

REASONS TO VISIT FUNCTIONAL KIDS

SIPPY CUP VS STRAW CUP

Can your child's sippy cup be doing more harm than good?

Sippy cups tend to be a parent's best friend. They keep the floor, carseat, couches, etc. relatively free of spills and stains. Most parents even consider the transition from bottle to sippy cup to be a developmental milestone. However, the sippy cup was created more for parents than children.



The sippy cup top continues to promote a "suckling-like" motion for the tongue which can limit the child's ability to develop a mature swallow pattern.

More research is also being done linking the use of sippy cups with recurrent ear infections, as the child tips their head back and suckles, which can allow fluid into the eustation tubes and increase the chance of infection.

Once your child is ready to transition from the bottle (around 10-12 months old) we strongly encourage you to use a straw cup like the one above pictured on the right; it is still spill-resistant and encourages appropriate sucking/swallowing.

Information provided from ASHA and Medline Plus

*Does your child not listen to directions?
Does your child not seem to speak as well or as much as others?
Does your child seem to have a lot of tantrums/crying fits?*



Your child may have the signs of an early speech/ language disorder.

Signs of Language Difficulties:

- Makes few sounds (7-12 months)
- Doesn't use gestures- waving, pointing, etc. (7-12 months)
- Doesn't understand what others say (7 months-2 years)
- Says only a few words (12-18 months)
- Doesn't put words together to make sentences (1½ - 3 years)
- Trouble playing/talking with other children (2-3 years)
- Difficulties with early reading/writing skills- not interested in books or drawing (2½ -3 years)

Signs of Speech/Sound Difficulties:

- Incorrectly says p, b, m, h, and w in words (1-2 years)
- Incorrectly says k, g, f, t, d, and n in words (2-3 years)
- Produces speech that is unclear (2-3 years)

Signs of Disfluency/Stuttering:

- Struggles to say sounds/words (2½ -3 years)
- Repeats first sounds of words- "b-b-b-ball" for "ball" (2½ -3 years)
- Pauses a lot while talking (2½ - 3 years)
- Stretches sounds out- "ffffffffffarm" for "farm" (2½ -3 years)

Information provided from ASHA website



SCHEDULE YOUR EVALUATION OR CONSULTATION NOW!



WE APPRECIATE ALL OF YOUR REFERRALS!



CONTACT US TODAY!



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Even Monsters Get Sick



Description:

Kids will enjoy this interactive storybook as they sail through pirate seas, catapult soup into a friendly monster's mouth, navigate their way through a maze, etc. as they help Harry figure out what is wrong with his pet monster.

Plus each page has hidden activities and surprises to find!

ASK A THERAPIST



Could my child's school difficulties/grades really be a language problem?

Language-based learning disabilities are problems with age-appropriate reading, spelling, and/or writing- it is NOT about how smart a person is.

Language difficulties may include difficulties with the following:

- Learning the alphabet/colors
- Answering questions
- Reading comprehension
- Following directions
- Vocabulary or spelling
- Expressing themselves (their thoughts/ideas) clearly

A Speech-Language Pathologist can evaluate expressive, receptive, and written language skills for children whose parents/teachers believe may have academic difficulties to see if there is an underlying language disorder.

As with most things, early identification and treatment proves to be most beneficial. If you feel your child is having language-based difficulties we encourage a speech-language evaluation.

Information provided from ASHA

“W” SITTING

Does your child need reminders to sit “criss-cross”?
Do you see your child in a “W” sitting pose like below?



“W” sitting is when your child’s legs bend back into the shape of a “W” and his or her bottom is still on the floor. Children tend to assume this position because it provides a stable seated position as they are learning to control their bodies/muscles/etc. You may see this position in younger children, but it can have severe consequences if it continues.

The “W” seated position doesn’t allow weight shifting or rotation and decreases/delays protective reactions from forming. In addition, “W” sitting decreases crossing midline (the center of your body), and bilateral coordination (using your hands together). “W” sitting also decreases the body’s use of core muscles (trunk and hips). In this position, the hip and leg muscles can change, making your child more prone to become pigeon-toed (toes turning in when walking) and/or knock-kneed. More common, long-term effects from the “W” sitting position include: back and/or pelvis pain as your child matures, poor foot arches, and knee problems.

If your child sits in a “W” position, cue them to “fix your legs”, “criss-cross-applesauce”, or get them a proper fitting stool to play from. If they have a weak core or lower body tone it would be a good idea to seek out a physical or occupational therapist to assess the concerns and help develop a home program to help your child develop the strength he/she needs to sit properly and avoid further concerns.

SLEEPLESS NIGHTS?

Are you and your child not getting your Zzzzz's?

Sleep, or lack of it, is one of the greatest concerns for our children and society today. From getting settled in at night, to staying asleep through the night, children and families are suffering. School aged children still need somewhere between 10 -12 hrs of sleep at night. At this age, our kids usually start a trend toward becoming more and more sleep deprived.



We, as adults, typically have a multi-step routine for when we go to bed. Parents often forget that our children need the same kind of routines. Research suggests that sleep routines typically start an hour before bedtime where it is recommended to turn off the media (electronics, TV) and start a “winding down” routine. This routine can include turning the lights down, changing into their PJs, reading a book together, snuggling tight in a blanket, a gentle massage, etc. No single approach is the answer and every child and parent is different. Our OTs would love to help develop a routine for your child and support you in providing a safe and nurturing way to get your family some healthy sleep.

WELCOME NEW NEIGHBORS!

Does your child have difficulties with flexible thinking, relationship skills, problem-solving?



Dynamic Connections has moved in next door above Fun Kids newest expansion. Dynamic Connections is a non-profit program designed to provide opportunities for people with autism to develop their adaptability, flexible thinking, social, and relationship skills. Dynamic Connections works at your child’s pace and provides natural opportunities for exploration and/or problem-solving when it arises.

The program is based on the principles of Relationship Development Intervention (RDI) and occupational therapy.

Dynamic Connections offers a half day morning program M-F for children ages 6-16; In addition, they offer afternoon and after school options.

For additional information about Dynamic Connections please contact Kris at krisw@dcsmn.org.

About Functional Kids Clinic

Functional Kids is a small, specialized occupational therapy, physical therapy, and speech-language pathology clinic serving families in Minnesota’s greater Twin Cities areas since 2001. Our team of dedicated and highly trained professionals strives to provide the best in occupational therapy, physical therapy, and speech-language pathology. As therapists, we develop personal and individualized therapy services for children and adults with a wide variety of developmental and functional needs. Each therapist is trained in a comprehensive array of treatment approaches. We believe in working as a team with clients, parents, health care providers, and school staff to plan and implement therapy services to children through adulthood. Therapy should be motivating, engaging, challenging, and fun!

To contact us, please call (651) 770-8884 or go to www.functionalkids.com