

An Integrated Approach
to Pediatric Therapies



Spring 2012

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Pediatric Gastroenterologist

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Psycho-Educational Diagnostician

Chad Renshaw, MLA, Behaviorist

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Milk Protein Allergy (MPA)

By Celia Padron, MD, FAAP

www.pedgastrocenter.com



Celia Padron
MD, FAAP

Milk protein allergy (MPA) is a recognized problem in infancy and might affect up to 15% of infants. Most cases of MPA can be managed successfully in the outpatient setting. Milk and soy protein allergy is a recognized problem in the first year of life; cow's milk protein allergy is the most common, 35% of infants with sensitivity to milk also have sensitivity to the soy protein. Diagnosis is suspected on history alone, with laboratory evaluations playing a supporting role. Confirmation requires elimination and reintroduction of the suspected allergen. Management includes diet modification for nursing mothers and hydrolyzed formulas for formula-fed infants.

Symptoms of food allergies in children are similar. Common symptoms from a food protein allergy will affect the infant's respiratory system, digestive system and skin. The most common gastrointestinal symptoms are abdominal cramping where the infant will become fussy due to cramping, excess of gas production and/or diarrhea with mucus that on occasions could be bloody. The normal infant reflux changes from wet burps to a constant, at times projectile type of reflux, crying inconsolably and refusing feeding. During

the first year of life it is difficult to know if these symptoms are due to food sensitivity or true allergies if the infant presents with only gastrointestinal symptoms.

The main principle in management of milk/soy protein allergies and sensitivities is to avoid allergens while maintaining a balanced, nutritious diet for infants and mothers. Although it is difficult, breastfeeding can be continued if allergens are avoided. For formula-fed infants, current options include specific allergen avoidance, extensively hydrolyzed protein formulas, and amino acid-based formulas.

Healthy Eating Books for Children

save
20%



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.

The Green Monsters to the Rescue!

By Dianne Lazer, MA, CCC-SLP/COM

www.betterspeech.com



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

It's not easy dealing with a picky eater. You know the ones that only eat breads, crackers and chips or what others refer to as the "white diet" and refuse to eat healthy foods like fruits, vegetables and meats. Some gag or vomit every time they smell, touch or see a food they don't like. Parents report they are making two and three different meals so their children will eat. Or parents give in and let them eat pancakes or bagels and juice for dinner so "at least they are eating something!"

Sensory integration (SI) issues are often thought to be the cause of why children get caught in this never ending cycle. According to A. Jean Ayres, Ph. D., the person who first researched and coined the phrase, sensory integration is the ability to take in information through our senses (touch, movement, smell, taste, vision, and hearing), to put it together with prior information (memories and knowledge stored in the brain), and to make a meaningful response. When SI issues are notable enough, children are sometimes diagnosed with a sensory processing disorder. Sensory processing disorder and sensory integration are used interchangeably.

The child who presents with sensory integration issues may have difficulty with taking in and sorting information through their senses especially when eating. Eating involves sorting and reading enormous amounts of sensory data from taste to texture to temperature to color. To control the overwhelming sensations, children with sensory issues are often picky and controlling around food. They might prefer crunchy, salty snacks over mixed textured or harder to chew healthy foods like fruits, vegetables or meats. Chips and crackers give more feedback when put in the mouth and are ultimately easier to eat. In other words, they can hear and feel the crunch while eating them and their saliva can easily melt down these foods so the child does not have to chew and manipulate the food very much in order to swallow it.

These foods also "taste" better because they are highly processed with salt and/or sugar. Less work makes it easier for the child to handle. They can be picked up and manipulated easily as well. However, these highly processed foods are addicting and relying on food with poor nutritional value may prevent the sensory system from maturing.

According to Kelly Dorfman, MS, LND and author of *What's Eating Your Child*, 2011, highly processed foods

are nutrient deficient and may lower zinc and vitamin B levels changing the child's sense of taste and smell. Children may not look "malnourished" because they are gaining weight but the calories they are eating aren't providing the nutrients they need for optimal development. The lack of nutrients in their diet could cause permanent damage to their neurological system and, therefore, are a possible cause of the sensory integration and regulation difficulties they present. She recommends a two-step nutrition therapy approach that can help alleviate the child's feeding difficulties:

1. Take away what's bothering the patient
2. Close the gap of nutritional deficiency

When working with children with sensory integration difficulties, we must first look at what may be bothering the child's GI track. If this is a very young infant or toddler, the culprit is most usually dairy foods since they are mostly what the child is eating. Common symptoms of dairy protein intolerance include ear infections, constipation, eczema, and/or chronic congestion. Taking away what's irritating them, can take pressure off the already overloaded sensory system and improve its functioning.

Closing the gap of nutritional deficiency is the next step. Ms. Dorfman often recommends probiotics, fish oils and therapeutic multivitamins/minerals. The probiotics help improve digestive functions. Therapeutic multiple vitamins and minerals can help improve appetite and immune function and fish oil contains fat necessary for operating the nervous system. Since sensory processing difficulties stem from immaturity in neurological development, the right kind of fat is critical.

Once the child has the nutritional support in place, a specific feeding program is designed to improve variety, texture and volume of solid foods. That's where the **Green Monster** book series plays a valuable role. These books are specifically designed to teach the parent and the child why it's important to eat a healthy diet in a child friendly way complete with pictures to color and magic wands to make the green monsters come alive and tell their story! Soon, the children learn the Green Monsters are really their friends and become more willing to start the process of trying new foods and changing the way they think about food in the long term.

**For more information about the Green Monster four book series, see our ad on the opposite page. They can be purchased through our office or online at www.amazon.com.*



Brain Injury Prevention

By Lisa R. Cohen, MA, CCC SLP

lrcohen61@gmail.com

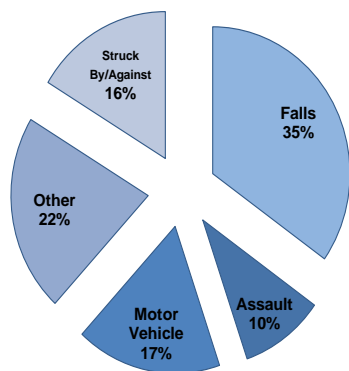
Brain Injury Facts



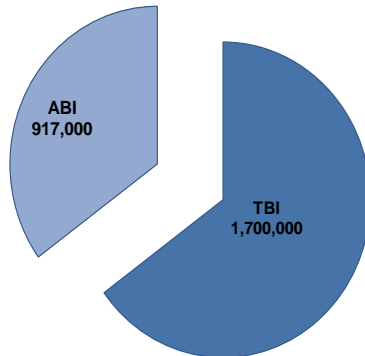
Traumatic Brain Injury (TBI)

TBI is defined as an alteration in brain function, or other evidence of brain pathology, caused by an external force.

Typical Causes of TBI



Annual Incidence of TBI and ABI



Acquired Brain Injury (ABI)

An acquired brain injury is an injury to the brain, which is not hereditary, congenital, degenerative, or induced by birth trauma. An acquired brain injury is an injury to the brain that has occurred after birth.

Type of Acquired Brain Injury	Estimated Annual Incidence
Stroke	795,000
Tumor	64,530
Aneurysm	27,000
Viral Encephalitis	20,000
Multiple Sclerosis	10,400
Anoxic/Hypoxic	No National Data Available

Facts about Brain Injury

- 5.3 million Americans live with a long-term disability as a result of TBI.
- Motor vehicle crashes and traffic-related incidences are the cause of 31.8% of TBI deaths.
- Males are more likely than females to sustain a TBI at any age.
- 75% of traumatic brain injuries are classified as "mild."
- The annual cost of TBI to society exceeds \$76.5 billion.
- The estimated cost of stroke in the United States was \$53.9 billion in 2010.
- In 2005, nearly 1.1 million stroke survivors reported difficulty performing basic activities of daily life.

A True Story...

Sirens blare.

My heart races.

"He should be home by now"

The doorbell chimes.

"Officer", I stammer.

"Ed", I shriek.

Staggering statistics indicate that 91% of children, not wearing properly fitting bike helmets DIE during serious bicycle accidents.

Ed argued, "Nobody else's parents make them wear a helmet!"

Like most kids, he resisted.

Unlike many, his parents insisted.

They laid down the New Jersey State Helmet Law.

Do you?

Moments after Ed took off for a short bike ride, he was hit by a car. The driver was on her cell phone. Ed survived a catastrophic brain injury.

Now that warmer weather has arrived, many of us are enjoying outdoor activities with our families. Please help your children stay safe by following the NJ State Helmet Law. All children under the age of 17 are required to wear protective helmets when they ride bikes, skate board or roller skate.

Wearing a properly fitting helmet can save your child's life and protect them from suffering a devastating brain injury.

The only cure for Brain Injury is PREVENTION.



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

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EXAMINE the Pathways to School Success

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

crchase77@gmail.com



Catherine R. Chase
MA, LDTTC
Psycho-educational Diagnostician

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

In addition, as a private Learning Specialist and Practitioner, she also services Cape May, Atlantic and Cumberland Counties, where she provides assessment and strategy interventions for schools, parents, teachers and student clients at her Cape May office.

Enticing the imagination is the mission of teaching and it is indeed a science and an art. Observe, wonder, inspect, scrutinize, analyze, and study are all actions that denote the meaning of EXAMINE. Catherine Chase, a Psycho-Educational Diagnostician and Learning Consultant at the Pediatric Wellness Network, uses EXAMINE as an acronym which will serve to describe six variables that lend to academic success:

- EX** Executive Function
- A** Assessment & Demystification
- M** Memory Differences
- I** Intervention and Technology
- N** Nurturing the Imaginative Spirit
- E** Empowerment

In her article, “EXAMINE the Pathways to School Success,” she describes way to engage the imagination and to provide a comprehensive understanding of six variables that contribute to social and educational success.

Evidence based research has made it very clear that all students can benefit from direct explicit instruction in Executive Function, and it is even more critical for students who are experiencing attention, behavioral and learning difficulties. Assessment and Demystification are vital components that lend to school success. They provide clarification of appropriate strategies that assist in accepting social and academic challenges, as well as reinforcing the many gifts that all learners possess. Understanding Memory Differences is essential because of the role memory plays in our ability to learn. Working memory plays a crucial role in listening comprehension, reading comprehension, math problem solving, following directions, and efficient task completion (executive function). Intervention and Technology focuses on having students understand and accept their learning and behavior differences. Having efficient and effec-

tive technology skills are critical to the success of EVERY learner. For example, Autism Expressed is an online learning system that teaches students digital life skills, giving students with Autism a greater advantage when pursuing their independence. The ultimate results are increased motivation and resiliency, a greater learning and earning potential, as well as student empowerment, while they pursue post-secondary educational goals and transition to independence (www.autismexpressed.com). Nurturing the Imaginative Spirit provides positive nutritional support that addresses the physical, educational, and emotional needs of the learner, which is essential in keeping the mind and body healthy.

Research supports the observation that poor diet can contribute to a learner’s poor growth and development and may also be the cause of a host of disorders including: reflux, chronic congestion, constipation, autism, and learning and behavior disorders (Padron, Lazer, 2012). Finally, the Empowerment variable that is discussed provides information and support so students and their parents can avoid painful misunderstandings and gain realistic insight into personal strengths and weaknesses so they can believe that they have efficacy and self-worth. At the same time, students must be held accountable for their performance. Gradual improvement in performance is expected as the students gain confidence and become the empowered independent learners. To read the entire article “EXAMINE the Pathways to School Success” please go to internet web sight www.pediatricwellnessnetwork.com.

Please contact the office to request a copy of the full article.



Exciting Summer Social Skills News!

By Katrina L. Guzzetti, OTR/L & Chad Renshaw, MLA

www.klgped.com

Summer social skills camp



Katrina L. Guzzetti, OTR/L
Pediatric Occupational Therapist



Chad Renshaw, MLA
Social Skills Therapist

The Summer Social Skills Camp provides four 1 1/2-hour sessions of therapist-facilitated social skills intervention with goal-oriented curriculum.

DAY ONE

Social Greetings in Practice and Games

DAY TWO

Play Skills - Turn-Taking, Winning, and Losing

DAY THREE

Problem Solving/
Emotional Ideas and Empathy

DAY FOUR

Review and Going Forward - Building and Sustaining Relationships With New Friends

WHEN

Monday - Thursday, August 13th - 16th
Pre-K and Kindergarten 10:00 - 11:30 AM
School Age 1:00 - 2:30 PM

COST

Cost of the program is \$150.00 for the four session day camp run by Kate Guzzetti, OTR/L and Chad Renshaw, MLS, Behavior Assistant .

REGISTRATION

Please pre-register by August 1st with a \$50.00 deposit registration fee that includes all handouts and materials needed for the program.

MORE INFORMATION

Contact Pediatric Wellness Network at

856-751-1937

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Sweet Speech Strategies

By Deena Dolce O'Connor, MA, CCC-SLP

www.sweetspeechtherapy.com



Deena Dolce O'Connor
MA, CCC-SLP

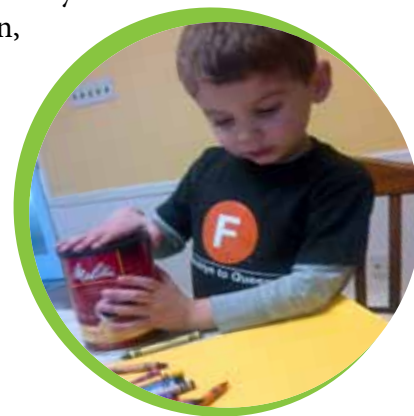
Children love music as much as they enjoy making crafts. Why not join these two creative forces and make a fun and easy musical instruments to encourage play, creativity, speech and language?

FUN DRUM MATERIALS

- Coffee Can with lid
- Construction Paper
- Package Tape
- Crayons
- Scissors

Wrap construction paper around the coffee can. Cut to fit. With your crayons, decorate the measured construction paper together with your child. Be sure to talk about favorite shapes, colors and objects as you create your FUN DRUM design. Tape the construction paper around the coffee can. Put on lid. Beat to Play!

Music is a great way to promote speech and language. When playing your FUN DRUM, sing both silly and familiar songs. When you are singing a silly song, use nonsense words with simple sounds such as “bum-bumbum bang the drum... beatbeatbeat tap your feet...” When you are singing a familiar song, try leaving out key words for your child to fill in. Singing is a wonderful way to elicit new words and sounds in a playful way. Remember that if you are having fun, your child will too!



Crustless Veggie Quiche (wheat & gluten free!)

By Aurora Goodman, Certified Health Coach

The addition of brown rice flour helps firm this quiche. This is an easy, versatile recipe. You can use chopped spinach, sliced zucchini, or chopped broccoli florets for this recipe...and it's great for breakfast, lunch or dinner.



Aurora Goodman
Certified Health Coach

Ingredients

- 1 tablespoon extra virgin olive oil
- 2 cups of vegetables
- 4 large eggs
- 1 cup unsweetened coconut milk (Trader Joe's, or So Delicious)
- 1/2 teaspoon sea salt or to taste
- Freshly ground black pepper
- 1/2 teaspoon dried oregano
- 1/4 cup brown rice flour
- 1/4 cup grated Pecorino Romano or Parmesan cheese (or add Daiya cheese to make it dairy free as well)
- Dash of paprika

Directions

Preheat oven to 350°F. Spray a 9-inch square baking dish with olive oil cooking spray and set aside.

In a large skillet, heat oil over medium heat. Add vegetables and cook about five minutes or until just tender. Spoon vegetables into prepared pan. In a large bowl, beat together eggs, cheese, coconut milk, salt, pepper and oregano. Whisk in rice flour. Slowly pour the egg mixture evenly over vegetables. Sprinkle with paprika and bake until set, about 35 minutes. Cool 10 minutes before serving and enjoy!

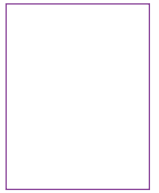


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- State-of-the art sensory gym.

A Network of Pediatric Professionals Under One Roof

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- Pediatric Feeding & Swallowing Program
- Speech, Language & Cognitive Therapy
- Occupational Therapy
- Social Skills Play Groups/Behavioral Consultations
- Psycho-Educational Diagnostician
- Nutrition & Health Programs

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