

Learning to Ride a Bike

For most children, the first step in learning to ride a bike is learning to ride a tricycle. Riding a tricycle teaches the child how to pedal and steer a bike. Since tricycles have three wheels, they are lower to the ground and require much less balance than a two-wheeled bike. If the child has trouble with pedaling, you can teach him to keep his feet on the pedals while you push him along so he learns what it feels like to pedal. Then have him start to initiate the pedaling himself. Once the child is tall enough and has mastered riding a tricycle, he can move on to a two-wheeled bike with training wheels. Training wheels are often adjusted incorrectly. To function properly, there should always be at least a slight lean from the primary back wheel toward each training wheel. The training wheels should not both be able to touch the ground at the same time, because it takes the weight off the main wheel, which reduces traction and makes the brake useless. The main reason for riding a bike with training wheels is to learn how to balance, navigate, and brake properly. Training wheels should be raised a little bit at a time, making the bike more wobbly each time they are raised. As the child practices riding, he will learn to balance on the bike.



You will eventually notice that both training wheels are raised completely off the ground and are no longer doing anything. Then it is time to remove them and try riding without them. Many experts feel that the fastest and best way to teach riding a two-wheeled bike is the traditional method of running alongside the child. Although awkward for the parent, it gives the best feedback for learning to balance on the bike. Avoid holding any part of the bike, such as the handle bars or seat, because it causes the parent to instinctively correct the bike position and it interferes with their development of balance. The child needs to feel the bike lean to one side and feel the handlebars move in order to learn how to adjust and right himself on the bike. The best method is holding the child's shoulders while running alongside him. Learning to ride a bike can be a difficult experience for children and parents. Hopefully these tips will help with the process. Have fun!

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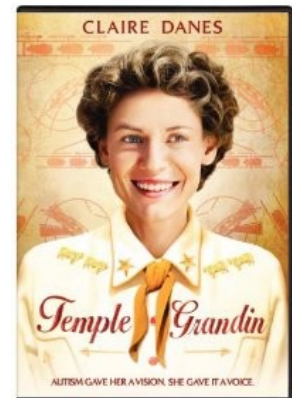
Lose The Training Wheels... and see where they go!

Lose The Training Wheels™ is more than just a bike-riding program. For many children with disabilities, bike riding is a seemingly impossible task, but it can be mastered in less than a week's time. Many children who receive therapy at Kids Can Do have successfully completed a Lose The Training Wheels™ camp. Within days of learning to ride, many children exhibit independent behaviors for the first time ever. This achievement, in turn, creates a gateway of opportunity, helping them gain assurance and self-reliance in many other aspects of their lives. Learning to ride a two-wheeled bicycle has many benefits, some obvious and some not so obvious including increased self-esteem and self-confidence, inclusion, positive change in family dynamics, improved quality of life through recreation, and independent transportation.

The next local Lose the Training Wheels™ camp will take place May 9 – 13, 2011 in Frankfort, IL. This camp will be conducted as part of the PE curriculum in partnership with the Lincoln Way Area Special Education Coop. The contact person is Dee Johnsten and she can be reached via email at djohnsten@lwase843.org

April is OT Month

The occupational therapy department recommends watching the movie Temple Grandin to increase autism awareness. Have a home movie night with your spouse or neighbors! Make some popcorn, candy, and favorite drinks and enjoy. Think of life from a new sensory perspective!



A young, autistic woman sees the world like no other, taking snapshots of the world in her mind, and recalling them without thought. Her peculiar communication skills and intelligence shed new light on pre-conceived norms of autism. Misunderstood her entire life, by her peers, her parents, and her teachers, she manages to teach them all new lessons in life. She excels at all levels of school, and eventually becomes a college valedictorian, and even manages to earn her doctorate. Despite challenges from everyone she meets, she overcomes their fear and loathing of her, and wins them over, throughout her difficult life.

(posted by scottlandroddy, <http://www.imdb.com/title/tt1278469/synopsis>)

Follow-up questions:

- What most stood out to you?
- Which sense (vision, hearing, movement, or touch) surprised you the most from Temple Grandin's perspective?
- Which stage of life do you think is most challenging for a person with autism?

Torticollis, Plagiocephaly, and Physical Therapy

Torticollis is a condition in which an infant's head is tilted toward one side and usually also rotated toward the opposite side. Typically, the neck muscles on one side are tight and shortened, and the muscles on the opposite side are weak and over-lengthened.

Torticollis often occurs in conjunction with another condition called plagiocephaly. Plagiocephaly is an atypical head shape which results from external pressure on one area of an infant's head. It typically appears as a flattened area on the back of the head or toward one side of the head. Torticollis and plagiocephaly are both most often caused by spending extended time in a preferred position, such as lying on the back. The infant may have been in a certain position for an extended time in utero, or while either asleep or awake after birth. Torticollis can also be caused by a congenital defect or shortening in the neck muscles, or from an injury.

The infant will show a preference for tilting or rotating his head to one side.

There may be overall delays in development of motor skills, and he may show a preference for using one side of the body more than the other. There may be asymmetrical alignment of the face, eyes, or ears, which can sometimes result in difficulty with vision, talking, chewing, or breathing in more severe cases.

Physical therapy intervention will help restore neutral alignment of the head and neck. The physical therapist will use gentle stretches to lengthen the tight neck muscles, and a variety of play-based activities to facilitate increased use and strengthening of the neck muscles to encourage more balanced, symmetrical alignment. There will often be a focus on increasing the variety of positions for an infant, including more tummy time. Therapy activities may also focus on improving overall mobility or motor skills, depending on the infant's individual needs. The therapist will instruct parents or caregivers in suggestions for positioning, stretching, and exercise activities to do at home to ensure good progress.



Developing Turn-Taking Skills

Learning to take turns is a basic step in learning how to communicate. In a conversation, you ask someone a question and the person answers, or someone says something to you and you make a comment. Taking turns motivates a child to learn how to talk. Below are some play activities that help encourage and develop turn-taking skills.

- Using a toy car and ramp, cue your child by saying "Ready, set, go" and then push the car down the ramp. Retrieve the car and tell your child "Your turn." Let him take the car and push it down the ramp. Catch it at the bottom and say "My turn." You can set up a similar activity with stacking building blocks, pop-up toys, putting shapes in a shape-sorter, or any other toy. Just use the cues "My turn," and "Your turn".
- It is helpful to keep the objects out of your child's reach. This allows you to control turn-taking and develop the skill.
- Provide your child tactile, visual and verbal cues to reinforce learning. Pat your chest when it is your turn. Take your child's hand and pat his chest for his turn.

It is important to connect with your child and try to view the world from his or her perspective. Initially, your child may only stay with an activity for 2-3 turns. Once he understands the game, he will enjoy the interaction and not want to stop! Have fun!

What's Happening at Kids Can Do



HERO OF THE MONTH

The Hero of the Month wish program helps kids who do not have life-threatening illnesses but have had to face some difficult life experiences. These kids have faced extraordinary circumstances and managed to overcome them through efforts that can best be described as heroic.

Congratulations to our most recent winner of Hero of the Month!!

February — Nell McCabe

Upcoming Events to Help Raise Money for Research



Chicago Take Steps Walk for Crohn's and Colitis

Saturday, May 21, 2011 Great Lawn, Soldier Field

Please visit

www.cctakesteps.org/Chicago
for more information

Help St LJ, the Take Steps Walk Hero for 2011!



"Make a Muscle, Make a Difference"

Meet Carter and Madeline Schott, a brother and sister who are both affected by SMA (Spinal Muscular Atrophy), a form of Muscular Dystrophy. Please help support Carter's school in their fundraiser for Muscular Dystrophy. You can donate money here at Kids Can Do or at Center School in Orland Park.



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