



# PHYSICAL THERAPY AT THE EEU

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# AGENDA



PHYSICAL THERAPY (PT) AT THE EEU



MUSCLE TONE – Why it matters?



SAFE HANDLING



PLAYGROUND GUIDELINES



SAFE LIFTING

## PHYSICAL THERAPY SCHOOL VS. MEDICAL

In schools, IDEA considers physical therapy a related service (RS).

RS are “developmental, corrective, and other supportive services required to assist a child with a disability to benefit from special education.”

This description is what differentiates PT services in educational and medical settings.

PT in a medical setting assists the client in optimizing function in any areas deemed important by the client.

In the educational setting, PT focuses on assisting the student in accessing and participating in their education.



## PHYSICAL THERAPY AT THE EEU

PTs work with children who qualify for PT services and we support the EEU community.

Children have a wide range of diagnoses including Down syndrome, cerebral palsy, autism, rare genetic disorders, and many more.

Range in age from birth to 5-6 years old (Early Support, PS, Kindergarten)

Examples of skills PTs are working on include walking, running, stairs, jumping, ball skills (throwing, catching, kicking), balance, and coordination.

## MUSCLE TONE – WHY IT MATTERS?

- Muscle tone refers to the resting state of your muscles and how quickly and easily they contract on demand.
- A child with **LOW MUSCLE TONE** must put in much more energy to activate and use their muscles.
- There is not as much tension in the muscles at rest; they often seem floppy or squishable.
- Children with **LOW MUSCLE TONE** are at risk for joint dislocation.
- **KEEP THIS IN MIND WHEN WORKING WITH CHILDREN.**



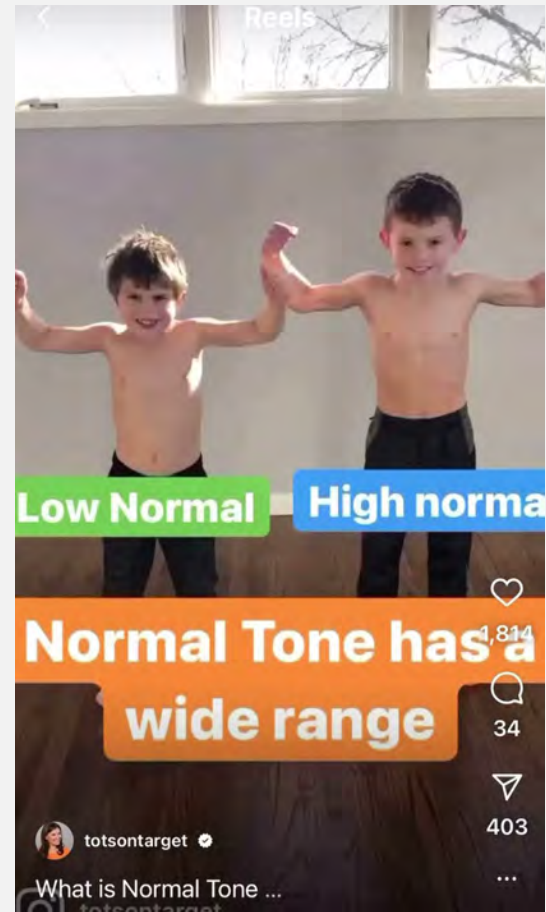
## MUSCLE TONE – WHY IT MATTERS?

- A child with HIGH MUSCLE TONE does not need to put in as much energy to use or activate their muscles.
- They have visible muscular definition.
- Movement comes easily and they have good endurance
- High tone (beyond normal) means there is too much tension in the muscle, and it makes it challenging to move often associated with a neurological condition.



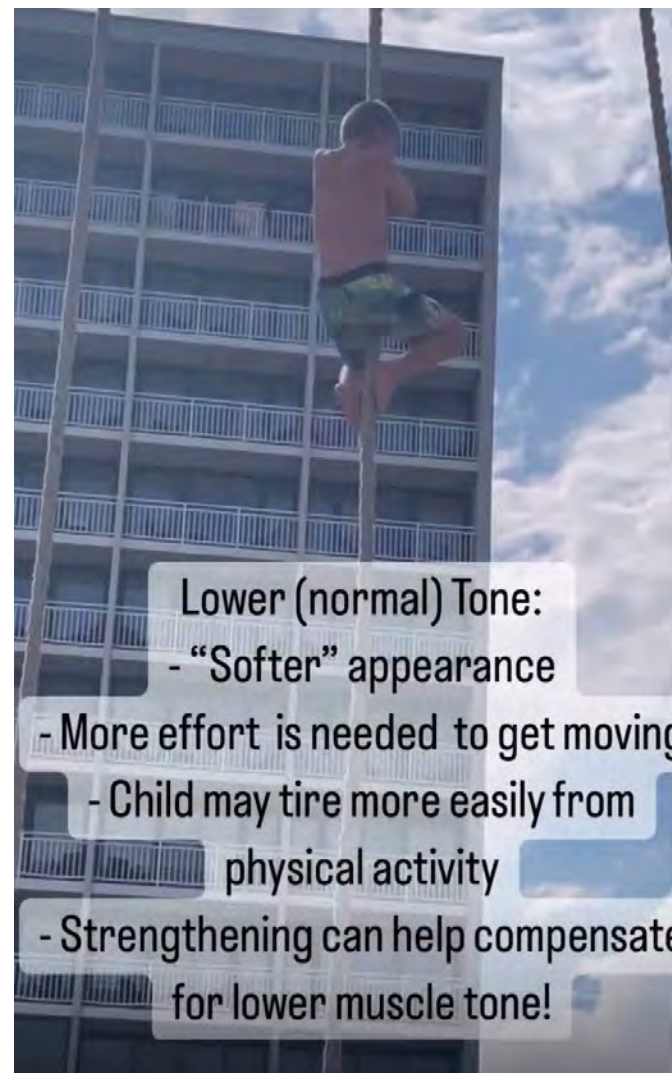
MUSCLE TONE  
LOW NORMAL VS.  
HIGH NORMAL

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# MUSCLE TONE

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Lower (normal) Tone:

- “Softer” appearance

- More effort is needed to get moving

- Child may tire more easily from

physical activity

- Strengthening can help compensate

for lower muscle tone!

## SAFE HANDLING



If you are holding a child's hand who may pull or fall, place your other hand on their trunk on the opposite side to increase control and avoid pulling on their arm.



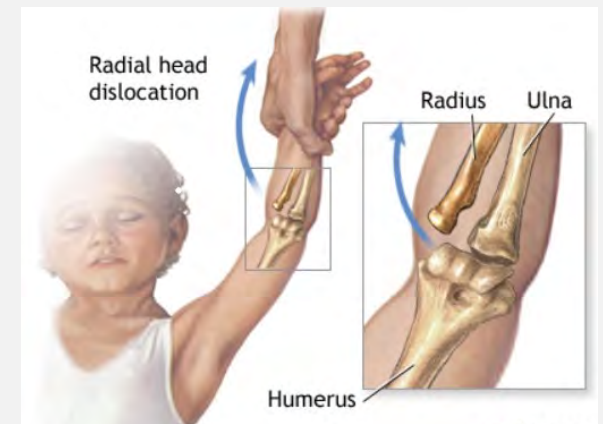
Always move a child by holding them at their pelvis or trunk.



Always gather equipment first (i.e. stroller, car seat, chair, gym equipment, etc.) before moving a child. Don't get the equipment with a child in your arms.

## SAFE HANDLING

- ALWAYS use verbal and gestural prompts first. Physical support should never be the first thing you try!
- IF physical support is needed, use the least amount possible. Have the child help as much as they can.
- ALWAYS ask for permission to physically support a child and tell the child what you are doing.
- Handle carefully and move slowly.
- NEVER FORCE MOVEMENT.
- Never pull on a child's arms or legs, especially if they have low muscle tone. They are at risk for dislocation.



## CLIMBING WALLS AND PLAY STRUCTURES

- Make sure you have your hands on their torso or close to their hips.
- Always assist from below
- Do not pull on their arms or legs
- Use verbal cues before physical support
- Children should climb up and down, no jumping off the wall



## STAIRS

- Position your body **BEHIND** the child when going **UP** the stairs and in **FRONT** of the child when going **DOWN** the stairs.
- If a child falls, they will fall down the stairs, so you always want to be on the downside of the stair.



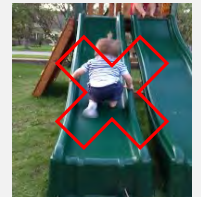
## SWING

- Ensure children hold **on with both hands**
- **Teachers push the swing**, not children.
- Be aware of children's facial expressions.
- Teach children to get on the swing by holding the ropes with both hands and putting one knee on the seat at a time to climb up and over. You can help them by stabilizing the swing, so it doesn't move.
- Do not pick a child up and plop them on the seat unless that is the **only way** to safely get them on the swing.



# SLIDE

- For safety reasons, children can only go down the slide with their **FEET FIRST**.
- **DO NOT LET THEM GO DOWN THE SLIDE HEAD-FIRST, or CLIMB UP THE SLIDE**
- **DO NOT** allow children to **RIDE ON YOUR LAP!** There is a high risk of leg fractures when children ride adult laps down slides.
- **ONLY LET ONE PERSON GO DOWN THE SLIDE AT A TIME**

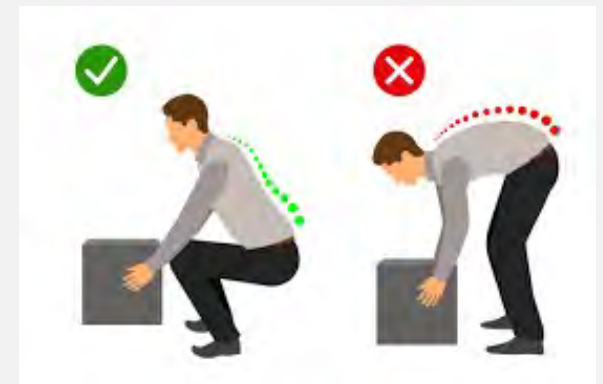


## SAFE LIFTING - DO

- **Plan ahead** before lifting heavy objects or children.
- Make sure you have a **clear path**.
- **Test the load** to make sure it is not too heavy.
- **Ask for help** if a child/object is too heavy.
- **Lift with your legs** not your back.
- **Always squat** bending at your hips and knees.
- Kneeling and/or half-kneeling are ok.
- Keep a **wide base of support**.
- **Keep the child or object as close** to you as possible.
- **Lead with your feet** instead of twisting at your waist.
- **Push, don't pull.**

## SAFE LIFTING – DON'T

- Bend your back forward while lifting.
- Twist while lifting.
- Carry children or objects in a bent over position.
- Pull objects.



## SAFE LIFTING

- BACK STRAIGHT (NEUTRAL)
- AVOID TWISTING - USE YOUR FEET NOT YOUR BACK!
- CLOSE TO BODY
- KEEP SMOOTH

