Pre-referral Interventions for Classroom Difficulties

The following interventions should be attempted for several weeks (4-6) before referring a student for an occupational and/or physical therapy evaluation.

Posture (relates to Motor Abilities domain)

- Use appropriate desk height and chair. The desk height should be about 2" above the elbows (arms are by child's side with elbows slightly bent) when child is sitting apright. If the child is slumping forward, the desk might be too low; if the child is leaving back with his/her elbows raised up, the desk might be too high.
- Make sure the child's feet touch the floor with hips and knees bent at 90 degrees. In order to achieve this, the child may need a smaller (or larger) chair and/or the desk height may need to be adjusted accordingly.
- If the child's feet do not touch the floor, place a block under his/her feet.
- If a child seems to have difficulty sitting upright in the chair, even though the desk/height ratio are appropriate, allow the child to rest his/her forearms on the desk during cutting, writing, drawing, coloring and other fine motor tasks.
- Providing a slanted surface may help a child sit up straight. You can use a 3" three-ring binder on the desk with the wide edge toward the back of the desk (so the binder slants downward). Tape or clip the paper to the binder to keep it steady, if necessary.
- If a child seems to be fatigued or "antsy" from sitting in a chair too long, allow alternative positions such as standing, kneeling or lying on stomach while performing fine motor activities, as appropriate. Another option is to have the child jump, run in place, or push against a wall to help him/her become more alert.
- Check the paper position. The paper should be midline, parallel to the child's writing arm. For right-handed children, the paper should be tilted slightly so that the upper right corner is slightly higher. For left-handed children, the upper left corner is slightly higher, which helps them keep their wrist straight rather than hooking the wrist.
- The non-dominant hand should be stabilizing the paper. If the child is not stabilizing the paper, tape paper to the desk to keep the paper in place. You can also use Rubbermaid rubber-backed shelf liner under the object.

Child's Name	
Date	

MUSCLE TONE Compensatory Strategies

POSITIONING AND MATERIALS FOR THE CHILD WITH LOW TONE

Purpose

To improve fine motor ability by increasing stability and providing materials that are easy to manipulate

Suggestions

Chair Positioning

The child with low tone lacks stability, or a steady position from which to move. Provide external support to help maintain a secure and stable position for fine motor activity. The ideal position includes:

 Trunk well supported (not leaning forward or to either side) with head at midline. Make sure that the height of the work surface (desk, lap tray, table) is high enough to support the arms while encouraging upright posture. A "cutout desk" often provides increased support for the trunk by supporting both arms.

A chair with arms can increase stability when the child is seated at a regular classroom desk. Caution: Plastic classroom chairs often have too deep a seat, recline the child slightly, and do not provide a stable position for arm use.

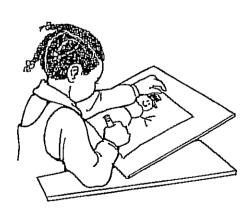
- 2. Feet firmly supported on a flat surface. If classroom chair is too large and child's legs dangle, attach a small wooden footrest to the chair legs.
- 3. Arms supported by work surface. A slanted work surface supports the forearms while encouraging a more upright trunk posture. Sometimes a child with low tone can control arm movements better when the work surface is higher than usual so that it provides increased shoulder stability. Try a number of heights of tables to find optimal height. The surface should never be below the level where the elbows would rest on it if held out about 30 degrees from the body.

Materials[®]

The child with low-tone often avoids movement activities because of the effort required. Think of ways to make materials attractive and easy to manipulate.

1. Provide manipulatives, markers, paints, and other materials that are visually stimulating and attractive. Shiny surfaces and bright, warm colors (reds, yellows, and oranges) are stimulating.





- 2. Markers move more easily on a writing surface than crayons or pencils.
- 3. A smooth work surface provides less resistance to movement. Child can slide objects along the surface.
- 4. Provide light toys and manipulatives that don't look heavy:
 - Foam toys
 - Hollow plastic toys or manipulatives
 - Light wooden toys or manipulatives
 - Cardboard blocks

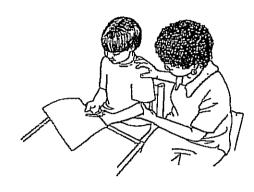


If arm movements are poorly controlled because the shoulder lacks stability, press down on child's shoulder and support the upper arm to increase stability while child uses the arm to draw, cut, and manipulate objects.

Comments

These suggestions may improve the child's ability to participate in classroom activities independently but will not develop the muscular strength and stability needed for independent maintenance of postures and control of movement. Make sure that this child is encouraged to maintain a variety of postures independently and to manipulate more difficult objects throughout the day.

For the child with very low tone, a number of adaptations may be required for positioning. If the position described above is not being maintained during fine motor activities, consult a therapist or an adaptive equipment specialist.



Child's Name			
Date			

POSTURAL CONTROL Compensatory Strategies

MAINTAINING UPRIGHT POSITION

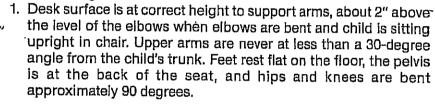
Purpose

To improve child's ability to maintain stable upright trunk position during fine motor activities

Strategy

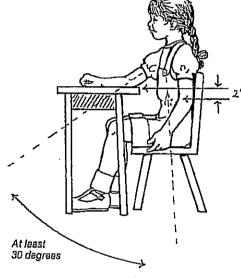
Children who do not have good stability have difficulty controlling arm movement because they lack a secure base from which to initiate movement. To help these children to compensate, consider ways to provide external stability so the trunk is steady.

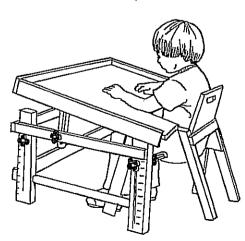
Suggested Adaptations Stable Sitting Positions



Modify standard wooden chairs so they provide more stability by attaching armrests and a footrest. If trunk control is very weak, a higher desk surface can increase trunk stability.

- Beware of plastic classroom chairs, which are rapidly replacing wooden chairs. Many of them have backs that tilt the child and seats that are too long for the child to sit back. These problems result in compensatory postures that limit stability and movement of the arms and hands.
- Cutout desks provide stability for arms and trunk and are helpful for children who need more support than is offered by a modified chair.
- 4. Slanted desk tops often encourage upright posture because the child can look at materials without bending the neck forward. Slanted tops that can be placed on a table or regular desk are available commercially.
- Cross-legged sitting position is more stable than long-sitting or side-sitting and is easier to maintain when using the hands.
- 6. Sitting on an adult's lap provides a very secure, well-supported position for individual or group activities.





- 7. Children can increase stability by sitting with back against a wall or couch or in a corner. This is a good position for dressing activities (pulling on shoes, socks, pulling on pants, and so on).
- 8. Often a child is able to sit more securely (and with more upright posture) for fine motor activities in a chair at a desk or table than if seated on the floor.

Sitting Instead of Standing for Activities

- Encourage the child to sit while doing activities that are difficult in a standing position. For example, putting on a jacket, pulling on pants, tying shoes, and writing on the chalkboard are activities that can interfere with balance, and all can be performed in a seated position.
- 2. Desk-top easels make chalkboard, painting, and other activities possible in a seated position.

Comments

Do not use these suggestions exclusively (without encouraging activities designed to increase postural control) unless it has been determined that the child's control or balance will not improve to a functional level with practice. For more physically involved children, extensive adaptations must be used to achieve good sitting posture. If unable to maintain the desired position with the above suggestions, consult with a therapist.