



Out of the Box~~Out of the Clinic

The Outdoor Sensory Experience

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The OT/MD Connection

Physicians assess
health:

- ⌘ Presence or
absence of illness
- ⌘ Attainment of
milestones

Occupational
Therapists assess:

- ⌘ Motor/sensory/
Perceptual/social/
emotional
competencies

In other words

- MD is *what* the child does
- OT is *how* the child does it

Introducing:

S.H.I.N.E.™

Sensory Hiking Independence Novel Experiences

By taking the child out of the clinic setting we are able to see how specific deficits are being manifested in their daily lives

- Gross motor
- Fine Motor (dysgraphia)
- Perceptual Processing (dyslexia)
- Sensory integration
- Frustration tolerance
- Task initiation
- Peer interactions
- Transitional skills

Etc.,

Some standardized tests used are:

The Wide Range Assessment of Visual Motor Abilities tests the child in the three spheres of visual motor/perceptual development. It provides a psychometrically sound assessment of visual motor, visual spatial, and fine motor skills. A score of 50 % with a standard score of 100 is considered within the average range.

Southern California Tests of Sensory Integration tests vestibular (nystagmus), tactile, visual, auditory, movement tolerance, balance and emotional reactions to activity.

The Motor-Free Visual Perception Test –3rd edition--is a standardized test that evaluates visual discrimination, form constancy visual memory (sequential and non-sequential), visual closure and directionality.

The Visual Motor Inventory (VMI) is a standardized test that identifies significant difficulties that some children may have in integrating, or coordinating their perceptual and motor (finger and hand movement) abilities. Visual-motor integration is the degree to which visual perception and finger-hand movements are well coordinated.

The Test of Visual-Perceptual Skills (non-motor) tests all of the same areas as the VMI, with the elimination of the motor component. Thus, it is able to ferret out that which is perception vs. motor.

And others....

In a Traditional Occupational Therapy Evaluation

- **Male age 11.1**

	Raw score	Standard score	Percentile	Age equiv.
Drawing Visual-motor	12	86	18	7.8
Matching Visual-spatial	33	98	45	10.3
Pegboard Fine motor	38	103	58	12.0

He received a composite standard score of 94 and a composite percentile rank of 34%. (DX: Dysgraphia)--WRAVMA

- Male age 6.7

Test	Raw score	Standard score	Percentile	Age equiv.
Drawing Visual- motor	9	90	25	5.10
Matching Visual- spatial	36	125	96	>13.0
Pegboard Fine motor	26	97	42	6.6

He received a composite standard score of 105 and a composite percentile rank of 63%. WRAVMA

Handwriting

1 Jeff ^{NI} spelling test
2 ~~the book~~ was in ~~the~~ ^{shelf} ~~at~~ ^{the} ~~store~~
3 ~~this~~ is the fifth ~~page~~
4 ~~upset~~ ^{upset} ~~until~~ ^{until} I was ~~happy~~
5 ~~Did~~ the twin ~~fall~~
~~stump~~ ^{stump} ~~print~~ ^{print}
6 ~~index~~ ^{index} ~~book~~ ^{book}

My name is Jeff. When I try
I have beautiful handwriting. I
do not use too much pressure. I hold
my paper and pencil properly, and
everything I write, everyone can
read.

11.4.97 Jeff Cardell

It is NOT in the hand!! It is a sensory-motor perceptual skill.

“Looking OK” can be
deceptive

So a child who looks “OK” in an examination room, may look like this when playing:

These behaviors can impact

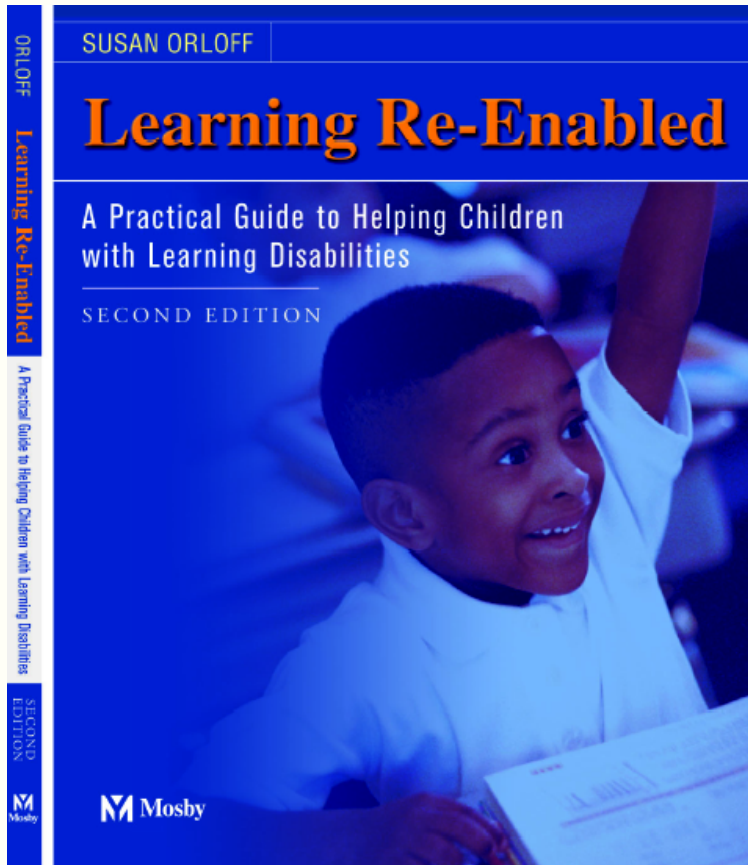
- Learning
- Peer interactions
- Emotional maturation
- Family dynamics
- Self-esteem

And more.....things an OT sees while the child is engaged in play and not seen in well check-ups

While the primary role of the physician is to maintain wellness, included here should also be the objective to foster appropriate maturation. Occupational therapists are the natural partners for physicians, especially pediatricians, to insure this often-elusive treatment outcome.

Learning Re-enabled

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