



Specialized Pediatric
Outpatient Therapy

The Tattletale

New Year 2012 Edition



Meet Our Staff!

Front Office Staff:

Linda Lamb, Office Manager
Betty Atwood, Office Assistant
Millie Hines, Office Assistant
Judie Scheinerman, Insurance
Megan Williams, Office Assistant
Tammy Rangel, Office Assistant

Physical Therapists:

Karen Lukas, PT
Kim Gleason, PT, MSPT
Heidi Wesley, PT, DPT
Jessica Klein, PT, DPT

Occupational Therapists:

Debbie Hines, MA OTR/L
Kim Jerdee, MS, OTR/L
Laurie McFarlane, OTR/L
Jodie Koppein, MS, OTR/L
Sarah Ventsias, MS, OTR/L

Speech Therapists:

Kelly Mollison, MS, CCC-SLP
Rachel Price, MA, CCC-SLP
Genna Clark MS, CCC-SLP
Carole Schlappi MS, CCC-SLP

Office Hours:

M-Th 7am-6pm Closed 12pm-1pm
F- 7am- 1pm

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For your information:

AZEIP: (602) 532-9960

DDD: (800) 749-9490

Developing Communication through Daily Routines:

The key to verbal communication is to make sounds or words in order to satisfy our needs. First words function to call the people we need or get the comforts and objects that we want. It is important to reward children for any attempt at a word by giving them the thing they were seeking. The question is how do we increase children's use of words?

The best way to develop and increase the use of words is through daily routines. For each daily routine, you can develop a list of words that the child can practice during that specific routine.

Bath Time:

Object Words: Tub, Water, Bubbles, Soap, Towel, Shampoo, toothbrush, toothpaste, various body parts, various toys

Sounds and Phrases: Time for bath, fill it up, wash face, bubbles go up, in the cup, water goes out, water on, splash, bye bye water.

Time to Get Dressed:

Object Words: shirt, pants, shoes, socks, diaper, coat, pajamas, body parts

Sounds and Phrases: lets get dressed, pajamas come off, put your head in, socks on, clean socks, zip up, arms up, all done.

Time to Eat:

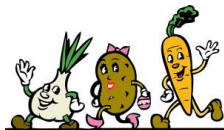
Object Words: spoon, fork, cup, plate, bowl, fridge, bottle, juice, various food names.

Sounds and Phrases: time to eat, juice please, cold juice, hot, blow on it, more please, all done, sit down, my chair, put away, uh oh.

Going out:

Object words: door, car, coat, store, cart, tree, dog, cat, cow, rain, snow.

Sounds and phrases: time to go out, in the car, ready set go. all done, go go go, where's daddy, let's go home,



From your KidzSPOT Pediatric
Therapy team!



Just a Reminder....

- **Please alert the front office/therapists if your child has a food allergy so we can mark their chart clearly!**
- Private Pay rates are due at time of service, as they are discounted when there is no waiting period for payment, no administration work, no follow-up with insurance companies and no pending claims.
- If your child has their therapies funded through DDD, please make sure your child's authorization is current.
- Please answer your cell phones within your child's therapy room or outside the building so that other children's therapy will not be disturbed.
- We are happy to post information from parents and organizations in our waiting room, however, before doing so, please contact management for approval. Thank you!
- Please visit our website:

www.kidzSPOTtherapy.com

Bed Time Ease

Things that make it hard for kids to sleep:

- Hungry/Thirsty
- TV
- Worries
- Restless
- Fears
- Bathroom needs
- Bad Dreams
- Noises
- Not Tired



Approximate hours of sleep needed:

1 to 3 years old	10 to 13 hours
4 to 5 years old	10 to 12 hours
6 to 8 years old	11 hours
9 to 11 years old	10 hours
12 years and older	9 hours

Establishing a bedtime routine helps kids relax and get ready for sleep. For a toddler, the routine may be from 15-30 minutes long and include calming activities such as reading a story, bathing, and listening to soft music.

Whatever the nightly ritual is, your toddler will probably insist that it be the same every night. Just don't allow rituals to become too long or too complicated. Whenever possible, allow your toddler to make bedtime choices within the routine: which pajamas to wear, which stuffed animal to take the bed, what music to play. This gives our little one a sense of control over routine.

Kids who don't get enough sleep often don't feel tired. And, kids who are shortest on sleep sometimes lie in bed for hours. Lack of sleep can cause them to feel hyper or grouchy instead of sleepy.

Pediatric Voiding Dysfunction and Physical Therapy Intervention

- Incontinence affects 20% to 30% of children.
- Girls with voiding dysfunction outnumber boys by 4:1.
- **Dysfunctional voiding** is an intermittent and/or fluctuating urine flow rate because of involuntary intermittent **contraction of the pelvic floor musculature** during voiding, in neurologically normal individuals.
- **Urinary incontinence** is the uncontrollable leakage of urine and can be diurnal (daytime) or enuresis (incontinence while sleeping, also referred to as "bed wetting").
- Dysfunctional voiding and incontinence in children can increase **emotional, psychological, and social stress** for the child as well as their family members.
- Since the 1980s, anticholinergic medications were the primary approach to treatment. Success with this approach has been **poor**.
- The pelvic floor muscles are probably the most powerful effectors of bladder function.
- The goal of pelvic floor therapy is to make the child aware of their pelvic floor musculature and to teach them **relaxation of the pelvic floor muscles** and functional ways to use these muscles during voiding.
- Pelvic-floor exercise is a noninvasive treatment that consists of tightening the pelvic muscles and holding the contraction for a few seconds, followed by a rest period. Pelvic floor biofeedback is a technique that uses surface perineal electrodes to monitor external urinary sphincter activity.
- **Conservative treatment methods consisting of elimination education, pelvic floor biofeedback and pelvic floor exercise result in more than 90-95% significant improvement or cure in incontinence.**