



## NEWS FROM OUR OFFICE

### APRIL IS OCCUPATIONAL THERAPY MONTH

*Excellence in Upper Extremity Rehabilitation and Neuro-Developmental Therapy*

## A Reflection of 21 years in the Profession

Nationwide April is Occupational Therapy month and I am again reminded of why I chose to become an Occupational Therapist. After 21 years in the profession I continue to be grateful for the challenges, variety and opportunities this discipline has presented to me. I have been able to blend my areas of interest and aptitude into the perfect professional balance.

Whether I am assisting a student to acquire the skills necessary to become a competent entry level therapist, or training experienced therapists in the nuances of effective treatment, I am grateful for being able to help our profession grow. Whether I am helping a patient gain more joint range of motion, manage pain, or assisting a child overcome the dysfunction that comes along with a brain that is not processing incoming information well...I am grateful for being permitted into their world, to help them overcome impairment, and participate more fully in their life.

Opportunity for renewal, for creating and learning are many as an Occupational Therapist. Over the last few weeks I've had the opportunity to work with an acupuncturist helping manage a patient's pain after surgery, to put together a classification system for effective identification and treatment of Lateral Epicondylitis, and to evaluate several elementary school aged children with undiagnosed Sensory Processing Disorders (SPD) who have spent years confusing their parents, their teachers and themselves.

With each passing year I discover new things to add to my toolbox, but also recognize when some tools just need to be put on the shelf. And regardless of what I am doing next week, next month or next year, I hope to continue growing, learning and contributing as an Occupational Therapist.

Julia Grover, OTR/L, CHT



### Hands: Our Most Effective Evaluation and Treatment Tool

In the age of evidence-based practice we are more aware of our need to use assessment techniques, which quantify and objectify a patient's clinical presentation, and choose interventions based on what the research supports. As health professionals, if we were to subscribe only to using evidence-based practice we would first of all not be treating many of the musculoskeletal disorders we treat, nor would we have some of the successes in managing people's physical pain and dysfunction.

Our most effective tools, we come by naturally. They are not gadgets or computerized boxes with preprogrammed protocols, but they have built in sensory receptors and five oscillating palpators, which can discern acute from chronic swelling, and degenerative from healthy tissue. Our hands and the wisdom contained within, can tell us more about what muscles are activating, being over or under used, and then be used to facilitate the changes needed to improve the patients level of function.

As clinicians we need to provide evidence to support choosing the techniques we choose, and work within the managed care environment that has put limits on time spent with our patients. Regardless, we need to recognize that we are our own best asset to good outcomes in patient care, and our hands are an integral part of the process.

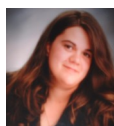
Check out our .....

*Lateral Epicondylitis Classification System*

at [www.centralhandtherapy.com](http://www.centralhandtherapy.com) and click on Education.



### SPECIAL POINTS OF INTEREST:



**Marianne Marts, BS, Ed** is our new Office Coordinator. She is proud to be a Tucson native, born and raised. She comes to us with an Education and Advocacy background, which began with her brother who has Down Syndrome. Marianne will be marketing our services in addition to her office duties.



**Bonnie Angelie, RN GCFP** Bonnie loves movement and is keenly aware of poise and grace. She is a professional nurse by training, as well as an experienced Feldenkrais Practitioner. Since her certification as a Feldenkrais Practitioner in 1997 she has developed a thriving private practice as well as held public classes through the YMCA, FITcenter, HEALTHSOUTH, The Dance Loft and Central Hand Therapy, PC/SACOTA. She has seen how gentle movement, inclusive attention and enhancement of images and imagination; bring about improved physical performance, reduction of pain and enhancement of self-discovery. Business 520.624.1009 Email: [bclairattheriver@gmail.com](mailto:bclairattheriver@gmail.com)

**Stacey Smith** is an Occupational Therapy Student from Midwestern University. Read her article about Individualized Treatment plans, The patient spotlight and see her working with the students within.

## Patient Spotlight: Meet Charlie



Charlie is a 6 year-old boy who started receiving services for Sensory Processing Disorder (SPD) at SACOTA in December 2010. We've asked his mom to share a little about the experience and successes of his treatment with SACOTA.

### What was your primary concern when you first came in for Charlie's evaluation with SACOTA?

We noticed Charlie wasn't interacting well, but we really didn't know what could be wrong or what to expect. He would fall a lot and was sensitive to touch, he wouldn't make eye contact, and he didn't like change.

### What was your impression about the evaluation results for Charlie?

I felt that it made perfect sense for what I had been seeing. The therapists were very thorough in their evaluation and explanations. They were able to describe all the challenges that I had been noticing. I felt they were right on the nose.

### What changes have you seen in Charlie since starting treatment?

He's made great improvements. He now has better eye contact. He's less prone to outbursts and is able to soothe himself. He's a lot happier and more confident. Family life has also become calmer. We spend less time with things that used to be an issue.

### What has been your experience interacting with the different SACOTA therapists in treatment?

They have all been fantastic. Everyone is very personable. They are always there to answer any questions you have and explain the process as you go along. The whole process has really been phenomenal. It's been the best thing for Charlie. We've been very happy with the services.

**Stacey Smith – Level II OT Student  
Midwestern University**

### THINGS WE LOVE:

*River Road Gardens —Fresh organic and biodynamically grown vegetables—*

*Buy shares:*

[www.riverroadgardens.com](http://www.riverroadgardens.com)



### Book Recommendation

*The Well Balanced Child*

*By Sally Goddard Blythe*

*This book provides evidence of the influence the body can have on neurological function and child's ability to learn.*



**Desert Bloom Acupuncture**  
Acupuncture  
Acutonics  
Reiki  
Moxibustion & Cupping  
Chinese Herbal Medicine

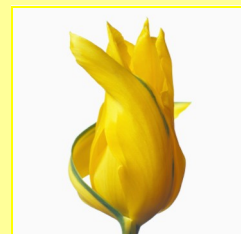
**5630 E. Pima St. Tucson AZ 85712**

Kristina Allred      Serena Pullen



desertbloomaz@gmail.com  
520-207-7709

*Health...  
creating, refining,  
restoring...Humanity*



## *T-We:m Hihim c cipkan* *Walking and Working Together*

---



Since the 2008-2009 school year, SACOTA has had the opportunity to walk and work together with the Tohono O'odum people providing School-based Occupational Therapy through the Bureau of Indian Education (BIE). In keeping with the BIE mission to provide quality education opportunities based on tribe's cultural, we have strived to be a source of support for our students, teachers and families.

We have learned much from the O'odum. Master dwellers of the Desert, the Tohono O'odum Nation have their origins linked to the Sonoran Desert, where their ancestors, the Hohokum, settled along the Salt, Gila, and Santa Cruz rivers. In 1937, the O'odum adopted their first constitution and changed their name from the Papago tribe to the Tohono O'odum Nation.

Traditionally, O'odum parents have thought ahead to their children's futures. Teaching began in the home, with parents talking to their children about life's lessons. The grandparents and elders passed on the stories of tradition and values. Today, the Tohono O'odum nation put education at the center of childhood.

Over the past two years, we have made significant accomplishments with our students in the areas of physical development, academics and social skills. We have been able to work alongside classroom teachers providing strategies to improve student attention and performance. We have been invited into class

rooms to demonstrate activities to strengthen a specific skill such as handwriting, or support learning through movement.

Group work has been one of the most successful interventions used with students. These groups are formed either based on common age or skill level. The activities chosen address individual Occupational Therapy IEP goals, as well as support the school curriculum. They are encouraged to participate in tasks to improve postural strength and stability, maintain focus on task performance and master fine motor and visual motor skills required for academic success. We often use themes relevant to topics being studied in the classroom or of a cultural interest such as nature, animals or community events. We may do a kite flying group when students are studying the weather for a class lesson or play games and complete activities based on a book being read for a class assignment.

We've seen learning and development happen on all levels. It is especially encouraging to see our student's overall physical presentation morph into more uplifted posture and more self-confidence during peer, classroom and group interactions.

Our caseload on the Nation continues to expand each year. It is our hope that the time we have devoted to supporting staff, students, and families has helped the Tohono O'odum Nation in meeting their goal of making education central to the child's life. So as we prepare for the next school year, let us say with confidence "T-W:em Ato' Nato... " Together we will succeed.

---

**Lisa Murphy, COTA/L**  
**Asst. Program Director**  
**SACOTA**



## **Working Hands Update**

---

An exciting new program for SACOTA this year has been our Working Hands Group. Every first and third Thursday of the month, you will find two of our therapists, Julia Grover, OTR/L CHT, and Susan Schroeder, OTR/L working alongside Farmer Jon McNamara to help children aged 8-13 experience the satisfaction of working with the earth. Every session begins with exercises geared to help young bodies energize, focus, and engage with others. Everyone is expected to work hard, interact positively and have fun. Rewards are earned through good effort, cooperation, sharing, and communicating. Each child makes a commitment for 6 sessions. We are well into our second round of 6 sessions. We have accomplished tasks that none of our children ever thought of trying. We have moved boulders, dug irrigation trenches, harvested carrots, protected young plants from frost, pulled dead plants from beds, and turned over soil. We have used shovels, rakes, wheelbarrows, spades, and our bare hands to accomplish these tasks. In addition to accomplishing tasks, our group members have developed stronger bodies, more self esteem and confidence, and have made new friends. Our group members' parents have been reporting positive changes at home. "He seems so much happier", "He is doing his chores with less complaints", "He made pancakes for the family! He's never turned on the stove before!"

In the clinic we are also seeing improved body awareness, improved posture, and more confidence to try new things. Our group members are more able to listen to and follow instructions and less distracted by sights and sounds. When our children get involved in the rhythm of heavy work, they are able to process more sensory information which can help their neurological systems work better. A more efficient nervous system leads to a child who can function better in school, at play and with others.

Working Hands Group will take a summer vacation and start up again in the fall. We look forward to continuing to see more children participate and developing this program experience to their benefit.



---

**Susan Schroeder, OTR/L**  
**SACOTA**



2810 N. Alvernon Way  
Suite 600  
Tucson, AZ 85712

Phone: (520) 321-1495  
Fax: (520) 321-1593

WE'RE ON THE WEB! CHECK  
US OUT!

[www.centralhandtherapy.com](http://www.centralhandtherapy.com)

## Facilitating Improvements with Children Starts with an Individualized Treatment Plan

*Susan Schroeder, OTR/L, shared some of her insight into what makes a successful intervention.*

### Where do you begin to formulate the ideas for your intervention?

Choosing an intervention begins with the child's clinical evaluation, their developmental history, and what clusters of behaviors are being reported by the family and school. The type of intervention that is chosen will depend on the individual needs of the child and specifically what area of the brain the dysfunction is coming from.

### How do interventions meet the individual needs of the child?

The main considerations when choosing an intervention are: the area of the brain causing the dysfunction and the arousal state of the child. Activities are chosen based on the lowest point of entry in order for the therapist to meet the child where they are at neurologically. Activities are chosen to facilitate changes in brain chemistry and circuitry in order to facilitate the child's "just right" state of engagement. Use of tactile, proprioceptive and vestibular sensory inputs are chosen and graded for levels of difficulty based on the child's need.

### What is the intent of the intervention?

Interventions are geared to help the child achieve an interactive state. If the child can't sustain the proper level of arousal for interaction then treatment will help them regain it. Once the child is in their "just

right" state the therapist can work with them on improving the quality and quantity of a desired skill. The therapist makes the challenges increasingly more difficult over time and as basic skills are acquired.

### How does the intervention plan change over the course of treatment?

A child's treatment session requires constant observation to modify the environment and task throughout the intervention. A child's eyes, muscle tone, posture, and behavior can all provide signs of under or overstimulation.

*Play is a child's work.*

### What philosophy do you feel guides the delivery of your interventions?

Sensory Processing Disorders (SPD) occur at different levels of the CNS. Treatment must address dysfunction at the proper level: lower and upper brainstem, cerebellum, or midbrain and we as therapists must be able to figure out where the issue lies in order to be effective. We also need to establish a bond with the child by making treatment fun, so that the child will tolerate the challenges, and enjoy working with the therapist. Play is a child's work, and defines the development of their nervous systems and the maturation of their bodies. Sitting and performing exercises will not achieve the same impact as playing with a child.

**Interview conducted by:  
Stacey Smith, Level II OT Student  
Midwestern University**