



Celebrate Autumn!

Fall | 2016

This season will challenge all senses...Enjoy!

Fall is time full of activities that require all our senses. Here is a list of fun FALL sensory activities to do with your kids. Our body has 7 senses; each activity listed explains which senses are being used to complete each activity.



Nature Walk



Go on a nature walk with children. Take along a bag to place leaves in. Pick up leaves of all sizes, shapes, and colors. Have children examine them. Help them write down what they see or write a story about how the leaves fell to the ground.

Leaf Crunch



Collect leaves. Pour leaves into empty water table or in a big bowl. Allow children to scrunch up the leaves with their hands. Children can also sprinkle the crunched leaves onto a paper leaf shape with glue to make a leaf mosaic.

Jump in the Pile



Once you have a pile, allow your child to run and jump into the leaves. This provides both some movement (vestibular input) as well as crashing (proprioceptive input).

Make a Leaf Person



Make a leaf person. Have your child glue different shape leaves on a piece of paper to make a person. Draw on arms, legs and other body parts. This is a fine motor activity that also works on promoting body awareness.

Nature Hunt



Go on a nature hunt! Provide your child with tweezers or tongs. Have them pick up acorns and pine-cones using the tongs. This activity will work on increasing grip strength and precision.

Pumpkin Bowling



Use pumpkins as bowling balls. Bowling with pumpkins provides your child with heavy work through lifting the pumpkins as well as some object manipulation skills through rolling the pumpkin towards a target.

Homemade Cinnamon Apple Spice Play Dough



2 cups flour	4 tsp cinnamon
1 cup salt	2 cups water
4 tsp cream of tartar	2 tbsp oil
5 tsp apple pie spice	red food coloring

1. combine dry ingredients into sauce pan
2. add water and oil
3. mix well
4. cook over medium heat
5. stir frequently until dough forms
6. remove from heat and allow to cool
7. knead dough, store in ziplock bag
8. P-L-A-Y & enjoy the sensory input

Sensory Input Through Finger Painting: Creating Fall Colors



Finger paint is a great medium to provide your child with tactile input. It can also be done outside to minimize the mess. Have your child make a tree trunk by putting brown finger paint on their palm and forearm and pressing it on the paper. They can then use various fall colors to put "finger print" leaves on the branches. For children who are more sensitive to tactile input, allow them to use a paintbrush.

Key Code



Vestibular- explains the perception of our body in relation to gravity, movement and balance. The vestibular system measures force, body movements and head position.



Proprioception – the sense of where our body parts are in relation to the environment, how we are positioned in space and to plan our movements.



Sight



Smell



Taste



Hearing



Touch

Resources:

<http://littlebinsforlittlehands.com/fall-science-activities-kids-hands-sensory-play/>

<http://nurturestore.co.uk/fall-sensory-play-activities>

When Kids Won't Eat

The SOS Approach to Feeding



True or false: eating is a two-step process in which you sit down, and you eat. FALSE! Feeding is complex, especially for children with sensory and motor challenges. Feeding is a 32-step process that involves the ability to tolerate the visual, smell, touch, and taste properties of foods and drinks. Feeding is a very demanding sensory and physical task, as a single swallow requires the use of 26 muscles and 6 cranial nerves! It's no wonder that children with developmental disorders often present first with feeding problems, and parents of children who do not eat know firsthand how frightening and frustrating it is.

The SOS Approach to Feeding is a treatment program for evaluating and treating children with feeding and weight and, or growth difficulties. SOS stands for Sequential-Oral-Sensory. The program has been developed over the course of 20 years through the work of professionals from several different disciplines including: pediatricians, psychologists, occupational therapists, registered dietitians, and speech language-pathologists. The program combines motor, oral, behavioral, medical, sensory and nutritional approaches to assess and treat children with feeding and growth problems. The assessment component of the program ensures that all physical reasons for atypical feeding development are examined and appropriately treated medically. In addition, the SOS Approach works to identify any nutritional deficits and to develop recommendations as appropriate to each individual child's needs. It is based on the "normal" developmental feeding skills seen in typically developing children. The program uses these developmental steps of feeding to create a hierarchy of skills necessary for children to progress with eating various textures, and with growing at an individualized rate.

The SOS Approach focuses on increasing a child's comfort level with eating by exploring and learning about the different properties of food through play. The program allows a child to interact with food in a playful, non-stressful way, beginning with the ability to tolerate the food in the room and in front of him/her; then moving on to touching, and eventually tasting and eating foods. If your child is experiencing feeding difficulties, speak with your pediatrician regarding a referral for an evaluation with an SOS certified provider. Forget that old rule that it is not okay to play with your food, and go get messy!

Citation

Toomey, Kay & Associates. When Children Won't Eat, Picky versus Problem Feeders. 2010.

Halloween is right around the corner!

Come celebrate with us at our Trunk or Treat event on **October 29th!**



You're invited to our 2nd annual Trunk or Treat! This event will be held on October 29th from 1pm – 3pm at our Methuen Clinic; 380R Merrimack St, Methuen, MA, 01844. Bring your children and families dressed in the scariest, silliest or cutest costumes to go trunk to trunk to collect candy and goodies. There will also be some games and activities available for all ages! Enjoy a safe and welcoming environment for children and families of all abilities. Don't forget to bring a non-perishable canned good to help support "End 68 hours or Hunger"; a not-for-profit group working towards ending the 68 hours of hunger that some children face over the weekend without school provided lunches. Anything is appreciated. If you have any questions, ask your therapist. Can't wait to see you all there!

Outpatient vs. School Services

What does all this mean...



We have many patients that receive services through our outpatient clinics and through school, and some patients receive similar services in both settings (for example, some patients get Occupational Therapy both at school and through outpatient). The question is, what is the difference between getting a service at school versus receiving it through an outpatient center?

Outpatient Services: These services are carried out in various outpatient facilities, generally tied to some sort of main hospital (Northeast Rehab Hospital in Salem in our case!). Outpatient services focus on improving the functional level of our patient, meaning we aim to help the patient function in their everyday environment with as little direct help from us as possible. Generally, this kind of service requires a referral from a physician in order to begin services. Our outpatient services include the following:

- Physical Therapy – Focuses on mobility, gross motor coordination, and overall strength and muscle tone. Pediatric physical therapists also may implement various types of equipment (gait trainers for example) to help achieve their goals
- Occupational Therapy – Focuses on fine motor ability, sensory integration, sensory processing, feeding/swallowing disorders (in conjunction with speech therapy), and self-help skills.
- Speech Therapy – Focuses on speech and language abilities, feeding/swallowing disorders (in conjunction with occupational therapy), social communication, and cognitive disorders. ¹

Outpatient clinicians develop what is called a “Plan of care” (POC), which outlines what we hope to achieve over the course of our sessions. Each session is documented in order to carefully track our patient’s progress, and to allow us to make any necessary adjustments in order to help our patients continue to improve.

School Based Services: These services are carried out within the schools, and are provided over the course of the school day. School based services include similar services as outpatient (Speech, Occupational Therapy, Physical Therapy), and include other additional service providers including Special educators, Psychologists, Reading Specialists, and 1-1 teacher’s aides. School based services are provided when the child’s difficulties/disability directly affects their learning/ability to participate in the curriculum. When services are deemed necessary, the special education team (which includes the parents!) meets to determine the best course of action. One of the following plans may be developed:

- IEP (Individual Education Plan) – An IEP is a plan/program developed to ensure that a student with a disability receives the necessary specialized instruction and related services through the school district. This document outlines all areas of need, the services to be provided, how frequently they are provided, how the services will be provided, and any accommodations that need to be made throughout the school day to better help the student get the most out of their education.
- RTI Plan (Response to Intervention) – This is a multi-tiered approach that works to identify any possible barriers to learning/participation in a student’s education and to help alleviate these issues before they make a significant impact. Students are provided help at varying levels of intensity to help accelerate their rate of learning. This may also be implemented for Physical Therapy, Speech Therapy or Occupational Therapy goals if it is deemed the student could use a little extra help in those areas.
- 504 Plan – This plan relates to Section 504 of the Rehabilitation Act, which states that public schools cannot discriminate against students who have disabilities. A 504 plan is aimed to help students with learning and attention problems fully participate in the classroom. These accommodations can include scheduled “breaks” during the school day, having 1-1 help in certain subjects, and extra time for tests/assessments. These types of supports are usually provided in the classroom, and are implemented when a full IEP is deemed unnecessary.

Student’s receiving school based services have their plans reviewed yearly, and those on IEP’s get full reevaluations every 3 years in order to determine what progress has been made, update the student’s goals, and what supports need to be continued/modified for the following school year.