

M.O.V.E. **Mobility Opportunities Via** **Education/Experience**

Basic Provider Training



Objectives of the Training

The participants will have an understanding of:

- The philosophy, principles and purpose behind the MOVE Program
- The Six Steps of MOVE
- How to complete a MOVE Assessment Profile
- The use of equipment in the MOVE program

History of MOVE



D. Linda Bidabe

Founder and Creator of the MOVE Program
on behalf of the Kern County Superintendent of Schools

1986 Pilot Program

BAKERSFIELD, CALIFORNIA

- Eleven students
- Ages: 6-14 years
- All had profound, multiple disabilities
- Ten had severe developmental delays
- Program ran seven weeks

M.O.V.E. Pilot Program (11 Students)

PRIOR TO PROGRAM

- 4 sit safely on a chair
- 3 fully bear own weight
- 2 stand with assistance
- 2 take steps in a walker
- 0 walk up to 20 feet independently

AFTER SEVEN WEEKS

- 9 sit safely on a chair
- 10 fully bear own weight
- 8 stand with assistance
- 11 take steps in a walker
- 1 walks up to 20 feet independently

Adult Research Project

2004-2007

Chesapeake Care Resources – Maryland

- Six adults ranging in age 36-49
- All were Intellectually Impaired
- All had a diagnosis of Cerebral Palsy
- Five had chronic constipation
- All attended the adult day program and lived in residential facility operated by the same company

Adult Research Project

Pre and post data for mobility:

	March 2004	April 2007
Sit in regular chair	0	6
Sit on regular or adaptive toilet	1	6
Sit-stand and maintain standing for toileting	1	6
Transition from sit-stand and stand-sit (no lifting)	1	6
Walk independently with walker	0	6

Adult Research Project

Other accomplishments:

Void in toilet	0	6
Make choices and express preferences	1	6
Display interfering and aggressive behaviors	4	0

MOVE is: an ecological approach

- A top-down, activity-based program
- Designed to teach basic, functional motor skills
sit, stand, walk and transition
- Appropriate for teaching meaningful life skills

Benefits of Physical Activity

- Maintains independence
- Reduces the risk of falling
- Reduces the risk of heart disease, developing high blood pressure, colon cancer and diabetes.
- Helps people with chronic, disabling conditions improve their stamina and muscle strength.
- Reduces symptoms of anxiety/depression and fosters improvements in feelings of well-being.
- Helps maintain healthy bones, muscles and joints.

Benefits of Active Movement

To prevent:

- contractures
- pressure sores
- respiratory problems
- gastrointestinal /elimination problems
- cardiovascular problems

MOVE Principles

- High Expectations
- Planned Programming throughout the day
- Teach skills in different environments
- Safety is important however sometimes you need an element of risk
- Choose equipment for active participation
- Choice making is important for individuals
- Everyone learns if we know how to teach

Raising Expectations

“The greatest barrier for individuals with severe disabilities is not their disability, but rather the limitations that others impose upon them.”

Dr. Keith Whinnery
University of West Florida, Pensacola

Neuroplasticity

- Big word that simply means:
The brain has the ability to “regenerate/
re-circuit” itself through learning.
- Learning happens through problem-solving
and PRACTICE, PRACTICE, PRACTICE.

The MOVE Program Includes Six Steps:

- 1. Testing**
- 2. Setting Goals**
- 3. Task Analysis/Planning Activities**
- 4. Measuring Prompts**
- 5. Reducing Prompts**
- 6. Teaching Skills**

Step One

Testing

MOVE Assessment Profile

- A data collection/documentation system
- Guides the MOVE Team through the Six Steps
(MOVE Reference Manual has detailed information for each step of the MOVE Program.)
- Each individual should have an Assessment Profile

Top-Down Motor Milestone Test®

- Interview test: **ask open ended questions**
- Baseline for the individual's skills in the MOVE Program (sit, stand, walk and transition)
- Performance-based assessment that records consistent use of skills in everyday activities
- Not norm-referenced

A MAINTAINS A SITTING POSITION

	GRADUATE LEVEL	LEVEL I	LEVEL II	LEVEL III
A1. Can sit on a flat surface such as a bed or in a bathtub for a minimum of 30 minutes (may not be applicable for all individuals).				
A2. Can sit on the edge of a bed or on a stool without using a footrest or backrest for a minimum of 5 minutes.				
A3. Can sit on a typical chair for a minimum of 30 minutes without prompts.				
A4. Can maintain sitting balance on a typical chair for a minimum of 30 seconds without prompts.				
A5. Can maintain an erect head position while sitting for a minimum of 30 seconds with prompts at the trunk, hips, and feet, as needed.				
A6. Can be placed sitting in an upright position for a minimum of 30 minutes with prompts at the trunk, hips, and feet as needed.				
A7. Can be placed in a fully supported sitting position with a minimum of 90 degrees flexion in the hips.				

C STANDS

	GRADUATE LEVEL	LEVEL I	LEVEL II	LEVEL III
C1. Can stand in one place without support for a minimum of 60 seconds.				
C2. Can stand in one place with one hand supported for a minimum of five minutes.				
C3. Can stand in one place with two hands supported for a minimum of five minutes.				
C4. Can maintain own hip and knee extension to allow weight bearing for a minimum of three minutes while another person keeps individual's body in alignment.				
C5. Can bear weight on feet for a minimum of 45 minutes throughout the day when knees, hips, and trunk are held in alignment by a mobile stander or similar standing device.				
C6. Allows fully prompted extension of hips and knees to at least a 45 degree angle.				
C7. Allows placement in a vertical position.				

G

WALKS FORWARD

	GRADUATE LEVEL	LEVEL I	LEVEL II	LEVEL III
G1. Can walk forward a minimum of 20 feet without assistance.				
G2. Can walk a minimum of 1,000 feet with one hand held or with a rolling walker.				
G3. Can walk 300 feet with both hands held or with a rolling walker/gait trainer.				
G4. Can walk 100 feet with both hands held or with a rolling walker/gait trainer.				
G5. Can walk 50 feet with both hands held or with a rolling walker/gait trainer.				
G6. Can walk for a minimum of 10 feet when another person assists with shifting weight and maintaining balance.				
G7. Can walk a minimum of 20 feet while being supported by a gait trainer.				
G8. Allows fully prompted reciprocal leg movements while being supported in a gait trainer or by another person.				
* C6. Allows fully prompted extension of hips and knees, to at least a 45 degree angle.				

Summary of Test Results (TDMMT)

	GRADUATE LEVEL				LEVEL I				LEVEL II				LEVEL III			
A. MAINTAINS A SITTING POSITION	A1				A2	A3			A4	A5	A6		A7			
B. MOVES WHILE SITTING	B1	B2			B3	B4	B5	B6	B7	B8	B9	B10	B11	A7		
C. STANDS	C1				C2				C3	C4	C5		C6	C7		
D. TRANSITIONS FROM SITTING TO STANDING	D1	D2			D3	D4			D5	D6			C6	C7	A7	
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F. PIVOTS WHILE STANDING	F1				F2				F3				C6			
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Step Two

Setting Goals

Step Two – Setting Goals

- **Step Two is the most important step!**
- Keeps the MOVE Team unified and focused on the goals of the individual/family.

Setting Goals- Key Questions

1. What does the individual wish to do right now that he or she is not able to do?

OR

What does the individual's family wish he or she could do right now?

2. What is physically difficult for family/care provider when assisting the individual throughout the day?

OR

"What breaks your back?"

3. What barriers keep the individual from actively participating in everyday activities?

Family Goals → School Goals

Family Goal #1:

Mom would like Matthew to be able to walk in and out of the bathroom without using the gait trainer.

IEP Goal:

Matthew will take ten steps (alternating feet) with support at the trunk while the support provider shifts his weight from side to side to move through a doorway, daily when going to/from the bathroom. 3 out of 5 trials

Step Three

Task Analysis /Planning Activities

Task Analysis

Determining which motor skills to work on.

Select the specific motor milestones -

- Needed to achieve the goals set in Step Two.

and

- Were identified on the Top-Down Motor Milestone Test® as a skill that the individual does “not yet” use independently.

Planning Activities

- Determine the *MOVE* activity and when it will occur within the daily routine.
- List the steps of the activity.
- Insert the specific motor milestones chosen in Task Analysis in specific parts of the activity.

Task Analysis

How to determine which motor milestone/s Matthew needs to work on to achieve his goal.

Goal #1: Walking through the doorway without using a gait trainer.

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Review the Training Activities

- Is this activity related to the goals selected in Step Two?
- Will this activity increase independence?
- Will this activity be used often?
- Will this activity increase opportunities for integration?
- Does this activity allow active participation of the critical embedded skills?

Activity-based Instruction (Elementary)

Activity: Circle Time

Skills:

Motor - sit in classroom chair

- sit to stand during songs

- stand for dancing

Cognitive - choose correct item out of basket

Communication- respond to name

Social - pass object to peer



Activity-based Instruction (Community)

Activity:

Eat in a restaurant



Skills:

Motor:

- sit on a regular chair 30 minutes without prompts
- lower self to chair without assistance
- walk 1000 feet with one hand held
- stop walking and maintain balance

Cont. Activity-based Instruction (Community)

Activity:

Eat in a restaurant



Skills:

Fine Motor:

- use utensils

Communication:

- make food choices using AAC system

Social:

- table conversation, answer questions

Cognition:

- select food choices from picture menu

Step Four

**Measuring
Prompts**

PROMPT PLAN for SITTING

Individual: _____

Activity: _____

Review Schedule: _____

Equipment: _____

	ENTRY LEVEL DATE:					REVIEW 1 DATE:					REVIEW 2 DATE:					REVIEW 3 DATE:					REVIEW 4 DATE:									
	0	1	2	3	4	5	0	1	2	3	4	5	0	1	2	3	4	5	0	1	2	3	4	5	0	1	2	3	4	5
A. TRUNK CONTROL																														
B. ARM CONTROL																														
C. HIP CONTROL																														
D. FOOT CONTROL																														
MAXIMUM PROMPT VALUE 20	PROMPT VALUE					PROMPT VALUE					PROMPT VALUE					PROMPT VALUE					PROMPT VALUE									

	ENTRY LEVEL					REVIEW 1					REVIEW 2					REVIEW 3					REVIEW 4				
	0	A	B	C	D	0	A	B	C	D	0	A	B	C	D	0	A	B	C	D	0	A	B	C	D
A. HEAD CONTROL																									
B. LEG CONTROL																									

Notes:

Step Five

Prompt Review

Step Five - The Journey

Step Four

Baseline (Maximum)
Prompts needed

Step Five



Goal Achieved

Minimum
Prompts needed

Prompt Review

- Prompts are meant to be temporary supports, however some individuals will always need prompts.
- The MOVE team should designate time intervals to assess the necessity of the support in each prompt plan and category within that prompt plan.
- Remember HIGH EXPECTATIONS for all individuals

Prompt Review cont.

- Record under prompt review the new level of prompts needed to support the individual in the given activity
- The *MOVE* team should plan how next to address future prompt deductions

PROMPT PLAN for SITTING

Individual: Matthew

Activity: Sitting on toilet

Review Schedule: Quarterly

Equipment: toilet, safety strap



	ENTRY LEVEL DATE: 9-4-2000					REVIEW 1 DATE: 12-10-2000					REVIEW 2 DATE:					REVIEW 3 DATE:					REVIEW 4 DATE:									
	0	1	2	3	4	5	0	1	2	3	4	5	0	1	2	3	4	5	0	1	2	3	4	5	0	1	2	3	4	5
A. TRUNK CONTROL		X					X																							
B. ARM CONTROL			X				X																							
C. HIP CONTROL	X									X																				
D. FOOT CONTROL		X						X																						
MAXIMUM PROMPT VALUE 20	PROMPT VALUE					4	PROMPT VALUE					4	PROMPT VALUE						PROMPT VALUE						PROMPT VALUE					

	ENTRY LEVEL					REVIEW 1					REVIEW 2					REVIEW 3					REVIEW 4									
	0	A	B	C	D	0	A	B	C	D	0	A	B	C	D	0	A	B	C	D	0	A	B	C	D					
A. HEAD CONTROL	X					X																								
B. LEG CONTROL	X					X																								

Notes:

Review 1: 12-10-2000 By adding a seatbelt at the hips, Matthew is able to sit on the toilet more comfortably and no longer appears scared.
Will work to reduce the seat belt prompt next.

Step Six

Teaching Skills

Stages of Learning

- Acquisition Stage
 - learning new skills
- Fluency Stage
 - becoming proficient with skills
- Generalization Stage
 - using skills in different environments with various people
- Adaptation
 - ability to modify or adapt the skill on their own

Acquisition Stage

- Most critical stage
- Reduce other demands
- Focus directly on skill
- Physical guidance & prompting
- *“just manageable difficulty level”*
- Requires full concentration and effort to engage the individual in problem solving
- Motivation is important

Teaching Skills

- Effective instruction requires careful and creative planning.
- Focus of instruction is based off of the individual/family goals (from Step Two) that were converted into IFSP/IEP/ISP goals.

Practice Routines

- Focus on a few priority motor skills (from Step Three).
- Schedule **repeated practice opportunities**.
- Embed practice into activities/routines that are part of the student's environment (from Step Three).
- Create challenging activities and practice opportunities that requires problem solving.

Monitor Progress

- Reduce prompts as skill improves (from Steps Four/Five).
- Update the TDMMT (from Step One) to help determine how to advance the student's skills in reaching their goal.

Active Participation Needs

- The individual needs to be engaged in the activity.
- Staff is engaged with the individual during the activity.
- The skill is at the “just manageable difficulty” level for the individual.
- The activity “makes sense” to the individual.
- The activity is occurring in the proper environment.

Active Participation Benefits

- Improved communication
 - Receptive
 - Expressive
 - Social
- Improved socialization
 - Integration into social groups
 - Integration in age appropriate activities

Partial Participation

Strategies to overcome barriers to active participation.

- What is the activity?
- What is the barrier?
- What is the solution?

Partial Participation



Activity	Barrier	Adaptation
Walking to the fish tank	Distance is too far	Begin with a shortened distance that still allows for completion of the activity.

MOVE Provides:

- a way to combine therapy and education.
- a way to utilize time spent on care routines to teach and practice functional skills.
time, rate of learning & generalization
- a record keeping and evaluation system.

MOVE Provides:

- a framework for programming from childhood to adulthood.
- a way to build confidence, which seems to increase the individual's motivation to be recognized as a member of the community.
- a way to facilitate caring for the individual in multiple environments with less stress on the family/care givers.

Improved sitting



Makes wheelchairs for transportation only.



Increases core strength



Promotes proper positioning for self-feeding.

Teaching Upright Toileting

- Start early (by age 3 – age appropriate too) so the individual “owns” the skills needed before they reach middle school
- Allows the individual to be toileted in appropriate area (bathroom)
- Gives dignity to the individual

Teaching Upright Toileting

- **Allows the individual multiple opportunities for practicing mobility skills**
- Prepares the individual for toileting in the handicapped stall of a public restroom
- Easier on family/staff/care providers
- Allows the individual an opportunity to void on toilet or commode

Creating Life Skills

Before MOVE



With MOVE

