

## Children's Occupational Therapy Service

# Physical Disability Pathway



### HEMI HUB

A service delivered by a Specialist Occupational Therapist to manage the individual and changing needs of children and young people with congenital or acquired hemiplegia or a one-sided movement difficulty. Clinics are run jointly with a Specialist Physiotherapist, and support is also provided by the Therapy Support Worker team.

Children are seen within a clinic environment for most of their needs. Their self-care skills, environmental factors and ability to participate in education and community activities/ hobbies are reviewed and monitored, and advice/ suggestions provided. Their sensory awareness and sensory discrimination skills can also be reviewed, as can their upper limb splinting needs. If identified, home and school visits can be completed to address specific needs e.g. Equipment provision/ adaptations to home.

A block of sessions may be completed when working on a specific goal, working on Functional Skill Development. This can include neurodevelopmental therapy, bimanual therapy or constraint induced movement therapy. Therapy Activity programmes are provided, which include everyday activity ideas for the family and nursery/ school to incorporate in to the child or young person's everyday life to work on their goals.

# Starting Primary Education

for those with a predominantly one-sided movement difficulty

## Introduction

*Hemiplegia* is the medical name for a predominately one sided movement difficulty and results in a varying degree of weakness and lack of control in one side of the body, rather like the effects of a stroke.

In one child this could be very obvious (he or she may have limited use of one hand, may limp or have decreased balance), in another child it will be so slight that it only shows when attempting specific physical activities.

The student will have learnt to cope well in most situations and will have adopted compensatory strategies to help them with functional skills.

## Inclusion

Starting school is a big step for all children and their families. However, it may be of greater concern to the children with movement difficulties who are expected to start being more independent with their daily life skills.

At this age children are generally accepting of differences, so this is a good stage for firm friendships to be formed.

At primary school, children usually have one teacher and a class for all subjects so this fosters a stable base where the child feels supported and confident.

A child can be further supported with the use of a buddy system or an older mentor.

Circle time or "show and tell" are good opportunities for the child to share differences such as wearing glasses, a brace on their teeth, a splint etc. The more opportunities the children have for discussion and to ask questions the better their levels of information which can lead to acceptance.

## Moving around school

Children with one-sided movement difficulties may have limited use of one arm and hand and decreased balance and coordination. This may cause difficulty with:

- Opening doors
- Climbing and descending the stairs
- Changing for and participating in sports and PE
- Carrying a school bag
- Carrying a lunch tray
- Opening a lunch box or crisp packet and cutting up food
- Using the toilet

Things to consider:

- Having a handrail on each side of the staircase
- Making extra time available for getting changed
- Being aware of potential issues in the dining hall and having help readily available.

## Sitting position

This is extremely important to facilitate the child's best possible learning. If they are uncomfortable or unstable in their posture, they will focus on this difficulty and not concentrate on the academic task in front of them.

If a child habitually adopts a poorly aligned posture, this can lead to physical problems later in life.

It is best if the student sits facing the teacher square on and with their feet flat on the floor.

When the student is sitting on the floor, they should be encouraged to sit with their legs crossed to give them a stable base.

When sitting, the child should be taking weight equally through the left and right sides of their body. Their affected arm should be placed on the supporting surface in front of them and they should be encouraged to use both hands together as much as possible.

## Can they join in with class P.E.?

PE can be enjoyable and challenging for children with hemiplegia. They should be encouraged to participate as fully as possible alongside their friends. They do not need a separate exercise programme.

Things to consider:

- The child has to expend more energy than his or her classmates to achieve the same goals, so may tire more easily.
- If the child needs physical assistance with an activity, this support can only be given at a height of one metre or below. This is for the safety of both the supporting adult and the student.
- **Plimsoles are not recommended as they are very flat and offer little support.** Trainers are the preferred alternative.
- Sports advisors employed by the council may be contacted to facilitate inclusion if necessary.

## Will they need help with their school work?

The following difficulties may be encountered:

- Slowness at completing tasks
- Untidy and poorly formed handwriting and the poor setting out of work can be a result of visual and perceptual difficulties or the functional grip the student has on their pen/pencil. (Specific help can be sought from the child's Occupational Therapist)
- Poor setting out of work
- Cookery
- Cutting and sticking.

Many of the difficulties experienced by children with hemiplegia may be alleviated by the use of a computer. This equipment may improve personal organisational skills, help to present work effectively and teach spelling skills.

Some musical instruments can be played with one hand. Good examples are percussion, recorders and ocarinas, piano and keyboard and brass instruments assisted by the introduction of specialist slings and stands. Singing is a good confidence booster and being part of a choir can improve their social skills.

## Do they have any specific equipment?

The student may have:

- A hand splint - if so, please request a copy of the hand splint guidelines from the Occupational Therapist.
- A foot splint - to be worn at all times unless advised otherwise.
- Insoles - to be worn at all times and can be transferred between shoes if a change of shoes is necessary.

## What about school trips?

The student should be able to fully participate in school trips. However things to consider are:-

- Extra fatigue- opportunities to rest.
- Using public transport- student needs to sit rather than stand whenever possible.
- The student may need help with self-care tasks and with luggage.

## Is there anything else I need to know?

Some children with hemiplegia have epilepsy, visual impairment or speech difficulties. Many children have less obvious additional challenges, such as perceptual problems, specific learning difficulties or emotional and behavioural problems.

If you are concerned with any of the above speak to the children and their parents in the first instance. They could give you the contact details of the most appropriate professional who could inform you further.

## Useful information resources and support

Hemi Help - [www.hemihelp.org.uk](http://www.hemihelp.org.uk)

Red Cross wheelchair hire: Dial A Wheelchair Tel: 0116 2700210

244 London Road

Leicester

LE2 1RN

# Starting Secondary Education

for those with a predominantly one-sided movement difficulty

## Introduction

**Hemiplegia** results in a varying degree of weakness and lack of control in one side of the body, rather like the effects of a stroke. In one child this may be very obvious (he or she may have little use of one hand, may limp or have poor balance); in another child it will be so slight that it only shows when attempting specific physical activities.

The student will have learnt to cope well in most situations and will have adopted compensatory strategies to help them with functional skills.

Coping with a larger school environment and adapting to changes can be tiring.

## How will this affect their independence in school?

The student should be encouraged to be as independent as possible as this is important for their self-esteem.

**When moving around school consider the following:-**

- Having a handrail on each side of the staircase.
- Avoiding moving around the school at busy times.
- The use of a locker so that the student does not have to carry heavy things around school.
- Clear distinction between different thresholds and floor surfaces.

Be aware that the student will probably need help carrying their lunch tray. They may need help cutting up food and opening packages.

Be aware that busy times in the playground may be challenging.

## Will they need help with school work?

*The student may need help with 2 handed activities:-*

- Science experiments
- Cookery
- Design/metalwork/woodwork

When writing the student may need to stabilise the paper with their affected hand.

## Sitting posture considerations

- It is best if the student sits facing the teacher square on and with their feet flat on the floor.
- Sitting on science/design stools. It would be beneficial if the student can sit on a stool which has a back support and in which their feet could touch the floor. This could be with the use of a foot box.

*Useful resources: ESPO catalogue + Wesco catalogue.*

## Can they join in with class P.E.?

PE can be as enjoyable and challenging for children with hemiplegia as for their classmates. They should be encouraged to join in as normal. They do not need a specific exercise programme.

- Be flexible: for example by developing underarm serving techniques
- Remember that the child has to expend more energy than his or her classmates to achieve the same goals, so may tire more easily.
- If the child needs physical assistance for an activity, this support can only be given at a height of 1 metre or below. This is for the safety of the supporting adult and student.
- Plimsolls are not recommended as they are not suitable. Trainers are the preferred alternative.

Sports advisors employed by the council can be contacted to facilitate inclusion if necessary.

## Do they have any special equipment?

*The student may have:-*

- A hand splint. If so please request a copy of the hand splint guidelines from the occupational therapist.
- A foot splint –to be worn at all times unless directed otherwise.
- Insole/s- to be worn at all times and can be transferred between shoes if a change of shoes is necessary.

## What about school trips?

The student should be able to fully participate in school trips. However things to consider are:-

- Extra fatigue- opportunities to rest.
- Using public transport- to sit rather than stand on a train/bus.
- The student may need help with self-care tasks, and with luggage.

## Is there anything else I need to know?

Some children with hemiplegia have epilepsy, visual impairment or speech difficulties. Many children have less obvious additional challenges, such as perceptual problems, specific learning difficulties or emotional and behavioural problems.

If you are concerned with any of the above speak to the student and parents in the first instance. They could give you the contact details of the most appropriate professional who could inform you further.

## Useful information resources and support

Hemi Help- [www.hemihelp.org.uk](http://www.hemihelp.org.uk)

Red Cross wheelchair hire