

Some guidelines for therapy during outreaches and clinics

Most children will receive therapy only once per month or even less should they miss one of the monthly appointments.

30 minutes of therapy per month is very unlikely to make a difference for the child. Positioning and handling of the child during the other 700 hours of the month however can make a big difference – harmful or helpful.

Therefore it is VERY important that the therapist use the time during an outreach or clinic visit, to teach the caregiver how she can daily position, handle and play with the child in a way that helps to make muscle tone more normal, that prevents secondary problems and that helps the child to learn and develop.

The therapist should use her time to:

- **check on activities/equipment that was given to the parent at the previous session.** Find out if there are any problems/ success. Demonstrate again if necessary
- If the child is **receiving equipment** such as a seating device, sidelyer or standing frame, your time is best spent fitting and adjusting the device and teaching the carer how and why to use it. Let them position the child more than once to make sure they are confident to do it well. Remember: if the child would be positioned well every day it will be of much greater benefit than a session of therapy would have been. Therefore a session spent only on fitting equipment is not wasted.
- The therapist must have an **achievable, realistic, short-term goal** for the child. The parent should also be involved in deciding on this goal and should be clear about it. If the parent have unrealistic expectations, she is likely to become frustrated and discouraged. She will fail to notice small steps of progress if she thinks therapy aims to make her child normal, or to walk and talk.
- It is important to **keep record** of the short term goals, what was taught to the parent, what works and what not. Often the child is not always seen by the same therapist every month. It is in the child's best interest that everybody works towards the same goals. Time is wasted to re-assess the child whenever a new therapist come, and conflicting information and instructions discourage the carer.
- It is important to have an idea of **how the child usually spends a day** – in which positions? what are the things that the carer do with the child daily (e.g. washing, dressing, holding her on her lap)? HOW does she do it? Changing these positions and the way activities of daily living is done to be more helpful, can make a much bigger difference than giving a "home-exercise". The carer might be too tired or have no time for exercises, but there are certain things that she will do daily and if these can become "an exercise" the child is getting "therapy" daily throughout the day.
- Spend some time **handling the child**. It is necessary to find out which positions and key points are helpful to influence the child's muscle tone and help the child to achieve some normal, active, functional movement. All children with CP will not respond the same, so there is not a set of home exercises that can just be given to everybody.
- Choose one activity that worked well. Demonstrate and **teach it to the carer**, explain why it is helpful, point out where you place your hands. Let the carer practice it more than once – until she is confident to do it well. Guide her hands if necessary. Give some

specific instructions about when and how often to do it. Try to incorporate it into her activities of daily living and daily routine as much as possible.

- **DO NOT spend the session doing something the parent could easily have done at home**
– for example passively positioning the child over a pillow. Remember the carer has made an effort and sacrifices to be there because she wants the best for the child. Just placing the child in a position and leaving her there for 30 minutes could have been done at home!
- **Feeding** is a very big problem for many of the children. This is something that forms a very important part of the child and caregiver's life. It can therefore be very important goal. It is also an important preparation for speech. A session spent on advising about positioning and technique for feeding is not wasted.
- Try to **involve and teach volunteers** in what you are doing. For example using positioning equipment. If they know how to do this well, they can spend more time helping to teach the carers when the therapist moves on to work with another client.