

# CHILD CARE

plus +

SPRING 1993

*A Resource for Integrated Child Care Providers*

Vol. 3, No. 3

## + The Balancing Act: Positioning Children with Motor Impairments

If you have a child in your program who has a delay in motor development, you have probably learned quite a bit about positioning that child so that he or she can participate in your routines and activities. If you do not have experience including a child with a motor impairment, positioning may sound new and complicated to you. All it really means, however, is providing a way for each child to safely and securely participate in activities. For example, one way of positioning a young child who can't sit up alone is to place her in your lap during circle time. From this safe position, she benefits from the support of your body and can fully enjoy (and probably participate in) the stories and songs without falling over.

It is true that sometimes positioning requires adaptive or specialized equipment, but the basic idea is the same. Your goal is to compensate for a child's lack of motor skills in ways that allow the child to fully participate in the every-day-little-kid experiences of child care.

While the specific needs of each child may be different, there are some common principles to guide caregivers in positioning young children. First, remember that children are enrolled in your program so that they can play together and be involved in the many different kinds of activities you offer. You want the child with a motor impairment to be able to participate with the other children as much as possible.

If you have activity areas, every area should incorporate positioning ideas that allow each child to participate. As much as possible, it is important that all of the activities are accessible to the child with the motor impairment. To do this, you may need to identify a variety of ways to

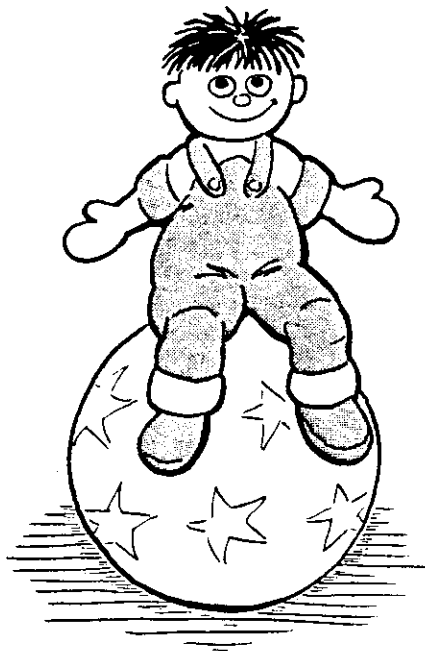
position the child. When he is playing with children who are standing at the water table, there needs to be a way for all the children to be on the same level. When everyone lays down to take a nap, you need to know

what position is most comfortable for him to rest. Routines and activities in child care are different from home or therapy sessions. You may need to ask parents and therapists very specific questions about positioning for the type of activities and routines that happen in your setting.

Second, positions for play need to be safe and secure. In addition to being part of the group at the water table, for example, it is important that the child be in a position that feels safe to him--otherwise he will be more attentive to not falling than to playing. If needed, you may use a pillow or bolster to provide further support or sit behind him to provide additional stability.

Finally, positioning should promote the development of motor skills. If the child is learning to sit independently, she should have experiences throughout the day that encourage sitting. Likewise, if a particular position (like W-sitting) gets in the way of her learning to use her muscles correctly, you need to teach her other positions for play that do encourage motor development. A child's motor therapist often suggests new motor skills she should be developing, and these can easily be incorporated into child care activities. One child who was learning to use a walker practiced this new skill each day as she carried the breakfast dishes to the table in a basket attached to her walker.

When a child has a motor impairment, it should not prevent that child from participating in activities. In fact, one of the most important things child care providers can do is seek out ways that allow each child to participate, to play, and to learn along with the other children. For some children, this may mean acquiring a special piece of equipment; for others it might simply mean using materials you already have to find a position that works. +



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## + FROM THE SOURCE: Helper Extraordinaire

A pediatric motor therapist--also called an occupational or physical therapist (O.T. or P.T.)--focuses on habilitation and acquisition of functional motor skills. In general, the therapist examines the function of large and small muscles of the body: reflexes, muscle tone and strength, range of motion of joints, movement patterns, balance, posture, motor skills, and sensory function. He or she may also devise splints or adaptive equipment to help children function as independently as possible.

In addition to parent(s), motor therapists are great resources for child care providers who have children with motor impairments in their programs. They can demonstrate use and care of adaptive equipment, show how to position a child for play or snack, teach you how to pick up and hold the child who needs support in just the way he or she is accustomed to being handled, and brainstorm with you about adapting/modifying equipment and toys so this child can participate--to the best of his or her ability--in every aspect of your program.

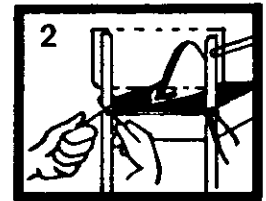
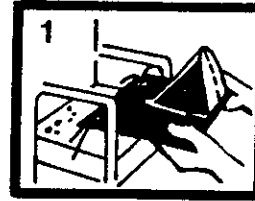
In one program, the child's therapist joined circle time and facilitated her participation in finger plays and songs. This modelling gave the caregiver a clearer understanding about how to include her. In another program, parent and therapist arranged for a duplicate corner chair for the program so that the parent did not have to remember to bring it back and forth to and from home every day.

On the other hand, you and your program are a great resource as well. Typical child care activities and routines provide playful opportunities to build muscle tone, develop balance and motor skills, and strengthen small/large muscles. Also, the therapist may give therapy and assess developmental progress during your program activities, using materials and equipment the child regularly uses.

Although collaboration takes effort--and parent's written permission--it clearly benefits children when caregivers know how to facilitate each child's motor development. +

## + MAKING IT WORK: Using the TY-D-SADDLE

Have you ever seen a young child gradually slip down in a high chair until his or her head slides under the tray? Well, someone creative did, and they invented the Ty-D-Saddle! The Ty-D-Saddle is a high chair safety seat which helps prevent children from sliding. It is designed to sit flat on the seat of the chair. It has ties at the back to anchor it to the high chair and a post that fits between the child's legs so that he or she can't slide off the seat.



This accessory costs about \$10. It is a valuable piece of equipment in child care programs and may be used for children with motor impairments as well as for infants and toddlers. It can be used to give extra support to any child who needs help to sit independently. And it gives just enough support to help many children with low muscle tone sit securely and in a correct position for play.

The Ty-D-Saddle can be used as a safety seat in all kinds of chairs. In fact, we've even seen it bolted onto the bench of a rocking boat! (Drill two extra holes so that the saddle can be securely fastened in four places.)

You can usually find the Ty-D-Saddle in children's department stores and mail order catalogs. You can also contact the manufacturer directly at the following address:

TY-D-SADDLE  
c/o Reflections Portraits  
46 E. Fairview  
Meridian, ID 83642  
(208) 888-1667 +

## + NOTES FROM HOME:

Thank goodness for integrated child care!

I am so glad that my daughter attends an integrated child care program! Kelly was born with cerebral palsy. I stayed home with her for a long time (if you can call going regularly to the doctor and the therapist staying home!), but I was eager to get back to taking care of myself, too. For a while, her grandmother watched her for me. As I became more comfortable leaving her, I looked for (and found) a child care program that I could trust to meet Kelly's needs.

At two and a half, Kelly was a fast crawler and would even walk with adult assistance. The child care program had sliding glass doors at the back entrance, so she could crawl in and out independently (if it weren't raining or snowing). Well, imagine my surprise and pure joy when the child care provider called me one afternoon to tell me that Kelly was walking unassisted! At that time, she had only been in the program for three or four months on a regular basis.

Of course, I know that all the activity during the day--going inside and outside, playing with the toys and materials--had given her lots of reasons to want to stand and had strengthened her legs. And the child care provider was consistent about her philosophy of not doing anything for children (including Kelly) that they can do for themselves. But in my heart of hearts, I believe she was motivated most by the other children's walking. It just seemed that any timidness or fear she had felt about letting go of my hands was minimized by her desire to participate and play with her child care friends. +

## + SPOTLIGHT: MISSOULA DEVELOPMENTAL SPECIALISTS

**Missoula Developmental Specialists (MDS)** is a private therapy practice in Missoula, Montana, providing occupational therapy, speech therapy, and physical therapy for infants and young children with various motor and developmental challenges. A transdisciplinary approach is utilized to meet the needs of young children and their families. (A transdisciplinary approach encourages professionals to give up traditional roles, combine expertise, and work together. For example, a speech therapist--acting on the suggestion of the OT/PT--corrects the child's body position during speech therapy activities.)

The therapists at MDS are: **Kari Altenhofen, M.A./SLP** (Kari is a speech/language pathologist); **Tamara Kittelson-Aldred, M.S., OTR/L** (Tamara is a registered/licensed occupational therapist); and **Susan M. Thompson, P.T.** (Sue is a physical therapist). They provide evaluations, direct therapy, and consultative services as well as inservice training upon request. MDS therapists also offer information related to accessibility and environmental accommodations. They are committed to working closely with other professionals, including child care providers, teachers, and child development specialists within the community.

While MDS therapists often provide services to children at the center, they readily travel to homes, schools, and child care programs. When working with children in school or child care, they frequently assist children in playing and learning right along with their peers. (See photograph.) This assistance may involve special handling or positioning or slight modifications of the physical environment to encourage full inclusion.

Some children use adaptive equipment, such as special chairs, splints, standers, or mobility aids so they may

participate in daily activities. Other children benefit from adaptive technologies such as electronic switches, toys, communication devices, and environmental controls.

Kari and Tamara have a special interest in issues relating to feeding and eating. They often work together with a child and his or her parents to develop a comprehensive program that encourages improved swallowing, chewing, and other functions related to eating.

As outreach therapists for the Montana Adaptive Equipment Program, Sue and Tamara are able to help young children and their families acquire necessary



Tamara Kittelson-Aldred, M.S., OTR/L facilitates inclusion in a scissor activity.

adaptive equipment. When a piece of equipment is no longer needed, families return it to the program where it is available for other children and families to use.

Seeing each child as a unique individual is very important to the therapists at MDS. They know that children and their families have specific needs related to the child's disability. MDS strives to address these needs in a constructive and positive manner. +

### Show and Tell!

We want to print your ideas! The summer issue of *Child Care plus+* focuses on the Americans with Disabilities Act (ADA) and child care. Please send us your story about making modifications or adaptations in your early childhood program to meet the needs of individual children with disabilities, i.e. individualizing activities, modifying the environment, acquiring additional skills, or adapting equipment/toys. **Deadline: July 15, 1993.**

For further information, contact:

Missoula Developmental Specialists  
1135 Strand Avenue  
Missoula, MT 59801  
(406) 728-8950



## + WHAT DO I DO WHEN ...

**QUESTION:** *We have a child in our program who has significant motor delays. He can't move around our program independently, so I frequently pick him up and carry him. He's growing bigger and heavier every day, and sometimes I worry that my back will give out. Any ideas for me?*



**ANSWER:** When you have a child in your program who can't move independently around the child care environment, it is very important that you look for alternative ways to maneuver the child around so that he can take advantage of all the activities and materials that are available without your having to lift and carry him.

Consider using different kinds of equipment to help transport the child so you aren't always picking him up. For example, try positioning the child in a wagon for trips outside, or place sturdy wheels on a chair so that he can be pushed from one play area to another.

When you do pick up and carry the child, you need to use safe body mechanics to protect your back. You may need to get a good book on back care and learn more about caring for your back. Here are three basic ideas to get you started today.

First, always bend your knees when picking up a child. This takes some of the stress off your lower back. Second, hug the child close to your body as you pick him up and while you are carrying or transferring him. The child will feel more secure if held close to you, and you will be better able to balance the weight of the child. Third, make sure that the height of the diaper-changing table is appropriate for you. You may find it more comfortable to put one foot up on a short bench or a

block while changing a child.

Finally, remember that a child's parents' may also face some of the same challenges as they lift, carry, and transport their child with a motor impairment. Ask them for advice and share some of the techniques you find successful. +

*(If you have a question about children with disabilities in child care settings, please send your question to CHILD CARE plus+.)*

## + RESOURCE REVIEW

*Positioning for Infants and Young Children with Motor Problems* is an excellent resource for parents and caregivers of children with motor problems. This 30-minute videotape features several parents and their children in a variety of daily activities (feeding, playing, dressing, diapering, carrying, going out of doors, traveling by car) and demonstrates recommended ways to handle and position the child. Contact Learner Managed Designs, Inc., 2201 K West 25th Street, Lawrence, KS 66047. +

*CHILD CARE plus+* is designed to enhance the integration of children with disabilities in child care settings by supporting care providers, parents, and community service providers including social workers, therapists, physicians, teachers, and administrators.

**Editorial Board:** Sarah A. Mulligan; Kathleen Miller Green; Sandra L. Morris; Kyle Colling; Dana McMurray

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