

A4 - postural control

In order to develop postural control, the core stability of the trunk or body (proximal stability) needs to be strong enough to support the action of the arms and legs in achieving more complex motor skills (eg, table top tasks using scissors or other tools).

Some children may have general low muscle tone (Hypotonia) and/or joint instability (hypermobility in large joints at the hip and shoulder girdles or in smaller joints with joints flexing back beyond normal range), which will require ongoing regular physical strengthening, to accommodate the associated changes linked to normal growth patterns (bony growth will require consistent muscle and tendon strengthening to accommodate the bone lengthening).

The child must be able to maintain a seated position with feet placed flat and securely on the floor or footrest. The arms need to be free to complete the activity – not to hold up the trunk or to rest the head. The child must be comfortable on the chair, with no fear of tipping off the edge.

Children with poor postural control may appear clumsy or delayed in motor skills with inadequate equilibrium reactions. They may be unable to stay in one position for any length of time and constantly shift position or carry out all tasks at speed, due to poor endurance in tasks to hold static upright positioning.

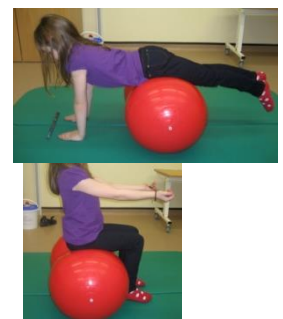
The difficulty with maintaining fixed positioning at desk top tasks may present as poor motivation to attend to fine motor tasks.

Additional adult support will be required to help with increasing strengthening activities as they are unlikely to be motivated to participate initially, with reduced effort to develop proprioceptive (firm compression) and vestibular (movement) sensations, working against gravity and/or resistance.

Activities

Introduce the activities at a graded level, within the child's individual level of tolerance and achievement.

- **High kneeling**
Play at a low height table or paint on a vertical surface (at an easel) while maintaining high kneel position. Progress to half kneeling with one leg stepped forward (foot flat to floor)
- **Knee walking**
Play team games or have set times to implement knee walking to fetch items from one side off the room to another. Try knee walking over spongy foam or mat surfaces.
- **Animal walks**
Rabbit hops (deep knee bends), crab walk (back & forward with face up,) bear walk (with bottom high), caterpillar walk (take small steps with feet then hands)
- **Peanut shaped therapy or gym ball**
Get the child to sit or bounce for short bursts, to develop pelvic or trunk stability raise arms to hold a wand for shoulder or arm strengthening. Lay prone or balance over for floor play – and weight bear through upper limbs as in 'wheelbarrow walks'. Take turns in small group use.



The ball diameter should equal to the length on the child's arm, to ensure correct dimensions for weight bearing (right angle at knees for sitting or bounce with feet flat on the floor).

Frequency of use: Complete 10-15 minutes sessions every day or at least three times a week.

Monitor the child's level of response (interest and motivation) in the task and adjust accordingly (to simplify or increase) to obtain the 'just right fit' by grading the level of challenge.