



MN ADOPT

A Program Funded by the Minnesota Department of Human Services

FACT SHEET

Therapies that Help Children with Fetal Alcohol Spectrum Disorder (FAS)

Family Achievement Center and Minnesota Organization on Fetal Alcohol Syndrome
Materials from Evergreen Consultants www.attachmenttherapy.com
Daniel A. Hughes' *Adopting Children with Attachment Problems*

Occupational Therapy Helps Children Diagnosed with FAS Develop

SELF-CARE

Assist in teaching activities of daily living:

- Dressing
- Toileting
- Grooming
- Feeding
- Home care tasks
- Meal preparation

SENSORIMOTOR

Visual perception and visual -motor skills which includes, but not limited to:

- Difficulty building with blocks as young child
- Difficulty putting puzzles together
- Difficulty drawing well with crayon or marker
- Difficulty recognizing similarities and differences in patterns
- Difficulty making letters stay within lines

Sensory integration difficulties:

- Tactile- includes seeking out touch by rubbing/pushing others or objects, resisting touch of others, objects, or clothes, bed-wetting, etc.
- Vestibular- includes avoiding or seeking movement activities, becoming anxious when feet leave ground, rocking unconsciously, becoming easily car sick, etc.
- Pro-prioception- includes poor coordination, appearing clumsy, using too much force, using too much pressure with writing, etc.
- Oral sensory processing- includes gagging with food textures, having strong preference for certain foods, mouthing non-food objects, etc.
- Auditory- includes responding negatively to loud noises, easily distracted around a lot of noise, not responding when name is called, etc.
- Regulatory functions- difficulty sleeping, adapting to change, transitioning
- Upper extremity muscle strength
- Eye-hand coordination
- Fine- motor skills - grasp, pinch, handwriting

To learn more about MN ADOPT and our efforts to ensure each child will have a permanent family, call 612-861-7115 or visit www.mnadopt.org

Cognition:

- Attention span
- Concept learning (e.g. cause and effect)
- Following directions
- Memory
- Sequencing
- Compensatory techniques

Psychosocial:

- Social skills -Initiation and termination of activity, cooperative behavior, leisure interests, self-expression, coping skills, aggressive behaviors, etc.

Physical Therapy Helps Children Diagnosed with FAS Develop

MUSCULOSKELETAL

Muscle tone:

Hypotonia (low muscle tone) and hypertonia (high muscle tone) are common in children with FASD. Physical therapy can perform therapeutic techniques to help normalize tone and develop strength.

Posture:

Skeletal deformities and abnormal muscle tone can affect posture thus causing children to fatigue easily and use inefficient movement patterns.

- Funnel chest or slouched trunk
- Forward head posture and rounded shoulders
- Flat feet or high arches
- Hyperextension of the knees

Strengthening:

- Weak trunk and abdominal muscles
- Poor upper body, arm and leg strength

Range-of-motion:

Obtaining and maintaining full extremity and trunk range-of- motion especially in those with abnormal muscle tone and/or skeletal deformities

GROSS MOTOR SKILLS

Developmental Milestones:

Children with FASD often have a difficult time obtaining their developmental milestones. Physical therapy can facilitate children to gain these skills at a more age appropriate level and in an efficient manner without compensation. Rolling, crawling, sitting, standing, walking, etc.

Balance:

Balance impairments may be the result of physical deformities, poor posture, low muscle tone, visual or vestibular dysfunctions, and/or poor coordination. – Physical therapy can help determine the cause of the balance impairment and help to facilitate improved stability and balance reactions.

- Developing postural balance in sitting
- Standing balance when in a stationary position and when moving
- Standing on one leg or maintaining balance while weight shifting

Coordination:

- Hand-eye coordination
- Bilateral coordination (right and left sides of the body)
- Arms and legs together and in opposition

Ambulation:

- Learning to walk with and without assistance
- Improving efficiency with walking and running activities to increase endurance levels and safety

Speech Therapy Helps Children Diagnosed with FAS Develop

EXPRESSIVE LANGUAGE

Assist with finding an effective means to communicate:

- Develop grammatically correct sentence structures
- Express their feelings
- Use symbols and/or pictures to aid in the development of sentence length and structure, assist with making choices, and provide a predictable schedule

RECEPTIVE LANGUAGE

Assist in comprehending spoken language:

Use symbols, pictures, and written cues to assist them in understanding spoken language address the issues of:

- Concepts
- The “why” questions
- Multi-step directions
- Sequences

COGNITION

- Attending
- Recalling information
- Problem solving skills
- Reasoning
- Logic
- Organizing
- Turn-taking (decrease impulsivity)
- Understanding boundaries (personal and property)

Work collaboratively with the school, parents, and other therapists to assist in the child’s environmental control to help facilitate learning.

Authors/Sources
The Family Achievement Center
651-738-9888
www.familyachievement.com

Minnesota Organization on Fetal Alcohol Syndrome (MOFAS)
651-917-2370
www.mofas.org

Project SOS: Seeds of Success
Creating Success One Child at a Time, One Step at a Time