

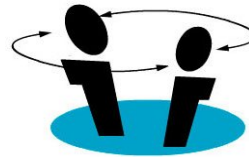


1to1 Rehab presents...

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1 to 1 Reflexions



1to1 Rehab

1to1 Rehab Proudly Presents a Carol Stock Kranowitz Workshop

Catching Them Before They Fall: Helping Young Children with Sensory Processing Dysfunction

Carol Stock Kranowitz, highly regarded author of "The Out-of-Synch Child", showcases the skills you need to have in order to help children who have difficulty reacting effectively to everyday sensations in their homes and classrooms.

This workshop is essential for Occupational Therapists, Physiotherapists, Speech-Language Pathologists, Registered Dietitians, Educators, Psychologists, Social Workers, Physicians, Nurses, Parents and Caregivers. If you know a child who:

- Avoids touching or refuses to wear certain clothes
- Is a picky eater
- Covers their ears or eyes
- Craves sensations by grabbing others, is very rough, likes to turn up the volume
- Seeks out movement like swinging, twirling or jumping
- Is constantly on the go - wearing down everyone around her
- Moves slowly, tires easily, shows little interest in the world
- Is awkward, seemingly careless, or accident-prone

Then you can't afford to miss this event! These symptoms are often the first clues to SPD - Sensory Processing Dysfunction, a common but frequently misdiagnosed condition in which messages from the senses are not correctly processed by the central nervous system.

Workshop Details:

When: May 9, 2009
 Time: 8:30 am to 4:30 pm
 Location: CNIB Centre
 1929 Bayview Ave
 Toronto, ON
 Cost: \$225.
 (early bird rate of \$200. if registration received by March 31, 2009)

Objectives of Workshop:

1. To learn about the basics of sensory processing - what it allow us to do and why we need it to function in everyday life.
2. To learn about the basics of Sensory Processing Disorder (SPD) and its three major categories: sensory modulation disorder, sensory discrimination disorder, and sensory-based motor disorders including sensory postural disorder and dyspraxia.
3. To recognize characteristics of tactile, vestibular, proprioceptive, visual, and auditory dysfunction.
4. To learn how SPD interferes with a child's ability to function in typical childhood occupations of learning, socializing, communicating, self-regulating, working and playing.

For more information or to register visit www.1to1rehab.com Upcoming Workshops.

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- Carol Stock Kranowitz Workshop
- Influencing a Client's Wellbeing
- Health Happenings in October

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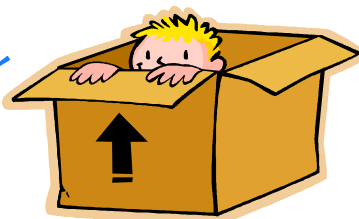
"Improving quality of life through quality of care"

Learning Can Be Fun - Physio Best Practices By Cheryl Kennedy, Clinical Administration Manager

Recently I had the opportunity to observe a clinical sharing event hosted by two of our Paediatric Physiotherapists. This was the third event in a series of meetings that are being held to help our therapists share best practices and challenges, including the practical application of various standardized assessments. In this meeting a client was invited to help one of the therapists demonstrate the use of the PDMS-2 Peabody Development Motor Scales.

It was a joyful experience for the 2 year old to play, run, climb and generally show off his skills as the group worked through the assessment. Sharing the experience as a team helped the therapists identify vague areas and specific challenges with using the tool for a wide range of clients.

Immediately following, one of the hosts demonstrated Kinesiotaping as a successful strategy for, among other things, improving stability, balance, and allowing the muscular system to heal itself bio-mechanically. Using dolls for demonstration and sharing case studies the group was able to discuss the application for a variety of impairments. Several of the physiotherapists are already using kinesiotape as an adjunct to their therapy and others are planning to attend a level one session this fall at Bloorview.



Watching the group share ideas and relating success stories reinforced the idea of a true "circle of care" being provided to all our clients. Not only are they getting an experienced therapist as part of the referral process, they are gaining access to a team of dedicated, well educated, and yes, a "playful" group of experts each and every time they are seen by our Physios.

Health Awareness Happenings in October

October is... Occupational Therapy Month and this year's theme is "Yes I Can!" OTs across Canada are participating in various activities that help promote their practice as well as give them an opportunity to connect with their peers in various development events.

October is... Breast Cancer Awareness Month. Visit the Canadian Cancer Society at www.cancer.ca to find out how you can reduce your cancer risks.

October is... Healthy Workplace Month. The Canadian Centre for Occupational Health and Safety invites you to gather in your meeting rooms and envision a healthier workplace during a free one hour webinar. Visit www.ccohs.ca for more information.

October is... Child Abuse Prevention Month. Ontario Children's Aid Societies continue to educate the public about everyone's responsibility to protect children by reporting suspected child abuse as 27,000 children suffered some form of abuse or neglect last year. During the Child Abuse Prevention Campaign in October, the public is reminded that "kids shouldn't have to live with abuse" because everyone has a responsibility to act when they see or hear that a child is suffering from abuse or neglect. Call **416-924-4646** to talk with a clinically-trained child protection worker if you have concerns about a child's safety.

October is... Eye Health Month. During October, Optometrists across the country will be promoting routine eye exams and healthier eyes in a variety of ways including in office public information materials, interviews with the media and speaking to schools, community groups and clubs.

October is... Influenza Immunization Month. 1to1 Rehab is pleased to be offering flu shot clinics at two of our upcoming meetings. For more information contact Cheryl Kennedy at 905-830-1686 ext 270.

October is... Thanksgiving. Take a moment to celebrate with your families and friends and remember the wonderful things we have to be thankful for.

Influencing a Client's Wellbeing

By Janna Adler, Clinical Services Manager

As a health care provider I often find myself wanting to have a broader impact on my clients and contribute to their wellbeing in a more meaningful way. What I've learned through my great interest in Psychology is that we all have easy access to additional tools that enhance our clients' ability to maintain a sense of control (regardless of their age) simply by providing them with choices, in turn improving their emotional welfare.

Psychological literature regarding self-efficacy, specifically by Albert Bandura and Martin Seligman, clearly document that when people believe that they can exercise control over a situation, it greatly influences their wellbeing and overall happiness. In his book, *Stumbling on Happiness* (2006), Daniel Gilbert cites several studies which support these theories. Langer and Rodin's (1976) study, demonstrated how nursing home (NH) residents lived longer when given the responsibility of taking care of a plant.

Schulz and Hanusa (1978) further demonstrated that when NH residents were given the ability to choose the date and times of weekly volunteer visits (as opposed to being told of their appointment time), the residents were

found to be happier, healthier and more active than the control group. Finally, even studies of *perceived* control have found beneficial results on participants' mental wellbeing (Taylor and Brown, 1988). Clearly, this sense of control influences emotional wellbeing.

By promoting self-efficacy in our clients we demonstrate that we respect them as capable individuals, thereby taking the focus away from their disabilities and focusing them on their abilities. What we know about self-efficacy and sense of control can be applied directly to our work as clinicians.

As an S-LP, I target communication or swallowing impairments; however, I cannot always intervene to the degree to which I desire. What I *can* do, at every encounter is to give my client a 'voice' and allow them to make their own choices. Through encouraged participation I can involve the client in decisions which they otherwise might have felt powerless over.

For example, I visited a young bedridden and quadriplegic woman who was trached and who presented with severe dysphagia and dysarthria. Her communication was limited to mouthing

dysarthric words. During the first 30 minutes of our consultation the client did not make eye contact or volunteer to speak, instead, she allowed her husband to answer all questions on her behalf. Finally, while wrapping up, I indicated that I needed to discuss the issues with the client to see if she understood our discussion, and if so, did she consent to the plan. Immediately, my client smiled, while the husband looked astonished at my request. After a slow, simplified conversation, I was able to get all the required responses via head nods.

Throughout our discussion the client became more animated and then initiated a short story. Upon leaving, I could see that the couple had connected; they were laughing together and were wearing big smiles.

Although I could not offer anything more, I knew that I provided the client with the chance to express her own views, make a decision about the course of her own intervention, and renewed a glimmer of her ability to participate socially.

Continued on next page...

Extending Maternity/Parental Benefits to Self-Employed Canadians

By Joanne Azulay, Office/Human Resources Manager

Recently the federal government announced a proposed plan to provide self-employed Canadians the opportunity to access maternity and parental benefits. Over 2.6 million Canadians work for themselves and women make up more than one third of this population. Currently, as self-employed Canadians do not pay into the Employment Insurance program, they are not eligible for maternity and parental benefits. Participation in the benefits will be voluntary, so that self-employed professionals may opt in or out of the plan. They will have access to the same

type of maternity and parental benefits available to regular EI participants, however, will be required to opt into EI premiums at least six months prior to making a claim.

At this time, exact premium amounts and required claim payments are not known. The amounts will be reviewed by the newly created Canada Employment Insurance Financing Board. The annual cost of this benefit is estimated to be \$147 million, and would be fully funded by premiums within the EI plan; it would not affect the federal government's budget.

If this initiative is successful, these benefits will be available to the nearly one million Canadian women who are self-employed, many of whom are health care professionals choosing to work under a self-employed scenario.

This is an important initiative that may contribute to the future attraction and retention of qualified health professionals into a more flexible, employment model.

The Role of the Paediatric Feeding Therapist

By Nicola Wray, Speech-Language Pathologist

Feeding and swallowing disorders are seen across many diagnoses and populations: syndromes, neurological impairment, cardiac history, tracheostomy, Failure To Thrive, Gastroesophageal Reflux Disease, Autism Spectrum Disorder and Developmental Delay.

Consequently, the feeding therapist is a critical member of the paediatric community therapy team. Whether a Speech-Language Pathologist or an Occupational Therapist, feeding therapists work in close collaboration with a variety of team members such as Physicians, Nurses, Physiotherapists, Registered Dietitians, Early Interventionists, and Social Workers.

Safe and effective feeding contributes to improved growth and development and complements other therapies. For example, a child with physiotherapy goals will often demonstrate better progress with motor skill development when healthy and well nourished.



One of the roles of the community feeding therapist is to monitor swallowing safety and recommend safe food and liquid consistencies following a client's discharge from hospital. A feeding therapist also provides oral-motor and oral stimulation programming and works with children with feeding tubes in order to maximize oral feeding skills.

Feeding therapists also work with toddlers and older children that are picky eaters or with infants who are at risk for feeding aversion.

Many children with complex medical histories are at risk for feeding aversion due to extended hospitalization and tube feedings, as well as exposure to a variety of negative oral experiences (e.g., intubation, medications, suctioning, oxygen).

To be successful and professionally accountable, it is critical for the feeding therapist to work within his/her level of expertise and continually participate in education to update his/her skills in this area of practice.

1to1 Rehab is proud to promote a strong sense of sharing and mentors therapists who are moving into this interesting arena of paediatric care.

Influencing a Client's Wellbeing continued...

Similarly, allowing children to participate in decision making can influence their participation and enjoyment of the therapy process.

I was recently asked by another S-LP to help out with a child who clearly required articulation intervention but "absolutely did not want to go to therapy". After meeting this child and assessing the situation, I gave him two choices: participate and improve his speech or decline therapy and keep his speech the same.

He immediately said that he wanted therapy, and he stopped making excuses about why he should not attend. As therapy progressed, he repeatedly asked the S-LP to let him

choose the order that the words on a page were practiced. He repeated his request three times before I quietly said to the S-LP that this client obviously *needed* to have more influence on the therapy session.

By letting him choose she could give him a sense of control over an area he was obviously insecure about. After making the change, it was clear that the client's motivation and participation improved. Even small freedoms in a session are important to improve/enhance motivation and to keep a client engaged.

Sometimes simply offering a choice of the sticker they would like, or which activity they want to do can greatly

enhance their productivity and enjoyment of a session.

By adding a sense of control over a situation and creating opportunities for even small successes, a clinician of any discipline can add to their client's sense of self and personal wellbeing.

Furthermore, the clinician will leave feeling that she has had a more meaningful impact; and as a practitioner, I find nothing more rewarding.