

## Physical Therapy in Pediatrics

DPT Physical Therapy Curriculum:

Year 2 – Summer Semester 2014

Credit hours: **4 credits** PHT 6322

Sections: 7296, 7309

**Instructor:** Claudia Senesac, PT, PhD, PCS

**Assistant Instructor:** Barbara Bour, PT

### Course description:

- The course will include the following: typical development, reflexes and the role of reflexes in movement development, atypical development and its clinical outcomes, review of motor control / motor learning theories and their application to pediatrics, family dynamics and the role for the therapist, public laws that affect pediatric practice (schools and early intervention), ethical and legal issues. Assessment and therapeutic intervention strategies for the pediatric population will be stressed. The course will cover selected medical conditions specific to the pediatric population.
- Didactic, movement lab experiences, hands on experience with pediatric patients at a private clinic in the community, treatment demonstrations, and special guest speakers will be included in this course to facilitate specific objectives.
- The course is designed to focus on treatment and handling skills specifically with the pediatric population. However, emphasis is placed on the overlap and application of concepts, techniques, critical thinking skills, and problem solving as these apply to all populations. Application of motor learning and motor control concepts across populations will be emphasized.
- Didactic materials will be presented online through Sakai and will include but not limited to: ppt. required readings, references, optional readings, other. Materials posted 1 week in advance of class discussion.
- Students are responsible for all required materials and will be tested weekly through quizzes consisting of 5-10 questions.
- Class will be organized to review in more detail the topic posted. This will consist of discussion, video, analysis, patient demonstration, problem solving, and lab periods for hands on treatment techniques.

**Course prerequisites:** Course participation is limited to entry-level DPT students in their second year of the UF program.

**Instructor:** Claudia Senesac, PT, PhD, PCS  
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Office hours – available T/TH/F

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<b>Class time:</b>	<b>Tuesday:</b>	Lecture 8:00-9:15
		Lab A: 9:30-12:00 (small group discussion, experiential learning, and demos)
		Lab B: 12:45-3:15 SAME
	<b>Friday:</b>	Lecture/Lab 8:30-12:30

**\*Please be flexible on these days! Bringing patients and guest speakers in for class can be unpredictable. We will do our best to keep to the schedule.**

**Clinic Site:**                      **Kids on the Move**  
**1203 NW 16<sup>th</sup> Ave**  
**352-373-7337**

**General Objectives:** \*\*\* Specifics for each lecture will be given\*\*\*

**1. Guide to PT Practice model and the ICF model:**

- 1.1. The student will recognize the differences in the application of these models to the pediatric populations
- 1.2. The student will develop treatment plans based on the Guide to PT Practice model.
- 1.3. The student will apply the ICF model as they develop goals for the pediatric population with regard to participation (play, school, community)

**2. Theories of motor control, motor learning, and motor development:**

- 1.1 Define identified motor control terminology.
  - 1.2 Discuss/explain factors influencing motor learning for skill acquisition.
- 1.3 Explain factors that affect therapy interventions related to principles of motor learning and motor control
  - 1.4 Discuss the relationship of motor learning to typical/atypical development
- 1.5 Demonstrate concepts of practice, feedback, stages of learning through lab activities and clinic experience related to this course
- 1.6 Explain and demonstrate through lab and clinic experience related to class how learned motor skills generalize to other untrained skills.
- 1.7 Discuss the different types of attention and how they affect motor skill acquisition and performance
  - 1.7.1 Demonstrate through treatment design how to address deficits in attention especially scanning attention
- 1.8 The student will be able to analyze movement, design treatment, and modify POC based on motor control and motor learning concepts.

**2. Typical Development and reflexes:**

- 2.1 Contrast respiratory rate, heart rate, and blood pressure between the newborn Infant and developing child up to a 5-6 year old child.
- 2.2 Describe and discuss nervous system and musculoskeletal development.
- 2.3 Discuss the implications of birth weight and its value as a predictor of typical development.

- 2.4 Describe the Apgar Scale and its purpose.
- 2.5 Describe and compare typical characteristics of the full term infant and premature infant
- 2.6 Identify components of a newborn exam.
- 2.7 Explain habituation and its significance with the neonate.
- 2.8 Explain the testing procedures for, responses to, and significance of developmental reflexes and reactions.
  - 2.8.1 Recognize need to perform primitive reflex testing
  - 2.8.2 Ability to perform primitive reflex testing in the neurological patient
- 2.9 Differentiate and discriminate between changes in development if pathological reflexes persist. This will be done through lab activities.

### **3. Gross Motor Development:**

- 3.1 Describe and discuss gross motor progression from 0-2 years of age.
- 3.2 Discuss the development of typical postural control: righting reactions, protective reactions, equilibrium reactions and balance.
  - 3.2.1 Perform facilitation techniques of postural reactions – will be done in lab activities and tested in competencies
- 3.3 Analyze the movements and behavior of typical children between the ages of 0-12 months and determine the demonstrated gross motor age of the child. This will be done during lab activities and demonstrations “baby day”.
- 3.4 Describe the progression of GM skills in children that demonstrate typical development between the ages of 0-12 months
- 3.5 Describe and recognize the progression of gait from automatic walking to independent ambulation.
- 3.6 Describe the physical requirements and prerequisites needed for ambulation.

### **4. Fine Motor/Vision/Cognition/Sensory Processing:**

- 4.1 Describe and discuss development of reach and grasp patterns.
- 4.2 Describe and discuss fine motor development.
  - 4.2.1 Be able to perform a FM screening to determine if referral necessary to OT
- 4.3 Identify the sequence in the development of FM skills
- 4.4 Describe how vision contributes to environmental problem solving.
- 4.5 Identify and describe how information processing is important in vision and FM control.
- 4.6 Identify the sequence in the development of vision
  - 4.6.1 Perform a functional vision screening exam
- 4.7 Describe and discuss the development of the sensory processing system
  - 4.7.1 discuss and demonstrate treatment techniques that would address sensory processing deficits
- 4.8 Identify the connection between cognition, FM skills, GM skills, and vision

### **5. Postural Control:**

- 5.1 Discuss the basic principles for control of movement and posture.
- 5.2 Identify, discuss, and demonstrate the balance strategies.

- 5.2.1 perform facilitation of balance reactions: righting, equilibrium, protective extension
- 5.3 Discuss guidelines that can be used to differentiate problems with head and trunk control.
- 5.4 Demonstrate treatment techniques for the child with head and trunk control problems.

## **6. Atypical Development:**

- 6.1 Identify potential problem signs, soft signs, or “red flags” of development.
- 6.2 Discuss the sequence of atypical motor development including missing components, compensations, habit, possible contractures and deformities.
- 6.3 Describe how atypical motor development can lead to problem areas.
- 6.4 Discuss and describe the difficulties that can occur: neck, shoulder, pelvic-hip when atypical development is present.
- 6.5 Demonstrate/Perform “select” treatment strategies for the neck, shoulder, pelvic-hip areas.
- 6.6 Describe and be able to demonstrate pelvic positions and gait patterns noted with atypical/pathological muscle tone.
- 6.7 Analyze movement of a child by watching videotape and prioritize key areas that interfere with typical movements.
- 6.8 Analyze movement of a child in clinic setting prioritizing key areas that interfere with typical movements.

## **7. Adaptive Equipment:**

- 7.1 Discuss the role of adaptive equipment for the special needs child at home, in school, in the community.
- 7.2 Describe the criteria to consider when evaluating a special needs child for adaptive equipment.
- 7.3 Identify 5 criteria to address when purchasing adaptive equipment for the special needs child.

## **8. Public Laws:**

- 8.1 Explain the overall purpose of the Education of the Handicapped Act and its Amendments: the diagnostic criteria students must meet to qualify for special education services; the IEP, least restrictive environment, transition services
- 8.2 Explain the overall purpose of Part C of PL 99-457, including: the emphasis on the family, the IFSP, the differences between the IEP and the IFSP: eligibility requirements.
- 8.3 Explain how a therapist determines educational relevance for a student to receive services.
- 8.4 Define and give examples of the terms: transdisciplinary, multidisciplinary, and interdisciplinary.
  - 8.4.1 differentiate the above terms

## **9. Family/Client/Professional Communication:**

- 9.1 Describe benefits of family centered care.
- 9.2 Describe barriers to family centered care.
- 9.3 Demonstrate appreciation for cultural diversity as it influences treatment plan of care and family centered goals.
- 9.4 Identify/describe characteristics of family impact related to having a disabled child
- 9.5 Modify treatment POC, interaction with family and child as needed based on interaction and cultural diversity.

## **10. Guest Speakers:**

- 10.1 Describe impact of diagnosis on child/family based on lectures presented by children and /or family-assessed through discussion
- 10.2 Describe personal impact on self- as a result of lecture by children and/or family. This will be assessed through discussion.

## **11. Therapist Role:**

- 11.1 Discuss the role of the therapist in the treatment of children
  - 11.1.1 With family, caregivers
  - 11.1.2 With the medical community
- 11.2 Understand the legal and ethical obligations to the child and family
  - 11.2.1 Child abuse
  - 11.2.2 Child neglect
  - 11.2.3 Family support

## **12. Treatment Strategies:**

These will be assessed during competencies where the student will perform the techniques on the instructor. These competencies are P/F however every critical component listed below must be passed. In the event that the student fails the competency remediation will be arranged with one of the instructors and then re-testing will be arranged until the objectives are met.

- 12.1 Student will be able to demonstrate/perform at least one technique each for the treatment of the following: Facilitation of: 1) head control, 2) rolling, 3) getting into sitting, 4) sit to standing, 5) gait, 6) other
  - 12.1.1 Appropriate hand placement
  - 12.1.2 Safety during movement transitions
- 12.2 Student will be able to perform two techniques for inhibiting spasticity:
  - 12.2.1 Appropriate hand placement
  - 12.2.2 Safety during treatment
- 12.3 Student will be able to demonstrate two techniques for facilitating tone:
  - 12.3.1 Appropriate hand placement
  - 12.3.2 Safety during treatment
- 12.4 Student will be able to demonstrate facilitating postural reactions.
  - 12.4.1 Appropriate hand placement
  - 12.4.2 Safety during treatment
- 12.5 Student will be able to demonstrate/perform a treatment progression
  - 12.5.1 Appropriate transitions

## 12.5.2 Safety during treatment

### **13. Selected Pediatric Conditions:**

13. 1 Student will be able to describe/define selected pediatric conditions including but not limited to: CP, torticollis, Pediatric oncology, sports injury, Down syndrome, Spina bifida, SMA, common orthopedic conditions, mitochondrial disorders, Marie Charcot Tooth disease, Autism spectrum, and other...

13.1.1 Differentiating diagnosis

13.1.2 Differentiating prognosis

13.1.3 Determining the correct pediatric practice pattern from the APTA Guide to PT Treatment

13.2.4 Describe etiology, pathology, and signs/symptom

13.2.5 Justify clinical disposition

13.2.6 Describe, justify, determine role of PT in care

### **14. Behavior Modification**

14.1 Define classic terminology related to behavior modification

14.2 Describe concept of rewarding, reinforcing behaviors to enhance therapy outcomes

### **Teaching Methods:**

This is a lecture/lab course. Part of the course is presented as a “Flip” classroom with much of the didactic work presented online with higher level learning including analysis and synthesis of the material done during class-time. The lectures will include formal presentations including power point, videos, and class discussions. Labs will provide movement experiences and treatment strategies, including patient demonstrations, followed by discussion. Small group discussions will be led by students and supervised/mediated by instructors. Patient interaction, student participation for supervised hands on experience will be provided at a private clinic in the community. Students are expected to come to class prepared to participate having accessed preparatory material online including but not limited to power point, required readings, and other required headings. Modules will be available through e-learning for independent study in preparation for class, labs, and discussion. Individual objectives will be listed for each module.

### **Recommended textbooks as references:**

1. Umphred, DA. *Neurological Rehabilitation* 5<sup>th</sup> or 6<sup>th</sup> edition. Mosby Elsevier, 2007 or 2012.
2. Shumway-Cook A, Woollacott MH. *Motor Control: Translating Research into Clinical Practice*. 4<sup>th</sup> edition. Lippincott Williams & Wilkin 2011.
3. Chen DJ, Martin ST. *Functional Movement Development Across the Life Span*, WB Saunders Company, 2nd edition 2002.
4. Schmidt RA. *Motor Control and Learning a Behavioral Emphasis*, Human Kinetics, 4<sup>th</sup> or 5<sup>th</sup> edition, 2005 or 2011.
5. Long, T, Toscano, K. *Handbook of Pediatric Physical Therapy*. Lippincott Williams & Wilkins, 2<sup>nd</sup> edition, 2002.

6. Susan K. Effgen, *Meeting the Physical Therapy Needs of Children*, F.A.Davis 2005. *New one coming out soon!*
7. Drnach, M. *The Clinical Practice of Pediatric Physical Therapy*, From the NICU to Independent Living. Lippincott Williams & Wilkins, 2008.
8. Tecklin, Jan S. *Pediatric Physical Therapy*, 4<sup>th</sup> edition 2007. Lippincott Williams & Wilkins
9. Dodd K.J., Imms C. and Taylor N.F., *Physiotherapy and Occupational Therapy for People with Cerebral Palsy: A Problem-Based Approach to Assessment and Management*. Mac Keith Press 2010.

**Additional readings:** these will be designated required or optional.

Selected readings may be assigned: These references are available through the HSC Library or from the instructor (posted on Sakai) and will include research articles on selected topics. These references will be designated as required and optional (for those that intend to pursue pediatrics). You will be tested on the required readings.

**Testing and grading:**

This course will be graded according to the departmental guidelines located in the student handbook. **Attendance is required.** There will be two written exams, both consisting of questions drawn from the readings, video, DVD/CD's, lectures, handouts, and labs preceding the exam. Exams will include multiple choice, true/false, short answer, and essay. **All exams/quizzes are cumulative.** Please refer to the course objectives in the syllabus as a study guide for both reading assignments and exams. There will be a quiz/unit as listed in Sakai. One lab competencies will be given in the lab portion of this class at the end of the semester. Details of which are described in the objectives.

For the final course grade, the student must achieve the full numerical grade to achieve the letter grade. For example, a final course grade of 82.99 is still a B- grade, but a final grade of 85.00 will be recorded as a B. There will be NO rounded up of grades.

Grading:	Points
<b>Exam I - midterm</b>	<b>100</b>
<b>Exam II – final</b>	<b>150</b>
<b>Cumulative</b>	
<b>Quizzes (10) 10 pts/each</b>	<b>100</b>
<b>Video Quizzes or assignments (max 5) 10 pts/each</b>	<b>50</b>
<b>KOM I</b>	<b>15</b>
<b>KOM II</b>	<b>15</b>
<b>Competency</b>	<b>25</b>
<b>TOTAL</b>	<b>455</b>

Grading scale
93-100 = A 4.00 grade point
90-92 = A- 3.67 grade point
87-89 = B+ 3.33 grade point
83-86 = B 3.00 grade point
80-82 = B- 2.67 grade point
77-79 = C+ 2.33 grade point
73-76 = C 2.00 grade point
70-72 = C- 1.67 grade point
67-69 = D+ 1.33 grade point
63-66 = D 1.00 grade point
60-62 = D- 0.67 grade point
Below 60 = E 0 grade point

**Labs:** Wear lab attire as specified in the student handout. You will be on the floor during these labs. Socks may be worn during labs to protect the feet... You will be asked to *remove your shoes* during lab and KOM periods. Setting up the classroom and lab, sweeping the floor, cleaning the mats, and preparing for guest speakers will be assigned by the week. *This must be done at least 30 minutes prior to class period or on the break between lecture and lab.*

**[LAB Set up will be lab A and break down will be lab B]**

### **Clinical Experience**

This experience is to provide an opportunity for hands on learning under the supervision of a pediatric therapist. The goal is to improve your handling skills, problem solving, critical thinking skills, and ready you for your clinical in the fall. There will be 2 treatment sessions. You will be responsible for fulfilling your commitment with the patient. **Total points = 30 points**

### **Academic Honesty / Honor Code**

In this professional program we are particularly sensitive to students submitting independent work and to using complete and accurate referencing in complying with the University of Florida Rules - 6C1- 4.017 Student Affairs: Academic Honesty Guidelines. Further details regarding the University of Florida honesty policy is available at: <http://www.dso.ufl.edu/judicial/procedures/academicguide.php> and in your student handbook. All students are required to abide by the Academic Honesty Guidelines, the following pledge has been accepted by the University and is expected of all students: **“We, the members of the University of Florida community, pledge to hold ourselves and our peers to the highest standards of honesty and integrity”**. On all work submitted for credit by students at the University of Florida, the following pledge is either required or implied: **"On my honor, I have neither given nor received unauthorized aid in doing this assignment."**

### **Policy Related to Class Attendance**

**Attendance is mandatory.** Please contact the instructors as soon as possible if you are unable to attend class for any reason. Personal issues with respect to class attendance or fulfillment of course requirements will be handled on an individual basis.

### **Policy Related to Make-up Exams**

In extraordinary circumstances it may be possible to take an exam early or late. If for any reason you are unable to attend an exam at the last minute, you must notify the instructor as soon as possible. Personal issues with respect to exams will be handled on an individual basis.

### **Accommodations for students with disabilities**

If you require classroom accommodation because of a disability, you must first register with the Dean of Students Office (<http://oss.ufl.edu/>). The Dean of Students Office will provide documentation to you, which you then give to the instructor when requesting



accommodation. The College is committed to providing reasonable accommodations to assist students in their coursework.

### **Counseling and Student Health**

Students may occasionally have personal issues that arise in the course of pursuing higher education or that may interfere with their academic performance. If you find yourself facing problems affecting your coursework, you are encouraged to talk with an instructor and to seek confidential assistance at the University of Florida Counseling Center, 352-392-1575, or Student Mental Health Services, 352-392-1171. Visit their web sites for more information: <http://www.counsel.ufl.edu/> or <http://www.health.ufl.edu/shcc/smhs/index.htm#urgent>

The Student Health Care Center at Shands is a satellite clinic of the main Student Health Care Center located on Fletcher Drive on campus. Student Health at Shands offers a variety of clinical services, including primary care, women's health care, immunizations, mental health care, and pharmacy services. The clinic is located on the second floor of the Dental Tower in the Health Science Center. For more information, contact the clinic at 392-0627 or check out the web site at: [www.health.ufl.edu/shcc](http://www.health.ufl.edu/shcc)

Crisis intervention is always available 24/7 from: Alachua County Crisis Center: (352) 264-6789. *BUT – Do not wait until you reach a crisis to come in and talk with us. We have helped many students through stressful situations impacting their academic performance. You are not alone - do not be afraid to ask for assistance.*

**This course progresses at a rigorous pace. It is strongly recommended that you not fall behind. The first part of the course is heavy in foundational materials...stay on top of it. Assignments to prepare you for class are posted the week prior on Sakai. Come prepared to think out loud, ask questions, participate, and learn. Leave yourself open to grow. It requires much team work, collaboration, imagination, creativity, energy, thinking outside the box, problem solving, critical thinking, analyzing, synthesizing information, and most importantly...a sense of humor.**

**Soooo BRING IT ON!!!**

**Pediatrics in Physical Therapy – SCHEDULE**  
**PHT 6322, DPT program**  
**2<sup>nd</sup> year students – Summer 2014**

**Tuesday:** Quiz days: 7:45am  
Lecture 8:00-9:15  
Lab A: 9:30-12:00  
Lab B: 12:45-3:15

**Friday:** Quiz days: 8:15am  
**\*\*check schedule some exceptions**  
Lecture/Lab 8:30-12:30

**Instructor:** Dr Senesac  
**Assistant Instructor:** Barb Bour

**UNIT 1 – Building a Pediatric Foundation: Birth to 6 years**

Reflexes  
Development of extension/flexion  
Skill acquisition  
Functional Movement  
Motor control/Motor learning concepts/application-review  
Developmental interactions: GM, FM, Social, vision, Sensory, Communication

**WEEK ONE**

**May 13<sup>th</sup> Tuesday**

**Lecture-** course introduction and overview

- Review of Embryology-critical time periods.

**Required Readings** posted on Sakai

Excessive Stress Disrupts the Architecture of the Developing Brain  
Early Exposure to Toxic substances Damages Brain Architecture  
The Timing and Quality of Early Experiences combine to shape Brain Architecture  
Building the Brain's "Air Traffic Control" System:

**Required power points** posted on Sakai- prep for class on Friday

Postural reactions, heart defects, other...

**Required Links** to videos/other information

Developmental Chart: across domains

Developmental Chart: ONLY GM skills

Reflex testing- *follow list of required videos* to watch

[http://library.med.utah.edu/pedineurologicexam/html/newborn\\_n.html](http://library.med.utah.edu/pedineurologicexam/html/newborn_n.html)

\*if this link does not work: Google: infant neuro exam and follow link to Utah site

Requires QuickTime Player-download for free

**\*\*\*Take online Quiz when done with videos**

Pediatric Section: What is a Pediatric PT (video online) [www.pediatricapta.org](http://www.pediatricapta.org)

**Optional Readings/references** posted on Sakai

**Lab-** split A/B (~1 ½ hours)

Lecture continues

- Experiential movement lab
  - Movement...how does movement occur?

**May 16<sup>th</sup> Friday-early start time: \*\*Babies at 8:00 arrive 15 min early\*\***

**BABY DAY** several babies will join us from 8:00-10:00am

- **Quiz** after babies on Reflexes
- DVD the Baby Human-To Walk-Discovery (~1 hour)
- Discussion afterward

## **WEEK TWO**

### **May 20<sup>th</sup> Tuesday**

**Lecture** Newborns, Atypical Development

Motor learning/Motor control-review, Characteristics of fetus/neonate, development of extension, skill acquisition, functional movement components, developmental interactions, reflexes,

### **Continue with Unit 1**

Video analysis-typical movement based on video of babies 4/17/13

**Required Readings** posted on Sakai

Developmental Skills 3-6 years

**Required power points** posted on Sakai- prep for class

**Required Links** to videos/other information

**Optional Readings/references** posted on Sakai

**Lab** split A/B (follow objectives)

- Head control-what is it, who needs it, how do you get it?
- Facilitating head control-all positions

### **May 23<sup>rd</sup> Friday**

**Lecture**

**Quiz 8:15am**

- Analyzing “typical” development
- Analyze Videos- typical development 0-2 years
- Analyze videos- typical development 2-6 years
- Begin process to analyze “atypical” development

### **Unit 2 Assessment Tools and Objective Outcomes**

General Characteristics- Selected Tools

Standardized tools

Objective measures

Timed tests

Other...

Difference between functional assessment and impairment measures

Selecting the right tool

Selecting goals based on results of assessment (s)

Goal writing-objective measures incorporated in goal and treatments

## WEEK THREE

**May 27<sup>th</sup>-Tuesday**

Lecture

**\*\*7:45am Quiz**

8:00 -9:15am Guest lecturer

**Leanne Harrison-Forbes**- focus on standardized testing tools and use of selected tools including but not limited to: GMFM, BOT-2, PDMS-2, AIMS

**Required Readings** posted on Sakai

**Required power points** posted on Sakai- prep for class

General information on assessment tools, terminology, etc...

**Required Links** to videos/other information

**Optional Readings/references** posted on Sakai

Lab split A/B (follow objectives)

Guest Speaker-continues

- Video analysis- testing tools
  - Scoring of items on selected tools
  - Discussion: meaning of results
    - Goal setting based on results

**May 30<sup>th</sup> Friday**

- **Demo**-assessment (AF)
  - Synthesize results
    - Strengths, weaknesses
    - Identify foundation to build on
    - Goals/writing objectively
- Objective Measures
  - Muscle tone, Muscle testing, Timed Tests: 10 m walk, TUG, 2 min. walk, supine→ stand, ascend 4 stairs, Pediatric Balance Test, vestibular testing, vision dissociation
- General assessment forms for evaluations
- Lab Stations

## WEEK FOUR

**Unit 2 continues**

**June 3<sup>rd</sup> Tuesday**

**Quiz 7:45**

Lecture – video analysis (ET, AF, LA, AA)

Lab

- Catch up- first hour-discuss demo
- Facilitation of head control, rolling

## June 6<sup>th</sup> Friday

### **Kids on the Move-Plan all day 8:00-3:00pm**

- Assignment into groups/child to work with
- You will use posture in pictures, general information form
- Assignment: fill in ICF chart and develop goals for patient as a group
  - **Objectives:** communication skills with child, safety, handling skills, explanation of tasks, and justification of selected tools: **SEE DETAILS posted on Sakai**

### **Unit 3: Treatment and Handling Skills**

Criteria for Assessment: analyzing movement

Facilitating and Inhibiting Movement

General Background

Key points of control

Reinforcing key components during treatment

Basic Skills

Muscle Tone and Treatment

General review

How to assess muscle tone

Managing tone during treatment

Treatment Progression

Guidelines

Circuit training

Complex skills

## **WEEK FIVE**

## June 10<sup>th</sup> Tuesday

### Lecture

#### **\*\*7:45am Quiz**

- Treatment strategies: Historical perspective/background [Ayers, Rood, Bobaths]
  - Development of ext/flex, controlled head/trunk
  - Loading, WS, SSC

**Required Readings** posted on Sakai

**Required power points** posted on Sakai- prep for class

General information on assessment tools, terminology, etc...

**Required Links** to videos/other information

**Optional Readings/references** posted on Sakai

## Lab

- Trunk control R/E/PE
  - Development of rolling, prop on elbow, up to sitting, into quadruped

## June 13<sup>th</sup> Friday

### Lecture

Guest Speaker: **Kim Kazamore** 8:30-10:30

Behavior management, motivation, and participation during therapy **Video**

**Demo** (AF) treatment/handling

### **Unit 3 Continues**

### **Unit 4 Special Conditions**

Cerebral Palsy, Torticollis, Down syndrome, and Erb's Palsy

## **WEEK SIX**

### June 17<sup>th</sup> Tuesday

### Lecture

**\*\*7:45am Quiz**

Highlight special conditions, differential diagnosis of conditions: CP, DS, Torticollis, Erb's Palsy

**Required Readings** posted on Sakai

**Required power points** posted on Sakai- prep for class

General information on assessment tools, terminology, etc...

**Required Links** to videos/other information

**Optional Readings/references** posted on Sakai

Lab Transitions: Quad → kneeling → ½ Kneeling → standing

### June 20<sup>th</sup> Friday

Lecture Kids Lecture / Adult with CP

School System: review of public laws and educational models

**Demo** (SZ) treatment/handling

## Units 3 and 4 Continue

### Treatment and Handling Skills

**Special Conditions:** Obesity, General Orthopedics, Sports Injury, PedOnc, General Physical Fitness

## WEEK SEVEN

June 24<sup>th</sup> Tuesday

### Lecture

**\*\*7:45am Quiz**

**Barb Smith:** respiration/cardio

**Required Readings** posted on Sakai

**Required power points** posted on Sakai- prep for class

General information on assessment tools, terminology, etc...

**Required Links** to videos/other information

**Optional Readings/references** posted on Sakai

### Lab

- Combining respiration with exercise
- Vision Screen: dissociation
- Standing→ Gait

June 27<sup>th</sup> Friday-

Lecture –follows exam, see below

### MID-TERM EXAM

- Differential diagnosis of special conditions

## Units 3 and 4 Continue

### Treatment and Handling Skills

**Special Conditions:** Degenerative Diseases (DMD, SMA), SB, MCT disease

## WEEK EIGHT

July 2<sup>nd</sup> Tuesday

### Lecture

**\*\*7:45am Quiz**

**Rebecca Wilcox:** DMD research at UF

**Required Readings** posted on Sakai

**Required power points** posted on Sakai- prep for class

General information on assessment tools, terminology, etc...

**Required Links** to videos/other information  
**Optional Readings/references** posted on Sakai

**Lab**

- Billing
- Differential diagnosis
- Changing directions, obstacles, etc

**July 4<sup>th</sup> Friday-NO CLASS**

**Units 3 and 4 Continue**

**Treatment and Handling Skills**

**Special Conditions:** Autism spectrum, DCD

REVIEW goals for KOM

**WEEK NINE**

**July 8<sup>th</sup> Tuesday**

**Lecture:** NICU, special care settings

**\*\*7:45am Quiz**

**Required Readings** posted on Sakai

**Required power points** posted on Sakai- prep for class

General information on assessment tools, terminology, etc...

**Required Links** to videos/other information

**Optional Readings/references** posted on Sakai

**Lab:** other/catch up

**July 11<sup>th</sup> Friday**

**Kids on the Move-Plan all day 8:00-3:00pm**

- Assignment into groups/child to work with
- Treatment
  - **Objectives:** TBD [to be developed]

**Unit 5 Adjunctive Modalities/Therapies**

**WEEK TEN**

**July 15<sup>th</sup> Tuesday**

**Lecture**

**\*\*7:45am Quiz**



- Highlights – discussion of alternative methods/ adjunctive therapies

**Required Readings** posted on Sakai

**Required power points** posted on Sakai- prep for class

General information on assessment tools, terminology, etc...

**Required Links** to videos/other information

**Optional Readings/references** posted on Sakai

**Lab**

- Case Studies
- POC
- Treatment

**July 18<sup>th</sup> Friday**

**Lecture**

- Catch up/analysis/synthesis

## **WEEK ELEVEN**

**July 22<sup>rd</sup> Tuesday**

**Quiz 7:45**

**Review** for written exam 8:00

**Competency**- groups will be assigned

Lab A between 9:30-12:00

Lab B between 12:45-2:45

**July 25<sup>th</sup> Friday**

**Written exam** 8:30-10:00