Katie Johnson: Good morning and welcome to Apple-a-Day, Lake Region Healthcare's Health and Wellness segment where we feature news and information you can use to live a healthier life. I'm Katie Johnson your host, and I have three guests with me today to talk about pediatric therapy services at Lake Region Healthcare.

So I'm welcoming Amber Simonson from the Speech and Language Pathology department of our therapies, Melissa Marquette, physical therapy, and Ashley Johnson from occupational therapy. Good morning ladies and thanks joining me. [Good morning.]

Well I think that pediatric therapy is one of, maybe, those hidden gems at Lake Region Healthcare, we seem to have a lot of them, that a lot of people aren't aware of so we wanted to take today's program to shed a little bit of light on what kind of pediatric therapy services are offered at Lake Region Healthcare, who they benefit, and how people who have a concern about a child in their life might be able to access these resources.

So I'd like to give each of you a chance to kind of introduce yourself, talk about what kind of pediatric therapy do you offer and what's your background, training, education and certification in your specific areas. So Ashley how about if we start with you?

Ashley Johnson: Hi, I'm Ashley Johnson and I work in occupational therapy along with my coworker Nicole Clouse, and we both went to... Nicole went to the University of North Dakota and I went to St. Catherine University and we both have our masters degree in occupational therapy.

And, a lot of people don't know what occupational therapy is. They say, "Are you PT?". No, we're not PT. So, occupational therapy we focus on your occupations of life. So, as an adult you can think of we need to get ourselves dressed in the morning, maybe eat some breakfast, drive to work, and so on. For kids, their occupations are playing, eating, getting dressed, going to school, interacting with their friends and family, so that's what we're focused on, is trying to help them interact in their life the best that they can.

And with kids, there may be many reasons why they're having difficulties such as: physical disabilities, or cognitive disabilities, or it could be both. So at Lake Region in our pediatric program we can work on their fine motor skills such as handwriting, or their self-care skills, trying to help a child figure out how to tie those shoes, or eat their breakfast in the morning. We also work on sensory processing concerns such as a child may have difficulty with their clothes are too tight or they go to a basketball game and it's too noisy, they can't stay. And we also work on social interaction skills, so if somebody walks in the room what do you say to them?: "Hi, how are you?". We work on emotional regulation so that if something doesn't go their way we don't have a complete meltdown and we can move on from our day and keep going.

Katie Johnson: I think that this is going to be a really good chance to clear up some of that confusion or overlap between physical and occupational therapy. So Melissa, physical therapy, how is it different? Melissa That's right, my name is Melissa Marquette and I have worked at Lake Region for Marquette: a little over fourteen years and working with kids during that time. Physical therapy deals more with the gross motor things. So if the child's not rolling over, crawling, standing, walking we work to get them up to speed on those kinds of things and we also work on if there is some tightness in some muscles. If there's some weakness in some muscles we can work on those things too to get them moving better, feeling stronger or even working on balance issues, so that they can move about more freely and safely. Katie Johnson: Are there other members of the physical therapy team in the pediatric therapies as well? Melissa We do have fourteen therapists that see outpatients. I see the majority of them, Marquette: but we do have other therapists who can step in and help out with those things just to accommodate scheduling and other things too. Katie Johnson: Great. And speech therapy, a little bit more self-explanatory, but certainly a lot more to it than I realized fell into the speech therapy category before I started working at Lake Region Healthcare. So Amber you can shed some light on that for us? Amber Simonson: Yeah! I'm Amber Simonson and I have my masters in speech therapy and I also work with Kathleen Rausch who has her masters as well. We work strictly with "peds" and we will cover a wide range of things, like Katie said, things that you wouldn't necessarily think of when you hear speech therapy such as swallowing issues, feeding issues, which we co-treat with OT. But we also work on things that are a little bit more predictable for speech, such as articulation, or the way that kids make their sounds, language, which can be the way they express themselves and how they understand language. We also work with fluency, which you might recognize more when I say stuttering. And voice therapy. With our dysphagia therapy we also offer vital stem, which is a form of Tens therapy. Its electric stimulation, which it's nicer than it sounds, and it's actually placed over the vocal chords and over those muscles for swallowing and it's a really effective treatment to help get that swallow going for kids who maybe have been on feeding tubes for a long time and haven't had a chance to work those muscles. So, were working to get them to eating orally. Katie Johnson: So, it's fantastic that all of these services are available here specifically for children. Of course, we offer these services for adults too. And I'm curious what you feel is the reason we need a specific pediatric program? What's different

between providing physical, occupational and speech therapy to adults than as compared to children?

- MelissaI would say the biggest thing is that we need to make therapy fun. We can haveMarquette:adults come into therapy and say, "do twenty reps of this exercise". But for a
child we have to turn it into a game; we have to make it fun and kind of trick
them into working those muscles that they need to work.
- Ashley Johnson: In therapy we use play as our primary modality or use of what we're doing. If somebody walked into our room they would think, "Gees, this is the easiest job in the world, because you get to play all day". But that's what a child's focus is, that's what they're working on and so our sessions are really fun.
- Katie Johnson: Why is it important that a child see's someone that's specially trained to treat children?
- Amber Simonson: Kids will know right away if you are someone who, maybe, doesn't know how to get to them. I mean, you really have to enjoy play yourself and you have to learn how to get to those kiddos and how to understand what they want to do, because you really have to design therapy around what they want to do. And kind of in a way let them call the shots to a certain extent, because they'll stay interested that way. But I think a really important thing is that we have fifteen hours... at least speech has fifteen hours at least of continuing ed per year and we focus those hours on specifically pediatric programs and certifications. Things that we can do specifically for "peds". That does set us apart in a way from people who are focused more on adult programs.
- Ashley Johnson: I would say the other difference between adult therapy and pediatric therapy, is there's such a heavy involvement with the family. A child is... It's not just them that's coming to therapy, it's their family too. It's their parents, their care-givers, their brothers and sisters. As clinicians, we're taking all of those things into account into why a child may be having difficulty with certain things. And we are working really closely with those important people in their lives to help them make progress.
- Katie Johnson: So, if there is a listener that has a concern about a child that they know, and thinks that maybe some of the pediatric therapy services we've talked about here could benefit them, what steps should they take?
- Amber Simonson: You know a mom or a dad or a relative or whoever has that concern, their parents can get a doctor appointment. Whatever doctor you see, it doesn't have to be a pediatrician specifically, but any doctor. You share your concerns and they can write an order for us to see them and we would contact them by phone and get the ball rolling.
- Katie Johnson: Any other advice that you have for family members or support people for children that are going some of these therapies, about how they can support them, how they can help make it as successful as possible?

- Ashley Johnson: I would say the one thing that comes to mind is, if you are concerned about a child that's in your life, worried that maybe they're not developing in the way that they should be, early intervention is best. So, get that referral like Amber said, get your child in to be seen and evaluated and even if we determine that they didn't need therapy services, at least it helps provide that reassurance to the parent or the care-giver that everything is okay. And if not then we can get them started with therapy services and get them developing and moving in the right direction.
- Melissa
 Also a good point is that we work very collaboratively between OT, PT and
 Marquette:
 Speech. We're together talking every day about the patients that we go treat.
 We're making sure we are taking a holistic view and making sure we're covering
 all our... anything that might be an issue for the child. We want to make sure
 we're talking about it so everybody is in the know. Someone else that we
 collaborate with, that we didn't mention is, we work closely with the therapists
 in the public schools as well. Kids are seen often times, by not only us, but also in
 the public schools, maybe at the same time.
- Ashley Johnson: And the great thing about Lake Region is that we're such a smaller facility, in that the therapists here that work with pediatrics, we have a great relationship with our pediatricians here at Lake Region. And we can send them a quick note or just call over and share with them our concerns.
- Katie Johnson: Anything else that you would like us to know about Lake Region Healthcare's pediatric therapy program before we wrap up today?
- MelissaOne other thing that we have to offer, for physical therapy, we do have access toMarquette:pool therapy. So if there is a child who is unable to move on land, we have thatoption of going into the pool and trying to make things easier for them in thatpool setting.

We also have a light gait training system where we can put children in a harnesstype system over a treadmill and it frees up my hands to be able to work with them and help them work on their ambulation and then we can go off of that treadmill system and onto the ground and be able to work over the ground and build some confidence.

And then one other thing is, as far as torticollis or plagiocephaly. So if a baby is unable to turn their head fully, or has a little bit of a tilt, where their kind of stuck, or has a flattening on a portion of their head. We also do measuring and home exercise programs and stretching programs for that. We see a lot of kids now with cranial caps, if they have a need for something like that we can do measuring and kind of help families determine is my child a candidate for something like that or is this something that can be handled more conservatively with home exercise program kind of things. Ashley Johnson: Here at Lake Region we also have a feeding program, the SOS Feeding Program, and that is a collaborative approach between occupational therapy and speech therapy. And we work with those children who are having difficulty with feeding. There's many reasons why a child has difficulty, it may be because they can't swallow, like Amber said earlier or they may have difficulty with their muscles, holding themselves up in a chair, or they can't touch certain foods. So we have our SOS Feeding Program and all of us therapists have gone on for special training for that.

And then the other thing we offer here at Lake Region is this summer we will be starting a social skills groups for those children who have a little bit of difficulty of interacting with others around them and that'll be done on a group basis. So, we have multiple children in the room together with therapists working on those skills.

Katie Johnson: It's apparent we could probably go on and on about the various therapies provided in the pediatric therapy department, a fantastic wealth of resources available to children in our community. Thank you for helping us understand better what some of those are and point our listeners who might have concerns about children in the right direction. Again, Amber Simonson, Speech Language Pathologist, Melissa Marquette, Physical Therapist and Ashley Johnson, Occupational Therapist all working in the pediatric therapies department here at Lake Region Healthcare, my guests today on Apple-a-Day. Thank you Ladies

[Thank you!]

Amber, Melissa, Ashley and Katie remind you that there is so much to do here, stay healthy for it. Have a great day.