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continued

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Hot Topics in Pediatrics

Guest Editor: Lisa Kenyon, PT, DPT, PhD, PCS

- 11/5: Evidence Based Physical Therapy Management of Idiopathic Toe Walking Sally P. LeCras, PT, DPT, PCS
- 11/6: What Are We Waiting For? The Power of Early Mobility Lisa Kenyon, PT, DPT, PhD, PCS
- 11/7: Meeting the Sensory Needs of Children with Autism Spectrum Disorder(ASD): A Primer for Therapy Professionals Melissa Tovin, PT, MA, PhD, PCS, CEEAA
- 11/8: Keys to Physical Literacy and Fundamental Movement Skills for Children Who Use Wheelchairs: Consideration for Adapted Sport and Inclusive Physical Education Krista Best, PhD
- 11/9: Clinical Application of the Congenital Muscular Torticollis Clinical Practice Guideline Micah Huegel, PT, DPT

continued

What Are We Waiting For? The Power of Early Mobility

Lisa K. Kenyon PT, DPT, PhD, PCS PhysicalTherapy.com Webinar November 6, 2018



Learning Outcomes

As a result of this course, participants will be able to:

- List 3 ways in which early mobility positively impacts overall development in a typically developing infant or toddler.
- Describe 3 benefits of early power mobility use for infants and toddlers with mobility delays.
- Identify 3 different types of power mobility learners reflecting the range of expectations for power mobility use in infants and toddlers with mobility delays

continued

Learning Outcomes

As a result of this course, participants will be able to:

- Outline a power mobility training plan to promote early mobility experiences for infants and toddlers with mobility delays.
- List 3 outcome measures to assess the impact of power mobility training in infants and toddlers with mobility delays.



Developmental Benefits of Early Mobility in the Typically Developing Child

continued

Mobility in Typical Development

Self-generated mobility patterns (e.g., crawling, walking) substantially impact development in a child^{1,2}





Mobility in Typical Development

This independent mobility catapults the infant into a new paradigm^{3,4}

- The infant is free to explore
- The infant is no longer dependent on others to move from one place to another



continued

Mobility in Typical Development

Self-generated mobility is more than just a way to get from Point A to Point B





Mobility in Typical Development

- Piaget:⁵ Self-generated mobility is the basis for intelligence
- Gibson:³ Self-generated mobility provides the early exploratory activities that make up a child's cognitive foundation

continued

Mobility in Typical Development

 Pallas:⁶ Exploring the environment through selfgenerated mobility shapes and molds the cortical connectivity and function of a child's brain





Mobility in Typical Development

- Self-generated mobility provides the typically developing infant a plethora of novel experiences and opportunities^{1,2,4}
 - Learning
 - Problem solving
 - Making choices and decisions
 - Development of spatial-cognitive skills



continued

When You Were a Baby...





When You Were a Baby...



continued

Typically Developing Older Infants & Toddlers Are Very Mobile

- Adolph et al⁷ explored spontaneous locomotion during free play in 12-19 month-olds
 - Walking infants averaged
 - 2367.6 steps/hour
 - Traveled 701.2 meters/hour
 - Fell 17.4 times/hour



Typically Developing Older Infants & Toddlers Are Very Mobile

 Adolph et al:⁷ Walking 701.2 meters in an hour = the length of 7.7 American football fields.⁷



continued

Typically Developing Older Infants & Toddlers Are Very Mobile

- Adolph et al:⁷ If these children were free to move about for just 6 hours a day, their daily practice "dose" would be
 - 14,000 steps over the length of 46 football fields.⁷
 - An incredible amount of practice!



But What if Self-Generated Mobility Is Delayed?



continued

But What if Self-Generated Mobility Is Delayed?

What if the Infant/Toddler Is Unable to Crawl or Walk?



The Developmental Impact of Delayed Mobility and Mobility Limitations

continued

The Impact of Mobility Limitations

Children with mobility delays or mobility limitations are unable to reap the developmental and functional benefits of independent mobility^{8,9}





The Impact of Mobility Limitations

- Children with mobility delays or mobility limitations may experience secondary impairments^{1,8,9}
 - Spatial cognition
 - Communication
 - Social development
 - Other developmental domains



continued

The Impact of Mobility Limitations

- Children who are unable to actively move and interact with their environment may exhibit passive, dependent behaviors^{8,9}
 - This may lead to learned helplessness^{10,11}





The Impact of Mobility Limitations

- Ongoing feelings of lack of control may result in^{11,12}
 - A negative affect
 - Difficulties with problem solving
 - Poor task mastery (especially with more challenging tasks)
 - Other issues related to executive function

continued

The Impact of Mobility Limitations

Passive mobility **does not** provide the same experiences as independent mobility⁴





The Impact of Mobility Limitations

Being pushed in a stroller or a wheelchair does not promote the development of the spatial-cognitive skills necessary to understand the relationship between oneself and the environment⁴

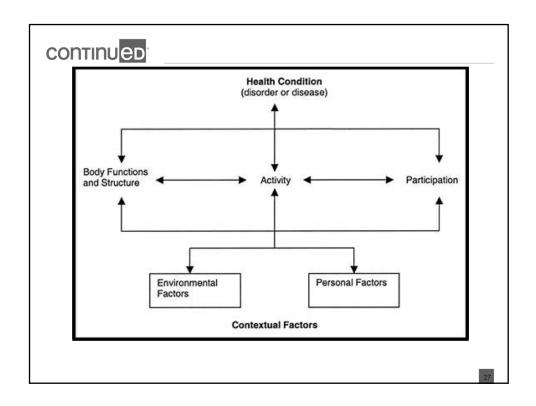


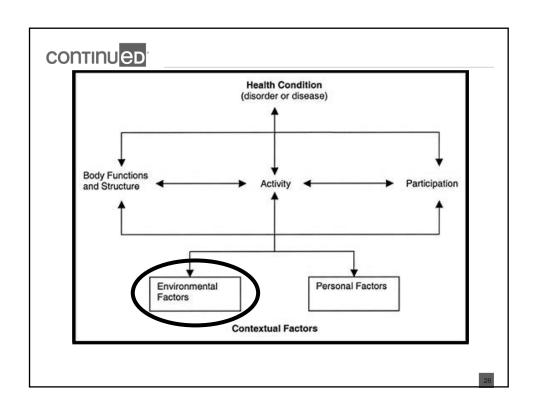
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What Does the Evidence Say?

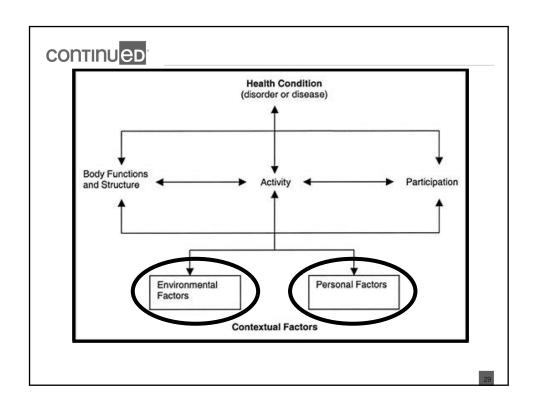


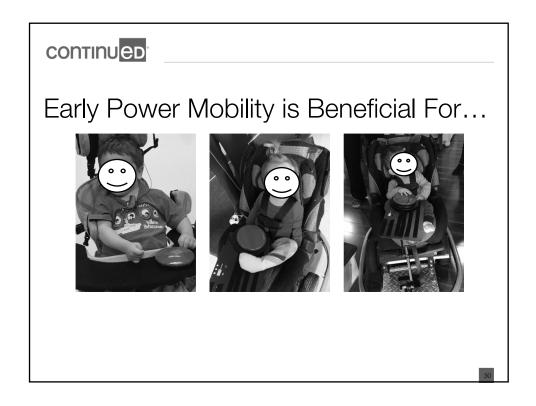














Mobility is a Human Right

Mobility devices enable people who have mobility limitations the opportunity to achieve mobility, benefit from human rights, and live with dignity. 13,14

continued

Mobility is a Human Right

The 2006 United Nations Convention on the Rights of Persons with Disabilities¹⁴ asserts that nations have a responsibility to ensure access to mobility devices that provide the greatest possible level of independence for people with mobility limitations.



Benefits of Early Power Mobility

- May help prevent the development of learned helplessness¹⁰
 - Provides children who have mobility limitations with opportunities for self-generated mobility and a degree of independence



continued

SR by Livingstone & Field 2014⁸

Systematic review of power mobility outcomes in children from infancy to 18 years of age





SR by Livingstone & Field 2014⁸

- One randomized controlled trial: Strong Level II Evidence
 - Supported positive impact of power mobility on
 - Overall development
 - Independent mobility
- A Single-subject research design: Moderate Level III Evidence
 - Supported positive impact on self-initiated movement

continued

SR by Livingstone & Field 2014⁸

- 26 Remaining studies: Level IV or V evidence
 - Supported positive impacts on a broad range of outcomes from the ICF
 - Body structure and function
 - Activity
 - Participation





SR by Livingstone & Field 2014⁸

- Body structure and function
 - Developmental change
 - Intelligence quotient
 - Affect
 - Engagement
 - Sleep/wake pattern
 - Psychological growth
- Activity
- Participation



continued

SR by Livingstone & Field 2014⁸

- Body structure and function
- Activity
 - Power wheelchair & power mobility skills
 - Self-generated mobility
 - Communication
 - Interaction with objects
 - Independence
- Participation





SR by Livingstone & Field 2014⁸

- Body structure and function
- Activity
- Participation
 - Social skills & interaction
 - Play
 - Peer interaction & participation

continued

Livingstone & Paleg 2014⁹

- A Delphi study exploring practice considerations related to power mobility introduction and use in children
 - 9 transferrable practice messages many of which apply to early power mobility use





Livingstone & Paleg 2014⁹

- 1. Using specialized power mobility devices, infants can participate in power mobility experiences as young as 8 months
- 2. Infants and toddlers can learn to maneuver a power mobility device by about 14 months
- 3. Those who have the physical ability to use a joystick can demonstrate competent control as young as 18 months

continued

Livingstone & Paleg 2014 9

- 4. Power mobility use promotes functional mobility, enhances overall development, provides independence, and increases participation in children who have mobility limitations
- 5. With sufficient practice and support, power mobility may augment self-initiated behavior and learning in children who also have severe intellectual or sensory impairments



Livingstone & Paleg 2014⁹

Although not every child will become a competent driver, all children with mobility limitations can benefit from power mobility use



continued

Different Types of Power Mobility Learners



Power Mobility Learner Groups

- Field & Livingstone¹⁵ define 3 groups of power mobility learners
 - Exploratory learners
 - Operational learners
 - Functional learners

continued

Power Mobility Learner Groups¹⁵

- Gauge expectations for power mobility use based on where a child falls within the continuum of these 3 learner groups
- Can provide insights into the power mobility device and training methods used



Power Mobility Learner Groups¹⁵

- Exploratory learners
 - Most young children begin as exploratory learners and need assistance and close adult supervision
 - May benefit from ongoing training in familiar, predictable environments
 - May benefit from using modified battery-operated toy cars or shared/loaned power mobility devices

continued

Exploratory Learner – Video





Power Mobility Learner Groups¹⁵

- Operational learners
 - Focused on learning basic power mobility skills
 - Benefit from continuing training
 - May be ready to drive in less-restrictive environments and participate in specific activities to advance understanding of the power mobility device

continued

Operational Learner - Video





Operational Learner - Videos





continued

Power Mobility Learner Groups¹⁵

- Functional learners
 - Often meet criteria for purchase of an individually prescribed power wheelchair.



Functional Learner - Video



continued

Power Mobility Learner Groups¹⁵

Some children may quickly progress from one group to another, while other children may remain at exploratory or operational levels and may not be considered for purchase of an individually prescribed power wheelchair.¹⁵



Introducing Power Mobility to Infants & Toddlers with Mobility Delays

continued



Videos-First Time Driving





Video-After a few sessions....



continued

Video – On A Side Note.....





Video-Modified Batteryoperated Toy Car

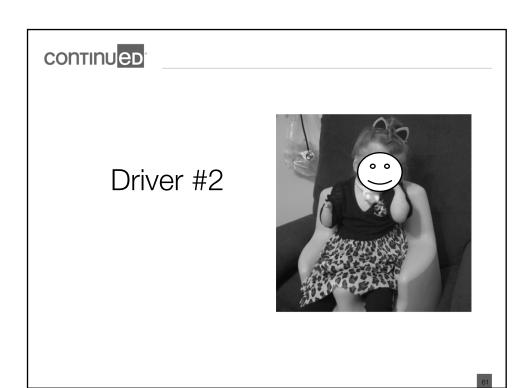


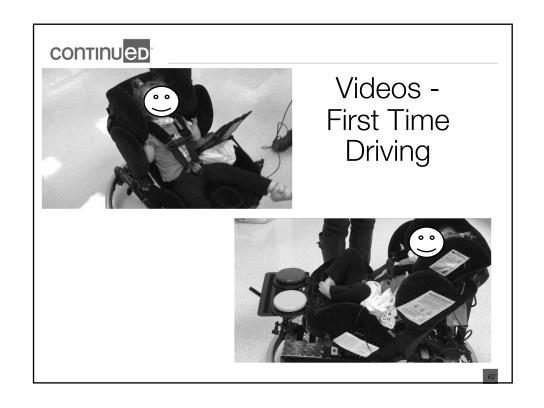
continued

Video - Modified Batteryoperated Toy Car











Driver #3



continued

Video – 1st day of Training





Video - Later in Same Training Period







When Should We Introduce Power Mobility?

High school age is best – high schools are larger and the student must be able to go from one class to the other easily, whereas before that, the child is more likely to stay in one place





Survey Says¹⁶
2 years, 3 months
Average age power mobility considered



7-10 months
Average age a child
starts crawling

continued

2017 RESNA Application of Power Mobility Devices for Pediatric Users¹⁷

Age should not be factor in the decision to use a power mobility device



2017 RESNA Application of Power Mobility Devices for Pediatric Users¹⁷

Age should not be factor in the decision to use a power mobility device

Mobility experiences provided thru power mobility provide a means for exploration and learning which may affect later perceptual, cognitive and social quality of life outcomes

continued

2017 RESNA Application of Power Mobility Devices for Pediatric Users¹⁷

Age should not be factor in the decision to use a power mobility device

This applies both to children who need mobility assistance only in early childhood and children who may never walk



Myth Buster!!!

Therapists and families may be concerned that early use of power mobility may negatively impact gross motor skills acquisition in young children

continued

Myth Buster!!!

Therapists and families may be concerned that early use of power mobility may negatively impact gross motor skills acquisition in young children

This is not supported by the evidence!!!!



Myth Buster!!!

Therapists and families may be concerned that early use of power mobility may negatively impact gross motor skills acquisition in young children

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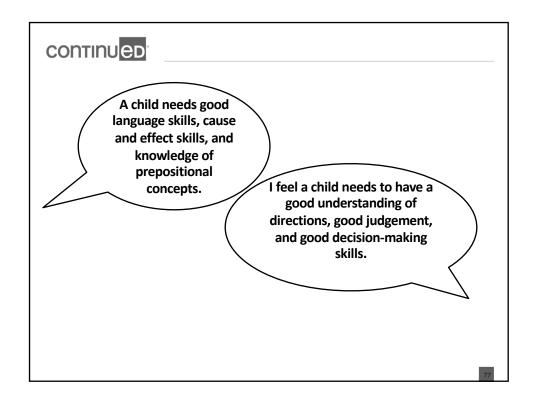
In fact, the opposite is true!!! Mobility breeds mobility!!!

continued

Cognitive Pre-requisites

How much does cognition really matter?





Developing a Power Mobility Training Plan for Infants & Toddlers



Power Mobility Training Methods

- Limited research
 - Especially related to this specific population
- Power mobility training methods for children in general mostly based on expert opinion
 - Research detailing the best methods has yet to be conducted

continued

Foundational Concepts: Durkin¹⁸

- Responsive partner
- We shouldn't "teach" power mobility skills
- Create an engaging, playful environment
- Designed to elicit driving behaviors and mimic opportunities to promote mobility



Foundational Concepts

- For infants and toddlers, accidental activation¹⁹ of a joystick or switch may lead to the development of
 - Cause and effect skills
 - A huge benefit for Exploratory learners!!!
 - Intentional, purposeful driving behaviors

continued

SR by Kenyon et al²⁰

Critical review of power mobility training methods



SR by Kenyon et al²⁰

- Critical review of power mobility training methods
- The Evidence Alert Traffic Light Grading System (EATLS) = Yellow
 - Indicating that caution is needed when providing power mobility training
 - Measure outcomes related to established goals

continued

SR by Kenyon et al²⁰

- Most commonly used approach
 - Incorporating play
- Other approaches with implications for early power mobility
 - Natural environments
 - Goal directed mobility
 - Self-exploration



Foundational Concepts

- Contemporary theories of motor control and neural plasticity
 - Specificity of training
 - Repetition
 - Individually engaging environment
 - Individually meaningful activities

continued

Driver #4





Video –Introducing Power Mobility



- Start slow
- Single switch
- Start with spinning?
- Let the parent interact with the child
- Power mobility training approaches
 - Incorporating play
 - Goal directed mobility
 - Self-exploration

continued

Video – Promoting Mobility



- Create opportunities for success
- Familiar adult interacting with the child
- Power mobility training approaches²⁰
 - Incorporating play
 - Goal directed mobility
 - Self-exploration



Other Helpful Hints in Developing Power Mobility Training Methods

- 1. Identifying motivational and reinforcement factors
- 2. The Power Mobility Training Tool²¹
- 3. Create an engaging environment
- 4. Responsive use of an attendant control unit

continued

Other Helpful Hints in Developing Power Mobility Training Methods

- 1. Identifying motivational and reinforcement factors
- 2. The Power Mobility Training Tool²¹
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- 4. Responsive use of an attendant control unit



Reinforcement Assessment for Individuals with Severe Disabilities (RAISD)²²

- Gathers information related to potentially reinforcing stimuli and activities for each child
 - Parent/Caregiver interview
 - Focused and brief
 - Identifies a child's likes and dislikes

continued

Other Helpful Hints in Developing Power Mobility Training Methods

- 1. Identifying motivational and reinforcement factors
- 2. The Power Mobility Training Tool²¹
- 3. Create an engaging environment
- 4. Responsive use of an attendant control unit



The PMTT²¹

- Used to identify basic power mobility skills in children
 - Can be used with children who use switches or other alternative access methods
- Guides the development of power mobility training programs to promote basic power mobility skills

continued

The PMTT²¹

- Not intended to determine who "qualifies" for power mobility
- Not intended to be used as an outcome measure
- Consists of
 - 12 items scored on a 5 point scale
 - 4 non-motor items and 8 motor items
 - 1 non-scored item
 - 2 items that are scored dichotomously



The PMTT²²

Provided by the authors free of charge

kenyonli@gvsu.edu

continued

Other Helpful Hints in Developing Power Mobility Training Methods

- 1. Identifying motivational and reinforcement factors
- 2. The Power Mobility Training Tool²¹
- 3. Create an engaging environment
- 4. Responsive use of an attendant control unit



Create an Individualized & Engaging Environment

- Based on
 - The findings from the RAISD²²
 - The findings of the PMTT²¹



continued

Example - Driver #5





Findings from the RAISD²²

- Likes her pacifier
- Enjoys children's songs
- Loves playing with her brother

continued

Initial Findings on the PMTT²¹

- Using only one switch
- Fairly consistent switch activation
 - Appears to understand the connection between pressing the switch and moving the power mobility device
 - Activates a switch to move the power mobility device in any direction
 - Difficulty activating the switch to move the power mobility device for >5 seconds



Initial Driving "Goals"

- (Child) will activate the switch to move the power mobility device for >5 seconds.
- (Child) will drive the power mobility device 5 feet to obtain a desired object or to interact with a preferred person.

continued

Video - 1st day of Training





Subsequent Findings – PMTT²¹

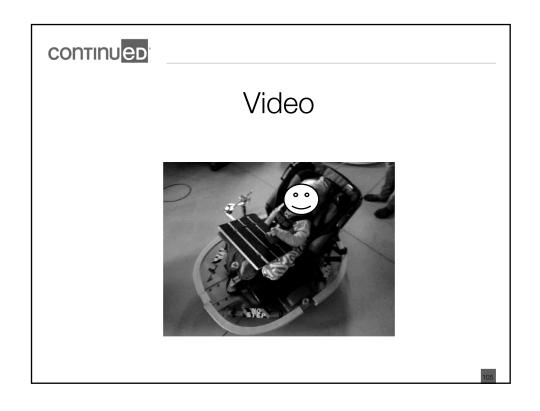
- Still using only one switch ?motor ability to use more switches
- Consistent switch activation
 - Activates a switch to move the power mobility device in any direction
 - Sustains activation of the switch to move the power mobility device for >5 seconds
- Difficulties with stopping ?motor ability

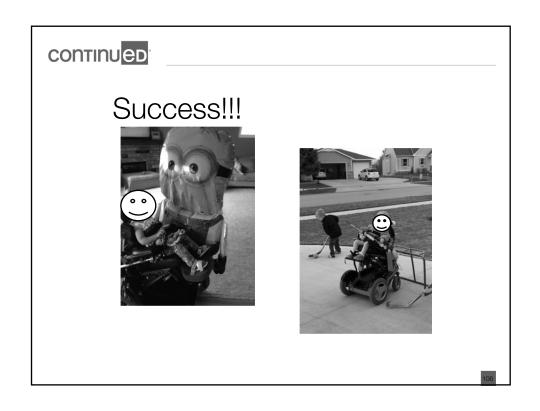
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Progression "Goals"

- (Child) will progress to using a joystick to drive the power mobility device
 - Use the joystick to move the device forward, right, left, and in reverse
 - Stopping
- (Child) will drive the power mobility device 25 feet to obtain a desired object or to interact with a preferred person









Other Helpful Hints

- 1. Identifying motivational and reinforcement factors
- 2. The Power Mobility Training Tool
- 3. Create an engaging environment
- 4. Responsive use of an attendant control unit

continued

Responsive Use of Attendant Control

- Used for
 - Safety
 - Maneuvering
 - Encouraging problem solving



Responsive Use of Attendant Control

- Used for
 - Safety
 - Maneuvering
 - Encouraging problem solving

Achieved through shared control

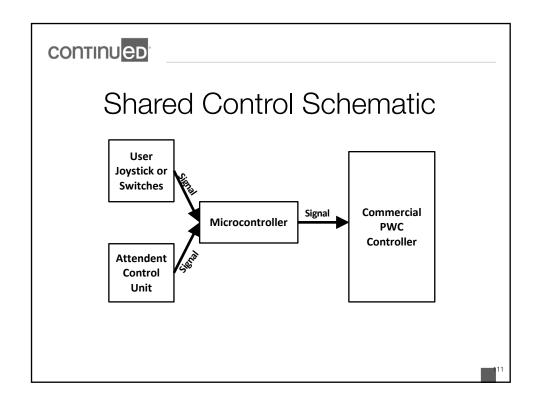
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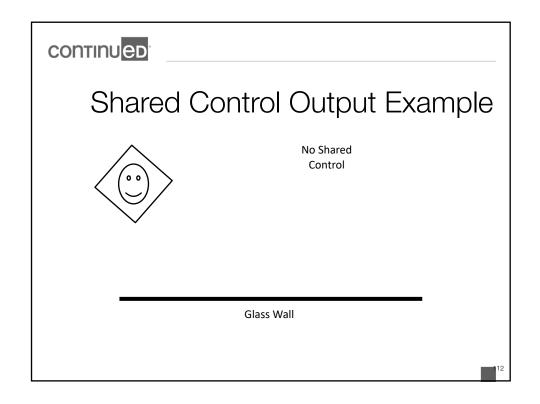
Shared Control

The electronic capability to modify the direction and motion of the power mobility device by combining inputs from both the user and attendant control units without having to stop or interrupt the child's driving

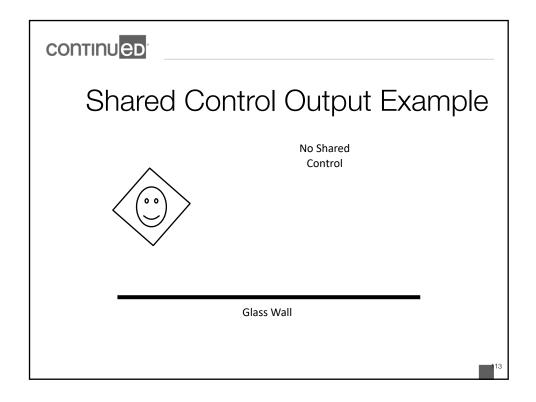


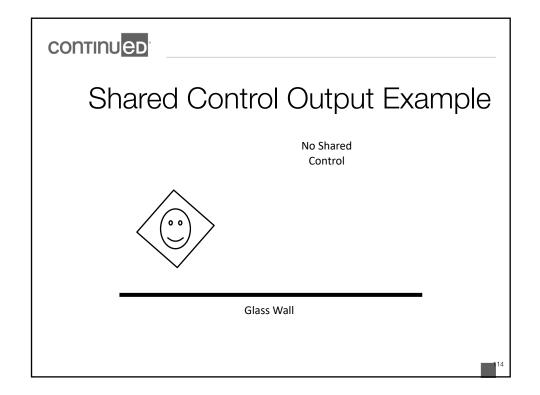




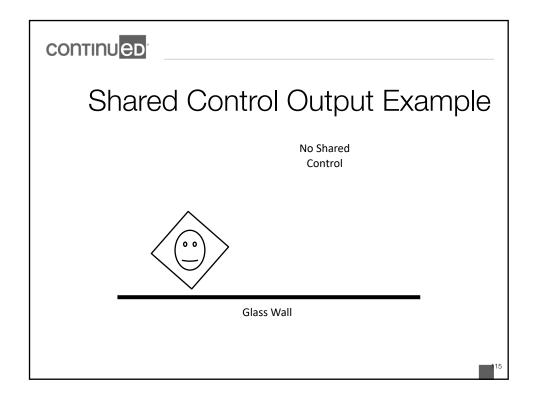


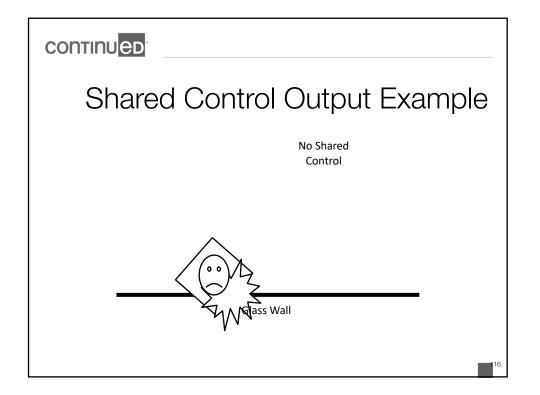




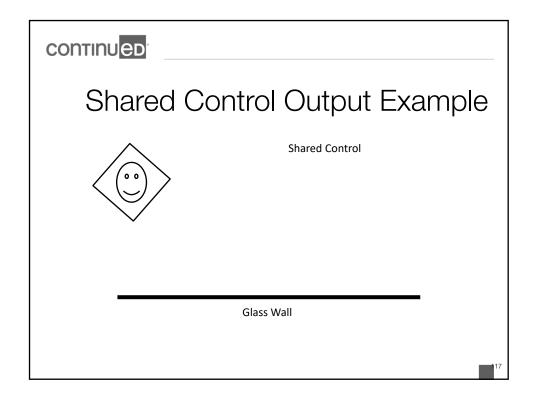






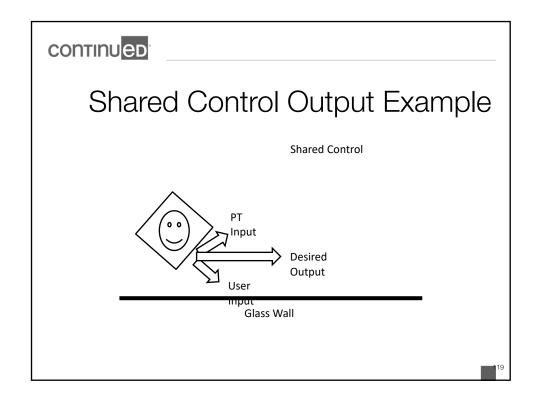


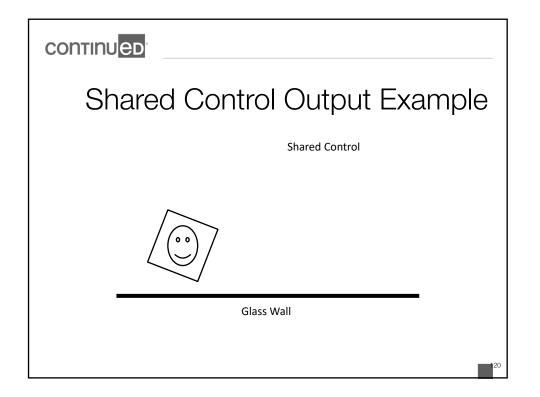




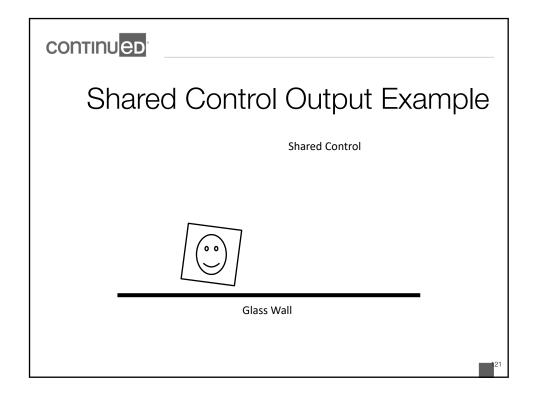
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Shared Control Output Example
Shared Control
Glass Wall
118

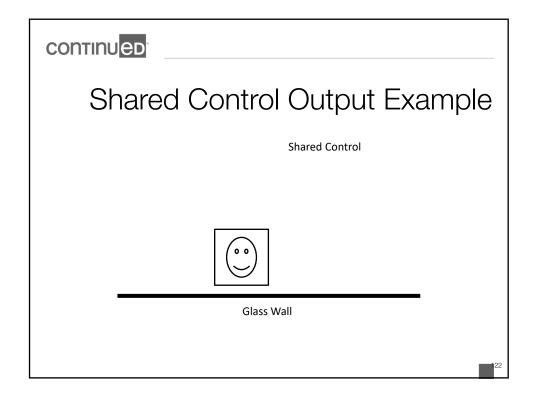




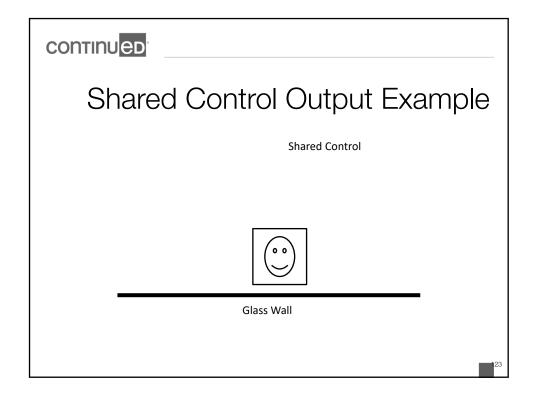


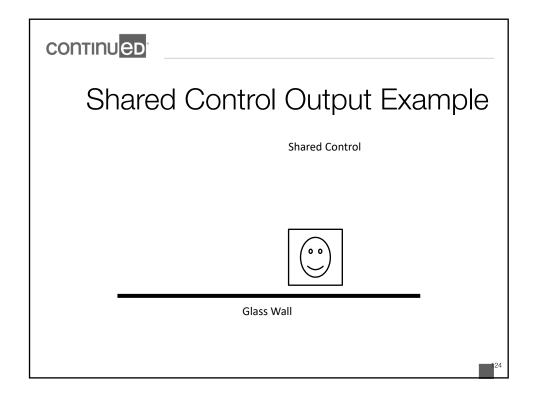




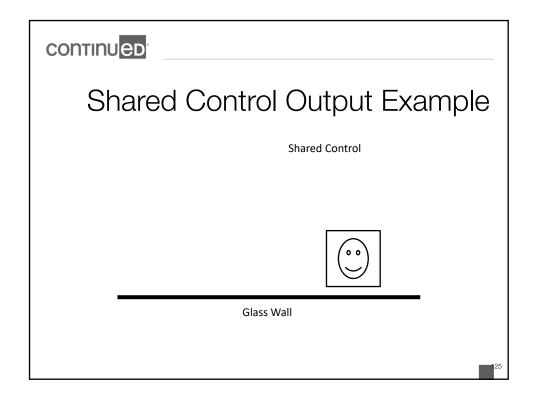


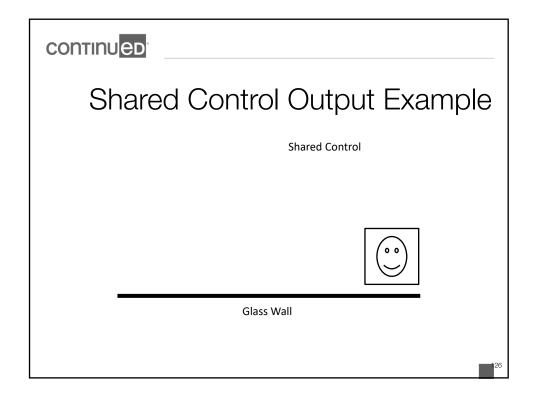














Video - Shared Control



continued

Shared Control

- When to use & when not to use
 - When is it best for the attendant to take over driving?
 - Safety
 - Other situations?
 - When is allowing a "safe" collision most beneficial?
 - We all learn from our errors!



Shared Control

- Appears to be most helpful for children
 - Learning cause and effect concepts
 - Who become easily frustrated or discouraged
- Appears most helpful in the early/exploratory stages of learning
- Great for minimizing safety concerns

continued

Shared Control

- Accompanying verbiage
 - Letting the child know who is driving
 - "I stopped you"
 - "I am driving now"





Select Outcome Measures to Assess the Impact of Power Mobility Training in Infants & Toddlers

continued

SR by Kenyon et al²⁰

- Critical review of power mobility training methods
- The Evidence Alert Traffic Light Grading System (EATLS) = Yellow ²³
 - Indicating that caution is needed when providing power mobility training
 - Measure outcomes related to established goals

Kenyon LK, Hostnik L, PT, McEiroy R, Peterson C, Farris JP. Power mobility training methods for children: a critical review. Pediatr Phys Ther. 2018;30(1):2–8.



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continued

Measuring Outcomes of Power Mobility Training

- Measurement tool depends on goals
 - Looking for improvements in
 - Development?
 - Functional skills?
 - Power mobility skills?
 - Other areas?



Measuring Outcomes of Power Mobility Training

- Outcome tools focused on power mobility skills
 - Power Mobility Training Tool²¹
 - Assessment of Learning Power mobility use²⁴
 - Canadian Occupational Performance Measure²⁵
 - The Wheelchair Outcome Measure Young People (WhOM-YP)²⁶

continued

Measuring Outcomes of Power Mobility Training

- Outcome tools focused on power mobility skills
 - Wheelchair Skills Checklist²⁷
 - 7 skills some combine power mobility skills with the ability to follow adult commands



Expectations



continued

2017 RESNA Application of Power Mobility Devices for Pediatric Users¹⁷

- In typical development, mobility skills are not suddenly present
 - Mobility emerges over a prolonged learning period and with high variability





2017 RESNA Application of Power Mobility Devices for Pediatric Users¹⁷

- In typical development, mobility skills are not suddenly present
 - Crawling, rolling, and walking are attained over time with frequent "failures" and falls



continued

2017 RESNA Application of Power Mobility Devices for Pediatric Users¹⁷

- In typical development, mobility skills are not suddenly present
 - Crawling, rolling, and walking are attained over time with frequent "failures" and fallsC
 - Remember: Ambulatory infants 12-19 months of age fall 17 times per hour⁷



How Long Does It Take?

 Learning to use a power mobility device is a developmental process



continued

How Long Does It Take?

- Durkin¹⁸ identified 3 developmental stages in learning to use a power mobility device
- 1. Learning the idea of movement
- 2. Learning how to operate the device
- 3. Learning how to use the device in everyday life



How Long Does It Take

Butler et al^{27,28} conducted the seminal studies in power mobility use more than three decades ago



continued

How Long Does It Take

- In Butler's first study,²⁸ 9 children ages 20-39 months with age appropriate cognition were provided with power wheelchairs for use in their homes.
- Competence was defined using the Wheelchair Skills Checklist



How Long Does It Take²⁸

- 7 of 9 children became competent drivers in less than 3 weeks
- An 8th child, who was 24 months-old, achieved competence in 7 weeks
- The 9th child reportedly experienced repeated illness and hospitalizations during the 4 month period in which she had access to the power wheelchair

continued

How Long Does It Take

- Butler's 2nd study²⁷ involved 13 children ages 20 -37 months with age appropriate cognitive skills
- Competence was defined via the WSC²⁷
- 12 of 13 children achieved competency within an average of 16.3 days of driving (range 3 to 50 days)
 - Mean cumulative practice time = 34.4 hours (range 6.6 to 168 hours).



How Long Does It Take

All of the children in these two early studies were physically able to use a joystick.^{27,28}



continued

How Long Does It Take

More recent work by Huhn et al²⁹ and Mockler et al³⁰ suggests that children who are unable to use a joystick and require alternate access methods, may require longer periods of time to learn to drive a power wheelchair.



What About the Different Power Types of Mobility Learners¹⁵?

- Exploratory leaners
- Operational learners
- Functional learners



continu ed

Total Mobility Concepts

How Power Mobility Fits into the Overall Mobility Goals and Plan for Infants & Toddlers



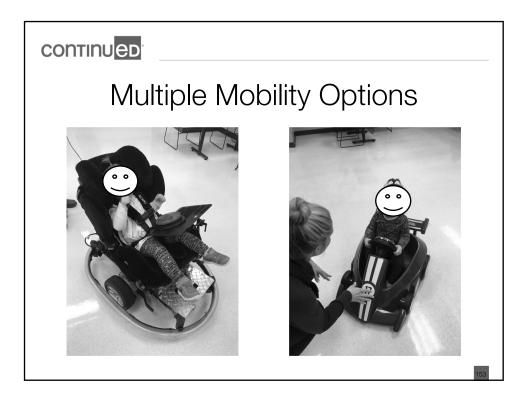
Typically Developing
Children and Adult Use
Many Different Forms of
Mobility

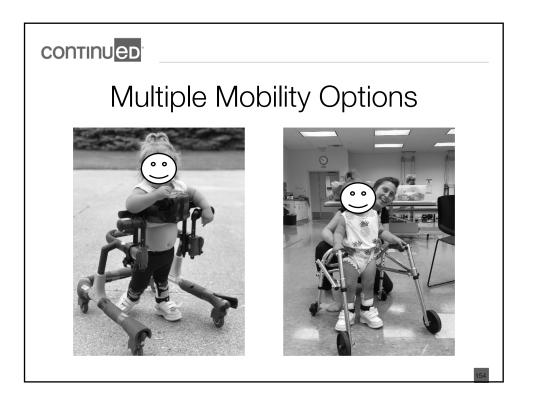
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Typically Developing Children and Adult Use Many Different Forms of Mobility

Why Should Children
With Mobility Limitations
Be Any Different?











Summary

continued

References

- Anderson Dl, Campos JJ, Witherington DC, et al. The role of locomotion in psychological development. Front Psychol. 2013;4(7):1-17. Campos JJ, Anderson Dl, Barbu-Roth M, et al. Travel broadens the mind. Infancy. 2000;1(2):149-219.

 Gibson EJ. Exploratory behavior in the development of perceiving, acting, and the acquiring of knowledge. Ann Rev Psychol. 1998;39(2):1-41.

 Foreman N, Foreman D, Cummings A, Owens S. Locomotion, active choice, and spatial memory in children. J Gen Psychol. 1990;117(2):215-233.

 Paget J. The Origins of Intelligence in Children. New York, NY: International Universities Press; 1952.

- Pallas SL. Pre- and postnatal sensory experience shapes functional architecture in the brain. In: Hopkins B, Johnson SP, eds. Prenatal Development of Postnatal Functions. Westport, CT: Praeger Publishers, Incorporated; 2005:1-30.

 Adolph KE, Cole WG, Komati M, et al. How do you learn to walk? Thousands of steps and dozens of falls per day. Psychol Sci.
- 2012;23(11): 1387-1394.
- Livingstone R, Field D. Systematic review of power mobility outcomes for infants, children and adolescents with mobility limitations. Clin Rehabil. 2014;28(10):954-964.
 Livingstone R, Paleg G. Practice considerations for the introduction and use of power mobility for children. Dev Med Child Neurol. 2014;56(3):210-221.
- Fernandes T. Independent mobility for children with disabilities. Int J Ther Rehabil. 2006;13(7):329-333.
- Ylvisaker M, Feeney T. Executive functions, self-regulation, and learned optimism in paediatric rehabilitation: a review and implications for intervention, Pediatr Rehabil, 2002;5(2):51-70.
- $\textit{Maier SF}, \textit{Peterson C}, \textit{Schwartz B}. \textit{From helplessness to hope: the seminal career of \textit{Martin Seligman}. In: \textit{Gillham JE}, ed. \textit{\textit{The science}}$ of optimism and hope. West Conshohocken, PA: Templeton Press, 2000:11-37.
- United Nations. Standard Rules on the Equalization of Opportunities for Persons with Disabilities. https://www.un.org/development/desa/disabilities/standard-rules-on-the-equalization-of-opportunities-for-persons-with-disabilities.html. Published 1993. Accessed June 23, 2018.
- United Nations. United Nations Convention on the Rights of Persons with Disabilities. https://www.un.org/development/desa/disabilities/convention-on-the-rights-of-persons-with-disabilities.html. Published 2006. Accessed June 23, 2018.
- Field DA, Livingstone R. Power mobility skill progression for children and adolescents: a systematic review of measures and their clinical application. Dev Med Child Neurol. 2018:60(10):997-1011.



References

- Kenyon LK, Jones M, Livingstone R, Breaux B, Tsotsoros J, Williams K. Power mobility for children: a survey study of American and Canadian therapists' perspectives and practices. Dev Med Child Neurol. 2018;60(10):1018-1025.

 Rosen L, Plummer T, Sabet A, Lange ML, Livingstone RL. RESNA position on the application of power mobility devices for pediatric
- users. Assist Technol. In press. doi:10.1080/10400435.2017.1415575
- Durkin J. Discovering powered mobility skills with children: 'Responsive partners' in learning. Int J Ther Rehabil. 2009;16(6):331-341.
- Nilsson L, Eklund M, Nyberg P, Thulesius H. Driving to learn in a powered wheelchair: the process of learning joystick use in people with profound cognitive disabilities. Am J Occup Ther. 2011;65(6):652-660.
- Kenyon LK, Hostnik L, PT, McElroy R, Peterson C, Farris JP. Power mobility training methods for children: a systematic review. Pediatr Phys Ther. 2018;30(1):2-8.
- Kenyon LK, Farris JP, Cain B, King E, VandenBerg A. Development and content validation of the Power Mobility Training Tool. Disabil Rehabil: Assist Technol. 2018;13(1):10-24.
- Fisher WW, Piazza CC, Bowman LG, Amari A. Integrating caregiver report with a systematic choice assessment to enhance reinforcer identification. Am Ment Retard.1996;101:15-25.
- Novak I, McIntyre S. The effect of education with workplace supports on practitioners' evidence-based practice knowledge and implementation behaviours, Aust Occup Ther J. 2010;57(6):386-393.
- Nilsson L, Durkin J. Assessment of learning powered mobility use applying grounded theory to occupational performance. J Rehabil Res Dev. 2014;51(6): 963-974.
- Law M, Baptiste S, Carswell A, et al. Canadian Occupational Performance Measure, 5th ed. Ottawa. Canada: CAOT Publications ACF.
- 2014. Field D, Miller WC, Corra H, Goodmanson S. The Wheelchair Outcome Measure for Young People: On-going development and clinical usefulness. Proceedings of the 32nd International Seating Symposium, March 1-4, 2016, Vancouver BC: 259-60. Butler C. Effects of powered mobility on self-initiated behaviors of very young children with locomotor disability. Dev Med Child Neurol.
- 1986;28(3):325-332.
- Butler C, Okamoto GA, McKay TM. Motorized wheelchair driving by disabled children. Arch Phys Med Rehabil. 1984;65(2):95-97.
- Huhn K, Guarrera-Bowlby P, Deutsch J. The clinical decision-making process of prescribing power mobility for a child with cerebral palsy. *Pediatr Phys Ther.* 2007;19(3):254-260.
- Mockler S, McEwen IR, Jones M. Predictors of power mobility proficiency



Select Additional References

- Kenyon LK, Farris JF, Brockway K, Hannum N, Proctor K. Promoting self-exploration and function through an individualized power mobility training program: a case report. Pediatr Phys Ther. 2015:27(2):200-206
- Kenyon LK, Farris JF, Gallagher C, Webster L, Hammond L, Aldrich A. Power mobility training for young children with multiple, severe impairments: a case series. Phys Occup Ther Pediatr. 2017;37(1):19-34.
- Kenyon LK, Mortenson WB, Miller WC. "There is power in mobility": parent and therapist perspectives of the experiences of children learning to use power mobility. *Dev Med Child Neurol*. 2018;60(10):1012-1017.
- Kenyon LK, Farris J, Aldrich N, Rhodes S. Does power mobility training impact a child's mastery motivation and spectrum of EEG activity? An exploratory project. *Disabil Rehabil: Assist Technol.* 2018;13(7):665-673.





