



# **Your Therapy Source News**

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

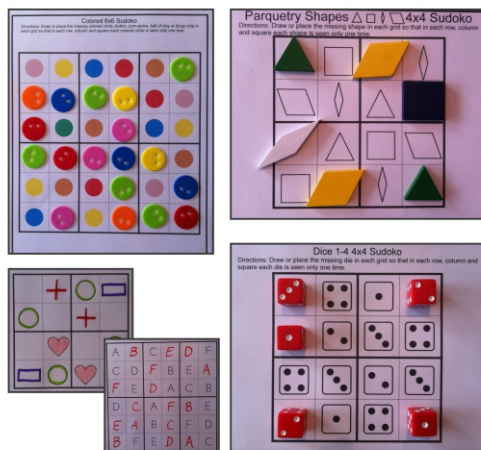
**Issue 50 - May 2013**

**[www.YourTherapySource.com](http://www.YourTherapySource.com)**

# New and Popular Products

## Sudoku for Kids

Use visual motor, visual perceptual and fine motor skills to complete the Sudoku puzzles for kids.



Your Therapy Source Inc

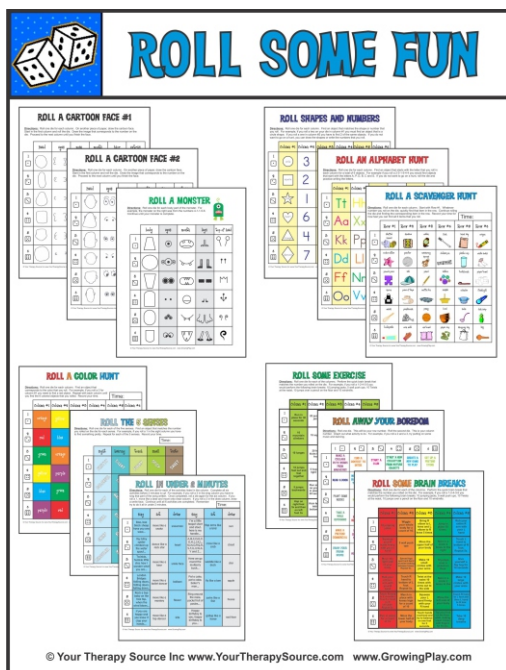
## Sudoku for Kids

This is an electronic pdf document of 30 Sudoku puzzles for kids that require visual motor, visual perceptual and fine motor skills to solve.

Retail Price: \$3.99

**Sale Price until 5/31/13: \$1.99**

[www.YourTherapySource.com/sudoku](http://www.YourTherapySource.com/sudoku)



## Roll Some Fun

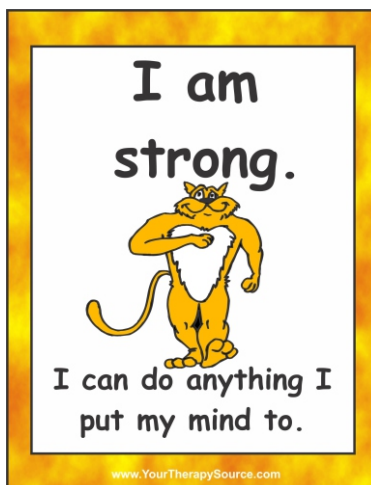
This is an electronic book of 12 print and play games that encourage visual motor and sensory motor skills.

Retail Price: \$3.99

[www.YourTherapySource.com/rollsomefun](http://www.YourTherapySource.com/rollsomefun)

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# Find the Positive



Many times students with special needs receive negative comments or misconstrued negative comments. The students or parents are frequently told to fix this, increase this or improve that. How about finding the positive? We all know every student has strengths. It is our job to help students utilize their strengths and talents to the best of their abilities. For example, if a student has a wonderful imagination utilize that during therapy sessions to increase motivation and participation. Need some help in determining and finding positive attributes and talents in student(s) finish some of these statements (with the student and parents help):

1. This student is best at...
2. This student has an amazing ability to...
3. This student is frequently recognized for...
4. This student smiles when...
5. This student is happiest when...
6. This student participates the most when...
7. This student does this better than any other student...
8. This student is highly interested in...
9. This student is highly motivated by...
10. This student always takes pride in his/her work when...

# Tracking Progress



12/20 trials  
60%

## Tracking Progress - Know What Works

Do you ever feel like you offer many tips and suggestions but have a hard time keeping up with how the student performs? Pediatric therapists need to collect data to find out what is working for a specific student. Here are 6 ways to track progress:

- 1. Tally Marks** - how many times did they write the letter B correctly out of 10? This is a super simple way of keeping tabs on whether a strategy is working. Allow the student to try 10 times and mark a tally on the paper each time it is done correctly. To record the data to get a percentage based on the number of trials make two columns on a piece of paper. If the student does it correctly simply record a tally mark on the left side of the paper. If the student does not perform the task correctly record a tally mark on the right side of the paper. You can then calculate percentages of how well the student is doing. Have a smart phone or iPad? There are several apps that allow for simple data collection such as TxTools where you can make tally marks or calculate percentages - <http://www.pediastaff.com/blog/txttools-is-here-download-our-very-first-and-free-app-for-idevices-8534>
- 2. Standardized Testing** - obviously this is an effective way of tracking progress from year to year although "year" is the key word. On a week to week basis this is not an effective way of tracking progress.
- 3. Rubrics** - Create your own scoring systems for different skills to track a specific child's progress over time. Break a skill down using task analysis and assign scores for each specific piece of the overall skill. Here is a sample rubric for walking in a line - <http://www.yourtherapysource.com/rubricmobilityfree.html>
- 4. Goal Attainment Scaling** - This is a method of quantifying whether a goal is achieved based on a scale of -2 (much less of expected outcome) to 2 (much more of expected outcome).
- 5. Graphs** - Nothing shows progress or decline like a visual image such as a graph. By plotting a student's progress over time teachers and parents can see very clearly the progress a student is making (or not making). ie Progress Monitoring Forms make a chart and record tally marks - very nice visual to represent progress. Here is an example for catching skills - <http://www.yourtherapysource.com/pmffree.html>
- 6. Software** - There are a few software programs to track progress. For example, the Scale of Sensory Strategies (S.O.S.S.) Tool Kit™ - <http://www.yourtherapysource.com/soss.html> enables automatic data entry within minutes using the Sensory Strategy Software program to generate a sensory strategy summary, a narrative report that summarizes the data taken during sensory trials.

# Shoes 4 Kids

Shoes4Kids is an organization that was started in 2006 to help provide shoes for underprivileged or under served children. Brad Thuringer is a PTA and founder of Shoes4Kids. Each year he coordinates a shoe drive in conjunction with the APTAs annual meeting. Here is more information if you would like to help:

In conjunction with APTA's Annual Meeting - PT 2013- Salt Lake City, UT., Shoes4Kids will be visiting The Neighborhood House, The Road Home, and the YWCA. I too am pleased to announce that the students and faculty of the Department of Physical Therapy at the University of Utah have agreed to accept and transport the shoes to the sites. I am extremely grateful to Dr. R. Scott Ward, PT, PhD and his students for their help with this year's efforts.

How can you help? Your help is needed by either purchasing a pair(s) of "NEW" youth athletic shoes (toddler sizes 3-4 to teenager adult sizes up to 13-14) or sending a monetary donation to help purchase shoes. You can also spread the word in your chapter, collect shoes at your spring meeting, notify the PTA programs in your state and encourage their participation, etc. We need 1500 shoes for Salt Lake City!

Mail financial donations to: "Shoes4Kids" Brad Thuringer, PTA Instructor, ACCE Physical Therapist Assistant Program Lake Area Technical Institute 1201 Arrow Ave PO Box 730 Watertown, South Dakota 57201

Mail Shoe donations mail to: Shoes4Kids c/o Dr. R. Scott Ward, PT, PhD Department of Physical Therapy University of Utah 520 Wakara Way Salt Lake City, UT 84108

Deadline for ALL donations shoes and monetary gifts is June 1st, 2013. No donation is too small. On behalf of S4K, thank you! Thank you for believing that every child deserves a new pair of athletic shoes! For more information, please contact Brad Thuringer, PTA Founder, Shoes4Kids at 800-657-4344, ext. 325, or [brad.thuringer@lakeareatech.edu](mailto:brad.thuringer@lakeareatech.edu).

See how S4K has made a difference. (photo links below)

"It was such a pleasure to meet you and the Shoe Crew!!! Not only did our children enjoy this wonderful experience, but staff was so impressed by the positive spirit and teamwork displayed by your volunteers! It takes special people to come together to serve those less fortunate and Dover feels quite blessed to have been chosen this year. Thanks again for assisting our children and allowing us to keep shoes to serve many more. May God bless you and continue to guide you in this wonderful journey! We hope to work together again in the future!!!" ` Evelyn Pearce-Fearon, LCSW, Migrant School Social Worker, Dover Elementary/ Plant City FL

PT 2012 ~ Dover Elementary School, Dover, FL [http://www.slideshare.net/thuringb/dover-elementary-school-shoes4-kids-pt-2012-tampa-fl-13295661?from=share\\_email](http://www.slideshare.net/thuringb/dover-elementary-school-shoes4-kids-pt-2012-tampa-fl-13295661?from=share_email)

PT 2012 ~ Salvation Army, Tampa, FL <http://www.slideshare.net/thuringb/salvation-army-shoes4-kids-pt-2012-tampa-fl>

"I've heard from many families that their kids LOVE the new shoes. One little girl told us that her shoes were extremely comfortable and the only pair that fit well. Another little boy told me last week that he had the "coolest shoes in his class." - Amy White, Program Director, St. Margaret of Cortona Transitional Residences, Arlington, VA

This is the biggest gift our shelter has ever received. All the children now have a new pair of shoes. I hope you know how meaningful your donations were to our children and their mothers. ~ Sheila Baker, Spring Road Family Program, Washington, DC

On behalf of our children and their families, I want to say thank you for your time and generous donations of shoes and socks. As I continue to fit children with shoes after your visit, I was overwhelmed with the smiles from the children. It was wonderful treat not only for the children, but their families were very appreciative. Thanks so much! ~ Chris Bramante, Director, Mondloch House, Alexandria, VA



# 5 Ways to Communication with Parents and Teachers

It can be difficult for school based therapists to communicate with all the team members at the school and home. Frequently, we dash in and out of schools and classrooms rushing to the next student. Effective communication is one of the keys to success with school based occupational or physical therapy. Therapists need on going background information for what is going on at home or in the classroom. Carry over of activities requires direction and follow through. In addition, don't always offer criticism or problems. If a student does particularly well on a task during therapy let the teachers and the parents hear about it. Here are 5 ways to communicate with parents and teachers:

1. Communication Notebook - some students have notebooks that go back and forth from home and school. This makes it easy to keep all communication in one organized location. If everyone writes in one notebook, therapists can see what the teachers and parents write about as well. You can purchase template notebooks for communication

(<http://www.yourtherapysource.com/services.html>), write in a regular notebook or create your own template to use.

2. Progress Reports - Most districts and Medicaid require progress reports for therapy goals. In New York state it is required quarterly. Offering more frequent progress reports can be helpful. Perhaps every two weeks send a quick note or overview of how the student is doing towards their goals. If a student is failing in math class parents hear about it before the report card is issued. Therefore, if a student is not progressing towards their goals in therapy don't wait until the quarterly report to let a parent know. *School and Home Communication Forms for Therapists* (<http://www.yourtherapysource.com/commforms.html>) offers 21 forms to increase communication between therapists, school staff, students and parents.

3. Team Meetings - This can be very difficult to schedule but team meetings are wonderful. I have worked with some students who had monthly team meetings on the IEP therefore we all had to find the time. It was an excellent half hour for all of us to collaborate to help provide a more well rounded approach during therapy sessions. It is especially helpful when a student receives many services ie OT, PT, speech, assistive tech, adapted PE, etc.

4. Webpage or Blog - You could start a webpage or blog with tips and suggestions for parents. It obviously could not be student specific but many suggestions work for all children.

5. Good Old Fashioned Telephone Call - I know it takes more time and privacy to make an actual telephone call but it is always helpful to actual speak to someone. Email can always be interpreted differently since there is no inflection involved. Sometimes what is written can be taken the wrong way whereas with a phone call there is less room for interpretation.

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**5 WAYS TO COMMUNICATE  
WITH HOME AND SCHOOL**

# Cerebral Palsy Research

## **Long Term Effects of Physical Therapy on Children with Cerebral Palsy**

*Developmental Neurorehabilitation* published research on the long term effects of physical therapy on children with cerebral palsy. A retrospective review was performed on 56 children with cerebral palsy (GMFCS levels I-V) who were treated with physical therapy from 2008-2011. Their motor function was assessed every three months. The results indicated the following:

- significant improvements on the Gross Motor Function Measure in all levels children at the GMFCS Level II exhibited faster progression of skills
- younger children with CP had better PT efficacy  
improvements were seen at 8.4 years old in the older group

The researchers concluded that long term conventional physical therapy for children with cerebral palsy was effective even in older children but especially in younger children and GMFCS Level II.

Reference: Chen YN, Liao SF, Su LF, Huang HY, Lin CC, Wei TS. The effect of long-term conventional physical therapy and independent predictive factors analysis in children with cerebral palsy. *Dev Neurorehabil*. 2013 Mar 11. [Epub ahead of print]

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## **Oropharyngeal Dysphagia, Gross Motor Skills and Cerebral Palsy**

*Pediatrics* published research on the relationship between oropharyngeal dysphagia and gross motor skills in children with cerebral palsy. A cross sectional population based study was done in Queensland with children ages 18-36 months with a confirmed diagnosis of cerebral palsy. Using various assessments for oropharyngeal dysphagia and gross motor skill level the following results were reported:

1. Oropharyngeal dysphagia was present in 85% of the children
2. There was a step wise relationship between oropharyngeal dysphagia and gross motor function classification level.
3. There was higher odds of having oropharyngeal dysphagia in children who were non ambulatory.

Reference: Katherine A. Benfer, Kelly A. Weir, Kristie L. Bell, Robert S. Ware, Peter S.W. Davies, and Roslyn N. Boyd Oropharyngeal Dysphagia and Gross Motor Skills in Children With Cerebral Palsy. *Pediatrics* peds.2012-3093; published ahead of print April 15, 2013, doi:10.1542/peds.2012-3093

# Hot Topics

## Handedness and ADHD

The *Journal of Attention Disorders* published research on hand preference and its association with ADHD, severity symptoms, age, gender, comorbid psychiatric problems, or parental characteristics. Participants included 520 children (mean age of 9.04 years). Each subject was assessed for handedness, inattention severity, hyperactivity severity, oppositional behavior symptoms, anxiety symptoms, and developmental coordination problems. The results indicated the following:

- 87.4% were right handed, 12.6% were left handed and only 4 children were mixed handed
- no association of right or left handedness with age, gender, inattentiveness score, hyperactivity-impulsivity score, comorbid psychiatric problems, developmental coordination problems score, or parental characteristics

Reference: Ahmad Ghanizadeh. Lack of Association of Handedness With Inattention and Hyperactivity Symptoms in ADHD *Journal of Attention Disorders* May 2013 17: 302-307, first published on January 27, 2012 doi:10.1177/1087054711429789

## Sensory Modulation Disorder and Behavior Symptoms

*Child Psychiatry and Human Development* published research on the role of sensory modulation deficits and behavioral symptoms in a diagnosis for young children. Using clinical observation 78 toddlers were divided into two groups: 18 toddlers with regulation disorders of sensory processing and 60 toddlers with other diagnoses. The parents completed the Infant Toddler Sensory Profile and the Achenbach Checklist. The results indicated the following:

- the group with regulation disorders of sensory processing exhibited more severe sensory modulation deficits and behavioral symptoms
- a strong association although not significant was seen between most sensory and behavioral symptoms
- more significant sensory modulation deficits were seen in the group with regulation disorders of sensory processing

The researchers concluded that the findings support the validity of a regulation disorders of sensory processing diagnosis.

Reference: Ruth Pérez-Robles, Eduardo Doval, Ma Claustre Jané, Pedro Caldeira da Silva, Ana Luisa Papoila, Daniel Virella. The Role of Sensory Modulation Deficits and Behavioral Symptoms in a Diagnosis for Early Childhood. *Child Psychiatry & Human Development*. June 2013, Volume 44, Issue 3, pp 400-411



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# Clothes Pin Straw



## DO IT YOURSELF STRAW HOLDER

After seeing this idea in the Wall Street Journal I thought it would be a great adaptation to share for pediatric therapists.

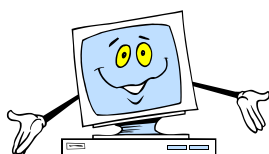
**Purpose:** To be able to drink from a cup without holding the cup or the straw.

**Materials:** clothes pin, glue, large straw and smaller disposable straws

**Preparation:** Glue the larger straw piece onto the clothes pin. You are all set to go!

Simply slide the straw into the larger straw piece and clip the clothes pin onto any cup. Now you can drink from the cup without the straw moving all around. This would be a nice adaptation for children with visual impairments since the straw would not move. Also suitable for children who have difficulty picking up a cup to drink from it.

Obviously there are commercial products with straws built in but I like this idea for those moments where a commercial cup may not be available. Plus it is nice for special occasions where perhaps other children have birthday or holiday cups. You could just clip the clothes pin and any cup becomes an adapted cup!



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# Colored Ball Game



**Purpose:** Encourage following motor commands, motor memory and coordination skills.

**Materials:** index cards with color words written on them (or use letters, numbers, sight words, vocabulary words, etc.)

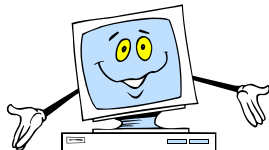
**Activity:** Give each child an index card with the color word on it and tape it to the child's shirt. The children should sit in a circle where they can each see all of the color cards. The leader calls out a color and throws the ball to a person wearing that color card. The leader then calls out another color and that person throws the ball to a person wearing the correct color card.

Repeat calling out all of the colors.

Now start a pattern - call out "red-yellow" and the ball should go to a red person followed by a yellow person. Now make it harder "red-yellow-purple-yellow-blue" and see if the children can remember all the colors you called passing the ball to the correct person.

**Want to make it harder?:** Change it up so that every time you call out one color they must roll the ball instead of throwing it. For example announce every time you say "red" they must roll the ball. Now add another action - every time you say "purple" they must kick the ball. The children have to remember the color and the action.

**Want to make it easier?** Only use two or three colors at a time during the game. If the children can not throw balls with accuracy you could roll the ball sitting on the floor in a small circle.



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