



### Goals (in order of accomplishment):

#### Achieve Upright Posture

- Work on head and shoulder control.
- Start by working with child standing at table with arms supported.
- As child acquires ability to maintain upright posture, decrease use of table as support.
- Minimize focus on walking until this skill is achieved.

#### Upper Extremity Dissociation in Standing

- Provide + + upper extremity activities while child is standing at table to encourage bilateral use of hands and arms.
- Attempt to cross midline.
- Use vibration, pushing, resistance.

#### Build Standing Tolerance

- Encourage use of the device during quiet activities such as table top activities, watching TV, Nintendo, playing ball.
- Gradually increase (and keep track of) the amount of time that the child is in the device.

#### Weight Shift Practice

- Practice lifting one leg at a time.
- Provide manual pressure through hip at front of thigh and at foot via heel, then facilitate hip and knee flexion of opposite leg.
- Practice stepping in orthosis without the frame.

#### Walking

- Very important to provide a *reason* for walking.
- The child must want to get across the room.
- Use lower extremity patterning, i.e. facilitate hip and knee flexion via brace (posterior approach to child).

#### Steering

- Initially the device's steering may be blocked to prevent any turning from occurring.
- When the child consistently demonstrates the ability to walk across a room, the wheels may be partially released to permit slight turning. Eventually all steering control may be removed if the child develops adequate skills.
- Work with the child to establish this skill by allowing child to weight bear via upper extremity through flat hands on therapist's hands.
- Encourage the child to turn head in the direction that device is to turn.
- Work on motor planning so that walking is incorporated into daily functional activities.