

The Young Ones

Early Intervention Is Growing

By Nancy Hays



COURTESY CHILDREN'S CARE HOSPITAL AND SCHOOL

Getting children with physical disabilities seated and positioned almost immediately after birth can help prevent more devastating long-term physical consequences and lead to better socialization and access to their environments, according to therapists and educators contacted by *TeamRehab Report*.

"For a number of kids who have motoric involvement, it's only through technology that we have a glimmer that there's more there intellectually than first thought," says Glenda Bower, MD, clinical director for Topeka, Kan.-based Capper Foundation, which serves children with disabilities.

"I'll never forget one little guy with a lot of motoric involve-

ment," she recalls. "One day we had the kid in the computer room [in his seating system], and we placed a switch at his cheek. Whenever he hit the switch, a melody would play and balls move on the computer. As soon as the melody would stop, he would hit the switch again. That was the first sign that cognitively things were happening with him."

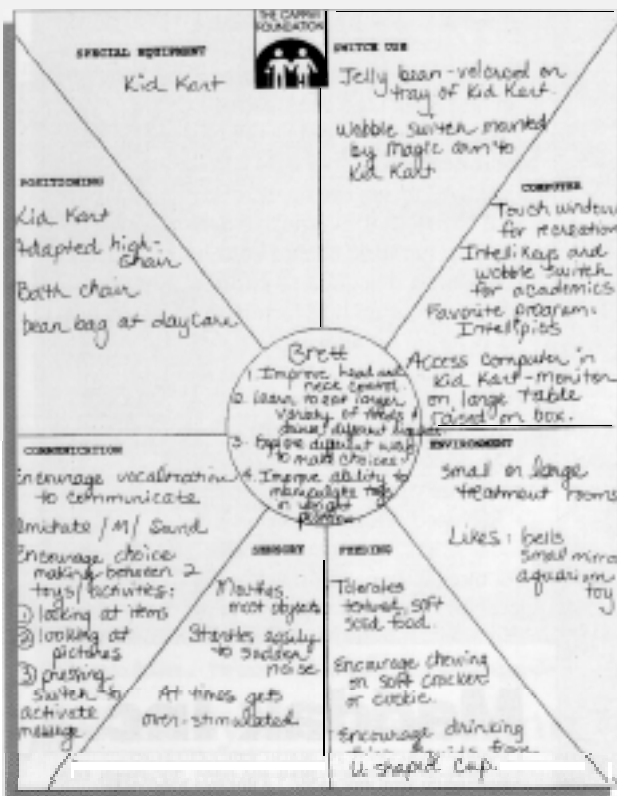
Kids who are given mobility early on are "more independent, more communicative, less fragile and more able," according to Cathy Mulholland, OT, Mulholland Positioning Systems, Santa Paula, Calif. They also seem to have fewer behavioral problems, she says.

In her practice, Mulholland likes to put children in walkers or standers as early as 11 months—the age when nondisabled children begin to walk.

"Putting kids in standers earlier has a huge impact on physiological function," she explains. It promotes lifting their head and cardiopulmonary functioning, and gives long hamstring stretches. "It makes it easier down the road. When we start with a 6-year-old, they're not used to it," she says. Seeing their disabled toddler standing also has a positive psychological impact on the parents, she says.

In some cases, the Capper Foundation begins planning a child's care before he or she even leaves the hospital. Bower, local public health officials, nurses at neonatal intensive care units and officials with related agencies meet regularly at "PartH" meetings. (Part H refers to the section of the federal Individuals with Disabilities Education Act that discusses early-intervention man-

An ode to joy: Computers can open up new worlds to children with disabilities. Using a Big Mac switch, and Intellikeys—an overlay system—Lucas accesses a computer at Children's Care Hospital and School, Sioux Falls, SD.



Keeping track of one child's special needs can be a challenge, but keeping track of the needs of 120 kids can be daunting. Therapists and counselors at the Capper Foundation, Topeka, Kan., which specializes in children with disabilities, have devised an at-a-glance matrix of each child's goals and status. The chart stays in the child's personal folder for handy reference. This example is from a real chart.

dates.) Because of efforts like these, Bower has seen her infant-toddler program increase from 20 clients five years ago to 120 in 1996.

One benefit from getting children so early is that they're already in a good seating system when they start preschool and can easily access computers, Bower says. "We used to

spend a lot of time [when they started school] trying to figure out what equipment was needed.”

“We’re lucky we have seating systems in place so kids can easily participate,” says Michelle Love, an infant-toddler teacher at the Capper Foundation. Besides her regular teaching duties, Love runs “toddler tech groups” of about four cognitively aware 2- to 3-year-olds. She leads the children through interactive and art activities that require technology, such as using a switch to activate a spin-art device or start a blender to make milkshakes.

Increasing function for children with disabilities is what Children’s Care Hospital and School, Sioux Falls, S.D., specializes in. Using a team approach, therapists and educators in the hospital’s early-intervention program try to get young children to interact with their environment, according to Tanya Polkinghom, SLP.

Speech and occupational therapists work together on getting the child positioned correctly, she says, because it benefits both. Once the positioning is established, the team can see how the child can access switches to control toys or play music. This work on nonverbal skills is



Using a Big Mac with a programmed message, Alex can communicate with nurse Shanna Geerdes while being fed.

especially critical if the child ends up being nonverbal, which may not be apparent in children younger than 3. “We don’t give up on the verbal skills,” says Polkinghom, “but we work on access skills, too.”

Deciding what technology to use also depends on the social structure around the child, according to Arlen Klamm, an occupational therapist at Children’s Care Hospital. “If they have a teacher or parents who seem to be inclined to work with the technology, we may recommend [more sophisticated equipment]. If

not, we may recommend something easier to use. We have to read the social worker report.”

One of the therapist’s greatest challenges regarding seating and positioning is accommodating growth. Simi Valley, Calif.-based Freedom Designs specializes in seating and mobility that takes a person from a tiny child to adulthood, according to its president, Ginny Malaco. “All of our products are designed with a lot of growth built in,” she says. “We’ve actually fitted babies.”

Continued on page 24



Continued from page 22

Freedom Designs' Spectrum series features a reverse configuration, with big wheels in front, making it easier for a child who has short arms to propel. Yet, as the child grows and develops triceps, or as medical needs change, the Spectrum can be reconfigured to be a rear-wheel-drive mobility base, Malaco says.

Palos Verdes, Calif.-based Convaid also believes in early intervention to help babies and toddlers develop more fully, according to Roger Galka, vice president of sales and marketing. Convaid manufactures dependent mobility systems, often referred to as "strollers."

Parents prefer having this type of system, which folds for easy transport, instead of or in addition to a child's wheelchair, Galka says. In fact, if the child has not been prescribed a wheelchair, he or she may spend most of the day in the dependent mobility system. That

makes having a system with proper positioning critical, Galka says.

"The worlds recognizing the pediatric market needs the sophistication [in seating and positioning]," says Wayne Hanson, director of research and development for Jay Medical/Kid-Kart. The company expects to soon debut the Kid TLC, a prototype of which was shown at the 1996 Medtrade show in Atlanta. This foldable product has a tilt-in-space and recline system and is "micro-adjustable" (e.g., in height, width and depth) and reversible, according to Hanson. The positioning shell transfers from one base to another, he says.

Tumble Forms/Sammons Preston, Bolingbrook, Ill., offers a wide range of early-intervention products, including seating and positioning products, walkers, standers and toileting aids. "One of the most important products has been the standing products," says Tumble Forms' Sue Garvin. "It has a big psychological benefit for the parents to see their child standing, along with the physiological benefits."

In addition, Garvin says, Tumble Forms has the Comfort Seat, a seating product for 0- to 5-year-olds that can fit into any commercially available stroller.

In conversations with therapists, Charlene Hunter, national sales manager for Snug Seat, Matthews, N.C., says she often hears how thrilled they are to get young children in an upright position. When a child doesn't have to support his or her trunk with an elbow or hand, Hunter says, "it frees up that hand to do things," increasing physical activity and function. Along with many other early-intervention aids, Snug Seat manufactures the Sure Fit, a seating orthosis developed by Minneapolis-based Gillette Children's Hospital. Available soon will be the Snug Seat 1000, a car seat for disabled kids up to 60 pounds.

"These children are ready and capable," says Jan Furumasu, PT, Center for Applied Technology, Rancho Los Amigos Medical Center, Downey, Calif. Furumasu has been conducting studies on early access to power wheelchairs. (See "Readiness to Learn," October 1996 TRR.)

"It's important for kids to explore on their own, even if they're using a walker and pushing themselves around," Furumasu says.

"Ages 0 to 3 are so important," she says. "What happens to them then] affects them for the rest of their lives." | |