

## *Developmental Delays*

Many of these children have low muscle tone and poor strength. Movement is difficult, so the child doesn't move, which results in more muscle weakness. It is important that the children be encouraged to have an active lifestyle in school and at home.

▲ Balance beams come in a variety of widths. Use the widest one you can find and lay the beam on the floor rather than on its supports if the child is reluctant to attempt balance beam activities.



▲ Some children with Down Syndrome have a problem with the cervical area of their necks and should not do somersaults.

▲ Place mats under climbing equipment to protect the child if a fall occurs.

▲ Exercise videos or tapes are motivating for the child. The video repeats the same movements and exercises, giving the child an opportunity to practice and enabling her to feel confident in her ability to keep up with the class.

▲ Encourage the child to persist in gross motor tasks for gradually longer periods of time.

▲ Always demonstrate the activity first to give the child some visual cueing.

▲ Movement and strengthening activities are especially important for these children, but children with low muscle tone may not be motivated to participate in gross motor activities because they are difficult. Make sure that the activities provide an appropriate amount of challenge and are fun. Allow children to watch a role model engage in the task before attempting it themselves.

▲ Parents should be encouraged to include their child in afterschool gross motor activities such as swimming or active outdoor play.

▲ Familiarize yourself with gross motor developmental sequences. If the child's gross motor skills are at the two- or three-year level, she may be reluctant or unable to participate in gross motor activities that have been designed for

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typically developing four-year-olds. The following activities will lead to success for beginners. Tell the child to pick up a beanbag and walk or run over to a box to put it in. Encourage the child to walk up and down stairs holding onto the railing. The child could jump off a low box, throw a beanbag into a container, or catch a large foam ball. Kicking a ball or beginning to ride on wheeled toys are other appropriate activities for children with developmental delays. Begin with one step directions in large muscle activities. The success that the child experiences in activities at her ability level will help her to confidently attempt activities at the next level of skill.



## *Orthopedic Impairments*

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Space problems are compounded if you have a child in the group who is orthopedically impaired. The child might bring lots of equipment to school, such as a prone stander, a chair of some sort, and a wheelchair. Some children might have walkers or crutches. This child will also need space to maneuver between furniture.

▲ Gross motor play cannot be a substitute for therapy, but you can work in cooperation with the therapist to have large muscle goals that would be functional for the child to be able to do in the classroom. For example, if the child is hemiplegic, with more tightness on one side, your goal might be for the child to be able to bear some weight on the affected side. You would then give the child some opportunities to play in side sitting, if necessary, helping the child to hold herself up with her affected side. Ask the physical or occupational therapist to show you how best to position children to encourage functional movements.

▲ Some children with motor and balancing problems may fall frequently during gross motor play and should wear a protective helmet and/or have an adult nearby.

▲ Observe if the child's involvement in a gross motor activity is accentuating abnormal patterns of movement. For example, if the child is struggling so much to propel herself on the scooter board that her muscles are tightening, you might offer the child a hula hoop to hang onto. You could pull the child or have another child pull her.

▲ During movement activities in the classroom, it is fine to assist the child, but slow movements are best. Quick movements might increase muscle tightness. Avoid always giving the child physical assistance to move, and encourage the child to do what she can to move independently.

▲ The child with orthopedic impairments who is walking may be able to do whatever the other children are doing, but for a shorter time or shorter distance.

▲ Occasionally, the child with physical disabilities can play the role of "time keeper" or "music director," by turning the music on and off during a game of musical chairs, but this should not be her only role. It is important that the child also be a part of the movement activity.

▲ You may want to consider some of the following movement experiences for children in wheelchairs (speak to the child's physical or occupational therapist to determine which of these activities might be appropriate for the child):

(1) scooter boards—children can work on head control and can either push themselves or be pulled by another child, with adult supervision; (2) therapy balls—children can reach for toys, with an adult demonstrating proper positioning; (3) ball pit—you can make a ball pit by placing small hollow plastic balls into a wading pool (balls for ball pits are offered in several catalogs listed



in the appendix); (4) prone standers—children can practice throwing a ball at a target; (5) platform swings—give children a fishing pole with a Velcro hook at the end for catching fish made from textured fabric that will adhere to the Velcro; (6) wagons—the child can be pulled by another child in a wagon; (7) music—the child can imitate movements to music; (8) wheelchair mobility—the child can begin to steer wheelchair toward a target or around objects; and (9) balls or beanbags—children can practice throwing, catching, or hitting with a bat.

From the book – The Inclusive Early Childhood Classroom, by Patti Gould and Joyce Sullivan.

This book is available for loan from the Inclusion Specialist, Nicole Wysong, at Early Childhood Alliance.

If you have more questions about adaptations, please contact Nicole at the following e-mail address-

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