

THE **communiqué**

Illinois Occupational Therapy Association

Jim Taylor, MS,OTR/L

Occupational Therapy Discovers *Special Gifts*

A therapeutic creative drama program

Typically developing children in America have many opportunities available when it comes to extra-curricular activities. Sports teams, school clubs, drama groups, and even simply going to friends' houses after school, are regular everyday occurrences for these children.

Unfortunately, this is not true for children with special needs. Many organizations, for a variety of reasons, do not provide the services they offer to typically developing children to those with special needs. These kids, who yearn to be

accepted amongst their peers, have nowhere to go to feel accepted for who they are. That is until Special Gifts Theatre was founded in 2000.

Special Gifts Theatre (SGT) is a therapeutic creative drama program for children and teens with special needs ranging in age from 3-21 years old. Classes are designed and experiences are provided to allow our students to improve their communication skills; enhance self-esteem and self-confidence; encourage problem solving; strengthen listening,

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Special Gifts Theatre is a not-for-profit organization that provides children and teens with special needs a unique, creative drama experience enabling personal growth while breaking down stereotypes related to disabilities

Camp SuperKids

A Family Centered Camp for Children with Hemiplegia

Jacqueline Jensen, OTR/L, M.
Angelica Barraza, OTR/L, C/NDT,
Takako Shiratori, PhD, DPT

It is estimated that the incidence of cerebral palsy (CP) in the United States is just above 2 per 1000 live births (Hirtz et al., 2007) with hemiplegia being the most common form of CP accounting for 30% of these children (Motta, et al. 2010). Hemiplegic CP is a non-progressive disorder resulting from a unilateral lesion to the fetal or infant brain. This significantly hinders functional use of the upper extremity with activities at home, school and in the community, impacting the child's quality of life (Boyd et al,

2010). Furthermore, children may demonstrate challenges with confidence, self-esteem, and learning.

Although many of these children have the capacity to utilize their affected hand in functional activities, they favor their non-affected arm and frequently use a unimanual approach during bimanual tasks. This phenomena is termed "developmental non-use". Even if the skill of the affected hand itself is relatively good, this does not necessarily translate to spontaneous

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ILOTA Board

The Illinois Occupational Therapy Association of Illinois is the official representation of the OT professionals in the State of Illinois.

ILOTA acknowledges and promotes professional excellence through a proactive, organized collaboration with OT personnel, the health care community, governmental agencies and consumers.

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The Communiqué

The mission of the Communiqué is to inform Illinois Occupational Therapy Association (ILOTA) members of current issues, trends and events affecting the practice of Occupational Therapy. The ILOTA publishes this newsletter bimonthly.

ILOTA does not sanction or promote one philosophy, procedure, or technique over another. Unless otherwise stated, the material published does not receive the endorsement or reflect the official position of the ILOTA. The Illinois Occupational Therapy Association hereby disclaims any liability or responsibility for the accuracy of material accepted for publication and techniques described.

Deadlines and Information

Articles and ads must be submitted by the last day of the month prior to the month of publication. Contact the ILOTA office for more information and advertising submission forms:

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President's Address

Peggy Nelson,
President

Your ILOTA Board-- Working for You



State licensure laws establish a legally defined scope of practice for a profession and provide guidance on the appropriate use of services and practitioners. Regulations clarify or provide detail to implement statutes but cannot go beyond the intent of statutory language. This is an important concept when monitoring encroachment attempts by other professions.

AOTA and state associations routinely monitor legislative and regulatory initiatives that could have an impact on the practice of occupational therapy. This includes changes to occupational therapy practice acts and regulations; changes to the practice act and regulations of other professions, such as physical therapy, speech-language pathology, orthotics and prosthetics, athletic training, and others; and changes to other statutes and regulations, such as Medicaid, worker's compensation, education, or early intervention programs, that might define occupational therapy services under

those programs.

In 2014, the Illinois Occupational Therapy Practice Act will be open for comment, which means we need to begin work now on reviewing the content for appropriate recommendations, updates, and revisions. Although AOTA and ILOTA monitor state regulations, practitioners also need to be aware of regulatory changes that may affect their practice.

Experienced practice act consultants and previous ILOTA Presidents Nancy Richman and Patrick Bloom have initiated a Practice Act Committee to begin the process of reviewing the Illinois Occupational Therapy Practice Act. Ideally, it would be best to have representation from all different practice areas throughout our profession as well as throughout our state.

Please contact the ILOTA office at office@ilota.org if you would like to contribute to the Practice Act Committee. Your voice is valuable to ensure we are adequately representing all practitioners.

Thank you for allowing us to work for you!
Peggy Nelson, President

Legislative Update

End of Session Legislative Report

Maureen Mulhall



The Spring Session of the 97th General Assembly appears to have concluded on June 22, 2011 when the House and Senate returned for a few hours to finish the state budget for FY 2012. The GA is scheduled to return in October and November for the fall veto session, thus the session won't really be over until final action is taken on bills during veto session. The Governor used his amendatory veto authority to make some changes to the budget that was passed by the General Assembly, including cuts to the reimbursement to hospitals. The General Assembly will either accept or override the Governor's action during the fall veto session. Current belief is that the GA will override at least part of the Governor's reductions, thus restoring those funds.

Over 6,000 bills were introduced during the spring 2011 legislative session, however only 10% of those bills passed both chambers. Months were spent negotiating workers compensation reform (successful). Months were spent negotiating education reform (successful). And months were spent negotiating gambling expansion (unsuccessful). But the real focus of the 97th General Assembly was reapportionment – the daunting task that legislatures nationwide must go through every ten years.

The futures of incumbent legislators are at stake, as well as many potential candidates waiting in the wings, hoping that the “gods of cartography” favor them. The Governor has signed the legislation creating the new maps, and while there may be legal challenges to the maps they are essentially finished. There will be winners and losers and many legislators are spending the summer trying to determine what district to run in and whether

to run for the House or Senate. Candidates will start circulating petitions in September for the March 2012 primary. Don't be surprised if new faces show up at your door with petitions. This will be an election that may see many new candidates.

HB 1698 is of particular interest to members of ILOTA. This legislation is regarded as “Workers' Compensation Reform”. There was an attempt to pass this reform during the waning hours of the 96th General Assembly in January but negotiations broke down. Many of the interested parties met throughout the spring session however the medical community was largely omitted from the final negotiations. SB 1698 is far from an agreed piece of legislation. It only received 62 votes in the House (60 was the minimum). While the supporters of the legislation have touted the anticipated cost savings as the real triumph of this “reform”, the savings is at the expense of medical providers. Pages 94-102 of the 179 page bill address the fee schedule to be used in WC claims. In order to achieve savings the General Assembly made two changes that will significantly affect provider payments.

First, HB 1698 reduces the number of “geozips” used to group providers. Currently fees for non-hospital based services are based on 28 geozips but effective January 1, 2012 that number will be reduced to 4 geozips. The second change is in the calculation of the fee schedule itself. After September 1,

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Obesity: A Public Health Epidemic

Yolanda Suarez-Balcazar,
University of Illinois at
Chicago

Research Update

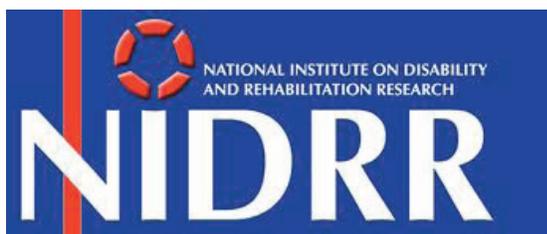
A major public health crisis facing American society is the increase in children and youth who are obese. Children growing up in the United States today are at a greater risk for developing childhood obesity than their parents and grandparents (Ogden et al., 2006).

Approximately 16% of today's children will struggle with maintaining a healthy weight and an active lifestyle before they reach adulthood compared to just 3.5% of children forty years ago. In some States up to 30% of children and youth are likely to be obese (CDC, 2011). Besides the many health risks that are associated with obesity such as chronic disease, children who are obese are at a greater risk for decreased academic performance and are likely to experience isolation and bullying (Cahill & Suarez-Balcazar, 2009).

Although childhood obesity is increasing in all ethnic groups, it is even more pronounced in children growing up in urban low-income and working-class African-American and Latino communities.

Researchers at the University of Illinois at Chicago, Department of Occupational Therapy are conducting research on obesity. In one study, we looked at the impact of nutrition education and wellness classes in addition to fitness sessions on Latino children lifestyles. The study demonstrated the positive impact of the intervention on changes in behaviors and routines among participating children, such as engaging in exercising and consuming more low-fat foods.

In a current project funded by NIDRR (PI Dr. James Rimmer), we are adapting the existing standards for obesity prevention published by the Center for Disease Control (CDC) to be applied to youth and young adults with disabilities from diverse backgrounds. We believe that the identification of standards and culturally competent adaptations and its dissemination will impact schools, families and minority communities.



Based on our field experiences in evaluating interventions to address obesity, occupational therapists can play important roles in the following areas:

- Supporting families in maintaining and sustaining behavioral changes over time.

- Educating families on how to become advocates for healthy choices in their own schools and communities.
- Collaborating with other professionals (teachers, nurses, etc.) to educate and support families in making healthy choices.
- Working with school personnel to integrate a healthy lifestyle curriculum into the regular academic curriculum.
- Gaining an understanding of the environmental and contextual challenges that families experience to engage in healthy lifestyles.
- Continuing to conduct research and build evidence on programs that work.
- Bridging the gap between scholarship and practice related to obesity prevention.

There is a critical need to promote more inclusive community-based obesity prevention strategies that represent the needs of children and youth of color with disabilities.

This population needs to have the same opportunities to participate and benefit from community-based prevention programs as the rest of the community -- and OTs can help.

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Research Update

If you would like to contribute to the Research Update segment or know someone who would, please contact Carrie Nutter at codycheq@aol.com

Word Talk: Text to Speech Programs

This edition will introduce features of text-to-speech programs. There are other programs such as “scan and read” and “screen readers” that also read electronic text, but there are significant differences. For this reason, a brief paragraph will be devoted to mentioning the similarities and differences. Text-to-speech programs will convert electronic text in the computer into audio. People can use text-to-speech to support a variety of occupational roles. Students find text-to-speech helpful so that they can review an essay they typed in Microsoft Word and edit as necessary. A worker can use text-to-speech to review an outline of a presentation or reviewing a draft e-mail message prior to sending. Text-to-speech programs are especially helpful for people with learning disabilities who benefit from auditory format. Some people with cognitive and visual disabilities may benefit from text-to-speech, depending on the level of support needed.

It is necessary to evaluate each individual using a comprehensive frame of reference such as the Student/Environment/Tasks/Tool (SETT) Framework. Although SETT was developed for use in education, this framework provides a comprehensive method to assess needs based on the individual, environment(s), tasks, and tools. The “SETT Scaffold for Consideration of AT Needs” provides a template of items identified for consideration, which you can find here:

http://www.joyzabala.com/uploads/Zabala_SETT_Scaffold_Consideration.pdf (Denham & Zabala, 2005).

Some key information to obtain may include:

- How much does the client use the computer on a daily basis?
- What type of environment exists when the client uses the computer? How is the lighting within the workspace? Is the environment loud? Does the client take work home or does the client use more than one computer?
- When using the computer, what tasks (word processing, e-mail, web searching, etc.) does the client need to perform? Are there other tasks that are performed on the computer?
- What programs (Microsoft Word, Microsoft PowerPoint, Microsoft Outlook, etc.) does the client use?

Although there are many text-to-speech programs on the market, this article will expose you to three programs (Balabolka, Natural Reader, and WordTalk) that have a variety of features. Also, please note that programs listed in this newsletter are only a sample of many available on the market.

Brief Comparison of Text-to-Speech and Scan and Read Programs

Text-to-speech programs differ from scan and read programs because text-to-speech programs convert electronic text that is already in electronic format. Scan and read programs will take information available in hard-copy (a handout, worksheet, page in a book, etc.) and convert the information into electronic text through Optical Character Recognition (OCR) software included with scan and read programs. A scanner (not included with scan and read software) needs to be used in order to convert the hard-copy material into electronic text. Some manufacturers

of scan and read programs post a scanner compatibility list for certain scanners that are known to work well with their software, but it doesn't indicate what scanners were tested and found to have issues. Some scan and read manufacturers produce scan and read programs that will scan material in color or in black and white. They may also have a version of the software that has many of the features but does not scan.

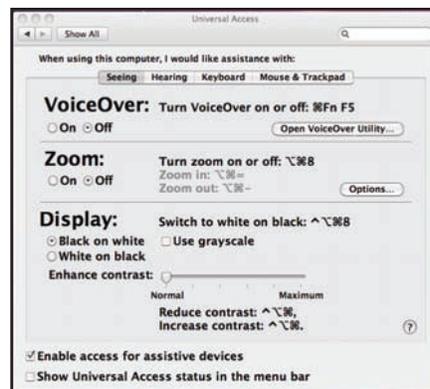
Once the hard-copy information is converted into electronic text, scan and read programs will speak the information back to the user and that is consistent to the primary feature of text-to-speech programs. Additional features similar in both programs include some word processing features such as font size or font type. Other features within many scan and read programs usually include the ability to highlight and extract information to assist with study skills. Manufacturers of some of the popular scan and read programs include Texthelp Systems, Ltd. (Read & Write Gold) <http://www.texthelp.com/page.asp>, Cambium Learning Technologies (Kurzweil 3000) <http://www.kurzweiledu.com/default.html>, and Premier Literacy (Scan & Read Pro) <http://www.readingmadeez.com/products/scanreadpro.html>. All of these scan and read programs are available for PC and Mac. Premier Literacy's Scan & Read Pro for Mac is only sold in a bundle with a couple of additional programs.

Brief Comparison of Text-to-Speech and Screen Readers

Screen readers are specifically designed to assist people with significant visual disabilities who cannot use screen magnification software to read information on the computer screen due to significant vision loss. Although text-to-speech programs will read electronic text, screen readers will read screen content including title bars, so that a user knows the application that is being used. There are various command keys for various functions and navigation that can take time for users to become familiar with. Several Windows commands are listed at <http://support.microsoft.com/kb/126449>. Manufacturers of some of the popular scan and read programs include Freedom Scientific (JAWS) <http://freedomscientific.com/products/fs/jaws-product-page.asp> and GW Micro (Window-Eyes) <http://www.gwmicro.com/Window-Eyes/>.

Text-to-Speech for Mac

Text-to-speech is built into the Mac operating system since OS X was released. Voice Over is available on Mac computers with an operating system consistent with OS-X or above. To access VoiceOver, a user can select the Apple icon (upper right corner of the screen) - “System Preferences” - “Universal Access” to access VoiceOver.



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How did the MDS 3.0 impact you?

We value our colleagues' opinions and views! In each issue we will ask a different question. Some may be thought provoking and some may be more whimsical since as OTs we face both serious concerns and opportunities for creativity. We will feature responses and photos from 2-4 different clinicians or students in each issue. If you have an idea for a question or would like to be considered for a future issue, please contact us.

Supporting Clinical Instructors

The impact of MDS 3.0 has not only affected our billing practices at Claremont Rehab and Living Center, it has changed the mindset of the clinical instructors. Students have always been closely supervised throughout their fieldwork experience with us, however prior to October 2010, the clinical instructors were able to vary their caseload depending on the needs of the students. The transition to MDS 3.0 initially was difficult for the clinical instructors because they felt responsible to direct every patient treatment session which made it difficult for the students to become independent thinkers. We have solved this problem by giving permission to the clinical instructors to utilize their time to research, develop and engage in professional growth activities while still providing line of site supervision to the student. This practice has both made for a better student experience, a more satisfied clinical instructor and a better functioning therapy department on the whole.



Rhonda Guzman
The Claremont Senior Living
Community



Sandye J. Lerner
The Comprehensive Group

Committing to the Educational Needs of Occupational Therapists

As a multifaceted rehabilitation company, The Comprehensive Group has the opportunity to work with OT and COTA students in a variety of settings, including hospital in- and outpatient, skilled nursing facilities, home health and school settings. In October 2010, the Centers for Medicare and Medicaid Services (CMS) implemented new student supervision guidelines that have created significant challenges specifically impacting skilled nursing facilities. The revisions regarding student supervision not only require that students must be under "line-of-site" supervision, but that MDS 3.0 can only count the student minutes when the supervising therapist is actively participating and directing treatment. This ruling took away the supervising therapist's professional determination of the student's capabilities.

As a result of these changes, we needed to be more creative with our student placements in SNF's. This was accomplished through creative matching of therapists and student to encompass a wider variety of therapy opportunities. For example, we were able to accept OT students on our Continuing Care Retirement Community (CCRC) campuses where the student was able to gain experience with both Part A and Part B Medicare services.

Although tighter supervision guidelines are currently in place, forward thinking rehab organizations must continue to make the commitment to teach OT and COTA students in long term care facilities. Training students in skilled nursing facilities is critical due to the aging population and long term care facilities must contribute to the ongoing education of the new generation.

The good news however, is that CMS has recognized that SNF's were subject to inequities as the standard related to line-of-site supervision was more restrictive than for other in-patient, Medicare Part A settings. The new proposed rule for fiscal year 2012 recommends removal of the line-of-site supervision requirement. This would subsequently allow each skilled facility to determine for itself the appropriate manner of supervision of therapy students that are consistent with state and local laws and practice standards. The Comprehensive Group certainly supports this proposal as it will help skilled nursing facilities accommodate the increased demand of therapy programs to provide geriatric training to their students and it brings the decision regarding level of supervision back to the clinical judgment of the supervising therapist(s).

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Photo Opinions

If you would like to be featured in Photo Opinions or know someone who would, please contact Carrie Nutter at codycheq@aol.com

Special Gifts Theatre *(continued from page 1)*

focusing and attention skills; and foster cooperation. In addition, a unique component of our program is our peer mentors. This is where our students are matched with a typically developing peer and together they work in the classroom through rehearsals and appear on stage for the final performance. This Peer Mentor Program has proven to extend beyond the walls of SGT, as friendships, understanding and respect grow on a daily basis.



This program is carefully crafted and structured by integrating the essential components including education, choreography, mentors and production. A team of skilled professionals including therapists, as well as special education teachers and theatre art professionals blend their training and talents. This level of expertise allows for a flexible program in which activities and programming can be adapted to meet the specific situations and individual needs of each participant.

Occupational therapy plays a vital role on this team to help each child to explore and live their life to their fullest potential by reaching specific goals. The role of the occupational therapists is multifaceted within this program. Adaptations are made from physical accessibility to the classrooms, to lines in the script, to

movements on stage to the final performance. The OT not only explores and works with each child in the performance area but also evaluates the motor, processing and communication/interaction skills of each student. It is then based on this assessment adaptations can be made within the program and for the student allowing them to reach their potential and have their moment to “shine” in the spotlight.



Occupational therapists at SGT are always looking at an individual’s “ability” rather than “disability” when developing a creative multisensory lesson plan. The varying level of cognitive and physical abilities is always considered in order to highlight the student’s strengths while rehearsing as well as performing on stage. In addition, the occupational therapist works with the peer mentor team to match the correct child with student in order to ensure the best opportunity for social-emotional growth both in the program and outside the walls of SGT.

Every component of SGT is based on the theories and qualities of occupational therapy. Adaptations, modifications, focusing on abilities not disabilities, and promoting functional independence is the key to SGT’s success. The ability to adapt every aspect of the program is what allows SGT to provide the opportunity for children and teens with special needs to have a place where they feel like they belong. Each child feels accepted, validated, and successful which helps them to become the shining star on stage.

To learn more about our programs and employment opportunities please visit us www.specialgiftstheatre.com or email info@specialgiftstheatre.com.

Special Gifts Theatre is a not-for-profit organization with a mission that provides children and teens with special needs, a unique, creative drama experience enabling personal growth while breaking down stereotypes related to disabilities within the community at large.

About the Author:

James Taylor graduated in 2005 with his Master’s in Occupational Therapy from Governor’s State University. He has always had an interest in serving the needs of children. In addition to being the Production Director and an Occupational Therapist for Special Gifts Theatre, James is a Pediatric Occupational Therapist for The Comprehensive Group where he currently provides school based therapy in the suburban school districts as well as mentors other pediatric therapists. Most recently, James has presented a continuing education workshop entitled, “Introduction to School Based Therapy.” •

Based in Urbana, Ill., **The Carle Foundation** is the not-for-profit parent company of an integrated network of healthcare services. At its core are Carle Foundation Hospital, Carle Physician Group and Health Alliance Medical Plans. The 325-bed regional care hospital has achieved Magnet® designation, the nation’s highest honor for nursing care. It offers a more advanced level of clinical expertise and technology than any area hospital, housing the area’s only Level I Trauma Center as well as Level III perinatal services.

SUMMARY: Evaluates and develops treatment plans for patients of all ages to resume or adjust activities of daily living. Collaborates with health care team and modifies plan of care as appropriate. Serves as a role model in the delivery of professional services as a clinical resource for staff and students.

EDUCATION/LICENSURE: Minimum of Bachelor’s degree is required. Master’s or Doctorate degree is preferred. Licensed in the State of Illinois as Occupational Therapist is required

HOURS: This is a part-time position in Danville, Illinois and will work 2-3 days per week.



Camp SuperKids *(continued from page 1)*

bimanual use during dressing, feeding, and play. This disparity between unimanual skill and functional bimanual use has recently been termed “developmental disregard” (Aarts et al., 2010).

Various treatment approaches (i.e., Constraint Induced Movement Therapy, Hand Arm Bimanual Intensive Training, and forced use) have been developed to address learned non-use and developmental disregard. The table below highlights treatment approaches discussed in research for children with hemiplegia.

Treatment Approach	Philosophy	Content
Induced Movement Therapy (CIMT) Taub et al., 2004	Intensive approach that uses constraint on the unaffected upper extremity (UE) and utilizes shaping and mass practice to promote skill development of the affected UE	<ul style="list-style-type: none"> • Constraint on except for weekly skin checks • Therapy ~6 hrs day for 2-6 weeks
Modified CIMT Elliason et al., 2005	Less invasive approach than CIMT, done intensively with a decreased constraint wearing schedule to accommodate the developmental process of children	<ul style="list-style-type: none"> • Constraint on for less than 3hrs/day for at least 2 consecutive weeks
Forced Use Motta et al., 2010	Use of constraint with no additional therapy	<ul style="list-style-type: none"> • Constraint on for 21 days with no additional therapy
Hand Arm Bimanual Intensive Training (HABIT) Charles and Gordon, 2007	Intensive approach to train the use two hands in bimanual tasks utilizing concepts of motor learning (i.e., whole/part task practice)	<ul style="list-style-type: none"> • Bimanual therapy focusing on play and functional activities for 5 hours/day for 10 days
mCIMT-bimanual hand training combo Aarts et al., 2010	Combination of modified CIMT followed by bimanual training in goal directed tasks	<ul style="list-style-type: none"> • Modified CIMT performed 3 hrs of tx, 3 x /week for 6 weeks • Bimanual therapy performed for 3 hours , 3 x / week for 2 weeks

Camp SuperKids

Camp Superkids is a family centered program that merges research with clinical reasoning. This program is a super-hero day camp for children with hemiplegia (4 – 8 years old), 3 weeks (15 days) with 3 hours of therapy per day. Forced use is used to increase skill of the affected hand prior to camp. During camp, bimanual hand training is used to improve their bimanual skills and coordination in a functional context. To facilitate long term carryover of skills to home and community environments, family education and training is a central principle and is emphasized daily. Other elements central to Camp SuperKids includes: a playful camp environment, alignment and quality of movement, functional activities, and individually progressed programming. It is the combination of these crucial elements that facilitates individual camper and overall camp success.

To ensure that Camp SuperKids is effective, the program was evaluated using single subject A-B-A research design. Outcome measures used to evaluate the program were:

- **Canadian Occupational Performance Measure** (COPM, Law et al., 2005) which provides a semi-structured interview format identifying, prioritizing, and monitoring the progress of the families identified goals in the areas of self-care, productivity, and leisure activities over time.
- **Goal Attainment Scale** (GAS, Kiresuk et al., 1994) was used to monitor changes in 1-2 individualized goals identified in the COPM. GAS is an individualized outcome measure which is used to capture attributes where no standardized measure exists.
- **Assisting Hand Assessment** (AHA, Krumlinde-Sundholm et al., 2005) was used to measure changes in how effectively a child uses the affected (assisting) hand in bimanual play. Test items are toys designed to elicit bilateral activity in a semi-structured play session.

Results show improvements in all of the above outcome measures after the camp. Summary of results are as follows:

- All parents reported a statistically significant change in improvements with their child’s bimanual skill performance and an increased satisfaction with their child’s bimanual performance after camp.
- All children showed an increase in spontaneous bimanual hand use during play activities as compared to pre-camp levels. There was statistically significant change in spontaneous bimanual hand use (measured with AHA) between pre and post camp.
- All except 1 child showed improvements in individualized goals immediately after camp.

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Camp SuperKids *(continued from page 8)*

All of the above changes were maintained above pre-camp level for 6 months post camp.

Preliminary evaluation of Camp SuperKids shows comparable results with what is reported in research literature: the camp is effective in improving bimanual hand function and improvements in individualized goal areas. The future plan for Camp SuperKids is to enhance collaborative efforts between parents-therapists-researchers to develop comprehensive family education and training program to empower the families to take ownership in therapy directives and develop a support mechanism to enhance carryover of therapeutic effects to home and community.

Over the last three years, Pathways has continued to evolve the programming for Camp SuperKids in response to children and family feedback, clinical reasoning, and research development. It has been essential to integrate elements of family centered practice and research based concepts to result in successful occupation based clinical practice.

If you would like to receive further information on Camp SuperKids or have other inquiries regarding this subject matter, please contact abarraza@pathways.org or jjensen@pathways.org or call Pathways Center at (847)729-6220.

About the Authors

Jacqueline Jensen, OTR/L, is a pediatric OT at Pathways Center with 10 years of experience in school and outpatient settings. She has knowledge and experience in translating research into clinical practice.

M. Angelica Barraza, OTR/L, C/NDT, is a pediatric occupational therapist with 15 years of pediatric experience and over ten years of experience integrating forced use, mCIMT, and NDT concepts in to treatment. She is the manager of the occupational therapy department at Pathways Center, she sits on the NDTA board of directors and is adjunct faculty at Rush University.

Takako Shiratori, PhD, DPT, is a pediatric physical therapist and the director of clinical research at Pathways Center. She mentors therapists in promoting evidence based practice and is establishing a practice based research framework at the Center. Her other research interests are in areas of movement/postural control.

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How did the MDS 3.0 impact you? *(continued from page 6)*

Challenges to the sub-acute Setting

The changes with MDS 3.0 poses challenges for supervision of students in a sub-acute setting. Students are required to treat within the line of site of supervision, meaning that student and supervisor cannot have their own caseloads. Any parallel treats, student treating while in direct line of sight of supervisor with the supervisor treating, is considered concurrent treatment. The patient benefits by receiving treatment given by student and supervisor. Planning of schedule and treatment minutes is imperative, but it can work. The sub-acute setting is an invaluable learning environment and we are responsible for providing settings for our students to learn.

Helen Wethekam



Occupational Therapy Program: Faculty Openings

The **Midwestern University Occupational Therapy Program** has immediate opportunities to join an established occupational therapy professional master's degree program. The spacious 105-acre, wooded, Downers Grove, IL campus is located just 45 minutes west of downtown Chicago.

Applications are invited for a full-time, tenure track faculty position. Successful applicants must possess 1) an earned doctorate (or evidence of enrollment in a post-professional doctoral program) in occupational therapy or a related field; 2) eligibility for licensure as an occupational therapist in Illinois; 3) at least 3 years of clinical experience; and 4) instructional experience in a college or university academic program. Experience in pediatrics, geriatrics, or rehabilitation is needed. A record of scholarly productivity or potential to develop an active research program and professional service will enhance the candidate's application. Preference will be given to candidates with a doctoral degree and teaching experience in an academic program and whose background, experience and interests complement those of current faculty members.

Midwestern University is an independent institution of higher education committed to the education of health care professionals. The salary and benefits are competitive. Rank and salary are commensurate with qualifications and experience. Interested applicants should send a letter of application, curriculum vitae, and the names and contact information of three professional references to:

Kimberly Bryze, PhD, OTR/L
Occupational Therapy Program
College of Health Sciences
Midwestern University
555 31st Street, Downers Grove, IL 60515
Phone: (630) 515-6188 Fax: (630) 515-7418
Email: kbryze@midwestern.edu

Save the date. ...2011 ILOTA Conference November 10, 11, 12 in Galena, IL
Occupational Therapy: Overcoming Adversity, Transforming Lives
Keynote Speaker: Retired Sergeant Major Thomas M. Morrissey

Text to Speech Programs *(continued from page 5)*

Text-to-Speech for PC

It is necessary to use a text-to-speech program for PC in order to listen to electronic text. Some text-to-speech programs specifically work with certain files, so they may read a text document in Microsoft Word but will not read electronic text in your web browser while other text-to-speech programs are conducive with a variety of file types. In the past, the quality of synthesized speech was less desirable. There have been improvements and several higher quality voices are now available. To listen to the higher quality voices from AT&T, NeoSpeech, and Acapela, refer to the following web page:

<http://www.naturalreaders.com/sample.htm>.



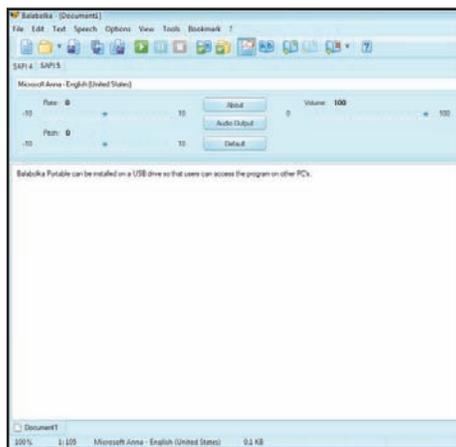
Balabolka is a text-to-speech program that can be downloaded on a computer and Balabolka Portable is a text-to-speech program that can be installed on a USB drive to operate on multiple PC's <http://download.cnet.com/Balabolka-Portable>.

Balabolka incorporates a variety of text-to-speech features depending on your needs. This program is available free of charge. It will open electronic text from the clipboard, MS

Word (.doc), Internet pages (.html), Portable Document Format (.pdf) files, open publication structure eBook (.epub), as well as a couple of others.

Balabolka Portable is a text-to-speech program that can be placed on a USB drive to operate on multiple computers.

Balabolka relies on



Microsoft's Speech Application Programming Interface (SAPI 5 voices) for speech synthesis. The voice tends to be slightly robotic in nature but the intonation is clear. Balabolka will work with other higher quality voices installed on the computer. Users can adjust the rate and pitch of the audio. There are a variety of additional features also embedded in the program including the ability to save the auditory file in multiple formats. For users who commute a lot, it is helpful to be able to review information in auditory format while on the road.

Natural Reader has a variety of text-to-speech programs including a Free Version, Personal Version, Professional Version, Educational Version, and more. Features are based on the version. Free Natural Reader will convert electronic text in MS Word (.doc), Internet pages (.html), Portable Document Format (.pdf) files, and e-mail messages using Microsoft voices. Many users find the Microsoft voices somewhat robotic, so the Personal Version (\$49.50) and Professional Version (\$99.50) include a couple of natural voices.

In order to convert the audio into an audio file, the Personal or Professional Version is required. The Personal and Professional Version also includes a toolbar within applications such as Microsoft Word, Outlook, PowerPoint, Internet Explorer and Firefox.

The Free Natural Reader has a floating bar option so that a user does not need to open Natural Reader and cut and paste information to be read back. The user can go into a program such as Microsoft Word or Internet Explorer and select text to be read and access the play button. The Personal and Professional Version also includes a toolbar embedded within a variety of programs including Microsoft Word, Outlook, PowerPoint, Internet Explorer, and Firefox. A video of the floating bar is located at: <http://www.naturalreaders.com/demoall.htm?id=miniboardavailable1>.

You can also access a web page and simply highlight the text to be read within Free Natural Reader. The text will

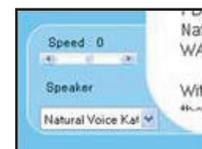


be read when selecting the "Ctrl." key while simultaneously selecting "F9".

The free version also allows the user to change reading voices and speed. Often, changing the speed can make all the difference in listening to the speech. Most users find the Natural Reader interface easy to use.

It is also possible to zoom the text by using the "View" menu. The font style and size can also be changed within Natural Reader.

WordTalk is a free text-to-speech add-in that specifically works within multiple versions of Microsoft Word. In-



...Continued on Page 13

Defining Occupational Therapy

Melissa Sparr
Governors State University

Occupational therapy. The term itself sits quietly, unobtrusively, yet with a weighty significance that somehow eludes definition. We are all familiar with Mary Reilly's poignant description of the goal and mission of occupational therapy: "That man, through the use of his hands as they are energized by mind and will, can influence the state of his own health." (1962) Such a powerful manifesto must surely translate into an easy template for practice! Right? Such a clear and noble vision for our clients should delineate a reliable and sound methodology for application that leaves practitioner, client, and any observer without lingering uncertainties as to the basic definition of the practice! Right? And yet it is the very stuff of occupational therapy, the nuts and bolts, with which I'm never quite satisfied I've thoroughly captured.

Until this point, the majority of my attempted capturing has been in the academic environment: papers, projects, class discussions. I've just finished my second year of graduate school for the Master of Occupational Therapy degree. A great deal of class time has been devoted to the admirable task of defining occupational therapy. And I suspect that you, dear reader, have also been witness to – or designer of – similar valiant efforts to define the field. Therefore, I'll avoid delving into that topic in this particular article (hey, I'd like you to keep reading, after all!).

What interests me more is how exactly we, as occupational therapists, can take a sweeping scoop of the nebulous night sky and bring it down just below our noses, so our clients can understand what in the cosmos we are doing! And why! And how!

One of my Favorite professor's Favorite quotes is from Harold Bell Wright: "Occupation is the very life of life." (1915) Beautifully simple! And yet how do I relay that to my acute care patient, who is currently struggling to get up from the toilet after a bout of nausea, diarrhea, and lightheadedness that depletes the very life from him?

I never imagined myself in a profession that required a near-constant level of vigilance to defining, defending, or demonstrating its merits and theories to an uninformed public (through no fault of its own). My dad is a teacher, my mom an administrative assistant. My sister is a pharmacist, my best friend a lawyer. These professions are palatable; easily and effortlessly classified into manageable chunks of data for the receiver to glean a fairly decent idea of what it is that is being professed, or managed, or dispensed, or argued in a court of law. Occupational therapy, on the other hand, is a bit unwieldy in this regard! For one thing, the title itself is somewhat misleading, given the

modern-day connotation of the word 'occupation.' This begs a journey into 20th century semantics and etymology. And who has time for that, what with insurance productivity units to meet and patients who are still reeling from the morphine of their PCA pumps? No, give me something succinct, something concise that instantly resonates with my patients, so that we may thence hop on the same page and begin our OT journey to health.

Won't my level II fieldwork elucidate this for me?

What's that? No, you say?

Presently, I am two weeks into my first level II fieldwork. And I love it. I am in an acute care setting at a community hospital in Chicago. As I undergo the metamorphosis from student to practitioner, I am struck by the amazing capacity of occupational therapy to be all-encompassing in theory and yet so very personal in practice. We paint in broad strokes, but we decorate with the tiny details of each patient's life. How can we define something that ends up being so different for each individual? As I am learning, one of the loveliest attributes of occupational therapy is the very fact that it escapes immediate definition. What has heretofore been a frustrating burden is emerging as one of my most vital tools.

I thought two years of school would solidify my understanding of what it is we do, would make it more concrete. After all, come graduation, the elephant looming in the room will insist that I capture the essence of OT practice in two hundred multiple-choice questions or less! However, while the hours spent in the classroom certainly helped illuminate the science underlying the human mind and body, and the theories and models framing treatment, and the factors driving OT in the 21st century, I still found something ... lacking. What exactly is it that we do? And how can I explain this in a timely way that is pertinent to my patient's understanding of his or her plan of care?

One of the (many!) things I am afraid of when entering a patient's room is appearing too

...Continued on Page 13



Student Voice

If you would like to be featured in Student Voice or know someone who would, please contact Carrie Nutter at codycheq@aol.com

Student Voice *(continued from page 12)*

lofty in my description of OT – getting carried away in my enthusiasm for the nobility and impact of the profession; for its wide application and meaning in a world that is too often stripped of deeper significance in the interest of outcomes achieved and time or money saved. On the other hand, I also fear painting a picture of OT that patronizes the client with activities and goals that may appear childish, trivial, or mundane. It takes panache to delineate the therapeutic benefits of brushing one's teeth to a patient who might roll his eyes at such a prosaic use of his hard-earned therapy dollars. It seems that an earnest practitioner runs the risk of 'losing' his patient by embracing either end of the spectrum: the overly broad and lofty aspects of OT or the banal ADLs that constitute a forgettable part of our day.

And so the definition changes. The application changes. The meaning changes. I'm learning that part of being client-centered is really gaining a sense of what the client expects OT to be, even when he or she has never been exposed to it. Effective and skillful communication requires that the communicator double-back in an effort to comprehend what the receiver understood from the data, and not simply stop after dutifully relaying the

data.

Here in this crossroads of my occupational therapy journey, I've come to gladly shoulder the 'burden' of defining what it is we do, and weaving it closely with my patient's wants, needs, and expectations. After all, everyone can see or imagine the night sky. Books can be studied and theories can be formulated. But without actually orienting ourselves to a specific latitude and longitude, we might just stand there gazing at the heavens without ever taking that swipe at the night sky to grasp the wonder of human life. So let's make sure we do. And after that, of course, we'll go brush our teeth.

References

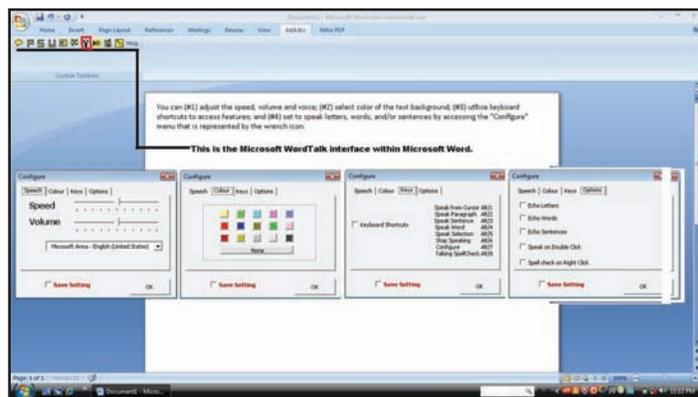
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Text to Speech *(continued from page 11)*

formation about this add-in is available at: <http://www.wordtalk.org.uk/Home/>. Instructions are available for installation in Word 97, Word 2000, Word 2003, Word 2007, and Word 2010.

It works with voices installed on the computer. The WordTalk toolbar is user-friendly and easy to understand.



Please refer to the WordTalk Quick Guide diagram below that identifies the feature for each icon in the WordTalk toolbar. This can be found online at:

<http://www.wordtalk.org.uk/Toolbar-Quick-Guide/>



In summary, some of the considerations pertaining to selection of text-to-speech programs include:

- Recognize the tasks and programs that your client needs to access on the computer, as well as how long the client uses the programs.
- Identify if Microsoft voices are sufficient for the client or whether higher quality voices are necessary. If higher quality voices are important, detect which voice is preferred. Consider additional voices depending on the needs of your client.
- Ascertain if the client needs access on multiple computers.
- Discover if saving an audio file for portability is something that benefits your client.
- Create a data sheet to track progress with the use of text-to-speech programs during trial. Consider the variables or outcomes that your client is seeking to achieve when preparing the data sheet.
- Provide your client with the resources and opportunity to trial at least two text-to-speech programs with client-preferred features before making a recommendation.

References

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Latest Assistive Tech News

The June 20 version of *OT Practice* titled, "Technology" featured a number of articles pertaining to the new wave in portable technology.

...Continued on Page 14

Legislative Update *(continued from page 3)*

2011 the fees paid to providers will be reduced by 30% - a projected savings of \$500-700 million per year.

What the legislation failed to address is the cost of workers' compensation insurance. That issue was left on the table for future examination. Governor Quinn signed the bill into law on June 28. The full text of the law can be found at the General Assembly website, www.ilga.gov.

There have been a few new legislators appointed in the past 2 months as follows:

District 52 - Kent Gaffney was appointed to replace Rep. Beaubien who died

District 26 – Kimberly du Buclet replaces Rep. Burns who became an Alderman

District 1 – Dena Carli replaces Rep. Mendoza who became the Chicago City Clerk

District 14 – Kelly Cassidy replaces Rep. Osterman who became an Alderman

District 116 – Rep. Dan Reitz has resigned but his replacement hasn't been selected

Veto session will be conducted October 25, 26, 27 and November 8, 9, and 10.

Please feel free to contact me with any questions re: ILOTA activity in the state Capitol.

Text to Speech *(continued from page 13)*

Of notable interest is the article by Kimberly Hartmann, Barbara Nadeau, and Martha Sanders on "Electronic Multitasking: Analyzing Work Routines". Over the last decade we have



been exposed to multiple electronic methods to communicate and perform occupational activities. Review the article to identify how multiple technology devices and methods

to communicate and perform our occupational roles influenced efficiency of tasks for an OT client.

Nuance, the makers of Dragon Naturally Speaking (speech recognition products), has released an update to their latest version. Version 11 Premium came out last year and the Version 11.5 Premium was recently released. Version 11.5 provides the option of using an iPhone, iPod or iPad as a wireless microphone using Bluetooth.

Nevertheless, given wireless security settings, there can be issues with using the iPhone, iPod or iPad depending on the network. For more information and tutorials for Version 11.5, refer to <http://www.nuance.com/for-business/by-product/dragon/product-resources/whats-new-version-11/index.htm>.



held at the Renaissance Schaumburg Hotel & Convention Center in Schaumburg, IL. There are a variety of activities through the multi-day conference. Log-on to <http://www.atia.org/i4a/pages/index.cfm?pageid=4018> for more information and details.

There are two additional conferences that will held in conjunction with ATIA this year.

The enLIGHTen Low Vision Conference will be held on Wednesday, November 2 (evening reception) and end on Friday, November 4. See: <http://www.atia.org/i4a/pages/index.cfm?pageid=4010>

The Assistive Technology Research Symposium co-hosted by ATIA and the Rehabilitation Engineering Society of North America (RESNA) will take place on Wednesday, November 2. For registration information: <http://www.atia.org/i4a/pages/index.cfm?pageid=4040>.

Other conferences that typically have an assistive technology focus include the following:

27th Annual International Technology and Persons with Disabilities Conference (California State University at Northridge): February 27-March 3, 2012 in San Diego, CA <http://www.csun.edu/cod/conference/index.php>

Closing the Gap: October 10-14, 2011 (pre-conference on October 10-11 and conference on October 12-14) in Bloomington, MN. <http://www.closingthegap.com/conference/faqs.lasso>

Rehabilitation Engineering Society of North America (RESNA): June 28-July 3, 2012 in Baltimore, MD. Details at: <http://www.resna.org/>

If you would like to identify a specific assistive technology tool to be featured in order to address AT in your practice area, please contact Joy Hyzny, MS, OTR/L at (708) 417-3782 or e-mail jhyzny1@aol.com. Your inquiry can lead to a future article for an upcoming newsletter. •

Join the Gerontology Listserv!

As you may know, in April 2009, ILOTA launched a Gerontology Listserv. As SIS Chair I have been on a campaign to recruit as many COTA's, OT's, and OT Students as possible to help make this new listserv a success. The purpose of the listserv is to provide a forum for occupational therapy practitioners and students who work with older adults to talk about issues of interest and concern, pose questions, provide feedback, and increase interest and communication among OTs in Illinois.

Listsers are a convenient, online way to network with other occupational therapy practitioners in your area of practice. A special thanks to ILOTA member Howard Kaplan who has been most helpful in setting up the Gerontology Listserv.

Please forward email addresses from anyone interested in joining the Listserv to caroleschwartz333@yahoo.com. Once we sign them up, they will receive a welcome message – and they're off! They can then ask those burning questions, provide feedback and advice, share therapy strategies and novel ideas.

I believe the more activity we can generate on our Listsers the more members we can attract to ILOTA! •

Submit Articles to the Communiqué

We want your articles!

Each issue of the Communiqué seeks to highlight areas of Occupational Therapy Practice. We appreciate our readers' wide-ranging experiences.

Each issue features a different theme:

Jan/ Feb/March: Education and Research

April/May: Gerontology, Home Health, and Low Vision

June/July: Pediatrics and Assistive Technologies

Aug/Sept: Physical Disabilities, Hand Therapy, Driving Rehabilitation

Oct/Nov/Dec: Mental Health and Work Hardening

Do you have an article that does not fit the themes already listed? **Send it.** We welcome articles from diverse and novel perspectives.

Article Guidelines:

- Articles should contain title, introduction, body, summary, and references when appropriate.
- Theme articles might include photos and/or graphics.
- Approximately 350-1000 words
- Authors are requested to submit a professional biography, maximum 35 words.
- Passport type photo recommended.
- For the next issue, articles should be submitted by **August 31!**

SUBMIT ARTICLES TO: codycheq@aol.com

The Communiqué editorial committee reserves the right to edit any material submitted.