



Children's Therapy Connection

Washington Health System Children's Therapy Center

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The Power to Change Children's Lives

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<https://whs.org/care-treatment/childrens-care/childrens-therapy-center/>

Design, layout and editing by:
Ms. Cathy

Feeding and Eating: The Intricacies of Oral Motor Development

Submitted by : Miss Julia MOT, OTR/L

Eating is the most complex physical task a child can do, as they learn to coordinate various body systems to be able to eat effectively. It takes a typically developing child around 2 years to learn how to eat a wide range of foods. It can be confusing for caregivers to determine the best way to support a child as they progress through the different phases of eating development. The list below can be used as a helpful guide to understand the different oral motor skills, (the skills of managing food/liquid in the mouth) and how they work together to support success with eating. The age ranges included serve as a guide to highlight how children have different skills at different ages. If you have concerns about a potential feeding delay or feeding challenges, please consult with your occupational therapist or speech therapist.

Sucking (Birth – 4 months):

Several reflexes support eating and sucking happens automatically at this age. Children will start to intentionally suck, rather than rely on their reflexes, between 1.5-4 months.

Independent Tongue Movements and Spitting (6-9 months):

Children will start to learn how to move food around in their mouth with their tongue.

***Try it!** Bite into a piece of food and pay attention to where it is in your mouth (Is it in the middle of your tongue? Can you use your tongue to move the food from left to right?) This awareness is a skill that children have to learn.

Children will take a bite of food and then must figure out how to move their tongue to keep it in their mouth. Teaching a child how to spit is crucial for their safety, as well as for helping them learn to move the muscles in and around their mouth.

***Tip:** This should be addressed first with larger foods that can easily fall out of the mouth and then can be addressed with smaller foods once the concept is learned. Easily meltable foods are also great as they can be easily managed in the mouth and do not take long to chew.

****Foods to Try:** Towne crackers, biter biscuits, graham cracker sticks, baby cereal puffs, snap pea crisps, baby mum mums, baby cookies, fruit loops, Gerber's cereal squares.

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Physical Therapy

The Risks of Baby Container Syndrome: Nurturing Beyond Confinement

Submitted by Mr. Nate, DPT

In today's fast-paced world, parents of infants are constantly seeking convenience and efficiency in caring for their children. While baby containers like bouncers, swings, and walkers may seem like helpful tools to keep little ones safe and entertained, it is important that parents are educated on the potential risks of "Container Baby Syndrome" (CBS).

What is Container Baby Syndrome?

CBS refers to the overreliance on devices designed to contain or confine babies for extended periods. Although products like bouncers, swings, car seats, rockers, saucers, and activity centers can offer brief reprieves for caregivers, they can also hinder infants' physical, cognitive, and emotional development when used excessively.

What are the risks?

One of the primary concerns with CBS is the impact on motor skill development. Babies learn through movement and exploration, and when they spend too much time confined to containers, they miss out on crucial opportunities to strengthen their muscles, improve coordination, and develop balance. This lack of physical activity can delay milestones such as crawling, standing, and walking. It can also put infants at greater likelihood for developing conditions such as torticollis (neck tightness and movement restrictions) and plagiocephaly (head shape asymmetry). Furthermore, prolonged use of containers can impede infants' social and emotional development. Human interaction and engagement are vital for building trust, fostering attachment, and developing communication skills. When babies are left alone for extended periods in containers, they miss out on valuable bonding experiences with parents and caregivers, which can impact their emotional well-being and social development.

How to prevent it:

It is crucial for parents and caregivers to prioritize active engagement and supervision over passive containment. Containers are helpful, but they should only be used in moderation. Here are 3 suggestions for families to support their infants' development and limit the risks of CBS:

Tummy time: Encourage supervised playtime on the floor to promote strength, coordination, and exploration. At least 30 minutes per day is recommended, but there is no limit! You can also use pillows, cushions, an exercise ball, or your body for modified support.

Babywearing/Carrying: Use a baby carrier or wrap to keep infants close while allowing them to experience the world from a safe vantage point. It is also better to physically carry your child as much as possible rather than rely on car seat carriers. Holding them challenges and develops their postural muscles while keeping them more engaged with their environment.

Safe spaces: Create baby-proofed areas where infants can explore freely under supervision, such as a designated play area with soft mats and age-appropriate toys.



source: Lovevery

"Container Baby Syndrome: How Equipment Can Hinder a Child's Development." Nationwide Children's Hospital, www.nationwidechildrens.org/family-resourceeducation/700childrens/2018/10/container-baby-syndrome

Moyer, Melinda Wenner. "The Truth About Tummy Time." The New York Times, The New York Times, 13 Apr. 2020, www.nytimes.com/2020/04/13/parenting/baby/tummytime.html

Occupational Therapy

(Continued from page 1)

Feeding and Eating: The Intricacies of Oral Motor Development

Munching (9-12 months):

Children utilize up and down movements to start chewing food in their mouths. Some food may fall out at first as they are learning, however, they will eventually be able to manage an entire bite of food at one time.

***Try it!** Place a bite of food onto your back teeth and try to chew by only moving your jaw up and down. You may notice that softer foods (e.g. potatoes) are easily chewed, whereas tougher foods (e.g. chicken) take more time.

***Tip:** present foods on the molars to help kids learn this movement! Softer foods are great for addressing this skill.

Emerging Rotary Chew (12-24 months):

Children will start moving their jaw from side to side to manage food in their mouth, as well as using their tongue inside their mouth to move food around. Start with soft foods (e.g. soft cheese cubes, very soft cooked vegetables) and then progress to foods that are a little more difficult to chew as they may easily break apart after biting (e.g. plain muffins, scrambled eggs, cooked beans).

***Tip:** a mirror can be used to provide visual feedback to your child as they learn this skill. They are also watching you - so do not be afraid to have fun with eating!

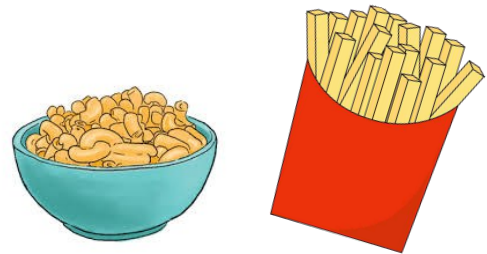
****Foods to Try:** plain muffins, very soft small pastas, cubed bologna, thin deli meats in small rectangles, scrambled eggs, hard boiled eggs (serve yolk and egg white separately), soft meat soups without the broth, very cooked pinto beans.

True Rotary Chew (24 months+):

Children will have mastered this skill at this stage, showing ability to manage a variety of different food textures and consistencies in their mouth. They will also have increased chewing strength to be able to eat more efficiently.

***Tip:** crunchier foods (e.g. kettle chips, hard cookies, raw fruits with peels, raw vegetables, chicken breast, steak) are harder and take more time to chew. If your child is struggling at managing food in their mouth, provide them with something softer (e.g. chicken nuggets, french fries, scrambled eggs, cooked vegetables).

****Foods to Try:** macaroni and cheese, microwaveable kids meals, soft chicken nuggets/strips, crispy French fries, spaghetti, lasagna, pizza, grilled cheese sandwich, blueberries, very crunchy crackers, kettle chips, hard cookies, tortilla chips, hard raw fruits with peels, hard raw vegetables, chicken breast, pork chop, motor skills or difficulty with feeding.

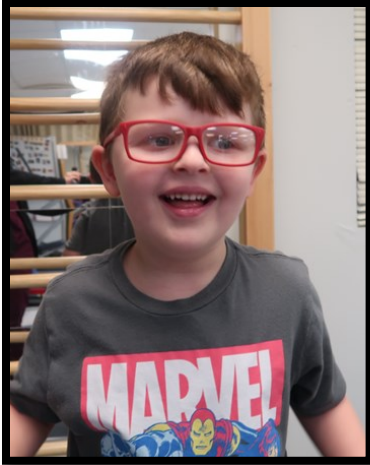


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- Torola H., Lehtihalmes, M., Yliherva, A., & Olsen, P. (2012). Feeding skill milestones of preterm infants born with extremely low birth weight (ELBW). *Infant Behavior and Development*, 35(2), 187-194. doi: 10.1016/j.infbeh.2012.01.005.

CTC Superstars!

Physical Therapy Maxton Morris



Max is our Spring PT star! Max has been working hard on improving his balance, stair negotiation skills, and running speed! Max likes to complete exercises on the vibration plate, show off how fast he can run, and throw bean bags all over the gym while working on his balance. We are so proud of how hard Max is working and the progress he has made. He is now able to stand on each foot for over 5 seconds, run without losing his balance, and walk down a small set of stairs without holding on. Keep up the great work, Max! Miss Caroline

Occupational Therapy Luke Insana



Luke has been making great progress in OT. Luke is a very hard worker and now demonstrates many age appropriate skills. He is working hard to ID letters, hold a pencil, cut a circle and write his name! He loves to make towers with big foam blocks and knock it over during the sessions! Miss Sara is very proud of all his hard work in OT and knows he will continue to make great progress! Way to go!

Speech Therapy Lycan Orsi

Lycan's energy, laughter and enthusiasm are contagious! It has been wonderful watching his language grow over the years! There is always so much that he wants to say, and he asks so many questions. He is also making steady progress with all of his speech sounds! Lycan loves imaginative play – especially with the Peppa Pig set and VTech vehicles. He likes to show off his hip hop moves when he gets a chance! Miss Kara is so proud of you Lycan!



Speech Therapy

Speech and Language Development: Birth to Five Years

Submitted by: Miss Jodi, M.S. CCC-SLP/L

Birth to 3 Months

Startles to sounds, recognizes your voice, makes cooing sounds, smiles, different cries for different needs.

What can you do?

Talk, pause, and wait for your baby to coo or smile, copy the baby's facial expressions and laughter, talk about what you are doing.

4-6 Months

Moves eyes in the direction of sounds, pays attention to music, babbles sounds such as pa, ba, me.

What can you do?

Name objects around you, imitate baby's vocalizations and gestures, sing songs and recite nursery rhymes, call attention to sounds around you.

7-12 Months

Looks when you point, responds to own name, recognizes objects and people, responds to 'no' and 'come here', plays games (peek a boo), listens to stories. Babbles longer strings of sounds, points to objects and shows them to others, uses gestures (wave, reaching, shaking head for no) says 1-2 words around first birthday.

What can you do?

Use mirror play, use descriptive words to talk about colors, shapes, size, respond to the baby's gestures.

Year 1-2

Identifies body parts, follows 1 part directions, points to pictures when named. Uses many new words, uses sounds /p,b,m,h/ , asks what who where questions, and puts 2 words together.

What can you do?

Talk to your child and include 'big' words, gesture when you speak, explain what you and your child are doing using longer sentences.

Year 2-3

Understands opposites, follows 2 step directions, has words for familiar people, places, things, actions. Talks about things not in the room. Talks during pretend play, uses /k,g,f,t,d,n/ in words, uses spatial concept words, asks why questions, puts 3 words together.

What can you do?

Describe objects in detail, ask child to identify items on command, encourage use and responses to who, what, when, and where questions.

Year 3-4

Understands words for colors, shapes, family members, answers who what where questions, says rhyming words, pronouns, plurals and uses 4 words together, reports experiences.

What can you do?

Play games such as 'Simon Says', talk about time and seasons, use questions regarding location of objects.

Year 4-5

Understands words for order (first, next, last), time (yesterday, tomorrow, today), follows multistep directions, says all speech sounds yet may still make errors on l, s, r, v,z, j, ch, sh, th, names letters and numbers, tells a short story.

What can you do?

Ask why questions, encourage child to express opinions and feelings, use the correct sound in your speech as a model, tell stories and ask questions.

The American Academy of Pediatrics recommends reading aloud with your child every day, right from birth!

Reference: Read Aloud 15 minutes and the American Association Speech-Language-Hearing Association



Miss Sara's OT Activity Corner

Spring has sprung!

Now that the weather is warming up and the flowers are blooming, here are a few activities you can do with your kids all spring but also promote their OT skills!

Activity 1: Flower soup– This easy activity can address many skills that may be address in OT including sensory, utensil use and eye-hand coordination. Gather up flowers from outside, place in a bin with water, add cups, pitchers, spoons and let the fun begin!



Activity 2: Spray the ABC's– A fun way to address letter recognition is this activity that is easy to set up with few materials. Grab a large piece of paper, write letters or even shapes/numbers on it, then fill a spray bottle with water and let the fun begin. Have your child identify each letter/number/shape when spraying it. Learning letters can be fun and they can work on hand strength as well.



Activity 3: Sticky dot fun– This activity is simple and requires few materials. All you need is a piece of paper or long piece of craft paper, markers and sticky colored labels/dots. Draw a flower or any shape/ letter/design on the paper and then have your child match the colored stickers to the colors of the images that were drawn. The skills addressed with this activity include, pincer grasp, bilateral coordination, color matching/recognition and eye hand coordination.



Activity 4: Flower cutting station– Gather up some flowers, place them in a bin and give your child a pair of child/safety scissors and let the fun begin. This activity directly works on scissor skills which include underlying skills such as bilateral coordination, dexterity and hand strength.



****Children should be supervised when completing these activities for safety purposes.****

CTC Information

Social Media

Follow Washington Health System on Facebook!



Health Insurance

We only learn of your child's insurance changes by you informing us.



Freedom Transit

Families of CTC may be eligible for reimbursement of travel to the Children's Therapy Center. If your child receives Medical Assistance call 1-800-331-5058 to inquire whether you qualify for this service.



To view the reimbursement form:
https://www.freedom-transit.org/forms/MATP-Reimbursement-Form-5_26_16.pdf

WHS is proud to partner with Washington United Way



New Occupational Therapy Staff



Miss Kelly

Hello, my name is Kelly and I am so excited to be joining the CTC Family once again. I have lived in Southwestern PA all my life. I am married and my husband and I have 3 children, a dog, and a cat. I completed my undergraduate studies at

Indiana University of PA majoring in Exercise Physiology with a Minor in Gerontology. I then went on to continue my Graduate studies at Chatham College earning my master's degree in occupational therapy. While at Chatham College I decided that I wanted to work in pediatrics. I completed a fieldwork placement at CTC in 2001 and was hopeful that I would work here after I graduated. I joined the CTC family in 2002 and worked here until 2005. I am so glad to be back! I have been a pediatric therapist for 22 years. I have worked in several settings throughout the years, but I find pediatrics to be the most rewarding job! I love seeing the smile on a child's face when they are having fun while at the same time accomplishing a goal. Outside of work, our family loves to camp and vacation at the beach and in my free time I like to cook, bake and garden. I also love running and have completed several races in Pittsburgh including half marathons and the EQT 10-Miler. I am so glad to be a part of the CTC team again!