

An Integrated Approach
to Pediatric Therapies



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Encopresis

By Celia Padron, MD, FAAP

www.pedgastrocenter.com



Celia Padron, MD, FAAP

Encopresis occurs when your child resists having bowel movements, causing impacted stool to collect in the colon and rectum. When your child's colon is full of impacted stool, liquid stool can leak around the impacted stool and out of the anus, staining your child's underwear. Encopresis may also be called stool holding.

Most cases of encopresis are the result of chronic constipation. In constipation, the child's stool is hard, dry and may be painful to pass. As a result, the child avoids going to the toilet and gets caught

up in this becoming a vicious cycle. The longer the stool remains in the colon, the more difficult it is for the child to push stool out. The colon stretches, ultimately affecting the nerves that signal when it's time to go to the toilet. When the colon becomes too full, soft or liquid stool may leak out.

Common causes of constipation include eating too little fiber, not drinking enough fluids or consuming an excess of dairy products. Emotional stress also may trigger encopresis. A child may experience stress from premature toilet training or an important life change — for instance, the divorce of a parent or the birth of a sibling.

Other health problems may cause chronic constipation, including Celiac Disease, diabetes, hypothyroidism, Hirschsprung's Disease, and inflammatory bowel disease.

Children with encopresis can certainly feel emotionally upset by the "accidents" they have when they soil their clothes. They usually do not have control of this leakage of stool. Their self-esteem and interactions with other people can be affected. Children are often ashamed or embarrassed. They may avoid going to school, playing with friends, or spending the night away from home. Parents may feel guilt, shame, anger, or distaste by the problem. The child will often be aware of a parent's feelings and become even more emotionally affected.

Signs and symptoms of encopresis may include:

Leakage of stool or liquid stool on your child's underwear. If the amount of leakage is large, you may misinterpret it as diarrhea. Constipation with dry, hard stool, passage of large stool that clogs or almost clogs the toilet, avoidance of bowel movements, long periods of time between bowel movements, possibly as long as a week, lack of appetite, abdominal pain and repeated urinary tract infections.

Generally, the earlier treatment begins for encopresis, the better. The first step in treatment focuses on clearing the colon of retained, impacted stool. After that, treatment includes encouraging healthy bowel movements. This includes training your child to go to the toilet as soon as reasonably able when the urge to defecate occurs.

There are several methods for clearing the colon and relieving constipation. Your child's doctor will likely recommend one or more of the following:

- Stool softeners, such as lactulose
- Colon lubricants, such as mineral oil
- Rectal suppositories and enema
- More oral fluids

Abdominal X-rays will check the progress of the colon clearing. Once the colon has been cleared, it's important to encourage your child to have regular bowel movements. In addition to recommending self-care measures such as a high-fiber diet, your child's doctor may recommend the use of stool softeners for six months or more. Once your child has been treated for encopresis, it's important that you take steps to encourage softer stools and regular bowel movements.

The following tips can help:

- Focus on fiber. Feed your child a diet that includes plenty of fruits, vegetables and foods high in fiber. Offer whole grains, which are brown — not white — in color.
- Encourage drinking water. Water helps keep stool from hardening. Encourage your child to drink plenty of water. A general guideline is to drink 2 ounces (59.1 milliliters) of nondairy fluid for every gram of fiber.
- Limit dairy products and fats. These can reduce bowel movements. But, dairy products also contain important nutrients, so ask your child's doctor how much dairy your child needs each day.
- Arrange toilet time. Have your child spend five minutes alone on the toilet after two to three meals each day trying to have a bowel movement. This applies only to children who are toilet trained and are at least 4 years old.
- Put a footstool near the toilet. Your child may be more comfortable, and changing the position of his or her legs can put more pressure on the abdomen, making a bowel movement easier.
- Stick with the program for several months. The relapse rate for encopresis is high.

As you help your child overcome encopresis, be patient and use positive reinforcement. Don't blame, criticize or punish your child if he or she has an accident. Instead, offer your unconditional love and support.

We have found the book, **What's the Scoop on Poop**, very helpful for the 3-8 year old age group with encopresis difficulty. The colorfully illustrated book offers a light-hearted approach to teaching your child the importance of this normal daily activity. In the back of the book there is a Potty Chart to help track your child's progress and achieve success with their toilet training skills. From eating food to going to the bathroom, this book explains the process in words a child can understand. You will eventually have to discuss this subject with your child. Why not make it fun with this book?

Ordering information for **What's the Scoop on Poop** can be found on the next page of this newsletter!

Orofacial Myology

By Dianne Lazer, MA, CCC-SLP/COM

www.betterspeech.com



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

Open mouth and low tongue resting postures. Chronic thumb and/or digit sucking habit past five years of age. Immature swallow pattern (tongue thrust). Anterior open bites. Enlarged tonsils. High, narrow palatal vaults. Diastema. Lip incompetence. Dry mouth. Chapped lips. Speech distortions.

Many dentists and pediatricians see any number of these symptoms in their practice every day! But what happens when children don't grow out of their thumb sucking habits with the usual heart to heart conversation or the "old band aid on the thumb technique" and they continue to maintain an open rest posture? If you notice any of the above symptoms not going away on their own, a referral to a specially trained certified orofacial myofunctional therapist may be in order.

The certified orofacial myofunctional therapist is trained to evaluate and treat patients with a variety of oral and facial muscle dysfunctions. They may also have additional training in speech/language pathology, dental hygiene or other health-related fields that the International Association of Orofacial Myology (IAOM) has determined to be within the scope of practice in orofacial myology (see the website at www.iaom.com for more information).

The practice of orofacial myology includes the evaluation and treatment of the following:

1. Abnormal non-nutritive sucking habits (thumb, finger, pacifier, etc.)
2. Other detrimental orofacial habits
3. Abnormal orofacial rest posture problems
4. Abnormal neuromuscular muscle patterns associated with inappropriate mastication, bolus formation, and deglutition
5. Abnormal functional breathing patterns
6. Abnormal swallowing patterns
7. Abnormal speech patterns (only if the COM has the speech-language pathology credentials required by his/her state, province or country)

The overall goals of orofacial myofunctional therapy (OMT) are to assist in the creation, re-establishment or stabilization of a normal oral environment with regard to lingual and labial pos-

turing and function to permit normal processes of growth and development to occur. For patients who are beyond the range of pre-pubertal growth, the purpose of treatment is to create, reestablish, or stabilize appropriate normal postural and functional orofacial muscle patterns. In most cases, treatment goals, strategies and objectives are determined in conjunction with primary care providers in dentistry or medicine with a team approach. There have been a number of studies showing the efficacy of orofacial myofunctional therapy in the dental and speech literature. One study by Smithpeter and Covell, 2010 demonstrated that OMT in conjunction with orthodontic treatment was highly effective in maintaining closure of anterior open bites compared with orthodontic treatment alone and another one by Benkert, 1997 involved the review of 100 cases and established the beneficial effects of OMT on improving dental occlusion, decreasing dental open bite and decreasing dental overjet. Other studies have determined the effectiveness of OMT on improving speech articulation by Ray, 2003 and Pierce, 1996. Also effectiveness of treatment techniques developed by Rosemarie Van Norman for eliminating digit sucking habits, Van Norman, 1997 and Shari Green's Confirmational Study: A Positive-Base Thumb and Finger Sucking Elimination Program, 2010 have also been noted in the literature.

So, the next time you see any one of the symptoms mentioned above, consider using the expertise of a certified Orofacial Myofunctional Therapist. They can make a valuable contribution to your treatment team!

***References to the article** (a more complete list of references is available on the IAOM website from an article written by Dr. Robert Mason, DMD, PHD entitled FOR DENTISTS AND PHYSICIANS)

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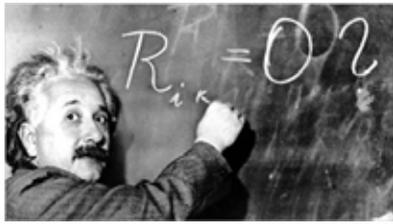
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Strategic Teaching + Intervention = Empowered Diversified Learners

By Catherine R. Chase, MA, LDTC

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It is the supreme art of the teacher to awaken joy in creative expression and knowledge – Albert Einstein

Let's look at the following equation: *Strategic Teaching + Intervention = Empowered Diversified Learners. Now let us begin to discover ... Who are "diversified learners?"*

Although all learners present with degrees of diversity, this article will address the "at risk" student population. Students who present with learning differences and behavior difficulties are often referred to as "diversified learners." This population may include, but is not limited to, students experiencing attention, learning, language and behavior challenges. They may not have a "classification status" (Communication Impaired, Specific Learning Disability, Autism, and Other Health Impaired -ADHD, orthopedic disorder and head trauma); however, they are being considered for increased services due to academic, social and behavior weaknesses. For instance, their school performance is most often inconsistent, and they may become frustrated and anxious when trying to keep pace with core curriculum standards. *Diversified learners* may fail tests and course work, and at the same time, demonstrate low self-confidence. *To bolster self-confidence and assist these students in learning compensation strategies, we certainly know from current research that they can benefit significantly from strategic teaching and intervention.*

I Wonder... What is Strategic Teaching?

Strategic teaching determines whether or not the learners are struggling due to curriculum barriers or deficiencies in a skill area such as a student's memory, attention, executive function, language and processing speed capacity. *Strategic teaching will address the need to adjust the core curriculum's volume and pace, as well as the developmental level of concepts being taught to the learner's cognitive profile, interests, gifts, cultural backgrounds and sustained attention capacity; thereby, providing the assurances that the curriculum presentation is accessible to all learners. Strategic teaching is a learner-centered approach to teaching.* This approach to teaching has been backed up with years of research. For instance, according to Stephen Luke, Ed.D., "strategy instruction supplies students with the same tools and techniques that efficient learners use to understand and learn new materials or skills;" *thus, providing the guidance and opportunity to compete with peers on equal terms.* For example, actors often rehearse to remember their lines. Students who need to memorize spelling words to do well on a spelling test can be taught rehearsal and memory strategies (chunking and subvocalization). Other strategies may be taught by using modern technology because it has the capacity to present information in multiple formats, to customize, support and challenge learners. This lends to greater flexibility when assisting *students with learning differences* to compensate for written language, memory and attention variations. *We know that strategic teaching is a method of instruction that is appropriate and effective for all students.* However, *it is essential that diversified learners receive strategic teaching and intervention to ensure academic and social success.*

I Wonder... Why is Intervention Crucial to the Success of the Diversified Learners?

We know that students with learning and behavior challenges do not use effective and efficient strategies to learn academic material and skills, ultimately leading to frustration, anxiety and school failure. Therefore, it is essential for *diversified learners* to receive appropriate intervention to ensure success. Intervention may vary depending on the student's profile; however, research supports the view that teachers can successfully implement interventions such as meta-cognitive strategies, differentiated and direct explicit instruction in a variety of environments, which may include individualized and small or large group instruction (special and general education classroom or therapeutic setting). For instance, students with attention, language or executive function difficulties often struggle with schoolwork because they are impulsive and have difficulty sustaining focus. They may attend to irrelevant information they are reading or they may not shift flexibly from main ideas to salient details. They lose what they are reading while they read (leaky readers); therefore, they need effective intervention such as reading with a pencil and highlighter so they can turn the topic and subtopics into questions and stop leaky reading, while at the same time, teasing out saliency and improving reading comprehension. They may also require more intensive interventions, which may include a speech therapist, reading specialist, psychologist, social worker, occupational therapist, and behaviorist. *The goal of intervention is to provide support for the diversified learners as they are taught to create useful strategies and generalize them to the classroom and homework settings to maximize their social and academic success.*

In conclusion, the art and science of teaching provides extraordinary opportunities and responsibilities for parents, teachers, counselors, physicians, speech therapists and other practitioners. *Indeed, "it is the supreme art of the teacher to awaken joy in creative expression and knowledge" (Einstein). Strategic teaching and intervention can reduce and eliminate frustration and anxiety, while bolstering self-confidence, ultimately empowering the diversified learners so that they will become resilient, self-motivated, joyful learners who use their imaginative force to discover their own pathway to success.*

Recommended References and Websites/Links

Luke, S. (2010-Link update). *The Power of Strategy Instruction. Evidence for Education, Volume 1, Issue 1, 2006*
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<http://michey.org/research/ee/learning-strategies>
www.interventioncentral.com
www.researchILD.org



Catherine R. Chase
MA, LDTC
Psycho-educational
Diagnostician

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 Director for Autism Expressed, and is an Associate Practitioner & Interventionist at the Pediatric Wellness Network in Cherry Hill, New Jersey. Catherine has over 25 years of experience in the field of education, which includes teacher training, diagnostic testing, strategic teaching and intervention, parent and student advocacy and child study team consultations. As a private Learning Specialist, she provides assessment and strategy intervention, and can be reached directly at 609-390-1149, in Cape May, New Jersey or by email: crchase77@gmail.com.

Farmers Market Season!

By Stacy Clarke, Chef/Owner, Crave Catering

www.cravepersonalchef.com



Stacy Clarke, Chef/Owner
Crave Catering

Farmers Market season is here! It is my favorite time year. The sights and smells bring a smile to my face and I look forward to it all winter long. It's a great way to jump start a Saturday morning or unwind on a Wednesday evening. It is a fabulous way to support the local economy. It is the absolute best way to get your food. Farmers are proud and love to talk about their product. They always have suggestions on how to cook and are quick to pass on a favorite recipe.

batch artisan bread, bakeries, live music, coffee, and made to order food. In addition, flowers, plants, and alpaca wool is often sold and local businesses advertise.

Farmers markets are a wonderful place for children. There are so many bright colors and sweet smells. Maybe they will find something they want to try, maybe they won't. However, they will be learning about fresh food. Even if it just by looking. They will learn the difference between what a real, red, ripe strawberry looks like versus an out of season strawberry that lacks flavor and color inside. They can break the woody end off asparagus or shell peas. My kids won't eat either (yet) but they were hands on in the kitchen. And it was much easier to convince them to take just one bite.

In addition to the freshest fruits and vegetables, farmers markets offer locally raised meats, dairy, eggs, small

Locate farmers markets in your area at

www.jerseyfresh.nj.gov

GAK! A (non-edible) Recipe for Summer Fun!

By Katrina L. Guzzetti, OTR/L

www.klgped.com

Homemade Putty (Gak!)

Ingredients

- White glue
- Liquid Starch (available at most grocery stores/ WalMart in the laundry soap section)
- Food coloring

Directions

- Mix 2 parts white glue to 1 part liquid starch in a cup or bowl.
- Add a few drops of food coloring.
- Mix with a popsicle stick, plastic spoon, or with your hands if using a large bowl.
- Remove mixture from container and spend some time kneading, stretching, and squeezing it.

Looking for something fun to do with your child this summer? Try making homemade putty. It is a great activity that also incorporates sensory, fine motor, and finger strengthening experiences for your child!

Using putty is a great activity to strengthen the small muscles of your child's hands. Some ideas of what you can do with your putty include:

- Squeeze it, knead it, push it, pull it
- Flatten it out with a rolling pin
- Use cookie cutters to make fun shapes/letters
- Cut it with scissors
- Roll it into a "snake" to form letters, shapes, or numbers
- Make pinch pots
- Put beads into it and then try to pick them out



Katrina L. Guzzetti, OTR/L
Pediatric Occupational Therapist

The solution will start off being watery, but the more you play with it the more it will eventually turn to a putty texture

Store the putty in a covered container to keep it from drying out. It should last several weeks if kept covered

Brain Injury Symptom Questionnaire

By Lisa R. Cohen, MA CCC SLP

lrcohen61@gmail.com



Lisa R. Cohen, MA CCC SLP

Lisa R. Cohen, MA CCC SLP delivers comprehensive rehabilitation services to pediatric and adult survivors of Traumatic Brain Injury.

She wrote the following "Brain Injury Symptom Questionnaire" as an informal diagnostic tool. Throughout the years, many of Lisa's patients have referred to this as the "YES" list.

This insightful guide helps professionals, patients, and family members explore the impact of Traumatic Brain Injury on daily activities as well as relationships and aids in establishment of functional therapy goals.

Lisa R. Cohen, MA CCC SLP is currently accepting new patients.

1. Do you forget details of recent events?
2. Do you forget details of conversations?
3. Are you forgetting your "TO DO's"?
4. Are you forgetting people's names?
5. Are you misplacing common objects like your keys, wallet, paperwork etc.?
6. Are you losing your train of thought?
7. Are you having problems thinking of the words you want to say?
8. Is it difficult to organize your thoughts?
9. Can you prioritize and schedule your time?
10. Are you showing up for appointments on the wrong day or time?
11. Are you having problems starting tasks?
12. Do you have problems finishing tasks?
13. Are you getting lost when driving ?
14. Can you multitask?
15. Are you having problems making simple decisions like what to wear, what to eat, etc.?
16. Are you misunderstanding what people are saying?
17. Is it more difficult to understand what people say when there is background noise?
18. Can you understand and remember what you read?
19. Are you noticing problems with your eyes while reading?
20. How is your spelling?
21. Can you compose an email, short letter etc.?
22. Are you experiencing problems with: basic math, counting back change, estimating time, balancing your check book or estimating time?
23. Do you feel overwhelmed?
24. Are you experiencing problems with: anxiety, irritability, depression or sleeping?

*Lisa's Favorite
Rainy Day
Activities:*

- **www.starfall.com:** Discover engaging educational PHONIC games and reading activities for your Pre & elementary school students.
- **Go to Youtube:** To Brush Your Teeth, Shake your Sillies Out and sing Down by the Bay with Raffi.
- **www.studentsoftheworld.info:** Write your way around the world while creating friendships on this safe pen pal site. (best for elementary school – high school students.)
- **www.freerice.com:** "Raise rice" to fight world hunger while you play: Vocabulary (English and Foreign Languages), literature, SAT prep, art history, chemistry, math, and geography, multiple choice games. (best for middle school students – adults)
- **www.cambridgebrainscience.com:** Data collected from gamers increases CBS Inc.'s understanding of human cognition so that can better help those with brain injuries and disease. (best for middle school students -adults)

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Grad Students at PWN

By Jennifer Uhl-Bergman, MS, CCC-SLP

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Jennifer Uhl-Bergman, MS, CCC-SLP

The Pediatric Wellness Network partners with local universities to provide practical experience for graduate students. The students working during the last two semesters are from Nova Southeastern University and are pursuing a Master's Degree in the field of Speech-Language Pathology. As a part of their clinical experience, graduate students provide treatment to our patients under the close supervision of the Speech-Language Pathologists and learn useful information about working in private practice.

This semester, all three speech-language pathologists worked with a Graduate student in the areas of pediatric speech, language, feeding and cognitive therapy. We believe participating as a training center for students in this way is a valuable experience that fosters high standards of care and more resources we can provide to our patients.

Good Luck to our Graduate students as they complete their studies and become professionals in the field of Speech-Language Pathology!



Jessica Sacco
Graduate Student
Nova Southeastern University



Renee Gamato
Graduate Student
Nova Southeastern University



Jennifer Costa
Graduate Student
Nova Southeastern University

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.

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



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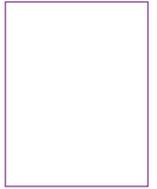


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- Occupational Therapy
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- Nutrition & Health Programs

*For Gastroenterology call: 856-596-6333
For Rehab call: 856-751-1937*