

Chapter EIGHT

COMMONLY ASKED QUESTIONS

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Chapter 8

COMMONLY ASKED QUESTIONS

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1. Should motor skills be taught in a specific sequence?

No. A predetermined sequence is not used in MOVE programming. Skills are selected by considering the adult learner's needs and preferences, current level of functioning, and health related issues. Typically, all motor skill areas can be addressed simultaneously. After all, most people sit, stand, walk, and transition constantly throughout the day. However, for some adult learners it may be necessary or desirable to teach some skills before others. For a learner who has mostly been in reclined positions, it may be necessary to begin programming by addressing sitting skills before standing, transitioning, and walking skills. Many learners begin walking before they can stand in one place. The most important guideline for skill selection is to consider what skills are priorities for the learner based on the activities identified in **STEP TWO — SETTING GOALS.**

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In the medical field, the normal developmental sequence typically has been used to guide rehabilitation programs. As new theories of motor control and motor learning evolve, the **ecological model** and the **task-oriented approach** provide a more contemporary model. Using this theoretical basis, movement is seen as influenced or constrained by the environment and the task. Clinical practice strategies have responded to these theoretical changes by emphasizing functional, age-appropriate tasks incorporated into naturally occurring activities during the day (Atwater, 1991; Heriza, 1991). The Neuro-Developmental Treatment Association (NDTA) addressed these theoretical changes in its recent publication on theory and practice. Original tenets of NDTA i.e. voluntary movement is built upon reflexive movement and treatment protocols must follow the normal developmental sequence, have been replaced by the view that multiple body systems work together in executing movement organized around a specific task (Howle, 2002).

2. What is a “task-oriented” approach? How does this relate to the *MOVE for Adults Program*?

- ◆ The key features of a task-oriented approach are summarized as:
- ◆ Movement is organized around task goals.
- ◆ Functional movement is emphasized in assessment and intervention.
- ◆ Movement strategies are analyzed related to the task.
- ◆ Maximizing practice time is crucial.
- ◆ The environment is modified during practice to facilitate learning (Thomson, 2005).

The *MOVE Curriculum* for children was de-

veloped in the mid 1980s to meet the needs of students with severe disabilities within the educational environment. However, the principles of contemporary task-oriented approaches are evident within the *MOVE for Adults Program*. **The MOVE Program provides a framework for applying a task-oriented approach with a SIX STEP process for teaching skills within meaningful activities.** This is done by incorporating frequent practice opportunities and using supports and/or environmental modifications as teaching tools (Thomson, 2005; Whinnery & Whinnery, 2007).

3. In the *MOVE for Adults Program*, whose responsibility is it to teach mobility skills?

Teaching is a shared responsibility. Historically the *MOVE Program* has emphasized the team approach with shared responsibility for teaching mobility skills. The team process used in the *MOVE for Adults Program* begins with **STEP ONE — MOVE ASSESSMENT** and continues through all the steps including **STEP SIX—TEACHING SKILLS**. To accomplish the number of repetitions necessary for learning throughout the day, **all involved with the learner need to participate in instruction.** Anyone who interacts with the learner becomes a teacher.

Although physical therapists were traditionally viewed as the “experts” in charge of mobility, collaborative approaches have modified this role. Campbell (1997) has proposed that best practice scenarios might involve the physical therapist as “*coach*” or “*advisor*” rather than the sole person in charge of movement programs. Whereas other models of collaborative teaming have been presented for children and educational settings (Palisano, 2006; Rainforth & York, 1997), the *MOVE for*

Adults Program expands these principles into teaming for adults with developmental disabilities and into noneducational settings.

4. **How do traditional therapy interventions such as range of motion, strengthening exercises and positioning, fit into a task-oriented approach such as the *MOVE for Adults Program*?**

Traditional therapy interventions are modified in the *MOVE for Adults Program*. Certainly conventional therapeutic objectives such as increasing flexibility and muscle strength and using appropriate postures are important in a task oriented approach such as the *MOVE Program*. Contractures, weakness, and inadequate postural control all can be major obstacles to functional movement. Within the *MOVE for Adults Program* these impairments are addressed as they impact participation in meaningful activities.

For example, strengthening can be accomplished using one's body weight for resistance. Embedding repeated practice of standing up and sitting down into task-related activities i.e. preparing a snack, applying make-up, attending a dance class leads to increased strength, skill, and decreased muscle stiffness (Carr & Shepherd, 2003). Conversely, immobility and lack of use reverses these positive effects (MacDougall et al, 1980; Rutherford et al, 1990).

To increase range of motion, equipment such as mobile standers and gait trainers is used to support participation in activities while allowing for extended periods of elongation of lower extremity muscles. This maintained stretch is more effective in increasing flexibility than passive range of motion exercises on a mat (Cadenhead, McEwen & Thompson, 2002; Miedaner & Reneder, 1987).

Postural alignment for individuals with severe disabilities has historically been managed using equipment that constrains movement i.e. reclined wheelchair with multiple straps for controlling the head, trunk and extremities. **People do not develop head and trunk control by being placed in a reclined position.** In the *MOVE for Adults Program*, active muscle control is taught throughout the day so individuals can learn to self-correct postures. Between teaching sessions, learners are supported in equipment to permit active postural adjustments that are manageable without encouraging detrimental postures. Adult learners with poor postural control must not be left for prolonged periods of time without adequate support.

5. **What are the unique characteristics of the *MOVE for Adults Program*?**

The ultimate goal of MOVE programming is to increase active participation and enhance the quality of life for adults with severe and multiple disabilities. The *MOVE for Adults Program* uses a **SIX STEP** system to teach essential functional motor skills that increase participation in daily living, work, community and leisure activities. The *MOVE for Adults Program* emphasizes the importance of providing participation in meaningful, age-appropriate activities.

Key features of the *MOVE for Adults Program* include:

- ◆ A means to measure and document small increments of functional motor skill improvement.
- ◆ A top-down assessment tool based on age-appropriate, functional motor skills.
- ◆ A program where adult learners naturally



practice their motor skills while engaged in typical life activities.

- ◆ A system to evaluate and document supports needed to participate in desired activities now and in the future.
- ◆ A system for planning systematic reduction of supports (prompts).
- ◆ A philosophy that promotes high expectations for meaningful accomplishments and believes in the adult learner's dignity and worth.

6. How are secondary or coexisting orthopedic conditions (such as scoliosis and joint deformities) addressed using the MOVE philosophy?

Doing nothing only results in further deconditioning and deterioration. Carefully planned programming, implemented with appropriate monitoring can reverse these negative results of immobility. In the *MOVE for Adults Program*, the MOVE team analyzes the impact of orthopedic deformities to guide the adult learner's participation. When secondary or coexisting orthopedic conditions are present, it is important to include appropriate medical professionals in MOVE team discussions.

Range of motion generally increases as adult learners are placed in upright positions with gravity and prompts helping to gently stretch muscles. Strength and endurance improve with active and active-assisted movement. Scoliosis and other orthopedic deformities can be reduced as muscles are used.

The MOVE philosophy aligns with current thinking that recognizes not moving enough or not moving in the right way is harmful to muscles and bones as well as the heart

and lungs (*Damiano, 2006; Guide to Physical Therapy Practice, 1997*). It may be necessary to increase support when needed to protect vulnerable joints. Prompts may need to be modified or increased to allow for continued participation following injury or illness. The challenge for the MOVE team becomes one of balancing needs. Appropriate safeguards and supports can be used without unnecessarily limiting participation and quality of life. (*See Medical Considerations in the Introduction.*)

7. How long should adults stand during the day?

In the **TOP-DOWN MOTOR MILESTONE TEST**[®], 45 minutes is listed in **C.4** as a desired minimal standing time. This target time of 45 minutes allows for completion of most activities. This also contributes to bone, joint, and circulatory health. Initially, this time may need to be shortened for adult learners not physically able to maintain an upright weight bearing position for this duration. Multiple, shorter sessions throughout the day are recommended in these cases. As endurance improves, time spent standing may be increased. The ultimate objective is for the learner to safely and comfortably maintain the standing position long enough to participate in a meaningful activity while also achieving the health benefits of standing.

8. Aren't there risks involved in using the MOVE for Adults Program with adults with severe disabilities who have been sedentary all or most of their lives?

There is some degree of risk when undertaking any mobility program with individuals who are sedentary. In the *MOVE for Adults Program*, MOVE team members must include appropriate medical and rehabilitation

professionals. It also is vital to have a good system of communication between nurses, therapists, other medical professionals and all support providers involved in the adult learner's programming. In all cases, the MOVE team must assess and manage risk factors when initiating this program with new adult learners. **When making these recommendations, one must also consider the risk of doing nothing.** It is certain de-conditioning and deterioration will advance if the same sedentary lifestyle continues.

