

MORE: Integrating the Mouth with Sensory and Postural Function

November 5-6, 2011, Newton MA

Description:

While oral-motor treatment approaches for neurologically impaired children have focused on severe feeding dysfunction, clinical work with children who have sensory processing/developmental dysfunction has revealed a strong association between subtle oral-motor and respiratory dysfunction and many sensory integrative and sensorimotor problems.

A theoretical framework for understanding how and why many aspects of development are significantly influenced by oral functions will be presented. This discussion will include the relationship of the suck/swallow/breathe synchrony to behavior, learning, postural development, feeding, communication, arousal, self-regulation, psychosocial development, visual/auditory perception and even common health issues in children. The relevance of this information to treatment principles with children who have sensory processing/developmental dysfunction will then be shared using slides, case examples and participant lab activities. Documentation strategies for identifying abnormal function and demonstrating change through treatment will be provided. This information is particularly useful for occupational and physical therapists and speech pathologists working with children, but may be applied across the age span.

The MORE book will be used at the course and is included in the cost of the registration.

Suggested Audience: OTs, PTs, SLPs, and Early Intervention Specialists

This course is offered for 1.4 ASHA CEUs (Intermediate Level, Professional Area)

This course is offered for 1.4 AOTA CEUs (Occupation, Performance Skills & Intervention)

Objectives: Participants will be able to

1. Outline and discuss the relationship of the suck/swallow/breathe synchrony to critical aspects of development.
2. Identify and document subtle, abnormal SSB processes in children who have sensory processing/developmental dysfunction.
3. Implement treatment strategies designed to improve respiration patterns, self-regulation, postural control, visual motor skills, feeding and communication skills.
4. Demonstrate and apply techniques designed to enhance oral/respiratory function.

Schedule * (14 contact hours)

Day 1 (6.0 contact hours)

- 11:00 – 12:30 Overview: The SSB Synchrony
12:30 – 1:15 Lunch on your own
1:15 – 1:30 Clinical Reasoning
1:30 – 3:00 Anatomical Structures & Mechanisms of Suck
3:00 – 3:15 Break
3:15 – 4:15 Neurological Foundations (Cranial Nerves)
4:15 – 5:15 The SSB Synchrony and Eating
5:15 – 6:00 Taste/Texture/Fit Practicum

Day 2 (8.0 contact hours)

- 8:00 – 9:45 Functional Mechanisms: Swallow/Respiration
9:45 – 10:00 Break
10:00 – 10:45 Practicum: Oral/Respiratory Activities
10:45 – 12:00 Implications for Arousal/Alertness
12:00 – 12:45 Lunch on your own
12:45 – 1:45 SSB & Attention
1:45 – 3:15 Hands on Treatment Strategies: Respiration/Oral Motor
3:15 – 3:30 Break
3:30 – 4:00 Functional Assessment (MORE PS)
4:00 – 5:15 Case Study/Problem Solving (Treatment Videos)

* Topic Times may vary; contact hours do not.

Faculty

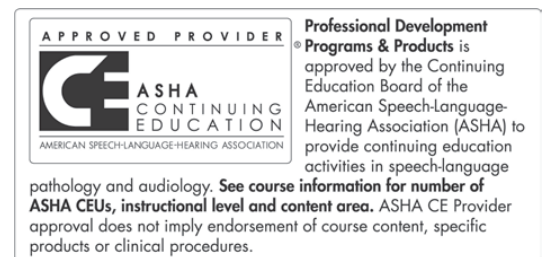
Patricia Oetter, MA, OTR/L, FAOTA is an occupational therapist whose work encompasses many disability groups aged newborn to adult. Ms. Oetter's MA is in special education and she is a co-author of the MORE: Integrating the Mouth and Out of the Mouths of Babes books and the MORE DVD. She is currently in private practice in California and provides practicum training, consultation and intensive treatment nationally and internationally.

Eileen W. Richter, MPH, OTR/L, FAOTA has her Masters of Health degree in Public Health and is NDT certified. She has over thirty years experience working with a variety of disability groups in public schools, hospitals and private practice. Ms. Richter has published a number of books and articles on sensorimotor assessment and treatment including co-authoring the MORE: Integrating the Mouth, Out of the Mouth of Babes and the Sensorimotor Performance Analysis books and the MORE DVD. Ms. Richter founded Professional Development Programs and PDP Press, Inc. and directed the company for 30 years, providing continuing education programs and seminal publications to pediatric therapists throughout the country. She is also a co-founder of Camp Avanti-St. Croix, a sensory integration camp based on an intensive treatment model.

Tuition

Tuition: \$479.00 (Includes handouts, lab materials, and morning and afternoon refreshments & MORE book).

Limited Enrollment



Contact: Teresa May-Benson, ScD, OTR/L
Email: courses@thespiralfoundation.org
Phone: 617-923-4410 ext 225

Registration Information

Registration Procedures

Register by mail, email, or fax. Early registration is recommended. Mail completed registration form with check or money order to The Spiral Foundation, 124 Watertown Street, Watertown, MA 02472. Make check payable the Spiral Foundation. Full payment is required to confirm space. Fax or email registration must include a valid VISA, MasterCard or Discover number with expiration date, CVV, billing address & signature.

Documentation/Credit

All participants will receive certification of the number of contact hours attended.



The Spiral Foundation is an American Occupational Therapy Association (AOTA) Approved Provider of Continuing Education. The assignment of AOTA CEUs does not imply endorsement of specific course content, products or clinical procedures by AOTA.

Cancellation Policy

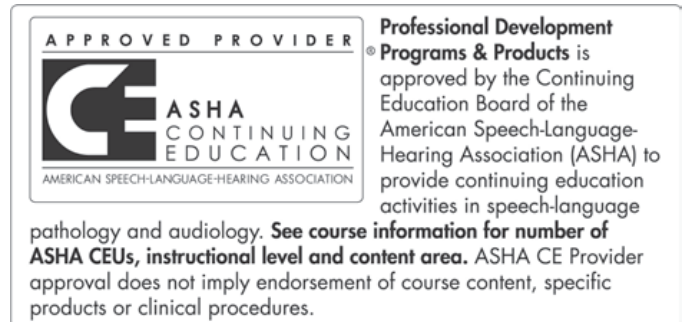
Tuition, minus a \$30.00 administrative fee, will be refunded if written cancellation is received no later than October 28, 2011.

No refunds after October 28, 2011. For any questions please contact courses@thespiralfoundation.org, or 617-923-4410 ext 225.

Authorship disclosure:

The speakers may receive royalties from their authored publications and materials.

ASHA CEU's will be provided by Professional Development Programs.



----- Registration Form -----

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Newton, MA

Date sent: _____

Name: _____ Professional Title _____ Employer _____

Home Address: _____ City: _____ State: ___ Zip: _____

Work Address: _____ City: _____ State: ___ Zip: _____

Evening Phone: _____ Daytime Phone: _____ E-mail: _____

Name as it appears on card (please print) _____ Signature _____

Card Number _____ Exp Date _____/_____/_____ CVV _____

Billing address if different than home address listed above _____

How did you hear about us? _____

Are you an AOTA member: Yes ___ No ___

The Spiral Foundation, 124 Watertown Street, Watertown, MA 02472

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