

# MOVE Program

## Mobility Opportunities Via Education<sup>®</sup>/Experience

# M.O.V.E

## Mobility Opportunities Via Experience

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# MOVE Founder

**Linda Bidabe**





Sheila Shegos Executive Director

***To leave a legacy you've got to do stuff that's unheard of. You have to do the unthinkable and do the stuff you fear.***

***That's what this (MOVE) is about – pushing beyond.***

~Anon~



# MOVE Program

Mobility Opportunities Via  
Education<sup>®</sup>/Experience



# Objectives

Participants will understand:

- purpose, philosophy, and principles behind the MOVE program
- six steps of the MOVE Program
- concept of “upright toileting”
- community-based intervention
- importance of learner’s making choices

# MOVE's Mission

- To improve the overall quality of an individual's life regardless of age or disability.
- To provide for fuller participation in home, school, work, and community environments.
- To promote the belief that movement is the foundation of learning that lays the cornerstone in building an individual's personal dignity.

# MOVE is:

A philosophy and belief system based on independence, dignity and inclusive, quality life-styles for individuals (learners) with physical disabilities.



# MOVE Concepts

- **Top–Down Approach** – looks at the learner’s current levels. What the learner is able to do now and embraces those skills to assist the learner to move forward.
- **Teaching Basic Motor Skills** – that will allow the learner to be more functional in the community.
- **Meaningful Life Skills** – for the learner.

# MOVE Principles

- If an individual learns slowly, then be sure the things you teach are important.
- If you have many learners to work with, then work with each one of them in short sessions
- If a learner forgets quickly, then have many sessions daily.
- If a learner does not generalize learning, then work in many different locations, in many different ways and use many different people.

# MOVE Principles Cont.

- Always consider the safety of the learner. However, at some point you must introduce the element of risk for the learner to make progress.
- A learner will try to do what you expect of him or her.

# Unwritten Difficulties

Staff perceived difficulties when working with learners with motor impairments:

- Too big/too heavy to move
- Lack of Equipment
- No expectations for learners
- Takes too much time
- Resistant to change

# Overcoming Barriers

- Giving learner's choices
- Promoting weight bearing
- Choosing appropriate equipment
- Having high expectations for learner
- Incorporating skills into daily routine
- Planning FUN, MEANINGFUL, ACTIVITIES!!!!

# Health Benefits

Movement is Required for Effective  
Functioning to prevent the following

- contractures
- pressure sores
- respiratory problems
- gastrointestinal problems
- cardiovascular problems

Heller, Forney, Alberto, Schwartzman, and Goeckel



# MOVE for Adults- Three Year Study

## Results:

- Able to move about as desired
  - 6 out of 6 learners began walking with an assistive device
- More choices of daily activities
  - 5 out of 6 learners began making choices/1 already did
- Increased opportunities for active vs. passive participation
- Increased communication and interaction with staff and peers

# Study Results- continued

- Health improvements

  - Weight loss

  - Reduced constipation

  - Increased endurance

- Contenance with toileting program

  - 6 out of 6 began voiding on toilet

- Decrease in inappropriate behavior

  - 4 learners had behavior issues/ all resolved



# Study Results – continued

- Staff Benefits

Reduced lifting

Increased job satisfaction

Staff requested to use MOVE with all clients

Drs. Keith/Stacie Whinnery

U of West Florida, April 2007

# Evidence behind MOVE

- Youth with CP - physical, behavioral, and emotional health positively influenced by physical activity.

Bjornson et al, 2008

- Children and young adults with CP show increased community involvement and social participation when performing physical and skill-based activity.

Palisano et al, 2009

# Evidence behind MOVE

- Motor skills acquired during activity-based intervention transfer to functional daily activities.

Ketelaar M, 2001

Valvano, 2004

van der Putten, 2005

Apache, 2005

# Dynamic Systems Theory - DST

- “Functionally-based interventions grounded in DST perspectives which focus on enhancing problem solving and improving skill acquisition, have become more prominent.

These approaches...emphasize the learning of purposeful tasks and not the quality of movements used to achieve them.”

Levac, 2009

# Motor Learning is.....

the acquisition of new skills with practice



# Motor Learning



Functionally-based interventions grounded in DST perspectives :

- focus on enhancing problem solving
- improving skill acquisition

These approaches emphasize :

- learning of purposeful tasks
- not the quality of movement

Levac, 2009

# Six Steps of MOVE

1. **Testing** - an interview test with the parent or care provider
2. **Setting Goals** - the learner/care provider is asked to define activities important to the learner.
3. **Planning Activities** - planning of fun, motivating activities emphasizing motor skills needed to reach learner's goals.
4. **Measuring Prompts** - (physical support) needed to participate in these activities now.
5. **Reducing Prompts** - minimizing supports through a systematic plan over a period of time.
6. **Teaching the Skills** - through planned functional, meaningful activities throughout the typical day.



# It takes a Team to MOVE





# Learner's MOVE Team

- Learner
- Parent/care giver
- Direct support staff
- Therapists
- Nurses/doctors
- Bus drivers/cafeteria staff
- Custodian/office staff

*"If you want to have your people  
with you when you land, you  
had better have them with you  
when you take off."*

*LB9*

# Step One - Testing

## MOVE Assessment Profile

- An interview with learner, parent/caregiver, and direct support staff
- Complete the Top Down Motor Milestone Assessment (TDMMT)
- Baseline determined for the skills of sitting, standing, walking, and transitioning
- Data collection system to track progress

# Step Two – Setting Goals

- Discussing with the learner, family, care provider, direct support staff what activities interests the learner
- Setting high expectations/but realistic
- Considering a wide variety of opportunities for community involvement.

# Step Three – Planning Activities

- Determining activities that are fun, motivating, and age appropriate for the learner
- Using the results from the TDMMT to embed new skills into the activities
- Combines therapy with activities of daily living.

# Step Four – Measuring Prompts

- Determining what supports the learner needs today to participate in the chosen activity.
- Different prompt plan for each activity.
- Baseline for Data Collection system.

# Step Five – Reducing Prompts

- Systematic process of reducing the supports the learner needs for the given activity to reach their goal.
- Some learners will always need mechanical prompts (equipment).
- Decreased prompts equals increased strength/control of their body to promote independence.

# Step Six – Teaching the Skills

Teaching occurs:

- through planned activities that include: fine motor/cognition/speech/social.
- throughout the typical day.
- in functional situations.
- in the environment with multiple people.



# Hygiene & Toileting

- Excellent time of day to teach basic motor skills of sitting, standing, walking, transitioning.
- Addresses communication needs, ADLs with clothing and hand washing.
- Happens multiple times in a typical day.
- Allows learner the opportunity to void on toilet/commode.

# Toileting is a huge concern



It needs to be addressed !

# MOVE Toileting Care (MTC)

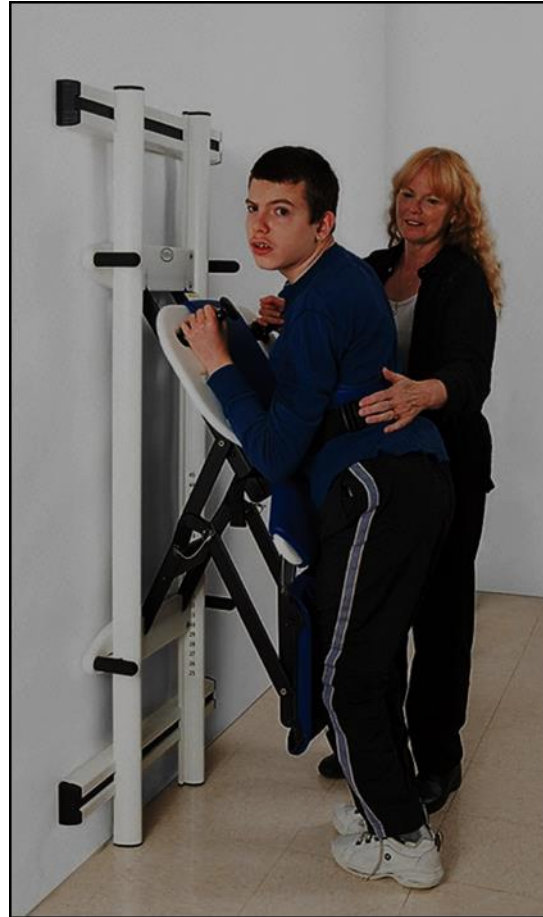
## Upright Toileting Care

- Gives dignity to the individual when toileting.
- Increases independence when using the commode/toilet.
- Simple, safe and secure.

# What was....horizontal



# Can now be.... vertical



# Who is MTC for?

- **The aging**  
at home, in nursing homes, in group homes
- **Anyone with mobility issues**  
brain injury, stroke,  
muscular/neurological/orthopedic disorders
- **The developmentally disabled**  
in adult day programs, schools, at home, in group homes

# Who Benefits?

- **The individual:**

Better health, more independence, and dignity

More control of their life

Use of handicapped stall in public restroom

- **The care provider and family:**

Makes the job easier!!!

Less strain on care provider's back

- **The facility:**

Becomes routine (set schedule/continence)

Improves health (skin breakdown/constipation)

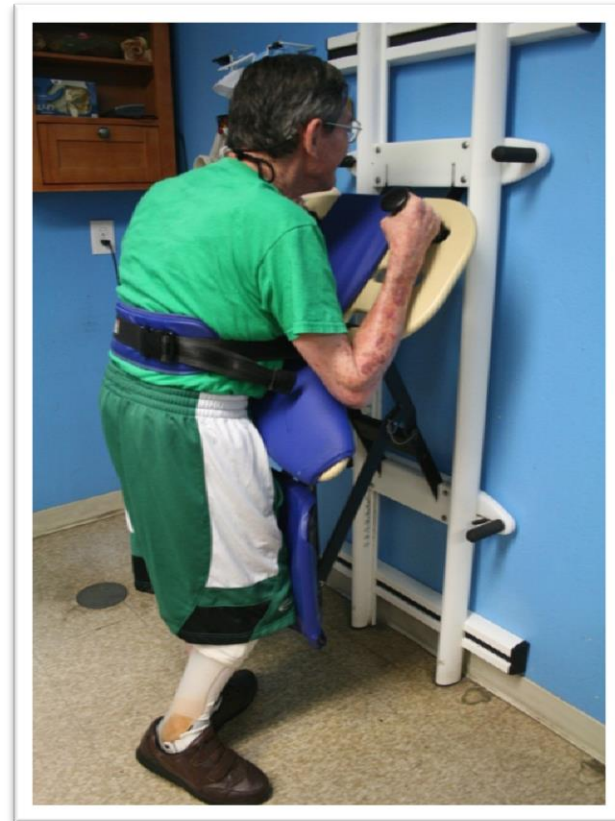
# Functional Benefits

- **Transition:** active participation for stand-to-sit and sit-to-stand transitions. (not a transfer!)
- **Improves strength and mobility:** If a person receives toileting care in an upright position - With just 3 upright toileting care sessions per day...
  - 4x “sit-to-stand/stand-to-sit” = **12 opportunities to weight bear!!**



# It's a paradigm shift

- **Repeated practice opportunities lead to...**
  - strength gains
  - Improved transitions: stand-to-sit and sit-to-stand (not a transfer!).
  - improved health and quality of life.



# Equipment used in MOVE

- Typical items - couches, sinks, tables, counters, chairs
- Community items - picnic tables, benches, handicapped stalls in public restrooms
- Medical/specialty equipment

# Equipment used in MOVE

Gait Belt



Posey Ergonomic Walking Belt

Rolling commode



TFI Healthcare Deluxe Commode

# Rifton Support Station



# Rifton Solo Lift/TRAM



# Activity Chair





# Dynamic Standers



# Gait Trainers - Pacer





# Programming into the Community

- Greenhouse – Going to a nursery to get plants
- Art and Crafts – Going to hobby store to get supplies (painting bowls and pots)
- Music – Going to music store or buying musical instruments for class
- Library – Going to the local library
- Recreation – Going bowling, swimming, skating, playing baseball in the park, frisbee, basketball, horseshoes, etc.
- Salon – Going to the beauty shop
- Kitchen – Going to the store for groceries. Going to a bakery for a tour to see how baked goods are made.

# Using equipment in the community



# Out in the Community





# Going places with MOVE

