

An Integrated Approach
to Pediatric Therapies



Fall 2012

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Celiac Disease

By Celia Padron, MD, FAAP

www.pedgastrocenter.com



Celia Padron, MD, FAAP

Celiac disease is an autoimmune disease that damages the lining of the small intestines preventing the absorption of nutrients from foods. An autoimmune disease occurs from an overactive immune response of the body against substances and tissues normally present in the body. In other words, the body actually attacks its own cells. This damage is due to a reaction to a family of proteins (gluten) found in rye, wheat

barley and sometimes oats. The lining of the intestines is made of villi, fingerlike projections where nutrients are absorbed. When people with Celiac Disease eat foods containing gluten, this protein damages the villi causing poor absorption of minerals and nutrients needed to stay healthy. The disease is more common in women than men and also Caucasians and persons from European descent. Patients with family members with Celiac Disease are at a greater risk of developing the disease.

Celiac Disease is often missed or misdiagnosed because the symptoms may mimic symptoms of other diseases like Irritable Bowel Syndrome, Inflammatory Bowel diseases, and at times, it presents with atypical symptoms like constipation or no symptoms at all. The typical symptoms are complications of undernourishment

such as failure to gain weight, diarrhea, iron deficiency anemia, excess of gas production, bloating, abdominal distention and weak bones.

The following diseases are associated with Celiac Disease: Diabetes Mellitus, Dermatitis Herpetiformis (Dermatitis Herpetiformis is a disease of the skin that is characterized by an itchy rash on the extremities, buttocks, neck, trunk, and scalp,) Autoimmune Thyroid Disease, Rheumatoid Arthritis and Lupus.

There are specific antibodies (blood test) for Celiac Disease and individuals with these antibodies present in their blood have a greater chance of having the disease. A percentage of individuals with Celiac Disease do not form antibodies therefore a negative blood test does not exclude the disease. Small intestinal biopsy is considered the most accurate test for Celiac Disease. Small intestinal biopsies can be obtained by performing an esophagogastroduodenoscopy (EGD).

There is no cure for Celiac disease. The treatment of Celiac Disease is a gluten free diet. The standard treatment calls for complete avoidance of gluten for life. The complications of Celiac Disease include Cancer, Small Bowel Ulcers (Ulcerative Jejunoileitis), and Collagenous Celiac disease. Some doctors believe that strict adherence to a gluten free diet can reduce the risk of Cancer in individuals with Celiac disease, but further studies are needed to prove this. Until more is known in this area, individuals with Celiac Disease should adhere strictly to a gluten free diet.

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Healthy Eating Books for Children

Better Speech and Feeding Center, Inc. recently teamed up with Dr. Celia Padron, pediatric gastroenterologist, and Rose Payne, Certified Health Coach, to publish a series of four children's books that address healthy eating habits. This book series is an excellent teaching tool that facilitates the treatment of numerous GI issues.

Designed for the four- to eight-year old age group who desperately need to change their eating patterns, the books are colorful, child-friendly and informative. The first two titles include a coloring book that features the main characters in both books allowing children to review the story in a kid-friendly manner. The third book

focuses on the importance of regular bowel movements, which has been very helpful for many young patients struggling with chronic constipation. The fourth book explains the food/mood connection of eating processed foods high in sugar and the negative results that may occur in the child's everyday life.

Many GI problems can be easily resolved once children and parents are given a better understanding of how the foods they eat can contribute to their poor growth and development and might also be the cause of a host of disorders including: reflux, chronic congestion, constipation, and learning disorders, to name a few.



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This informative series of books can be ordered from our office (20% discount when you mention this newsletter) or www.amazon.com.

Breathe Better, Be Healthier!

By Dianne Lazer, MA, CCC-SLP/COM

With The Buteyko Breathing Method

www.betterspeech.com



Dianne Lazer
MA, CCC-SLP/COM
Speech-Language Pathologist/
Certified Orofacial Myologist

Better Speech and Feeding Center, Inc. is pleased to announce a new program offered for those with allergies, asthma and snoring issues called *The Buteyko Breathing Method*.

“Few people, lay or professional, know that (1) breathing directly regulates body chemistry, including pH, electrolyte balance, blood flow, hemoglobin chemistry, and kidney function, and that (2) breathing is a behavior subject to the same principles of learning as any other behavior,

including the role of motivation, reinforcement, emotion, attention, perception, and memory. Bringing together these two simple facts means integrating the biological and behavioral sciences in profoundly practical ways relevant to the lives of millions who have unwittingly learned breathing behaviors that compromise respiration and acid-base balance.

Fundamental to good respiration is the proper allocation of carbon dioxide; some of it is excreted in the lungs, but most of it is necessarily restored to the body for moment-to-moment acid-base regulation. Learned over breathing behavior results in a carbon dioxide deficit (behavioral hypocapnia) leading to an increased pH level in blood plasma (respiratory alkalosis) which may have negative immediate and long-term effects that trigger, exacerbate, and/or cause a wide variety of emotional (anxiety, anger), cognitive (attention, learning), behavioral (public speaking, test taking), and physical (muscle pain, reducing respiratory functions) changes that may seriously impact health and performance. And, unfortunately, these kinds of symptoms and deficits typically go “unexplained” or are mistakenly attributed to other unrelated causes, e.g. an easy off-hand reference to stress. *Over breathing is the most common form of faulty breathing in the nation, accounting for up to sixty percent of the ambulance runs in the nation’s major cities.* (Litchfield, and Akira, 2006).

The Buteyko Breathing Method is a natural way of correcting poor health and reducing the symptoms of asthma, allergies, hay fever, sinusitis, panic attacks, stress, snoring, and sleep apnea and other disorders caused by a dysfunctional breathing pattern (chronic over-breathing) that can often interfere in the management of speech, language, feeding, swallowing and voice disorders. This training method was developed by a Russian doctor and respiratory specialist named Konstantine Buteyko in the 1940’s. His method underwent extensive research in the ’50’s and was finally implemented into widespread use by the medical community in the 80’s.



The Buteyko Breathing Method is virtually unknown in the USA, but has received considerable recognition in Europe and Australia with six independent published trials in respectable medical journals, inclusion as an asthma therapy by a number of hospitals, debated in UK House of Parliament and offered by health insurance companies as a members benefit.

The Buteyko Breathing Method is a holistic approach that includes the special Buteyko breathing techniques and principles about exercise, nutrition and sleep that Dr. Konstantin Buteyko considered vital to good health. It consists of series of exercises designed to normalize the breathing pattern and reset the respiratory center. Clinical trial results after applying Buteyko techniques for 12 weeks show improved quality of life with reduced asthma symptoms, as well as an 86% reduction in reliever use and a 50% reduction in preventer medication three months after adopting the Buteyko method (Slader, CA., et. al., 2006).

Learn ways to drastically reduce or end symptoms of asthma, allergies, snoring, dental malocclusions and other respiratory conditions and/or eventually eliminate the need for medication, machines or appliances that are associated with these disorders through the Buteyko Method.

Contact Better Speech and Feeding Center, Inc.
to schedule an appointment; 856-751-1937.

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Litchfield, Peter M. and Tsuda, Akira Good Breathing, Bad breathing. *LEsprit Daujourdhui* (2006); 8 (1), 47-57. (In Japanese, long version in English available at www.bp.edu.)

Sladder, CA, Reddel, HK, Spencer, LM, Belousova, EG, Armour, CL, Basnic-Anticevich, SZ, Thien, FCK, Jenkins, CR. Double Blind Randomised Controlled Trial of Two Different Breathing Techniques in the Management of Asthma. *Thorax Journal*: 2006;61:651-656 doi:10.1136/thx.2005.054767.

Please note: Dianne Lazer completed a 10 day-intensive training course at Boston Medical Center April, 2012 under the direction of Hadas Golan, MS, CCC-SLP, Carol Baglia, RRT and Susan Neves, BSc, Psychology/Math, all highly trained and certified Buteyko Breathing Educators. She is listed on the Buteyko Breathing Educators Association website (www.bbea.com) as a trainee and is completing her coarse work to become a trainer in the coming year. Ms. Lazer works closely with her trainer/supervisor, Hadas Golan, MS, CCC-SLP seeing patients in the office. Ms. Golan is a nationally recognized voice specialist with a history of asthma all her life until becoming medication free for the last 7 years due to using the Buteyko techniques.



Sensory Diet Ideas for over the Holidays

By Katrina L. Guzzetti, OTR/L

www.klgeds.com



Katrina L. Guzzetti, OTR/L
Pediatric Occupational Therapist

Holidays can be a difficult time for children with sensory processing issues and their families. Routines are different, school schedules are disrupted, gifts are given (often in overwhelming quantities), unfamiliar sounds and smells are present ~ their sensory systems are over-loaded!! If you see your child becoming overwhelmed, try to prevent a meltdown before it happens and your holiday will be more fun for everyone!

- If you have a Christmas tree, try to use lights that do not twinkle, blink, or race as these can be very overstimulating. Create a “warm glow” and not an overly bright room by turning off surrounding lights as well.
- Make days off from school fun, but try to keep part of the child’s regular routine of wake up time, bedtime, meal times etc. the same as you typically would. This will also help when it is time to go back to school. If possible, warn your child of trips, gatherings, or church/synagogue activities that they will be attending ahead of time.
- Try to have smaller versus larger family gatherings if you are able and take your child outside for a walk or to a different part of the house if you notice that they are starting to get loud, overactive, emotional, or overwhelmed. They may need some quiet time to regroup before going back into the crowd. This would also be a good time to do a deep pressure activity such as wall push-ups, massage/back rubs, bear hugs, or stress ball squeezes.
- Let your child be the gift deliverer at gatherings as this will provide some “heavy work” and a movement break, as well as, give them something to do instead of expecting them to sit and wait for their turn.
- Try not to present your child with too many gifts at once. Allow them to open one and enjoy it so they won’t get overwhelmed as to which new toy to play with first.
- Remember to use meal/snack times as sensory diet times! Offer crunchy and chewy foods, as well as, straw drinking.
- Make sure your child gets enough movement breaks especially if you are traveling in the car frequently or if the weather is uncooperative and they are not able to go outside. Make a small obstacle course in your house, play “freeze dance”, have wheelbarrow walking races, take a walk to look at Christmas lights, or go sledding if it snows!
- Try to do some relaxing/deep pressure activities with your child before going into a crowded store, school, church/synagogue, or family gatherings. This will help calm and organize their sensory systems before entering an environment or situation that they may find overwhelming.
- Take a small fidget toy, chewy/crunchy snack, or some gum to chew to activities that your child is expected to sit for a longer period of time. You could also suggest that they do chair push-ups in their seat.
- Remember to leave some “wind down/quiet time” at night before bed. Try some soft music, warm bath, or read a good book together.

The Wonderful Gifts & Challenges of Dyslexia

By Catherine R. Chase, M.A., LDTC

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Catherine R. Chase
MA, LDTC
Psycho-educational Diagnostician

When an imaginative mind hears the term Dyslexia for the first time, the natural instinct is to wonder. ...What is dyslexia? Where does it come from? Who has dyslexia? Speculate, marvel, think, arouse curiosity, and question are behaviors associated with Wonder. Researchers, teachers, clinicians, parents, and most importantly, learners who have been identified as having characteristics consistent with dyslexia are wondering about this learning difference. Catherine Rae Chase, a Learning Consultant and Psycho-

Educational Diagnostician, at the Pediatric Wellness Network, uses WONDER as an acronym to describe six variables that will give a comprehensive understanding of the dyslexic profile and interventions that lend to enhancing social and educational success:

- W ... Wiring of the Brain
- O ... Observe and Assess
- N ... Nature of the Learning Characteristics of Dyslexia
- D ... Diversified Intervention & Technology
- E ... Empowerment & Student Testimonial
- R ... Research & Resiliency

The mission of the article "The Wonderful Gifts and Challenges of Dyslexia", is to demystify dyslexia, in an effort to avoid myths and painful misunderstandings. The goal is to inform and empower by providing support for parents, teachers and clinicians, thereby assisting in saving students with dyslexia from feelings of inadequacy and low self-confidence.

Let's begin at the beginning by answering the first question that has aroused our curiosity. What is Dyslexia? One of the most complete definitions of dyslexia comes from over 25 years of research:

"Dyslexia is a specific learning disability that is neurological in origin. It is characterized by difficulties with accurate and/or fluent word recognition and by poor spelling and decoding abilities. These difficulties typically result from a deficit in the phonological component of language that is often unexpected in relation to other cognitive abilities and the provision of effective classroom instruction (Lyon, Shaywitz & Shaywitz, 2003).

Why does the student with dyslexia struggle significantly with learning to read, when so many others seem to be at ease with reading? Current research involving the Wiring of the Dyslexic Brain indicates a difference in the biology of the brain. A growing body of scientific evidence suggests there is a glitch in the neurological wiring of dyslexics that makes reading extremely difficult for them. On the other hand, brain scans show the dyslexic brain's cerebrums are perfectly normal, if not extraordinary. In fact, students with dyslexia seem to have a distinct advantage when it comes to thinking outside of the box. But thinking outside the box doesn't mean it is an easy road to success, rather, quite the contrary, in fact, most have reported significant struggles to achieve success (Gorman & Cuadros, 2003).

"When I had dyslexia, they didn't diagnose it as that. It was frustrating and embarrassing. I could tell you a lot of horror stories about what you feel like on the inside." - Nolan Ryan

Observe and Assess is at the heart of accurate evaluation. Beginning at birth, parent and pediatrician observations, and later preschool and early elementary teacher and speech specialist observations (functional assessment) are considered invaluable information when formally diagnosing the dyslexic profile. A poem written by a middle school student with dyslexia is used to show the internalized deep rooted pain that can be experienced in the academic environment. Knowing the **Nature of Dyslexic Learning Characteristics** is crucial in helping parents, teachers and, most importantly, students with dyslexia develop an understanding of reading variations and deviations. For example, the English language has 44 phonemes (sounds), represented by 26 letters. The inability or difficulty in recognizing sounds and breaking up phonemes, the tiny sounds that make up language and written letters, lend to reading difficulties. When we have a comprehensive understanding of the student's learning profile, the parents, teachers, speech pathologists, and the community as a whole, can provide the most appropriate **Diversified Interventions and Technology** that will promote optimal social and academic success. When students with reading problems, such as dyslexia, are accommodated with interventions that complement their learning needs, they become empowered. **Empowerment** is a vital component of ALL Interventions. A student testimonial is provided for the readers of this article, for the purpose of demonstrating observable behaviors during assessment and intervention sessions that have resulted in bolstering the self-confidence of a dyslexia college student, ultimately lending to the independent self-motivated learner. Finally, the need for further **Research** is discussed. The variables that contribute to maintaining resiliency are presented, with an emphasis on *resilient characteristics that help students with dyslexia succeed during challenging times.*

To read the entire article "**The Wonderful Gifts and Challenges of Dyslexia**" please go to internet web sight www.pediatric-wellnessnetwork.com.

About the Author:

Catherine R Chase, M.A., LDTC, a Psycho-Educational Diagnostician and Learning Consultant/Reading Specialist, is the first educator to receive a Fellowship in Developmental and Behavior Pediatrics at Harvard Medical School. She currently holds appointments as a Curriculum Advisor for Autism Expressed, and is an Associate Practitioner and Interventionist at the Pediatric Wellness Network in Cherry Hill, New Jersey.

Catherine is the Owner of Chase Psycho-Educational Services. As a private Learning Specialist and Practitioner, she services Cape May, Atlantic and Cumberland Counties, where she provides assessment and strategy interventions to schools, parents, teachers and student clients in her Cape May County office. She has over 25 years of experience in the field of education, which includes teacher training, Child Study Team consultation, strategic teaching, advocacy, and psycho-educational assessment training at Tufts University. She can be reached directly at 609-390-1149, in Cape May Office or by email: crchase77@gmail.com.



Speech Language & Cognitive Therapy

By Lisa R. Cohen, MA, CCC SLP

lrcohen61@gmail.com



Lisa R. Cohen, MA CCC SLP

Lisa R. Cohen, MA CCC SLP continues to provide Speech Language and Cognitive Therapy to pediatric and adult patients. Her specialty is brain injury rehabilitation.

Lisa is working hand in hand with parents, to advocate for their child's educational needs and ease their transition back to school. Upon request, IEPs and 504 Plans are reviewed and school based therapists and teachers are contacted.

Students are learning to implement strategies that facilitate their study and organizational skills, time management, recall, problem solving and decision-making. They are also being taught ways to strengthen their reading comprehension and retention and to improve verbal and written communication skills.

Lisa R. Cohen, MA CCC SLP is a Speech Language and Cognitive Therapist at the Pediatric Wellness Network. Lisa specializes in Brain Injury Rehabilitation.

Little Learners Social Skills Group

By Chad Ranshaw, MLA and Carol Mcvey, OTR



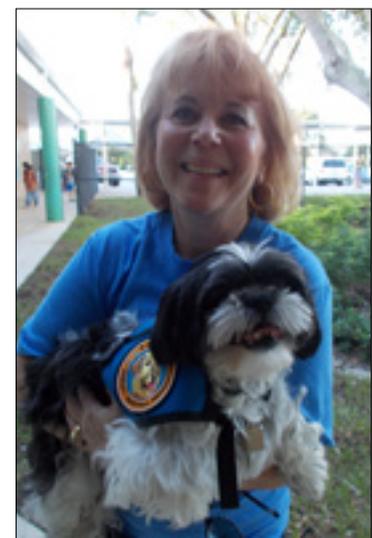
Chad Ranshaw, MLA
Social Skills Therapist



Carol McVey, MS, OTR/L
Occupational Therapist

Chad Ranshaw, MLA and Carol Mcvey, OTR continue getting our "Little Learners" ready for recess and play dates during their weekly **Social Skill Groups**. PWN provides a fun and safe place for our "Little Learners" to practice making new friends and learn play, perspective taking and problem solving skills to prepare them for Pre-school and Kindergarten.

In July, the Little learner's group had a special visitor. Karen Wolf, a reading teacher from Florida, and her therapy dog, Scooter. Mrs. Wolf and Scooter added a new dimension to the group by teaching the children valuable lessons about interacting with pets. Scooter was a real hit and all the children had fun taking turns petting him and playing specially designed games to help them learn self control, direction following and turn taking.



Karen Wolf, Reading Teacher
& Scooter, Therapy Dog

PWN Staff Keeps Current with CPR Class

from Virtua EMS Education Department

In an ongoing effort to keep up-to-date with current methods and procedures, Pediatric Wellness Network practitioners and office staff underwent a CPR training course facilitated by John Breshock of the Virtua EMS Education Department on July 23rd. The 4.5 hour program included training for healthcare professionals in CPR (cardiopulmonary resuscitation); choking skills for infants, children and adults, as well as two-rescuer CPR, the use of barrier devices and training on the utilization of automated external defibrillators (AEDs.)

PWN participants included Dianne Lazer, Lisa Cohen, Kate Guzzetti, Carol McVey, Marsha Weinstein, Risa Wittman, Lauren Gallagher.



Summer Graduate Student Interns

By Lauren Peterson & Lauren Gallagher



Lauren Peterson
Summer Intern

"My experience at the Better Speech and Feeding Center has been absolutely wonderful. Working with the therapists here was a fantastic opportunity to learn about pediatric assessment and therapy, especially concerning feeding/swallowing and preschool-aged intervention. The advice and knowledge shared with me will be an invaluable resource as I continue my education and eventually become a practitioner. It has also

been a great experience learning about private practice, an area not many of my classmates will ever get to see first-hand. I have enjoyed working with everyone here, and I thank them all for the time they spent mentoring me and the wisdom they've imparted about speech-language pathology in the real world. It's been a great summer!"

-Lauren Peterson
University of North Carolina at Chapel Hill



Lauren Gallagher
Summer Intern

"The semester I spent at the Pediatric Wellness Center/Better Speech and Feeding Center was an experience that can be measured in knowledge. I was given the opportunity to learn and grow in an environment rich with knowledge, professionalism, and collaboration. The team approach that exists at the Better Speech and Feeding Center under the direction of Dianne Lazer,

MA, CCC-SLP/COM is unique to other experiences I have had and I will be shaping my future therapy around that model. As I continue toward my goal of graduation in April 2013, I will keep the information I learned close at hand and know it will help me in my professional career with the patients I see in the future. "

-Lauren Gallagher
Nova Southwest University

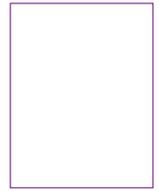


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