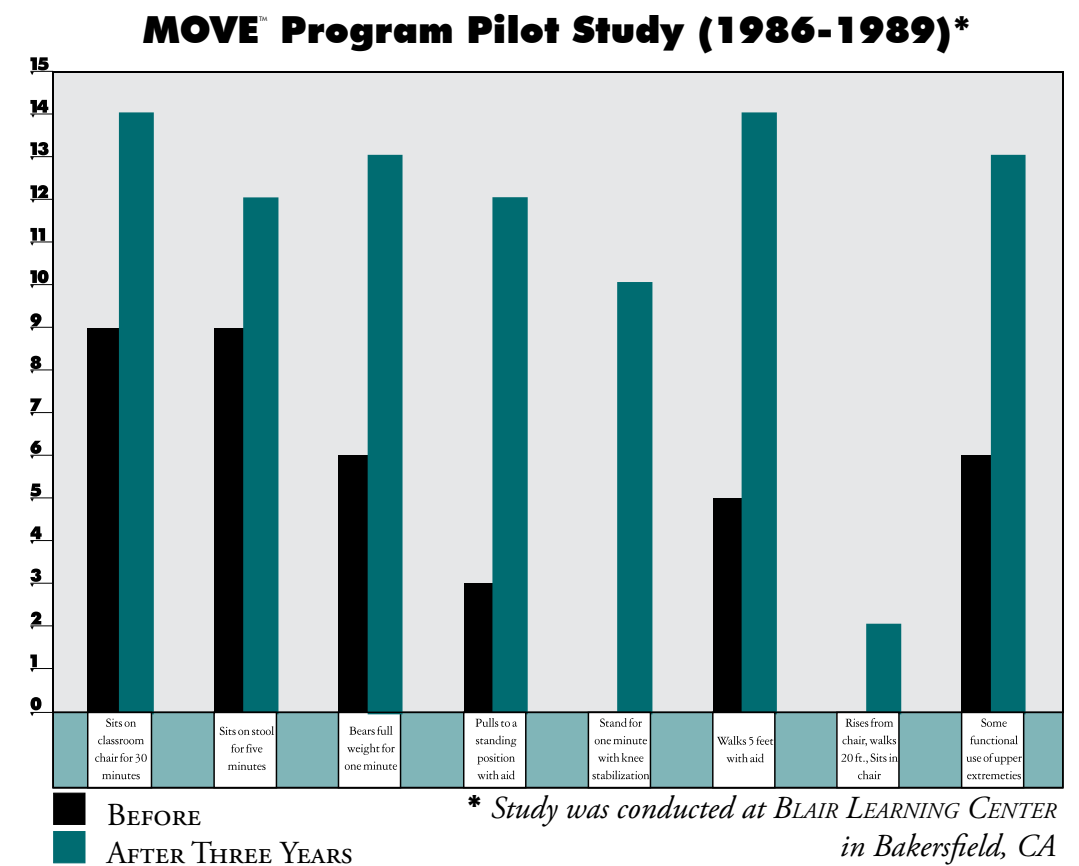


PROGRAM OVERVIEW

MOVE INTERNATIONAL is about people who care. People like Linda Bidabe, a dynamic and gifted teacher who refused to accept that some of her students with severe disabilities were not learning to sit, stand or walk. She believes that all people (children and adults) can learn. That conviction--with hard work and a healthy dose of common sense--led her to develop MOVE.*

MOVE (Mobility Opportunities Via Education)* is an activity-based curriculum designed to teach individuals basic, functional motor skills needed for adult life. These skills allow them to enjoy a more inclusive life-style. It combines natural body movement with an instructional process designed to help children and adults acquire increasing amounts of independence in sitting, standing and walking. The **MOVE** Curriculum recognizes that carers (a British term for parents and care givers) and individuals themselves have immense knowledge of what their needs are and fully involves them in developing a program to meet those needs. The framework also helps coordinate services provided by therapists, educators, agencies and others--a real **team** approach.

As word about the **MOVE** Program spread, Linda Bidabe began conducting training workshops all over the United States and Europe. With new hope, personal carers and professional staff flooded these sessions. But the burdens and joys of helping individuals with severe disabilities are only now becoming understood. Both staff and carers require further education, guidance, reinforcement, new supportive equipment, proper research, new techniques and new knowledge if exciting progress is to continue to unfold. To sustain this progress and also offer renewed hope to more people with motor disabilities, **MOVE** International, a 501(c)3 public charity, and **MOVE** International - Europe, a registered charity, were created.



TARGET POPULATION

The program is designed to meet the needs of people of all ages with severe disabilities who have not developed or who are working to regain the physical skills necessary to sit independently, bear weight on their feet or take reciprocal steps.

EARLY BEGINNINGS

The need for this program became apparent when students with severe disabilities began graduating from school at age 22 with fewer skills than when they entered at age 3.

A pilot program, (see chart on page 1) conducted under the auspices of the Kern County Superintendent of Schools Office in Bakersfield, California included 15 students with severe, multiple disabilities. They ranged in chronological age from six to 16 years with the majority of the students functioning below six months on the developmental scales (Brigance and Gessell). The highest functioning student (CA-6 years) was still functioning below the 18-month level of development.

All of the students were diagnosed as having multiple disabilities and 12 were diagnosed as having cerebral palsy. Ten of the students had deformities in joints and/or the spine. The other five had very low muscle tone. These 15 were originally selected for the study because they had all regressed on the developmental scale as they gained size. All were at risk for severe deformities. The progress made by students in the three year pilot program surpassed everyone's expectations.

PURPOSES OF THE PROGRAM

MOVE is designed to:

- Use education as a means of systematically acquiring motor skills.
- Combine therapy and education to establish activity-based, functional programs for individuals and their carers.
- Help individuals naturally practice their motor skills while performing everyday tasks.
- Reduce the time and energy requirements for daily care.
- Provide a way to measure and show small

increments of improvement in functional motor skills.

- Provide a sequence of motor skills which
 - are age appropriate and based on a top-down model of needs (determining the motor skills needed for independence and the current level of skills the person has, to target which skills need to be taught next) rather than the traditional developmental programs based on sequential skills acquisition of infants.
 - are valuable and usable to the individual right now as well as later in life.
 - increase the availability of opportunities in the community and in the home.
 - range from the level of no self-management to the level of independent living.
- Provide the individual with the basic motor skills needed for development of other skills such as expressive language, self-care, furthering education and work opportunities.
- Equipment helps support the program across the whole range of educational settings. It can be used to:
 - Place the person in positions for performing functional activities such as moving from place to place to become more independent and to interact more easily with others.
 - Increase a person's dignity and individual rights by working on self care skills such as feeding, toileting and leisure activities.
 - Help the staff physically manage the person while teaching appropriate movement patterns.
 - Help the person practice motor skills independently.
 - Help improve the bone and joint health of the person and increase muscle strength.

THE TOP-DOWN MODEL

The foundation for MOVE was laid by interviewing parents about their children's needs and analyzing the basic minimal activities necessary to function as an adult in the home and community. Some of these activities included:

- In the home
 - Eating with family or peers
 - Bathing or showering
 - Getting in and out of bed
 - Dressing and grooming
 - Toileting
 - Communicating
 - Participating in leisure activities
- In the community
 - Shopping
 - Going to appointments
 - Eating in restaurants
 - Attending social activities (church, picnics, movies, etc.)
 - Using public facilities (toilets, etc.)
 - Riding on public transport or in regular cars

VARYING LEVELS OF SUCCESS

These activities were task-analyzed and fell into 16 categories. These categories were then divided into four levels of success. Each level has an immediate functional use and will serve the needs of people in adult life. When people enter the program, they are given the **TOP-DOWN MOTOR MILESTONE TEST**[®] developed to serve their functional needs. The test begins with the highest level of difficulty (**GRAD LEVEL**) and moves down a continuum, disregarding the skills below the entry level. This system guarantees that people who learn slowly are not wasting valuable time perfecting infant skills. The four levels of success are:

GRAD LEVEL — Acquisition of skills at this level assures independent mobility in the home and minimal assistance in the community. Participants who complete this level graduate from the program and can expand their motor skills through traditional programs. A wheelchair is never needed.

LEVEL I — Acquisition of skills at this level assures that no lifting of the participant will be required. The participant can walk with both hands held or with a walker for a minimum of 300 feet. A wheelchair is needed only for long distances.

LEVEL II — Acquisition of skills at this level assures that the participant will be able to walk at least 10 feet with help from another person in maintaining balance and shifting weight. Lifting is minimal due to help from the participant. A wheelchair is required for distances over 10 feet.

LEVEL III — Acquisition of skills at this level will improve bone health and functioning of internal organs as well as decrease the likelihood of joint deformities and pain. Three basic pieces of equipment were designed to be used as prompts for skill acquisition. These include a front-leaning chair which allows the person to assume a forward-leaning sitting position for table work, a mobile stander which is similar to a wheelchair but places the person in a standing rather than a sitting position, and a front-leaning walker which allows an instructor to teach reciprocal leg movements without having to support the person.



PROMPT REDUCTION SYSTEM

The existing skills of the participants are improved by selecting the next higher skill from the **TOP-DOWN MOTOR MILESTONE TEST**[®] and determining exactly how much prompting the person needs to accomplish that skill. Two categories of prompts are described in detail in the MOVE Curriculum. One category is for learning to maintain sitting balance and the other is for learning to stand and walk. These prompts are given numerical values ranging from independent functioning (0) to the greatest degree of assistance (5). By using a simple chart, the instructor can see which areas require the greatest degree of assistance and then systematically reduce that assistance.