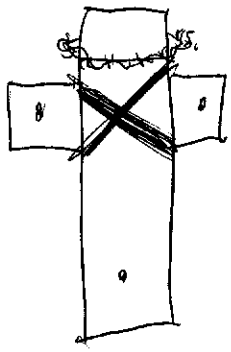
Re: 291

Mr. Chairman and members of the commitee, I was diagnosed with autism. I Lived in torment for quite some time. Then my mom did neurodevelopment. And here I am standing before you able to speak for myself. Please oppose this bill so other children can get help from their moms. Thank you

Christian

Lane.

SENATE EDUCATION
EXHIBIT NO. 54
DATE 2-14-05
BILL NO. SB-291



christians diagnosis is on the other side of this page.

PRIMARY CHILDREN'S MEDICAL CENTER
IHC A Service of Intermountain Health Care

100 North Medical Drive
Salt Lake City, Utah 84113
(801) 588-2000
(801) 588-2460 Fax

REHAB WEST, 3845 West 4700 South, Suite 102, Taylorsville, Utah 84118
(801)964-4060; Fax (801)964-4065

Outpatient Initial Report

Name: Christian M. Tuipulotu	**Age:** 4 yrs, 3 mos **DOB:** 1/10/95	**Ins. Co.:** Jeldwen	**Eval Date:** 4/29/99 **Eval Time:** 60 minutes
Primary Diagnosis/ICD9: PDD, 299.8, Oppositional-Defiant Behavior		**Medical Rec#:** 29-24-95	**Service:** Occupational Therapy
Treatment Diagnosis: same		**Phone:** (801)969-3140	**PCP:** Lindell
Parents: Stephanie Gunn		**Address:** 6281 W. King Valley Rd, West Valley City, UT 84120	

SHORT TERM GOALS (0-6 MONTHS):
1. Demonstrate ability to calm and re-engage in activity with sensory input as needed 50% of the time.
2. Identify 3 calming inputs that will help with regulation of behaviors in stressful situation 75% of the time.
3. Demonstrate ability to tolerate light touch experience 75% of the time in therapy sessions for more normalized tactile processing.

OUTCOME (1 year):
1. Demonstrate improved regulation of behaviors as seen by ability to organize with sensory input in frustrating or challenging tasks greater than 75% of the time by 4/2000.
2. Improve sensory processing as seen by the ability to tolerate change or transition from various activities greater than 75% of the time by 4/2000.
3. Demonstrate normalized processing of tactile input as seen by ability to tolerate group situations and people approaching his personal space without outbursts 75% of the time by 4/2000.

FREQUENCY OF TREATMENT:
One time per week for sixty minute sessions with re-evaluation of goals and progress in three months.

TREATMENT STRATEGIES:
1. Sensory processing activities, including tactile, vestibular, proprioceptive, motor planning bilateral integration, etc.
2. Activities to assist with regulation of behaviors.
3. Fine motor activities.
4. Social skills training.
5. Family education.

EQUIPMENT:
None

Primary Children's Medical Center
Patient Administration
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ASSESSMENT: Christian is a 4 year, 3 month old referred for an OT evaluation for concerns with aggressive behavior and sensory issues. He is diagnosed with PDD and Oppositional-Defiant Behavior. He attended the Children's Center and was discharged on 3/05/99 and his mother has noticed a deterioration in his skills since that time. Significant history includes difficulty with aggressive behaviors and manipulative behaviors in preschool. He is currently on the waiting list to attend CBTU or Special Ed preschool.

General Response: Christian was active and had good attention to task in session. He was social and interactive with therapist. He tended to benefit from activities changed frequently to maintain attention. He was creative with his play skills.

Sensory Processing: Christian demonstrated difficulty with sensory processing issues affecting functional performance. He has a history of difficulty tolerating tactile input such as aversion to face washing, hair combing and bathing. He is progressing with his tolerance for touch, but tolerates touching more than being touched. He prefers larger personal spaces and has difficulty tolerating his space being approached on. He frequently hits if he is approached too quickly by others. He chooses his playmates, and tends to chose smaller children. He craves vestibular input and attempts various movement inputs. He has movement seeking behaviors, such as rocking his body. He seeks proprioceptive input through hitting, bumping and crashing. He tends to be physically rough with people and occasionally uses extra force with movement. He displayed fair imitation of postures and was unable to achieve prone extension or supine flexion postures. He has many modulation issues, such as difficulties with transitions or change, short attention, unpredictable emotional outbursts and slow to recover when he is upset. He has a history of being hypersensitive to auditory and tactile input. Per mother, he is hard to predict when things will upset him. He tends to have more difficulties in new and uncontrolled situations than in structured, predictable settings such as home.

Self-Help Skills: On the PEDI, Self Care Domain, he scored a Normative Standard Score of 22.6, and a Scaled Score of 56.8. He is able to remove upper and lower extremity clothing and put on with assistance. He puts on his shoes and socks independently, but not always on the correct feet. He recently became toilet trained and has very infrequent accidents. He independently feeds himself and eats all textures of table foods.

Fine Motor Skills: On the Peabody Developmental Fine Motor Scales, he scored at the 48-49 month age equivalency. He is using appropriate dynamic tripod posture on a pencil and a fine pincer grasp on small objects. He is able to independently copy a square, cross, and connect dots. He is awkward with scissor skills. He has low manual dexterity skills for age, but is able to perform tasks, such as stringing small beads and placing small objects in containers. He has a history of difficulty learning new fine motor tasks initially, but eventually catches on.

PROGNOSIS: Christian has potential to make functional gains with occupational therapy intervention in the areas of sensory processing and regulation of behaviors, fine motor and self-help skills. Occupational therapy is recommended one time per week for sixty minute sessions.