



Your Therapy Source News

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

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Communication with Parents

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arents are an integral part of the special education team. They know the most about their children strengths, weaknesses and personal preferences. Therapists and other school staff need to include parents in all decision making for children. Here are some tips on improving your communication with parents:

- 1. Always start off a conversation stressing a child's strengths.** No one wants to hear only negative comments.
- 2. Be very specific** about your concerns for their child without using any medical terminology.
- 3. Do not be judgmental.** If the child is the firstborn in a family, parents may not always recognize delays in the child's development.
- 4. Be patient.** You may be the first person to tell the parents that their child may need some extra help. Give them time to digest the information and schedule a time to talk again.
- 5. Allow plenty of time for questions.** Make sure you have the time to address any questions the parent may have. Do not run off to your next scheduled appointment with unanswered questions.
- 6. Listen!** Make sure you listen to the parent's comment or concerns. They usually have the best insight into their own child.



Increase communication from school to home with:

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www.YourTherapySource.com/therexbook



10 Simple Motor Activities for the Classroom

- 1. Secret Password:** Every day establish a secret password activity such as 5 jumping jacks, stand on one foot for 5 seconds, hop three times, etc. Then establish when the student needs to use the secret password - i.e. after a drink of water, before receiving a hand out, when entering the classroom, in between subjects, etc.
- 2. Walking Worksheets:** Tape worksheets on wall, easel and chalkboard. Students move from worksheet to worksheet and answer the different questions.
- 3. Opposite Hunt:** Divide the class in half. Half of the class write a word on an index card. The other half writes the definition. Shuffle the cards and hand one card to each student. The students must move around the classroom and match the word with the definition. For younger students match up sight words, letter or numbers. Try math problems and solutions.
- 4. Pencil Jumps:** For a quick movement break in between lessons have each student place a pencil on the floor. Jump over the pencil a designated number of times.
- 5. Race in Place:** When reviewing material, have the students stand up and run in place by their desks. On the teacher's signal, student stops running in place, listens to question and writes down the answer on paper.
- 6. Daily Rule:** Establish a new daily rule every day that includes physical activity. I.e. walk backwards to water fountain, tip toe to the bathroom, stretch before sitting in chair. See if you can catch the students forgetting the daily rule.
- 7. Shredder:** Cut up worksheets in quarters. Students can help scatter the worksheets around the floor face down. On the teacher's signal, the students can crawl around the floor, find the four quarters of the worksheet, complete the worksheet and give it to teacher.
- 8. Push Up Line Up:** When the students line up against the wall to leave the classroom, have each student face the wall and perform 10 wall push ups. After all push ups completed the class can walk in the line.
- 9. Mobile Math:** Divide the class in half to review math problems. The students can stand at their desks (paper and pencil on desk). Call out a math problem such as $4+5=$. One half of the class jumps 4 times and the other half jumps five times. Each student writes down answer on paper. Continue with other math problems. Vary movements.
- 10. Q and A Stretching:** Provide students with paper at desk. Students can stand or sit. Ask a question and student writes down the answer (very large) on one sheet of paper. Each student holds paper up, with two hands overhead to stretch. Teacher checks answers. Multiple choice questions work best.

Learning Styles and SPD

In the school setting, teachers discuss various learning styles of students. There are three main types of learning styles:

1. Auditory learner - learns best by using sense of hearing
2. Visual Learner - learns best by sense of vision
3. Kinesthetic/ Tactile Learner - learns best by doing or touching



More teachers are now accommodating students and presenting new material in various ways to help all students learn more efficiently. Teachers can offer choices regarding different ways to complete assignments that allow students the freedom to utilize their own learning styles. When determining a student's learning style, a teacher looks at the student's strengths. How do they learn best - auditory input, visual input or tactile input?

Is it starting to sound familiar? When determining if a student has sensory processing disorder, pediatric therapists look at auditory, visual and kinesthetic input and output. When a pediatric therapist evaluates a student for sensory processing disorder, typically weaknesses are determined. For example, "this student is a sensory seeker constantly looking for movement opportunities". Pediatric therapists can also look at students in a different manner with regards to learning styles and offer suggestions to the teachers in a language that they can fully understand. Therefore, in addition to offering treatment strategies to address the student's core sensory issues, they try:

1. offering recommendations on how to present academic material to the sensory seeking student for that student may be an excellent kinesthetic/ tactile learner
2. providing the teacher with a list of methods or activities that may make it easier for the student to learn a new concept.
3. following up on recommendations - did the student perform better on an assignment when there was a kinesthetic approach to the task?
4. offering suggestions with a universal design approach to teaching will benefit all students in the classroom.

**Visit Your Therapy Source Inc for sensory motor activity ideas,
documentation forms, downloads, free newsletter and more.
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Background Noise

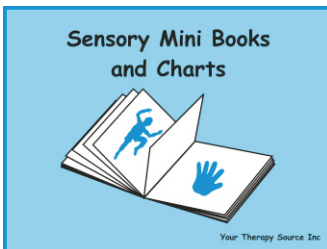


White Noise and Attention Span

Behavioral and Brain Functions, an open source journal, recently published research on the effects of white noise on 51 school aged children. The results indicated that playing white noise during school helped to significantly improve the attention spans of normally inattentive students. On the other hand, the students who were normally attentive showed a significant decline in memory abilities as the white noise was turned up. The researchers recommend that cognitive performance can be improved in inattentive children with the use of background white noise.

You can view the complete article at Behavioral and Brain Functions - <http://www.behavioralandbrainfunctions.com/content/pdf/1744-9081-6-55.pdf>

Reference: Goran B. W. Soderlund, Sverker Sikstrom, Jan M. Loftesnes, Edmund J. Sonuga-Barke The effects of background white noise on memory performance in inattentive school children *Behavioral and Brain Functions* 2010, 6:55 (29 September 2010)



Sensory Mini Books and Charts

Download of the materials to create 7 sensory mini books, 7 charts, 7 four square strips and over 100 picture word cards.

For more information go to www.YourTherapySource.com/minisensory



Background Noise and Food Preferences

A recent study published in *Food Quality and Preference* looked at the effects of background noise on food preference. Forty eight adult volunteers were exposed to a variety of background white noise via headphones and different types of food simultaneously. The results indicated that the louder the white noise the less the volunteers could taste different flavors such as salty or sweet. The sense of crunchiness of a food increased with the increase in white noise. In addition, the researchers found that if the subjects enjoyed the type of music they listened to while eating they enjoyed the food more.

Reference: Woods et. al. Effect of background noise on food perception *Food Quality and Preference* doi:10.1016/j.foodqual.2010.07.003

Inexpensive Tactile Cues for Paper

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ere are some economical ways to provide tactile cues on paper for children. By providing these cues children receive extra input to stay between the lines. They are an excellent way to adapt activities for children with visual impairments as well. Of course, raised line paper can be purchased at speciality therapy shops but here are some simple ideas:

1. Glue: Apply glue to the lines and let dry for 24 hours. Color the glue to provide an additional highlight on the line.
2. Puffy Paint: Purchase puffy paint to apply to the lines. Try making index cards with sight words or letters on them. Apply the puffy paint to add dimension.
3. Wax String (aka "Wikki Stix"): Put wax string sticks along the lines. These are great because they are reusable.
4. Cardboard Stencils: Make your own cardboard stencils. Cut out the space where you want the child to stay between the lines. For example, cut out one inch blocks to stay in between one inch height writing paper.
5. Rubber Bands: If you need an adaptation in a hurry, put a lined worksheet on a clipboard and wrap rubber bands around the board to write between the bands.
6. Embossing: Use an embossing tool or sewing wheel on the back side of paper to make raised lines on card stock paper.
7. Fun Foam: Cut out thin strips for lines or shapes of fun foam. The child can trace around the foam shapes.
8. Flour and Water: Combine flour and water to make a thin paste. Put it in a plastic bag with the corner of the bag snipped off. Pipe the flour paste onto the lines. Let dry 24 hours. You can add food coloring for visual cues.

WAX STRING ACTIVITIES

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Hot Topics

DCD and PreTerm Low Birth Weight Babies

Developmental Medicine and Child Neurology published research comparing 132 eight year old children born at 27 weeks or less or less than 1000 grams with 154 term born children. Sixteen percent of the extremely preterm or extreme low birth weight babies had moderate developmental coordination disorder (DCD). Only five percent of the full term babies had DCD. The children with DCD had poorer academic outcomes for reading, spelling and arithmetic. Results from the Child Health Questionnaire Parent Report Form indicated that parents perceptions were not predictive of DCD. The authors recommend motor screens in this at risk population.

Reference: GEHAN et al. Developmental coordination disorder in geographic cohorts of 8-year-old children born extremely preterm or extremely low birthweight in the 1990s. *Developmental Medicine & Child Neurology* Article first published online: 11 OCT 2010 DOI: 10.1111/j.1469-8749.2010.03779.x

Kids Have Not Changed Developmentally

The Gesell Institute for Human Development has performed an 18 month long study on how childhood development in 2010 relates to Gesell's observations published in 1925, 1940 and after his death by his colleagues in 1964 and 1979. Interestingly, not much has changed through all the years. Some experts are concluding that even though the educational system has increased the academic vigor of young children the age at which children reach cognitive milestones have remained stable. Ninety two examiners assessed 1287 children (3-6 years old) from 23 states using 19 tasks. The research indicated that through the years the children develop skills at the same time. For example, the fact that a child can draw a triangle at age 5 1/2 or that a 4 year old can count four pennies has not changed through the years.

Reference: Pappano, L. Kids Haven't Changed Kindergarten Has. Retrieved from the web on 10/15/2010 at <http://www.hepg.org/hel/article/479#home>

Literature Review on Botox in Calf Muscles

Clinical Rehabilitation published research on the effects of Botox A in the calf muscles of children with cerebral palsy. A literature review revealed that Botox was effective at:

- improving calf muscle tone at 1 month and 3 months
- improving passive range of motion at 1 month and 3 months
- improving gait speed for 4 months
- improving Gross Motor Function Measure scores for 2 months.

These improvements were seen when studies were done comparing Botox injections with non-sham controls.

Reference: Yun Hyung Koog, Byung-II Min Effects of botulinum toxin A on calf muscles in children with cerebral palsy: a systematic review *Clin Rehabil* August 2010 vol. 24 no. 8 685-700

Planning a Therapy Session

Therapists can follow in the footsteps of teachers and create lesson plans for therapy sessions. This can be especially useful for group sessions or push in therapy. When the lesson plan is written, provide a copy to the teacher or parent to inform them of your goals for the session. It is a great way to establish better communication between the special education team. Here is some information to include when creating a plan for a therapy session:

1. Goal: Establish the primary goal of the session.
2. Materials Needed: List the equipment necessary for the session.
3. IEP Goals Being Met: List the student's IEP goals that are being addressed.
4. Instruction:
 - a. Explain to the children what the goal is of the session
 - b. Write down all the steps you will take to reach the goal
5. Evaluate: How will you evaluate whether the goal was reached?
 - a. Formal
 - b. Informal
 - c. Rubric
 - d. Test
6. Closure: Wrap up the session reviewing and/or summarizing the skills that were taught.
7. Modifications: List any modifications that can adapt the lesson plan for each child if necessary.

Not only will you be prepared for the therapy session, you will be prepared for documentation and planning for the next session.

Print the form on the next page to get started with your planning.



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Online resource for pediatric therapists

Therapy Lesson Plan

Goal:

Materials:

IEP Goals Addressed:

Instruction/ How To:

Closure:

Evaluation:

Modifications:

On the Web...

Tracking Calories Burned

If you are working with children to increase their activity levels or to reduce obesity, take the time to check out My Fitness Pal. This is a free, fun tool that calculates how many calories you burn doing many different tasks. You pick the activity, put in your weight and for how long you did the activity. It quickly calculates how many calories you burned. It includes so many different physical activities including Wii games, popular fitness programs and different types of yoga. Did you know that sitting down while ice fishing burns a few more calories than Wii bowling??? Check it out at MyFitnessPal.com.

Video Activity Ideas:

Check out these two video activity ideas posted this month that encourage fine motor skills, gross motor skills and creativity -

Kickbox Painting at <http://yourtherapysource.blogspot.com/2010/10/fall-activity-kick-box-painting.html>

Button Fine Motor Projects at <http://yourtherapysource.blogspot.com/2010/10/button-fine-motor-projects.html>

Hand Out for SPD

Advance for PT has just published a patient hand out on sensory processing disorder. It is a brief one page hand out with information on signs and symptoms of the disorder. You can view it at [Advance for PT](http://AdvanceforPT.com).

Complex Child Magazine

Complex Child Magazine is a monthly electronic magazine written by parents of special needs children. There are a wide variety of unique topics covered throughout the different issues. Many of the stories are first hand accounts and experiences from parents which provide an excellent perspective from the parent's point of view. If you work with children with complex medical problems this is definitely worth a read. Check it out at [Complex Child Magazine](http://ComplexChildMagazine.com).

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