

pediatrics

Spotlight on Autism

BRIGHT  
OUTLOOK FOR  
TREATMENT  
OPTIONS

By Marnie McLeod Santoyo



**A**nna Len, DPT, CSCS, knew about autism long before she considered a career in physical therapy. Her first exposure to children with autism came through her mother's work with children with special needs.

She says the experience was a defining moment for her both personally and in her subsequent career as a physical therapist. Now Len — guest lecturer and master clinician for the NYU Doctor of Physical Therapy program and a staff therapist at YAI/National Institute for People with Disabilities (NIPD) Network - New York League for Early Learning — makes a point to teach her students about working with children with autism.

"I feel it's important for all physical therapy students to have an understanding about these kids as they go into the field," Len says. "Children with autism don't respond to therapy the same way other kids do, even other special needs patients. If physical therapists use the right approach, then their work can be really rewarding for both therapists and patients."

### AUTISM IN FOCUS

According to Autism Speaks, a nonprofit organization dedicated to education and research for autism spectrum disorders, autism is a "complex neurobiological disorder that typically lasts throughout a person's lifetime." The disorder is marked by the presence of significant delays in three key areas: communication, social interaction, and the presence of repetitive behaviors such as spinning, rocking, or an unusual preoccupation with things like stop signs, animals, or trains.

Leo Kanner, MD, of Johns Hopkins Hospital in Baltimore, first identified autism in 1943. Around the same time, a German scientist, Hans Asperger, MD, discovered a milder form of autism, known today as Asperger Syndrome. These are only two of the five disorders listed in the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV); in total, there are five variations of autism, resulting in the term autism spectrum disorders (ASD). Other conditions that fall under ASD include Rett syndrome, pervasive developmental delay-not otherwise specified (PDD-NOS), and childhood disintegrative disorder.

Recent statistics, according to Autism Speaks and the Centers for Disease Control (CDC), indicate that 1 in 150 individuals are diagnosed with an ASD, often by the age of 3. New advances in ASD research have, in some instances, resulted in diagnosis as young as six months. Early intervention is critical for patients to gain the maximum benefit of therapies, which often include speech and occupational therapy.

### PT OFTEN ECLIPSED

Children with ASD often exhibit delays in gross motor skills and issues with hypotonia, which can be impacted

by physical therapy. While pediatric PTs have played a critical role in treatment of children with special needs, it seems PT knowledge and inclusion in early intervention efforts for ASD has been limited. To date, there are only a handful of research studies referring to physical therapy work with children with ASD. One article discussing the work of PTs with patients experiencing chronic pain stated that children and teenagers with developmental delays, communication disorders, and cognitive issues such as autism, present a particular challenge in assessing pain — underscoring the limited knowledge of ASD in PT practice.

Len says she feels the need for including PT in the treatment of ASD has been eclipsed by the overwhelming need for sensory integration in this population. As a result, rather than PTs incorporating sensory integration into their treatment plans, occupational therapists (OTs) include gross motor development strategies in theirs.

"It's great that OTs are getting their kids involved in gross motor activities because children with autism need to know where they are in space to engage with hand-eye coordination. Still, by including a PT on a collaborative team with an OT, it frees up the OT to work on their area of expertise," Len explains.

### SPECTRUM OF CARE

Magdalena Oledzka, PT, PCS, says that in her first nine years working as a pediatric PT, she never received training in autism. In Oledzka's position for the past year as chief of rehabilitation services at Premiere HealthCare — a member agency of the YAI/NIPD Network in New York City — she has quickly come to understand the needs of patients with ASD.

She and her team work collaboratively with a comprehensive care team, the model used at YAI/NIPD. The nonprofit health and human services agency provides a comprehensive array of programs for people with developmental and learning disabilities, so their teams often include PTs, OTs, speech therapists, pediatricians, medical specialists, and even dentists to address one patient's needs.

"PTs have a hard time working on gross motor skills if they have a child running around the room who can't stop. So you might bring in an OT at the beginning of the session to help calm the child down, by wrapping him or her in a Lycra swing," Oledzka explains.

Such techniques are one of many to help the child with ASD settle down to begin work on balance and midrange control, Oledzka adds. Those sensory tactics can then be employed by PTs on their own when working with patients with ASD.

"There's no cookbook approach," she concludes. "Every child is different, so you have to look for strategies that work just for that child. That's where the team approach comes in."



## RESOURCES

### Centers for Disease Control:

[www.cdc.gov/ncbddd/autism/](http://www.cdc.gov/ncbddd/autism/)

### Autism Speaks:

[www.autismspeaks.org](http://www.autismspeaks.org)

### Autism Society:

[www.autism-society.org/](http://www.autism-society.org/)

### National Autism Society:

[www.nationalautismassociation.org/](http://www.nationalautismassociation.org/)

One of Oledzka's senior staff therapists, Jose Davila, PT, MPH, recounts his first week working at YAI/Premiere HealthCare thinking that his children with ASD were either not listening or didn't like him. However, when he learned patience and ways to manage behavioral issues with the help of other team therapists, he saw how he could really make a difference with physical therapy.

"I have a child who will not be involved in therapy unless he is asked the color of an object when he walks into a room. The child's OT taught me that," he says.

Since learning those critical lessons, Davila has become a beloved PT who has taught children with ASD to play ball, jump, kick, and move up and down stairs — tasks parents thought difficult to master.

Davila recently taught a child how to play basketball. His secret: breaking down each gross motor skill movement into small milestones and using the little changes in each session to build on old skills and develop new ones.

"I started using a smaller ball and got him tracking where the ball is being thrown," Davila recalls. "Then it was getting him to throw and catch. Overall I was making subtle changes to each task. Now he's playing with his peers at school. It took 4-5 months, but we saw rapid progress." Oledzka and Davila say other techniques include using deep pressure with weighted vests and pushing exercises for the hands and arms to help children with ASD ground themselves during their therapy sessions.

Another key to success is monitoring your facial emotions during the session. "Autistic children focus on mouths and eyes so you can't alter emotions in your face or they'll begin to feel anxiety," Davila notes. "I think one of my strengths as a clinician is I smile a lot so it makes my patients feel at ease."

## UNDERSTANDING EACH CHILD

Another way Len is reaching out in partnership with OTs in treating children with ASD is through her work at the Sensory Freeway, a pediatric private practice sensory gym in New York. Through the clinic's use of sensory evaluation tools filled out by parents to determine an ASD child's sensory integration needs and social competency, PTs are able to understand things about a child that the patient might not otherwise be able to communicate.

"If a child is hypersensitive to sounds, you don't want to treat him or her in a crowded room," Len explains. "If they are sensitive to certain smells you don't want to expose them to those smells. If a child likes to squeeze into tight spaces, that means he or she needs deep pressure. Without this knowledge, you have a child who avoids big body movement."

At Sensory Freeway, PTs and OTs work collaboratively to give their children with ASD the sensory stimulation and resulting body awareness they need to engage in movements like jumping, climbing, or crawling through tunnels.

"I think more gyms like this have to open up to offer the integration of these two therapies for children with autism. The sensory gym provides this population with an enriched experience to help a child with autism get functional to engage safely in activities with peers, such as playing on playground equipment," Len says.

"That's what makes me passionate about getting the information out to more PTs about autism, so they can be included sooner in early intervention therapies for these children," she concludes. ●

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