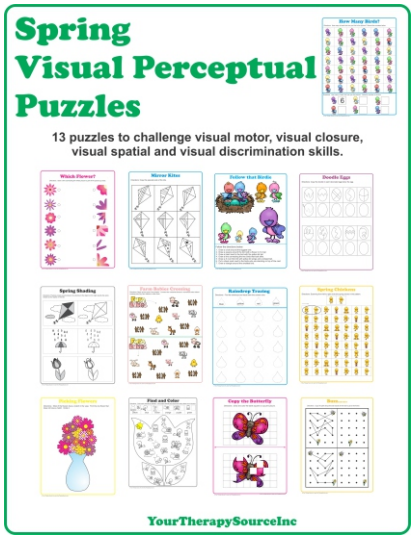
Your Therapy Source News

Digital magazine for pediatric occupational and physical therapists.

Issue 69 - March 2015

www.YourTherapySource.com

New and Sale Products



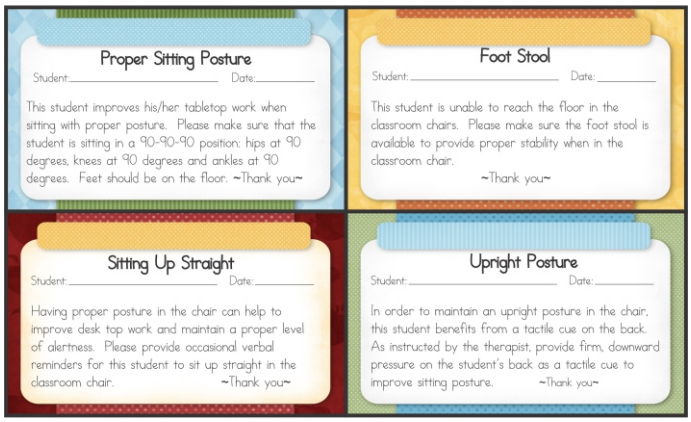
Title: Spring Visual Perceptual Puzzles

Download of 13 visual motor, visual spatial, visual closure and visual perceptual challenges with a Spring theme

List Price: $2.99
Sale price until 3/31/15: $1.99

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

Occupational Therapy Reminders



Reminders for Physical Therapy

Summary: Therapists and teachers are super busy nowadays running from one classroom to the next. These reminders are perfect for handing to the teacher or parents to carry over simple suggestions until the next therapy session. Provide just one reminder at a time to encourage focus on one change at a time.

Retail Price: $4.99 each
Sale Price until 3/31/15: $2.50 each

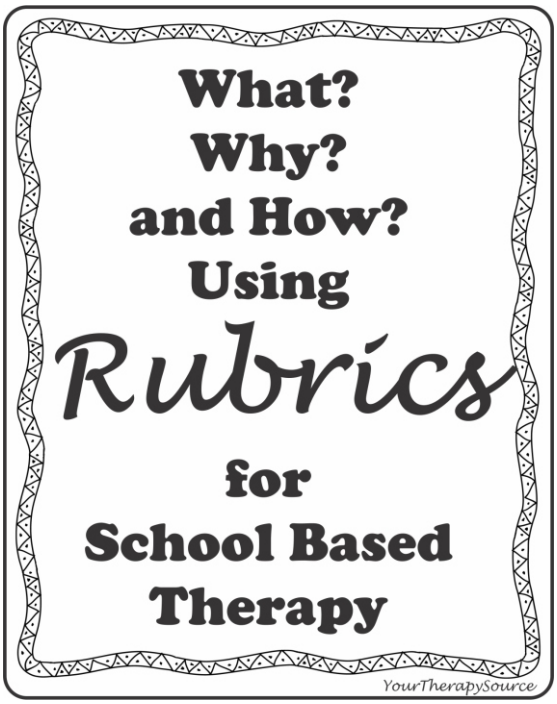
Find out more about **Occupational Therapy Reminders** here
http://yourtherapysource.com/otreminders.html

Find out more about **Reminders for Physical Therapy** here
http://yourtherapysource.com/ptreminders.html

What? Why? and How? Using Rubrics for School Based Therapy

What are rubrics?

Rubrics are an excellent tool for school based therapists to utilize throughout the school year for ongoing assessment of a student's skills. A rubric is a scoring guide to judge performance on a specific task. A skill is broken down into different components and a numerical value is given to each component. The performance is then scored by totaling the sum of the numerical values.



Why should school based therapists use rubrics?

The purpose of rubrics are to:

- assess performance on completing complex tasks
- assess changes in performance over time in one individual
- inform the individual of what is expected for the task
- increase consistency of scoring
- promote learning

How should school based therapists use rubrics?

1. Use as assessment tools to evaluate an individual's ability to complete a task.
2. Compares abilities between peers because each individual can be scored based on the same criteria.
3. To inform the individual of what is expected of them to complete the task. This encourages feedback and self assessment on the task.

Need some examples? You can download some free rubrics:

1. Dressing Rubric – Putting On and Taking Off Socks: http://yourtherapysource.com/rubricsdressingfree.html

2, Overall Personal Hygiene Rubric: http://yourtherapysource.com/rubricshygienefree.html

3. Meal Time Rubric – Using a Spoon: http://yourtherapysource.com/rubricsmealfree.html

4. Mobility Rubric – Walking in a Line: http://yourtherapysource.com/rubricsmobilityfree.html

Reference: Anders Jonsson, Gunilla Svingby The use of scoring rubrics: Reliability, validity and educational consequences. Educational Research Review 2 (2007) 130–144

Physical Fitness, Self Control and ADHD

The Journal of Psychophysiology investigated the relationship between physical fitness and resting-state electroencephalographic (EEG) oscillations in 28 children (23 boys and 5 girls) with ADHD. In addition, each child completed a battery of physical fitness assessments including flexibility, muscular endurance, power, and agility tests.

The results indicated the following:

1. ADHD children with higher power fitness exhibited a smaller theta/alpha ratio than those with lower power fitness.

The researchers concluded that power fitness may be associated with improved attentional self-control in children with ADHD.

Power is the ability to exert a maximal amount of force in as short of a time as possible. Here is a previous blog post entitled 5 Physical Activities to Increase Power In Children at http://yourtherapysource.com/blog1/2014/04/24/5-physical-activities-to-increase-power-in-children/.

High Fast Skips are a great exercise to increase power. This exercise is available in the **25+ Bilateral Coordination Exercises** download. Find out more here http://www.yourtherapysource.com/bilateralcoordination.html

Feeding Behaviors, Pica and Autism

Physical Status, Feeding Behavior and Autism: Recent research was published to investigate the physical status and feeding behavior among 23 children with autism, ages 5-16 years old (higher enrollment of males). A 3 day food record was collected using a parent questionnaire, the Brief Assessment of Mealtime Behavior Inventory, the Food Preference Inventory and nutrient intake. Physical status was evaluated using height, weight and body mass index.

The results indicated the following:
1. Twelve children were obese and another 5 were overweight, therefore 75% of the children had difficulty maintaining normal weight.
2. Mealtime behavior revealed that 69.6 % of the children never/rarely cried/screamed during mealtimes, turned their face or body away from food (52 %), or expelled food (61 %) that he/she has eaten.
3. Food Preference Inventory showed food refusal of 59.1 ± 20.6 % for combined food groups in autistic children. Specifically, higher preference was found for starches (55.8 %) and least for protein (32.6 %).
4. A 3 day food record revealed that their diets were repetitive with limited variety and evidence of nutrient inadequacy.

The researchers concluded that mealtime behavior occasionally showed rigidity in mealtime routines, unwillingness to try new foods and not being able to be seated until the meal was finished. Other issues included high rates of food rejection (especially protein) and limited variety resulting into nutrient inadequacy.

Reference: Attlee A, Kassem H, Hashim M, Obaid RS. Physical Status and Feeding Behavior of Children with Autism. Indian J Pediatr. 2015 Feb 10. [Epub ahead of print]

Pica and Autism - What Works?: The *Journal of Autism and Developmental Disorders* published a review of medical records from 11 children with pica who were treated at a severe behavior program over the last 12 years. All 11 children had autism except one. Although the interventions for pica were not the same for every child, they shared similar techniques such as:
"1. blocking the child from eating an inappropriate object, by shadowing the child or, in a few cases, through physical restraint; this mode fades over time.
2. redirecting the child toward a preferred activity.
3. rewarding the child for disposing of an inedible object with a small treat".

The review indicated that the average reduction in pica from baseline to final treatment, in this clinical setting, was 96 percent. The research team's standard practice was to train parents and caregivers and provide follow up help if needed for up to 6 months. In addition for the children in this study, pica was an "automatically maintained" behavior, not attention seeking or manipulative. The behaviors did not stop after proper nutrition supplementation was provided.

Reference: Woodruff Health Sciences Center. Behavioral therapy effective against pica in children with autism spectrum disorder. Retrieved from the web on 2/11/15 at http://news.emory.edu/stories/2015/02/marcus_pica_treatment/index.html.

Fitness and Mobility in Children with CP

Developmental Medicine and Child Neurology published a longitudinal research study evaluating the associations between fitness components and mobility on 24 children with bilateral cerebral palsy and 22 children with unilateral spastic cerebral palsy.

All of the participants completed aerobic and anaerobic fitness measurements on a cycle ergometer and isometric muscle strength tests (Gross Motor Function Classification System [GMFCS] level I [n=26], level II [n=12], level III [n=8]). The Gross Motor Function Measure and a walking test was completed to evaluate mobility.

The results indicated the following:

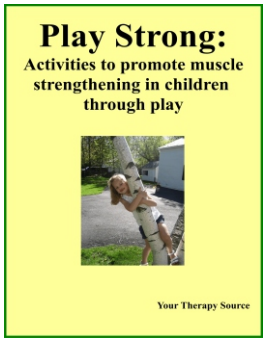
1. for the children with bilateral cerebral palsy changes in aerobic fitness were associated with changes in anaerobic fitness, and changes in aerobic fitness showed an association with changes in muscle strength. Anaerobic fitness was not associated with muscle strength.

2. for the children with unilateral cerebral palsy no associations were found between fitness components

3. anaerobic fitness and muscle strength were significant determinants for GMFM and walking capacity in bilateral but not in unilateral cerebral palsy.

The researchers concluded that increasing either aerobic or anaerobic fitness is associated with improvements in mobility in children with bilateral cerebral palsy. In addition, increasing anaerobic fitness might be beneficial for mobility capacity in children with bilateral cerebral palsy, this is less likely for children with unilateral cerebral palsy.

Reference: Balemans, A. et al. Associations between fitness and mobility capacity in school-aged children with cerebral palsy: a longitudinal analysis. Developmental Medicine & Child Neurology. Article first published online: 12 JAN 2015. DOI: 10.1111/dmcn.12677



Play Strong – This is a collection of 40+ activities that promote muscle strengthening in children.

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

Benefits of Aquatic Therapy for Children with CP

Journal of Child Neurology published a research study on the effects of pediatric aquatic therapy on motor function, enjoyment, activities of daily living, and health-related quality of life for 11 children in the experimental group with spastic cerebral palsy of different motor abilities.

The results indicated the following:
1. the pediatric aquatic therapy group had greater average 66-item Gross Motor Function Measure following intervention than the control group including children with Gross Motor Function Classification System level IV
2. the pediatric aquatic therapy group had higher Physical Activity Enjoyment Scale scores than the control group at post-treatment.

The researchers concluded that pediatric aquatic therapy can be an effective and alternative therapy for children with cerebral palsy even with poor Gross Motor Function Classification System level.

Reference: Lai, C et al. Pediatric Aquatic Therapy on Motor Function and Enjoyment in Children Diagnosed With Cerebral Palsy of Various Motor Severities Published online before print June 5, 2014, doi: 10.1177/0883073814535491 J Child Neurol February 2015 vol. 30 no. 2 200-208

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Motor Training without Vision – Kinesthetic Feedback

Psychological Research published a study where the experimental group had visual experience directly manipulated during practice. The participants practiced throwing darts to 3 specific areas of a dartboard.

The results showed the following:

1. the experimental group trained without vision of their action, only feedback about the final landing position, significantly improved in their ability to predict the landing position of a thrown dart, from temporally occluded video clips.

2. the performance of this 'no-vision' group did not differ from a full-vision group

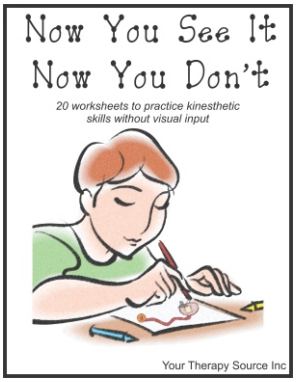
3. the 'no-vision' group was significantly more accurate than an observation-only and a no-practice control group

4. the observation-only and no-practice group did not show improvment pre- to post-practice

The researchers concluded this study suggests that motor experience specifically regulates the perceptual prediction of action outcomes.

Reference: Mulligan, D. & Hodges, N. Throwing in the dark: improved prediction of action outcomes following motor training without vision of the action. Psychological Research September 2014, Volume 78, Issue 5, pp 692-704.

Now You See It, Now You Don't includes 20 worksheets to practice kinesthetic skills without visual input. Some children rely too much on the visual system when completing visual motor activities. These worksheets encourage a child to use his/her kinesthetic sense (where the body is in space) to complete a visual motor task rather than relying on the visual system. Find out more at http://yourtherapysource.com/nowyousee.html



Curriculum Development?

Have you ever considered developing a specific curriculum for pediatric occupational, physical or speech therapy? If you are a new therapist to an educational delivery model of therapy you may not be familiar with curriculum in the school systems. By definition, curriculum refers to the lessons and materials that students will interact with to reach educational goals. Most elementary and high schools follow a specific curriculum for each subject. So this brings me back to the original question – have you ever considered developing curriculum for occupational, physical or speech therapy? This can be a daunting project that will take many hours of research and development. But if you work in a district, where you are able to push into the classrooms having a curriculum in place may be very beneficial.

Ready to take on the task? Here are some steps you need to take to develop a curriculum in your school.

Step 1: Identify areas of need. What problems are arising in the classrooms? What do teachers find students need the most help with? Basically what is the purpose of the curriculum? Are teachers willing to collaborate?

Step 2: Determine what the students needs are. I realize we have to go by each student's IEP but is there an overall pattern of deficits for the students on your caseload?

Step 3: Establish measurable goals and specific objectives. This does not mean IEP goals. How will you assess the skills of the students following the curriculum?

Step 4: Determine what educational strategies you will use. What will the teaching approach be?

Step 5: How will you implement the curriculum? What staff will you need?

Step 6: How will you complete a meaninghful evaluation of the curriculum?

Not up for the task, or if you need a starting point, you may find the **Coleman Curriculum for School Based Occupational Therapy** by Thomas Coleman, OTR helpful. This electronic document is a curriculum for occupational therapy in the schools from Kindergarten through Third Grade. Skills are discussed, examined and explained for everyone to understand. You can find out more about this ebook here http://yourtherapysource.com/coleman.html.

Motor Skills, Sensory Processing and Toe Walking

I ran across a blogpost recently on TheGaitGuys discussing idiopathic toe walking in children. They mentioned a recent article in the Journal of Child Neurology that investigated the differences between the motor skills and sensory processing abilities of children who do and do not have an idiopathic toe walking gait. Sixty children (30 with idiopathic toe walking and 30 without), ages 4 though 8, were tested with a number of norm referenced assessments.

The results indicated that when compared to children who did not toe walk, children with an idiopathic toe walking gait had:

1. different Sensory Profile quadrant scores

2. poorer performance on the Bruininks–Oseretsky Test of Motor Proficiency

3. lower vibration perception threshold

4. poorer performance on the Standing Walking Balance subtest of the Sensory Integration and Praxis Test.

TheGaitGuys blog post discusses how the researchers “found that only the areas of balance, upper body coordination and bilateral coordination were areas found to be problematic in the toe walkers. These 3 components require the integration of the tactile, vestibular and proprioceptive systems as a team“.

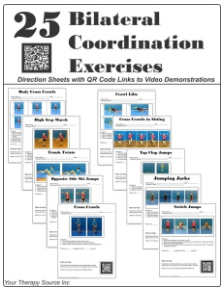
The research does not reveal a direct cause for toe walking gait but it does provide some suggestions as to why idiopathic toe walking may not be truly idiopathic after all.

References:

TheGaitGuys. Toe Walking in Children. Do you know what you are dealing with ? Part 2. Retrieved from the web on 2/3/15 at http://thegaitguys.tumblr.com/post/103571941844/toe-walking-in-children-do-you-know-what-you-are.

Cylie M. Williams, Paul Tinley, Michael Curtin, Suzanne Wakefield, and Sharon Nielsen
Is Idiopathic Toe Walking Really Idiopathic? The Motor Skills and Sensory Processing Abilities Associated With Idiopathic Toe Walking Gait. J Child Neurol January 2014 29: 71-78, first published on January 24, 2013 doi:10.1177/0883073812470001

Title: 25+ Bilateral Coordination Exercises
By: Your Therapy Source



Summary: Download of 28 bilateral coordination exercise sheets including QR codes with links to video demonstration of exercises. Also includes hand out explaining bilateral coordination.

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

5 Activities to Do with a Projector

Do you happen to have one of the “old school” projectors around your home or school? If yes, here are some quick, simple activities to practice visual motor and fine motor skills. If no, ask around and see if you get your hands on one. They are great entertainment and educational for children. Check out the ideas here:

http://yourtherapysource.com/blog1/2015/02/10/5-activities-to-do-with-a-projector/

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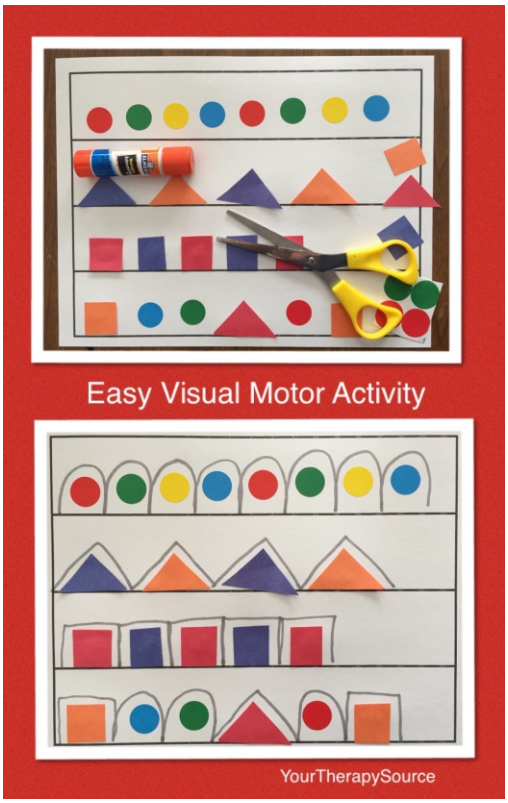
Easy Visual Motor Activity



Here is a simple activity to set up that incorporates fine motor and visual motor skills.

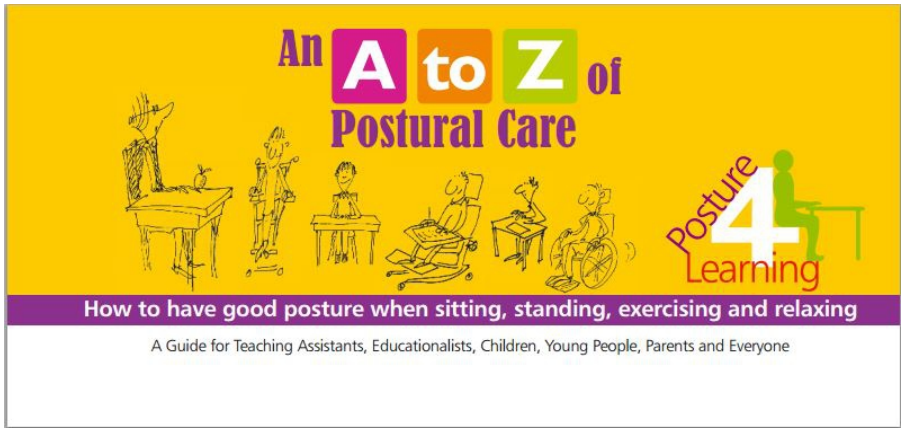
1. Download the template for the activity at http://yourtherapysource.com/freeeasyvisual.html

2. Ask the child to put stickers in each box. If you do not have stickers, the child can cut out different shapes. Glue the shapes in each box.

3. Ask the child to trace over and around each shape.

That's it! Super simple with materials that you have around the house or school.

Postural Care A to Z Free Resource



Another great resource found on Facebook. This resource was shared by Sparkle Occupational Therapy. It is an award winning document entitled The A to Z of Postural Care from the University of Kent. The document discusses various types of adaptive equipment, manual handling, emotional support, inclusive education and the golden rules about equipment use. Then it goes through each letter of the alphabet discussing postural tips and facts ie A is for alignment, ask, ability and attitudes.

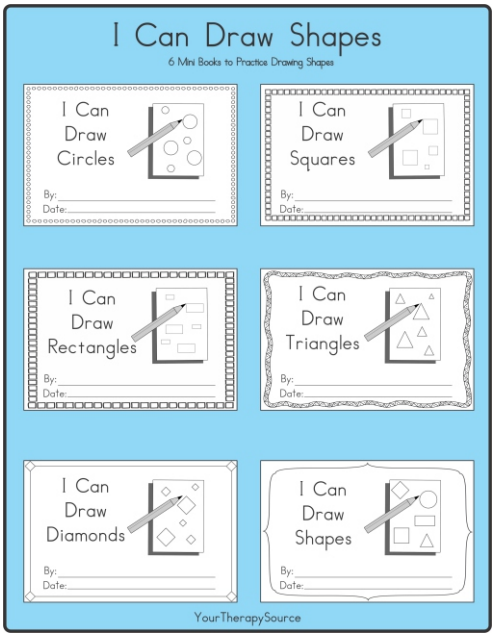
You can download the 52 page document for FREE here http://www.kent.ac.uk/chss/docs/A-Z_Posture_Booklet-v5c-pages-web.pdf

Classroom Activity Posters: a collection of 16 exercise activities, 4 large posters and a brief, simple video demonstration of each exercise. The posters are divided into four groups: posture, alerting, ready to work and focus/balance. All of the exercises are performed in standing. Try these activities prior to starting fine motor activities, for posture breaks, to refocus students attention and for vestibular/ proprioceptive input in the classroom.

FIND OUT MORE at http://yourtherapysource.com/cap.html

Homemade Stencils

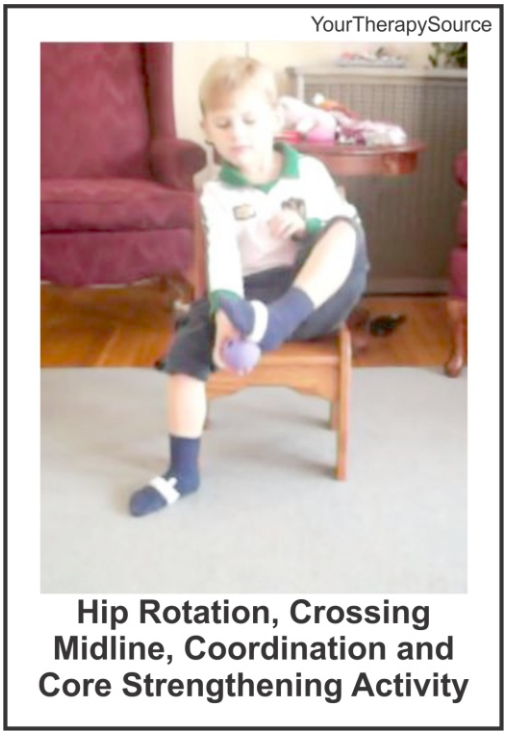
Check out these three simple ideas using a homemade stencil using the lid from a plastic container. You can view all the ideas at http://yourtherapysource.com/freestencils.html



I Can Draw Shapes: Download of 6 mini books to practice drawing shapes. Includes a rubric to track progress.

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

Hip External Rotation, Eye Foot Coordination and Core Strengthening Activity – Video



Hip Rotation, Crossing Midline, Coordination and Core Strengthening Activity

Here is a video demonstration of a young boy working on hip external rotation, weight shifting, abdominal strengthening lower extremity dissocation and eye foot coordination. This is also a great activity to prepare for donning/ doffing socks and shoes for occupational therapy.

View the video at
http://yourtherapysource.com/videohiprotation.html

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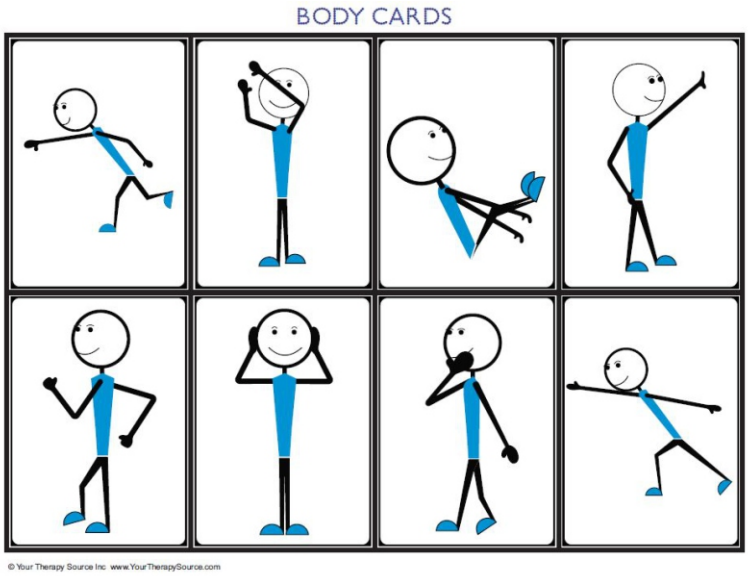
Personal Space Journey – Body Awareness Freebie



Here is a freebie page from Personal Space Journey which is a collection of activities to teach children about maintaining personal space. You can download the body cards at http://yourtherapysource.com/personalspacejourneyfreebie.html

Here are some suggestions to use the cards for:

1. Musical Body Poses: Scatter the cards around the room. Move to music. Turn the music off. Determine what body card is closest to you. Make your body into the same position like the card. Turn music on again and repeat.

2. Guess Who I Am: Make your body into a pose. The other player has to determine what pose your are mimicking.

3. Memory Match: Print the cards twice. Play a game of memory but in order to keep the match you have to mimic the body position.

4. Quick Brain Break: Match the body positions on the card completing each one scanning from left to right. Continue for 1 minute. Rest and repeat 3 times.

Download your copy at http://yourtherapysource.com/personalspacejourneyfreebie.html

Be sure to check out the complete Personal Space Journey at http://yourtherapysource.com/personalspacejourney.html

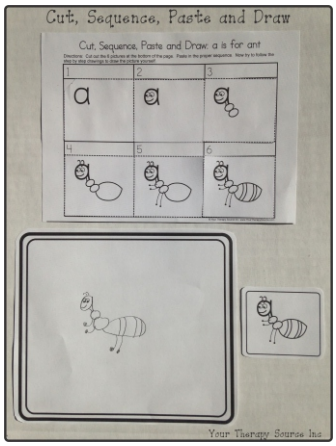
Mini Snowman Scene

After seeing this artist trading card idea at Art Projects for Kids (excellent website by the way), I thought this would make a wonderful craft projects for children who can benefit from practicing fine motor skills, scissor skills, sequencing, visual motor skills and creativity.

You can download the one page step by step directions fro the Mini Snowman Scene at http://yourtherapysource.com/freesnowmanscene.html.

The added bonus is if you make it artist trading card size you can have the children start a collection of their cards. You can read more about artist trading cards and download a lesson plan at http://yourtherapysource.com/OTarttradingcards.html.

Need more step by step projects to practice sequencing, scissor and visual motor skills? Check out **Cut, Sequence, Paste and Draw** at http://yourtherapysource.com/cutsequencedrawaz.html and download a free sample page too!



For the complete download go to www.YourTherapySource.com/vpspring

How Many Birds?

Directions: How many of each bird can you find in the picture? Record the numbers below.

Directions: How many of each bird can you find above? Write the number in the box.

6

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