at SUNY Downstate Medical Centers occupational therapy program, worked with a group of students in the creation of an educational video that focuses on improving administration and scoring of the Beery Buktenica Visual Motor Integration Assessment. The video consists of video clips demonstrating the administration of the assessment to a nine-year-old child combined with presentation slides containing important tips from the manual to keep in mind during administration and scoring to reduce common errors. Watch the video for educational purposes at <http://yourtherapysource.com/blog1/2014/05/01/educational-video-of-the-beery-buktenica-visual-motor-integration-assessment/>



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Motivational Wall Art



“Life is like riding a bicycle. To keep your balance, you must keep moving.” - Albert Einstein

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Print this motivational wall art to hang up in the occupational or physical therapy room. You can download it from Your Therapy Source at <http://yourtherapysource.com/freebicyclequote>

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Simple Counting Sensory Bin

I love sensory bins and am always impressed by all the fun ones I see on Pinterest. The only problem is some of them would cost a fortune to make or are too hard to clean up (rice is such a pain to pick up off of the rug). I am all for messy play but at times I just don't have the time to clean it up.

For this simple sensory bin, I dyed some dried pasta with food coloring and a few drops of alcohol (put dried macaroni in plastic bag with a few drops of food coloring and rubbing alcohol, shake the bag and pour out onto paper towel to dry). I added a few froggy erasers I got at the dollar section. So for about \$3 I had a great sensory bin that was easy to clean up.



For this activity, the child rolled the die. She had to identify what number was rolled, find that many froggy erasers and count them. I wrote the number, dots and written numeral on the paper for her to reinforce reading numbers.

When done counting, you could play with the sensory bin – sort the pasta by type or color.

If you want to add in gross motor skills, you could move the sensory bin across the room, roll the die, perform a locomotor action to the counting page and place the erasers on the paper. Repeat until all the numbers 1-6 have been rolled.

This activity encourages:

- tactile input
- fine motor skills
- gross motor skills
- visual perceptual skills
- counting skills – common core standards addressed with this activity:
 - CCSS.MATH.CONTENT.K.CC.A.3 - Write numbers from 0 to 20. Represent a number of objects with a written numeral 0-20 (with 0 representing a count of no objects).
 - CCSS.MATH.CONTENT.K.CC.B.4 - Understand the relationship between numbers and quantities; connect counting to cardinality.

CCSS.MATH.CONTENT.1.NBT.A.1 - Count to 120, starting at any number less than 120. In this range, read and write numerals and represent a number of objects with a written numeral.

IEP Goals Related to the Common Core for OT/PT is a large goal bank for school based occupational and physical therapy that is aligned with the English Language Arts (ELA) and Mathematics common core standards for grades K-2. Find out more at <http://yourtherapysource.com/commoncorek2.html>

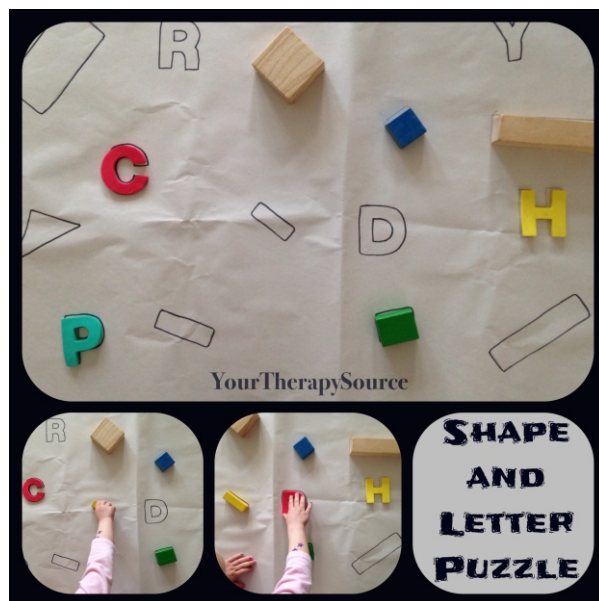
3 Pre-Writing Activities with Craft Sticks



Here are three simple activities using craft sticks to help learn horizontal, vertical and diagonal pre-writing strokes. Using the craft sticks makes the child associate linear objects with lines and provides a more kinesthetic approach versus just drawing lines.

Find out more information about the activities at
<http://yourtherapysource.com/freeprewriting.html>

Shape and Letter Puzzle



This activity is so simple to create and incorporates so many developmental skills. Gather up some wooden blocks or any shapes you may have. I had some foam letters to use but you could use regular puzzle pieces, letter stencils or cookie cutter letters. Get a large piece of paper and lay the blocks and letters down. Trace each one.

Now spread out the blocks and letters around the room. The child has to find the shapes/letters and match them to the big puzzle. Reinforce academic material by asking the child to name the shapes, letter, letter sounds or words that start with that letter. To add in more gross motor skills, ask the child to complete locomotor skills while finding the blocks and letters. You could also place the blocks/letters on one side of the room and have the child perform various locomotor skills to put the puzzle piece in the correct location.

This activity encourages:

- visual perceptual skills
- visual discrimination skills
- fine motor skills
- gross motor skills
- geometry skills
- letter recognition

Need more shape activities? Check out **I Can Draw Shapes** at <http://yourtherapysource.com/drawshapes.html>

Traveling Chalkboards



For awhile now I have been trying to figure out how to make some chalkboard items. I have tried the chalkboard spray paint which does work well on wood. I tried it on fabric and cardboard and did not have good results. The other day I received an email with a daily deal on repositionable chalkboard contact paper. I figured I would give this a try and it worked perfectly! I bought a roll of it on ebay for \$9 including shipping. One roll is 18" wide by 6 feet long so it is quite a bit. The brand was Contact and it was called Chalkboard Roll.

**To read more about the ideas I came up with visit
YourTherapySource at
<http://www.YourTherapySource.com/freechalkboards>.**

Free Black and White Lines for Pre-Writing Practice



Download these FREE black and white line pages to practice horizontal, vertical, diagonal, zig zag and curved strokes. You can download them for free in three different sizes depending upon the child's visual motor skills.

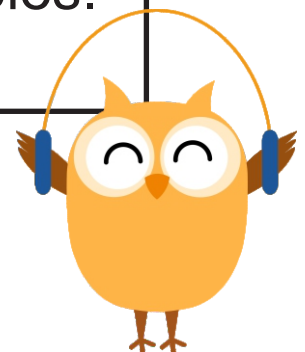
Visit

**<http://www.YourTherapySource.com/freeblackwhiteprewriting>
for the downloads.**

Tic Tac Toe Summer Outdoor Activities

Directions: Choose 3 activities below to complete. You must complete 3 activities in a row down, across or diagonal to win tic-tac-toe. Circle the activities you complete.

Make a list of items in nature and go on a scavenger hunt to find them.	Go on a hike.	Ride your bicycle for at least 15 minutes.
Play at three different playgrounds.	Learn a new outdoor game.	Fly a kite.
Take a brisk walk in a park.	Help with gardening for at least 15 minutes.	Build a sand castle or make mud pies.



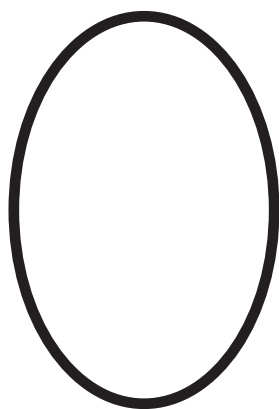
Visit www.YourTherapySource.com/sillysketches for the complete download.

SILLY ANIMAL

Directions: Provide each player with a blank piece of paper. Make sure no one can see each others papers. Follow the directions below to create your pictures. Share your pictures when everyone has completed each step.

1. Draw a tiny oval body.
2. Add a giant head.
3. Draw 2 short legs and 2 arms.
4. Draw two tiny eyes and a mouth.
5. Add two ears.
6. Draw a long tail.





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