



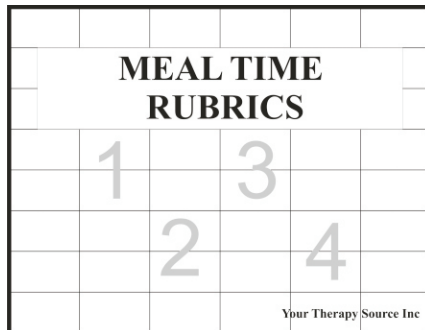
Your Therapy Source News

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

Issue 31 - October 2011

www.YourTherapySource.com

New and Popular Products



Meal Time Rubrics

Download of an electronic book of 14 rubrics to assess functional skills related to meal times in PDF and Word format

List Price for electronic book: \$5.99

SALE PRICE until 10/14/11 only \$1.99

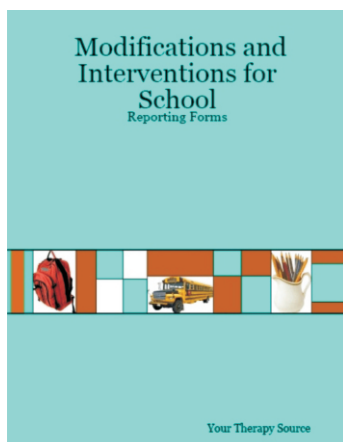
www.YourTherapySource.com/rubricsmeal



Tuned Into Learning Music for Special Education

Capture your students' attention and lock in core concepts through an engaging combination of inventive songs, movement and vibrant visual supports. Designed by an Autism Specialist and Music Therapist, this music-assisted learning curriculum is tailored to the needs of children and teens with autism, developmental disabilities, and neurologic impairments. Watch your students shine as they role play and practice each skill with the added benefit of additional response time, simplified song lyrics and slower paced instructions!

www.YourTherapySource.com/tunedintolearning



Modifications and Interventions for School

Modifications and Interventions for School - Reporting Forms provides pediatric therapists with over sixty reproducible reporting forms with hundreds of suggested modifications and interventions for students. Interventions are listed by skill areas such as handwriting, scissors, dressing, walking, stairs, wheelchair skills and sensory skills. This book is a great tool for all school based therapists and teachers to determine what modifications and interventions are successful for a particular student.

www.YourTherapySource.com/modifications

Handwriting and Learning

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ediatric occupational therapists spend a significant of time working on the handwriting skills of students. With all of the technology that is available today, more and more children are not getting the handwriting practice they once were (nor are adults for that matter). Now 44 states have adopted the Common Core Curriculum Standards which does not include cursive instruction. It is not just about learning to write words though. Here are some research studies that have shown a connection between how the brain learns and handwriting:

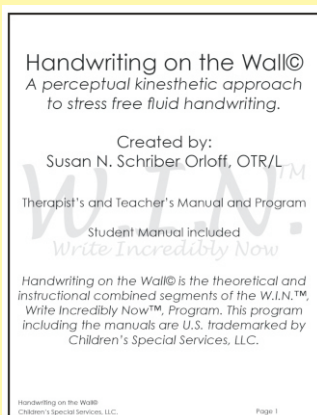
- 1.) MRI studies have shown that handwriting can help to learn letters and shapes and improve writing composition and ideas
- 2.) Functional MRI results showed that children had enhanced neural activity when handwriting letters rather than just viewing letters
- 3.) When comparing writing by hand to typing on a keyboard, the subjects who wrote by hand had improved and longer lasting recognition of the proper orientation of characters
- 4.) Children in 2nd, 4th and 6th grade had improved writing in terms of word count, speed and expression of ideas when hand writing versus using a keyboard
- 5.) Test scores can be influenced by handwriting legibility

So the next time someone suggests that children do not need to practice handwriting due to the digital age, you can refer to some of the above research to justify why handwriting should continue to be taught.

References:

Lerner, E. When Cursive Cried Wolf. Retrieved from the web at
<http://www.newyorker.com/online/blogs/books/2011/08/when-cursive-cried-wolf-1.html>

Bounds, G. How Handwriting Trains the Brain. Retrieved from the web at
<http://online.wsj.com/article/SB10001424052748704631504575531932754922518.html>



Write Incredibly Now™ (W.I.N.™) is an exclusive U.S. trademarked handwriting program of Children's Special Services, LLC and designed by Susan N. Schriber Orloff, OTR/L. It breaks manuscript into three forms and cursive into four using colors instead of directional cues, as well as gross and fine motor games. You get both the manuscript and the cursive programs in reusable workbook form for multiple use. There are games, activities and follow-up suggestions so that the child can individually continue the program after the 12 hours are "over". There is plenty of room to add your own creativity too!!

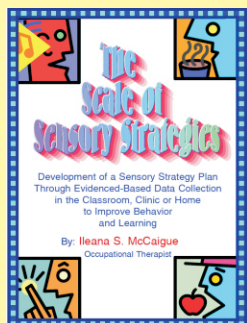
www.YourTherapySource.com/WIN

7 Technology Things to Try This School Year



With the start of a new school year, why not try some new technology things this school year. Here are 7 suggestions to try to accomplish this year:

- 1. Start a Wiki:** A wiki is a website that people can add or edit information on different topics. Do you have a specific interest in pediatric therapy i.e. handwriting, vestibular system, gait training, etc? Start a wiki to begin to gather information.
- 2. Try starting a blog:** Blogging is a great tool to share your opinion or activity ideas. You could gear it towards other therapists, parents or teachers. There are many platforms that will host your blog for free. You can check out our Google hosted blog at YourTherapySource.blogspot.com.
- 3. Join Twitter:** More and more people are getting their information from Twitter. It is a great way to get a collection of links and suggestions from groups of people that you choose to follow. Read more about [Twitter for Therapists](#) or follow us [@YTherapySource](#).
- 4. Try out Skype:** If you have never used Skype it is super easy. This would be a simple and effective way to communicate with parents, "face to face", if they are unable to meet during the school day. If you travel to different schools, this would be a helpful way to demonstrate techniques to teachers or aides if you will not be there for a few days.
- 5. Get an iPhone, iTouch or iPad:** Okay, I know this is not a freebie, but I can not say enough about the Apple devices. They offer so many great apps for therapists to improve documentation and provide novelty along with some training for students. You can read more about [what you can do with our electronic books on an iPad here](#).
- 6. Create some YouTube videos:** Do you find that you explain the same things over and over again to teachers or parents? Why not create a video that other professionals and parents can review after you explain different topics? You could create videos on pre-handwriting activities, postural tips, how modifications help and more.
- 7. Try walking a mile in someone else's shoes:** Do you know a student who uses a communication device? Wouldn't it be interesting to spend a day only using a communication device to speak to others? If you get the iPhone I mentioned, there are some free apps and well as paid communication apps.



The Scale of Sensory Strategies (S.O.S.S.) Tool Kit™ provides an evidence-based plan of care with sensory strategies that will optimize a child's behavior in the school, home and community.

www.YourTherapySource.com/soss

Motor and Social Skills

Autism, Motor Skills and Socialization

If you ever need to justify why children with autism need occupational or physical therapy, don't forget to include the benefits that improvements in motor skill development has on socialization. Recent research looked at young children's scores on the Battelle Developmental Inventory–Second Edition for gross and fine motor skills. The Baby and Infant Screen for Children with Autism Traits, Part 1 was used to assess socialization. The results indicated that children with higher gross motor skill levels exhibited less social impairments.

Reference: Megan Sipes, Johnny L. Matson, Max Horovitz Autism spectrum disorders and motor skills: The effect on socialization as measured by the Baby and Infant Screen for Children with aUtism Traits (BISCUIT) Developmental Neurorehabilitation Oct 2011, Vol. 14, No. 5: 290–296.

Early Motor Experiences and Social Interaction

A recent study was performed with 36, three month old infants. Half of the group received active motor experiences using sticky mittens that had Velcro on them. The infants used the sticky mittens to swipe at objects which would get stuck onto the mitten giving feedback to the infant as if they grasped an object. This was done 10 minutes each day for 2 weeks. The other half of the group received passive motor experiences where parents provided the stimulation but the infants still played with the mittens and similar toys. Finally, there were two control groups of non reaching 3 month old infants and 5 month old infants. By tracking infant eye moments following the training period the results indicated the following:

- active group showed a preference for faces over objects whereas the passive group had no preference
- the social preferences of the 3 month olds who received the sticky mitten training were similar to the 5 month old social preferences in the control group
- regardless of any group, the more the infants practiced reaching the stronger their preference for faces

The researchers concluded that early motor experiences is associated with the ability to orient towards faces. The group will be followed for one year to see if the social development gains are maintained.

Here are some thoughts I had about this study. What does this mean in terms of adapting the environment for young infants with disabilities? At times, therapist may choose not to adapt the environment for an infant to give them time to learn the skills first. When you read this small but interesting study one has to question is this the best choice? Should we, as therapists, be offering suggestions to adapt the environment for infants as early as possible to promote social and cognitive development? When you have an infant with an extensive medical history that is high risk for being diagnosed with a developmental disability at what age do you start to adapt the environment or provide adaptive equipment? Do you start as young as 3 months? Another interesting point from this study is to perhaps try this velcro mitten with young infants who are at risk for developmental delay to encourage social development.

Reference: Early motor experiences give infants a social jump start. Retrieved from the web on 9/10/11 from <http://medicalxpress.com/news/2011-09-early-motor-infants-social.html>

Cerebral Palsy Research



Wrist Extension and Hand Function

A recent study examined the use of wrist monitors on 15 children with hemiplegia to study the hypothesis that wrist extension frequency is an indicator of functional hand use. Using video analysis and a wrist monitor that assessed wrist extension frequency, the subjects participated in the Assisting Hand Assessment (AHA). The results indicated that the wrist monitor was reliable to measure frequency of wrist extension. In addition, wrist extension frequency was significantly correlated with the AHA scores.

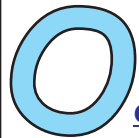
Reference: Howcroft J, Fehlings D, Zabjek K, Fay L, Liang J, Biddiss E. Wearable wrist activity monitor as an indicator of functional hand use in children with cerebral palsy. *Dev Med Child Neurol.* 2011 Aug 30. doi: 10.1111/j.1469-8749.2011.04078.x. [Epub ahead of print]



Adaptive Seating and CP

A comprehensive review was completed on the use of adaptive seating for children with cerebral palsy from January 1990 to December 2010. Five reviews were discovered with all showing generally positive results but lacked significant evidence for "effectiveness for postural control and management, seated posture, upper extremity function, and overall clinical outcomes". The author concluded that improved strategies are needed to improve the quality of research on the use of adapted seating for children with cerebral palsy.

Reference: Ryan SE An overview of systematic reviews of adaptive seating interventions for children with cerebral palsy: where do we go from here? *Disabil Rehabil Assist Technol.* 2011 Aug 30. [Epub ahead of print]



Occupational Therapy Home Programs Effective for CP

Pediatrics has published a study on the benefits of providing occupational therapy home programs for children with cerebral palsy. A double blind, randomized controlled trial was done with 36 children with cerebral palsy (mean age 7.7 years old). The children were GMFCS Levels I through V. One group was to receive and follow the OT home program for 8 weeks, one group to follow OT home program for 4 weeks and the control group received no OT home program. The parents of the children in the OT home program for 4 weeks did not discontinue the home program after 4 weeks and continued to do the program for the full 8 weeks. Following the 8 weeks, the groups that received the OT home program showed a significant difference in function and parent satisfaction with function. The researchers concluded that occupational therapy home programs:

"developed with a collaborative, evidence-based approach and implemented by parents at home were clinically effective if implemented 17.5 times per month for an average of 16.5 minutes per session".

You can read the full article at [Pediatrics](#).

Reference: Iona Novak, Anne Cusick, and Natasha Lannin. Occupational Therapy Home Programs for Cerebral Palsy: Double-Blind, Randomized, Controlled Trial. *Pediatrics* October 2009; 124:4 e606-e614; published ahead of print September 21, 2009, doi:10.1542/peds.2009-0288

Do You Talk During Therapy Sessions?

H

ere is a question to ask yourself today... do you talk to your clients during therapy sessions? Not about the weather or the latest cartoon but about what the children are actually doing? As therapists we offer an excellent opportunity to incorporate language acquisition, understanding and memory skills along with movement skills. The kinesthetic sense is being activated during movement activities which allows children to take in information via an additional pathway instead of just auditory or visual. Here are some examples of how you can help young children across several domains instead of just the motor domain:

- Talk about the actions the children are doing to help them to understand spatial location and body awareness - ie "You are standing in between two chairs"; "The walker is behind you."; "You are jumping to the right."
- Verbalize directional cues regarding their own bodies to help with body awareness - i.e. "I am moving your arm up and down"; "I am bending your knee."
- Use action words to describe what the children are doing - i.e. "You are all jumping."; "Let's climb the ladder."
- Use descriptive words regarding speed and direction to assist again with body awareness and motor planning - i.e. "You are running fast." "You are walking backwards."
- Ask open ended questions to see if they understand movement concepts and the relation to other people or animals - i.e. "How would you move if you were a basketball player?" "Can you try to move like your favorite animal?"
- Reinforce memory skills by asking questions about movement - i.e. "Do you remember what movements we did when we started the therapy session?"
- Discuss and ask questions about movements that are similar and opposite - i.e. "You are moving so fast now. How can you move the opposite of fast?" "You are throwing the ball at the target. Can you think of another way to throw a ball?"

Don't forget to mention these tips to teachers and parents as well.

Locomotor Games



Your Therapy Source Inc

This download is a collection 20 locomotor cards, 10 non locomotor cards, 10 body part cards, 10 directional cards, 6 speed/path cards, 10 number cards, 30 object cards, 2 Roll and Move games and one relaxation poem. The locomotor games are quick to set up and require minimal or no equipment. It does not get any easier than this to encourage sensory motor activities in the classroom or home. Only \$1.99

www.YourTherapySource.com/locomotor

Physical Activity and Emotions

As therapists, we frequently provide physical activities for children to promote muscle strengthening, range of motion, balance, motor skills and coordination. We must not forget that physical activity also helps to boost the social and emotional health of children. Physical, active play can help children to:

- express emotions such as smiling and laughing
- negotiate with peers during games such as turn taking, establishing rules of games, etc
- reduce stress
- elevate the mood
- establish feelings of pride and accomplishment by achieving goals such as climbing equipment or running around a track

Therapists can offer suggestions to parents and teachers on how to support the emotional development of children through play. Here are some helpful tips to suggest:

- observe the children and see what they enjoy playing. Create more opportunities for what they enjoy.
- recommend "just right" activities for the children. Provide teachers and parents with a list of activities that the children can accomplish to help boost feelings of self worth. Perhaps provide some activities that may be a challenge so that children can have a sense of accomplishment of pushing themselves to achieve more.
- praise children when they achieve new motor tasks or skills
- add emotions to make believe active play i.e. be a silly troll, a happy princess or a miserable witch
- offer some activity ideas that all children can participate in regardless of motor skill to encourage peer interaction. This will help some children to focus on the social aspects of play without having to struggle with motor skills.
- keep children motivated and engaged. If certain activities are not encouraging active play, change it up to make it more active. Add more loose parts to play such as balls and hula hoops rather than relying on playground equipment to get children moving.

Physically active play can help children to become more confident, develop self control and support emotional health.

Reference: Dr. Jeffrey Trawick-Smith and Julia DeLapp. Moving With Feeling Nurturing Preschool Children's Emotional Health Through Active Play. Brief developed by the Center for Early Childhood Education at Eastern Connecticut State University for Head Start Body Start. Retrieved from the web on 9/20/11 at <http://www.aahperd.org/headstartbodystart/activityresources/upload/Moving-with-Feeling-brief-final.pdf>



Hot Topics

Exercise and Behavioral Problems

A recent study was published in *Journal of Positive Behavioral Interventions* on using exercise to decrease problem behaviors in boys. Using a multiple-baseline across-participants design, three boys participated daily in eight exercise sessions lasting from 1-20 minutes during the school day. Following the exercise intervention, two of the boys reduced the challenging behaviors to zero and the third boy's challenging behavior reduced to near zero.

Reference: Helen I. Cannella-Malone, Christopher A. Tullis, and Aline R. Kazee. Using Antecedent Exercise to Decrease Challenging Behavior in Boys With Developmental Disabilities and an Emotional Disorder *Journal of Positive Behavior Interventions* October 2011 13: 230-239, first published on May 3, 2011 doi:10.1177/1098300711406122

Sensory Over Responsivity and Risk Factors

A large study was recently conducted with 1159 twins on sensory over-responsivity. Data was collected via phone interviews to parents when the twins were 2 years old regarding emotional behaviors and sensory experiences (auditory and tactile). Medical records were reviewed again when the children were 7 years old. The results from the study indicated the following:

- parental report of negative affect and fear was related to auditory and tactile sensory over-responsivity
- prenatal complications predicted tactile over-responsivity but not auditory
- auditory symptoms were more genetically influenced than tactile symptoms
- auditory and tactile symptoms had a similar genetic relationship with fear
- auditory symptoms shared more genetic covariance with negative affect than tactile symptoms

The researchers concluded that tactile and auditory symptoms may have non overlapping causes and risk factors.

Reference: Keuler, Megan M. BS*; Schmidt, Nicole L. MS*; Van Hulle, Carol A. PhD*; Lemery-Chalfant, Kathryn PhD†; Goldsmith, H. Hill PhD Sensory Overresponsivity: Prenatal Risk Factors and Temperamental Contributions. *Journal of Developmental; Behavioral Pediatrics*: September 2011 - Volume 32 - Issue 7 - pp 533-541 doi: 10.1097/DBP.0b013e3182245c05

Bicycle Riding and Down Syndrome

Physical Therapy has published research on the effects of bicycle riding on children with Down Syndrome. Two groups of children with Down Syndrome ranging in age from 8-15 years old participated in the study. The experimental group was taught how to ride a bicycle over a five day period. The control group received no intervention until one year after the experimental group. Following the 5 day instruction, 56% of the children learned to ride a two wheeler bike. The children who learned to ride spent significantly less time in sedentary activities than the control group after 12 months. In addition, the bike riding group spent more time in moderate to vigorous physical activity. The amount of actual bicycle riding was not recorded during the study.

Reference: Dale A. Ulrich, Amy R. Burghardt, Meghann Lloyd, Chad Tiernan, and Joseph E. Hornyak. Physical Activity Benefits of Learning to Ride a Two-Wheel Bicycle for Children With Down Syndrome: A Randomized Trial. *PHYS THER* October 2011 91:1463-1477; published ahead of print August 18, 2011, doi:10.2522/ptj.20110061

On the Web...

Self Regulation in Young Children

Here is an excellent article entitled *Developing Young Children's Self Regulation Through Everyday Experiences*. It is a 6 page articles with a thorough description of self regulation and how teachers can support the development of it in young children. You can read the article [here](#).

Design Your Own Sensory World

Stumbled across this website that is AMAZING! And free which makes it more amazing!!! You can design and decorate your own sensory house. There are sensory rooms, lounges, bedroom, kitchen, sensory garden and more. There is visual and auditory feedback so it makes it suitable for different learning abilities. All you have to do is point and click on the mouse which makes it easy to navigate. If you register, you can save your house for the next time you return. I created a fish sensory room for one of my little ones who loves anything related to fish. There is even music playing in the background. The bathroom also has lessons on hygiene. Definitely worth a look for children through adults! Check it out at SensoryWorld.org.

\$10,000 Fitness Cash for Your School

Here is an interesting contest to enter from Henkel. All you need to do is nominate your school by answering some questions about what your school is doing now to keep fit and what you would do with the \$10,000. They are giving away \$30,000 total - \$10,000 at each level of elementary, middle and high school. They will pick finalists and then you can vote for what school you want to win! Why not give it shot?

Find out more information at [Henkel Helps](#).

Free Personalized Physical Activity and Nutrition Program

Found about this free opportunity on Twitter. The National Center of Physical Activity and Disability (NCPAD) is providing individuals with mobility limitations, chronic health conditions and physical disabilities a free, web based, personalized physical activity and nutrition program. According to the website, each individual registers for the program and answers several questions about themselves. Then they will provide you with exercises and resources matched to your needs over a 14 week period. Each week builds upon the previous week. You even get access to coaches throughout the 14 weeks. All for free!

I have not tried this out but seems like it may be a great option for teenagers and up to try to stay active. Would love to hear if anyone has tried this program out...

You can get all the [information and register at NCPAD](#).

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New Freebies

USING A SPOON RUBRIC

Client's Name: _____ Therapist: _____
 Date: _____

List any adaptive equipment used when using a spoon:

Using a Spoon	Independent	Verbal cues needed	Physical prompts required	Physical assistance required	Total
Reaches for spoon	4	3	2	1	
Picks up spoon	4	3	2	1	
Uses appropriate grasp on spoon	4	3	2	1	
Uses other hand to hold bowl steady	4	3	2	1	
Loads food onto spoon from right to left (if right handed) and left to right (if left handed)	4	3	2	1	
Appropriate amount of food/liquid on spoon	4	3	2	1	
Keeps spoon level	4	3	2	1	
Brings spoon toward mouth	4	3	2	1	
Transports the food on the spoon to mouth with little to no spilling	4	3	2	1	
Closes lips around spoon	4	3	2	1	
Empties food from spoon into mouth with little to no spilling	4	3	2	1	
Removes spoon from mouth	4	3	2	1	
Returns spoon to bowl or table	4	3	2	1	
TOTAL SCORE OUT OF 52 POINTS					

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Free sample of Using A Spoon Rubric from *Meal Time Rubrics*:

Meal Time Rubrics is a download of 14 rubrics to assess functional skills related to meal times in PDF and Word format

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Communication Checklist

Student's Name: _____
 Date: _____
 Therapist: _____

Question	YES	NO
Have I discussed the student's goals for the classroom with the teacher(s)?		
Have I discussed the student's goals with the parent(s)?		
Have I discussed the student's goals with the student?		
Have I received feedback from prior teachers or school staff regarding the student's skills?		
Do I need to get more information from the parents regarding the student's abilities or current functional level?		
Do I need to get more information from the school staff regarding the student's abilities or current functional level?		
Do I need to communicate with any other related service providers in the school or home?		
Do I need to communicate with any other medical professionals who are familiar with the student?		

I need to still communicate with: _____

I need to follow up on: _____

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Communication Checklist

Have you communicated with all team members for the student or client? Use the check list to make sure you are communicating with all members of a child's team.

www.YourTherapySource.com/freecommchecklist

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