

APPENDICES

The Impact of Neuro-Developmental Treatment
on the Performance of Daily Living Tasks by
Children with Cerebral Palsy - Pilot Studies in
Measuring NDT Outcomes

By
Kathryn M. Bain

2011

APPENDIX I

Initial letter to CIs



The University of Sydney

**School of Occupation
and Leisure Sciences**

Faculty of Health Sciences
College of Health Sciences

Cumberland Campus C42
East Street
Lidcombe NSW 2141
PO Box 170
Lidcombe NSW 1825
Telephone: +61 2 9351 9206
Facsimile: +61 2 9351 9197
Email: c.chapparo@fhs.usyd.edu.au (supervisor)

Kate Bain
C/o Health Sciences Faculty
University of Sydney
AUSTRALIA

Supervisor, Dr Chris Chapparo

12/4/06

Dear,

I have a special favour to ask a number of NDTA Coordinator Instructors.

I have been enrolled as a part time Doctoral Candidate at Sydney University since 2004, working on preliminary studies towards a research project entitled 'The impact of neuro-developmental treatment on the performance of daily living tasks in children with cerebral palsy'. I was originally lead towards research in NDT following the call by Dr. Mary Ann Sharkey at the 2002 conference and subsequently by our Instructor Group – towards improving the evidence base for NDT.

I am currently preparing a pilot study for which I am asking your participation.

My request is for you to independently view and 'score' (without discussion with other CI's!) firstly 'CD 1'.

I will send you this CD, which comprises videoed footage of a pre or post test (unidentified) of each of 2 children during a session of NDT by an NDTA Instructor. I will

ask if you can return this first CD (postage pre-paid) within 3 weeks of receipt. I will then send you 'CD 2' for scoring and return in the same time frame.

Each CD will comprise no more than 5 minutes of video footage of each child. You will be provided with a brief description of the activity limitation and the goal / functional outcome. Your job will be to mark a pre-defined 'Goal Attainment Scale' (Kiresuk T., 1994) at the level which best describes the child's performance in each clip. An example is given in the attachment.

My plan is to send you these CD's during the next 2 months. The estimated scoring time is 10 minutes per child or less. You will review 4 tests in total, 2 each in CD 1 and CD 2. Each child's family has given consent that the video footage may be used.

At the conclusion of this pilot study I will send you information about the results and potential relevance of this rating scale as part of the outcome measures to be used in the larger study.

I do appreciate your participation in this study, though I will, of course, understand should you be unable to take part.

Yours Sincerely,
Kate.

Kate Bain Acc. O.T.
Paediatric Occupational Therapist
NDT Instructor (U.S.A.) SIPT Cert.
Children's Therapy Services
32 Myers Street, Geelong, Victoria 3220
AUSTRALIA Email kandrbain@iprimus.com.au

REFERENCE:

Kiresuk, T.J., Smith, A., Cardillo, J.E. (eds) 1994. *Goal Attainment Scaling: applications, theory, and measurement*. Lawrence Erlbaum Associates, Inc., Publishers, New Jersey

APPENDIX II

‘Attachment to CIs’. Example of a video rating scale using Goal Attainment Scaling (GAS)

(Novak & MacIntyre, 2006)

EXAMPLE

Activity limitation: Greeting another person

Functional measurable goal: A. will make eye contact with greeting person while supported sitting in her wheelchair

<p>5/24/06 UPDATE -</p> <p>DVD's PLAY SEPARATELY</p> <p>GAS SCORE SHEET IS IN PAPER FORM IN DVD'S CONTAINER</p>	Score	ATTAINMENT LEVEL	Please ✓ level (ONE ONLY) represented in DVD
	+3	Performance at a higher level than +2	
	+2	A. will make eye contact and vocalise to a greeting person whilst supported sitting in her wheelchair.	
	+1	A. will make eye contact and a non verbal gesture to a greeting person whilst supported sitting in her wheelchair.	
	0	A. will make eye contact with greeting person whilst supported sitting in her wheelchair.	
	-1	A will turn her head towards greeting person whilst being greeted whilst supported sitting in her wheelchair.	
	-2	A. demonstrates involuntary eye gaze in response to being greeted whilst supported sitting in her wheelchair.	
	-3	Performance at a lower level than -3	

Explanations:

The functional or activity limitation and functional measurable goal will be recorded by the treating NDTA Instructor.

A goal attainment scale comprising 7 possible performance levels will be constructed by the researcher and treating instructor and recorded to the right of the clip.

APPENDIX III

Follow up letter to CIs



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Kate Bain
C/o Health Sciences Faculty
University of Sydney
Supervisor, Dr Chris Chapparo

5/24/06

NDT PILOT STUDY – A preliminary study towards a research project entitled ‘The Impact of Neuro-Developmental Treatment On the Performance of Daily Living Tasks in Children with Cerebral Palsy’.

Dear “Coordinating Instructor”,

Following my (attached) correspondence with you on 4/12/06, I am writing with further details of the NDT Pilot Study.

During the following week I will be sending you 2 short DVD’s to view. It was found to be technically easier to use DVD’s than CD’s, due to the differing video systems between Australia and the U.S.A. In the pack I will include instructions for viewing and scoring – also replicated below.

There will now be no need to return the DVD’s by post, but for reasons of confidentiality please destroy them after scoring.

You will view a randomly assigned pre or post test of 2 children, and you will then place 1 (only) check mark beside the one level (-3 to +3) which best describes the child’s performance in each clip in the pre-defined ‘Goal Attainment Scale’ (Kiresuk T., 1994). (Refer to original letter attachment - also attached with this email)

Instructions for viewing and scoring

- 1. Load DVD into DVD player or to computer with DVD Drive**
- 2. Press ‘play’ in center of black DVD frame OR ‘enter’ on remote control, on computer keyboard or on onscreen controls.**
- 3. Each clip will run, then repeat/s will follow and finally slow play version/s – all of the same clip.**
- 4. Check one (only!) statement on the correct GAS chart – the 2 charts are provided in the cases containing the 2 DVD’s. The charts and DVD’s can be matched up by the correct symbols 2 different baseball pictures and 2 different cup pictures!**
- 5. Simply return / *email me the symbol name on each DVD and the score (-3 to +3)* which goes with it.
E.g ‘baseball bat - 2’**
- 6. Could you please do this by 15th June, or as soon as you would like to!**
- 7. I’ll then mail you the next 2 DVD’s which will be viewed & scored result emailed to me by 6th July.**

KEEP THESE INSTRUCTIONS UNTIL THE DVD’S ARRIVE! (this could take 2 weeks) Please advise me a.s.a.p. if not arrived to you by 8th June 2006. kandrbain@iprimus.com.au

**Thank you for your participation,
Kate**

Reference:

Kiresuk, T.J., Smith, A., Cardillo, J.E. (eds) 1994. *Goal Attainment Scaling: applications, theory, and measurement*. Lawrence Erlbaum Associates, Inc., Publishers, New Jersey

APPENDIX IV

‘Feedback to CIs’



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Email: c.chapparo@fhs.usyd.edu.au (supervisor)

Kate Bain
C/o Health Sciences Faculty
University of Sydney
AUSTRALIA

Supervisor, Dr Chris Chapparo

3/25/07

Dear “CI’s”,

It’s almost a year since I first wrote to to seek your participation in preliminary studies towards a doctoral research project entitled ‘The impact of neuro-developmental treatment on the performance of daily living tasks in children with cerebral palsy’. I promised that at the conclusion of this pilot study I would send you information about the results and potential relevance of this rating scale as part of the outcome measures to be used in the larger study.

Firstly, everyone did well in scoring the DVD’s! The results of your contributions in scoring these video clips certainly supported the relevance of GAS scaling as an outcome measure for the

larger study, which will be carried out in the United States next year. For a follow up 2007 pilot study, we will now select a small number of CI's on the basis of their 'reliability with each other' in their scoring of DVD's in the 2006 study.

This 2007 pilot study will take place during the forthcoming NDT course to be run in Australia this June and July - assuming that registrations are sufficient for the course to run. However, should you be willing to participate this time around, you will only be requested to score 1 randomly assigned, unidentified pre or post test - in the same way as last year. I will notify CI's before sending those DVD's in a few months' time.

May I express my sincere thanks to you all for the time you took in your very busy lives to take part in this research. I trust that in return, this project may eventually contribute towards the efficacy base for NDT.

With my kind regards,

Kate.

Kate Bain Acc. O.T.
Paediatric Occupational Therapist
NDT Instructor (U.S.A.) SIPT Cert.
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32 Myers Street, Geelong, Victoria 3220
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Telephone: +61 2 9351 9206

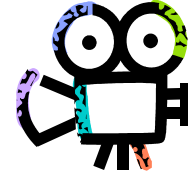
Facsimile: +61 2 9351 9197

Email: c.chapparo@fhs.usyd.edu.au (supervisor)

APPENDIX V

Information about the research project

*Re: Doctoral research – filming pilot study
19th & 20th June 2007 at Deakin University Waterfront
Campus*



DESCRIPTION OF THE RESEARCH PROJECT

*Kate Bain AccOT
Health Sciences Doctoral Candidate, Sydney University*

Background

Since 2004 I have been undertaking studies through Sydney University, with my Supervisor, Dr. Chris Chapparo. My Associate Supervisor is Associate Professor Karen Stagnitti at Deakin University. I am a Candidate for a Health Sciences Doctorate, and these studies are leading towards a major research project next year in the United State – where I received my NDT training as an OT Instructor in NDT.

The major research project

The title of the research project is ‘The Impact of Neuro-Developmental Treatment (NDT) on the Performance of Daily Living Tasks in Children with Cerebral Palsy’ (or developmental disabilities). Of particular interest is performance in daily tasks before and after NDT sessions. This may sound familiar - as the basis of our therapy sessions in Kids Plus!

NDT is considered to be the most common form of therapy around the world for these children. Numerous parents, therapists and service providers seek and use NDT because of the ‘apparent’ improvements of children in the performance of daily skills such as, for example, self care, mobility, play, communication, or hand skills.

This study, however, seeks to aid in the establishment of NDT as an evidence based practice. A number of factors related to this type of research have made this difficult, such as ethical difficulties which negate the use of control groups and suitable and sensitive outcome measures.

One of the outcome measures of the study will involve videoanalysis of pre and post tests of children performing their targeted functional goal. Expert raters in the United States will be NDT Coordinating Instructors / physiotherapists (qualified through the North American Neuro-Developmental Treatment Association www.ndta.org). They will be ‘blinded’ to whether they are looking at pre or post tests of the children’s performances and the DVD’s will be randomly assigned to them.

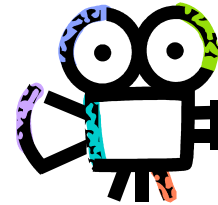
I – 2 raters (as above) will also look at the short video of your child and mark a sheet which gives a choice of descriptions of the task performance.

The analysis of videoed daily task performances will help determine whether the intervention was effective in increasing functional abilities in the daily lives of the children and families. It is hoped, in turn that results may ultimately benefit other children.

APPENDIX VI

Parents' permission form

Kate Bain Acc OT
c/o 1425 Blackgate Rd.,
Freshwater Creek 3216
Mobile: 0417645198
8/6/07



**Re Doctoral research – filming pilot study 19th & 20th June 2007
at Deakin University Waterfront Campus**

Dear Parents,

This is a letter of request to ask you if you would be happy to have your child briefly filmed as part of my doctoral research project?

This would comprise up to 5 or 10 minutes filming in the Deakin University Occupational Therapy faculty at the waterfront campus. Your child would be filmed performing the task or activity which is their current Kids Plus goal – or a similar activity, which we would decide on together.

The appointment would, however, be made for a longer period of time to allow your child to settle in to the new place – particularly the filming ‘corner’ of the OT room – which will be made into an inviting ‘play area’!

I have attached a description of my research project to give you the background information regarding the reasons I am asking you for your support.


The current filming pilot study

The purpose of this pilot study is to achieve improved ‘visibility’ of children’s performances in video footage for increased accuracy in videoanalysis.

A similar pilot study occurred last year. This year, 3 cameras (instead of 1) will capture movement in each plane, together with a number of other improvements. We aim, however, to keep the sessions as quiet and enjoyable as we aim also to do in Kids Plus sessions!


✂.....

I consent to my child being filmed for the Doctoral research – filming pilot study

 YES... NO ... Signature

Date

Your consent is also sought re use of video clips for teaching: These video clips may also be used in teaching by Associate Professor Karen Stagnitti at Deakin University for OT students and by Kate Bain in NDT OT Instruction for therapists.

 YES... NO ... Signature

Date

Please bring this consent slip to appointment

Requirements for the appointment:

These are a few requests – IF you are interested in following up on this invitation:

- Let your child know where they are coming and that there will be cameras present – but they will be there mainly ‘to play with Kate’*
- Dress your child in basic underclothes – and warm outer clothes for easy removal – as it will be best to be able to see ‘muscle definition’. Your consent (or otherwise) will indicate your willingness for filming to occur with articles of clothing removed for this reason.*
- Please bring along to the appointment ‘comfort’ items for your child – such as food, drink, favourite toys, CD’s and any particular items from home which form part of the goal performance*

Appointment slip is attached – however, do let me know if this is not suitable.

Phone Kate Bain: 0417645198

Thank you - in anticipation of your participation in our pilot study,

My kind regards,

.....

Kate Bain Acc OT – Candidate, Health Sciences Doctorate

*And per Dr. Chris Chapparo, Supervisor, Sydney University
& Associate Professor Karen Stagnitti, Deakin University*

APPENDIX VII

Letter to CIs



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Email: c.chapparo@fhs.usyd.edu.au (supervisor)

Kate Bain
C/o Health Sciences Faculty
University of Sydney
AUSTRALIA

10/4/07

Supervisor, Dr Chris Chapparo

Dear “CI’s”,

Since I last wrote to you earlier this year I have been working on a follow up pilot study, as the second preliminary study towards a doctoral research project entitled ‘The impact of neuro-developmental treatment on the performance of daily living tasks in children with cerebral palsy’. Again I am seeking your participation in carrying out GAS scoring. This time it will involve scoring just 1 DVD, of a similar length to those you kindly scored for me last year.

A number of children who are candidates for participation in an Australian NDT course were filmed performing tasks related to therapy goals/outcomes. Should you be willing to participate this time around, you will only be requested to score 1 of these randomly assigned DVDs - in

the same way as last year. It is my intention to send these in the near future. Each DVD will be accompanied by scoring instructions and a GAS score chart – in the same way as last time.

May I express my sincere thanks to you for your continued involvement in this research project in your busy lives. Please do however let me know if you prefer I don't send you a DVD – I will certainly understand!

With my kind regards,

Kate.

Kate Bain Acc. O.T.
Paediatric Occupational Therapist
NDT Instructor (U.S.A.) SIPT Cert.
Children's Therapy Services
32 Myers Street, Geelong, Victoria 3220
AUSTRALIA Email kandrbain@iprimus.com.au

Telephone: +61 2 9351 9206
Facsimile: +61 2 9351 9197
Email: c.chapparo@fhs.usyd.edu.au (supervisor)

APPENDIX VIII

Flow chart preparation session

- At Deakin Occupational Performance Lab Friday 8th June

Prep room so clear

Set cameras in neutral positions in 3 places

Experiment with setting angle of cameras on child / k

Experiment with gird markings for tripod legs

Grids for back / side walls – try out for one hypothetical placement – furniture and child

- Set equipment and cameras preliminary
- (Introduce child to set and then film research assistant set markers and cameras final – fast)

Practice – ‘cough’ signal start – and at beginning of each new ‘pretest’ (ie keep filming if error. NB Can talk softly with child, but practice no identification of trial being filming research)

Note:

Establish proximity of cameras and still see whole of child

- *NB Motion from left to right for ‘Videopoint’ motion analysis software*
- *Filming perpendicular to child (so they don’t come nearer to camera –EGg running from the side)*

Investigator was filmed –

- Projected action sequence – how to do superior view of whole sequence?
- Jumping / forward
- Walk a distance
- Lie on floor and roll over
- Getting up from floor
- Hit a ball
- Climb
- Sit at desk – building
- Writing
- Sit on bench – reach for a jacket and put on
- Speaking – pointing in a book
- Drinking

Discuss routine for scene change

Look at footage from superior view – using shoulder dots / pelvic band and dots (roll and jump sequence for example)

Try out sticky dots/stamps

How to put an identifying code on each tape – or only on tape container

Determine:

Is temperature of room OK?

Identify waiting area for parents / chairs

Consider how to set it up – box of low interest toys

Design EG a 4 step sequence card for parents to see such as -

- Can't talk to child / prompt in any way!
- Intro child to film set – including tape on wall and cameras – 'don't worry about them'!
- 'Pretest' film – repeat if 'something goes wrong' ie keep cameras rolling second, third
cough at beginning of each new pretest

List of equipment/ toys prior to 19/20th

Identify requirements for 'magic corner': - including what is there? And what would interrupt film view?

- Star stickers
- Streamers
- Toy objects from Lab which don't induce movement – unrelated play etc EG big teddy
- Check if CD player there
- Cushions etc there

'To take' list: (Appendix 1X)

APPENDIX IX

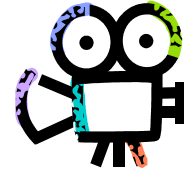
Instruments – list of equipment

Take list:

- 3 Cameras and 2 tripod
- Goniometer to measure angles of cameras
- 2 extension cords and double adaptors
- Ladder
- Wire
- Sticker books and stamp pad
- Scissors
- Elastic band
- Velcro
- Blutac
- Sticky tape
- Mini DV's
- 25mm cloth tape
- 25mm electronic tape – black (wall grids) and red (to mark laminated sheets)
- Laminated grid sheets and black and red markers
- Tape measure and ruler
- Clip board and paper
- Set of benches
- 2 adjustable tables
- 3 puzzles
- Baby / toys
- Spoon / basin
- In hand manipulation toys
- CD player / CD's
- 'Magic room' decorations
- Teddies and dolls
- Parent reminder notes
- 'Lucky dips'

APPENDIX X

Reminder note for parents



NOTE FOR PARENTS

- ‘CASUALLY’ POINT OUT CAMERAS – AND INDICATE TO YOUR CHILD THAT THEY WILL HAVE A PLAY IN THE ‘MAGIC CORNER’ WITH KATE
- HELP YOUR CHILD TO UNDRESS TO UNDERCLOTHES LEVEL WHILE I SHOW THEM THE STICKER BOOKS
- HELP YOUR CHILD WITH CHOOSING 3 STICKERS THEN A LUCKY DIP – WHILST ‘DOTS’ GO ON (THESE WILL HELP IN MEASUREMENT OF MOVEMENTS FROM THE VIDEOTAPES)
- DURING FILMING, STAY NEARBY IN THE ‘WAITING AREA’ – SO YOUR CHILD CAN SEE YOU FROM THE FILM SET
- PLEASE DON’T SAY ANYTHING WHEN FILMING IS TAKING PLACE!! AND COACHING IS NOT ALLOWED!!! THIS WILL ENABLE US TO SEE YOUR CHILD’S VERY OWN PERFORMANCE.
- AFTER THE FILMING - HELP YOUR CHILD SELECT A ‘LUCKY DIP’!
- WE WILL SEND YOU A CD OF YOUR CHILD’S PERFORMANCE!
- *THANK YOU VERY MUCH* FOR YOUR HELP IN THIS RESEARCH PROJECT

Kate

Appendix XI

GAS Charts

GAS CHART: TASK 1, “WALKING”

Activity limitation:

Difficulty in steady walking & turning

Functional measurable goal / outcome:

In 1 of 2 trials, by the end of the 5th weekly PT session, term 3, S.1.TH. will walk along a 2 meter grid (6, 20mm wide lines, spaced 50 mm apart), & return along grid. Conditions are: -In his best of 2 trials all steps initiated by heel strike & completely within grid (including when turning at end), with hip abduction always on stance leg, (without knee hyperextension or left leg internal rotation), reciprocal arm swing and upper body rotation towards stepping leg, looking down to grid throughout.

GAS chart Task 1

Score	ATTAINMENT LEVEL	Please ✓ level (ONE ONLY) Represented in DVD
	<p>*Please note: To save space, the statement at each level below is preceded by . .</p> <p><i>In 1 of 2 trials, by the end of the 5th weekly PT session, term 3, S.1.TH. will walk along a 2 meter grid (6, 20mm wide lines, spaced 50 mm apart), & return along grid. Conditions are: - . .</i></p>	
+3	Performance at a higher level than +2	
+2	. . . In his best of 2 trials, all steps initiated by heel strike & completely within grid (including when turning at end), with hip abduction always on stance leg, (without knee hyperextension or left leg internal rotation), reciprocal arm swing and upper body rotation towards stepping leg, including clearly when turning. Fluency; speed & timing, apparent in step cadence. Looking down to grid throughout..	
+1	.. In his best of 2 trials, all steps initiated by heel strike & completely within grid (including when turning at end), with hip abduction always on stance leg, (without knee hyperextension or left leg internal rotation), reciprocal arm swing and upper body rotation towards stepping leg, including clearly when turning. Looking down to grid throughout..	
0	. . In his best of 2 trials, all steps initiated by heel strike & completely within grid (including when turning at end), with hip abduction always on stance leg, (without knee hyperextension or left leg internal rotation), reciprocal arm swing and upper body rotation towards stepping leg, looking down to grid throughout..	
-1	. . In his best of 2 trials, 4 steps are initiated by heel strike & 4 steps are completely within grid (1when turning at end), reduced hip abduction on stance leg, & both knees hyperextending, reciprocal movements of each arm on 2 occasions, &upper body rotation towards stepping leg on 3 occasions. Looking down to grid throughout..	
-2	. . In his best of 2 trials, 3 steps are initiated by heel strike & 2 steps are completely within grid (none when turning at end), reduced hip abduction on stance leg, & both knees hyperextending, with left leg internally rotating), 3 forward movements of left arm, but no upper body rotation towards stepping leg. Looking down to grid throughout..	
-3	Performance at a lower level than -2	

GAS CHART: TASK 3, “COOKING, STIRRING A BOWL”

Activity limitation:

Difficulty in holding & stirring food in a bowl during her cooking ‘hobby’ at home & in cooking class at school

Functional measurable goal / outcome:

Seated at a table (adjusted to navel level), buttocks at back of chair & feet on the surface, S.3 will independently maintain lower extremity position whilst moving forward from her hips to stir cooked noodles (in a medium sized metal bowl) with spoon held in palm/fingers whilst holding the bowl steady with her left hand, in 1 of 1 trials by the end of her 5th weekly OT session, term 3, 2007.

Score	ATTAINMENT LEVEL *Please note: To save space, the statement at each level below is preceded by . . <i>Seated at a table (adjusted to navel level), buttocks at back of chair & feet on the surface, . . .</i>	Please ✓ level (ONE ONLY) represented in DVD
+3	Performance at a higher level than +2	
+2	. . S.3 will independently maintain lower extremity position whilst moving forward from her hips to stir cooked noodles (in a medium sized metal bowl) with spoon held in held in palm/fingers, whilst holding the bowl steady with her left hand in 1 of 1 trials by the end of her 5 th weekly OT session, term 3, 2007.	
+1	. . S.3 will independently maintain lower extremity position whilst moving forward from her hips to stir cooked noodles (in a medium sized metal bowl) with spoon held between her thumb & index finger, whilst holding the bowl steady with her left hand in 1 of 1 trials by the end of her 5 th weekly OT session, term 3, 2007.	
0	. . . S.3 will independently maintain lower extremity position whilst moving forward from her hips to stir cooked noodles (in a medium sized metal bowl) with spoon held in palm/fingers, whilst holding the bowl steady with her left hand, in 1 of 1 trials by the end of her 5 th weekly OT session, term 3, 2007.	
-1	. . S.3 will independently move forward from her hips to stir cooked noodles (in a medium sized metal bowl) with her spoon held between her thumb & index finger, whilst holding the bowl steady with her left hand, for part of the time – given a ‘modelled’ & verbal cue, in 1 of 1 trials by the end of her 5 th weekly OT session, term 3, 2007.	
-2	. . S.3 will independently stir cooked noodles (in a medium sized metal bowl) with her spoon held between her thumb & index finger, whilst holding the bowl steady with her left hand, for part of the time – given a ‘modelled’ & verbal cue, in 1 of 1 trials by the end of her 5 th OT weekly OT session, term 3, 2007	
-3	Performance at a lower level than -2	

GAS CHART: TASK 6, “IN HAND MANIPULATION OF MONEY”

Activity limitation: Difficulty in putting money in a parking meter when holding a bag in her left hand.

Functional measurable goal / outcome:

On 10 occasions, by the end of her 5th weekly OT session, term 3, 2007, standing at a bench (standard parking meter height) with bag in her left hand, S.6. will pick up a random mixture of 9 coins (used in parking meters) between her right thumb & index finger (maintaining part contact with her anterior index finger pad until each coin is dropped/'translated' into palm), & then drop them into the black mesh container (approximately 3 inches diameter) by releasing them from palm with thumb assist, palm facing down for all 9 coins, within 10 seconds (from first touch of coin 1 until last sound of coin 9 in container)!

Score	ATTAINMENT LEVEL *Please note: To save space, the statement at each level below is preceded by <i>On 10 occasions, by the end of her 5th weekly OT session, term 3, 2007, standing at a bench (standard parking meter height) with bag in her left hand, S.6. will pick up a random mixture of 9 coins.(used in parking meters) . .</i>	Please ✓ level (ONE ONLY) repress- ented in DVD
+3	Performance at a higher level than +2	
+2	. . . between her right thumb & index finger (maintaining part contact with her anterior index finger pad until each coin is dropped/'translated' into palm), & then place them into the black mesh container (approximately 1.5 inches diameter) by releasing them from palm with thumb assist, palm facing down for all 9 coins, within 10 seconds (from first touch of coin 1, until last sound of coin 9 in container)!	
+1	. . between her right thumb & index finger (maintaining part contact with her anterior index finger pad until each coin is dropped/'translated' into palm) - & then drop them into the black mesh container (approximately 2 inches diameter) by releasing them from palm with thumb assist, palm facing down for all 9 coins, within 10 seconds (from first touch of coin 1, until last sound of coin 9 in container)!	
0	. . . between her right thumb & index finger (maintaining part contact with her anterior index finger pad until each coin is dropped/'translated' into palm), & then drop them into the black mesh container (approximately 3 inches diameter) by releasing them from palm with thumb assist, palm facing down for all 9 coins, within 10 seconds (from first touch of coin 1, until last sound of coin 9 in container)!	
-1	. . between her right thumb & index finger (maintaining part contact with her anterior index finger pad for each coin until each coin is dropped/'translated' into palm), & then drop them into the black mesh container (approximately 3 inches diameter) by releasing them from palm with thumb assist, palm facing down for at least 8 coins, within 15 seconds (from first touch of coin 1, until last sound of coin 9 in container)!	
-2	. . between her right thumb & index finger (maintaining part contact with her anterior index finger pad for at least 4 coins until each coin is dropped/'translated' into palm), & then drop them into the black mesh container (approximately 3 inches diameter) by releasing them from palm with thumb assist, palm facing down for at least 7 coins, within 15 seconds (from first touch of coin 1, until last sound of coin 9 in container)!	
-3	Performance at a lower level than -2	