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What is Occupational Therapy and what exactly is it that we do? Meet the team. Article on Eye movements OT Terminology



A Quarterly Insight into the Occupational Therapy World

# De Newsletter



#### current topics >>>

### About us...

De Wet OT's is a wellestablished Occupational Therapy practice based in Hazeldean Office Park, Pretoria East.

At De Wet Occupational Therapists, we focus on paediatric Occupational Therapy with children between the ages of 2 and 10 years. Our team is driven and determined to use their expertise to help children prepare for and perform important learning and developmental activities in order to reach their full potential.

### What is Occupational Therapy What exactly is it that we do?

Occupational Therapy is aimed at enabling and promoting individuals to participate in activities of everyday life as best they can.

This is done by method of meaningful and purposeful activities and 'occupations' to enable those with limitations or impairments to achieve their full potential.

In the paediatric setting, Occupational Therapists assist children in developing skills that are necessary for optimal functioning in their areas of occupation, being selfcare, play and school.

The process starts off with standardized evaluations that assists the therapist in the identification of delays and limitations that hinder a child from reaching his/her full potential in the areas mentioned above.

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Once the delays and limitation have been identified, goal directed, client centred therapy can commence that ultimately enables children to achieve their maximum potential.



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### **Eye-movements**



Eyes are often the focal point of many individuals, especially children, but eye development and movements are easily overlooked.

INTERESTING FACT: Vision problem causes symptoms that could easily be mistaken for ADHD. Their school work may be poor, or they may not be reaching their full potential. It is not uncommon for these children to have difficulty with reading, or paying attention, or even to exhibit behavioral problems. Since these are also symptoms of ADHD it is easy to understand how one could be mistaken for the other.

More so parents are unaware of the ripple effect of eye movements on various other development factors of their children. In this article we will briefly highlight some of more common the eve and their movements importance as well as the most regularly encountered cases of eye development problems.

#### Three Types of Eye Movements OT's look at:

- The ability to maintain visual contact with a target (tracking)
- Quick localization
- Convergence
- Across midline (moving eyes from one's left side to one's right side smoothly)



Often it is found that children do not have the ability to keep visual contact with a moving target. They will move their heads or their eyes will jump from one place to another while trying to keep contact. The child may also have difficulty to cross his/her midline with the eyes and will lose contact. Another common problem seen is small, jerk-like, involuntary eve movements called Nystagmus. Children sometimes are not able to localize their eyes quickly from one place to another, or lose focus when an object is brought closer or further from their face.

All of the above mentioned problems may have a bad influence on your child's school work and further development, such as reading; copying from the black board; tracking moving objects; visual memory; writing; attention and concentration.

To help in understanding some of the visual skills required for school work, think about the classroom environment. A child sits desk. writes. at а alternately reads from a textbook and from the chalkboard, and usually follows the teacher's movements around the room while listening to the lesson. Some of the visual skills required in the classroom are:

Children who have eye teaming, tracking and focusing deficiencies often have complaints of dizziness, nausea, headaches, and/or red, burning and itchy eyes. These symptoms often occur after the child is required to maintain visual concentration. For example, doing a reading lesson or writing from the black board is enough to stress a child's visual system when it is deficient in any of the above skills and may cause fatigue, restlessness and difficulty paying attention.

Eye movement difficulties may also cause visual perceptual-; gross-and fine motor coordination; eye-hand coordination; balance; gravitational security; and many more problems that are much needed and important in your child's development.

"Looking" at the facts the importance of eye movements can't be stressed enough, even though it might seem like something small and insignificant.

# Meet our passionate team members!

Our practice consists of 5 passionate, enthusiastic and dynamic members!



#### Anneliese Botes Occupational Therapist

Anneliese is a gentle and focused therapist. She completed her studies at the University of Pretoria. Anneliese enjoys continues learning and growth and always strives to expand her knowledge and better herself as a therapist.



#### Mia de Wet Director/Occupational Therapist

Mia is a director of the company and one of our passionate therapists. She completed her studies at the University of Pretoria and is a certified Sensory Integration therapist. Mia is passionate about the "small things" and pays attention to detail. Mia enjoys celebrating victories, enhancing confidence and motivating every child.

#### Jolene Cilliers Occupational Therapist

Jolene is one of our enthusiastic therapists. She completed her studies at the University of Pretoria. She enjoys creative problem solving in therapy and find immense joy in seeing progress in hard work.





#### Suzanne Heydenrych Director/Occupational Therapist

Suzanne is a dynamic team member who fulfills the role of a director and a therapist. She completed her studies at the University of Stellenbosch and is a certified Sensory Integration therapist. She is driven and strives for improvement and growth within the practice.



Liezel Oosthuizen Office Administrator

Liezel forms an integral part of our team, managing our admin and making sure everything is running smoothly behind the scenes.

# OT Terminology...

Words, sentences and phrases commonly used by teachers and therapists.

#### Muscle tone!

**Muscle tone** is the amount of **tension** in a **muscle at rest** which determines the resistance of the muscle against passive movement.

It has an influence on: -postural stability, -postural control and endurance.

A child with low muscle tone is **not necessarily weak**, but it takes more effort for his muscles to keep tension.

Such a child tends to support his head with his hand during table activities, tends to press hard on his pencil, takes long to complete tasks, gets tired quickly and loses concentration. They tend to be fidgety in an attempt to accommodate their muscle tone and therefore has an inability to maintain a good sitting posture.

#### Praxis (motor planning)

The brain has the ability to recognize the sequence of motor function in unknown activities. It plans, organises and executes these functions and stores the information. If this aspect is not integrated, the execution of a task will appear uncontrolled and uncoordinated. This aspect also influences a child's work tempo.

#### Midline Crossing...



i Midline crossing is the ability to cross into the opposite side of your body over a vertical midline which divides the body into a left and right side.

#### THERAPY Coordination PUZZLES Drogsing EDUCATE Toys Feeding Self Regulation FINE MOTOR SKILLS Motor Planning HANDWRITING PLAY PLAY Draw Daily Living Cody SENSORY PROCESSING

OCCUPATIONAL

coming soon >>>

#### In The Next Issue

How to identify if my child needs OT. Article 2 Tips to improve... OT Terminology

**Bilateral integration** is the ability to use **both sides** of your body in a coordinated manner, either with symmetrical, alternating or asymmetrical movements. This function plays an important role in participation of almost any tasks, such as ball catching, dressing, eating and any other activity where the dominant and supportive upper and lower limbs work together.

