

ACTIVITIES FOR STIMULATION

Visual Stimulation :

- ❖ Hang a bright colored toy to a string placed in front of the child, this encourages focussing or fixing on objects. Move the toy from side to side and encourage the child to trace the object.
- ❖ Place attractive toys on the table in front of the child. Encourage the child to reach for the toys, grasp them and manipulate.
- ❖ While covering the child and moving around mother can show different objects, pictures, toys, etc.



Auditory Stimulation :

- ❖ Hang a string of noisemakers in front of the child. Encourage the child to grasp, pull or hit them where by they produce sounds.
- ❖ Place rattles or musical instruments in front of the child so that the child reaches holds and bangs them and enjoys the sounds produced.
- ❖ Provide a plate and a spoon and place them in front of the child. When the child plays with the spoon hitting it against the plate produces a sound which will stimulate the child through play.



Tactile Stimulation :

- ❖ Hang toys made of different textures such as cotton and coir in front of the child. When the child reaches for them it gives him a sensation of touching different surfaces.
- ❖ Place soft toys of different sizes on the floor in front of the child. When the child reaches for the toys, it helps him experience the feel of it. Large soft toys will also help in tactile stimulation as the child would enjoy cuddling them.



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NIEPID/DMS/ANX/19:A

EARLY INTERVENTION FOR MOTOR PROBLEMS

SITTING - Stiff Child

NORMAL CHILD SITTING

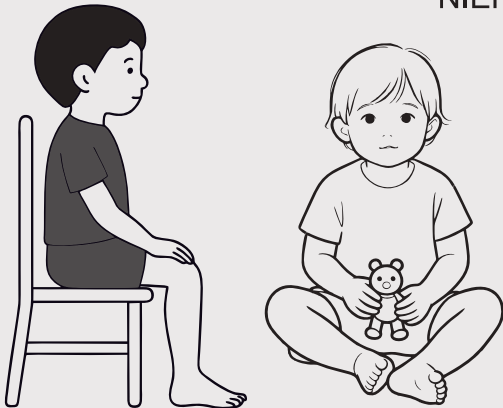
SITTING ON THE CHAIR

- the back and head are vertically straight
- Hips and knees are bent (as shown in the figure)
- Feet are placed flat on the floor

FLOOR SITTING

- The back and head are kept straight
- Hips and knees bent (as shown in the figure)
- The outer side of the thigh touching the floor

IF THERE IS A DELAY OR ABNORMALITY
SEEK PROFESSIONAL HELP.



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ABNORMAL POSITION

- ❖ Child's head and shoulder are thrown back
- ❖ Back is arched
- ❖ Presses the buttocks down
- ❖ Straightening at hip, knee and ankle.
- ❖ Toes pointing down



(Stiff child)

CORRECTION

- ❖ Make the child sit on a chair (as shown in the picture) Height of the seat in front is more
- ❖ Keep the head and trunk straight and supported. If required tie a strap at chest level
- ❖ Maintain the hips and knees bent and supported as shown in the figure
- ❖ The feet should rest flat on the surface
- ❖ Support with a strap if needed



Use activities for relaxation

ABNORMAL POSITION

- ❖ Stiffness more in lower limbs
- ❖ The child sits with legs folded under his thigh and the heels touching his buttock (w sitting)



(Stiff child)

CORRECTION

- ❖ Make the child sit between the legs of the caregiver with legs extended and straight
- ❖ The child's head and back should be straight and supported by the caregiver.
- ❖ Hands of the child should be kept free to play and manipulate
- ❖ Ensure that the caregiver legs are stretched out and thighs of the child are held close



Use activities for relaxation

ABNORMAL POSITION

- ❖ Stiffness is in one half of the body
- ❖ Child uses only normal half of the body
- ❖ Other half is stiff
- ❖ Child sits with one leg bent on the affected side and the other leg placed normally
- ❖ The affected hand is bent and held close to the chest



(Stiff child)

CORRECTION

- ❖ Allow the child to take support on the affected side by resting the palm on the floor.
- ❖ The knees should be bent in such a way that the child is in side sitting position on the affected side



Use activities for relaxation

ABNORMAL POSITION

- ❖ Child's head and shoulder are thrown back
- ❖ Back is arched
- ❖ Presses the buttocks down
- ❖ Straightening at hip, knee and ankle.
- ❖ Toes pointing down



(Stiff child)

CORRECTION

- ❖ The child should be lifted with his head facing forwards, chest supported legs and arms widely separated by caregiver's hands. (fig-1)
- ❖ The child should be lifted at the mother's waist with trunk supported by mother's arms child's legs held widely separated. (fig-2)
- ❖ If left side is affected caregiver should carry the child on her/his left side and vice versa (fig-2)



(fig-1)



(fig-2)

Use activities for relaxation