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Title: Bal-A-Vis-X intervention to improve upper limb coordination in children with disability: A Pilot Study

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Purpose/Hypothesis: Balance/Auditory/Vision exercises (Bal-A-Vis-X) consists of a series of exercises using sand-filled bags and racquet balls. Most of the exercises are completed while standing on a rocker board and heavily rooted in rhythm. The rhythmic patterns are utilized to facilitate focused concentration, crossing midline, motor planning, right/left awareness, eye-hand coordination, balance, bilateral coordination, body and spatial awareness. Only a few published studies have explored Bal-A-Vis-X as an intervention in therapy. The purpose of this study was to investigate the use of Bal-A-Vis-X to improve upper limb coordination in children with motor delays.

Number of Subjects: Fifteen children with motor delays enrolled, ages 4 to 16 years (mean 9.73 years), have completed to date. Diagnoses included Down syndrome, autism, developmental delay, cerebral palsy, idiopathic toe walking, attention-deficit/hyperactivity disorder, and congenital myopathy.

Methods and Materials: Participants were assigned to a control or intervention group. All participants received physical therapy for 60 minutes once a week for 12 sessions. Each session for the intervention group (n=9) included Bal-A-Vis-X training for 20 minutes. Children in the control group (n=6) received intervention for the same length of time without Bal-A-Vis X. The upper limb coordination subtest of the Bruininks-Oseretsky Test of Motor Proficiency, 2nd edition (BOT-2) was administered prior to and at the conclusion of 12 sessions. Descriptive statistics were calculated. Change within the Bal-A-Vis X intervention and control groups was analyzed with the Wilcoxon Signed Rank test. Change between the groups was analyzed with the Mann Whitney U test. An a priori power analysis was utilized to establish significance at $\alpha \le 0.05$.

Results: Data analysis found a significant difference (p=.007) in pre- and post- BOT-2 upper limb coordination point scores within the intervention group. No significant difference (p=0.595) was found in pre- and post- BOT-2 upper limb coordination point scores within the control group. A significant change score (p=0.026) was found for the BOT-2 point scores between the control and intervention groups pre- and post-physical therapy intervention.

Conclusions: The participants in this study showed improvements in upper limb coordination after 12 sessions of physical therapy intervention that included a consistent dose of Bal-A-Vis-X training. The small sample size limits generalizing this finding to a specific patient population. Additional studies are needed within specific patient populations and to determine Bal-A-Vis-X dosing parameters.

Clinical Relevance: Bal-A-Vis-X training has potential as an intervention for therapists to improve upper extremity coordination in children.