

MEET THE THERAPIST

Hello! My name is Krissy Hahn and, as a physical therapist with Infant-Toddler Therapy Services at Community Care Connections, Inc. I have the best job in the world! I am celebrating my 10th year with Community Care Connections, Inc. and feel so fortunate to be a part of such a vibrant group of professionals who dedicate their careers to helping families realize their children's potential.

I have been married to my amazing husband, Dave, for 18 years and together we spend our time chasing after our

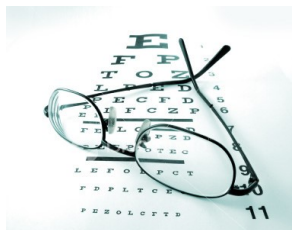
two busy children, Abbey (13) and Will (11) who are always eager to embark on new adventures, especially with our mischievous dog, Stella (2).

Thank you for welcoming me into your homes each week and please know that I love every minute of it!!



EARLY EYES

Proper eye care for your children is an absolute must, but don't leave everything to your doctors. After all, they don't spend even a fraction of the time with your child that you do. Parents are on the very front lines of the fight against childhood ocular disorders. Read on, and we'll discuss two of the more common speed bumps your own little human can encounter.



Strabismus

You've probably heard of strabismus under a slightly different name: crossed eyes. While it may sound fairly innocent, leaving the condition untreated can open a truly

nasty can of worms later in a child's life.

Out of all the eye conditions that we'll discuss here, strabismus is among the earliest to present. It's caused by a lack of coordination of the muscles that control eye movement. Many infants are actually born with some form of misalignment, and most actually outgrow it relatively quickly. However, up to four percent of children still grapple with the disorder through later childhood.

One of the most common forms seen in younger patients is something known as accommodative esotropia. Broken down, it simply refers to the turning inward of one or both eyes. Farsighted folks are at greater risk as, in an effort to focus on nearby objects, they'll sometimes actually turn their eyes in to combat their naturally distant-focused vision. Think of it as an extreme version of what happens whenever you hold a finger in front of your face and slowly draw it closer to your eyes.

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9 IDEAS FOR VALENTINE'S DAY FUN

From the editors of Parenting.com

Sweet! 9 Ways to Have Fun

1. Give love a thumbs-up. Decorate valentines with thumbprint hearts. Have your child dip his thumb in red poster paint (fingers work fine, too), then show him how to press it onto paper twice to create a heart shape.

2. Eat your hearts out. Make a pan of Rice Krispies Treats, cool slightly, and then let your kids use a heart-shaped cookie cutter (coated with cooking spray) to punch out edible valentines. Decorate with frosting and/or candies.

3. Look for love. Play the "I love you to pieces" game: Cut out a big heart from construction paper, and tear it up. Hide the various pieces around the house for kids to find and then reassemble with tape.

4. Go cocoa. Melt a bag of chocolate chips in the microwave, then stir in raisins, marshmallows, candy hearts, etc. Drop spoonfuls of the mixture onto a baking sheet, and let set in the fridge until hard. Wrap the candies in pink cellophane and tie with ribbon to give to friends, sitters, and teachers.

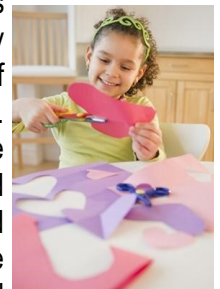
5. Name that passion. At dinner, hand out three scraps of paper to each family member and ask them to write down something they love on each one (parents can transcribe for little ones). You might write "cheese," "tennis," and

"sleep" on yours, for example. Fold up the papers, put them in a bowl, and take turns picking one out and guessing who loves what.

6. Have a heart-y laugh! What do you call a very small valentine? A valenty! How about this one: What does a caveman give his wife on Valentine's Day? Ughs and kisses!

7. Check your pulse. Teach your child how to find her pulse in her neck or wrist. Then tell her to run or jump in place for 30 seconds. How fast is her heart rate now? What about after she lies down for a minute?

8. Get carded. Make a pop-up Valentine's card from *Crafting With Kids*, by Catherine Woram: Cut out three hearts of descending size from decorative paper. Fold all the hearts in half, and adhere the largest one to the inside of a blank card with a single line of glue down the fold line. Layer the smaller hearts on top the same way for a three-dimensional greeting.



9. Cozy up. Cuddle together on the couch and watch *Be My Valentine, Charlie Brown*.

<http://www.parenting.com/article/valentines-day-fun>

BANANA YOGURT POPSICLES

Ingredients:

- 2 "ready to eat" bananas (not too green and not too brown)
- 1 6-8 oz. container low-fat vanilla yogurt



Utensils:

- 4 popsicle sticks
- 1 sheet of wax paper
- 1 plate
- blunt knife

Directions:

1. Place wax paper on plate.
2. Peel both bananas and cut in half.
3. Put one popsicle stick in the flat end of each banana half so they look like banana popsicles.
4. Open container of vanilla yogurt and stir to mix well.
5. Dip each banana into yogurt and turn back and forth a couple of times.
6. Remove and place on wax paper on plate.
7. Once all four banana-pops are dipped, place plate with bananas in freezer.
8. Let freeze for 2 or more hours.

<http://kidshealth.org/en/parents/yogurt-pops.html>

EARLY EYES– continued

Strabismus, once caught, is relatively easy to treat with appropriate vision therapy and use of corrective lenses. However, if it's not caught, there are some consequences. Chief among them is...

Amblyopia

If the misalignment that causes strabismus goes uncorrected, amblyopia is often the next stage. Often called lazy eye, amblyopia stems from a coping mechanism the brain uses to make up for strabismus. A child with strabismus has essentially noncooperative eyes, and won't receive the benefits of binocular vision that children with healthy sight do.

However, humans are durable critters, and when one part of the body encounters difficulties, the brain often works around it. The solution in this case: ignore a large amount of the information coming from one eye. Input from the child's dominant eye becomes more and more highly prioritized, with the result that vision stops developing normally in the weaker eye. Eventually, amblyopia develops.

Up to five percent of the population has been estimated to suffer from amblyopia, with varying degrees of severity. Amblyopes with less extreme symptoms often don't realize that they've ever had the disorder until later tests finally detect it. Small wonder, since vision in the stronger eye is normal, and people living with amblyopia have long since become accustomed to using monocular cues for things like depth perception and movement

detection. Profound cases, however, can be more problematic. The compensations that might make up for a milder case don't quite cut it anymore. Depth perception, spatial acuity, and sensitivity to motion cues all suffer. Some amblyopes will even experience spatial distortion and similar vision problems.



If caught relatively early, amblyopia has a decent prognosis. Patching the dominant eye of an amblyopic child forces them to use their less dominant eye, hopefully restoring more balanced sight. Applying atropine to the less-developed eye has also worked well. Treatment isn't so easy in older children and adults. Still, the picture isn't entirely bleak. Several vision therapies have been shown to provide at least temporary improvement, and researchers are still looking into ways to tackle the issue.

What Can You Do?

If you're a parent, then there are a few things you should know about children's eyesight and signs you can look out for. Catching strabismus and amblyopia early can be difficult – toddlers aren't necessarily going to pull you aside and have a heart-to-heart about the

concerns they have regarding their vision. Their own eyes are the only thing they know, so it isn't surprising that as far as they're concerned, whatever they're experiencing is normal. Instead, you'll have to play your part to look for obvious behavioral signs of vision trouble.

An awful lot of the signs are what you'd expect. Obvious trouble with spatial cues is a big one. If you notice a child consistently bumping into objects or clearly misjudging distance, that should raise some flags. Misalignment can also cause some balance troubles, so if you see a toddler stand up, only to weave and topple back over, it's worth watching. Of course, both of these signs are complicated by the fact that young children, no matter how healthy, spend an awful lot of time falling over of their own accord, but if your own kid seems to run into trouble more often than his or her peers, you may want to bring them in for a checkup.

Other cues include apparent frequent eye rubbing, or difficulties with one eye over another. Squinting can be a sign of trouble, along with closing or covering one eye when visually concentrating. And sometimes, strabismus isn't all that tough to catch. If your child is obviously cross-eyed, or has a wandering eye, then it's time to bring them in for a checkup.

www.rebuildyourvision.com/blog/childrens-eye-health/early-eyes-strabismus-amblyopia-children/

OUR PROGRAM



The CCC Infant-Toddler Therapy Services Program provides therapy and education to children, birth to three years of age, who have a developmental delay or disability.

Therapies and instruction that are provided include Physical Therapy, Speech Therapy, Occupational Therapy, Special Instruction, and Nutrition services.

Therapies are provided weekly, bi-monthly or monthly dependent upon the child's needs in the child's natural environment with parents, siblings or other family members present. This includes your home, grandparent's home, daycare, babysitter's, community and playground. These family-based therapies are designed to strengthen the relationship with parent and child, and to provide opportunities for parents to learn how to incorporate it into their daily routines that will assist their child in meeting his/her developmental milestones.

All Infant-Toddler Therapy Services Program staff have extensive pediatric experience and are licensed or credentialed to provide service in Pennsylvania. The program currently serves infants and toddlers residing in Butler, Armstrong, and Beaver Counties.

The Infant-Toddler Therapy Services Program is funded through a grant from the Office of Child Development and Early Learning (OCDEL). Services are provided free of charge to eligible children, birth to three years of age.

Each county has an Early Intervention program which may be reached directly. For the counties in which we provide services, the Early Intervention referral phone numbers are:

Butler County—724.431.3748
(Center for Community Resources)

Armstrong-Indiana County—724.545.1234
(Family Counseling Center)

Beaver County—724.891.2827
(Behavioral Health and Developmental Services Office)

You may also call the CONNECT phone number at 1.800.CONNECT to find contact information for all Early Intervention programs in Pennsylvania.

We are an active member of the Early Intervention Providers Association.

For more information about the Infant-Toddler Therapy Services Program contact Program Director, Becky Werner at 724.283.3198 Ext. 249

Community Care Connections, Inc.

EMPOWERING PEOPLE WITH DISABILITIES

Infant-Toddler Therapy Services Little Children, Big Futures

Occupational Therapy, Physical Therapy, Speech Therapy, Developmental and Nutrition Services
Offered at no cost for children birth to age three with developmental delays or disabilities.

Becky Werner-Director

For additional information please call 724-283-3198 or visit our website:
www.communitycareconnect.org