

Level II. Evaluation results:

Total 38: 14 new to pediatrics and wanted this course because all the parents want their child to walk and many came from adult backgrounds but no peds backgrounds; 1 new grad; 13 taken level I

1. Yes, I've got it
 - a. Side pickup and carry for strengthening neck and trunk
 - b. Had infant with extremely unusual tone; floppy in any flexed body position: taking child through the mvt sequences worked well and made sense
 - c. Little boy with spina bifida not moving between pos. can use lift, carry, set down
 - d. Child with possibly CP, very bad extension; worked on lift, carry, sdy positions
 - e. Carrying position at angle not upright
 - f. Importance, sig of self-reg; cues from baby; positioning/handling to help; listening to parents and family concerns; keep it simple; not overwhelm with ++ info
 - g. Using play to stretch
 - h. Holding my own son in the mirror and tilting him side to side and watching the head righting
 - i. Young child with hemi CP bum shuffling; parent bought in worked hard on 4pt crawl and now walking indep
 - j. Working with infant with CP; her challenges with movement
 - k. Importance of developing adequate strength esp in core in order to facilitate progression through developmental transitions
 - l. Using one finger to cue a child to move a certain way
 - m. When devel aspect second to cardio respiratory; or acute care needs
 - n. That family goals are so important and especially for me to know when setting activities
 - o. Swaddling to help organize a baby for feeding; family interview
 - p. Carry positions really work; parents have not difficulty incorporating into days; been able to modify to fit different therapeutic activities

2. No, I'm stuck
 - a. Parents want child to walk fwd in Pony walker, but child only goes backward
 - b. Often stuck getting self-reg esp parents have tried swaddling ad nauseum, etc**
 - c. Low tone child; diff getting parent to work with me on strength activities to benefit fine motor as well as gross motor
 - d. 10 year old with severe athetoid mvt and no previous RX, where do I start and go?**
 - e. Leaning at mirror; parent taught me step now I will use a stool
 - f. Transitions mvt for kids who love to stand/walk/cruise but have poor floor mobility; children who hate prone
 - g. How do you **motivate families for the 'home' work**
 - h. Recent client with significant athetoid CP-no services entire life-where to start?
 - i. Infant with torticollis; seen by prev.PT unsuccessful in getting mom to do stretches; should have used carry stretch, positioning
 - j. Stuck on same infant as J. above
 - k. Progression through transitions when child is stuck at a certain point

- l. How to use functional mvt to elongate muscles
 - m. How to help mom and baby with SMA for developmental play ideas esp. with positions to challenge and support balance when has neuromuscular problems.
 - n. When young children are late crawl/walk and how to keep parents engage when their big goal is met
 - o. How to encourage appropriate methods for parent force feeding child; throws up; creating a poor relationship between parent and child
3. One thing to take away and use on Monday
- a. How to engage parents once their child has started walking; new suggestions
 - b. Looking fwd to work with child upright, esp. as part transdisciplinary teams
 - c. Understand assessment better-improve observation; learn ways to get parents to be more active as team members
 - d. Build on level I on how to progress kids in upright
 - e. Hip girdle strength; abdominal facilitation/activation in prone
 - f. Learn techniques to be more effective in engaging parent and child
 - g. How to help parents be engaged in child's therapy
 - h. More holistic approach to movement; how everything works together
 - i. Improve my ability to help parents help their child reach their goals
 - j. Better understanding of family-centered practice i.e., practical applications vs. theory
 - k. Introduction different ways to use functional movement
 - l. Older kids prone is reinforcing nasties; no passive stretching
 - m. Want to treat my torticollis kids without stretching!!!
 - n. Classification of musts and nasty; strengthen to actively stretch
 - o. Have taken previous; interesting in new ideas and insights

Day Two: Best, most diff

- 1. Best:
 - a. Simple: strong gastroc; active feet;
 - b. ONE visit to set up properly; critical**
 - c. Use enjoyable recreation
 - d. Focus on strengthening vs stretching through active play; relation to feeding
 - e. **Watching EYES, HANDS, MOUTH while** move to Ax how responding
 - f. Substitute stretching with active, function mvt like stairs, boxes, inclines
 - g. Functional; strengthening vs stretch; prone enhances nasties ++
 - h. Using active elongation vs passive stretch+
 - i. The same
 - j. Jenny story (Just being kids tape); review of must have and nasty mm
 - k. Key mm to strengthen; positions to avoid; importance eliminating extension ++
 - l. Sleep cycles; self-reg; 50% of kids I see are school age with Autism or FASD/ADHD and don't have good sleep cycles and aren't good regulators; rarely do I address sleeping
 - m. How to implement no passive stretching with therapy aids

- n. Missed level one so lost on lifts and carry
- o. Not strong in L/E anatomy; lift, carry; translating active stretch to very involved****
- p. Reviewing normal kids and how parents worked with them
- q. Importance of self-regul role in routines & dev; and verbalizing this
- r. **Must haves and nasties ++**
- s. Interview was a hit!
- t. **Pushing prone in older not necessary; find parents not too worried and say child is happier sitting or standing supported- more age appropriate
++++**
- u. Highlighting motivation in RX and use everyday routines/play to achieve goals\
- v. Prone; strengthening
- w. Incorporating transitional movements into daily routines
- x. Using an incline to stretch gastroc and to strengthen
- y. How iliopsoas extends lumbar spine; all about strength of LE mm to deter tightness

2. Most difficult

- a. ?
- b. Family motivation ++ esp. once walk
- c. Knowing when to persist with a particular skill
- d. **The 6 positions; did not take level I**
- e. Let go of stretches and be creative enough to work on antagonists actively +
- f. Opening up to the possibility of eliminating 'tools' in my box I'm using
- g. Links between gross and fine motor or no links +no link prone to hands
- h. System of observation skills
- i. Difficulty putting pieces together
- j. Struggled to pick up all aspects of normal kids and how parents followed cues
- k. Grasping concept of 'no' actual stretching to having it done functionally +++
- l. To be able to apply this to school age children who are way behind peers; but using age-appropriate activities to be done in school without 1:1 support +
- m. Role as therapist and sleep; without training and controversy around methods are we qualified and if we don't do this who will? **Still trying to make decisions don't have to solve just increase awareness, listen and support**
- n. Very surprised that tummy time doesn't have impact on fine hand skills ++
- o. That prone can be a negative
- p. Changing learned behaviors in older children
- q. How does increase force prod increase spasticity if strengthening doesn't?
- r. How to get this all done in time allowed
- s. How to get long term buy in
- t. Strategies and techniques for during sessions
- u. Active application; older child; when to persist; link motor to support other skills

3. need to know
 - a. **Feeding articles: send to group!**
 - b. Dealing with older children and cognition
 - c. Keeping child motivated after child is walking
 - d. More practical application of active elongation ++
 - e. **Where to start when child is older and has preexisting contract/deformities**
 - f. Reviewing wide base during movement
 - g. Improve observation skills; planning to put this in my practice
 - h. How to use this information to help family make a plan
 - i. Long term planning +
 - j. **Other ways for developing shoulder strength/stability not require prone: Carry—Matt ideas**
 - k. How to maintain ROM in school aged, motor impaired i.e., CP: Addie case ex.
 - l. Rx ideas for more involved and hemi +
 - m. How carry techniques can help with stretching (did not take level I)

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