

# Introduction

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## MOVE FOR ADULTS PROGRAM OVERVIEW

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mobility opportunities via experience

# Introduction

## MOVE FOR ADULTS PROGRAM OVERVIEW

**M**OVE for Adults is a systematic program designed to provide adults with developmental or complex disabilities the opportunities and skills to participate more fully in a life of their choosing. It accomplishes this through the use of upright postures and the development of basic mobility skills needed to explore environments, participate in activities, and make informed choices based on personal goals and desires.

The core principles of the *MOVE for Adults Program* are aligned with current best practices for adult programming which call for increased engagement in age-appropriate activities, greater community integration, and more opportunities to make informed choices. However, these practices are not yet typically occurring in most programs for adults with developmental disabilities (Reid, Parsons & Green, 2001). What is needed is a systematic approach that provides the structure, process, and support which enables adults with developmental disabilities to improve their quality of life. The *MOVE for Adults Program* provides this structure through a six-step process.



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## mobility opportunities via experience

Although motor skills are targeted and task analyzed in the MOVE programs, the concepts and framework can be very useful to all people with severe disabilities. The basic questions are:

- ◆ Sit where to do what?
- ◆ Stand where to do what?
- ◆ Walk where to do what?

The ability to move is the first foundation stone in building personal dignity.

### TARGET POPULATION

The MOVE Program was originally developed to meet the needs of children over the age of seven who had not developed the physical skills necessary to sit independently, bear weight on their feet, take reciprocal steps, or transition from sit to stand.

In the early stages of program development, only school-aged children with profound, multiple disabilities were addressed. However, because of these early successes, the target population has expanded to include individuals of all ages and varying abilities.

### PURPOSE OF THE MOVE FOR ADULTS PROGRAM

The *MOVE for Adults Program* is designed to:

1. Improve the quality of life of adults with severe and multiple disabilities.
2. Increase opportunities for meaningful participation in life activities.
3. Systematically teach essential functional motor skills that will allow participation in home, work, community, and leisure activities.

4. Apply a collaborative and top-down approach to coordinate existing services.
5. Provide a program in which participants will naturally practice their motor skills while engaging in life activities.
6. Eliminate staff requirements for lifting and reduce care taking requirements.
7. Provide a way to measure small increments of functional motor skill gains to document improvement.
8. Provide a selection of motor skills which:
  - a. are age appropriate and based on a top-down model of needs rather than the traditional developmental programs based on the acquisition of sequential infant skills.
  - b. are valuable and usable to the individual in his or her environments.
  - c. increase the individual's access to other environments in the community or home.
  - d. increase the individual's self-management skills.
9. Provide the individual with basic motor skills that build the foundation for the development of other skills.

*When individuals are supported to participate in meaningful activities, they frequently develop interests and motivation to continue and expand their participation. This continued participation encourages mobility, choice-making, and self-determination which then leads to even greater participation and discovery of new interests...what a wonderful "cycle"!*

## MEDICAL CONSIDERATIONS

Most individuals with severe, multiple disabilities are able to participate in the MOVE Program even if they are not currently bearing weight or sitting in upright positions. If the individual cannot stand or bear weight through his or her lower body, the program may still be used by addressing functional sitting skills or using equipment that supports all or most of the individual's body weight in standing. (*More strategies related to this topic are discussed in Chapter 6*). If the individual is unable to assume an upright position, the program can begin with a gradual process of accommodating slowly to upright sitting or standing. The critical factor is whether the individual is medically able to be in an upright position or whether he or she can be safely moved to an upright position over time. **It is important to remember that when making program decisions for individuals with complex medical needs, there are significant risks and consequences to inactivity** (*see Chapter 8*).

Prior to initiating MOVE programming for an adult with medical complexities, it may be necessary to seek medical consultation. Therapists and nursing personnel are critical MOVE team members when making these decisions. It also may be necessary to acquire physician approval prior to initiating a standing program if the individual has not previously been weight-bearing. It is also important to obtain consultation for individuals with:

- ◆ Circulatory disease
- ◆ Respiratory disease
- ◆ Osteoporosis/ brittle bones
- ◆ Significant muscle contractures or spinal deformities
- ◆ Hip dislocation
- ◆ Foot or ankle abnormalities
- ◆ Pain of discomfort in any part of the body
- ◆ Any other condition that may require medical consultation

Exclusion from the *MOVE for Adults Program* is limited to those individuals whose medical conditions contraindicate (make it medically inadvisable) the need to sit, stand, transition, and walk. People with paralysis or degenerative neuro-muscular diseases can participate to improve bone and joint health for as long as it is medically feasible.

A MOVE for Adults research study was conducted at Chesapeake Care Resources, Inc., North East, Maryland, July 1, 2003-June 30, 2007. Drs. Keith and Stacie Whinnery, faculty at the University of West Florida, Pensacola, conducted the study on behalf of the Kern County Superintendent of Schools and compiled the below data. Funding for this study was provided by a grant from the U.S. Department of Education, Fund for the Improvement of Education, Office of Innovation and Improvement.

<b>MOVE for Adults Research Data</b> (Whinnery & Whinnery, 2007)	3/04	4/07
<p><b>1. Sitting in regular chairs for 30 minutes during daily activities</b></p> <p>Prior to MOVE, all 6 adults sat only in wheelchairs or bean bags. None were able to sit in regular chairs to eat meals or for other life activities.</p> <p>Now, none of the 6 adults use their wheelchairs during daily activities. They are able to sit in a variety of chairs in their day recreation program and the community.</p>	0	6
<p><b>2. Sitting on regular toilets or adaptive toilets</b></p> <p>Prior to MOVE, only 1 adult sat on the toilet. All others were changed in reclined positions on a changing table.</p> <p>Now, all 6 adults sit on regular or adaptive toilets and changing tables are no longer used.</p>	1	6
<p><b>3. Transition from sitting or standing and maintain standing during toileting</b></p> <p>Prior to MOVE, only 1 adult could assist in transitioning from sitting to standing and would stand for brief periods while holding a stationary object. The others were lifted onto changing tables into reclined positions for toileting.</p> <p>Now, all 6 adults take their own weight to transition on and off the toilet. All maintain standing during toileting – 3 adults support their full weight while holding a stationary object; the other 3 adults bear most of their weight while leaning forward over a padded support surface (Rifton Support Station).</p>	1	6
<p><b>4. Voiding in a toilet</b></p> <p>Prior to MOVE, none of the 6 adults were voiding on the toilet.</p> <p>Now, all 6 of the adults void in a regular or adaptive toilet. Four of the 6 adults typically stay dry and clean throughout the day. Two of the 6 adults have transitioned out of adult diapers and into regular underwear.</p>	0	6
<p><b>5. Transitions from sitting to standing and standing to sitting</b></p> <p>Prior to MOVE, five of the 6 adults were lifted for transfers. The remaining adult could bear some weight to assist, but often refused to do so.</p> <p>Now, all 6 adults take weight to assist with transitions. Three of the 6 adults transition from sit to stand and stand to sit independently while holding onto a stationary object.</p>	1	6
<p><b>6. Walking Independently with a mobility aid</b></p> <p>Prior to MOVE, none of the 6 adults walked, not even with the use of a supportive walker. One of the adults had taken a few steps while holding onto something, but refused to do so during her daily activities.</p> <p>Now, all 6 adults walk independently using a front-leaning walker. Two adults walk with 1 arm supported. All 6 adults are using walking to demonstrate preferences and desires.</p>	0	6
<p><b>7. Making choices and expressing preferences</b></p> <p>Prior to MOVE, one adult expressed preferences verbally or by crawling to a desired activity.</p> <p>Now, all 6 adults express preferences verbally, with gestures and/or with movement (walking, propelling in a mobile stander, and/or reaching).</p>	1	6
<p><b>8. Display of Interfering behaviors</b></p> <p>Prior to MOVE, four of the 6 adults regularly exhibited behaviors that were harmful and/or limited social interactions (hitting, yelling, mouthing fingers, biting self, banging body against chair)</p> <p>Now, none of the 6 adults exhibit interfering behaviors as long as they are provided the opportunity to move themselves to desired activities and locations.</p>	4	0