



### Message from the Director...

by Carole Soricelli, MS, OTR, Director

Even as our country begins to emerge from this painful recession, the economy continues to be the top concern of many families.

To ensure children do not go without the therapeutic care they need during these tough economic times, we're doing everything we can to offer every-day value to our customers. The bicycle riding grant story featured in this issue is a great example. We were able to offer a free bicycle riding course to 15 children with special needs, thanks to the efforts of Physical Therapist Benjamin Lipman, who was able to secure grant money for the program, with the help of Therapy Center Manager Kevin Nelson.

I'm particularly proud of this program because riding a bicycle is an important activity children share with their friends. It's part of having fun, and having fun is important, in any economy.

At Trinitas Children's Therapy Services, we focus on providing exceptional value to each of our customers. Our school-based therapy services are highly effective, as the results of the recent quality assurance survey indicate. These cost-effective services received an overall score

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## SCHOOL-BASED NEWS

### Trinitas Receives High Marks For Its Quality School-Based Therapy Services:

By David Yamasaki, MS, OTR - Program and Clinical Coordinator

Trinitas Children's Therapy Services (TCTS) continues its successful quest in providing high quality occupational, physical and speech therapy services to more than 50 districts and private special education schools throughout central and northern New Jersey. In a recent quality assurance survey conducted for the 2008-2009 school year, TCTS received high scores by Special Services Directors, Principals, Child Study Team Members, and Teachers. Out of a perfect overall score of 5.0, respondents gave TCTS an average score of 4.64. This means that most of the respondents strongly agreed that TCTS provides outstanding therapy services.

Special Services Directors were highly satisfied with the quality of therapy services TCTS provides within their schools. They found TCTS responsive to their specific district or school needs and would easily recommend TCTS to another school district or private special education school. One director stated that the therapists "are terrific in every respect, professional, efficient, flexible, responsible and reliable."

Child study team members felt the therapists maintained good communication with team members and parents, helping them to identify children with special needs. They praised the therapists as resourceful, offering good suggestions, materials and contacts. A child study team case manager commented, "The three therapists that service my building are always professional. Whenever I contact them they respond quickly. They offer strategies to help teachers and parents further their student's/children's progress."



Principals felt strongly that the therapists were courteous and worked well the other educational staff members. They said the therapists played a unique and important role in their schools, offering good resources and suggestions. A principal commented, "The therapists are an everyday part of our school. They are as much a part of our school as our teachers and other staff members. They work very well with our students and staff alike."

The teachers surveyed strongly agreed that the therapists provided good suggestions and strategies in the classroom for their students and saw therapy as a great benefit to the overall improvement of the student in their school. One teacher commented, that their school's therapist "is always professional and establishes an excellent rapport with the students and staff. In addition, the therapist is thorough with information and communicates with parents as needed and is extremely informative towards parents, teachers, caseworkers and students."

TCTS is grateful for the value placed upon our services by the various school districts and private special education schools served. As it was over 25 year ago, TCTS's vision is to provide the highest quality, cost effective, educationally based occupational, physical and speech therapy services in public and private school settings. If you are interested in TCTS's highly-regarded services for your district or school call us at 908-276-3599 or email us at [www.childtherapynj.com](http://www.childtherapynj.com). ■

### **Cycling to Self-Confidence** By Dan Burns, Jaffe Communications, [www.jaffecom.com](http://www.jaffecom.com)

What does a bicycle provide us? For some it's adventure. For others it's exercise and transportation.

For many children, riding a bicycle means fitting in with their peers. It means improved self-confidence and an opportunity to develop social skills. That's why Physical Therapist Benjamin Lipman was happy to learn this spring that Trinitas Children's Therapy Services received a grant from the Elizabethtown Healthcare Foundation to teach children with extraordinary needs how to ride a bicycle.

Lipman applied for the grant at the urging of Kevin Nelson, the Therapy Center Manager. The Therapy Center already offered a popular course on how to ride a bicycle. The grant made it financially possible for more families to access the program, as the Therapy Center was able to offer the program to 15 children free of charge.

Lipman advertised the program in local schools and at the Therapy Center. The program filled quickly and even spilled over onto a waiting list. The grant covered two sessions, which were held in October. The first session began with a screening to assess the strength, endurance and balance of each of the students.

Students received the most bike time during the second session. They began by practicing balance activities while Lipman steadied the bicycle, before progressing onto activities involving pedaling and steering. Pretty soon, they were riding on their own.

"The idea behind the program is for the facilitator to teach one skill at a time," Nelson said. "Break down all of the skills it takes to ride a bicycle and subdivide them into individual tasks. Some children may get too frustrated to learn if they have to learn to pedal, steer and pay attention to where they are going all at the same time. We let them focus on developing one skill at a time and gradually introduce them to multi-tasking those skills."

Lipman made modifications to each lesson to accommodate the students' individual learning styles. By the end of the session, many of the 15 students could ride bicycles by themselves. Even though a few of the students weren't ready to ride by themselves just yet, their skills were vastly improved. All parents went home with free literature about home exercises and activities to practice at home.

The students all had big smiles on their faces by the end of the session, and were amazed at their own accomplishments.

"It usually happens after they've ridden about 10 feet. They look back, realize how far they rode and get this excited look on their face like

'wow, I just did that on my own,'" Lipman said. "It's amazing. They gain so much confidence and they leave in a completely different state than when they came in."

Lipman said the bicycle riding program has been one of his most gratifying professional experiences.

"It's not often that you are able to see your work have a direct impact on someone so quickly," Lipman said. "This was almost like instant success. When those kids came in, they couldn't ride a bike. When they left, they could ride a bike."

Learning to ride a bicycle may make it easier for the students involved in the program to learn other athletic skills, such as swimming and running, according to Nelson.

"For kids with motion difficulties, bike riding is something that is very challenging, but once they learn that skill, it transfers over to other important skills and makes them much easier to learn," Nelson said.

The Therapy Center will be organizing similar therapeutic activities for children with special needs in the next few months. A six-week circus program will teach students activities such as juggling, balancing acts and balloon sculpting. The program will culminate in a performance for the parents. Therapeutic bowling and rock climbing are also on the schedule. ■



Benjamin Lipman, PT, of Trinitas Children's Therapy Services, assists Abby Attalla as he learns to ride a bicycle. The program helps children build self-confidence and fit in with their peers.

### **Editor's Note...** *Continued from page 1*

of 4.64 on a scale of zero to five, which tells me our customers are satisfied with the services they receive. We currently serve more than 50 school districts and private special education schools throughout northern and central New Jersey, providing related services with a least restrictive focus. Our article on sensory integration is a prime example. By providing teachers with classroom strategies that empower children with sensory processing irregularities to succeed in the classroom, we ultimately receive fewer referrals for direct occupational and physical therapy services, resulting in a cost savings to the district, happy teachers and successful students. Everyone wins!

Please enjoy this issue of Kidmatters and contact us at (908) 276-3599 if you have any questions. Trinitas Children's Therapy Services will continue to offer as many cost-effective services as we can.

On behalf of everyone here, best wishes for a great 2010 to you and your family. ■

## Sensory Integration and School Based Occupational Therapy

By Laura DeGennaro, OTS, University of Florida; supervised by Bridget Vasto, OTR

### What is Sensory Integration?

Jean Ayers (1972) defines sensory integration (SI) as "the neurological process that organizes sensation from one's own body and from the environment and makes it possible to use the body effectively within the environment" (pg. 11).

### Sensory Processing Disorder

Sensory Processing Disorder (SPD), formally known as Sensory Integration Disorder, refers to dysfunction related to processing of sensory information. Increased recognition of SPD has resulted in its consideration for status as a primary diagnosis in the Diagnostic and Statistical Manual for Mental Disorders (DSM-V) (First, 2009). This designation will result in more consistent diagnostic criteria and improve research opportunities and reimbursement for treatment of SPD.

### Sensory Processing Disorder and School Function

Many children are challenged by sensory experiences during everyday tasks at school. These children are often viewed as troublesome, sloppy, forgetful, and clumsy when the real problem is SPD. Sensory strategies can be implemented throughout the school day to help these children function at their optimal level.

### Examples of Sensory Strategies That Can Be Implemented During the School Day

**Proprioception (body awareness)** - Heavy work activities such as stacking books or chairs, use of a lap buddy or weighted vest during desk work, squeezing a fidget toy, use of a brushing program, wall push ups, tug of war, chair push ups

**Vestibular (balance and postural control)** - Sitting on a therapy ball (with close supervision), use of a move and sit cushion, swinging on the playground, allowing legitimate opportunities for the student to move (take note to the office)

**Touch (tactile)** - Expose student to variety of textures in classroom (silly putty, play dough, shaving cream, glue, paint), play with textured toys (koosh ball or squishy ball)

**Sound (auditory)** - Provide ear muffs to decrease sound, use of a listening program

**Taste (oral motor)** - Encourage student to eat crunchy or chewy

foods, drink from a straw, practice blowing through a straw, and use of a water bottle with a straw or sport top

### Evidence-Based Practice

The amount of research being conducted incorporating the use of sensory strategies into the school environment has significantly grown since Ayers defined SI in 1972. Pfeiffer, Henry, Miller, & Witherell, (2008) found that the use of a move and sit cushion is effective in improving attention to task in second-grade students. Bedell, Fertel, & Hinojosa (2001) examined the effectiveness of using a weighted vest to increase attention to fine motor tasks for preschool students with Pervasive Developmental Disorder and found that the use of a weighted vest increased attention to task and decreased self-stimulatory behaviors. Professionals from other disciplines are also recognizing the benefit of sensory strategies to facilitate optimal function. For example, Field, Lasko, Mundy, Henteleff, Kabat, Talpins, & Dowling (2009) examined the impact of tactile input on preschool students with autism and found a significant improvement in classroom behavior, attention to task, behavioral regulation, and social behavior.

Although many studies have shown a positive correlation between sensory based strategies and a student's academic performance, research findings continue to be inconsistent. The need for well designed studies to support the use of SI therapy continues to be a priority in order to gain further support for the use of an SI approach. The studies referenced in this article range from level 1 (b), which is a randomized controlled trial to level 4, which indicates that the study was a cohort study (Sackett et al., 2000). All levels of evidence can be beneficial for clinical decision making; however, higher levels of evidence are considered to be more reliable.

Sensory processing disorder can have a profound effect on a child's participation in school. Collaboration between the occupational therapist, teacher, and parent is essential to understanding a child's behavior and sensory needs. Together they can implement strategies to support the student's performance in the school environment. ■

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## Honor Roll:

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(Includes employees and contractors)

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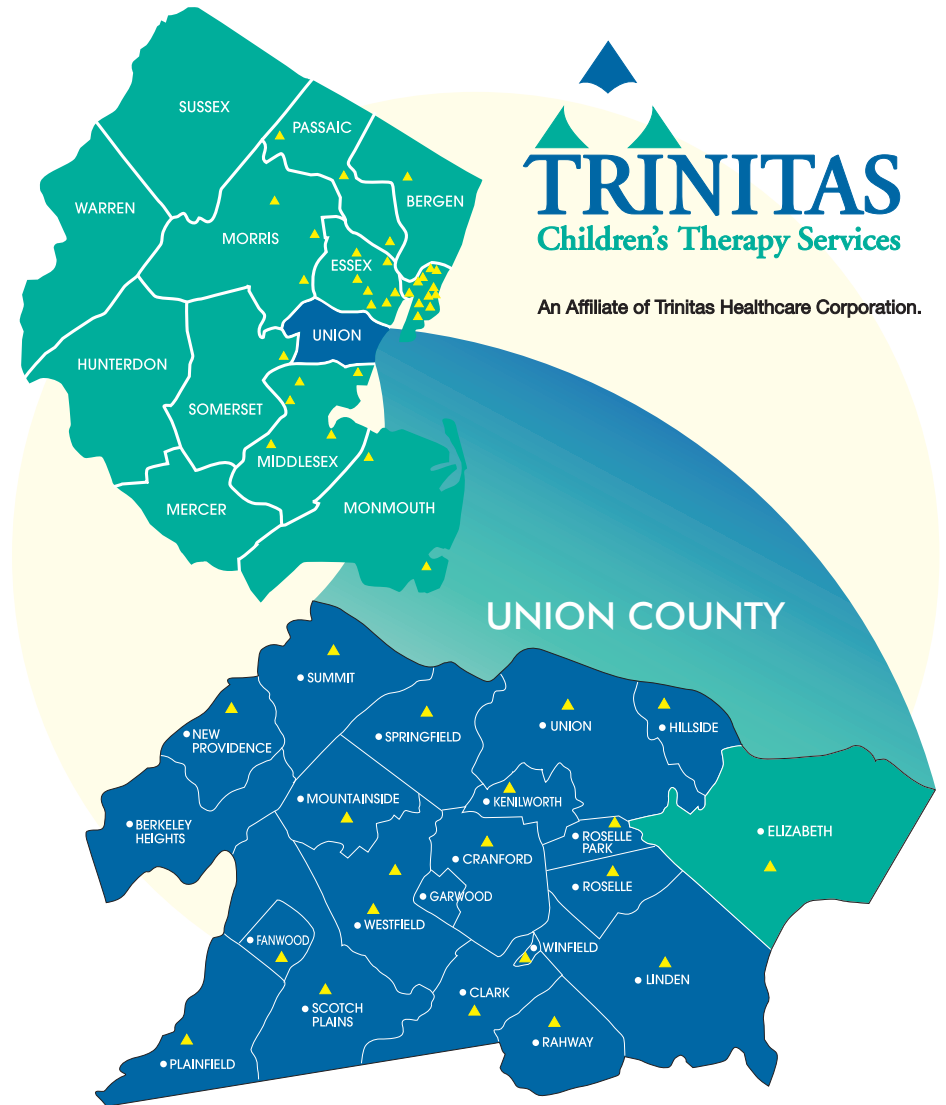
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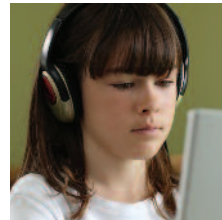
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## Where We Are:

### Schools and School Systems Utilizing Our Services



▲ Trinitas Children's Therapy Services School and District Affiliations



## Kidmatters

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