

# THE SIXTH MISSILE

Hi,

April 2005

I am so proud of this army. 5 or 6 of you have volunteered for action beyond duty. You are enabling anyone who is starting a movement program to contact you. Sometimes we all need to hold someone's hand.

Have you checked out our new web site? It is [www.movetolearn.com.au](http://www.movetolearn.com.au). We have a new online shop where you can purchase some great products, such as the [Parents Super Combo-Pack](#), which will save you \$20.

Information about Barbara's Final [Move To Learn Seminar](#) which is coming up on the 30<sup>th</sup> May-3<sup>rd</sup> June. If you are thinking of attending please secure a place ASAP as there are 4 places left as of today. See web site for more details.



Barbara Pheloung

## A MAJOR RESEARCH PROJECT ON MOVEMENT ORGANISING BRAIN FUNCTION

Dear Barbara,  
I wanted to let you know that the work of the Developmental Movement Centre has become the subject of a major research project in 14 children's centres throughout England and there is a conference on November 15-17, 2005 in Leeds. We are hoping to influence Early Years programs throughout the UK. If you would like to attend or want more information, please stay in touch. I will soon have a completed brochure I can email to you that is being created in England. I am a keynote speaker for the conference which will include policy makers, the Minister of Education, visiting nurse professionals, etc...

If nothing else, from your perspective, this will give more and more researched based credence to the importance of movement activities in organising brain function. Our intention is to take our work in Britain as a base, apply to major research organisations in our area and begin to apply our materials throughout the State of Washington. Hopefully the research will be valuable to all of us globally in our effort the help kids and bring some sanity to the treatment of "conditions" such as ADHD, OCD, PTSD -- all the alphabet disorders.

Please stay in touch and keep up your good work.  
Bette Lamont  
Executive Director  
Developmental Movement Centre—Seattle, USA.

## SIXTY MINUTES INTERVIEW

Click here to read the full interview. [http://sixtyminutes.ninemsn.com.au/sixtyminutes/stories/2002\\_06\\_23/story\\_621.asp](http://sixtyminutes.ninemsn.com.au/sixtyminutes/stories/2002_06_23/story_621.asp)

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## OUR OWN RESEARCH IN SYDNEY

### SUMMARY REPORT:

Integrated Therapy Program for Language Impaired Children in Public Schools:  
Evaluation of Outcomes

A grant to fund the project "Integrated Therapy Program for Language Impaired Children in Public Schools" was granted to Dr. Christine Chapparo at the University of Sydney by Barbara Pheloung and the Move to Learn Foundation. The purpose of the project was to measure the outcomes that were achieved over two school terms of an integrated school based therapy program as measured by academic performance, gross and fine motor performance and perception. The following is a summary of the outcomes of the project.

### Background:

In response to a request for occupational therapy assistance for children with specific language and communication difficulties at two public primary schools in Sydney, the School of Occupation and Leisure Sciences at the University of Sydney developed a final year specialised fieldwork placement. The program targeted children K-6 who have been identified as have average or above average IQ, but significant language difficulties. In addition, the majority of children were identified by their teachers as having problems with general organisation, planning, fine and gross motor abilities, developing relationships with peers and self-regulation of their behaviour.

### The Program:

The program ran for eight weeks in each of the 3<sup>rd</sup> and 4<sup>th</sup> terms in 2004. It focused on three areas: gross and fine motor skills, and tool use (writing, cutting, pasting), and sensory processing and regulation. Fine motor intervention focused on hand and finger dexterity and strength. Tool use was specific to the use of writing tools such as pens, pencils and paper. Intervention sessions were run as in-class groups for all children each day, and individual sessions from one to four times per week for children who needed particular help with pencil grasp, spacing, letter size and alignment. Sensory integration sessions were carried out once or twice weekly in the school halls. These sessions aimed to develop tone, posture and balance as well as motor planning.

Activities were graded from simple to complex as skills developed and generalised to the playground and PE. Student therapists worked with specific children during class time on organisation, planning and regulating attention and behaviour.

#### Outcome measures:

All children were assessed at the beginning of the program and at the conclusion of the program using the following measures. The children were assessed and re-assessed by student therapists who had been trained in the assessment procedures and whose reliability had been checked by the senior researcher and an independent occupational therapist. Re-assessments were carried out by student therapists who had not completed the initial assessment, nor had been involved with the child's intervention, to control for tester bias.

- Curtin University Handwriting Assessment
- Assessment of Handwriting Readability
- Handwriting Speed
- Assessment of Scissor Use
- Development Test of Visual Motor Integration
- The Motor Free Visual Perception Test
- Clinical Observations of Posture and Movement

Qualitative observations of classroom behaviour and application

#### Outcomes:

All children improved in at least one area of ability, with the majority demonstrating significant improvements in all areas of function. As a group, the children made significant quantitative changes in all areas. Generally, the visual and organisational skill required for handwriting improved, with students demonstrating improvements in spatial organisation, amount and coherence of written expression, consistency in the spacing and size of letters and speed. Clinical observation group scores relating to posture, balance and planning showed significant improvement, with all children demonstrating a constellation of scores at the conclusion of the program that were close to those expected of typical children their age. Qualitatively, changes observed in the classroom related to improved tone and posture during schoolwork tasks, improved balance and coordination during gross motor activities and a more active and initiated inclusion in PE and playground activities with children from other classes. During sensory integrative sessions, the children demonstrated an ability to perform more complicated sequences of movement, to calibrate their motor and affective responses to sensory input.

Qualitative reports from the classroom indicated that self-regulation and attention were areas demonstrating considerable improvement. Pre and post assessment scores of visual perceptual measures showed the greatest variability across children, with the group as a whole showing significant improvement.

Unsolicited reports from the teachers indicated the effects of the program. The following is an excerpt from a letter received from two teachers and a school principal after just six weeks of the program:

*"We would like to thank you for assigning (two OT students) to the Support Class (Language) at \_\_\_\_\_ Public School. The impact on the class has been outstanding. All the children have made excellent progress in all areas. This is true not only of the occupational therapy aspects but also the flow on effects to all other areas of the language curriculum.*

*In the K/2G class, one child in particular has made dramatic improvements. C. is 6 years old and has been in the class for nearly two years. We were very concerned about her apparent lack of academic progress. However, in the last eight weeks, she has become focused, is able to complete her work and her reading and writing have improved. She is more alert in class and is communicating outside the classroom with other children and teachers.*

*In the 2/4L class, all the children have become more focused, have begun to produce more consistent work and are showing greater attention spans. All are producing more fluent writing, particularly two boys, who had notable difficulty. One of the boys, S, who has visual perception difficulties, is clearly more able to self-correct and produce focused work. He has had the same problem for the eighteen months he has been in the class and we were concerned that he is approaching the exit point in the class without having gained the strategies to manage this problem. As with C., S appears to have made a definite turn around. We could not be more pleased with this result."*  
(SCL Class Teachers and Principal)

## A WARNING TO TEACHERS WHEN REFERRING YOUR STUDENTS TO A BEHAVIOURAL OPTOMETRIST

Unfortunately Behavioural Optometry is becoming the flavour of the month and there are many practitioners who claim to be "behavioural" but who in reality do not have the right qualifications. It would be sound to advise teachers, who have no knowledge of optometry, to ensure that the practitioner that they refer their children to is either a Fellow of ACBO or has completed the Behavioural Optometry component of the Clinical Masters Program through the Department of Optometry, University of NSW. This will save some much grief and will help to ensure that those children in need are more likely to see a practitioner with appropriate skills.

## TRY A BLIND WEEK!

One of the most basic building blocks for academic learning is our proprioceptive system. This system gives us our ability to learn where we are in space. Our muscles and joints give our brain this information and it is essential to know about our bodies position before we can learn about the position of other things in relation to ourselves and then in relation to each other. This is obviously essential for geometry, for positioning our writing/drawing on a piece of paper and of course being able to put figures in straight even columns. As well most of the clumsy children I've seen have poor proprioception.

### SOLUTION

Stimulate the brain in our muscles and joints by temporarily removing other support systems such as the eyes. Do things with eyes closed so that the muscles/joints have to be used more.

For example; Try eating with eyes closed.  
Blindfold your eyes and have a friend near as you walk to a chair and sit down, or go out a door.

### PRE AND POST TESTING

Take note of how hard clapping hands blindfolded with a friend is today, keep practicing blind activities for 2 weeks and then try test again.

This week Deborah Hoffman of Port Macquarie reinforced the importance of learning each sequence of the Move to Learn program thoroughly before leaving it.  
Thanks Deb!

Till next time! Take care!

