

Scoot-A-Round™

Item #38601



Brief Description:

This specially designed scooter offers modest support at the pelvis and ankles for children who simply need postural prompts to successfully ride a scooter board. A sturdy round base is combined with a five-wheel design that prevents tip-over as the child mounts, rides, and dismounts. A pull-cord enables the therapist/teacher/parent to steer the device while the child is being pulled.

General Therapeutic Value:

Therapists and Physical Educators have long recognized the therapeutic value of scooter boards. Scooters are one of many tools that can be used to support acquisition of developmental milestones and therapeutic trends.

- Movement serves a vital role as it promotes development of the vestibular system and visual depth perception (both of which impact a child's balance responses).
- The concept of using one's muscles to modify movement—and thus alter direction and speed of travel—promotes a child's understanding of motion.
- Scooter boards can boost strength development as numerous muscles are involved in maintaining one's position on the scooter and altering travel through space. Scooter boards target trunk control, balance, shoulder stabilization, and upper extremity strengthening.
- Increased muscle recruitment is possible by introducing more challenging variations of the scooter activity. The pelvic guide and pommel on the Scoot-A-Round are removable, allowing you to alter or even omit these supportive physical prompts as the child's development progresses.
- Given the trend toward inclusion model therapy in

school systems, the Scoot-A-Round grants children who have physical challenges opportunities for greater participation with peers in their natural environment. The Scoot-A-Round is similar enough in appearance to regular scooters to be introduced as an alternative device for a child with special needs amidst a classroom of non-disabled peers.

Equipment Parameters:

The Scoot-A-Round is a 22"-diameter ride-on device with five evenly spaced wheels. By design, the base is less likely to tip over than conventional scooters. The wheel placement also improves its ability to swivel and rotate. The adjustable pelvic pad provides a sturdy prompt to prevent posterior pelvic tilt and subsequent slouching of the upper back. The modest height of the pelvic pad also facilitates neutral alignment of the pelvis. An adjustable front pommel creates a stable prompt for sustaining a cross-legged posture. The padded seat and pommel offer an accommodating surface for children who wear ankle/foot orthotic devices.

The pull-cord can be used by the therapist/teacher/parent as a tether for pulling a child who is riding passively on board. It can be conveniently stored out-of-sight for higher-functioning children who are capable of alternative propulsion. The Scoot-A-Round weighs less than 20 pounds, making it a reasonable piece of equipment to transport or store.

Intended audience:

The Scoot-A-Round is a beneficial therapeutic tool for children who need movement experience that promotes trunk control, sitting balance, and upper-extremity stability. While chronological age will vary, the most

responsive audience for this device should possess motor-performance skills that are AT LEAST commensurate with a 9-to-12-month age equivalency. This gross-motor stage encompasses the ability to sit upright, transition freely, and utilize the upper extremities for sustained grasp. There is no upper-age limit for children who might benefit from the Scoot-A-Round. However, there is a weight limit. **The maximum user weight capacity** for the Scoot-A-Round is **100 pounds**.

Safety Concerns:

- Adult supervision is necessary during all therapeutic scooter-board activities, especially during mount/dismount. Users should be reminded that standing on a scooter board is NEVER recommended.
- Similarly, therapists/teachers/parents are encouraged to store the scooter in a position/location that would prevent someone from accidentally stepping on the device.

Mounting/Dismounting:

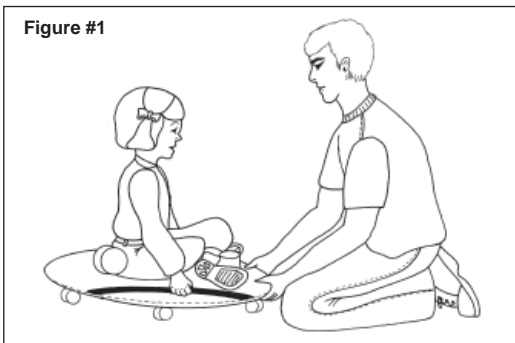
When introducing the Scoot-A-Round to a child for the first time, the adult should invest in a few teachable moments of safety “do’s and don’ts” at the child’s level of understanding. When mounting, stabilize the scooter to prevent it from rolling as the child sits down. Provide adequate physical assistance for the child to assume a cross-legged sitting position in the center of the circle. Slide the pelvic support and ankle pommel forward or backward to accommodate a comfortable cross-legged posture. After the optimal position is attained, reach under the scooter to secure the fasteners. The child is now prepared for movement.

At the conclusion of travel, be sure to prevent the scooter from rolling as the child dismounts. Loss of balance or “tip-over” situations can erode the child’s trust in the adult and/or the device.

Developmentally appropriate uses and applications:

- *To develop a sense of body awareness during movement:*

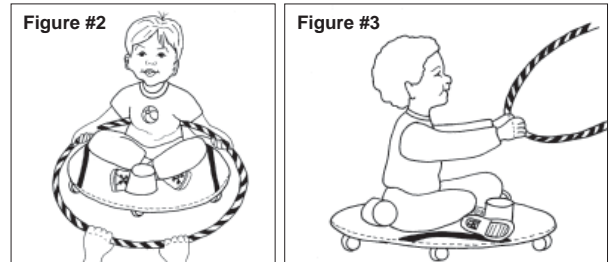
The adult should initially approach the child on his/her knees and manually roll the scooter within a limited excursion, allowing the child to experience movement directed by an adult who is in close proximity to the child’s body. See Figure #1.



As the client’s balance improves, the pull-cord can be utilized to place greater distance between the child and therapist. In this activity, the child is still riding passively but employing trunk muscles to remain upright and adjust for changes in direction or speed.

- *To develop balance and trunk control:*

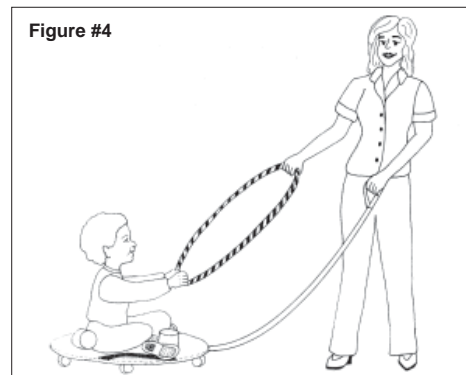
Encourage the child to grasp a rigid item (such as a hula-hoop) while being pulled by the adult. (Note: if the child is insecure, start by encircling the child with the hula-hoop behind his/her back while holding it with both hands.) See Figure #2.



As trunk control improves, offer the hula-hoop as a handheld device in front of the child. See Figure #3.

- *To develop shoulder girdle and upper extremity muscle control:*

Offer a pull device that is flexible/dynamic. A sturdy rope works well. However, rubber tubing provides even greater dynamics. (Bicycle tire inner tubes are excellent scooter board tethers.) Encourage the child to modulate speed and direction while being pulled forward. Note: If the child struggles to control directions, the adult can use the pull-cord as a rudder while the child is holding the tether with his/her hands. See Figure #4.



- *To develop upper extremity strength:*

Encourage the child to pull briskly on the dynamic tether with sufficient power to generate momentum from a standstill position to forward propulsion. A similar maneuver can also be conducted while the adult is steadily pulling the child. In the latter game, the child actually simulates a rowing motion as he/she repeatedly jerks the rubber tubing with force. See Figure #5.

- *To promote coordination:*

For older children in need of modest support to successfully perform complex coordination activities, have the child assume a “crab stance” position with his

buttocks on the scooter (pommel and pelvic support removed). Explore “crab walking” forward/backward/sideways. See Figure #6.

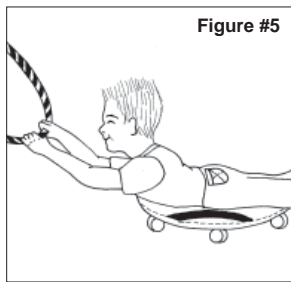


Figure #5

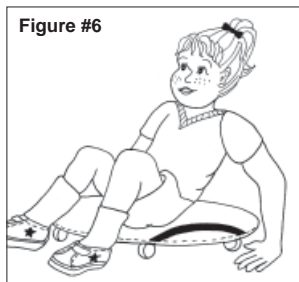


Figure #6

• *To promote hand-over-hand midline pulling:* Attach additional rope to the pull-cord to create a longer tether. Place a plush toy or doll on the scooter. Have the child pull the scooter in a hand-over-hand fashion to make the toy/doll approach. See Figure #7.



Figure #7

• *To promote eye/hand coordination while concurrently addressing trunk balance and strength:* Encourage the child to collect toys/objects that have been scattered on the floor. He/she can release the tether long enough to scoop the toy and place it in a basket. The basket can be placed in the child’s lap, or can be placed across the room so that he/she must travel to the collection destination.

To increase the challenge of the aforementioned activities:

- Remove the ankle pommel to require the child to sustain a cross-legged posture independently.
- Remove the pelvic prompt to require the child to

independently stabilize his/her pelvis and perform lower-trunk accommodations as speed and direction change. The child will quickly recruit muscle control to prevent falling off the scooter.

- Once the scooter is reduced to the round platform, the padded design can accommodate trials of tummy riding to promote head and trunk extension to strengthen muscles of the back and neck.
- Have the child hold the tether with one hand while riding alongside various toys that have been scattered on the floor. The objective is to collect the toys one at a time and deliver them to an established destination or collection basket, etc. See Figure #8.

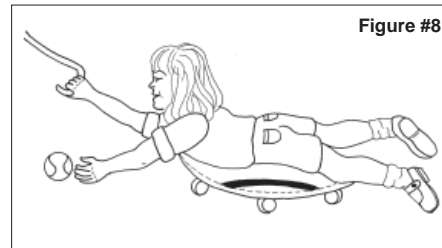


Figure #8

- *To develop upper-extremity stabilization and elbow extension strength:* From a cross-legged sitting position, encourage the child to place his/her palms against the palms of the therapist. Challenge him/her to forcefully push away to travel backward. For a variation, have the child place his/her palms against the palms of the therapist. While keeping the palms together, push the child on a “backward” ride around the gym or down the hall. See Figure #9.



Figure #9

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