



## ***Presenters and Sessions:***

### **Dr. Beverly Moskowitz**



**Dr. Beverly Moskowitz** has worked 43+ years as an Occupational Therapist with a specialty in pediatrics and school-based practice. After earning a DOT from Temple University in 2010, she was recognized with the Distinguished Alumni Award in 2015. In 2012, she authored the Size Matters Handwriting Program, a concept-driven approach to teaching and remediating handwriting, and the subject of the largest research study ever done on the subject. Inducted as a Fellow of the American Occupational Therapy Association, an Advisory Board member at Temple and Salus Universities, an approved provider of continuing education through AOTA, a national lecturer, and president of her company, Real OT Solutions, Inc., Dr. Moskowitz's materials and programs are currently in

every state and 4 continents. She continues to teach, mentor, research, develop new products and stay abreast of current trends

### ***Sessions Presenting:***

- **Highly Effective Strategies to Get Your Students Moving-** Fun, interactive and engaging session of movement exercises and activities. Punctuate the day with heavy work, vestibular activation, midline crossing, strengthening, balance, coordination and more that teachers can do. Promote attention, self-regulation and self-esteem with do-able movement options. Learn games children can plan that satiate their need for sensory/movement stimulation.
- **Integrate OT Interventions Across the Curriculum and Accelerate the Success of Your School-Based OT Practice-** Pushing into classrooms and collaborating with teachers is not only delivering services in the least restrictive environment, it is Best Practices according to AOTA. Learn how to embed OT sensibilities during all content instruction. Build motor, social, cognitive and self-regulatory skills during authentic classroom and schoolwide activities. Seize the moment! Increase student carryover, generalization and buy in by working alongside colleagues and paraprofessionals. Decrease unnecessary set up time by using available materials and natural environments. Acquire timesaving strategies to be more efficient, effective and successful in your school-based OT practice.
- **Increase Your impact, Effectiveness and Efficiency with the SETT, WATI, WLPS-** These FREE forms enable efficient, collaborative, detailed and informed decision making regarding assistive technology needs and written language proficiency. Learn where to download and how to use each of these processes. Provide developmentally appropriate guidance for writing expectations at each grade level in terms of manuscript, cursive, keyboarding and electronic documents. Expand your leadership capabilities, resources and repertoire of alternatives for students challenged in any aspect of their schooling program. Identify low and high tech options to promote access and participation.

### **Dr. Susan Effgan**



Susan K. Effgan, PT, PhD, FAPTA, is a professor emerita in the Department of Physical Therapy at the University of Kentucky. She is an established educator and funded researcher in pediatric physical therapy.

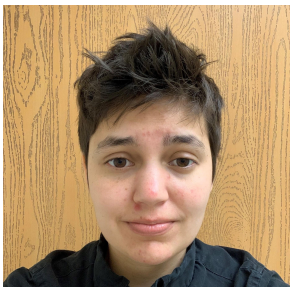


She is a Catherine Worthingham Fellow of APTA. As co-chair of APTA's Section on Pediatrics' Government Affairs Committee, she was active in the process of authorization and reauthorization of the Individuals with Disabilities Education Act. Dr. Effgen has served on editorial boards, including Physical Therapy, and edited the text Meeting the Physical Therapy Needs of Children. She was principle investigator of a US Department of Education grant: PT COUNTS.

### **Sessions Presenting:**

- **Evolution of Community-Based Therapy Services (Clinical Keynote)**- Pediatric therapists have worked in charity supported community programs and public schools since at least the 1930's, but it was not until the passage of PL 94-142 the Education for All Handicapped Children Act in 1975 that we were required nationally to provide students with disabilities related services. The history and forces behind the move from local, charity supported community services to federally mandated services will be addressed. Topics will include school-based services before and after the federal law; impact of federal rules and regulations regarding natural environments, evidenced-based practice, and family involvement; influence of ICF participation; impacts on services; and the future of community-based therapy including the role of telehealth. The need for a comprehensive program of child participation, a continuum of episodic services throughout the individual with disability's life span, importance of planned transitions, and the role of advocacy will be deliberated.

### **Amanda Acosta and Aschli Kurzhals**



Amanda Acosta is an Inpatient psychiatric pediatric OT at Cincinnati Children's Hospital Medical Center with previous experience as an outpatient treating therapist. She earned her Master's in OT from Alabama State University. She is a member of DCD team, and has been working to create relationships between DCD team and ADHD clinic, DDBP, and psychiatry. Amanda has been working on process improvement project to increase identification of kids with potential DCD using the DCDQ and assessment of children using the MABC2.



Aschli Kurzhals is an outpatient pediatric physical therapist at Cincinnati Children's Hospital Medical Center (CCHMC). She earned her DPT from Emory University in 2013 and is working on her board-certification and clinical specialty in Pediatric Physical Therapy. Aschli has authored hospital-specific algorithms to appropriately identify and treat patients with DCD who also have co-occurring conditions such as joint hypermobility. She has completed several rounds of process improvement projects to increase the appropriate screening tools of our developmental patient population and has created a COOP Camp as a wellness opportunity for patients who have been identified with DCD.

Aschli and Amanda work together on the Developmental Coordination Disorder Translating Research And Clinical Knowledge Team, otherwise known as the DCD TRACK Team at Cincinnati Children's. They are certified as Cognitive Orientation to daily Occupational Performance (CO-OP) therapists and are two of the few Certified CO-OP Instructors in the United States. They have presented together at several conferences as they both have a strong passion for



spreading awareness of DCD to practitioners and caregivers in hopes of providing treatment to this under-diagnosed and under-served population.

**Sessions Presenting:**

- **Identification and Screening for DCD-** Attendees will learn about the prevalent but underdiagnosed condition of DCD, including tools for screening and assessment. An overview of best approaches for intervening with the DCD population in order to promote independence and skill attainment in the school setting will be presented and discussed.
- **Treatment Strategies for DCD-** Attendees will learn how to focus on task-specific interventions over process-based interventions, for patients with DCD. They will also be introduced to the CO-OP approach, which is widely research-supported for a variety of pediatric and adult conditions, including DCD, CP, ADHD, ASD, ABI, TBI, DD, stroke, dystonia, and more.
- **Introduction to Cognitive Orientation to Daily Occupational Performance (CO-OP)-** Cognitive Orientation to daily Occupational Performance (CO-OP) is a performance-based treatment approach for children who experience difficulties performing skills. CO-OP is a specifically tailored, client-centered approach that engages the individual at the cognitive level to solve performance problems. Focused on enabling success, the CO-OP Approach employs collaborative goal-setting, dynamic performance analysis, cognitive strategy use, guided discovery, and enabling principles. These elements, all considered essential to the CO-OP Approach, are situated within a structured intervention format, and with parent/significant other involvement as appropriate. This course will provide participants with novice-level knowledge about the basic concepts and methods used in the CO-OP intervention

**Maureen Kane-Wineland and Susan Swindeman**



Maureen Kane -Wineland PhD, OT/L is a co-owner of Rehab Dynamics in Toledo, Ohio. Maureen has been working with young children for over 30 years in a variety of capacities. She developed an expertise in addressing the needs of children with sensory processing disorders, as well as those with difficulties relating and engaging, using both sensory integration and DIR®/Floortime™ approaches. Maureen is SIPT certified and a PLAY Project Home Consultant. Maureen received her PhD. in special education/educational psychology in 2002 and examined the effects of prenatal drug exposure on sensory processing capacities. Contact her through her website at [toolsforinfants.com](http://toolsforinfants.com), or through Facebook at Tools for Infants: Sensory Based Strategies or Tools for Tots.



Susan Swindeman OTR/L is a registered occupational therapist and the founder and owner of Wee Care Therapy in Dyer, Indiana. Susan has been a pediatric occupational therapist since graduating from the University of Illinois at Chicago in 1984. She is certified in the administration and interpretation of the Sensory Integration and Praxis Tests (SIPT) and trained in neurodevelopmental treatment. She is also certified in the Interactive Metronome. Susan is recognized for her work in identifying and treating children with sensory processing disorders. She was a faculty speaker for the SPD Foundation. Susan may be contacted through email [weecare@weecaretherapy.com](mailto:weecare@weecaretherapy.com), and Facebook or Instagram @susanswindeman or @weecaretherapy.

Susan Swindeman OTR/L and Maureen Kane -Wineland PhD, OT/L are co-authors of the books Tools for Tots: Sensory Strategies for Toddlers and Preschoolers™, and Tools for Infants: Sensory Based Strategies for Parents, Caregivers and Early Intervention Providers™ along with Diana Henry, MS, OTR/L, FAOTA. Susan and Maureen are



internationally recognized speakers on the topics of sensory processing disorder, sensory integration and sensory-based strategies. Their books have been translated in German and Turkish and are pending translation in Brazilian Portuguese.

**Sessions Presenting:**

- **Introduction to the Sensory Processing Measure -2 (SPM-2) and Quick Tips for Infants through Adulthood (Parts 1 and 2)-** Learn how to identify sensory processing challenges and to develop sensory-based strategies based on results of the Sensory Processing Measure-2 (SPM-2), ages infancy through adulthood. The updated SPM-2 assesses visual, auditory, tactile, olfactory, gustatory, proprioceptive (body awareness), and vestibular (balance and motion) sensory systems, as well as praxis and social participation in multiple environments. A new driving form is also included. Participants will have an opportunity to become familiar with scoring, report generation, and comparisons for multiple environments or for the purpose of re-evaluation. Using the included Quick Tips sensory, cognitive, and behavioral strategies for home, school, work and the community can be easily developed.

**Robert Constantine**



Robert Constantine, OTR/L is a 1997 graduate of University of Alabama at Birmingham Occupational Therapy program where he was awarded the Charles Brooks Award for Creativity. He has practiced in home health, and skilled nursing contexts and spent 9 years as the clinical specialist in brain injury at the West Florida Rehabilitation Institute where he developed a passion for evidenced-based treatment, sharing information and the functional effects of the visual system. Beginning in 2013, he enjoyed a 3 year tenure at an optometry practice where he learned techniques working closely with low vision, pediatric and adult optometrists. He has completed Clinical Level 1 and 2 training offered by the Neuro-Optometric Rehab Association.

He was also trained in sports vision training working with the High Performance Vision Associates, a national group of optometrists that offer sports vision screenings to elite athletes. He developed specialized Drag Racing Glasses and has worked with NHRA Sportsman and Professional Drag Racers. He continues to provide vision rehabilitation services to pediatric and adult patients at the Pearl Nelson Center and Kindred at Home in Pensacola, Florida.

**Sessions Presenting:**

- **Recognizing and Understanding Visual Deficits-** This 90 minute course will explore the research concerning the role of vision in academics, explain the importance of a complete eye exam and the different doctors performing eye exams. It will cover an explanation of refractive status, a lesson on understanding your patient's glasses and how uncorrected refractive issues can cause behavioral problems. Finally, we will learn about the most common vision diagnosis and how they may be affecting academic performance.
- **Assessing and Documenting Ocular Motor Skills-** In this 90 minute session, we learn the techniques for assessing ocular motor skills and discuss visual processing skills and when they should (and should not) be assessed.
- **Treatment Ideas for Ocular Motor Problems-** In this 90 minute course, we will explore the basics of a good ocular motor activity then learn techniques used by optometry and occupational therapy. We will learn to use a Brock string, the ultimate utility tool for ocular motor activities.
- **Becoming the Vision Aware Therapist (KEYNOTE)-** In this address, the speaker shares two cases that demonstrate the need for therapists to learn more about vision and the functional affects of undiagnosed visual dysfunction.





## Judith Schoonover



Judith Schoonover, MEd, OTR/L, ATP, FAOTA is an occupational therapist and former elementary school teacher. She is certified as an assistive technology professional (ATP) by RESNA and was a founding member of the Loudoun County Public Schools Assistive Technology Team. Judith has provided direct services in schools for more than 44 years and is a nationally and internationally recognized speaker, presenting on the topics of school-based occupational therapy, transition, literacy, and assistive technology. She has authored numerous articles, and chapters in *Early Childhood: Occupational Therapy Services for Children Birth to Five*, *Occupational Therapy for Children (6th-8th eds.)*, *Best Practices in School Occupational Therapy*, *Assistive Technologies*, and *Occupational*

*Therapy and Transitions: A Cross-System Perspective*. She participated in the National Association of State Directors of Special Education (NASDSE) workgroups addressing response to intervention (RTI), transition, and virtual schools. Currently, Judith represents AOTA on the National Joint Committee (NJC) for the Communication Needs of Persons with Severe Disabilities and serves on the editorial board of the *Assistive Technology Outcomes and Benefits (ATOB) Journal*.

### **Sessions Presenting:**

- **Enhancing ParticipATion Through Interprofessional Collaboration-** Meaningful participation can be facilitated by altering access, content, materials and tools. Matching needs with “the right tool for the job” for students is a skill and a challenge. “Setting” students up for success might begin with an educational team using the SETT Framework to ensure purposeful, systematic, and collaborative selection and implementation of tools. Determining supports and strategies that are “least restrictive”, implementing Universal Design for Learning (UDL) practices, or selecting specific assistive technology as a member of an educational team is an ongoing process. To build capacity of all stakeholders and achieve optimal student outcomes, it is important to share successful practices about the use of a continuum of tools. Effective teams work together as partners involved in the selection, acquisition and use of accessible materials and supporting tools; as collaborators developing and sharing knowledge about the what makes materials accessible; as consultants working with decision-makers and implementers to determine student strengths and needs; and as monitors assessing progress to ensure that adjustments are made when needed to support changes in the students, environments, tasks, and tools. Examples of creative and collaborative teaming will be provided, and group discussion will be encouraged.
- **2-4-6-8: Playing to ParticipATe-** Play is important. It shapes how a child learns about him/herself, the environment, and others. Fred (Mr.) Rogers observed, “Play is often talked about as if it were a relief from serious learning. But for children, play is serious learning. Play is really the work of childhood”. Play includes exploration using all of our senses, examining how toys and materials “work”, discovering new ways to use materials, and more. Adaptations to attach, stabilize, make the toy easier to hold, or confine the toy can be made with readily found materials. Removing barriers and providing access for children who have differing abilities and challenges can expand their play opportunities. This workshop will feature adaptations made with easily found materials and an overview of resources to support playful participation. Participants will be provided with a digital toolkit to begin or continue their own playful participation.
- **Making ParticipATion Meaningful with the Right Tools for the Job-** New and mainstream technologies, as well as the re-emergence and acceptance of Do It Yourself (DIY) interventions have profoundly changed the way all students learn. “Making” does not mean “making do”. It is possible to create tools, materials, experiences, and environments for students with differing abilities with easily found resources. Starting in elementary school, there are many low to high tech supports designed for students to engage in authentic educational experiences as they prepare for life beyond high school. Altering access, content, materials, and tools can facilitate meaningful participation. Matching needs with “the right tool for the job” for students from



cradle to career is a skill and a challenge. However, for some students with differing abilities, the “right tool for the job” might be a job. For example, organizing the Lost and Found can be a vehicle for learning about attributes, increasing independence in the care of garments, communicating with classmates, and more. Operating a school store can help students learn about money, organizing merchandise and recording and reporting sales. To support participation, a range of academic, non-academic (art, music, PE, lunch), and prevocational tools and activities should be considered. This session will demonstrate a path for finding and incorporating everyday tools and technologies into specialized environments. Tools and strategies to support students throughout the day will be highlighted. Participants will be provided with a digital toolkit to begin or continue that process.

### Catie Christensen



Catie Christensen, PT, DPT, PCS is the Evidence-Based Practice Coordinator and a treating physical therapists at Nationwide Children’s Hospital (NCH). She helped to develop a method to objectively measure the percentage of toe walking in children with idiopathic toe walking 6 years and older. This has been published in a peer reviewed journal. She was on a team who developed recommendations for the treatment of children with idiopathic toe walking at NCH. She has been a pediatric PT for 15 years, published 7 peer review journal articles, and has presented frequently at state, national, and international conferences.

#### Sessions Presenting:

- **Contracture Management in Children with CP-** Four out of five children with cerebral palsy (CP) develop contractures which are associated with decreased motor function, increased hip displacement, and osteoarthritis. Physical and occupational therapists in all practice settings implement methods to preserve range of motion (ROM), identify deficits in flexibility, and improve passive ROM. Yet, prevention and management of contractures remains challenging. This session will review evidence-based methods for contracture management in children with CP. Neural and non-neural factors contributing to passive ROM loss will be described. Child characteristics that increase the likelihood of contracture development will be presented. Evaluation and treatment techniques for components of reduced flexibility or contracture will be reviewed. For each evaluation and treatment technique, evidence of the effectiveness will be reported using the traffic light grading system to allow participants to understand which have the most support for use. The impact of contracture management on activity and participation will be reviewed. Methods to educate referring clinicians and parents on intervention effectiveness will be discussed.
- **Orthoses for Children with Disabilities-** This course will review current concepts in lower extremity orthoses management in children with developmental diagnoses. Common terminology, components of an orthoses evaluation, rationale for use of orthoses, bracing styles, and practical solutions to frequent bracing challenges will be reviewed. Evidence will be cited to support orthoses use for children with various developmental diagnoses including but not limited to Cerebral Palsy and Down syndrome.
- **Idiopathic Toe Walking-** This course will guide therapists through a review of evidence-based evaluation and treatment techniques that can be used when treating patients with a diagnosis of idiopathic toe walking (ITW). A review of ITW including the natural progression over time and variances from typical gait patterns will occur. The components of a complete evaluation will be reviewed including the use of screening tools to identify sensory and/or non-idiopathic causes of toe walking. In addition, the newly developed 50 foot walk test will be introduced which allows clinicians to determine a percentage of toe walking a child is performing. Evidence-based treatment options will be discussed based on the presentation at evaluation. A comparison of rehabilitative treatments will be provided as options to create an individualized treatment plan for a case child with idiopathic toe walking.



- **Using Standers to Succeed with Children with Cerebral Palsy** - This course will demonstrate how standers can be used with children with cerebral palsy to promote bone health, hip preservation, postural control and function. Ideal candidates, set-up, frequency and duration of use will be described. Types of standers that can be used to meet various goal will be described. Additionally, when discussing the use of a stander to enhance postural control and/or upper extremity function, the Segmental Assessment of Postural Control will be introduced as a method to assess postural control and the principles of segmental intervention for control control will be presented. Additional set-ups outside of a stander that can be used to promote postural control and/or upper extremity and head control function will be presented. Case examples will be presented.

### Lynn DeMange and Allison Officer



Lynn DeMange, OTR/L, CAS graduated from Shawnee State University in 2002 and worked for 4 years as an occupational therapist in clinical care at OSU Harding Hospital. In 2006, she transitioned to school-based therapy and worked for 10 years through the Montgomery County Educational Service Center, Regional Center providing direct therapy services to students. Lynn currently works for the Montgomery County Educational Service Center as a coach on the Autism & Low Incidence Coaching Team.



Allison Officer is a certified autism specialist, licensed intervention specialist (K-12), and member of the MCECSC Autism & Low-Incidence Coaching Team. The ACT Team provides ongoing coaching and professional development to educational teams throughout the Miami Valley in using evidence-based practices. Prior to joining the ACT Team, Officer taught in Mad River Local Schools in Riverside, OH, as a K-4 intervention specialist in a cross-categorical resource room. Officer received a B.S. in education from the University of Dayton and an M.S. in education from Walden University.

### **Sessions Presenting:**

- **Give Me A Break: Planning the Right Kind of Break For Your Students Needs (Part 1)**- There are many types of breaks that students may benefit from, each with their own distinct purpose. In this 2-part series, we will discuss the importance of implementing a concrete plan for reinforcement breaks, sensory breaks, and spontaneous breaks to help students self-manage "in the moment". Without a plan, expectations can be unclear and may lead to behavior problems or work avoidance. Attendees will learn about when and why to implement each type of break and examples will be provided. Time will be given for participants to ask questions and share additional ideas.
- **Give Me A Break: Planning the Right Kind of Break For Your Students Needs (Part 2)**- There are many types of breaks that students may benefit from, each with their own distinct purpose. In this 2-part series, we will discuss the importance of implementing a concrete plan for reinforcement breaks, sensory breaks, and spontaneous breaks to help students self-manage "in the moment". Without a plan, expectations can be unclear and may lead to behavior problems or work avoidance.

Attendees will learn about when and why to implement each type of break and examples will be provided. Time will be given for participants to ask questions and share additional ideas.



### Michelle Fisher



Michelle Fisher, MOT, OTR/L, ATP has 6 years of experience in inpatient and outpatient rehabilitation. Graduated from Ohio State University with her Masters in Occupational Therapy in 2013 with a specialization in rehabilitation engineering. She is employed by the Assistive Technology Services at Ohio State Wexner Medical Center. She specializes in driver rehabilitation and wheelchair seating and positioning. Michelle provides clinical assessments for clients with a variety of diagnoses and skill levels. She enjoys using technology and finding unique solutions to help every patient gain or regain independence after a new medical condition.

#### **Sessions Presenting:**

- **Get the Green Light for Adaptive Driving!**- This presentation will identify: performance factors that contribute to driving such as cognitive, visual, perceptual, and physical impairments; review adaptive equipment and vehicle modifications for driving; and describe the process of driver rehabilitation program.

### Lori Grisez and Sandy Antoszewski



Lori Grisez, PT, DPT is a board certified pediatric clinical specialist who has worked for 12 years in pediatric therapy at Nationwide Children's Hospital in Columbus, Ohio as well as through the Nisonger Center at The Ohio State University as a LEND faculty member. She works in outpatient developmental therapies as the clinical leader providing both patient care and staff support and development. Lori has 12 years of experience in the seating and

myelomeningocele clinics providing equipment and bracing recommendations and education to patients and caregivers.



Sandy Antoszewski, PT has worked as a pediatric physical therapist for 24 years at Nationwide Children's Hospital in Columbus, Ohio. She currently works as an outpatient developmental therapist. Sandy also has 16 years of experience in Seating Clinic providing recommendations for seating and mobility devices as well as other equipment needs.





**Sessions Presenting:**

- **Seating and Positioning to Promote Function)-** This presentation will provide occupational and physical therapists with information for seating/wheelchair evaluations, considerations for selecting appropriate equipment, the general process for selection, and considerations for maximal function and participation.

The mat evaluation of a patient provides key information for selecting appropriate equipment and determining factors for positioning and support through the seat, back, and additional accessories for the wheelchair. Common challenges will be addressed including head control, limited hamstring length, and decreased hip range of motion.

A wheelchair vendor is an important part of the process for obtaining equipment. The role of this vendor will be discussed including methods to maximize success and outcomes for working with these outside providers.

Numerous types of equipment should be considered for each patient. Considerations for selecting a medical stroller, manual wheelchair, tilt-in-space wheelchair and power wheelchair will be discussed. Selection of equipment should provide the most appropriate levels of support while considering functional needs and family concerns.