





Digital magazine for pediatric occupational and physical therapists.



Issue 56 - November 2013

www.YourTherapySource.com



New and Popular Products



Hole Punch Palooza

By: Your Therapy Source

Summary: This electronic document includes over 100 hole punch strips to encourage hand strengthening, prewriting, handwriting, numbers, counting, visual discrimination and visual spatial skills.

Retail price: \$4.99

SALE PRICE through 11/3013: \$2.49

www.YourTherapySource.com/holepunch



Movement folder with activity cards in pockets

Sensory Folders

By: Your Therapy Source

Summary: Electronic document includes 24 pages to create sensory folders for carry over of sensory diet activities (folder covers, 3 folder templates and 40 activity cards and 10 blank activity cards)

Retail price: \$6.99

SALE PRICE through 11/30/13: \$3.99

www.YourTherapySource.com/sensoryfolders

10 Ways to Engage Kids During Pediatric Therapy

Edutopia published an article on responses they received from 220 eighth graders about "what engages students"? The author compiled the answers into 10 general categories. Here is my translation of the 10 categories to apply to pediatric therapy sessions:

1. Working with their Peers: Most students enjoy working with a partner to problem solve and to throw in some social interaction. If a student does not receive group therapy sessions would this be a possibility to increase his/her interest during a therapy session?



10 Ways to Engage Kids in Pediatric Therapy Sessions

2. Working with Technology: Most technology use is a real barrier breaker especially for students with special needs. It is unique in that you can be 10 years younger than someone else but you may know more about technology. Sometimes a skill that is being worked on for possibly years during therapy could be achieved through the use of technology. Not sure where to start, ask another middle school student to help you.

3. Connecting the Real World to the Work that We Do: If your student is getting tired of practicing something over and over, perhaps take a field trip to show them why they need the skill. Can't take a field trip, find a video on the internet explaining why the skill is beneficial. Maybe ask the student to think up a project to complete that will effect the real world. Working on handwriting skills, how about a letter campaign to fix something that the student feels needs to change?

4. Love What You Do: Be enthusiastic as the teacher. If you are bored and monotone, it rubs off on students. Keep therapy fun and exciting.

5. Get Me Out of My Seat: Let students move during therapy sessions as much as possible. They are required to sit for such long lengths of time. Throw in movement when working on skills.

6. Use Visuals: If a student is not understanding what you are asking he/she to do, use a visual. Again, show a video, use picture symbols or physically demonstrate yourself.

7. Student Choice: Allow the students to choose activities. Have several activities available that will accomplish the same end results and let them choose. Need to plan in advance, ask the student the session before what activity they would like to work on next. Maybe provide the student with homework to plan out some activities that will help them to achieve their goals.

8. Understand the Kids: This can be difficult at time. But get to know your students. What are their likes and dislikes? Use those to your advantage to keep them engaged.

9. Mix It Up: Change up how you are practicing an activity. This is a great motor learning concept. Humans needs to learn motor skills in different environments and settings to truly learn a skill. Use different materials, practice in different rooms, practice outdoors and practice with different people.

10. Be Human: Engage with the kids. They need role models who can show that it is okay to try and maybe you will make a mistake along the way. So if an activity that you wanted to try didn't work out as you expected (we have all been there) tell the student that you made a mistake. Explain to them that if we try it a different way in the future it may be more beneficial. Not sure how to fix it, ask the student first they may just have the best idea of all!

Reference: Heather Wolpert-Gawron. Kids Speak Out on Student Engagement. Retrieved from the web on 10/14/13 at http://www.edutopia.org/blog/student-engagement-stories-heather-wolpert-gawron

Recent Research on Attention Skills

Visual Perceptual and Attention Skills in Moderately Preterm Children

Pediatrics published research on 248 moderately preterm (born at 32-35 weeks gestation) and 130 full term, seven year old children. The children underwent various assessments including IQ, memory, attention, visual perception, motor skills, visual motor skills, and parental report of executive functioning. The following results were recorded:

- moderately preterm group performed significantly worse on total and performance IQ, visual spatial reasoning, attention control, inhibition, and executive functioning.
- there were no differences found in verbal IQ, verbal memory, and visual motor and motor skills between the preterm and the full term group
- preterm children were at higher risk for scores in the less than 10% range on intelligence, visual spatial reasoning and executive functioning
- preterm boys scored significantly worse on visual spatial skills than full term boys
- preterm girls scored significantly worse than full term girls on visual spatial reasoning, intelligence, attention and executive functioning.

Reference: Renata Cserjesi, Koenraad N.J.A. Van Braeckel, Phillipa R. Butcher, Jorien M. Kerstjens, Sijmen A. Reijneveld, Anke Bouma, Reint H. Geuze, and Arend F. Bos. Functioning of 7-Year-Old Children Born at 32 to 35 Weeks' Gestational Age Pediatrics 2012; 130:4 e838-e846; published ahead of print September 3, 2012, doi:10.1542/peds.2011-2079

Improving Executive, Attention, and Motor Skills Preschool Children With ADHD with Parent and Child Groups

The *Journal of Attention Disorders* published research on 29 (4 to 5 year old) children and their parents who participated in group sessions with 3-5 children per group. The training sessions consisted of introducing games that would help to enhance inhibitory control, working memory, attention, visual spatial skills, planning skills and motor skills. The parents were encouraged to play these games at home with their children 30-45 minutes per day. In addition, parents were given tips on scaffolding the play and dealing with obstacles to daily playing. Following the intervention, parents rated that they were considerable satisfied with the training programs. In addition, parent and teacher reports on the ADHD rating scale showed significant improvement from pre to post test treatment which continued three months later.

Wouldn't it be wonderful if pediatric occupational and physical therapy sessions could be conducted in this manner? When we push into classrooms, provide home based services or out patient services we have the option. By demonstrating in front of teachers and parents why we do the activities during the therapy sessions there is a greater chance of carry over occurring in the classroom or home. Teachers and parents are ridiculously busy so perhaps make it even easier to provide carry over. Maybe a toy lending library of the activities you would like the child to play each day or use hand outs that can be easily distributed for follow up. What techniques work best for you to encourage therapeutic play outside of therapy sessions?

Reference: Jeffrey M. Halperin et. al. Training Executive, Attention, and Motor Skills A Proof-of-Concept Study in Preschool Children With ADHD. Published online before print March 5, 2012, doi: 10.1177/1087054711435681 Journal of Attention Disorders November 2013 vol. 17 no. 8 711-721.

Sleep and Children with Autism

Focus on Autism and Other Developmental Disabilities published research on the sleep problems and symptom severity in children with autism. Using mother's reports, 109 children with autism (without any co-morbid diagnoses) were studied. The following results were reported:

- positive correlation between the severity of sleep problems and the severity of autism symptoms
- sleep onset delay and sleep duration were positively correlated with autism symptoms and autism severity
- sleep onset delay was the strongest predictor of communication deficit, stereotyped behavior, and autism severity

The researchers concluded that children with autism have specific sleep problems and suggest that behavioral interventions include the treatment of sleep problems.

Reference: Megan E. Tudor, Charles D. Hoffman, and Dwight P. Sweeney. Children With Autism: Sleep Problems and Symptom Severity. Focus on Autism and Other Developmental Disabilities December 2012 27: 254-262, first published on September 27, 2012 doi:10.1177/1088357612457989





If you are like me, you have frequently had questions from parents regarding how to help their children with sensory processing difficulties fall asleep and to stay asleep. Now there is <u>Autism Sleeps</u>, written by Ileana McCaigue, who has over 36 years of experience as an occupational therapist and she has sensory integration certification.

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.

This book is easy to read with concise and thorough information on sleep and autism related sleep problems. There are step by step directions to: create a conducive sleep environment, encourage healthy sleep and establish a wake up routine. The book provides several case

studies. The appendix includes sensory sleep strategies, checklists, sleep record form and graph.

In my opinion, this book is a must have for any parents, pediatric therapists and pediatricians who have children with autism, sensory processing difficulties or any child with disruptive sleep patterns.

You can order the book at Your Therapy Source http://yourtherapysource.com/autismsleeps.html

Jump Jump Froggy App



Here is a fun FREE app called **Jump Jump Froggy.** Download the app from here https://itunes.apple.com/us/app/jump-froggy/id659969081?mt=8 and open it up.

There are 4 ways to play -

Graph Hopper: Jump in place and it raises the graph. Great activity to combine math (graphing) with movement! Also, nice visual to show children progress over time with jumping skills.

Jump Jump Froggy: Jump up and down with the iPad to catch flies. Difficult to use.

Pushing Ants: Do push ups over the iPad and it counts the push ups adding up ants. Fun game to add some motivation to doing push ups.

Sit Up Snake: Do sit ups holding the iPad and the snake moves along the bottom. Another fun visual to increase motivation to complete sit ups.

This app adds some novelty to the regular old exercise routine for kids. The only complaint is the catching flies game - very hard to do so kids may get frustrated. All the others are quite simple and work well. The push up counter is really fun but just make sure the kids don't cheat on the push up form. The sit up counter works well but many kids who receive pediatric therapy services can not do a full sit up holding an object so it will be tough. Forgot to mention the music is really peppy and fun.

If you want to race against another person there is a paid version and the other person has to have their own device. I did not try this out.

Watch a video of the app in action at http://yourtherapysource.blogspot.com/2013/10/jump-jump-froggy-app-for-iphone-and-ipad.html

Fine Motor Research

Video Modeling for Fine and Gross Motor Skills

The *Journal of Special Education* published research on the effectiveness of video modeling for fine and gross motor tasks. The subjects consisted of 3 individuals with moderate intellectual disabilities and 3 individuals with autism. The results indicated the following:

an increase in the number of fine and gross motor tasks correctly performed following the introduction of video modeling.

students across both groups performed more gross motor than fine motor tasks independently correct

students in the intellectual disabilities group performed more tasks independently correct than those in autism group. Do you ever use video modeling to teach motor skills?

Reference: Linda C. Mechling and Catherine O. Swindle Fine and Gross Motor Task Performance When Using Computer-Based Video Models by Students With Autism and Moderate Intellectual Disability J Spec Educ November 2013 47: 135-147, first published on January 19, 2012 doi:10.1177/0022466911433859



VIDEO MODELING FOR FINE AND GROSS MOTOR TASKS



Motor Control Continues to Improve in Teenagers

Changes in Fine Motor Control Through Teenage Years

The Journal of Neurophysiology and the Journal of Neuroscience published research on 130 typically developing children ages 4 to 16 using a new tool to precisely measure fine motor control. The findings indicated that even the 16 year old teenagers were continuing to improve fine motor skills. This ability was not only tied to brain maturation but also to the child's muscular development. The researcher, Francisco Valero-Cuevas - a professor of biokinesiology and physical therapy, stated that physical therapy should be continued or just started during adolescence.

Reference: Motor control development continues into teens. Retrieved from the web on 10/15/13 from Health24 at http://www.health24.com/Mental-Health/Brain/News/Development-of-motor-controlcontinues-until-16-20130930.

Recent Research on Poor Motor Performance

Poor Motor Performance Linked to Poor Academic Skills

Looking for research to justify school based physical or occupational therapy services during the early school years? Medicine and Science in Sports and Exercise published research on 174 Finnish children grades 1-3 that investigated the relationship between cardiovascular fitness, motor skills and reading/arithmetic skills.

The following results were reported:

- children who performed poorly in agility, speed and manual dexterity tests and had poor overall motor performance in the first grade had lower reading and arithmetic test scores in grades 1–3 than children with better performance in motor tests.
- children in the lowest motor performance third had poorer reading and arithmetic test scores than children in the other thirds.
- the associations were stronger in boys than girls.
- surprisingly cardiovascular fitness was not related to academic skills.

The researchers concluded that motor performance and movement skills are important for children's school success during the early years of school.

Reference: University of Eastern Finland. Poor motor performance linked to poor academic skills in the first school years Retrieved from the web on 10/28/2013 at http://www.uef.fi/en/-/motoriikaltaan-huonommilla-lapsilla-on-heikompi-luku-ja-laskutaito-ensimmaisina-

kouluvuosina?redirect=http%3A%2%2Fwww.uef.fi%2Fen%2Fhome%3Fp_p_id%3D101_INSTANCE_6Zu5%26p_p_lifecycl e%3D0%26p_p_state%3Dnormal%26p_p_mode%3Dview%26p_p_col_id%3Dcolumn-2%26p_p_col_pos%3D1%26p_p_col_count%3D7

Ophthalmic Abnormalities and Developmental Coordination Disorder

Developmental Medicine and Child Neurology published research on ophthalmic abnormalities in children with developmental coordination disorder (DCD). A cross sectional data analysis was performed with a coordination test, handwriting test and activities of daily living test used to classify children as having developmental coordination disorder. Out of the 7154 children, 1.8% were classified as having severe DCD and 215 children had moderate DCD.

The results indicated the following:

- children with severe DCD were more likely to have the following: abnormal sensory fusion at near and distance and motor fusion; reduced stereoacuity; hypermetropia and anisometropia.
- 71% of the children found to have both DCD and a refractive error, had been previously prescribed glasses and wore them for the assessments.

The researchers concluded that children with severe DCD had abnormalities in binocular vision, refractive error, and ocular alignment. It is recommend that children with DCD be assessed for ocular abnormalities as early intervention may improve long-term visual outcome.

Reference: Ophthalmic abnormalities in children with developmental coordination disorder Alexandra L Creavin, Raghu Lingam, Kate Northstone and Cathy Williams Article first published online: 5 OCT 2013 | DOI: 10.1111/dmcn.12284

Hot Topics

Calling All School Based OTs and PTs in the USA - Help Develop a New School **Based Tool**

Sue Cecere, PT, MHS and Jodie Williams, OTR/L, MHA work in the public school systems in the state of Maryland. They have developed the Determination of Relevant Therapy Tool (DRTT) to guide therapists when making IEP-driven frequency and intensity decisions. They are seeking current public school OTs and PTs from across the country to participate in a study to determine the DRTT's accuracy. Participants will be placed in either the control or experimental group and will track all OT services delivered during an 18-week period for a single caseload student. At the end of the study, a copy of the DRTT will be shared with all participants for their personal use. If you are interested in participating, please contact them at: JodieWms@gmail.com or Sue at Susan.Cecere@pgcps.org.

Please share on Facebook, Pinterest and Twitter to help these fellow pediatric therapists get participants.

Free Webcasts on Assistive Technology and Neurodevelopmental Disorders

Do you sometimes feel lost when it comes to assistive technology? The UC Davis Mind Institute offers a collection of FREE webcasts that were previously recorded. Check out the website. There are various topics such as app recommendations for individuals with disabilities, SLP and OT collaboration and technology and autism. These videos can be found here -

http://www.ucdmc.ucdavis.edu/mindinstitute/videos/video at.html.

In addition, you can watch webcasts from previous years of the Summer Institute on Neurodevelopmental Disorders. There are so many webcasts to watch that would pertain to pediatric occupational, physical and speech therapy all for free. Check it out at http://www.ucdmc.ucdavis.edu/mindinstitute/videos/video summerinstitute.html to see if there is any topics that interest you. The videos are about 30-60 minutes in length.



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10 Fine and Visual Motor Activities Using Paper Clops



Watch this video on 10 ways to use paper clips to encourage fine motor and visual motor skills.

You can view it at YourTherapySource here http://yourtherapysource.com/videopaperclips.html

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Copy The Clay Monsters



Here is a free printable to have children copy the clay monsters exactly. This is an excellent activity to encourage fine motor skills, finger and hand strengthening and visual spatial skills.

You can download the printable at YourTherapySource: http://yourtherapysource.com/freeclaymonster.html

Simple Visual Closure Activity





Here is a simple and easy visual closure activity with some cutting practice thrown in there. For this activity you will need:

1. Small file folders or folded cardstock - I had some small index card file folders that were perfect for this activity. 2. magazine 3. scissors 4. glue

Directions:

- 1. Cut out small pictures from a magazine. Close up pictures work best.
- 2. An adult should cut small windows in the front of each folder. I used a circle cutter from my scrapbooking supplies.
- 3. Glue the magazine picture inside the file folder.
- 4. Close up the folders.
- 5. Shuffle up the cards. Can the child guess what picture is inside the folder?

To make this task more difficult have the cards ready for the child so that he/she has no idea what the picture may be. Perhaps ask questions to the child such as: does it look soft? does it look like food?

If you still want the child to be involved in creating the window cards, have he/she make a set for another child and then swap. It would be a fun game since the one child will know what is inside the card.

Complete the Name Puzzle



Here is a super simple but super effective name recognition activity. Begin with writing the child's name on an index card. Write it a second time on another index card. Cut the first letter of the name off of the index card creating a two piece puzzle to create the name. If the child can master this, repeat but cut the index card creating a three piece puzzle to create the name. Continue writing the name and cutting the cards until the child can put together the name with all the letters cut apart. When the child can do this easily and is ready to start practicing writing his/her name you can create a worksheet with the same concept. The child can practice writing in the missing letters.

This activity is great because it can be differentiated for each student. I wrote each name card in different colors for the different puzzles to make it just a little bit easier to match them up. In the picture above, the little one found it easier to place the letters directly on top of the completed index card. It would be more difficult to recreate the name next to the completed name card. The little one pictured is not ready to start name writing yet, but this activity will certainly help her once she is ready to write. It allows her to recognize the letters in her name, understand that we write from left to right and that letters put together form words. Not to mention all the visual discrimination, visual motor and visual spatial skills that are also being challenged when completing the name puzzles.

Baby Oil Painting



Here is a fun, simple activity - painting, drawing and writing with baby oil.

Materials: baby oil, small cup, cotton swabs, different types of paper and dotted shape cards from Alphabet, Number and Shape Cards - http://yourtherapysource.com/alphacards.html

Purpose: To encourage prewriting skills, handwriting skills and drawing. Promotes visual motor skills.

Activity: Just dip your cotton swab in the baby oil and start writing or drawing. The cotton swab with the baby oil moves fluidly across the paper making it excellent practice for cursive writing. It smells wonderful and is also a very calming activity.

We tried using the baby oil paint on various mediums such as construction paper, cardstock, crepe paper and tissue paper. The card stock had to best end result for pretty artwork. The crepe paper strips added some bilateral coordination to the activity. Marking the dotted shape cards added visual motor control to the task. We did use paint and a cotton swab to paint the dots.

The baby oil pictures fade somewhat as they dry so this activity is more about the process than the end result.

Tip: Cut the cotton swab in half to encourage an appropriate grasp.

Go to www.YourTherapySource.com/holepunch for the complete download. Cut along the black solid lines to separate each strip.

Trace the shape. Draw the shape.
punch the circles. $O \square O O O \square O O O O O O O O O O O O O $
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