

Paediatric Occupational Therapy - Problem Solving Resource Pack

**Created for Surrey Special
Schools and Units**



Problem Solving Resource Pack
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Occupational Therapy Problem Solving Resource Pack

Introduction

The Problem Solving Resource Pack has been produced by your local Surrey Paediatric Occupational Therapy Service. Its purpose is to offer basic developmental advice and strategies for helping staff in special school settings to problem solve functional difficulties in the school environment.

Occupational Therapists aim to maximise a child's functional participation in activity; this pack is designed to help you resolve some of the basic problems that are affecting the children's performance in your setting.

The pack should be used as a **pre – referral tool**. It will provide strategies for improving children's functional participation in school. It is intended as a guide only; if any of the following apply you are advised to consult the Occupational Therapy service to ascertain whether a referral would be appropriate:

- The need appears more complex than the solutions offered
- The child has a neurological condition and unusual tone which is impacting on the appropriateness of the suggested activities. (e.g. stiff or floppy muscles)
- The child has a degenerative condition and their needs are changing rapidly.
- There are safety concerns related to the activity
- Despite the child's diagnosis and developmental level they are felt to be underachieving in relation to functional skills

By helping you to deal with some of the basic solutions to functional activities we will be better able to provide a more targeted service to those children who need it.

Occupational Therapy Screening Form

Name:

Date:

Difficulties identified?

Which flow charts were used?

Self Care

- Feeding ☐
- Dressing ☐
- Toileting ☐

Productivity

- Hand use in the classroom ☐
- Seating and positioning ☐
- Engaging in tasks ☐

Play

- Indoor play ☐
- Outdoor play ☐
- ☐

Activity/Strategy Sheets:

Identified

Date started

- Touch strategies: Avoiding ☐
- Touch strategies: Seeking ☐
- Strategies to fulfil a desire for mouthing ☐
- Movement activities: Avoiding ☐
- Movement activities: Seeking ☐
- Ready to learn
- Dressing skills
- Equipment list

36

EQUIPMENT put in place

Please report on the progress difficulties still present:

**Referral made to Occupational Therapy
Screening carried out by:**

YES/NO

Date:

N.B. Please complete and include this form if a referral is being made to occupational therapy. It is recommended that implementing the activities/strategies for 1 term to give a clearer indication of the need for OT assessment or the extent of the difficulties.

Service Information; Contact Details

If you are in a school or unit which receives frequent visit from our therapy team, please catch up with them to request a link session where they will be happy to both meet with you and visit your classroom to support with universal and targeted advice.

If you need more information on our Occupational Therapy service please visit the website page:

www.childrenshealthsurrey.nhs.uk/services/occupational-therapy

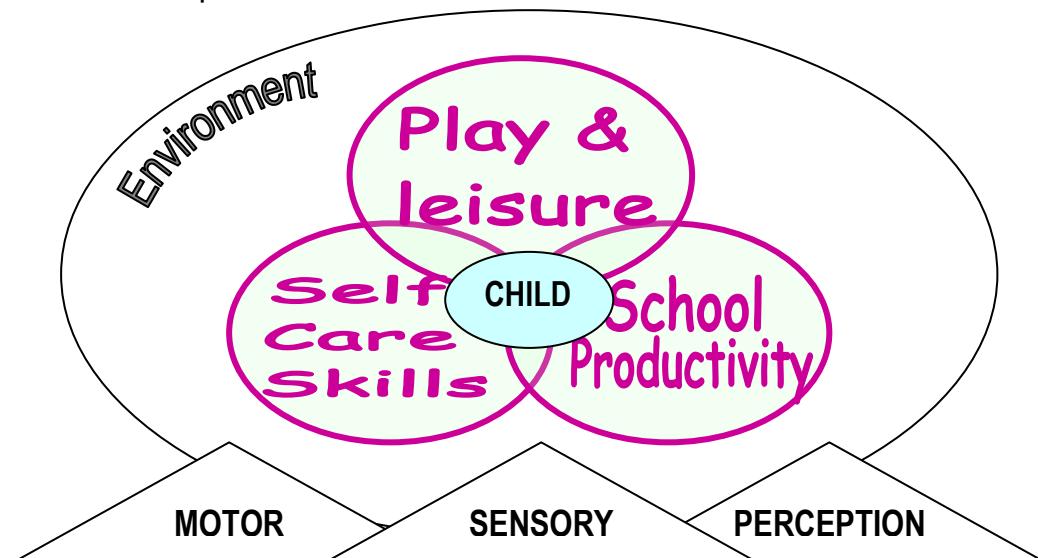
Including links to further resources such as the resource finder tool and our everyday living checklist designs specifically for SENCo's to support the process of when to refer.

If after discussion with our therapy team or use of the checklist you need to precede with a referral please visit the following page for more information.

<https://www.childrenshealthsurrey.nhs.uk/services/one-stop>

Referral Information for Paediatric Occupational Therapy

It is the desired outcome of the Paediatric Occupational Therapy Service to support young people to improve their functional performance for activities of daily living, leisure, and educational tasks within their environment. The active involvement of parents, carers, and educational staff is an essential part of this client centred practice.



Reason for referral to Occupational Therapy:

Referrals will be accepted for *assessment of specific functional skills* where *physical, sensory, or perceptual skills* are impacting on the child's functional performance. Functional areas include self care, play, and school productivity.

NB: Referrals will not be accepted when functional difficulties are not specified or when they are in keeping with the child's developmental stage or diagnosis.

Information required for referral to Occupational Therapy:

- **Complete all sections on the Child Health Referral Form**
- **Describe the functional difficulty** e.g. functional problems in areas such as self care (dressing, toileting, eating), productivity (school work, organisation of self and tasks, hand use) and leisure (access to play and interests).
- **List and describe any concerns you have about underlying problems that may be affecting the functional skill** e.g. concerns around motor skills, sensory processing, perceptual skills.
- **List any strategies or approaches you have already tried from this pre-referral OT resource pack.**

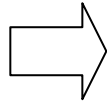
PROBLEM SOLVING STRATEGIES

SELF CARE: FEEDING

Problem

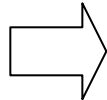
Strategy

Child cannot maintain a symmetrical posture with head in upright/forward looking position.



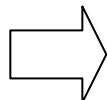
- Use special seating as advised by the therapist for the child.
- Consider layout of the environment and position of carers to stimulate child from the front; sit opposite the child, food and drink should be in front of them on their tray / table, reduce distractions that may cause them to turn to the side.
- Ensure child has feet flat on a stable surface (**foot rest** / floor)

Child has difficulties maintaining attention to task; is distractible.



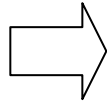
- Reduce visual distractions (e.g. wall decorations, items of interest, turn child away from distractions)
- Sit child on a chair facing away from distractions
- Use visual cue cards for directing the child to the task
- Praise “good looking”
- Use auditory cues to guide child’s attention to their food – tap bowl with spoon
- Wait for the child to initiate each stage of feeding; don’t put food in their mouth when they are not ready.

Get’s upset/ doesn’t cope well in the noisy / busy lunch hall environment



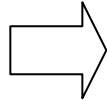
- Reduce distractions and stimulation where possible
- If possible stagger the lunch break for a quieter session
- Give the child somewhere quiet to sit in the hall – on the edge / away from excessive noise / smells.
- Use a **weighted lap pad** on the child’s lap (no more than 5% of body weight); see equipment list.
- Prepare child before hand; use calm down techniques / quiet time before lunch. Listen to quiet music. Put a blanket on the child’s shoulders as if for a cuddle.
- Use calm down time after lunch; quiet space, heavy blankets, quiet music.

Child has difficulty holding cutlery.



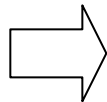
- **Use large handled cutlery**
- Use a **cutlery hand strap** to help maintain grasp
- Do hand warm up games prior to eating; clapping games, pat-a-cake, rub hands together.
- Do other hand function games with tools during play; mixing / pouring / stirring rice or water. Use paint brushes. Opening and closing containers.

Child has difficulty loading cutlery.



- Use a **shallow spoon**.
- Use a **plate guard, sloped plate or lipped bowl** to prevent food slipping off the edge; see resources.
- Use hand over hand; work towards withdrawing support as much as possible.
- Make sure the child is watching what they are doing.
- Provide opportunities to handle tools in play e.g. scooping rice / pasta / water.
- Use **dycem** under the plate or bowl.

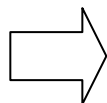
Child has difficulty bringing cutlery to mouth



- Guide the movement of the cutlery to the child's mouth by supporting under their elbow. Reduce the level of help / support as the child becomes more able.
- Use an **angled spoon or fork**.
- Play body awareness games / actions songs – touching face and mouth prior to eating.
- Involve the child with wiping face and mouth with a cloth.

Doesn't use two hands

Unusual sensory responses e.g. poor tolerance of textures on / around face, or shows poor awareness of food in mouth



- Give help through hand over hand.
- Do not use light touch around the mouth; use firm touch e.g. for wiping face.
- Do not wipe cloth across mouth; instead use firm dabs
- Consider referral to Occupational Therapy and / or liaison with Speech and Language Therapy.

If the child continues to have functional difficulties that are in excess of their developmental stage or medical diagnosis consider making a referral to Occupational Therapy.

For all feeding issues where safety, swallowing, or oral motor skills are a concern refer to Occupational Therapy and/or Speech and Language Therapy.

Resources

- Feeding equipment – see sheet attached.

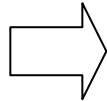
PROBLEM SOLVING STRATEGIES

SELF CARE: DRESSING

Problem

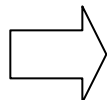
Strategy

Child has difficulty maintaining attention; is distractible / won't stay in one place



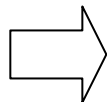
- Reduce visual distractions (e.g. wall decorations, items of interest, turn child away from distractions)
- Sit child on a chair facing away from distractions
- Use a hoop for the child to sit in if changing on the floor
- Use visual cue cards for directing the child to the task
- Praise “good looking”
- Rest your hands down on the child’s shoulders to provide deep touch pressure, count to 10 then release
- Try putting a **weighted lap blanket** on the child’s lap, or a **weighted snake** around their shoulders (no more than 5% of the child’s body weight)

Child has difficulty maintaining attention; appears switched off



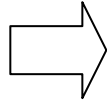
- Help child to carry out wake up activities e.g. stamp feet, rub and clap hands together, rub face with hands
- Use visual cue cards for directing the child to the task
- Use “wake-up” music in the background or sing an action song before changing clothes
- Have the child sit on a **Move and Sit cushion** (if they are able to balance safely). Please note the Move and sit cushion should only be half inflated to allow the child movement.

Child doesn't look at what he/she is doing



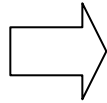
- Reduce visual distractions in the environment
- Give prompt and praise for “good looking”
- Touch / tap the item they should be looking at – to guide their visual interest
- Wait for the child to look at the item before initiating any assistance with it
- Try using clothing of contrasting colours
- Use visual cue cards for directing the child to the task

Child dislikes the feel of labels or certain fabric textures



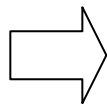
- Remove labels from clothing
- Adapt variety of textures worn; avoid prickly textures or clothing with irritating collars / cuffs
- Explore a variety fabric textures in play (smooth, crinkly, soft, rough, woolly)
- Use deep touch pressure when physically helping the child; avoid light touch which can be more tickly and alarming
- Prepare the child first; rest your hands on their shoulders, use slow firm movement down their arms and back of hands.
- Change in a calm and quiet area and talk the child through the activity of dressing; tell them what is happening next

Child puts clothes on in the wrong order



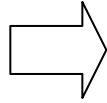
- Use visual cue cards for the order to put clothing on in **(visual schedule)**
- Lay the clothing out in correct order
- Ask the child “what’s next?”
- Learn the sequence by using a song

Child can’t organise clothing onto their body



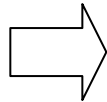
- Play peep-po games for pushing body parts through clothing
- Use labels / pictures / features on the clothing to help reinforce the right way round
- Lay clothing down (e.g. t-shirts face down) for the child to put on
- Body awareness games can be helpful e.g. rolling, jumping, soft play, crawling, obstacle courses, simon says
- Use a mirror to check clothing once dressed
- Use a backward chaining approach (see Life skills sheet)

Child has difficulty grasping clothing



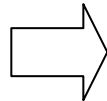
- Use hand over hand techniques to help child initiate the action
- Work on grasp and hand strength through fine motor activities; playdough, opening containers, pulling Velcro apart, games with clothes pegs, opening cloth bags to retrieve items from inside, mixing/ pouring/ stirring games
- Role play – dressing up dollies
- Dressing up games, pyjama parties, use aprons or large shirts in craft activities

Child has difficulty with fastenings



- Use large buttons or toggles
- Attach a key ring toy to the zip puller to make it easier to grasp
- Practice fastenings on a button bag, zipped pencil case, cloth bags with poppers / Velcro
- Consider removing fastenings and replacing with Velcro
- Use hand over hand / back chaining teaching strategies
- Fine motor activities; threading, lacing, posting pennies, peg boards.

Child has difficulties balancing while dressing



- Provide a stable chair with arm rests or a bench for the child to sit on.
- Sit on the floor with back to the wall for stability.
- Do balance games as part of PE / play.

If the child continues to have functional difficulties that are in excess of their developmental stage or medical diagnosis consider making a referral to Occupational Therapy.

Resources

- Life skills sheet- see resources section

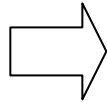
PROBLEM SOLVING STRATEGIES

SELF CARE: TOILETING

Problem

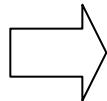
Strategy

Unable to get on/off the toilet



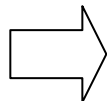
- Use the rails available in disabled toilet
- Use a child's step/stool to help climb up/down (available from Mothercare)
- Practise stepping on/off/over steps and equipment in PE

Unable to sit and balance on the toilet



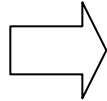
- Use the rails available in disabled toilet to hold onto
- Use child's step/stool to place feet on (available from Mothercare)
- Try a trainer seat or comfy trainer with handles (available from Mothercare)

Difficulty managing zips and buttons on clothing



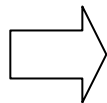
- See dressing section
- Practise unbuttoning before doing buttons up
- Practise with large chunky buttons and loose button holes
- Practise unzipping before zipping up
- Use backward chaining techniques to practise fastenings
- Practise at other times of the day via dressing up/changing for PE etc to avoid having 'accidents'
- Tie a loop of cord or string onto the zipper if difficult to grasp the small handle
- Provide hand over hand assistance to ----- one hand stabilise and the other pulls/engages zip
- Practise coat zips before trouser zips

Difficulty pulling up/pulling down clothes



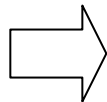
- See dressing section
- Practise via dressing up, changing for PE etc when there is no time/pressure to avoid 'accidents'
- Practise whilst sitting on the floor, then progress to sitting on a chair with feet on the floor
- Use backward chaining approach
- Practise pulling down first before working on pulling up
- Practise with large trousers or pyjama bottoms with elastic waistbands
- Practise when there is plenty of time with simple clear instructions
- Refer to Occupational Therapist

Difficulty knowing when they need the toilet/indicating they need the toilet



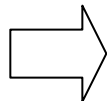
- Toilet at regular intervals and use a visual timetable
- Refer to school nurse/community nurse as appropriate

Difficulty tearing toilet roll



- Use wet wipes or tissues
- Practise tearing tissue and kitchen roll via cookery and art activities

Difficulty wiping self



- Use wet wipes
- Use clean, simple instructions
- Ensure child feels safe on the toilet i.e. has a rail to hold on to if needed
- Allow plenty of time to practise
- Use backward chaining technique i.e. wipe child first before

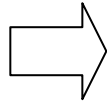
PROBLEM SOLVING STRATEGIES

PRODUCTIVITY: HAND USE WITHIN CLASS

Problem

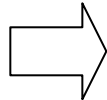
Strategy

Difficulty picking up small or flat objects e.g. PECS cards, turning pages of a book.



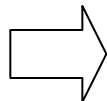
- Practice with larger items then work smaller.
- Initially ensure symbols are mounted so raised from surface.
- Use 'birdy beak' or 'crocodile' to describe pincer grip.
- If child is able get them to hold a marble/ similar sized object in the palm of their hand whilst using thumb and index finger to pick up objects.

Holding things still during an activity.



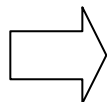
- Try **non-slip matting/ dycem** under paper or object to assist in stabilising; see equipment list
- Prompt to stabilise objects grading whether physical or verbal prompts needed.

No clear hand preference (ie for switches, cutlery, pencil)



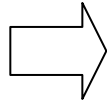
- A typically developing child would not establish clear dominance until 5 years old.
- Place object in the middle and allow the child to make the choice.
 - Where possible place yourself in the middle.

Unable to open and close scissors



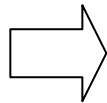
- Try **self opening or spring loaded scissors**; see equipment list

Difficulty maintaining grasp
and operating scissors



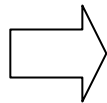
- **Easy grip or long loop scissors**
- Right handers move anti-clockwise; left handers clockwise
- Moving supporting hand
- 'Thumbs up' approach

Holds pencil with immature
grasp



- Large or triangular pencils/pens, eg. Marker/ whiteboard pens
- Use of **pencil grips**; see equipment list

Formation of shapes/ letters/
numbers



Multisensory approach:

- Draw the letter on the child's body and ask them to identify it.
- Motivate by including auditory noise (eg. 'zip', 'whoosh') when drawing a line.
- Imitate first so child can follow rather than copying pre-drawn formations.

Resources:

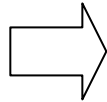
Equipment list

PROBLEM SOLVING STRATEGIES

PRODUCTIVITY: SEATING & POSITIONING

Problem

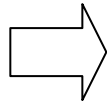
Chair too high for child i.e. when sat back in chair feet do not rest flat on the floor



Strategy

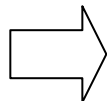
- Use **foot step**; see equipment list for details
- Good posture involves the child sitting with their feet flat on the floor and directly under their knees. Their hips, knees and ankles should be at 90°.

Table too high for a child i.e. cannot rest forearms on tabletop without elevating shoulders or elbows



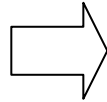
- Use lower table when possible
- Provide a firm cushion if height needed is minimal
- Provide a higher chair and possibly a **foot step** if feet not flat on the floor (child must be able to transfer independently into and out of chair and be able use the back support)

Child leans excessively over table even with chair pulled sufficiently in towards table and feet are resting flat on floor.



- Try **posture pack** which consists of a wedge cushion and a sloping board; see equipment list for details.

Child is unable to maintain a functional or an upright sitting position when sat on the floor or on a standard class chair



- Please consult the Occupational Therapy Team

Wheelchairs: any wheelchair related enquires need to be taken directly to the child's local wheelchair service by parents or the school.

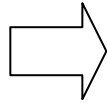
Classroom Chairs: some children may have an additional chair they use within class to facilitate them accessing curriculum or functional based tasks. These chairs are funded by education but will be prescribed, monitored and adjusted by the OT linked with the school.

PROBLEM SOLVING STRATEGIES

PRODUCTIVITY: ENGAGING IN TASKS

Problem

Child excessively touches objects or people compromising attention and function.

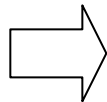


Strategy

- Carry out a couple of *deep pressure* or *heavy work* activities from the 'Ready to Learn' activities sheet (in appendices) during transitions or prior to activities requiring focus
- Carry out Touch Strategies (seeking) sheet in appendices
- Allow access to a box or bag of fidgets e.g. **tangle toy, squeeze balls, putty**. The child may need to manipulate fidgets whilst trying to attend to a task or visual/auditory information

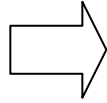
Strategies not to be used on those with complex medical conditions e.g. epilepsy without consulting the Occupational Therapy Team.

Has difficulty standing in line or close to others, appearing irritable or fearful?



- Carry out Touch Strategies (avoiding) in appendices

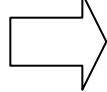
Child excessively seeking movement e.g on chair, that compromises attention and functions



- Allow regular *movement* or *rhythm* breaks from the Movement Strategies (seeking) sheet in appendices always followed by a couple of *deep pressure* or *heavy work* activities from the 'Ready to Learn' strategy sheet (in appendices). Try to incorporate activities during transitions or prior to activities requiring focus.
- Use a **Move and Sit cushion** or **weighted lap/neck snake** whilst sitting on a chair or the floor to aid attention; see equipment sheet for details.

Strategies not to be used on those with complex medical conditions e.g. epilepsy without consulting the Occupational Therapy Team.

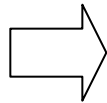
Child appears sluggish; has poor visual / auditory attention; and/or decreased awareness of pain/ temperature/ hands being dirty



- Allow regular *movement* or *rhythm* breaks always followed by a couple of *deep pressure* or *heavy work* activities from the 'Ready to Learn' strategy sheet (in appendices). Try to incorporate activities during transitions or prior to activities requiring focus.

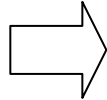
Strategies not to be used on those with complex medical conditions e.g. epilepsy without consulting the Occupational Therapy Team.

Child is distracted or overwhelmed by noise e.g. holds hands over ears in noisy places



- Wherever possible prepare the child before loud noises eg. Bell ringing.
- Make sure that a quiet area is available in the playground.
- Provide headphones if this enables the child to engage more fully in the playground.

Mouths or chews objects
including clothing
compromising attention and
function



- Use Strategies to Fulfil a Child's Drive for Mouthing Toys (in appendices)
- Remember to consider the child's developmental level as it may still be appropriate for mouthing to occur.

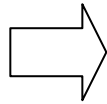
Children who do not respond to the strategies above, who have a mixed presentation or complex medical condition(s) need to be discussed with the Occupational Therapy Team to determine whether a referral is more appropriate.

PROBLEM SOLVING STRATEGIES

PLAY

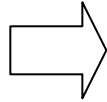
INDOOR PLAY

Displaying repetitive play



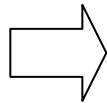
- Encourage a range of activities.
- Copy the child's play and then try to encourage them to copy you (intensive interaction).

Avoids getting "messy",
e.g. paint/glue?



- Carry out Touch Strategies (avoiding) in appendices

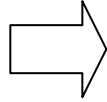
Prefers sit down play



- Use Movement Activity Sheet (avoiding) in appendices

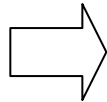
OUTDOOR PLAY

Appears defensive to noise in the playground.



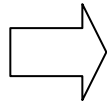
- Wherever possible prepare the child before loud noises eg. Bell ringing.
- Make sure that a quiet area is available in the playground.
- Provide headphones if this enables the child to engage more fully in the playground.

Dislikes activities with head upside down. Becomes anxious when feet leave the ground, e.g. on play equipment. Avoids bumpy or uneven ground.



- Use Movement Activity Sheet (avoiding) in appendices

Struggles to calm down on return to class.



Use deep pressure activities

Use 'Ready to learn' activities sheet (in appendices)

Weighted lap/neck snake or wheat cushion

TOUCH STRATEGIES: AVOIDING

The child with tactile sensitivity may have difficulty screening out touch sensations that most people are barely aware of, for example, the feel of a label in their clothes. They may subsequently have difficulty shifting their attention to other sensations like the sound of a human voice, because they are so overwhelmed by messages about touch. New tactile experiences may stimulate adrenaline as a stress reaction.

1. Think about your interactions with the child, use firm touch when interacting with child:
 - Light touch is alerting and can be irritating
 - Deep pressure or firm contact is calming- e.g. hugs or massage
2. Approach child from within their visual field.
3. Tell the child when you are going to touch them. Always touch firmly and without moving your hands.
4. Define child's space during carpet time/assembly by using carpet square or hoop.
5. Prepare child for activity by providing a visual cue.
6. Before activities, provide deep pressure into the palms of the hands, such as firm clapping or "high fives".
7. Provide access to dry weighted sensory play materials (rice, sand, beans). Hide preferred toys/objects in sensory play materials. This will also help build up discriminatory touch "Squish" hands before and during.
8. Gradually introduce new experiences such as messy play with gentle encouragement. Use messy materials that provide resistance, e.g. dough mixtures, putty, etc. Consider use of a tool, e.g. paintbrush, rather than finger paint, or wearing gloves during messy activities to enable the child to participate more fully.

9. Allow child to direct tactile input. E.g when using finger paints, the child can dictate how long the session goes on for and how much paint they get on their hands and allow them to wash hands afterwards.



10. Consider an area of classroom for the child to have 'time-out' e.g. corner with cushions to gain deep pressure input which is calming.

11. See 'Ready to Learn' activity sheet also.

TOUCH STRATEGIES: SEEKING

1. Provide a variety of touch experiences in class
2. Give child a fidget toy which can be attached to the child's clothes so it is always close at hand
3. Rub the child's hands with massage lotion
4. Have the child play while lying down on their tummy, propped up on elbows – then their whole body gets firm touch from the floor.
5. Vibration can often be calming. Try battery operated massagers or vibrating cushions for short periods as a calming strategy
6. You can try weighted cushions - fill a cushion with weight e.g dried rice approx 10% of child's weight and place in child's lap when in class
7. Plasticine Activities - Pulling, stretching, pinching, squeezing, rolling.
8. Squeeze and pull theraputty
9. Use clay instead of playdough.



STRATEGIES TO FULFIL A CHILD'S DRIVE FOR MOUTHING TOYS:

Children who are developmentally delayed commonly mouth objects this is in line with their development and not necessarily an indication of a sensory difficulty.

- Recognise that the child has a strong drive for mouthing items and **REPLACE** unsafe items with safe items to mouth/chew.
- Give the child access to a selection of **oral motor toys** to mouth/chew when the child is seeking to mouth.
- Build in **oro-motor activities** into the day to provide the child with some of the oral sensory information s/he seeks without mouthing objects
- At Mealtimes build in **foods and drinks** which provide increased amounts of oral sensory information which is what the child is seeking.

Oral Motor Toys:

- Vibrating teethers
- Teething rings
- Chewy Tube
- Thera-band Tubing

Oro-Motor Activities

- Balloons
- Blowers
- Bubbles
- Cotton Wool Balls
- Harmonicas, Kazoos and Blowing Instruments
- Sports Bottles
- Straws – long, short, thin, wide, silly



Foods which provide increased information for the mouth

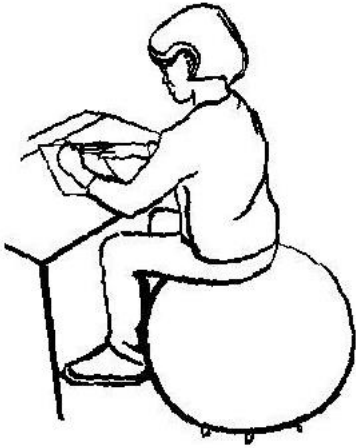
- Foods which have interesting textures eg chewy (meat), crunchy (carrots, celery),
- Foods with alerting and strong flavours – sour, mint
- Foods which are different temperatures – cold, ice
- Using straw or sports bottle for drinks
- Sucking thicker drinks through a straw

(before using food as a therapeutic intervention check there are no medical Contraindications – such as unable to tolerate solids)

MOVEMENT ACTIVITIES: AVOIDING

1. Encourage linear (forward and back movements) rather than rotation which will be easier to tolerate. E.g. Sit with child on platform swing so that you can limit how much movement there will be. Distract child by using favourite toy on swing. Avoid movements such as tilting child backwards in space, e.g. to lie them down. This can be threatening.
2. Encourage child to choose activity to increase participation
3. Start with low to the ground playground equipment as these children fear off ground activities
4. Provide firm touch can help a child feel secure, for example place hand on child's shoulders whilst sat on swing
5. A game involving something they enjoy, e.g. music or song may help child tolerate movement.
6. Body pressure – teach child to sit on the floor with knees bent up to chest, arms around knees and then squeeze themselves very tightly. The same thing can be done sitting on a chair.
7. “Time out” space, ideally enclosed quiet space (large box/pop-up tent) with beanbag chair inside is good escape from too much stimulation – child may enjoy lying over or under beanbag more than sitting on it.
8. Weighted lap snake – on lap or wrapping around shoulders too (see equipment list).
9. Listen to soft and rhythmic music whilst using movement. Mozart and Vivaldi are thought to be calming and conducive to learning.
10. Reduce noise and light levels.

MOVEMENT ACTIVITIES: SEEKING



-
1. Use move n sit cushion or sit on therapy ball for child to sit on for certain lessons
 2. Limit time expected for child to sit still and use frequent movement breaks to give the child the input that they are seeking, e.g. take register to front desk, walk around playground, change of position in class etc
 3. Use change of positions such as working whilst standing at white board/ lie on tummy on floor to do drawing
 4. Use movement activities suggested below alongside 'Ready to learn' activity sheet attached which will give the child movement but wont send them hyperactive
 5. Therapy Ball - Child lies over ball on their tummy and puts weight through straight arms. Rock the child gently forward and back holding onto their legs. This is a good activity as it combines movement and deep pressure feedback to their muscles and joints.
 6. Pushing exercises (e.g. pretend to push over the wall or push hands together in a 'prayer position', hands on chair to lift bottom off seat, push hands against a partner, push into a large gym ball)

- 7.Walk quickly/ run an errand
- 8.Run up and down steps
- 9.Do resistive exercises such as pulling stretchy bands such as theraband,
- 10.Jump up and down or try to touch a door frame: repeat until you are tired
- 11.Use swings in playground at break times
- 12.Stand on wobble board and throw things to a target
- 13 .Bounce up and down on therapy ball or space hopper for short time, e.g. 5 bounces
14. Log roll on mats or in play barrel
- 15 .Scooter board: Sprinklers - propel self around in circle on the spot
16. Use of soft play activity for a 'movement break'

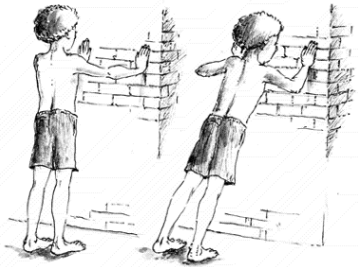
Strategies not to be used on those with complex medical conditions e.g. epilepsy without consulting the Occupational Therapy Team.

Please monitor any adverse reactions to movement (dizziness, nausea)which can indicate that the activity was too much for the child and do not do any further activities from the programme without consulting the Occupational Therapy Team.

'READY TO LEARN' ACTIVITIES

1. Play resistive games with children with the ability to do so:

Standing with elbows straight, shoulders forward, push against the wall or a partner with open hands. Gradually increase the resistance. Repeat using one hand. Swap over so your child pushes you.



2. Chair push ups

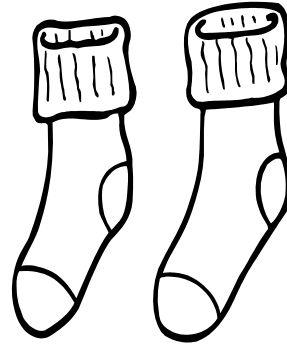
Sitting in chair, place palms on each side of seat, push down and aim to lift your bottom off chair. He/ she may not be able to get his bottom off the chair, this does not matter as it is more about the sensory input going through the arms. Hold position for as long as he can- get him to count and aim to slowly increase the amount of seconds over a few weeks; aim for him to get his feet off floor, as this means he will put more weight through his arms. Repeat several times



3. Play statue games involving maintaining arms out straight such as follow the leader
4. Use scooter board to propel themselves around hall
5. Play on any play equipment that involves the child holding their own body weight such as swings, ropes, monkey bars and adventure playgrounds.
6. Play jumping jacks by jumping into a star position from crouching if possible.
7. Play 'tug of war' with theraband or rope
8. Vibration – use vibrating wiggle pen (see equipment list)
9. Take movement breaks to stand up and stretch between classroom activities.
- 10 Marching from one room to another.

LIFE SKILLS

Dressing skills strategies:



Key points when teaching dressing skills

1. Undressing is easier than dressing therefore begin with this.
2. Success is important therefore begin with easy steps, avoiding difficult fastenings, tight clothes, lots of layers.
3. Dressing should not be seen as a chore. Try to keep it fun with rewards for carrying out skills e.g. undressing to have a bath or to go swimming, dressing up, dressing toys.
4. Allow plenty of time - do not rush.
5. Follow same sequence/routine when undressing/dressing and place clothes in neat pile e.g. undressing - begin from head to toe, dressing - reverse order starting with socks, working upwards.
6. Tackle one step at a time and give help when needed with other steps of the task e.g. putting on a sock may need to be broken down into putting sock over toe, then heel and then pulling up.
7. Try not to watch "all the time" - the child may do more when left alone.

Method of teaching

Two main ways:

a) **Forward chaining**

This means the child starts the task e.g. putting on sock and adult helps with later stages the child cannot achieve. Child needs to be motivated to begin him/herself.

b) **Backward chaining**

Here, the adult begins the task with the child only doing the last step. Gradually the adult does less so the child has to perform more steps. This child always gets the reward of finishing the task e.g. adult picks up jumper, places over child's head, helps put arms through, but the child pulls it down. Always go at the child's pace and give lots of reward.

CLOTHES

1. Use "loose" fitting lightweight clothing. Avoid lots of layers and difficult fastenings e.g. tracks suits, sweatshirts.

2. Use side neck holes and wide sleeves to make it easier to locate these. Cuffs can be elastic or have a button attached with elastic thread so it stretches open when put on.
3. Use elastic waistbands on trousers and shirts if buttons and buckles are difficult.
4. Velcro/zips can be used instead of buttons or buckles e.g. on coat/shirt use velcro and sew buttons on top flap, use toggles on a coat or cardigan, attach curtain ring, thread or buttons to zip to aid gripping.
5. To avoid shoelaces, velcro fastenings, elastic shoelaces or slip on shoes can be worn to begin with.

POTENTIAL PROBLEMS

1. Poor balance

Suggestions

Sitting child on chair or bed with feet supported - sitting on floor is easier to reach feet then bending down to feet. Sitting against a wall or in the corner of room. Standing with chair/wall for support.

2. Child not gripping clothes to pull on/off

Suggestions

Use adult hand over child's hand to grip underneath adult's fingers. Roll up clothing to create "more" to grip e.g. roll up edge of jumper before putting on. Put elastic around waists or cuffs to ease gripping. Use quoits, placing over arms/legs as a game, pulling them off with other hand. Use hoops to step into and pull up over body.

3. Child loses arm and head holes

Suggestions

Lay clothes flat in front of the child with arms showing. Place arms into garment first so they cannot be lost. Then put head in.

With coat

- a. Drape coat over back of chair with lining facing outwards and sleeves freely hanging. Child stands with their back to the lining and puts each arm in turn into the sleeves. Child bends down to fit shoulders and then moves up and away to release coat.
- b. Place coat open, collar nearest child, lining uppermost. Child slides arms into sleeves and swings coat overhead. Use slippery silky linings to make it easier to put coat on/off.

4. Child puts clothes on inside out

Suggestions

Use contrasting linings - different colours and textures from outside to inside. Use contrasting sleeve linings from rest of lining. Draw child's attention to this if wrong way around. Use labels inside clothes. Wear T-shirts, sweatshirts that have a picture on front.

5. Child puts clothes on back to front

Suggestions

Lay garment flat down on table, front down. With bottom edge rolled up to give a good grip and to reveal special mark on the inside, bottom, front, to indicate the front of the garment. There can be a different mark for the back. Use patches, textures for front and back and right and left sides.

6. **Child twists sock heel to front of the foot**

Suggestions

Do not use tight socks. Use marked coloured toes and heels. Use loop on back edge of sock for child to hold as pulls up sock. Mark top of sock with ribbon threaded through. Use tubular socks if child gets frustrated.

7. **Child finds buttons difficult**

Suggestions

Undoing is easier on someone else's clothes. Larger buttons, working down to smaller ones. Use pockets with rewards inside. Practise out of undressing times.

8. **Child finds untying shoelaces difficult**

Suggestions

Mark ends of laces with beads or coloured threads and make longer than bows. Use different ribbons on packages to be untied with "surprise inside".

EQUIPMENT LIST

Feeding Section

Item	Suppliers Suppliers listed are known to sell these items. Other sources may be available.
<p>Weighted Lap Pad</p> 	<p>www.rompa.com</p>
<p>Weighted snake</p> 	<p>www.specialneedstoys.com</p>
<p>Angled cutlery</p>  	<p>www.homecraft-rolyan.com</p> <p>www.nrs-uk.com</p>
<p>Large handled cutlery</p> 	<p>www.nrs-uk.com</p>

Sloped plate / Manoy Plate



www.homecraft-rolyan.com

www.nrs-uk.com

Dycem non-slip mat
-Comes in various colours, either as a single mat or on a reel.



www.homecraft-rolyan.com

www.nrs-uk.com

Plate guard / Plate Surround



www.homecraft-rolyan.com

Cutlery hand strap / Paediatric plastic base utensil holder



www.homecraft-rolyan.com






Junior Caring Cutlery



www.nrs-uk.com

Dressing Section

Item	Suppliers Suppliers listed are known to sell these items. Other sources may be available.
Weighted Lap Pad 	www.rompa.com
Weighted snake 	www.specialneedstoys.com
Movin'sit Junior cushion 	www.therap-ease.co.uk Epsan Sports & Therapy <ul style="list-style-type: none"> - 01299 829213 - epsanuk@btconnect.com
Productivity / Hand Use in Class	
Item	Suppliers Suppliers listed are known to sell these items. Other sources may be available.
Dycem non-slip mat -Comes in various colours, either as a single mat or on a reel. 	www.homecraft-rolyan.com www.nrs-uk.com

<p>Spring loaded scissors</p> 	<p>www.yellowmoon.org.uk</p>
<p>Easi-Grip scissors</p> 	<p>www.specialdirect.com</p>
<p>Large Triangular Pencils / Hand Huggers</p> 	<p>www.specialdirect.com</p>
<p>Pencil Grips</p> 	<p>www.specialdirect.com</p>
<p>Self-Care : Toileting</p>	
<p>Item</p>	<p>Suppliers Suppliers listed are known to sell these items. Other sources may be available.</p>
<p>Step stool</p> 	<p>Mothercare www.gltc.co.uk</p>
<p>Trainer seat</p>	<p>High street retailer : such as Mothercare / boots</p>



Seating and Positioning

Item

Suppliers

Suppliers listed are known to sell these items. Other sources may be available.

Foot box/step

Adjustable height bath step



www.homecraft-rolyan.com

Posture Pack



www.backinaction.co.uk

Movin'sit Junior cushion



www.therap-ease.co.uk

Epsan Sports & Therapy

- 01299 829213
- epsanuk@btconnect.com

Weighted Lap Pad



www.rompa.com

Productivity– Engaging in tasks

Item	Suppliers Suppliers listed are known to sell these items. Other sources may be available.
<p>Fidget toys :</p> <p>Texture tangle</p> 	<p>www.specialdirect.com</p>
<p>Movin'sit Junior cushion</p> 	<p>www.therap-ease.co.uk</p> <p>Epsan Sports & Therapy</p> <ul style="list-style-type: none"> - 01299 829213 - epsanuk@btconnect.com
<p>Weighted Lap Pad</p> 	<p>www.rompa.com</p>
<p>Chewy tubes</p> <p><u>Yellow</u> = smooth, suitable for 9-10 month old infants</p> <p><u>Red</u> = suitable for toddlers and older children</p> <p><u>Green</u> = firm tube with knobbles, suitable for children who like to chew very hard.</p> 	<p>www.kapitex.com</p>