

# take action

Children should NOT complain of pain. If a child exhibits red flags in any of the areas outlined in this brochure, please speak with your medical provider in regards to a referral to Physical Therapy. A therapist can determine if your child could benefit from therapy services.

## WE PROVIDE PEDIATRIC THERAPY FOR CHILDREN WITH:

- developmental disabilities
- developmental delay
- cerebral palsy
- autism spectrum disorders
- sensory motor dysfunction
- learning disabilities
- orthopedic disabilities and injuries
- burns and wounds
- oral motor difficulties
- feeding/swallowing difficulties
- Down's Syndrome
- ADD/ADHD
- post-surgical
- juvenile rheumatoid arthritis



# we specialize in

## PEDIATRIC PHYSICAL THERAPY

Gross motor • Balance/coordination  
Walking • Posture

## PEDIATRIC SPEECH THERAPY

Speech-language pathology

## PEDIATRIC OCCUPATIONAL THERAPY

Fine motor and preschool tasks  
Self-care skills • Sensory integration

Our team of therapists work closely together to provide quality, caring service to children with rehabilitation needs in our community. We encourage families to play an active role at all levels including assessment, planning treatment, and home programming.



### MEET OUR TEAM:

FRONT ROW: Stephanie Harder, DPT, Amanda Handley, MS. CCC-SLP, Sharla Rau, OTR/L BACK ROW: Janelle Sears, OTR/L, Shelli Brand, DPT, Katie Collins, MS. CFY-SLP



## pediatric rehabilitation

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TEL 712.755.4342 FAX 712.755.4343  
HOURS MON - FRI 7:00 a.m. to 4:30 p.m.



# pediatric rehabilitation

MYRTUE MEDICAL CENTER

evaluation  
diagnosis  
guidance  
treatment



# physical therapy

GROSS MOTOR DEVELOPMENT, BALANCE, COORDINATION, WALKING, AND POSTURE

## MOST COMMON DIAGNOSES TREATED BY A PEDIATRIC PHYSICAL THERAPIST:

- Developmental delay • Developmental disabilities
- Down's Syndrome • Cerebral Palsy • Torticollis • Autism
- Post-surgical • Orthopedic disabilities and injuries

## GROSS MOTOR DEVELOPMENT

- Delayed on developmental milestones - sitting, crawling, walking, jumping, etc.
- Floppy or doughy feel to legs or arms
- Uses one side of body more than the other
- Has still arms and/or legs
- Excessive tight muscles or difficulty moving arms or legs

## BALANCE AND COORDINATION

- Frequent falls/clumsy
- Difficult kicking, throwing, or catching - as age appropriate

## WALKING SKILLS

- Toe walking • Pigeon-toed • Duck walking • Trips often
- Excessive flat foot • Foot flop • Excessive knock-knees or bow-legged • Excessive wearing of shoes on inside or outside

## POSTURE

- W-sits • Poor tolerance to positional changes, as age appropriate
- Does not want to lay on stomach as child • Floppy or limp posture
- Inactive sitting or playing positions • Arches back often even when not mad • Baby's head turned, tilted, or back of head flat

## SPECIFIC DISORDERS

### Genetic/Neurological

- Down's Syndrome
- Cerebral Palsy
- Traumatic Brain Injury
- Autism
- Muscular Dystrophy
- Spina Bifida

### Orthopedic

- Post-surgical
- Fractures
- Muscle sprains/strains

# speech therapy

SPEECH LANGUAGE PATHOLOGY

## MOST COMMON DIAGNOSES TREATED BY A PEDIATRIC SPEECH THERAPIST:

- Autism Spectrum disorders • Developmental disabilities
- Developmental delays • Down's Syndrome • Oral motor / feeding and swallowing difficulties • Voice disorders
- Fluency disorders

## SPEECH LANGUAGE

- Speech is difficult to understand
- Does not babble, no words by 12 months
- No two-word phrases by 20 months
- Difficulty understanding directions or simple questions (may repeat all or part of question or repeat "what?")
- Stuttering or dysfluent speech to include "blocking" (getting "stuck" on words) or repeating part of a word; may be accompanied by physical struggle behaviors
- Hoarse voice quality; exhibits signs of vocal abuse (i.e. yelling, screaming, noisemaking, loud voice, growling)

## FEEDING / SWALLOWING / ORAL MOTOR

- Weak, uncoordinated, or ineffective suck
- Uncoordinated rhythm of suck-swallow-breathe; may struggle, arch, infrequently pause to breathe, or exhibit increased tone
- Frequent coughing, choking, or gasping for air
- Loses food or liquid while eating/drinking
- Difficulty transitioning to new food consistencies
- Excessive drooling
- Picky eater (refusing to eat specific food tastes or textures; choosing to eat only certain foods)
- Hypersensitive oral area (dislikes toothbrushing, face washing or food consistencies)

## AUTISM SPECTRUM DISORDERS (by 1st birthday)

- Lack of pointing to show
- Lack of imitation
- Lack of joint attention
- Lack of response to name

## OTHER SIGNS AND SYMPTOMS

- Any loss of language at any time
- Intense tantrums
- Repetitive movements of body such as rocking or hand flapping
- Little or no eye contact
- Fixation on a single object or toy such as a spinning fan
- Little or no social interaction with family or others
- Strong resistance to changes in routine
- Echolalic speech (repeating what others say without attaching any meaning)

# occupational therapy

FINE MOTOR AND PRE-SCHOOL TASKS  
SELF-CARE SKILLS & SENSORY INTEGRATION

## MOST COMMON DIAGNOSES TREATED BY A PEDIATRIC OCCUPATIONAL THERAPIST:

- Autism spectrum disorders • Cerebral Palsy • Chromosomal anomalies • Developmental delays • Down's Syndrome
- Head injuries • Juvenile rheumatoid arthritis • Post-stroke
- Sensory issues

## FINE MOTOR AND PRESCHOOL SKILLS

- Appears clumsy, drops items
- Does not clap hands by 9 months
- Unable to recognize simple shapes by 13 months
- Unable to grasp small objects with pad of thumb and index finger by 11 months and holding onto a marker by 15 months (with thumb and index finger toward paper)
- Weak hands
- Unable to snip with pediatric scissors by 25 months
- Unable to copy a circle and cross design by 33 months
- Difficulty using both hands at the same time

## SELF-CARE SKILLS

- Difficulty holding grooming, hygiene, eating, and writing utensils
- Trouble with dressing fasteners
- Difficulty following a morning routine
- Decreased safety awareness
- Motor planning problems with dressing tasks
- Trouble concentrating
- Difficulty following simple directions
- Not helping out with household chores

## SENSORY INTEGRATION

Sensory processing is how we register sensory input from the world around us and put it to use in daily life. Environmental senses include seeing, hearing, smell, taste, and touch. Body centered senses include the vestibular system (monitors change in head position and our movement) and proprioception (where our body parts are in space). Sensory processing disorder is the inability to respond appropriately to sensory experiences due to our central nervous system inaccurately processing the sensory input.

## RED FLAGS

- Avoids ordinary touch and movement
- Seeks excessive touch and movement
- Trouble with coordination (clumsy)
- Trouble concentrating or following directions
- Fatigues easily, sluggish
- Poor perception of pain
- Tantrums with changes in routine
- Cautious with new tasks

