

## **What is Speech Therapy?**

A speech language pathologist works to improve your child's ability to communicate and to manipulate food and liquids involved with feeding. Language development begins at a very early age. There is receptive language, which is the ability to understand language. And there is expressive language, which is the ability to produce communication through verbalization, or sign language, or a communication device. A speech therapist is also concerned with your child's mouth mechanics.

A speech language pathologist evaluates your child's understanding of language and ability to communicate through non-verbal and verbal gestures. The therapist will also evaluate your child's cognitive status, which is the thought and learning process. A speech language pathologist also evaluates your child's ability to chew and swallow food and liquids. The therapist, along with your input, will develop goals for your child and a plan of how to achieve these goals.

Children with RTS tend to have difficulty communicating with people due to the thought process of communication and not due to articulation problems (the mechanics of how the mouth works). If your child is having problems with communication, then a total communication approach should be in place, which consists of the promotion of language development through spoken language, picture boards, sign language and/or augmentative devices.

Speech therapy sessions are geared towards language development through pictures, books, singing, respiration activities, babbling, speaking and communication devices. Therapy can also focus on feeding skills and how to coordinate your child's mouth musculature to chew and swallow food and liquids.

## **What is Augmentative Communication?**

Typically, a highly trained speech therapist will assist your child with an augmentative communication device. Many schools and service agencies are now using Assistive Tech Specialists for augmentative communication. An augmentative communication device can be anything from a simple picture board to an extensive computer system. There are many ways to communicate besides verbal language. Augmentative communication devices can be the answer to helping your child communicate with you. Augmentative communication does not eliminate the use of verbal speech. Both can be worked on as goals for your child. Make sure that different augmentative communication devices are tried to find the best one for your child.

What is Physical Therapy (PT)?

A physical therapist works to improve your child's gross motor development. Gross motor means large movement, such as rolling, crawling, standing, walking, running, and

playing on a playground. Physical therapy deals with mobility, which is how your child moves from one place to another, or how your child reaches to obtain an object.

A physical therapist facilitates your child to move. In order to achieve movement, the therapist will evaluate your child's strength, joint range of motion, muscle tone, balance reactions, gait (how your child walks), skeletal integrity, skin integrity, endurance, gross motor milestones and active movement. The therapist, along with your input, will develop goals for your child and a plan of how to achieve these goals. Therapy sessions are typically geared towards functional activities, which for children is typically play, to achieve the established goals. Physical therapists will sometimes use big therapy balls, bolsters, wedges, bicycles, treadmills, swimming pools, playground equipment, and other equipment to facilitate movement. A physical therapist is also very involved with adaptive equipment such as splints, braces, seating devices, car seats, strollers, and wheelchairs.

The web site for the American Physical Therapy Association can be found at [www.apta.org](http://www.apta.org).

## **What is an Occupational Therapy (OT)?**

An occupational therapist works to improve your child's fine motor development. Fine motor means small movement, often it is how your child's hands manipulate an object. It is how they pick up an object, color or write, perform self-care activities, and perceive their environment through their senses.

An occupational therapist assists your child to perform activities of daily living (ADL), such as manipulating toys in play, writing, dressing, feeding, bathing, and working. An occupational therapist will evaluate your child's trunk and upper body strength, joint range of motion, muscle tone, skin integrity, fine motor milestones, eye-hand coordination, manipulation of objects within their hands, sensory (sight, smell, hearing, touch, taste) awareness, and activities of daily living. The therapist, along with your input, will develop goals for your child and a plan of how to achieve these goals. Therapy sessions are typically geared towards functional activities that your child should be performing, such as playing, dressing, self-feeding, bathing, coloring, writing, craft projects, and work activities. Occupational therapists will sometimes use assistive devices to perform ADLs, big therapy ball, bolsters, wedges, and swings during therapy.

The web site for the American Occupational Therapy Association can be found at [www.aota.org](http://www.aota.org).