

## History

Developed in the early 1980s by a special education teacher, D. Linda Bidabe in Bakersfield, CA.

## What is it?

An activity-based program that combines natural body mechanics with an instructional process designed to help people acquire increasing amounts of motor skills needed for sitting, standing, walking and transitioning.

## Who is it for?

Any child or adult who is not independently sitting, standing or walking even if the individual appears unresponsive.

## What is the scientific basis?

The original pilot study looked at 15 children who were nonambulatory. After 3 years, 14 took steps for 5 feet with hand held assistance or in a gait trainer, 2 could walk independently for 20 feet. Twelve could perform sit-to-stand transfers without requiring assistance.

A subsequent MOVE<sup>®</sup> for Adults research study looked at 6 adults. All 6 were nonambulatory, were lifted for transfers, and were not able to sit in regular chairs (sat in wheelchairs). At the completion of the 4 year study, all 6 could walk independently using a front-leaning walker, all 6 could bear weight (partially or fully) and assist with sit-to-stand transitions, and all 6 could sit in regular chairs. Prior to the study, none of the 6 used the toilet. At the end of the study, all 6 use a regular or adaptive toilet. Four of the 6 typically stay dry throughout the day and 2 of the 6 wear regular underwear instead of briefs.

## Who does it?

MOVE<sup>®</sup> is successfully implemented by educators, therapists, paraprofessionals, adult program directors, families etc. All formal training on how to use the MOVE Program is arranged through MOVE International.

## Where is it done?

MOVE<sup>®</sup> can occur almost everywhere, i.e. at school, in an adult facility, in a nursing home, at home or in the community. It is also easily adapted for a student who is fully included in a regular classroom.

## What does a typical day include?

The individual sits, stands, walks and transitions at all times of naturally occurring opportunities throughout the day. Wheelchairs are only used in bus or van transportation and for long walking distances.

## What type of equipment is used?

Regular classroom and meeting room chairs, adapted chairs, standers that individuals can push themselves and forward leaning walkers are used. Prompts (supports) on chairs or adapted chairs, standers and walkers are reduced over time so more independence (without prompts) occurs.

## How are the individuals assessed for progress?

The MOVE Curriculum (for children) and the MOVE for Adults Program Manual include a comprehensive TOP-DOWN MOTOR MILESTONE TEST<sup>®</sup> and prompt reduction plan. This allows for easy documentation, goal writing and task analysis.

## What's new?

The MOVE Toileting Program Guidebook and accompanying resources is now available. The program focuses on "continence opportunities" rather than toilet training with a systematic step-by-step process. (Most of the population addressed with this program will not become totally independent in toileting themselves.) The guidebook also describes a method for transitions/transfers of larger children and adults that significantly reduces and/or eliminates lifting.

## MOVE is . . . .

# MORE QUICK FACTS

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- a philosophy
- a way to measure progress in functional and useful life goals
- a collaborative effort between families/care providers and professionals — “It takes a team to MOVE”
- a program that changes ways of thinking, changes attitudes, provides opportunities, and promotes inclusive living
- a structured program providing a framework and method to assess and measure the learning of motor skills
- a top-down approach that helps develop skills beyond the highest skills an individual already possesses
- used throughout the day in activities of daily living
- embedded into existing curricula and activities
- cost-efficient and effective

## MOVE is not . . .

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- a cure
- a developmental, bottom-up model
- limited to people with multiple disabilities
- appropriate for individuals who can already sit, stand, walk and transition
- a pull-out, stand alone program
- seeking to replace other services
- intended to replace therapy
- an equipment-based therapy
- a meaningless “exercise” program

## How to reach us . . .

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