

MOVE[®] with Early Intervention

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Most children are sitting and weight bearing in standing by 9 months of age. Children with special needs can usually benefit if given opportunities to work on those skills at or soon after the age-appropriate times, along with other developmental skills. It takes them longer to fully develop the skills, but it is important to give them some of the learning opportunities available by being more upright. If these children do not have opportunities to practice sitting, standing and walking when they are 7-15 months old, the time when children are normally experimenting with weight bearing and learning balance, the possibility of these children learning mobility skills is lowered. The MOVE Program encourages early movement and learning.

Standing in a dynamic stander or gait trainer allows a child to bear weight and work on head and upper extremity control. For children in day care, it allows them to be at peer height. Baby departments and toy stores now have equipment that sometimes works well, particularly for less involved children, to help them stand or walk. For low-tone children, some of the bouncers and stationary exersaucers are helpful.

Giving a young child opportunities to move and make choices enhances their learning. Movement teaches children about themselves and their environment, about concepts like up and down and in and out. They find out what their body is like; head goes on top feet are underneath.

The child should be monitored very closely in any equipment or position. The child should not be allowed to go into extremely abnormal patterns (such as total body extension or looking only in one direction) that would stop further development. Many times, however, as a child is assisted in standing, walking or sitting, head and extremity control become more symmetrical and functional within the first few minutes of working on it. When the pattern improves and then deteriorates again, it is often caused by fatigue and is a signal that it is time to rest or go on to something else.

Extra support should be given for safety and security while enabling movement. Giving priority to movement helps the child build strength and control. More prompts (supports) are used initially, and then removed gradually as the child gains control and balance. Removing prompts too quickly can cause a child to be fearful.

Health is a major consideration. Upright positioning and movement help move and clear secretions. However, ear infections, surgery, major seizure episodes, etc., can cause a loss in skills. Patience, time and improved health usually help the child regain the skills. It is important not to get discouraged and give up on MOVE activities. When the children are ill or recovering, watch closely for their physical cues to tell you how much activity they can handle. If they are weak or feeling bad, do activities they can tolerate and stop when they fatigue, even if it is much less than usual. Sometimes it takes weeks or months to get back to baseline.

MOVE activities are also a good time to work on communication skills. The child's body language, vocalizations, eye gaze, and affect are all ways the child is communicating. For example, MOVE activities often give the child opportunities to look at or go toward a favorite toy or person, express pleasure about a certain activity, indicate "more", or make a choice as to which toy or activity to do first.

Sitting, standing and walking are good activities to incorporate into group or peer situations. This really helps (when it is available) with motivation, communication, and choice making. Combining MOVE with early intervention helps a parent or caregiver know what to work on and how to recognize and measure progress, enables choice making and communication, and includes activities throughout the day that give children opportunities to practice sitting, standing and walking. The MOVE Program provides the framework and method. In which children acquire increased mobility skills.

It is the responsibility of parents, educators, therapists, instructional aides, and whoever else works or plays with these children with disabilities to provide opportunities in the "real life" activities of daily living.