



Physical Rehabilitation Department

Physical Rehabilitation guidelines for physically challenging children:

Respected parents;

In this situation when nobody can approach any institute for academic or other outdoor therapy purpose, it is your responsibility to continue therapy of your physically challenging children at home and take care of your children by following guidelines which have been discussed with you during parent-therapist meeting time to time.

Follow the **home plans** relevant to physical therapy, Occupational Therapy and Sensory integration therapy shared with you in last parent therapist meeting.

Following guidelines will help parents of physically challenging children to take care of their children with more attention as they will learn how they can work and spend time with their children keeping in mind their special needs.

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Take into account the following general recommendations according to the level and need of your child

- **Proper posture and patterns:**

Command your child to sit in a correct posture on floor or bed i.e. side-ways sitting, cross-sitting. Avoid W- Sitting .If the child is unable to understand then you have to keep an eye on him/her to maintain the correct posture

Abnormal posture



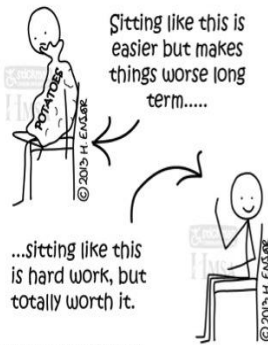
W-sitting

CORRECTIONS (GOOD POSTURES)



Also try to keep the back upright while sitting

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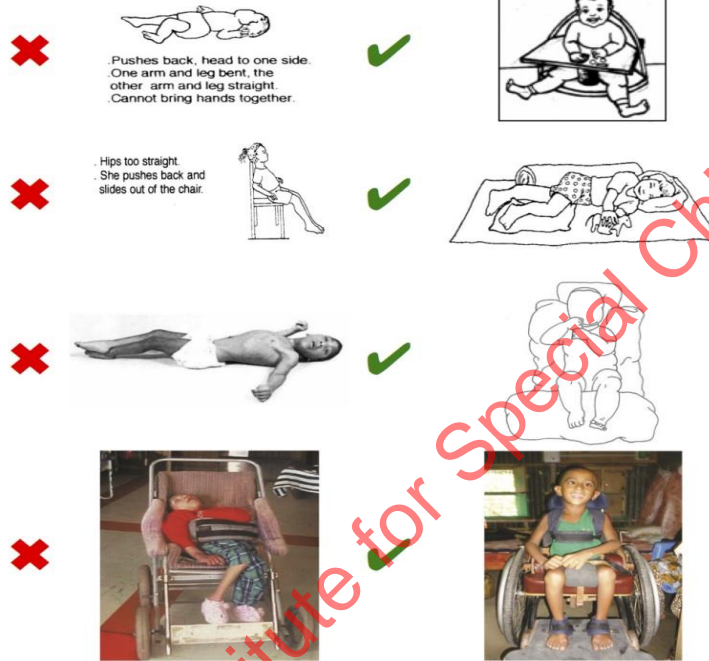
Extracts from "You know you have HMS/EDS when..." by Hannah Ensor, 3rd edition.

StickmanCommunications.co.uk

Proper positioning of body:

If the child is not able to maintain a posture while lying or sitting in arm chair or wheel chair or show uncontrolled movements of his/her arm and legs, he or she should be helped by placing cushions and belts to support head, arms, legs and back..

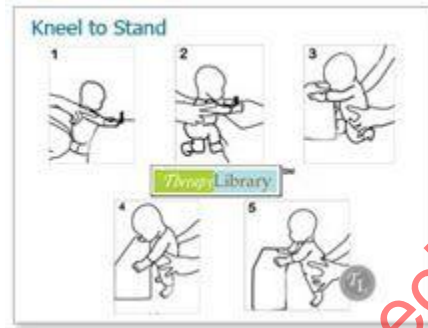
Fig.1 Child with Global
Pattern of Extension



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Command or help child to follow patterns:

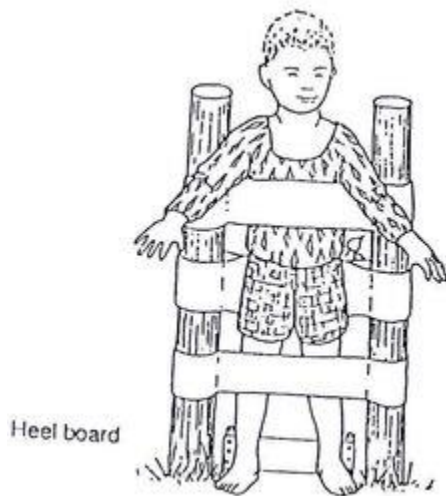
Try to teach the child that he/she should follow the patterns in every daily living activity e.g. if the child wants to come in standing position, he/she should first come in kneel (on both knees) standing then half kneel standing (putting weight on forward foot and backward knee) then standing. The parents should also follow the same patterns if they are assisting the child in taking standing position in spite of pulling him directly to stand



Supported Standing:

If the therapist has recommended supported standing, and you have standing table at your home then keep him standing for 15-30 minutes with correct posture without bending side-ways or forward.

On the other hand standing against the wall for the children who are capable to maintain balance. Ball catch and throw along with kicking can also be added



Fine Motor Activities should be followed in daily living activities:

- If you are trying to involve the child in daily living activities like eating, concentrate on proper grip of spoon and also the usage of weak side on priority basis as the child try to ignore the weak side of body. Try to give time to child to do his/ her activities himself/herself in-spite of making him dependent on you just to save time.



- While doing table activities, make sure table and chair height is according to child suitability so that he/she can concentrate on activity easily.



Take Care of Sensory Need of Child:

- Try to follow the instructions of sensory therapists to manage sensory need of the child as discussed during meetings. Also follow sensory guidelines by Physical Rehabilitation Department.

Instructions for Infants and Toddlers: Milestone by Milestone (Gross)

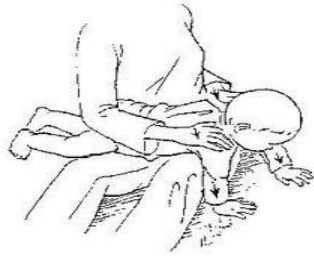
- The mothers of toddlers and little ones should follow the plan on the same lines as they have seen therapist working with their children
- Rolling, neck and head holding exercises, sitting postures, horse position, reciprocal (horse-like) crawling, sitting to standing patterns and side-ways walk alongside the table or any other support. Balance activities on rolls (gaoop pillows or rocking horse at home), swings if available. You can inspire him/her to jump on mattress under your supervision.



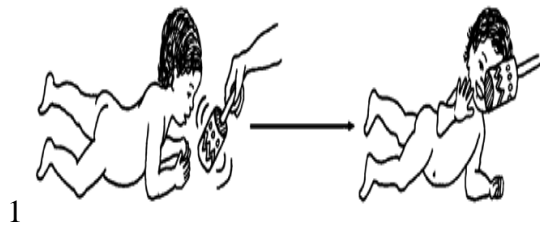
Different Milestones

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1. Neck and head holding with weight bearing on hands



2. Steps to Rolling



3. Effort to sit from side-lying position



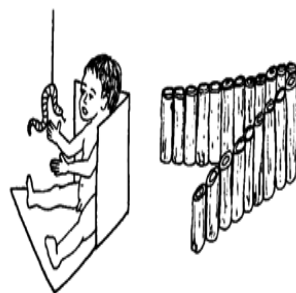
4. Steps to assisted sitting



5. Supported sitting:



6. Supported sitting without belts.



7. **Creeping** (to make the child to start moving by shifting on his/her belly).



8. **Assisted horse position.**

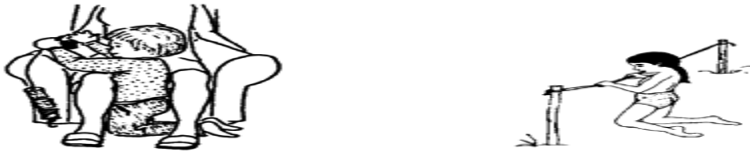


9. **To make the child Crawl.**



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10. **Kneel Standing** (weight on both knees).



11. **Effort to stand from sitting position and supported standing**



Note: (7-9 months is average, but in special children it varies)

12. **Supported standing** (to make the child standing by supporting him from hips)



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13. To make the child to control his body at uneven surfaces



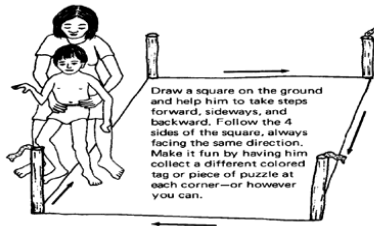
14. Side-ways Walk



15. Steps towards Independent Standing and walking

Try to concentrate on walking pattern of your child either walking independently or with the help of walking frame and guide him to walk with straight back and proper feet placement on ground as discussed with therapists during meetings

- Assisted Forward Walk



- Step to Independent Standing



LIKE THIS

- Walker Usage:



Note: As the balance and body control improves, the child learns to take steps independently but it may take time child's own potential and the diagnosis.

- **Walk On Straight line** (especially for those who walk with feet widely apart)



Regular Usage of Orthotic devices:

Keep usage of special shoes like AFOs, KAFOs, Back Slabs, Medial arches, cock up splint and rotation harness belts, as recommended by the therapists **especially during walking time and as a night splint.**



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Avoid involving child in exercise program in following conditions:



- Fever
- Hypoglycemic (low sugar level)
- Any infection like flue due to which child may not cooperate during session either due to medicine or effects of flue.
- Dehydration (such as in case of loose motions or vomiting)
- contagious skin infections like measles, small pox, chicken pox, mumps
- Low or high blood pressure
- Irregular heart beat

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References:

<https://www.dinf.ne.jp/doc/english/global/david/dwe002/dwe00244.html>, Disabled Village Children, Copyright (c) 2007-2015 Japanese Society for Rehabilitation of Persons with Disabilities (JSRPD) All Rights Reserved, dated 01/04/2020

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