Parents need to be aware of a major change in infant's and children's liquid acetaminophen products (such as Tylenol). Manufacturers have changed the amount of acetaminophen in these medications to one standard amount (160mg/5ml).

Infant drops, which contain THREE times more medicine than the children's liquid, will be discontinued and no longer available. However during this transition, you may find both concentrations on store shelves and in your home.

Parents need to be aware that the dosing amounts are different depending on the concentration they are using. Please read the bottle carefully before dosing your children. This change to one concentration is being done to help reduce dosing errors that can lead to accidental overdoses which could have long term effects.

Tax Changes
by Scott Snow, Development Director

There has been a lot of discussion recently about upcoming changes in federal gift tax rules and lowering the lifetime gift exemption. Now is the time to consult your tax or financial advisor for advice when it comes to your charitable giving.

If you are looking for a no-fuss way to reduce your tax liability while also supporting your favorite charity, consider simply writing a check to Kids On The Move or a nonprofit organization of your choice.

Need other ideas on how to make a tax-deductible donation? Consider donating a gift of appreciated stock or “Planned Gift” such as a charitable trust. You could also donate a vehicle that you no longer need. For “10 Easy Ways to Give to Kids On The Move,” see our website KOTM.org.

Kids On The Move depends on the generous support of donors in our community in order to help us continue to “empower families, one kid at a time!”

Putting FUN Back in Mealtimes
by Gayleen Bennett, Speech Language Pathologist

How many of you feel like mealtime at your home is nothing short of a visit to the zoo? Do your kids jump around like monkeys? Stick their nose up at the food you serve? Do they eat the same food for every meal? If this describes your home, try some of the following tips to make mealtime less like the zoo and more like a walk in the park!

Give a warning prior to mealtime. Example: “Johnny, we are going to have dinner in ten minutes.” By giving your child a pre-mealtime warning, you can help them prepare for the upcoming activity and you will notice less fighting when coming to the table.

Follow a routine for coming to the table. For example, jump to the sink, wash hands with bubbles, jump to the table. This will help prepare them from a physical and sensory standpoint. Make mealtime fun! Children have short attention spans and love to engage in fun activities. Cut food into fun shapes, use fun utensils like toothpicks, appetizer swords, corn on the cob holders, build objects out of food and then eat it up!

Talk, talk, and talk about food! Instead of asking your child, “do you want a bite?” or “will you eat this?” talk about the food! Talk about the color, the shape, how it feels in your mouth when you chew it. Let your child listen as you describe properties about the food. Always offer at least one food that the child really enjoys at each meal. A meal full of new foods can be overwhelming!

Start each meal with a preferred food, and then offer a new or maybe less preferred food, then end with a preferred food again.

At each meal and snack offer a protein, starch, and fruit or vegetable. Children need variety in their diet and they need to be exposed to new foods often and may not engage in taking a bite of new food until it is presented multiple times. Do not become frustrated! Just because they did not eat the new food does not mean that mealtime was a failure!

Remember to give praise when your child does something new with a food you presented! We all like to hear when we have done something good. For example: “Johnny, I thought that it was great that you licked your broccoli tonight! Doesn’t it feel bumpy on your tongue? It makes me laugh!”

Say “good-bye” to your food at the end of a meal. Have the child “kiss” the food good-bye as they throw it away. Sometimes this is the closest they will bring that food to their mouths during the meal. Good luck and happy eating!!

Acetaminophen Update:

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Infant drops, which contain THREE times more medicine than the children’s liquid, will be discontinued and no longer available. However during this transition, you may find both concentrations on store shelves and in your home.

Parents need to be aware that the dosing amounts are different depending on the concentration they are using.
Using Signs as an Alternative Form of Communication

by Alyssa Bridge, Speech Language Pathologist

We often hear from parents how frustrated their child is because they cannot verbally talk. Talking is the main goal, but how do we alleviate that frustration now? The use of signs has proven through research and clinical application to be a short term alternative to alleviate frustration.

Early in our kids lives we rely on social gestures for communication, such as raising their arms up to let us know they want up, waving hello or goodbye, or pointing to indicate a want. Gestures such as these and early signs can be learned quickly and provide a great opportunity to understand how communication works. For example, I signed apple and then my mom would give me an apple. When kids understand that communication gets results this can make a huge difference in their motivation to communicate in a variety of forms with those around them.

The first step to learning a language is also learning the skill of imitation. The use of signs can increase the skill as we use both a visual and verbal reinforcement. The ability to exaggerate or slow down the motion of a sign can also help hold the information in the child’s brain for long term retention to occur.

The use of these early gestures and signs are in no way meant to become the child’s primary form of communication. We are simply trying to provide a way for the child to express his or her most basic wants and needs in the home and allow the child to see the power of communicating.

Normal Dysfluency vs. Early Stuttering

by Aprille Cecil, Speech Language Pathologist

Are you worried about your child’s speech patterns and wondering if he or she is “stuttering”? Here is some information to help you determine if you need to refer your child to a Speech-Language Pathologist for further testing. Some children pass through the milestones of speech and language with very little dysfluency. Others “bump” along as they are trying to master new forms of speech and language.

The most important features of normal dysfluency include the following:

- Phrase-Word Repetition: “mi-milk”
- Single-Syllable Word Repetition: “I… I want that.”
- Multisyllabic-Word Repetition: “Sam… Sam is my cat.”
- Phrase Repetition: “I want a… I want an ice-cream cone.”
- Interjection: “I want my… uh… juice.”
- Revision-Incomplete Phrase: “I lost my… Where’s mom going?”
- Prolongation: “I’m Tiiiiiiiiiimy.”
- Tense Pause: “Can I have some more (lips together with no sound coming out) milk?”

What makes these normal dysfluencies different from stuttering are the amount of dysfluencies, the number of units in repetitions and interjections, and the type of dysfluency in relation to the age of the child.

The typical features of normal dysfluency in the average nonstuttering child are:

1. No greater than ten dysfluencies per 100 words
2. Typically one-unit repetitions, occasionally two
3. Interjection revisions and word repetitions, there is usually a decline in word repetitions as children mature past age three.

If your child starts to consistently demonstrate reactions, or secondary behaviors, immediately before or during the dysfluencies he or she should be evaluated as a possible stutterer.

These secondary behaviors are seen as an escape or avoidance to a child’s dysfluencies and look different than a “tense pause”. The normal dysfluent child doesn’t notice his or her dysfluencies and will not appear embarrassed or frustrated.

What influences a child’s fluency is the development of language, pragmatics or social skills, and speech motor control or the ability to produce sounds. Dysfluencies are also more common when there is competition and excitement while the child is speaking or interpersonal stress associated with growing up in a family, hospitalization, moving to a new home, or a family break up.
Dealing with Common Motor Delays:
Weight Bearing and Weight Shifting

by Betsy Jensen, Physical Therapist

Some babies are sensitive to weight bearing or movement. They may not put weight through their feet in standing, tolerate kneeling, tolerate all fours, or they push through their hands out straight when put on their tummies. They may not like rolling (even though you may have seen them do it once or twice). They may sit well but not get into or out of sitting. Often parents report those babies have always hated tummy time and that they get carried frequently throughout the day. Generally they have very pleasant, easy-going personalities and are not delayed in any other areas of development. If this sounds like your child, try these tips below to encourage weight bearing and weight shifting.

Weight Bearing: You have sensors in your joints that give feedback with pressure (standing, kneeling, pushing through hands), and touch receptors that give feedback to touch. Some kids do not like these sensations and will cry or avoid these positions. But with simple desensitizing exercises you can work through this and prepare your child for crawling or walking.

**Weight Shifting**

Hands: Encourage pushing through a straight arm position over your leg. Notice if your child avoids touching textures when finger feeding or playing and work on those textures.

Weight Shifting: Weight shifting occurs when you move your body out of the midline position. This includes rolling, and getting out of and into sitting. Talk to your baby about what you are doing or sing when you try these motions, as they are new and may be a little scary at first.

Rolling Tummy to Back: Make sure his arms are tucked in under the body. Use a toy to encourage head turning & the body should follow. You may want to try this on a bed first and catch your baby’s head so he doesn’t startle.

Rolling Back to Tummy: Start with hands and feet tucked in and roll your baby side to side. From laying on his back, encourage reaching across the body or put one leg across the body to start the rolling motion and then help him get onto his tummy.

Getting Out of Sitting: Hold your baby’s arms and steer them down to the ground. He will end up on his tummy, then help adjust the legs if needed. You can also do this over your leg as shown.

Getting Into Sitting: Sit the baby on your lap with legs at a 90 degree angle. Push down through his legs so you feel weight going on to his feet. If there is a toy in front of you for your baby to reach for he will shift more weight onto his feet.

Feet: Sit the baby on your lap with legs at a 90 degree angle. Push down through his legs so you feel weight going on to his feet. If there is a toy in front of you for your baby to reach for he will shift more weight onto his feet.

Knees: Kneel at a couch cushion or bottom step. Be sure he keeps his knees in (not frogged out). You may kneel behind him with your knees keeping his knees from splaying.

Desensitize the feet to touch by rubbing his feet with a firm pressure, or with a textured surface like a washcloth.

Inside Activities for Rainy Days

by Michelle Johnson, Developmental Specialist

Have you been worried about the upcoming change of seasons? The chill in the air, the rain falling and before you know it the snow will be 4 feet high! Well, here are a few ideas to have fun with your children while staying warm.

From a previous nature walk, use the items collected to make a collage. Your children may have gathered leaves, sticks and maybe even some weeds. Be open to the idea of what your child is interested in and allow them to explore. What else could you use for your collages? Stickers, glitter, cut up pieces of paper. Be creative and have fun!

Make play dough and have your children help you pour and stir in the ingredients. This is a great way to incorporate language and encourage more talking! Kool-Aid play dough is my favorite. What else can you bake or cook with your children? What about brownies, cookies, soup, pizza?

Remember when you used to build forts with your siblings or maybe even your parents and friends? Rekindle that memory with your kids! How fun to gather your sheets, blankets and flashlights and build a fort. Read books while snuggling in it!

These are just a few of so many fun activities and ideas out there. Be resourceful, have fun and enjoy your time spent with your children. These will create memories that will last a lifetime!

Kool-Aid Play Dough

1 c. flour
1/2 c. salt
1 tbsp. cooking oil
2 tbsp. cream of tartar
1 pkg. unsweetened Kool-Aid
1 c. water

Mix dry ingredients. Add oil and water. Cook over medium heat until mixture forms a ball. Pour onto waxed paper or bread board and knead.

Mixing it with Kool-Aid gives the dough surprising scents: lemon, cherry, lime, orange, and will last for weeks in an airtight container.

NOTE: If child eats this, it is non-toxic.
Developing Your Child’s Sensory Diet

by Chris Pratt, Occupational Therapist

Just as your child needs food throughout the course of the day, he needs a variety of sensory input, and opportunities for getting away from stimulation. A “sensory diet” (coined by OT Patricia Wilbarger) is a carefully designed, personalized activity plan that provides the sensory input a person needs to stay focused and organized throughout the day. In the same way that you juggle your knee or chew gum to stay awake or soak in a hot tub to unwind, children need to engage in stabilizing, focusing activities, too. Infants, young children, teens, and adults with mild to severe sensory issues can all benefit from a personalized sensory diet.

Each child has a unique set of sensory needs. Generally, a child whose nervous system is causing her to be hyperactive needs more arousing input. A child whose nervous system is causing her to be underactive or sluggish needs more calming input. A child whose nervous system is causing her to be hyperactive needs more arousing input. A child whose nervous system is causing her to be underactive or sluggish needs more arousing input. A qualified pediatric occupational therapist can use her advanced training and evaluation skills to develop a good sensory diet for your child.

Proprioception

Proprioceptive input (sensations from joints, muscles and connective tissues that lead to body awareness) can be obtained by lifting, pushing, and pulling heavy objects, including one’s own weight. A child can also stimulate the proprioceptive sense by engaging in activities that push joints together such as pushing something heavy or pull joints apart like hanging from monkey bars.

Here are easy some ways to increase your child’s proprioceptive input:

- **Make a body “burrito” or “sandwich.”** Firmly press on your child’s arms and legs with pillows or make a “burrito” by rolling her up in a blanket.
- Push and pull. A toddler or preschooler can push her own stroller, and may even be able to push a stroller or cart filled with weighted objects such as groceries.
- Carry that weight. Your child can wear a backpack or fanny pack filled with toys (not too heavy!).
- Mini Tramp. Your child can jump on a trampoline in the home prior to mealtime or quiet time to help provide the movement and deep input they seem to be seeking. This is a better option for calming than an outdoor tramp as it is available whenever the child needs the input.

Vestibular

Vestibular input (the sense of movement, centered in the inner ear). Any type of movement will stimulate the vestibular receptors, but spinning, swinging, and hanging upside down provide the most intense, longest lasting input.

If your child has vestibular (movement) sensitivities, please work closely with a sensory smart OT who can help you recognize and prevent signs of nervous system overload.

Here are easy some ways to increase your child’s vestibular input:

- **Swing.** Encourage her to swing on playground swings; trying various types of swings and movements, such as front to back and side to side.
- **Spin.** Have him spin using a Sit n’ Spin, Dizzy Disc Jr., or office chair. Let her run in circles, and ride a carousel. Hold your child’s arm and spin in a circle as he lifts off the ground, or play airplane by holding one of his arms and the leg on the same side of his body as you spin in place (only if he does not have low muscle tone).
- **Swinging or pulling child in a blanket.** A great way to aid calming within the home environment. To help the child understand when the activity will be over sing the ABC’s or other common song and when the song is done so is the swinging.
- **Bouncing on an exercise ball.**

Tactile

The tactile sense detects light touch, deep pressure, texture, temperature, vibration, and pain. This includes both the skin covering your body and the skin lining the inside of your mouth. Oral tactile issues can contribute to picky eating and feeding difficulties.

Here are some easy ways to increase your child’s tactile input:

- **Messy play with textures.** Have her play with foamy soap or shaving cream, and add sand for extra texture. Have her fingerpaint, play with glitter glue, mix cookie dough and cake batter, and so on. Let your child use the playground sandbox or create your own at home, filling a bin with dry beans and rice or other materials and small toys. Cover and store the bin for future use.
- **Dress up.** Dress up in fun costumes to get used to the feel of unfamiliar clothing.
- **Factory provides excellent proprioceptive input as well).**

Check out www.familyfun.com for lots of ideas the whole family may enjoy.

Are you concerned about your child’s development? Your child may be eligible for Early Intervention Services.

Kids On The Move provides FREE developmental evaluations for children who are under age three and reside in Alpine School District. Most early intervention services are provided at little or no cost. Request an evaluation at KOTM.org.