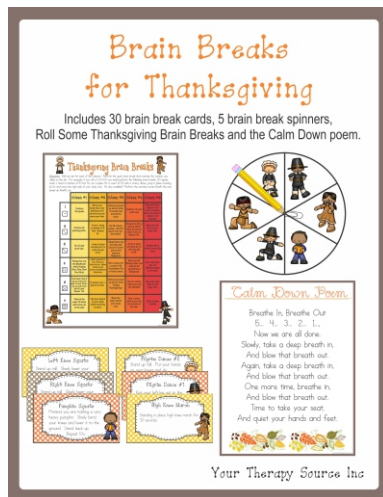


**www.YourTherapySource.com**

# New and Sale Products

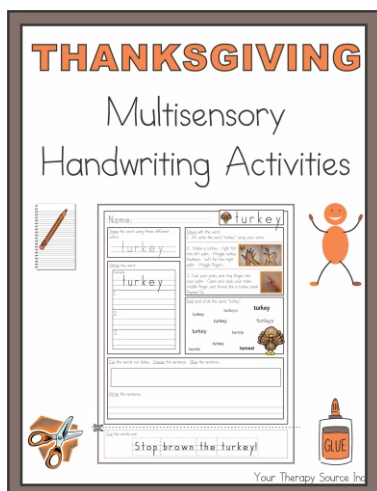


**Title:** Brain Breaks for Thanksgiving

**Summary:** Download includes 30 Thanksgiving themed Brain Breaks, 5 brain break spinners, Roll Some Halloween Brain Breaks and Calm Down poem

**Download:** \$2.99

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

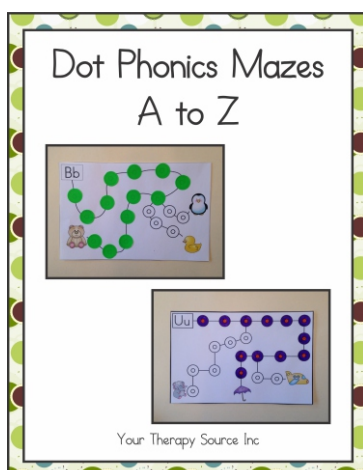


**Title:** Thanksgiving Multisensory Handwriting Activities

**Summary:** Download of Thanksgiving multisensory handwriting worksheets that include movement, scissor skills, gluing, "rainbow" writing and handwriting practice. Also includes a scoring rubric to track progress.

**Download Sale Price until 11/30/14:** \$2.50

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



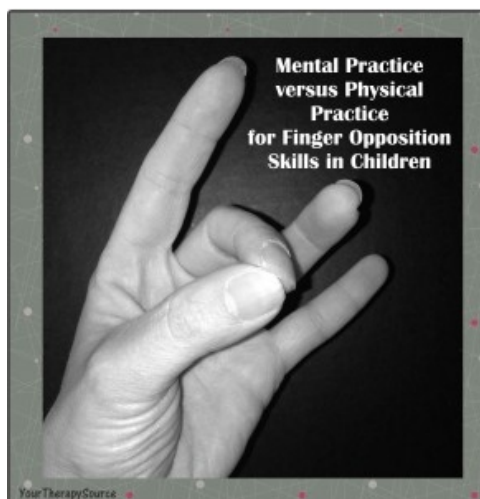
**Title:** Dot Phonics Mazes A to Z

**Summary:** Download of 26 mazes to complete the path from the letter to the correct word using fine motor and visual motor skills.

**Download Sale Price until 11/30/14:** \$0.99

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

## Mental Practice versus Physical Practice for Finger Opposition Skills in Children



*Research Quarterly for Exercise and Sport* published research on the effects of mental practice (MP) and physical practice (PP) on a finger opposition task among 36, nine to ten years old, children. The children were randomly assigned to either a MP group, PP group or no practice (NP) group. The MP and PP groups participated in a single session of training with the dominant trained hand. The MP group was trained by mentally rehearsing the movements, the PP group was trained by executing the movements, and the NP group had no training. The performance of three groups was evaluated under identical conditions before training, after 5 min, and at 4 days, 7 days, and 28 days after training.

The results indicated the following:

1. both trained groups (MP and PP) showed statistically significant improvement in the trained sequence using the trained hand at all assessment points after the training
2. only MP participants were able to transfer the performance gains from the trained sequence to the untrained reverse sequence and from the trained hand to the untrained opposite hand.

The researchers concluded that children were able to learn the finger to thumb opposition sequence task through MP or PP with a similar level of performance. Although, MP allowed for the transfer of untrained reverse sequence performance gain and transfer to the opposite hand, suggesting that the internal representations developed by MP were effector-independent.

Reference: Sabrina Kyoko de Paula Asa, Mara Cristina Santos Melo and Maria Elisa Pimentel Piemonte. Effects of Mental and Physical Practice on a Finger Opposition Task Among Children. *Research Quarterly for Exercise and Sport*. Volume 85, Issue 3, 2014, pages 308-315

Published online: 20 Aug 2014. DOI: 10.1080/02701367.2014.931557

**Imagination Action Journeys** are 10 fun filled stories that encourage literacy, physical activity, imagination and creativity. Children will enjoy reading and acting out the stories. These can be completed indoors or outdoors with one child or a group of children. What a great way to promote literacy and physical activity! Find out more at <http://yourtherapysource.com/imagine.html>

# Gait and Stability in Different Baby Shoes



*Pediatric Physical Therapy* published research on the effects of different torsional flexibilities of shoes on gait and stability in 25 children who were walking five months or less. The children were evaluated barefoot and in 4 types of shoes with different torsional flexibilities (UltraFlex, MidFlex, LowFlex, and Stiff). Gait assessments were performed and stability was determined by the number of stumbles/falls during functional tasks.

The results indicated the following:

1. stance time was shorter barefoot compared with all shoe conditions.
2. stance time was shorter in UltraFlex than in LowFlex.
3. step width was wider in UltraFlex than in MidFlex and LowFlex.
4. velocity, step length, and the number of stumbles/falls did not differ significantly across shoe conditions.
5. children walking for 2 months or less had significantly more stumbles and falls than children walking more than 2 months.

The researchers concluded that stance time and step width differ across shoe conditions. Stability was not affected by shoe conditions.

Reference: Buckland, Melanie A. PT, DPT, ATP, C/NDT; Slevin, Corinne M. PT, DPT, MS; Hafer, Jocelyn F. MA; Choate, Cherri DPM; Kraszewski, Andrew P. MS. The Effect of Torsional Shoe Flexibility on Gait and Stability in Children Learning to Walk. *Pediatric Physical Therapy* Winter 2014 Vol. 26 – Issue 4: p 411-417

# Make Your Own Comics



MakeBeliefsComix (<http://www.makebeliefscomix.com/>) is a FREE website that has been around for some time now. I have recommended it before but now they added even more! There are new characters and clip art. In addition, they have added a new section on how to use MakeBeliefsComix with children who may have autism, learning disabilities, physical disabilities and more. You can check that out here <http://www.makebeliefscomix.com/Special-Needs/>. This website is a wonderful for the reluctant writer. Some teachers can offer the option of creating projects using a comic strip instead of a traditional written report. It is certainly worth your time to check it out if you are a school based occupational therapist.

While you are there don't forget to check out their section of free printables (<http://www.makebeliefscomix.com/Printables/>) – plenty of great drawing and writing prompts ALL FREE!



# Eye Movements During Reading and Cerebral Palsy



Recent research investigated the extent to which the motor impairments in adults with cerebral palsy affected their ability to read. Using an eye-tracking system, eye movements were recorded during a reading task (read out loud 1-5 excerpts from children's books) in 31 adults diagnosed with cerebral palsy and in 10 healthy controls.

The results indicated the following:

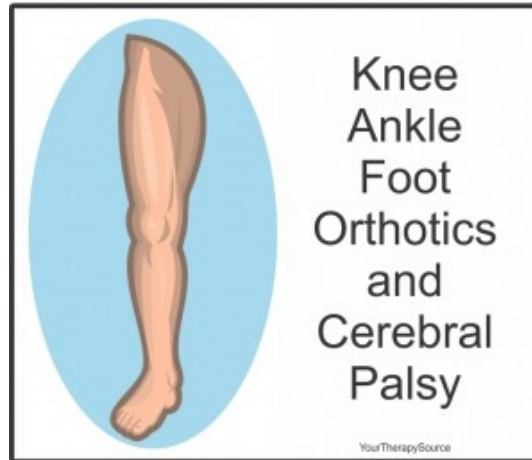
1. In comparison to the control group readers, the adults with cerebral palsy took longer to read the excerpts; made more saccades, fixations, and regressions; and made shorter saccades.
2. Average fixation times were similar between the 2 groups, but the average saccade duration was significantly longer for the cerebral palsy group, as a function of the degree of severity of motor impairment.
3. The fixation times were not a determinant of the level of text comprehension achieved by the adults with cerebral palsy.

The researchers suggest that individuals with cerebral palsy may experience difficulties in searching for words during reading.

Reference: Lampe R, Turova V, Blumenstein T, Alves-Pinto A. Eye movement during reading in young adults with cerebral palsy measured with eye tracking. *Postgrad Med.* 2014 Sep;126(5):146-58. doi: 10.3810/pgm.2014.09.2809

Check out **Category Word Finds** to practice searching for words. Go to <http://www.yourtherapysource.com/categorywords.html>

# KAFOs and Cerebral Palsy



*Clinical Rehabilitation* published research on 28 (15 experimental and 13 control group) ambulatory children, ages 4-16, with spastic diplegia to determine if a knee-ankle-foot orthosis (KAFO) helps maintain ankle-foot dorsiflexion range of motion over time. The intervention group was required to wear the KAFOs for 6 hours every other night for one year. Measurements were recorded 5 times over the course of the year. The results were the following:

1. No significant difference was found in the decrease of ankle-foot dorsiflexion range of motion between the experimental and control groups.
2. secondary outcome measures did not show differences between groups.
3. Even with good motivation, knee-ankle-foot orthosis wearing time was limited to a mean $\pm$ SD of 3.2 $\pm$ 1.9 hours per prescribed night due to discomfort.

The researchers concluded that KAFOs with dynamic ankle and fixed knee are poorly tolerated and are not beneficial in preventing a reduction in ankle-foot dorsiflexion range of motion in children with spastic cerebral palsy, at least with limited use.

I have seen similar results based on my experience with KAFOs and children with cerebral palsy. Many times the children did not tolerate the orthotics frequently complaining of pain or they were at risk of skin breakdown. One child who exhibited excessive knee hyperextension did very well with KAFOs (but his primary issue was excessive knee hyperextension not decreased ankle foot range of motion). What has your experience been with KAFOs and children?

Reference: Maas, JC et. al. A randomized controlled trial studying efficacy and tolerance of a knee-ankle-foot orthosis used to prevent equinus in children with spastic cerebral palsy. Published online before print July 31, 2014, doi: 10.1177/0269215514542355 Clin Rehabil October 2014 vol. 28 no. 10 1025-1038

# Video Modeling and Handwriting



The *Journal of Occupational Therapy, Schools, & Early Intervention* published research on a video-based modeling handwriting program for lowercase letter formation with a Montessori preschool phonics curriculum in one of two Montessori classrooms for 16 weeks. The children were allowed to view the DVD on request during phonics lesson time. The results showed the following:

1. phonics skill and letter sequencing patterns improved for the children in both classrooms.
2. children who had access to viewing the video-based modeling showed greater improvement in letter legibility

The researchers concluded that video-based modeling is a recommendation that occupational therapy practitioners may recommend to benefit all the children in a classroom.

Reference: Catherine Candler, Abbey Mulder and Karen Nall. Embedding Video-Based Modeling Handwriting Instruction in a Montessori Preschool Phonics Program. *Journal of Occupational Therapy, Schools, & Early Intervention*. Published: April 3, 2014 Vol. 7, No. 2 (2014). DOI: 10.1080/19411243.2014.930618

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# Power Mobility and Children



*Clinical Rehabilitation* published a review of the research on the evidence related to power mobility use in children (18 years or younger) with mobility limitations. The search yielded 259 titles of which 29 articles met inclusion criteria, describing 28 primary research studies. The following results were found:

1. One study, rated as strong level II evidence, supported positive impact of power mobility on overall development as well as independent mobility.
2. Another study, rated as moderate level III evidence, supported positive impact on self-initiated movement.
3. The rest of the studies, rated evidence levels IV and V, provided support for a positive impact on a broad range of outcomes from to International Classification of Functioning (ICF) components of body structure and function, activity and participation.
4. Some studies suggest that environmental factors may be influential in successful power mobility use and skill development.

The researchers concluded that most of the evidence supporting outcomes for children using power mobility is primarily descriptive rather than experimental. Further research is needed in the area of power mobility for children.

Reference: Livingstone, R. And Field, D. Systematic review of power mobility outcomes for infants, children and adolescents with mobility limitations. *Clinical Rehabilitation*. Published online before print April 24, 2014, doi: 10.1177/0269215514531262 Clin Rehabil October 2014 vol. 28 no. 10 954-964

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# Physical Activity and Executive Control in Children



*Pediatrics* published research on 221 children (7-9 years old) who were randomly assigned to either a 9 month after school physical activity program or a wait list group. Following the intervention various measurements were recorded: changes in maximal oxygen consumption, electrical activity in the brain and behavioral measures (accuracy, reaction time) of executive control.

The intervention was every school day for two hours. Each session included at least 70 minutes of moderate to vigorous physical activity.

The results indicated the following:

1. fitness improved more among intervention participants from pretest to posttest compared with the wait-list control group.
2. inhibition and cognitive flexibility improved more in the intervention group from pretest to posttest compared with control.
3. only the intervention group increased attentional resources from pretest to posttest during tasks requiring increased inhibition.
4. improvements in brain function on the inhibition task and performance on the flexibility task correlated with intervention attendance.

The researchers concluded that the physical activity intervention enhanced cognitive performance and brain function during tasks requiring greater executive control. These findings demonstrate a causal effect of a physical activity program on executive control.

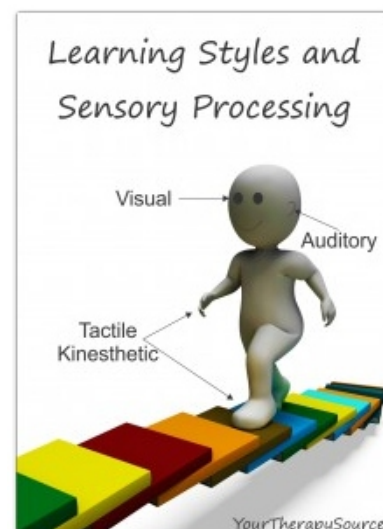
Reference: Effects of the FITKids Randomized Controlled Trial on Executive Control and Brain Function. Charles H. Hillman, Matthew B. Pontifex, Darla M. Castelli, Naiman A. Khan, Lauren B. Raine, Mark R. Scudder, Eric S. Drollette, Robert D. Moore, Chien-Ting Wu, and Keita Kamijo. *Pediatrics* peds.2013-3219; published ahead of print September 29, 2014, doi:10.1542/peds.2013-3219

# Learning Styles and Sensory Processing

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?



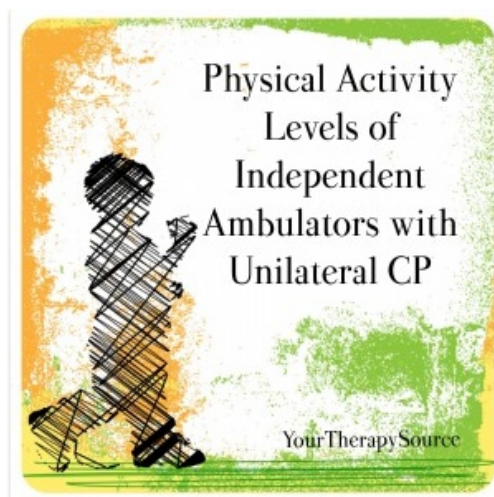
Is it starting to sound familiar? When determining if a student has sensory processing disorder, pediatric therapists look at auditory, visual and kinesthetic input and output. When a pediatric therapist evaluates a student for sensory processing disorder, typically weaknesses are determined. For example, "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, 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 to benefit all students in the classroom.

**Modifications and Interventions for School :** Reproducible reporting forms with hundreds of suggested interventions. Find out more at <http://yourtherapysource.com/modsdownload.html>

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## Physical Activity Levels of Independent Ambulators with Unilateral CP



*Developmental Medicine and Child Neurology* published research on physical activity levels measured with accelerometers for four days in 102 children with unilateral cerebral palsy (GMFCS I and II). In addition, data was collected on functional strength, 6-minute walk test (6MWT), mobility limitations (MobQues28), age, sex, Assessment of Life-Habits recreation domain, Participation and Environment Measure for Children and Youth (PEM-CY) and environmental characteristics.

The results indicated the following:

1. younger age, male sex, increased performance on the 6MWT, and increased participation in the home and community measured using the PEM-CY were significantly associated with activity counts
2. the model fit was somewhat weak indicating that much of the variation was unexplained.
3. older age and reduced community participation were associated with high inactivity.

The researchers concluded that “physical activity interventions should primarily target adolescents and females. Walking endurance and participation in the home and community may represent modifiable characteristics to increase physical activity”.

Reference: Mitchell, L. E., Ziviani, J. and Boyd, R. N. (2014), Characteristics associated with physical activity among independently ambulant children and adolescents with unilateral cerebral palsy. *Developmental Medicine & Child Neurology*. doi: 10.1111/dmcn.1256

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## Motor Planning with Pool Noodles



Here is a super easy set up but challenging activity to encourage motor planning skills, coordination and body awareness. Cut up pool noodles lengthwise and lay them on the floor in different directions. Ask the child to jump from noodle to noodle keeping the pool noodle between the feet. You can view the brief video at <http://yourtherapysource.com/videomotorplanningpoolnoodle.html>

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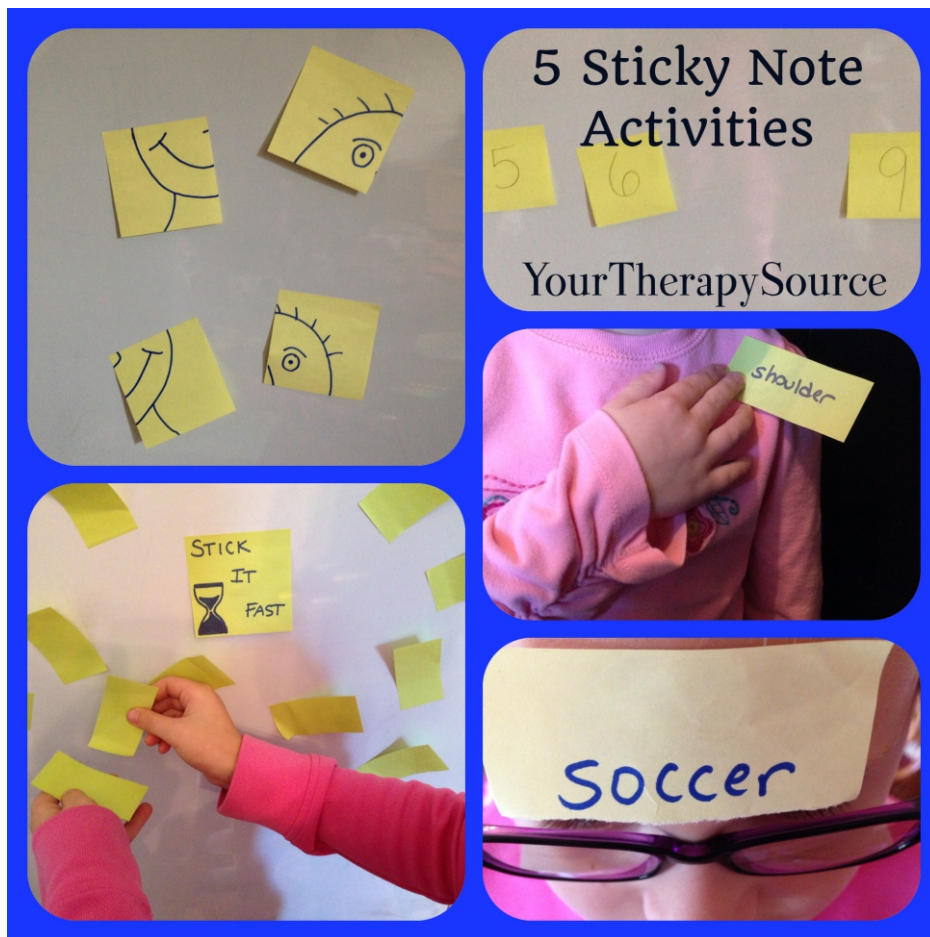
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## 5 Sticky Note Activities



If you have a sticky note pad and a marker you can start playing these 5 fun games to get kids moving and learning. Encourage physical activity, visual perceptual skills, bilateral coordination and review academic material. For all the details head over to Your Therapy Source at <http://yourtherapysource.com/freestickynotefun.html>

# Homemade Painting Tools



Create these homemade painting tools with cardboard, scissors and clothes pins. Children will practice cutting skills, hand strengthening and visual motor skills with this painting activity. Watch the video at <http://yourtherapysource.com/videopaintingtools.html>

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# Free Cutting Strips



Download some free cutting strips for children to practice basic scissor skills. You can download the 3 black and white pages and 3 color pages at <http://yourtherapysource.com/freecuttingstrips.html>

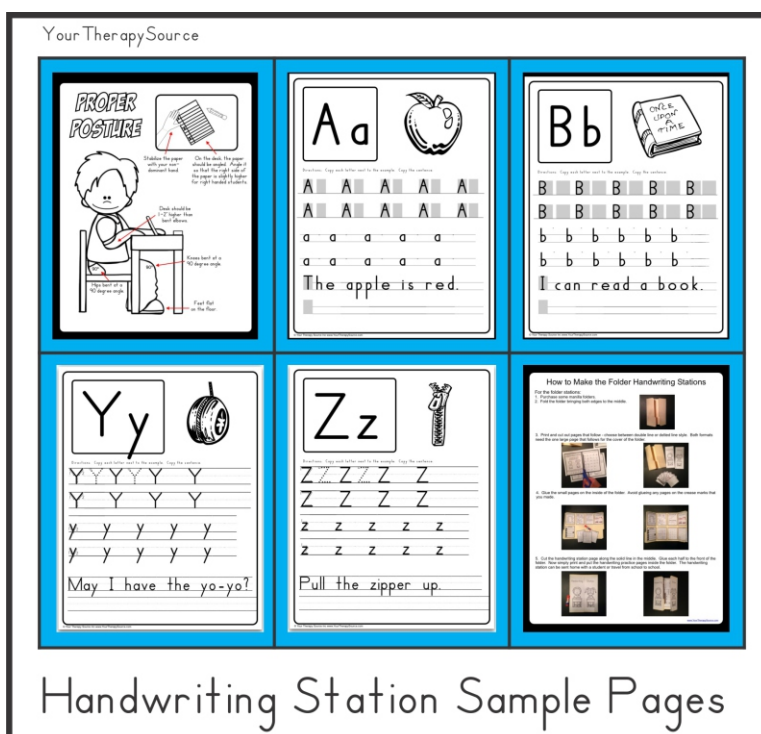
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# Handwriting Station Freebie



Here are a few sample pages from a new download that includes the materials to create handwriting stations. The complete download of the Handwriting Stations are perfect for classroom use, therapy sessions or home use for proper letter formation, warm up exercises, proper posture, pencil grip tips, letter reversals and self checking. Also included are practice pages in double line or dotted line format.

You can download the sample pages at  
<http://yourtherapysource.com/hwstationfreebie.html>

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# AUTUMN CLOSE UP

Directions: Draw a line connecting the part of the picture to the whole picture.





Name: \_\_\_\_\_



turkey

Trace the word using three different colors.

turkey

Write the word:

Example:

turkey

1.

2.

3.

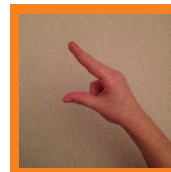
Move with the word.

1. Air write the word "turkey" using your arms.

2. Make a turkey - right fist into left palm. Wiggle turkey feathers. Left fist into right palm. Wiggle fingers.



3. Tuck your pinky and ring finger into your palm. Open and close your index, middle finger and thumb like a turkey beak. Repeat 5x.



Find and circle the word "turkey".

turkey

turkeys

**turkey**

turkey

turkeys

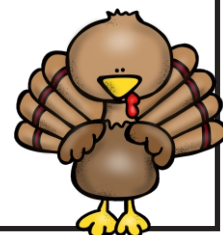
turkey

turnip

turkey

turtle

**turned**



Cut the words out below. Create the sentence. Glue the sentence.

Write the sentence.

Cut the words out.

Stop brown the turkey!

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