



Your Therapy Source News

Digital magazine for pediatric
occupational and physical therapists.

Issue 5 -
September 2009

www.YourTherapySource.com

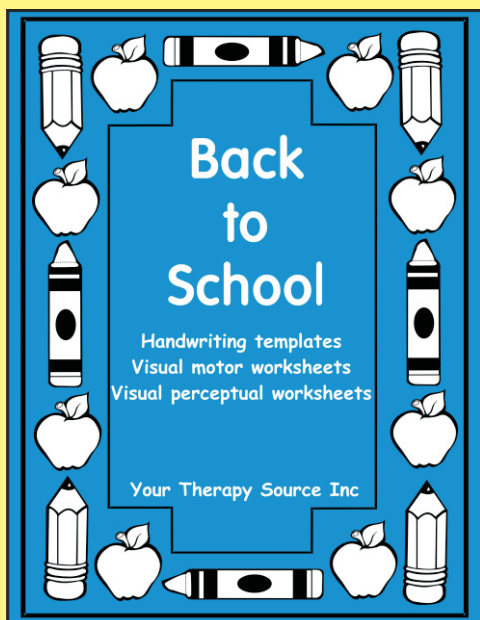
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Your Therapy Source Inc

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New and Popular Products



Back to School Handwriting Activities - Back to School Handwriting Activities is a great collection of handwriting templates, visual motor worksheets, visual closure and visual perceptual activities. The handwriting templates are spaced 1", 1 1/2" and 2" apart with added color blocks to mark writing spaces.

LIST PRICE: \$4.99

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

www.YourTherapySource.com/backtoschool

Sensory Motor Activities for Fall



Sensory Motor Activities for Fall is a download of an electronic book of 30+ sensory motor activities with a Fall theme. You will receive sensory motor activities such as: School Bus Board Game (printable), name games, apple activity ideas, Fall/Harvest Games, snakes in the pumpkin patch, cranberry catch, Halloween games, Thanksgiving games, several ideas to promote carry over of therapeutic activities at home classroom and more.....

LIST PRICE: \$4.99

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

www.YourTherapySource.com/partnerpictures

www.YourTherapySource.com

5 Ice Breakers for Pediatric Therapy

Some of you have already started the school year and some of you will begin over the next few weeks. Get to know your new students with these 5 ice breaker ideas:

1. Write a letter to your students telling them about yourself. Perhaps let them know your favorite food, color, movie and more. Tell them about a summer vacation you took. Tell them your favorite things to do outdoors and your favorite type of exercise. Explain to them some of the things that you use or will do during therapy sessions. Request that the student write you back answering some questions that you have asked. Some examples would be: What did you do over the summer? What are your goals for therapy? What is your favorite way to exercise? If the school year has already started just start off the therapy session with a quick interview of each other.

2. Happy and Healthy Hands. Have each student trace around one hand on a piece of the same color paper. On the hand, write different things that make the student happy and healthy. Hang the hands on the wall. Have the children go around the room. Do wall push ups on different sets of hands. Can you guess whose hands matches whose print?

3. Getting to Know You Charades. Have the student's act out their favorite things in different categories. For example, some categories could be favorite sport, favorite book and favorite outdoor activity.

4. Motor Match Up. Create a matching set of cards with various movements such as crawling, dancing, jumping, walking and marching. Pass out one card to each student. The students must move around the room and find the other student moving the same way that they are. Once the pair is matched up they introduce themselves.

5. Silly Name Game. Stand in a circle. Pick one student to go first. This student says his/her name and adds a movement (i.e. shakes head yes). The next student says the first students name and shakes head yes, then introduces himself adding a movement (i.e. claps hands). The third student says student #1's name and shakes head yes, then says student #2's name and claps hands. Student three then says his own name and adds a movement. Keep going around the circle.

For more back to school ideas check out **Back to School Handwriting Activities** and **Sensory Motor Activities for Fall** at www.YourTherapySource.com.

Recent Research on ADHD

A

DHD and Balance:

The *Journal of Pediatrics* published research on children with ADHD (Type C) and sensory organization. The sensory organization of standing balance of 43 children with ADHD-C was compared to typically developing children. When scored on the Sensory Organization Test, the children with ADHD-C scored significantly lower equilibrium scores, somatosensory, vestibular and visual ratios. The largest difference was seen in the visual system.

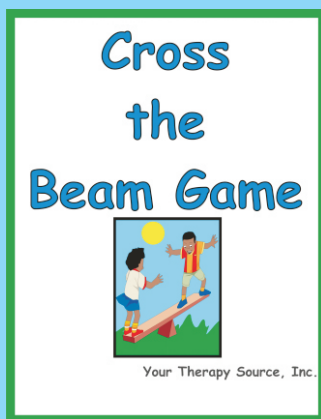
Reference: Selina B.M. Shum, MSc, Marco Y.C. Pang, PhD (2009) Children with Attention Deficit Hyperactivity Disorder Have Impaired Balance Function: Involvement of Somatosensory, Visual, and Vestibular Systems *The Journal of Pediatrics* Volume 155, Issue 2, Pages 245-249.

E

nuresis and ADHD

Recent research in the *Journal of Pediatrics* reports on ADHD and enuresis (bedwetting). Enuresis in children with ADHD occurs at a higher rate but the cause for this is unknown. The researchers studied 344 children with ADHD ages 6-12 years old. Out of the 344 children, 16.9% had nocturnal enuresis. The 16.9% had more inattentive symptoms. These children also had decreased arousal levels with regards to night waking and the ability for children to wake themselves. The researchers conclude that nocturnal enuresis may be an endophenotype for ADHD - inattentive type.

Reference: Josephine Elia, MDab, Toshinobu Takeda, MD, PhDa, Rachel Deberardinisb, et al. (2009) Nocturnal Enuresis: A Suggestive Endophenotype Marker for a Subgroup of Inattentive Attention-Deficit/Hyperactivity Disorder *The Journal of Pediatrics* Volume 155, Issue 2, Pages 239-244.e5



Cross the Beam Game: Download of game that encourages balance skills and visual perceptual skills.

LIST PRICE: \$2.99

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

www.YourTherapySource.com/beam

Sensory Recipes Including Gluten Free

Pediatric therapists, parents and teachers use sensory recipes daily. Here is a collection of fun ones from the Internet to explore. Just click on the titles to view.

1. [Recipes for Sensory Fun](#): This is a nice 5 page download created by a therapy company to hand out to parents.
2. [Fun and Messy Dough Recipes](#): This has all the favorites plus some interesting new ones such as white bread and glue dough, clean mud and snow.
3. [Gluten Free Dough Recipes](#): For anyone who works with or has children on a gluten free diet here are lots of suggested products and recipes.

Need some suggestions of how to use the clay or play dough? Check out [Creative Clay Activities](#) book or [Clay Play Mats](#).

Play-Doh is currently running a [contest](#) where your child (or student) could win a \$5000 Playroom makeover and \$5000 school donation. Just have the child create a favorite food out of Play-Doh, take a picture and enter it in the contest.

The image shows a preview of the 'Clay Play Mats' product. It includes a title 'Clay Play Mats' in a colorful, bubbly font. Below the title are six small thumbnail images representing different mats: 'Clay Play Mats', 'Clay Mats', 'Clay Mats', 'Clay Mats', 'Clay Mats', and 'Clay Mats'. Each mat features various patterns and colors. The text 'Your Therapy Source Inc.' is visible at the bottom of the thumbnails.

Clay Play Mats
\$2.99 for download
of 6 clay play mats

www.YourTherapySource.com/clayplaymats

The image shows a preview of the 'Creative Clay Activities' product. It features a central graphic with the title 'Creative Clay Activities' in a blue, stylized font. Below the title is the text 'Your Therapy Source Inc.'. The graphic is surrounded by various clay-related icons, including a sun, a moon, a star, and a smiley face. The text 'Your Therapy Source Inc.' is also visible at the bottom of the graphic.

Creative Clay Activities
\$4.99 for download
of 10 creative
clay activities

www.YourTherapySource.com/creativeclay

New Research on Physical Activity and Children

Two recent studies once again recommend that television and screen time should be limited for all children. *Pediatrics* recently published research on Vitamin D deficiencies in children. Over 6,000 children were studied with 9% being Vitamin D deficient and 61% being Vitamin D insufficient. Low levels of vitamin D are associated with a higher risk of bone and heart disease. Children should consume foods/drinks high in vitamin D such as milk and fish. In addition, some children should take vitamin D supplements. The researchers recommend that children turn off the TV and go outside at least 15-20 minutes a day.

Archives of Pediatric and Adolescent Medicine published research indicating that certain sedentary activities in children (ages 3-8) resulted in an increased risk of high blood pressure. Television viewing and screen time, but not computer use, was associated with elevated blood pressure regardless of body composition.

The World Confederation for Physical Therapy (WCPT) published a fact sheet on childhood obesity and physical activity. Here are several of the suggested recommendations based on research:

1. 60 minutes of moderate to vigorous physical activity per day for children ages 5-18 years old.
2. Preschoolers should participate in 60 minutes of unstructured physical activity per day.
3. To increase physical activity in adolescents involve the school, community and family.
4. To encourage physical activity in preschoolers have outside play areas and supportive staff.
5. Preschoolers will engage in more physical activity if their parents are active, they have a large yard and there are restrictions on television.
6. Encourage and assist children with disabilities to find appropriate physical activities.

For the fact sheet in its entirety visit http://www.pediatricapta.org/pdfs/WPTDay-C1-Child_obesity.pdf

References:

Albert Einstein College of Medicine (2009, August 3). Millions Of U.S. Children Low In Vitamin D. ScienceDaily. Retrieved August 7, 2009, from <http://www.sciencedaily.com/releases/2009/08/090803083633.htm>

JAMA and Archives Journals (2009, August 4). TV And Computer Screen Time May Be Associated With High Blood Pressure In Young Children. ScienceDaily. Retrieved August 7, 2009, from <http://www.sciencedaily.com/releases/2009/08/090803173127.htm>

World Confederation for Physical Therapy. Childhood Obesity and Physical Activity. Retrieved from the web on 8/5/09 from http://www.pediatricapta.org/pdfs/WPTDay-C1-Child_obesity.pdf.

Hot Topics...

Sensory Responses, Anxiety and ADHD

The *American Journal of Occupational Therapy* published research on the relationship between ADHD, sensory overresponsivity and anxiety. Forty eight children in total were studied with and without ADHD. The children were assessed using the Sensory Over-Responsivity Inventory and the Revised Children's Manifest Anxiety Scale (RCMAS). Results indicated that the children who had ADHD and sensory overresponsivity were significantly more anxious than the ADHD and non-ADHD children. In addition, the children with ADHD and sensory over-responsivity were more likely to have clinically significant anxiety as per the RCMAS.

Reference: Stacey Reynolds-PhD, OTR/L, Shelly J. Lane-PhD, OTR/L, FAOTA (2009) Sensory Overresponsivity and Anxiety in Children With ADHD *AJOT* Volume 63 (4).

Energy Expenditure with Active Video Games

Pediatrics published research comparing the energy expenditure rates, heart rate, perceived exertion and step rate during television watching, playing Dance, Dance Revolution, Wii bowling and boxing and walking at different rates. The subjects were 14 boys and 9 girls ages 10-13 years old. The results indicated that energy expenditure increased two to three times when gaming or walking compared to television watching. The energy expenditure while playing Wii boxing and Dance Dance Revolution level 2 was equal to moderate intensity walking.

Reference: Graf, Diana L., Pratt, Lauren V., Hester, Casey N., Short, Kevin R. Playing Active Video Games Increases Energy Expenditure in Children *Pediatrics* 2009 124: 534-540

School Based PTs and Standing Programs

Survey results on standing frame prescription and implementation by school based physical therapists was published in the latest issue of *Pediatric Physical Therapy*. The survey results indicated that most school based Pts prescribe standing programs based on ambulatory status and specific needs. The benefits of standing programs were rated very important for social and educational reasons. Most standing programs were prescribed for 30-45 minutes daily.

Reference: Taylor, Kristin PT Factors Affecting Prescription and Implementation of Standing-Frame Programs by School-Based Physical Therapists for Children with Impaired Mobility *Pediatric Physical Therapy*: Fall 2009 - Volume 21 - Issue 3 - pp 282-288 doi: 10.1097/PEP.0b013e3181b175cd

These pages are not intended to provide medical advice or physician/therapist instruction. Information provided should not be used for diagnostic or training purposes. Consult a therapist or physician regarding specific diagnoses or medical advice.

More Hot Topics...

Adaptive Ice Skating

Developmental Neurorehabilitation reports on an adaptive ice skating program which was evaluated. Twenty two children with developmental disabilities participated in a 1x/week group for 6 weeks. There was instructors for group lessons and individualized instruction as well. Attendance was high for the 6 sessions (83% attended). Parents reported improvements in their child's balance, lower extremity strength, endurance, self esteem and ability to participate in a group. One minor injury was reported. The authors conclude that the program was successful but would benefit from some minor changes.

Reference: Fragala-Pinkham, Maria A., Dumas, Helene M., Boyce, Megan, Peters, Christine Y., Haley, Stephen M. (2009) Evaluation of an adaptive ice skating programme for children with disabilities *Developmental Neurorehabilitation* 12(4):215-223UR - <http://www.informaworld.com/10.1080/17518420902980100>

Predictive Value of Motor Evaluations

In a study published by *Early Human Development*, researchers studied the predictive values in very preterm children and small for gestational age of the Psychomotor Developmental Index (PDI) of the Bayley Scales of Infant Development and the Peabody Developmental Motor Scales (PDMS). The researchers concluded that for very low birth weight children, the PDI and PDMS were good tests to identify early motor problems. The PDMS was the best predictor for small for gestational age and term children with normal birth weight. For the children who were very preterm, small for gestational age or full term, all three tests showed that normal motor skills at ages 1 and 5 were predictive for normal motor skills at age 14.

Reference: Kari Anne I. Evensen, Jon Skranesa, Ann-Mari Brubakka and Torstein Vik (2009) Predictive value of early motor evaluation in preterm very low birth weight and term small for gestational age children *Early Human Development* Volume 85, Issue 8, August 2009, Pages 511-518

Therapeutic Horseback Riding and Children with Autism

The *Journal of Autism and Developmental Disorders* published research on the effects of therapeutic horseback riding on children with autism. A 12 week intervention of therapeutic horseback riding for 19 children with autism resulted in less inattention, distractibility and sedentary behavior. In addition, the children displayed increased social motivation, sensory seeking behaviors and greater sensory sensitivities.

Reference: Margaret M. Bass, Catherine A. Duchown and Maria M. Llabre (2009) The Effect of Therapeutic Horseback Riding on Social Functioning in Children with Autism *Journal of Autism and Developmental Disorders* Volume 39 (9):1261-1267.

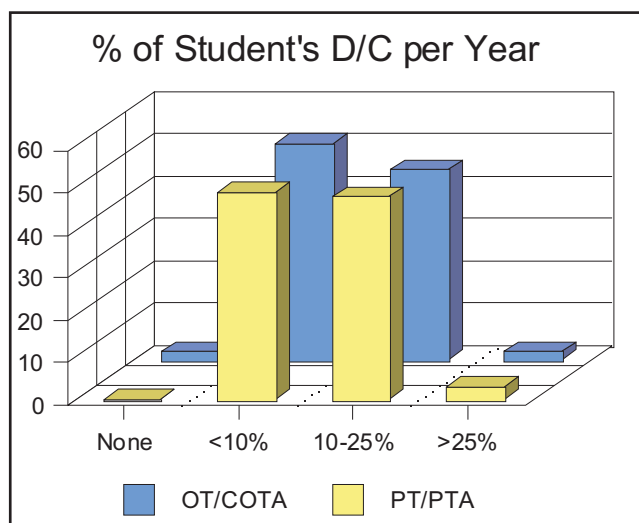
Survey Results - Discharge

Here are the questions and results from our internet Summer 2009 Survey on discontinuing school based therapy. Please participate in our current survey on push in versus pull out school based therapy services at www.YourTherapySource.com/survey.

Questions #1: Are you a pediatric OT/COTA or PT/PTA?

Responses: 176 OT/COTA and 65 PT/PTA for a total of 241 responses!

Question #2: What percentage of your students do you recommend discharge from therapy services each year?



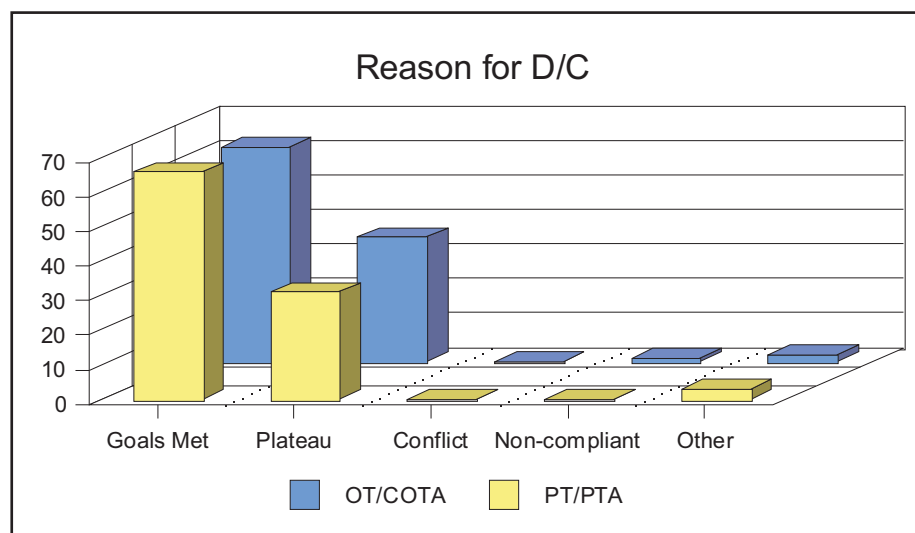
OT/COTA responses:

2%: none
51%: <10%
45%: 10-25%
2%: >25%

PT/PTA responses:

0%: none
49%: <10%
48%: 10-25%
3%: >25%

QUESTION #3: What is the most common reason for you to discharge a student from therapy services?



OT/COTA responses:

62%: Goals met
36%: Skills plateaued
0%: Scheduling conflict
1%: Non-compliance
2%: Other

PT/PTA responses:

66%: Goals met
31%: Skills plateaued
0%: Scheduling conflict
0%: Non-compliance
3%: Other

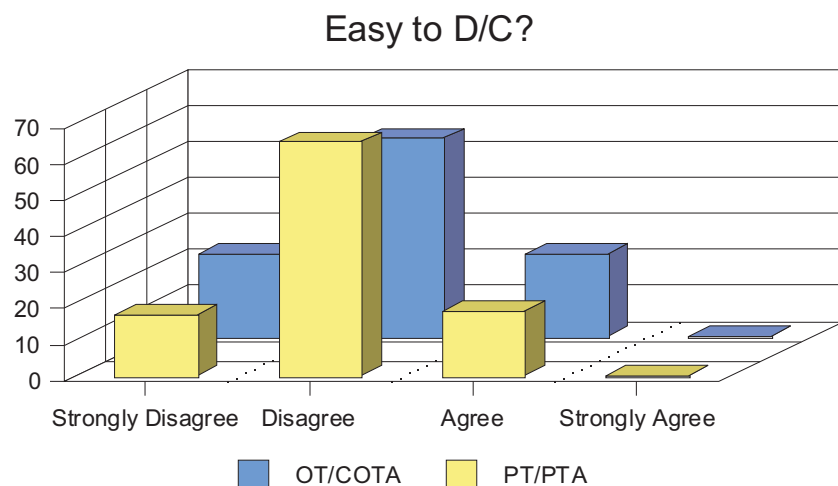
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Survey Results - Discharge

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Question #4: Respond to this statement - It is easy to discharge a student from therapy services.



OT/COTA's responses:

23%: Strongly disagree
55%: Disagree
23%: Agree
0%: Strongly agree

PT/PTA's responses:

17%: Strongly disagree
65%: Disagree
18%: Agree
0%: Strongly agree

Many responders commented on this survey. Here is a sample of their written comments.

- Parents and sometimes teachers are difficult to convince that the service is no longer indicated.
- It is often difficult to get the parents to understand that the child may still have deficits that are limiting the learning process, but the deficits are not always related to school based occupational therapy.
- I find that once a student gets on the OT caseload, discharge is almost impossible
- I think that it is becoming more difficult to discharge (I prefer to move to consult) students whose skills have plateaued. We are a full inclusion district and teachers often do not know what to do with these students and look to therapy to fill the time. Sad but true.
- It is easy to recommend d/c OT when assessment scores do not qualify the child. It is more difficult as the child ages and fewer assessment tools are available
- Many times parents do not want to give up services even if their skills are appropriate and often administration will override the therapist's recommendations.
- On average students attend OT services for about 2-3 years with some being four years. I find students receive OT for longer periods of time when they have a specific diagnosis such as Autism, CP, etc
- For the most part I don't have any trouble d/c a student from OT services. In my county our teachers (and most parents) respect and trust the judgement and recommendations of the therapists and will agree.
- Since exiting Occupational Therapy is a TEAM decision, in our school system, the therapist is often disregarded when trying to exit a student from educational Occupational Therapy services.
- It seems like it has gotten almost impossible to discharge a student once they are getting services, they have become lifers, until they can function just like their typical peers.
- Treat early childhood special education and rarely discharge a child from therapy unless is peer equivalent. Will usually let the child progress to kindergarten to see how transition goes.

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Activity Ideas - Movement Math

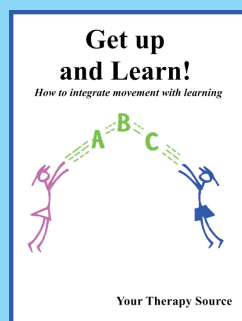
Purpose: Practice sensory motor skills while reinforcing math concepts. This is a great in class energy release.

Materials: math flash cards, dice

Activity #1 - Flash Card Fun for a Group: Have the group sit or stand in a circle. Create one rule for the group to start. For example, if the answer is correct everyone should clap hands and if the answer is incorrect everyone should jump in place. Pick a student to go first. Hold up a flash card. Student responds verbally with the answer to the math problem. The rest of the group must now act. Each student must begin to perform with clapping hands or jumping in place depending upon whether the answer is correct or incorrect. The leader then reports the correct answer. Continue playing creating new rules with new movements every 10 flash cards.

Activity #2 - Circle Math: Have the group stand in a large circle with a clear path behind the entire circle. Make sure there is ample distance between each student. The leader stands stationary on the outside of the circle. The group walks in a circle, one student behind the other. When a student arrives at the leader, the group stops walking, the student reads aloud the problem and answers it. If the answer is correct, the group continues to walk forward. If the answer is incorrect, the group walks backward in the circle. The next student now arrives at the leader and answers flash card problem. Continue playing until all flash cards have been answered.

Activity #3: Dice Jumping: This activity is for simple math problems. Again, have the group standing in a circle with area clear. One student goes in the middle of the circle. The student rolls the dice and adds them up and shouts out the answer. The students in the circle join hands with the student in the middle. All the children jump in place the number of times of the sum of the dice. Continue playing until all students have had a turn rolling the dice.



Want more sensory motor activity ideas that incorporate movement with learning? Check out ***Get Up and Learn! - How to Integrate Movement with Learning.***

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- sensory motor activity ideas
- sensory processing resources
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