

APTA Section on Pediatrics

Early Intervention SIG Update



September 2012

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A Message from the EI SIG Chair

by Lisa A Chiarello, PT, PhD, PCS

It was wonderful meeting some of our members at our EI SIG meeting at CSM this year! The PowerPoint overview of the EI SIG presented at that meeting is available on the [EI SIG page of the Section's website](#). At that meeting, we heard from members the need for mentoring in early intervention. I have written a commentary on that topic for the Fall Section on Pediatrics newsletter and hope to have a panel session on mentoring at SoPAC 2013. Members also indicated that they would like to have a resource sheet on Fun with Movement to provide them with new ideas and to share with families. Two of our members are working on this project and we hope to have it available in the coming year.

Hope many of you have enjoyed following us on Facebook this year! Facebook has provided us with a great way to instantly share with you information and resources related to early intervention practice. I welcome you to "Like Us" on [our Facebook page](#) and share your comments and ideas with your colleagues. We will continue to post key documents that we develop on our webpage and would also like to link to relevant state documents on early intervention practice. If your state has developed a useful guideline or resource, please let us know and we will post the link.

As this is our second annual EI SIG newsletter, you might now be familiar with our columns. If you would like to write a "Tip for Practice" or the "State of EI" column, please contact us. I particularly would like to highlight the "State of EI" column. We do realize that physical therapists in early intervention are challenged by balancing best practice with the constraints of the early intervention system and that each state implements early intervention in a unique approach. Through this column we hope to educate each other on how therapists in various states are practicing in early intervention and advocating for appropriate services to meet the needs of young children and their families.

Section on Pediatrics? Visit the Section's [Volunteer Page](#) to find out how to do it!

We now have more than 300 members in the EI SIG. Ask your colleagues to join, and let us know if you would like to become more involved in the SIG. We welcome your participation on any of our committees or task forces. Each new member brings unique talents, creativity, ideas, and enthusiasm that enrich our collaborations and friendships and enable us to develop more resources. Feel free to contact me at Lisa.Chiarello@drexel.edu.

Tip for EI Practice: Curbing the Overuse of Infant "Containers"

by Nancy Reale Ryan, PT, DPT

The incidence of Positional Plagiocephaly with or without accompanying torticollis has rapidly increased over the past several years. While the American Academy of Pediatrics' 1992 recommendation to place children supine to sleep has decreased the incidence of SIDS by greater than 40%, researchers have noted an increase of up to five times incidence of positional or 'deformational' plagiocephaly(1). Although infants born preterm and multiples are at higher risk, an overriding contributing factor may be that caregivers have foregone awake/alert tummy time along with choosing to position infants in an ever expanding array of infant seats and equipment. The market for such "containers" has exploded. Popular items include infant car seats, traditional infant seats, swings, "Papa-san" seats, Bumbo seats, Infant recliners, bouncers, rocking cradles, and jumpers. Excessive use of such equipment may factor into negatively remodeling an infant's skull, causing flattening laterally, posteriorly, or a combination.

What can Early Interventionists do to help prevent abnormal head molding and/or torticollis resulting from too much pressure on the infant's head? We all educate parents about the importance of tummy time, specifically when the baby is awake and active. For smaller infants, demonstrate positioning the baby on the caregiver's forearm, lap, or chest to promote baseline tolerance for prone position. With the prone intolerant baby, slings and Bjorn-type carriers can be helpful for initial sensory input to the chest and face. Infant massage can help organize the infant. Older infants often tolerate prone position at an angle rather than fully flat. Stress the importance of alternate positioning throughout the day: Sidelying and semi-sidelying can be facilitated by using a soccer sock or stockinette filled with rice to help maintain the position. When the infant is in upright, reclined positions, show parents how to align the baby's hips and torso for optimal head neck alignment; interventionists will help parents assess use of 'custom' foam inserts versus commercially available supports when firm towel rolls are insufficient. Recommend alternate arm hold with bottle feedings as well as changes to visual stimulation within the home or caregiver environments. Additionally, we will recommend

strategies for improving range of motion and symmetry of strength if a torticollis is also present. With both torticollis and plagiocephaly, it is important to be aware of increased incidence of congenital orthopedic abnormalities and refer for medical evaluation if indicated. Dialogue with caregivers regarding the flow of their day ensures better incorporation of recommendations into the daily routine. As with all interventions, collaborating with other EI team members ensures better follow through of strategies.

We should be sensitive to parents and caregivers desire to use popular baby equipment. When asking families about their daily routines, try to understand when they find it helpful to position a child in a device and help problem solve identifying times when play time on the floor is possible. Try to avoid globally dismissing specific items before evaluating a baby in the equipment. Often a slight modification can be made to allow a child to be positioned upright. For example, folded towel rolls placed circumferentially around the torso of a child with hypotonia within a Saucer can modify pelvic-trunk-shoulder alignment adequately, leading to improved head-neck alignment. If not, explain specifically why the equipment can be developmentally detrimental and try to find a suitable substitute. Collaborating with parents and caregivers early to specify strategies and positioning throughout the child's day may limit the need for corrective helmets and the rare need for cranial surgery.

Reference:

1. Briggs W. The 'Epidemic' of Deformational Plagiocephaly and the American Academy of Pediatrics' Response. *Orthotics and Prosthetics* 2004;16:5-8.

EI SIG Journal Club

by Priscilla Weaver, PT, DPT, PCS

Moore L, Koger D, Bloomberg S, Legg L, McConaby R, Wit S, Gatmaitan M (2012). Making best practice our practice: Reflections on our journey into natural environments. *Infants and Young Children*, 25(1),95-105.

Purpose of the paper: To focus on one early intervention team's transition from a multidisciplinary to a transdisciplinary service delivery model.

Content of the paper: A team of an occupational therapist, physical therapist, speech and language pathologist, and an early intervention teacher reflected on their 18 month experience adopting a primary service provider model. This article contains scholarly references and the unique addition of service provider

perspectives. Using transdisciplinary teaming, one professional from the team provided support and services to the children and their families while the other professionals provided support through collaboration. The article expanded on six lessons and practical strategies for implementing each lesson that may help others improve their practice in early intervention. The six lessons included (1) natural environment is not a place; (2) the magic is not in the bag; (3) parents are the key; (4) respect family norms and values; (5) leave your title at the door; (6) and take time to reflect.

The team of professionals discussed the implications of transitioning to a transdisciplinary approach. Their discoveries may be helpful for early intervention providers considering this significant shift in practice. (1) Schedule joint visits with other team members to learn techniques to carry over with the families. (2) Give up the feeling that each early interventionist has to be an expert in all areas of development. Instead, discuss family questions with other team members then return with the appropriate recommendations. (3) The transition was quick for some team members while others adjusted slower, yet each members stage in the process had to be respected. The change was easiest with the support of each other toward a common vision of providing what is best for the family and child. (4) There was a need for professional development to function as a transdisciplinary team. This required mentorship and coaching which was received from administrators, technical assistance providers, and most importantly each team member. There was also a need for support from district administration, school board, local education association, colleagues, and the special education director. (5) In spite of inadequate training in a transdisciplinary model, this team successfully transitioned into this new model by drawing on their years of experience and a supportive network of mentors.

Concluding remarks: This article is a reflection of one team's journey of shifting from a multidisciplinary model to a primary service provider model. This team found that a primary service provider model emphasizing transdisciplinary work in natural environments better met their children's and families' needs. Their adoption of this model required rethinking professional roles and obtaining administrative support. This article is not based upon an experiment and does not compare amongst other service delivery models thus no evidence-based conclusions can be drawn. However, this article can provide an avenue for other teams of professionals to discuss their own service delivery model and what best meets the needs of the children and family they serve.

If you have questions, please contact Priscilla Weaver, PT, DPT, PCS, at priscillaweaver24@yahoo.com or the article correspondence, Lydia Moore, MEd at

www.oakland.k12.mi.us.

Legislative Update

by Mary Jane Rapport, PT, DPT, PhD

When I wrote an article for the this newsletter late last fall, the final regulations governing the Early Intervention Program for Infants and Toddlers with Disabilities had recently been published in the [Federal Register](#), and we were all still trying to figure out which regulations had an impact on our roles and responsibilities as physical therapists providing early intervention. And while there were not any new or revised sections that would significantly alter physical therapy as an early intervention service under Part C, I shared with you a few changes that may have been of interest. Now almost a year later, we have some additional websites and resources we can turn to when we want to read and understand what the federal regulations require. I suspect that many of your states have also provided additional guidance on new or changed regulations, and perhaps you've seen a few changes in policies and implementation of Part C in the past several months.

The Part C regulations can be easily accessed at www.idea.ed.gov. There you will find easy access to the statute, final regulations, guidance on several major topics of interest, and even a model IFSP form. In addition, the Division of Early Childhood (DEC) of the Council for Exceptional Children, has provided an excellent resource comparing the new 2011 final regulations with those from 1999 in a side-by-side comparison. This document can be found [online](#).

Another great resource can be found on the website of the [National Dissemination Center for Children with Disabilities](#). Similar information is on this site, but you are likely to find something new or interesting as you peruse through. Of course, there are also many wonderful, state-specific resources to turn to, and I encourage you to try and find the actual wording from statutory (the legislation signed into law) or regulatory (regulations on implementation of the law) sources before you jump to conclusions about what is, or is not, required under IDEA.

The latest "word" from Washington indicates that IDEA is unlikely to see further action towards reauthorization in this Congress considering the many issues of national concern that Congress must consider before the end of 2012 in addition to the election in November. APTA staff will continue to monitor activity on the Hill in DC and alert us to any action that might surface on IDEA in the coming months.

The Section on Pediatrics will continue to work closely with the APTA staff in Public Policy to ensure that members' questions and concerns are addressed and recommendations for future regulatory changes are

considered. Please contact Mary Jane Rapport, Section on Pediatrics Federal Affairs Liaison (maryjane.rapport@ucdenver.edu), Deborah Crandall, JD, APTA staff attorney in regulatory affairs (deborahcrandall@apta.org), or Monica Herr, APTA Lobbyist (monicaherr@apta.org) with any questions.

Teaming in Early Intervention: The "State" of the Nation - Illinois

by Amanda Arevalo, PT, DSc, PCS

For this newsletter, I will share information about the current approach being implemented in Illinois. I, Amanda Arevalo, PT, DSc, PCS, have been a physical therapist for 13 years and have worked in pediatrics and early intervention my entire career.

Q) What approach to teaming in early intervention are you using in your state?

My state is using a multi-disciplinary model, in which every member including the parent collaborates and has equal participation and contribution to the child's IFSP. Although, our state does not use the transdisciplinary model the state encourages the use of transdisciplinary activities in order to avoid redundancy in services. In addition, the state supports an intervention plan that is built around family routines and family-centered IFSP outcomes.

Q) Why did your state decide to use this approach?

The lead agency for the state of IL adopted this approach in order to maintain seven early intervention principles: meet their mission, focus on family participation, collaboration among therapists and parents, family-centered intervention, avoid duplicate services, successful outcomes, and high quality services. For more information, click [here](#).

Q) What are some of the biggest challenges facing early intervention in your state?

The state of IL, like many other states, are challenged with the state's budget which impacts reimbursement for early intervention services. Due to the state's inconsistent turn-around time for service reimbursement, many therapists have dropped out of the early intervention program. Thus, there are not enough therapists available for the children in early intervention. Other challenges include lack of therapists available to provide in rural areas and low income urban areas, over-prescribing services in high-served areas, and therapists with decreased knowledge of how to implement transdisciplinary activities.

Q) What are some of the challenges in early intervention related to physical therapist in your state?

Recruitment and retention of physical therapists serving early intervention is an ongoing issue due to training and reimbursement rate. Based on my opinion, I think

physical therapists are not receiving sufficient training in early intervention that will motivate them to work in this environment; primarily because early intervention does not use a medical model, which is what most physical therapists are familiar with and trained to use. The reimbursement rate for early intervention physical therapy services is low compared to other settings such as a hospital or outpatient pediatric physical therapy setting.

Q) What makes early intervention successful in your state? Or what are you most proud of related to the early intervention program in your state? I am most proud of the opportunity to work and collaborate with various disciplines who have different educational background, level of expertise and are dedicated to continue working in early intervention with families, even through all of the state budget challenges.

Programming Update

by Tricia Catalino, PT, DSc, PCS

The **Third Annual Section on Pediatrics Annual Conference (SoPAC)** will take place at Walt Disney World in Orlando, FL, September 28-30, 2012.

Programming at SoPAC that may be of particular interest to early intervention providers include: multiple sessions on the implementation of the primary service provider (PSP) approach in early intervention (EI); the keynote address and general sessions from Karen Adolf, PhD who will share findings from her studies about the cultural influences on infant motor development; and two sessions on the use of motor groups in EI, to name a few. Registration and programming can be found at . www.sopac.us/

The **Combined Sections Meeting (CSM)** of the APTA will be in San Diego, CA January 21-24, 2013 and will include a session from the EI SIG about promoting best practice in EI. Information about registration for CSM can be found at www.apta.org/csm/.

Looking ahead, **SoPAC 2013** will be held in Anaheim, CA, November 8-10, 2013. The SoPAC planning committee is seeking proposals for presentations on the provision of EI services such as assessment, intervention, family-centered principles, and successful practice approaches in EI and on mentorship for physical therapists new to the EI setting. Please contact Tricia Catalino, PT, DSc, PCS for more information about submitting a proposal for SoPAC 2013.

Tricia.Catalino@tun.touro.edu.

EI Resources

by Kendra Gagnon, PT, PhD

Physical therapists play a critical role in promoting health and wellness in early childhood. Harvard

University's Center on the Developing Child has a report on this topic titled, "[The Foundations of Lifelong Health Are Built in Early Childhood.](#)"

Contemporary Practices in Early Intervention for Children Birth to Five is a series of training modules and resources on early childhood intervention and services for education, health, therapeutic, and social service professionals. The curriculum was produced by the Georgetown University Center for Child and Human Development with support from the Health Resources and Services Administration's Maternal and Child Health Bureau. Topics include assessing and promoting the social, emotional, developmental, and behavioral health of infants and young children in partnership with families in the context of their communities; identifying problems and disorders early; intervening effectively using evidence-based knowledge and practices; and providing leadership. The curriculum is available as a graduate certificate program, for continuing education credit, for no credit, or for group training at <http://www.teachingei.org>.

Early Intervention SIG Leadership

- Chair, Lisa Chiarello, PT, PhD, PCS, lc38@drexel.edu; Pennsylvania
- Vice Chair, Tricia Catalino, PT, DSc, PCS, tricia.catalino@tun.touro.edu; Nevada
- Secretary, Kendra Gagnon, PT, PhD, kgagnon@kumc.edu; Kansas
- Executive Committee liaison to the EI SIG: Rachel Brady, PT, DPT, MS, SOP Secretary
- Practice Committee liaison to the EI SIG: Lynn Jeffries, PT, PhD, PCS

Get involved in the EI SIG! We are currently seeking volunteers for a number of task forces, work groups, and subcommittees. For more information, email Kendra Gagnon, EI SIG Secretary, at kgagnon@kumc.edu.

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Upcoming Events

Third Section on Pediatrics Annual Conference (Orlando, FL, September 28-30, 2012): There will be programming related to the primary service provider approach, as well as other topics relevant to EI. Be sure to check out the SoPAC 2012 schedule at www.sopac.us.

Combined Sections Meeting of the American Physical Therapy Association (San Diego, CA, January 21-24, 2013) www.apta.org/Conferences

Annual Conference of the American Physical Therapy Association (Salt Lake City, UT, June 26-29, 2013) www.apta.org/Conferences

Fourth Section on Pediatrics Annual Conference (Anaheim, CA, November 8-10, 2013; precons November 6-7): To submit a proposal, visit

www.sopac.us.

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