



Your Therapy Source News

Digital magazine for pediatric
occupational and physical therapists.

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www.YourTherapySource.com

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New and Popular Products

Therapeutic Activities for Home and School



Your Therapy Source Inc

Therapeutic Activities for Home and School - Therapeutic Activities for Home and School provides pediatric therapists with over forty, uncomplicated, reproducible activity sheets and tips that can be given to parents and teachers. Each activity sheet is written in a simple format with no medical terminology.

LIST PRICE:

\$24.95 for print version

\$16.95 for electronic book

www.YourTherapySource.com/therexbook

Sensory Motor Game Boards



Your
Therapy
Source
Inc

Sensory Motor Game Boards: This consists of 7 game boards that promote muscle strengthening, eye-hand/foot coordination, gross motor skills, fine motor skills, body awareness and motor planning.

LIST PRICE: \$9.95

Shipping: FREE - once payment is made you will receive an e-mail with a link to download the book.

www.YourTherapySource.com/sensoryboards

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Observing and Guiding Children's Play

P

lay for young children is crucial to healthy development. Pediatric therapists who work in early childhood education know the importance of play and how to use it to reach IEP goals that are set for specific children. When a child is evaluated for therapy services, the therapist observes the child in the classroom setting. Therapists will then often consult with teachers and school staff on using different toys, activities and centers to encourage practice of motor skills and sensory development. Here are several tips to fine tune your observation skills and to guide children's play in the classroom.



1. Observe the environment.

Can the child access all the toys and activities? Are activities practiced in different environments to encourage generalization of skills?

2. Observe what the child does during free play.

What toys does the child like to play with the most? During free play what centers does the child spend the most time in?

3. Observe what toys or activities the child prefers.

Just like learning styles in older children, you can assess learning styles in little ones by what toys they prefer. Does a child prefer visual, auditory, tactile or kinesthetic activities?

Once these questions are answered use the gathered information to create a plan of action. Make sure, if possible, all of the toys are accessible for the children. Provide the classroom staff with specific ways to generalize skills across different centers. After determining a child's toy preferences use that knowledge to make suggestions regarding toy placement. If a child dislikes a certain center, try adding favorite toys into that center to initially engage the child. After these ideas have been tried and a child is still not engaging in certain centers, provide prompting by adults in the classroom. Make sure that the adults provide the least amount of prompting that is necessary.

Prompting should be done along a continuum such as:

1. Present the activity to the child
2. Provide a verbal request to play.
3. The adult can model how to play.
4. The adult uses hand over hand to assist with play.

At each stage of prompting the adult should wait several seconds, following the prompt, for the child to interact before moving on the next level of prompting.

Each time that you observe a child in a natural setting, remember to observe closely to ensure that the environment is suitable for developmentally appropriate play.

Reference: DiCarlo, C., Vagianos, L. (2009) **Using Child Preferences to Increase Play Across Interest Centers in Inclusive Early Childhood Classrooms.** *Young Exceptional Children* 12:4 (31-39).

Twitter for Therapists

[Twitter](#) is an excellent platform to learn about therapy ideas, therapy practices all over the world, research, assistive technology and more. Many people use to twitter to enhance their personal learning network (PLN). For those of you who are new to Twitter it is a short messaging service where you can follow other peoples messages or create your own 140 word character tweets. Because the messages (otherwise known as "tweets") have to be so short, they must be concise and to the point. This allows you to read through a significant amount of information in a short amount of time.

Here are 5 steps to getting started with Twitter:

- 1. Create an account.** Go to www.Twitter.com and create an account.
- 2. Organize tweets.** If you plan on following many people I recommend that you use a tool like [TweetDeck](#) or [Hootsuite](#). These tools allow you to follow many tweets and manage them. It can be become very difficult to read all the interesting information that comes in if it is not organized. You can create columns of different topics i.e. OT, PT, assistive technology, autism, ADHD, etc. This makes all the "tweets" more manageable to read and follow. If you want more than one Twitter account, for example personal and professional, you may want HootSuite to manage those accounts.
- 3. Send a message.** Type your message (140 character or less) in the box at the top of the page and hit update or enter. If you are referencing a website you have to include http:// before the www part of an Internet address. Most people shorten the web address to leave more room for the message. To do this you can create a tiny url right in TweetDeck. Paste in the full web address and hit the shorten button.
- 4. Find people to follow.** This can be a slow process. You can search keywords in Twitter via TweetDeck or Twitter Search. For example, type in the keyword occupational therapy and see what comes up. If you find any interesting tweets, choose to follow that person. To perform a more specific search use a hash tag. A hash tag in twitter is the # sign. You put that before words when you want to tag a tweet. For example, we frequently use the hash tags #OT, #PT, #ADHD and #Autism to mark our tweets on specific topics. This allows people to track the topics easier. Another way to find people to follow is to find one person who shares your interests (we recommend @YTherapySource - that is us!) Then check who we follow and who follows us. Many of these people will also have common interests.

Here are 2 great Twitter accounts that I recommend to follow for pediatric therapy topics:

[@YTherapySource](#) - pediatric occupational and physical therapy news, research, ideas and activities.

[@pediastaff](#) - more pediatric OT, PT and speech news stories, research and tips.

- 5. Retweet, Reply or Direct Message.** Here is some Twitter lingo to review. When you retweet a message, you can resend a message to all of your followers that you think is important. For example, you read a post that we wrote and you want to share it with others. You can just click on the retweet button in TweetDeck or type in RT@YTherapySource and paste the message.

You can reply to any message by simply typing in the twitter account name with the @ sign before it i.e. @YTherapySource - thanks for all the great information. If you want to send someone a message but do not want all of your followers to view it, you can direct message someone or DM. You can click on the direct message button in TweetDeck or type in D@YTherapySource followed by your message. This tweet will only be seen by the person you are sending it to.

From personal experience, I have found Twitter to be a great networking source of information. Give it a try! If you would like to recommend someone to follow regarding pediatric therapy post a comment.

NDT, SI or Perceptual Motor Approach for Children with Mild MR

The *American Journal of Occupational Therapy* published research on the effects of neurodevelopmental treatment (NDT), sensory integrative therapy (SI) and perceptual motor (PM) therapy for children with mild mental retardation. One hundred sixty children were randomly assigned to one of four groups: NDT group, SI group, PM group and control group. After interventions, the three groups all performed better than the control group on most measures. The children in the SI group showed greater improvements in upper limb coordination, fine motor skills and SI functioning. The children in the PM group showed greater improvements in gross motor skills. The NDT group exhibited the smallest changes.

Reference: Yee-Pay Wuang-PhD, OTR, Chih-Chung Wang-MA, OTR, Mao-Hsiung Huang-PhD, MD, Chwen-Yng Su-PhD, OTR (2009) Prospective Study of the Effect of Sensory Integration, Neurodevelopmental Treatment, and Perceptual--Motor Therapy on the Sensorimotor Performance in Children With Mild Mental Retardation *AJOT* 63 (4) Abstract.

Sensory Motor Group Activities



Download of an electronic book of over 50 sensory motor group activities for every letter of the alphabet plus over 20 printable sheets to compliment the activities.

www.YourTherapySource.com/atoz

25 Instant Sensory Motor Group Activities:

for School Based Occupational
and Physical Therapists

Your Therapy Source

Download of an electronic book of 25 sensory motor activities for group therapy sessions that require no equipment.

www.YourTherapySource.com/instant

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Autism, Motor Skills and Vision

Recently, there have been more studies on autism and motor skill development. Many children with autism exhibit delays in motor skill acquisition. Some research has shown deficits in the following areas:

1. dynamic balance and diadochokinesis (rapid pronation/supination of forearms)
2. fine motor skills with regards to timed movements
3. increased variability to perform simple movements
4. performing timed tasks
5. slower initiation of movements.

In addition, research has shown a correlation between the degree of motor deficit and the degree of social withdrawal and severity of autism. There is limited research on eye hand coordination and autism.

In a recent study, 13 young people with autism were compared to 15 young people without autism in tasks that used vision and proprioception to land on one of two targets. In this study, young people with autism exhibited longer planning and execution of the manual reaching movements. There was great variability of the eye hand movements in the young people with autism. If the task required greater visual proprioceptive integration the amount of time required to perform the movement was increased.

The journal entitled *Nature Neuroscience* recently published research on how autistic children use proprioceptive information and visual information. The researchers concluded that autistic children relied much more on the proprioceptive information to learn new movement patterns rather than external visual cues when compared to typically developing peers. In addition, they found that the children who greatly relied on the proprioceptive information exhibited greater deficits in social and motor skills.

The researchers hypothesize that this coincides with previous research. Since proprioception is more closely linked to motor areas, this could indicate that autistic children exhibit an over development of short range white matter connections and an underdevelopment of long range connections (visual motor information in this example).

The researchers recommend that motor skills should be taught early to autistic children with a focus on external visual motor associations.

Do you find these trends to hold true in your daily practice of therapy? For example, do you find variability in the day to day execution of motor skills in children with autism? What about the correlation between the degree of motor deficit and the severity of autism? How do you take these factors into account when setting goals?

Reference: Glazebrook, C, Gonzalez, D, Hansen, S., Elliott, D. (2009) **The Role of Vision for Online Control of Manual Aiming Movements in Persons with Autism Spectrum Disorders.** *Autism* 13 (4): 411-433.

Kennedy Krieger Institute (2009, July 10). Difference In The Way Children With Autism Learn New Behaviors Described. ScienceDaily. Retrieved July 13, 2009, from <http://www.sciencedaily.com/releases/2009/07/090706113647.htm>

Hot Topics...

Spasticity and Gross Motor Function

Spasticity levels were measured using the Modified Tardieu Scale in 50 children with cerebral palsy (GMFCS I-V) aged 18 months. The children were followed for one year and gross motor function was assessed with the GMFM-66. The researchers concluded that spasticity has a small relationship with gross motor function, but other factors also need to be considered.

Reference: Jan Willem Gorter , Olaf Verschuren , Laura Van Riel and Marjolijn Ketelaar (2009) **The relationship between spasticity in young children (18 months of age) with cerebral palsy and their gross motor function development** *BMC Musculoskeletal Disorders* 2009, 10:108doi:10.1186/1471-2474-10-108

Visual Motor, Eye Hand Coordination and Handwriting

The *Journal of Occupational Therapy, Schools and Early Intervention* published research on 75 second graders who were evaluated using the Concise Assessment Scale for Children's Handwriting, the Developmental Test of Visual Perception-2 and the manual dexterity section of the Movement Assessment Battery for Children. Results indicated that visual motor integration and eye hand coordination are predictive of the quality of a student's handwriting.

Reference: Marie-Laure Kaiser; Jean-Michel Albaret; Pierre-Andr Doudin (2009) Relationship Between Visual-Motor Integration, Eye-Hand Coordination, and Quality of Handwriting. *Journal of Occupational Therapy, Schools, & Early Intervention*, Volume 2, Issue 2 April 2009 , pages 87 - 95.

How to Get A Child to Fall Asleep Faster

A recent study in *Archives of Disease in Childhood* found that the more activity 7 year olds got during the day the faster they fell asleep. Five hundred ninety-one seven year olds wore actigraphs to determine activity levels. In addition, the amount of time it took the child to fall asleep was measured (sleep onset latency). Children who were more active (vigorous activity for one hour throughout the day) fell asleep 6 minutes faster. Another bonus was that the children who fell asleep faster slept for longer periods.

Reference: Nixon GM, Thompson JM, Han DY, Becroft DM, Clark PM, Robinson E, Waldie KE, Wild CJ, Black PN, Mitchell EA Falling asleep: the determinants of sleep latency. *Arch Dis Child*. 2009 Sep;94(9):686-9.

Assistive Technology

Visual and Auditory Input

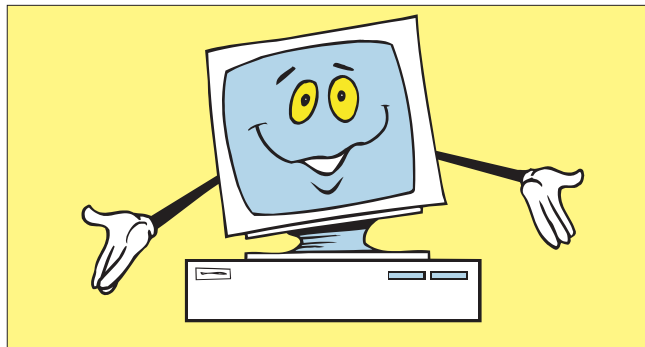
Here is a simple and free assistive technology tool to read the words on the web or text. At www.ReadtheWords.com you can type and have the text read to you in various voices. The voices sound quite clear and are available in male and female. This is a great free tool to help children with comprehending material. In addition, this website can take written and scanned documents (i.e. Word document) and convert it to a audio file. Put it on a mp3 player and you can review class notes, listen to textbooks and more. If you can not think of a student who would benefit from this how about yourself? Take journal articles, create the audio file and listen to it during your commute or work out. You can even create an audio file from an RSS feed like our blog (www.YourTherapySource.blogspot.com)!

Free Resource for the Assistive Technology Process

This is a free, download of a electronic workbook that allows students to help guide the assistive technology process. This is full of great information and questionnaires for the students to fill out. It is entitled [Hey Can I Try That? A Student Handbook for Choosing and Using Assistive Technology](#). Just click on the title to download the book.

Navigate Web with Keyboard

[Key Surf](#) was released by CanAssist in June 2009. It allows users to navigate the web using the keyboard instead of a mouse. It also remembers your web history making it faster to use each time. This free download may be helpful to any client who is unable to use a mouse. It is compatible with a standard keyboard, intellikeys, on screen keyboards and speech recognition. It is in beta format so they are looking for feedback. You do need the Firefox web browser.



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Falling Leaves Activity

Directions for Falling Leaves with two players:

OBJECT of the game: The first player to match his/her 6 leaves is the winner.

1. Set printer settings to double sided. Print out the activity. Cut out all the leaves. Place the tree game board between the two players. Lay the leaves down on the floor with the words facing up. Assign player one to be the yellow side of the tree and the other player to be the blue side of the tree.
2. Player one picks a leaf card. Player one performs action written on leaf card. If the leaf card can be matched up on the yellow side of the tree, player one matches the leaf. If the leaf can not be matched, the leaf card is placed leaf-side down on the floor again.
3. Player two picks a leaf card and performs action written on the card. If the leaf can be matched on the blue side of the tree, player two should place the leaf on top of the matching leaf. If it can not be matched, place the leaf back in the pile.
4. Continue playing. The first player to match all 6 leaves on his/her side of the tree is the winner.

Directions for Falling Leaves with one player:

1. Place the leaf cards face down. Pick a card. Perform action and place on matching leaf.
2. Continue until all actions are performed and all leaves are matched.

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Place leaf on
floor and
jump over it
3x

Pretend to be
tree branches
blowing in the
wind

Throw
this leaf
up and
try to
catch it
3x

Pretend
to jump in
a leaf pile
5x

Hold leaf in
hand, palm
up, arms at
shoulder
height for 10
sec.

Lift leaf
way
overhead
and drop to
floor 3x

Pretend
to rake
leaves
10x

Place leaf on
ground and hop
on left foot over
leaf 3x

Place leaf on
ground and
hop on right
foot over leaf
3x

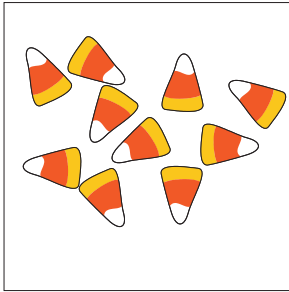
Put leaf
on floor
and jump
backwards
over leaf
4x

Pretend to
be a leaf
falling to the
ground

Place leaf on
head and walk
forward 10 steps

Halloween

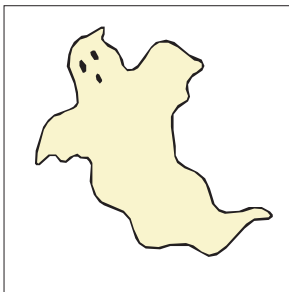
Directions: Trace over each letter.



Candy



Costumes



Ghost



Mummy

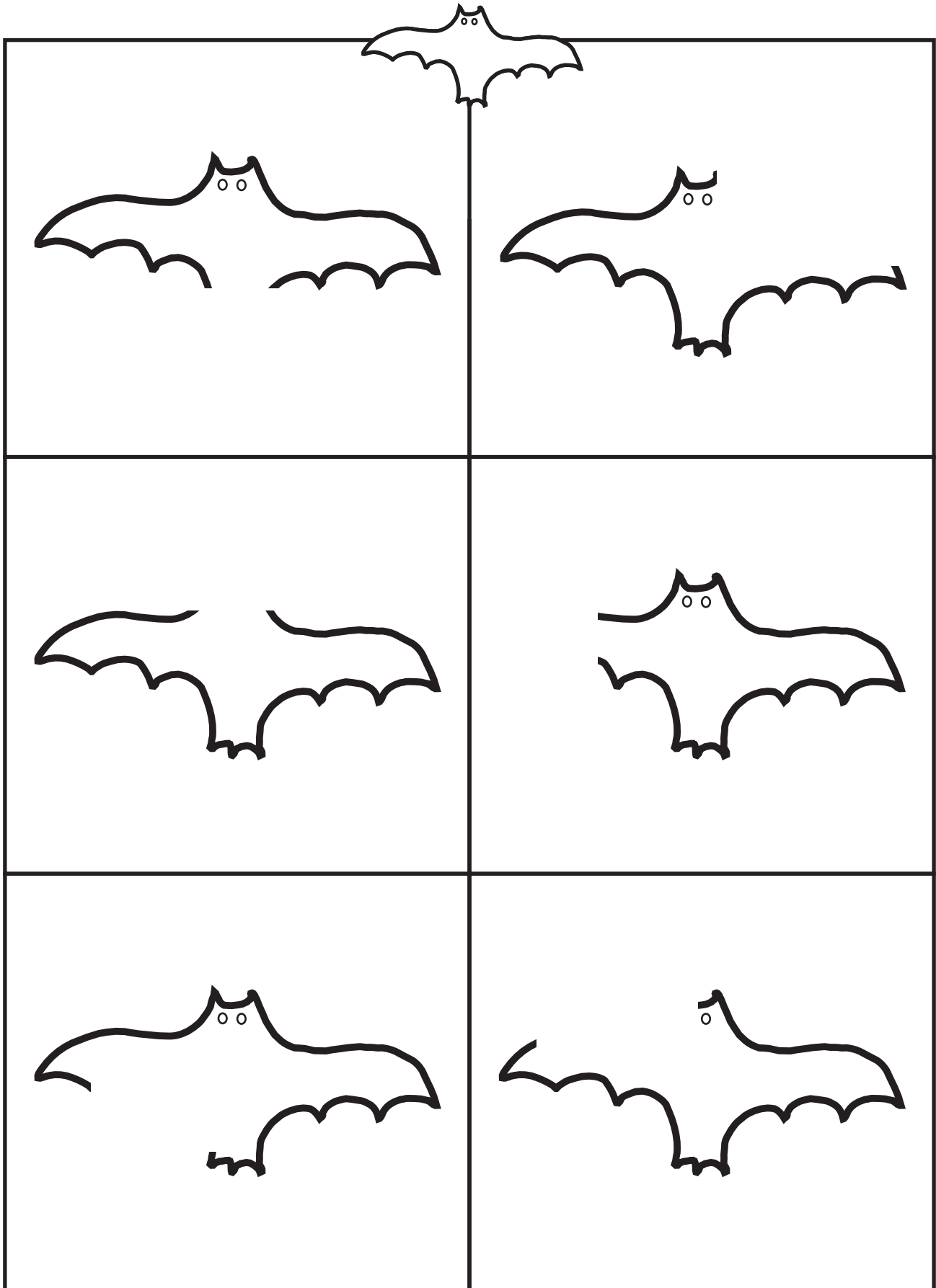
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[for the complete download.](#)

Date: _____

This image shows a full page of primary-ruled paper. It features ten horizontal rows. Each row consists of three parts: a solid black top line, a dashed black middle line, and a solid black bottom line. The area between the two solid lines is highlighted in yellow, while the areas above the top solid line and below the bottom solid line are white. This pattern repeats down the entire page.

Directions: Finish drawing each bat.



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