

EPICENTER NEWS

NOVEMBER 1, 2007

WELCOME TO THE EPICENTER

UPCOMING CLASSES

- HAND WRITING GROUP
- SENSORY-MOTOR GROUP
- INJURY PREVENTION FOR CHILD ATHLETES
- GROSS MOTOR GROUP
- PICKY EATERS
- LANGUAGE GROUP

MORE INFO ON PAGE 2

**TO SIGN UP
CALL 522-3722**

Epicenter Therapy Services provides physical, occupational and speech therapy to children with orthopedic injuries, developmental delay and disability.

PHYSICAL THERAPY focuses on gross motor skills (rolling, sitting, crawling and walking), balance and orthopedic rehab, including sports injuries, and gross motor group therapy. Our physical therapists include Sheri Simkins, PT, PCS who has 26 years of experience in pediatric therapy. Claire Adam, DPT specializes in aquatic therapy and developed our Gross Motor Group. Angie Bates, DPT is trained in Hippotherapy (using horseback riding), pediatrics and orthopedic/sports rehab.

OCCUPATIONAL THERAPY works on developing skills for the job of living. For children this means developing independence, play skills, self-help, and school skills. OT addresses feeding issues, visual perceptual and fine motor deficits. In addition, OT works on problem solving and cognitive functioning. Our occupational therapists include Amy Hogen, MS, OTR/L



Kendall Ohnstad (age 8) using a walker.

and Holly Kassner, COTA. Amy has been an OT since 2003 and works closely with Holly, our occupational therapy assistant. Amy will be starting a Hand Writing Group this month.

SPEECH-LANGUAGE PATHOLOGY facilitates both communication and oral motor skills that support swallowing. Speech therapy addresses language delay, cognitive function, word retrieval issues, hearing loss and deafness, cleft palate, and autism. Christa Drab, MS, CCC/SLP provides speech and language services at the Epicenter. She has been practicing pediatric therapy since 1997 and specializes in aversive and oral-motor feeding issues. Christa incorporates sensory integration in relation to speech and language delays.

SPOTLIGHT ON CEREBRAL PALSY

Cerebral Palsy (CP) is a common diagnosis among children and adults who receive therapy services. The term *cerebral* pertains to the brain and *palsy* means paralysis. CP is an umbrella term for children who experience brain damage before, during or directly after birth. The damage or "infarct" can be caused by trauma or lack of blood and/or oxygen to a portion of the brain. The damage is non-progressive; it does not get worse or better. The child continues to grow and develop and can learn how to manage their disability with the help of therapists. The location and size of the infarct determines the extent of impairment a child experiences. (continued on page 2)

UPCOMING CLASSES CONTINUED FROM PG. 1

GROSS MOTOR GROUP will start again in January 2008 for school age kids who have difficulty keeping up on the playground or in PE.

HANDWRITING GROUP will meet Tuesdays and Wednesdays at 4:00 for 5-7 years old and 4:45 for 8-10

year starting November 6-21.

SENSORY MOTOR GROUP for children 3-5 years old with motor delays related to sensory issues will be held Mondays starting November 13th for 5 weeks.

PICKY EATERS, LANGUAGE and INJURY PREVENTION GROUP dates and times are "to be determined" next month.



Amy Hogen, OT and Eric Mendez (age 5) working on using arms to propel the scooter board across the Epicenter gym.

SPOTLIGHT ON CP CONTINUED

children have one limb affected = monoplegia, one side = hemiplegia, and all four = quadriplegia. Although "-plegia" means paralysis, children often have use of the affected limbs or side.

Children with CP can be limited by motor patterns that create dynamic stiffness or "increased muscle tone". When they try to move, they often fire many muscles at once which bend or straighten the joints, creating stiffness. Weak and/or low tone in the trunk /"core" muscles is another common characteristic of CP. Movement is difficult when they lack a stable base from which to operate. Reduced trunk stability and dynamic stiffness also affect speech and language. About 25% of kids with CP have speech disorders, 50-75% have cognitive delays, 25% are hearing impaired, 25-35% have seizure disorders, and 40-50% have impaired vision. Therapists work with kids and families to help overcome abnormal patterns of movement, address tight and/or weak muscles, improve overall function/self-help, cognition, and speech. (Campbell, Vander Linden, Palisano: Physical Therapy for Children, Third Edition, 2006, pp. 265-268).

BEHAVIOR CORNER..... TIME OUT NOT WORKING FOR YOU?

Depending on your child's needs and what motivates them, time-out may not be the best choice for addressing behavior issues. Here are some other ideas:

- **TAKE-AWAY:** Try starting the day with 5 pennies or stickers (whatever your child likes) and take them away for poor behavior and give them back for good behavior. At the end of the day you can give a prize for keeping all 5!
- **TIME-IN:** For younger children, 1-2 years old, try "taking a break" or removing them from the situation and sitting next to them or holding them. You can talk to them verses punishing them with isolation.
- **DURATION:** Remember to limit your time-out to 1 minute per age in years; i.e. 2 year olds should get about 2 minutes.
- **LOCATION:** Use a neutral location where there are no TV's, toys, people or things to look at.

OUR GOAL IS TO PROVIDE THE BEST FOR THE CHILDREN WHO NEED THE MOST

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