



NEWSLETTER

OT... Decoded

What is Occupational Therapy or OT as it is known? OT is based on engagement in meaningful activities of daily life (such as self-care skills, education, work, or social interaction).

The main benefit of OT is the mastery of skills that help children develop, recover, or maintain daily living skills. OT can help children with various needs. Occupational therapy is a treatment that supports a child and their family when they experience difficulties in many areas.

OT is a health and rehabilitation profession. Occupational therapists work with people of all ages who need specialized assistance to lead independent, productive, and satisfying lives due to physical, developmental, social, or emotional problems. They can help children work on fine motor skills and attention issues to improve focus and social skills.

OTs can help with numerous symptoms of dyslexia or symptoms that often aggravate dyslexia, including ADHD, dysgraphia, and dyspraxia, all of which can occur in conjunction with dyslexia.

The Editors



What is Occupational Therapy?



YouTube

Aarti Rajaratnam, on the Importance of Play



YouTube

April 25, 2019 - A Milestone in the Annals of MDA



E-shikshanam – the online training programme for teachers, parents and anyone who wishes to help remediate a child with specific learning difficulty, was launched. The first course “Remedial Instructions for Primary School Children with Specific Learning Difficulty” has been designed and developed by MDA and produced by NPTEL, IIT Madras.

Prof. Bhaskar Ramamurthy - Director IIT, Madras - consented to launch the course. Prof. Andrew Thangaraj - Institute NPTEL coordinator, Prof. Mahesh - Dean International & Alumni Relations and Prof. Nagarajan - Head and Community Chair Professor, also graced the occasion held at IIT Madras.

For more information on the course or to join the course, contact: mdatechproducts@gmail.com

Nirmala Venkateswaran – A Tribute



Nirmala Venkateswaran was a force to reckon with in the field of Occupational Therapy. From the time she graduated from Government Medical College, Nagpur until her passing on 12 January 2018, Nirmala ma'am as she was fondly called, worked tirelessly for children

with special needs for more than 50 years. She can be rightly called the “mother of occupational therapists” since many of the current, practising therapists in Chennai were her students.

A professional of great compassion and intuition, any child who came to her for an intervention would not leave until the child was ready to fly at their own pace. An important aspect of her intervention programmes was the Home Programme tailor-made to the needs of the child. Here, Nirmala ma'am brought the parent, as an active participant and stakeholder, into the Home Programme so the child will get the benefit of Occupational Therapy everyday within the confines of their home. And, she would make sure the regimen was strictly adhered to by calling up the parent and meeting them with their child regularly. She was personally invested in each child. A person of integrity and social mindedness, she worked with children as a service to humanity.

Nirmala Venkateswaran was associated with MDA for more than two decades and we were privileged to have her guide and mentor us. She will be missed but her legacy will carry on.

The Editors

Role of Occupational Therapy in Learning Disabilities

Vinoth Kumar Chandrasekharan

Occupational Therapist

Therapy Head, AWWA School

AWWA Ltd, Singapore

Although there is controversy about how to define learning disabilities, it is generally recognized that there is a discrepancy between academic achievement and apparent capacity to learn in individuals with learning disabilities. For example, a child with a learning disability may do poorly in reading or math despite average or above-average intelligence.

Learning disabilities affect individuals from early childhood through adulthood. Individuals with learning disabilities may have difficulty not only in academic skills but also in engaging in their daily activities, such as self-care, play and work.

Occupational therapy is a profession that views humans as active beings who have a need to engage in purposeful and meaningful activity, that is, occupation. The profession revolves around the key construct of occupation and, in practice, aims to create opportunities for the person to engage in occupations that promote health and development. Occupational therapy evaluation focuses on perceptual, motor, behavioural, and environmental factors related to learning disabilities to identify the individual's strengths and needs with respect to daily living, function in school, work, or play.

Different treatment approaches are commonly combined with each other to meet the individual's unique needs. Certain approaches may be more effective for some individuals than other approaches.

The effectiveness of an approach depends not only on the specific approach used but also on the setting in which services are provided. One widely used approach is the building of the component skills required for engagement in a variety of activities. For example, the occupational therapy practitioner may target general fine motor skills. Such skills are required for buttoning, handwriting, eating with a spoon, and cutting with scissors.

Occupational therapists may evaluate information-processing and perceptual-motor abilities, components found to be important in intervention for the person with learning disabilities. Visual perceptual-motor skills, needed to copy homework and assignments from the chalkboard, may be addressed as a component skill or in the context of a sensory integrative approach.

Targeting social competence skill can also be highly effective in helping children with learning disabilities. Other examples of component skills include hand strength, postural control, endurance, motor coordination, bilateral integration, interpersonal skills, time management, and self-control.

Working on component skills is most effective when the results generalize to a number of different activities and contexts. To ensure this generalization, treatment should always link individual component skills to functional performance areas and contexts. Several performance components may need to be targeted in order to see improvement in an occupational performance area.

Another approach used in occupational therapy - sensory integration - builds sensory and motor foundational skills that influence learning and behaviour. Developed through extensive research conducted from 1960 to the present, the treatment is based on sensory integrative theory, which describes how people organize sensation for use in self-directed meaningful activity or occupations. For example, sensory feedback from the skin, joints and muscles must be organized within the central nervous system to enable the person to judge how hard to squeeze out a washcloth, hold a pencil, or pick up a glass of water.

The theory proposes that persons who have difficulty organizing basic sensations, such as movement, touch, and vision, may also have difficulty organizing their own self-care, play, school work, and other behaviours necessary to support academic learning and work. As a result of these difficulties, a child may have difficulties with peer interactions and complying with classroom rules. Furthermore, sensory integration has been positively correlated with academic achievement in elementary school children and play in pre-schoolers.

Another approach used by occupational therapy practitioners in working with children who have learning disabilities is the development of compensatory strategies to engage in a particular activity in its natural context of the school, home, or community setting. Intervention focuses on a particular occupational performance area. Examples of such performance activities include cutting with a pair of scissors, handwriting, tying shoelaces, and hitting a ball. Compensatory approaches may involve teaching the specific splinter skill to engage in a particular activity, adapting the activity, or altering the environmental context. For example, a compensatory approach to handwriting may involve adapting instructions, using heavy-lined paper, allowing more time for written assignments, or using a computer. In this approach, the occupational therapy practitioner carefully analyses and adjusts the problematic activity so that the child may participate in the activity.

In recapitulation, a learning disability is described as a neurological deficit with processing difficulty in certain forms of information. Some learning difficulties are seen as stand-alone and others alongside each other, for example Dyslexia and Dyspraxia are often seen together. An occupational therapist can support a child with learning disabilities in their school environment, home environment, and prevocational setup or in vocational centres to provide therapeutic intervention and by sharing the strategies with teacher and parents. An occupational therapist's goal is always to maximize a child's functional capacity in order to engage in meaningful activities.

Reference:

1. Collaborative Research in Developmental Therapy: A Model with Studies of Learning Disabled Children Margaret A. Short-DE Graff and Kenneth , Book Review , The American journal of occupational therapy, page No. 405
2. Activity Group Counselling-for Learning-Disabled Children with Behaviour Problems Elsie McKibben & Judy King , The American Journal of occupational therapy , Page No 617 , September 1983 , Volume 37, Number 9
3. Occupational Therapy for Individuals with Learning Disabilities! (Statement) ,The American journal of Occupational Therapy, Page 874- 880 , November / December 1998, Volume 52, Number 10
4. Diagnosis and Management of Learning Disabilities, 3rd Edition Frank R. Brown, III, PhD, MD, Elizabeth H. Aylward , PhD
5. Statement: Occupational Therapy Provision for Children With Learning Disabilities and/or Mild to Moderate Perceptual and Motor Deficits, The American Journal of Occupational Therapy, page no. 1069 -1072 ,December 1991, Volume 45, Number 12.

Occupational Therapy in Learning Disability



Keshika Kumaratheesan

*Occupational Therapist
National Centre for Children with Cerebral Palsy
and other Developmental Disorders (NCCCPDD)
Sri Lanka*

Occupational therapy (OT) is the art and science of directing an individual's participation to lead a functionally independent life and is also a health profession that is therapeutic, rehabilitative and educational in nature. "Learning disability is a general term that refers to a heterogeneous group of disorders manifested by significant difficulties in the acquisition and use of listening, speaking, reading, writing, reasoning/mathematical skills" (NJCLD 1990/1994).

The role of OT with people who have Learning Disability (LD) is to enable them to participate in the different activities that they need to perform in various environments in which they function. Therapists are aware that LDs differ in their severity and in the way they manifest in different individuals. It can affect not only the academic performance but also various other functions in which the individual is involved. Hence occupational therapists assist in coping with the effects of the disability in various areas like academics, activities of daily living (ADL), social participation, work and leisure.

Moreover, OT deals with the early identification and prevention of difficulties in functioning and learning. The evaluation process is an important component, where the areas of strengths and weaknesses of the individual can be identified. The assessment begins with a client/family based interview where information about the person's needs, wants, habits, routines, areas of interest and values could be identified. This in turn helps to prioritize the goals to be worked.

A standardized assessment tool is also used in order to identify the various difficulties and demands which are the underlying causes for the functional impairment. The process is completed by integrating the findings of the interview, observations and standardized assessment to form a comprehensive

picture of the individual's problems and the source of difficulties.

The OT evaluation and intervention process occurs throughout the life cycle from early childhood until late adulthood in a variety of occupational areas such as independence and participation in ADL, learning, work, play, leisure and social participation. Development and improvement of basic skills that constitute a basis of learning, cognitive skills, metacognitive skills, self-management functions, development of specific skills necessary for learning, development of compensatory techniques, the use of assistive devices and technology, adaptation of tasks and the environment.

The major goals will be to enhance awareness and acquisition of knowledge about learning and thinking process, improve the academic skills, organizational abilities, attention, perceptual, memory processes, the ability to classify, generalize, handwriting, developing strategies in working skills like punctuality, work relationships, complying with rules and norms of the work place, development of leisure opportunities, self-expression, personal empowerment and interpersonal interactions, cope with different tasks, ability to anticipate, plan and give feedback, solve problems and make decisions.

Both remedial and compensatory approaches are being used by the OTs in order to solve the problems faced by the client.

Under remedial approach gross motor activities, fine motor activities, sensory based learning activities, social skill training, handwriting training are used. Play therapy, group therapy, classroom adaptations and modifications are also undertaken by OTs.

Learning to use assistive technology like adapted keyboards, electronic calendar, talking calculators,

audio books, word recognition software, spell checkers, wide pencil grips, timetables, slanted writing boards and colour codes are a few compensatory techniques being used.

Latest researches show that traditional games like hopscotch, mancala, 5-stones, snakes and ladders, etc. help in various areas affected in LDs. Lately mobile apps to learn, brain gym and finger gym exercises are being used widely.

Occupational therapy is the only profession that assesses "occupational performance", which uses occupation as a means of assessment and treatment – "Occupation is our Therapy."

The Role of Occupational Therapy in the Lives of Children with Learning Disability

(Late) Nirmala Venkateswaran

(Re-printed article published in an earlier issue of our Newsletter)

The term Learning Disability, coined by Chicago-based psychologist Dr Samuel Kirk in the sixties, is a catch-all term that refers to various disorders that can hinder the optimal development of a child – for instance, difficulty in listening, speaking, reading, writing, reasoning, mathematical skills, etc. It may vary in intensity and take different forms in different children. It can be accompanied by sensory impairment, mental retardation, emotional and social imbalance, hyperactivity, attention deficit etc.

There was a time when teachers and classmates made fun of the slow learner in the class, little realising that these children who could not spell, read and write like their peers were victims of impairment in their central nervous system. Some dysfunction, some slight variation in the circuitry of the brain adversely affected their ability to learn. This made them the idiots and buffoons of their class.

While sensitivity towards those suffering from such disability is yet to become a reality, the deficiencies themselves have been acknowledged by psychologists, child psychologists and occupational therapists alike, and techniques have been developed for early detection, intervention and problem-specific therapy for those who have learning disability.

Delay in achieving developmental milestones in an infant or inability to brush teeth, put on clothes, eat food etc. in a preschooler could be early indications of possible LD. But, when a kindergarten-going child exhibits insufficient motor skills and coordination, struggles to write the alphabet and numbers (reversal, substitution, difficulty with spelling are common signs), has difficulty in speaking, has poor time management, is unable to break and put together words, or identify a letter by its sound and vice versa, they definitely have learning disability. The sooner the problem is detected and therapy begins, the greater the child's chances to manage/overcome their disability.

The major advantage of Occupational Therapy in the case of children diagnosed with LD is that it is individualized and client-centered. Once consultation and assessment are done and decision regarding the therapy/therapies required is taken, the therapy plan is worked out. The role and goal of each session is to address a child's specific disability – whether it is vestibular disorder, lack of eye-hand coordination, deficient motor skills, faulty depth perception, problems in balance and coordination, gait and posture, hyperactivity etc.

The Occupational Therapist's role in an intervention program for the child with LD may change as the child develops, and it depends on the nature and extent of each child's specific disability. With young children, sensory integration, play and basic socialization and self-help skills may be addressed through early intervention. As the child progresses into school, sensory integration may continue but additional intervention to promote social play, perceptual motor integration including balance, coordination, postural control, and writing skills is indicated. By early adolescence the focus of evaluation and treatment may shift to independent living skills, development of compensatory and adaptive techniques, and development of vocational skills, interests, and habits.

Attending the sessions regularly helps the child to cope with school work better as fine motor skills, visual-perceptual skills, and sensory-processing skills improve. This in turn instills a sense of well-being in the child. It creates in them the hope and will to overcome the disability.

My Experience with MDA: A Parent's Perspective

Aparna Ramesh

The Case: My son Sidharth, when he was 6, was everything a lovable and adorable 6-year-old would be – naughty, mischievous, playful and witty. However, we also noticed that he appeared to be irritable, easily frustrated, unduly stressed, aloof when it came to reading or writing. We felt something was wrong but were unable to identify the problem.

The Process: We consulted a number of child specialists, and all fingers pointed towards possible Dysgraphia and perhaps a mild learning disability. It was suggested that Occupational Therapy (OT) could help. After some research and referrals, and going through two different OT facilities during a one year period, left me thoroughly frustrated and hopeless. The situation, if anything, appeared to get worse! That is when I came across Madras Dyslexia Association.

A number of factors impressed me right away. The staff was very friendly and professional. The Therapist assigned to my child, Mr Rasu, struck a rapport

with my child right away. In a very short time, they performed a meticulous assessment process followed by diagnosis and clear identification of the main focus areas – deficiency in fine motor skills, muscle tone, walking on toes, general shyness, lack of confidence and concentration. I could soon see that my child was getting quite comfortable with the therapist, and developed a trusted relationship.

The Result: It has been eight months since I started this therapy, and I now see a totally transformed child! His confidence level has shot up, his communication skills are honed, vastly improved fine motor skills – hand writing, art and craft, enhanced mental and physical strength, new found independence, incredible social skills – talking to and mingling with people, and overall creativity! We are grateful to Rasu sir and the entire team of MDA for the wonderful service they have provided.

செய்திச்சிதறல்கள்

செய்தித்துணுக்குகள்:

அனன்யாவின் செயல்முறை நாள் 29-ம் தேதி மார்ச் மாதம் நடந்தது. மாணவர்களின் அற்புதமான, சிந்தனை நிறைந்த திட்டங்கள் இந்நாளில் வழங்கப்பட்டன. பார்வையிட வந்தவர்கள் அண்ணாவின் ஆட்டோவில் சென்னை நகரின் பல பகுதிகளுக்கு அழைத்துச் செல்லப்பட்டனர். ஒவ்வொரு நினைவுச் சின்னமும் மாதிரி வடிவில் காண்பிக்கப்பட்டு, அதைப் பற்றிய செய்திகளும் கொடுக்கப்பட்டன, அதில் சிறுதொழில், பொரிய அளவிலான தொழில்கள் உள்ளடக்கம். இதற்கு சிகரம் வைத்தது போல் தமிழ்நாடு சட்டசபை நடப்பும் நடந்தது. மாணவர்கள் தேர்தலில் ஓட்டுப் போடும் முறையை விளக்கிக் காட்டினர். ஒவ்வொரு மாணவனின் ஆர்வமும் கற்பனை திறனும் வெளிப்பட்டது.

கிழக்கு ரோட்டரி சங்கம் (Rotary Club of East) உதவியுடன் மெட்ராஸ் டிஸ்லெக்ஸியா அஸ்ஸோஸியேஷன் (Madras Dyslexia Association) தங்களது செயல் திட்டங்களை ஆரம்பப் பள்ளி ஆசிரியர்களுக்கு நடத்தியது. இதனால் 1650 ஆரம்பநிலை பள்ளி ஆசிரியர்கள் கற்றலில் குறைபாடு உள்ள குழந்தைகளை, தனது வகுப்பறையிலேயே கண்டு கொண்டு, சீர்திருத்தவும் கற்றுக் கொண்டனர். இத்தகைய முயற்சி ஒவ்வொரு வருடமும் 20,000 கற்றலில் குறைபாடு உள்ள குழந்தைகளுக்கு பயனுள்ளதாக இருக்கும். இச்செயல்முறை பயிற்சி ஒரு சிறிய விழாவுடன் முடிவடைந்தது. இதனை சிறந்த குழு அமைப்புச் செயல்முறைக்கு ஓர் உதாரணமாகக் கொள்ளலாம். 6 பேர்கள் கொண்டு தொடங்கிய இக்குழுமம் தற்போது 30 பேர்கள் அடங்கிய சிறந்த வலிமைமிக்க குழுமமாக உள்ளது.

ITTC - ஆரம்ப விழா

சிறப்பு ஆசிரியர் பயிற்சி 24-ந் தேதி ஏப்ரல் மாதம் 2019-ம் வருடம் ஆரம்பிக்கப்பட்டது. வித்யோதயா பள்ளியின் உறுப்பினர் திருமதி. பவானி ரகுநந்தன் ஆரம்ப விழாவிற்கு தலைமையேற்று தொடங்கிவைத்தார். 46 பயிற்சியாளர்கள் 6 வார பயிற்சியை மேற்கொண்டார்கள்;. இதை தொடர்ந்து உள்ளிருப்புப் பயிற்சி தொடரும்.

கோடை பயிற்சிவகுப்புகள்;

மஹாலிங்கபுரத்திலுள்ள மையத்தில் கோடை பயிற்சிவகுப்புகள் உற்சாகமாக நடத்தப்பட்டது. இப்பயிற்சி எல்லாக் குழந்தைகளுக்கும் 22-ம் தேதி ஏப்ரல் முதல் 26-ம் தேதி வரை கொடுக்கப்பட்டது. 38 குழந்தைகள் இதற்குப் பதிவு செய்தனர். ஒலிப்பு பயிற்சி, எழுதுதல், வாசித்தல், கணிதம் மற்றும் பாடதிட்டம் சார்ந்த பலவித தலைப்புகளை இந்த திட்டம் மேற்கொண்டது. குழந்தைகளுக்கு ஒப்புமைத்திறன் மற்றும் உண்மைத் தன்மை அறிதல், காரணமும், அதனால் ஏற்படும் விளைவுகளையும் அறியும் தன்மை பின்பு அதற்கு முடிவுரை வழங்கவும் இத்திட்டம் உதவியது.

NIEPMD கருத்தரங்கம்

பலவித குறைபாடுகள் கொண்ட நபர்களை சரிசெய்ய தேசிய துணை தொழில்நுட்ப முன்னேற்ற கருத்தரங்கத்தை 2 நாட்கள் NIEPMD- உடன் சேர்ந்து இந்திய சங்க தொழில்நுட்ப வல்லுனர்கள் நடத்தினார்கள். இக்கருத்தரங்கம் இவ்வளாகத்தில் ஏப்ரல் 13, 14 தேதிகளில் நடந்தது. இதில் மெட்ராஸ் டிஸ்லெக்ஸியா அஸ்ஸோஸியேஷனில் இருந்து திருமதி. மாலா அவர்கள் கற்றலில் குறைபாடு மற்றும் படிப்பதில் கடினத்தன்மை உள்ளவர்களுக்கான உதவி வாசிப்புப் பயன்பாடு (Assistive Reading app for dyslexia and struggling readers) பற்றிய விளக்க உரையை சமர்ப்பித்தார்.

Happenings at MDA

Ananya Project Day



Students of Ananya had their Project Day on March 29th. Visitors were taken through a tour of Chennai City by an "Auto Anna" who showed models of each monument and gave interesting information about them. Students also made models of both small-scale and large-scale industries, including automobile industry. The cherry on the cake was, Tamil Nadu Assembly in session. The students also demonstrated the voting process in elections.

MDA and ROTARY Club Complete 40 Training Programmes



Madras Dyslexia Association has completed 40 training programmes for primary school teachers with the support of Rotary Club of Madras East. In all, 1650 primary school teachers learnt how to identify and remediate children with dyslexia inside their classrooms. This is likely to benefit over 20,000 dyslexic children year after year.

We would quote this to be the **best example of team work. We started as a team of 6 and now we are a strong team of 30.**

Summer Workshop at Remedial Centre



MDA Remedial Centre, Mahalingapuram conducted an exciting Summer Camp which was open to all children from 22 to 26 April 2019. Thirty-eight children registered for the camp which covered various topics like spelling, writing, reading, math and other curriculum support. Children were also exposed to analogies, and given skills to identify fact from opinion, determine cause and effect and draw conclusions.

ITTC Inauguration



The next batch for Intensive Teacher Training Course, April 2019 was inaugurated on 24 April 2019. Bhavani Raghunandan, Vidyodaya Schools, was the chief guest. Forty-six trainees began 6 weeks of theory classes. This will be followed by 8 weeks of internship.

MDA Participates in Seminar at NIEPMD

(National Institute for Empowerment of Persons with Multiple Disabilities)

This was a 2-day National Seminar on Assistive Technological Advancement in the Management of Persons with Multiple Disabilities held by NIEPMD jointly with Indian Association of Assistive Technologists, in their campus on April 13 and 14. MDA delivered a talk on, "Assistive Reading App for Dyslexic and Struggling Readers."



MDA Goes Full-Steam with Training Programmes

MDA has completed a total of 86 training programmes in the year 2018-2019 and has set up nine resource rooms in that period.

Alumni Meet

MDA organised the first Alumni meet on 9 July. It was wonderful to see students of MDA go on to pursue diverse career paths. There were designers, builders, musicians and a police constable. MDA is proud of their achievements and wishes them success in their future endeavours.



Madras Dyslexia Association
94, Park View, G.N. Chetty Road,
T. Nagar, Chennai 600 017
Tel: 2815 6697, 2815 7908
Email: ananyamdachennai@gmail.com
Website: www.mdachennai.com



For Private Circulation Only
Editorial Team

Ram S, Kalyani Balakrishnan,
Mrudula Govindaraju,
Harini Ramanujam,
Rashmi Wankhede, Sushi Natraj
Prema Raghunathan