


CHILD CARE

plus 

WINTER 1996

Supporting Inclusion in Early Childhood Settings

Vol. 6, No. 2

One, Two, Three--Lift!

Think about a typical day in your program. If you are like most child care providers, you cannot even begin to count the number of times you lift and carry children (and objects). You have probably lifted toddlers onto the changing table, carried children who were injured, picked up a child for hugs, raised a child up to touch something over his head, or carried around a fussy baby who needed extra attention. Acquiring the proper technique for lifting and carrying children is often overlooked as a valuable skill. Yet learning how to lift and carry correctly is vital to your personal health and is directly linked to your continued work with young children. Providers who have been injured know that, when their back hurts, it affects the ability to care for and play with young children.

The age of the children you include in your program does not exempt you from the strain and stress of lifting. Knowing how to lift properly is particularly important when you include children with disabilities; they may need more physical help and need help longer. A four-year-old does not typically require being lifted unless he is injured, but a four-year-old with a motor impairment may need to be lifted in and out of a wheelchair, on and off the toilet, or up and down stairs. If your back hurts just thinking about it, take heart--lifting and carrying does not have to be stressful. Just like everything else you have had to learn to be an effective teacher, you have to learn and practice the skills that make lifting and carrying successful.

Basic and easily remembered principles can be applied when lifting young children, whether you are lifting an infant from the crib, helping a child get a drink from the water fountain, or picking up an older child who is injured on the playground.

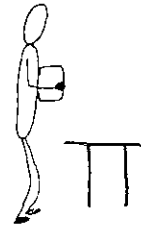


fall and someone whisked you away without warning.

→ **Tell the child you are going to pick him or her up.** Let children know what you are doing. This forewarning gives children a chance to get their bodies **ready** to move and prevents them from being startled. Imagine how you would feel if you were calmly watching the snow

Children, just like adults, need time to get ready to move. You could even ask the child to help by putting their arms up or leaning forward.

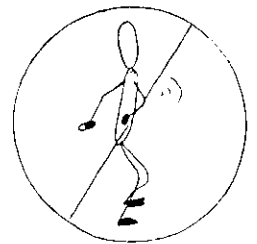
→ **Bend your knees.** Before you get ready to pick up anything--no matter how heavy or light--think of making your body "soft" and "bent." This helps you absorb the extra weight without adding stress, especially important in helping prevent lower back strain. Bending your knees when picking up small objects may seem silly, but it helps you practice the critically important skill of lifting children and heavier objects.



→ **Hold whatever you are lifting close to your body.** Secure the child or object close to your body--between your shoulders and your hips--to get maximum protection from the extra weight. An object held at arms' length is 7-10 times heavier than an object held close to the body. An

infant who weighs 10 pounds exerts 10 pounds on your back when held close to your body. If you hold that same infant at arms' length, the pressure is equal to 70-100 pounds! It is also important that children feel secure before you move them and that you allow them to support themselves as much as possible. When a child has good control of her back and head muscles and can support herself, holding her securely at the hips may be enough.

→ **Avoid twisting.** Typically we twist our bodies for leverage when we are in an awkward position (i.e., lifting a child out of a car seat) or because we have not secured what we are lifting close enough to our bodies. Twisting adds extra pressure to the back and increases the risk of injury.



Lifting is a natural part of our lives and is especially common in the early childhood routine. But lifting correctly doesn't necessarily come naturally--it's a skill we have to learn and practice. Every opportunity you have to practice lifting correctly puts you one step closer to perfecting the skill. Take time to use proper body mechanics when you lift a pitcher of milk, a box of blocks, or a bag of groceries. Then the next time you need to lift a child, your body will be practiced and ready for action. + smg

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+ FROM THE SOURCE:

Collaborating with Therapists

Young children with motor impairments almost always receive early intervention from a therapist--pediatric motor therapist, occupational therapist, or physical therapist. These specialists are skilled at planning activities which improve and/or maintain the function of the large and small muscles: reflexes, muscle tone and strength, range of motion, balance, posture, and motor skills. They devise adaptive equipment, as necessary, in order to help children work and play as independently as possible.

The child's therapist is an invaluable resource for including a child with motor impairments in early childhood activities and routines. Here are a few ways you can maximize these specialists and make a match between the child's developmental goals and your commitment to include the child:

- + Explain your goals for children in your program (i.e., increasing independence and learning to get along with each other).
- + Describe your activities and routines.
- + Define your expectations for how children participate.
- + Identify which play activities and toys in your setting the child particularly enjoys.
- + Ask about adaptive materials and equipment-- such as a cup, corner chair, wheel chair, or stander--the child already uses.
- + Ask about additional adaptive equipment the child may need to take advantage of your routines and activities and how to use it.

Collaboration with specialists can eliminate unnecessary "trial and error" on your part. While paying careful attention to the recommendations of the therapist, remember to offer your insights and information about how the child gets along in your program. Collaboration is a two-way street. +

+ MAKING IT WORK:

Wagons Ho!

It is obvious that many children (with disabilities and without) will need to be lifted at times to fully take advantage of your program. The next question that arises is, *How often should, or must, I carry a child to get to different routines?*

Let's look at a playful possibility for getting children to and from routines and activities in your program, **without** carrying them. Why? 1) Children of all ages like to feel independent of adult assistance; 2) playful options for children to get around the program may take the spotlight off the disabling condition that makes help necessary; and 3) because even the best provider is limited in his ability to respond to a group of children with a child (even an infant) in his arms.

What can you think of immediately, that your children play with daily, that could help to transport a child? How about that wonderful little red wagon! Wagons come in so many different sizes and shapes; they seem ideal for adapting to an individual child's needs. A child who can sit up, but not walk well, could have a great time being pulled around occasionally in a simple wagon with no side-rails. A child who needs more support for sitting might do famously in a wagon with side-rails with a few pillows for good measure. Of course, careful supervision will make this experience both safe and fun.

This simple idea allows children to be at the same level as their peers, gives them the opportunity to see what the other children are seeing, and does it in a fun and playful way. So the next time you want to go for an autumn "leaf hunt" around the neighborhood, get from the building to that far away sand box, or just want to play "Wild, Wild West" . . . simply say "Wagons Ho!" +



+ NOTES FROM HOME:

Lifting Daniel

"I used to always have a sore back from lifting Daniel," says Daniel's mom, Leslie Schoch. "I could never remember to bend my knees." Leslie is committed to including her son, Daniel, in every aspect of family and school life. Daniel, who was born with severe cerebral palsy and a seizure disorder enjoys these opportunities. But because of Daniel's disability, he frequently needs to be lifted and carried to new places that he is not able to get to himself. "I want to make sure that Daniel is never 'parked'. I can't see leaving him just sitting in his chair all day, especially when his favorite place to be is on the floor . . . where the 'action' is."

Because of these varying positions, people who care for Daniel need to know how to get him in/out of his wheelchair, how to get him to/from the floor, and how to help him do all these things safely--both for Daniel and the person lifting him. Leslie has learned valuable lessons as Daniel has gotten bigger and heavier. *"I had to learn the dynamics of how to lift him, especially up off of the floor. I don't let him 'ride' on one of my hips anymore; that throws my back completely out of whack. If moving him is going to be a pleasant experience for both of us, he needs to be 'centered' on my body. I also expect Daniel to help me as much as he can. He can stand for a few seconds if he is supported, and that helps because he can stand out of his wheelchair rather than my having to pick him up out of it."*

Although Daniel's parents have made many modifications in their home (like raising Daniel's bed so they wouldn't have to bend over to put him in bed), they haven't used any of the adaptive devices which are available to help lift heavier children and adults. Leslie says, *"I had never even heard of some of this special lifting equipment. I thought you just did it yourself. Pretty soon it will be important that we know what kind of equipment is out there if we expect to be able to continue lifting Daniel--and we do!" --*

+ SPOTLIGHT: Montana Adaptive Equipment Program

"*Enhancing the life that is*"--the motto quoted from the brochure of the Montana Adaptive Equipment Program (MAEP)--speaks clearly to early childhood professionals. As early childhood professionals look toward including all children as equally valued members of society, they are also committed to helping each child live life to its fullest.

MAEP is funded by the Division of Disability Services of the Montana Department of Public Health and Human Services and provides free adaptive equipment to families of children with developmental disabilities. For individuals in the early childhood field, awareness of this program--and others like it--helps you be a better resource for families in your program. In addition, the adaptive equipment provided to families can also be used in a child care or school setting.

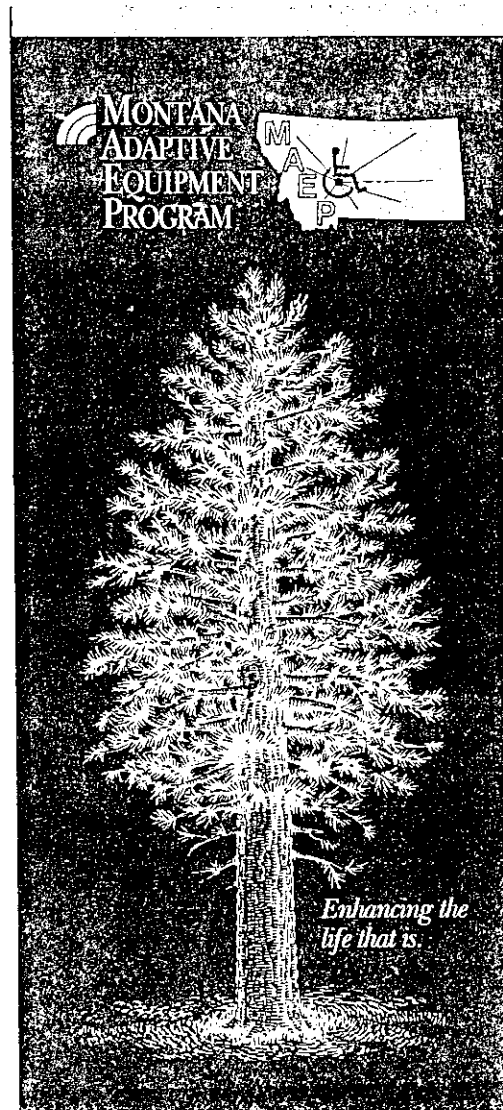
The primary goal of MAEP is to determine needs and provide equipment that will enhance the everyday abilities of individuals with developmental disabilities. These services are provided to families at no cost. Services and costs for new equipment are billed through private insurance or Medicaid, if available. Remaining costs (or those incurred by families with no coverage) are paid by the grant. In an effort to expand equipment availability, MAEP also maintains an extensive pool of used equipment. Used equipment can be used on a short-term basis for individual, family member, and therapist evaluation prior to purchasing their own equipment or for long-term use, if desired. In addition, when children outgrow or no longer need equipment such as wheelchairs, walkers, and bath or toileting adaptations, families often donate the item to the loan pool where they can be cleaned, refurbished, or modified as needed for continued use by Montana's families.

The Montana Adaptive Equipment Program strives to provide personalized service to families in a large, rural state by contracting with occupational and physical therapists by region. The Missoula region is fortunate to be served by Tamara Kittleson-Aldred. Tamara is an occupational therapist who has found many ways to share her skills and knowledge with parents and early childhood professionals. Her role with MAEP is to visit families, assess individual needs, and match available equipment with needs. She is the author of numerous publications and speaks at local and national conferences as well as having experience providing direct services to children with disabilities. Tamara is also the proud parent of three daughters. It is through her youngest child's use of adaptive equipment that Tamara became involved with MAEP.

Tamara attends regular MAEP inservice training and business meetings as a regional representative. Through this consistent training, information sharing, and consultation with a Medical Equipment Specialist, she is able to stay well

informed about principles of seating and positioning as well as remaining current about new products available on the market.

If you work with children and their families in Montana, you can refer families directly to MAEP. For those of you in other areas, you might find out if a similar program exists in your state by contacting a pediatric motor therapist. Through collaboration, we all become better at "*enhancing the life that is.*" +



For further information, contact:

Clinical Coordinator
St. Peter's Community Hospital
Montana Adaptive Equipment Program
2475 Broadway
Helena, MT 59601
(406) 442-2480 or (406) 444-2288

+ WHAT DO I DO WHEN

QUESTION: *I know how important it is to lift correctly and to use good body mechanics; I even know how to do it--but it's so easy to forget when I am busy thinking about everything else. Any suggestions?*

ANSWER: It's true knowing **how** and **why** doesn't necessarily mean that you **use** safe techniques to lift. It really is true that practice makes perfect and eventually, lifting correctly becomes second nature. But in the meantime, here are some ideas that may help:

◆ If you are fortunate enough to work with someone else--a volunteer, other staff person, or colleague--ask that person to help you by reminding you when you could have lifted correctly. It's the "buddy system," and you will be surprised how quickly you learn to make these changes when you have someone helping with gentle reminders. You can even teach the children to lift correctly, and as you might imagine, they are really good at reminding you if you forget.

◆ Use props to help you remember. Cut out a picture that demonstrates proper lifting. Place it above the changing table or some other place where you regularly lift children. Write yourself a note as a reminder and place it where you will see it a couple of times each day. Rewrite the note once a week or so, and it will continue to be a fresh reminder.

◆ Perhaps the best reminder comes from listening to your body. At the end of the day, think about how you feel--does your back hurt? Do you remember feeling a twinge when you lifted something heavy? These are cues that you need to pay closer attention to how you lift, and they are not-so-gentle reminders that your back needs to be protected. +

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

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+ RESOURCE REVIEW

The National Institute on Occupational Safety and Health or NIOSH can provide written materials and information about occupational hazards including lifting and carrying. To reach their automated phone line, call 1-800-356-4674 or write NIOSH Publications, C-134676 Columbia Parkway, Cincinnati, OH 45226-1998 (include a self-addressed, stamped envelope).

CHILD CARE plus+ is designed to support inclusion of children with disabilities in early childhood settings by supporting child care providers, parents, and community service providers including social workers, therapists, physicians, teachers, and administrators.

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For subscription information, call 1-800-235-4122 or write:

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