



The Move Programme

The Move Programme is a functional mobility programme that helps disabled children and adults to gain independence through movement. The programme enables specific goals to be set by the individual and their family. In an environment where staff time and resources are increasingly stretched, The Move Programme focuses the team's efforts on the same goals and provides a way of upskilling all members of the team around the individual to be able to work on mobility skills with them, enabling progress to be made much quicker.

The programme is not limited to specific conditions, it focuses on the skills needed for sitting, standing and walking independently and can be used with anyone who has not developed or lost these skills. It provides an effective assessment and progress tracking system and also focuses on how the support needed by the individual can be reduced over time.

The Move Programme has six steps;

Step 1: Assessment: where are you now?

Step 2: Goal Setting: where do you want to be?

Step 3: Task Analysis: what skills do you need to get there?

Step 4: Prompt Measurement: what support do you need now?

Step 5: Prompt Adjustment: what assistance will you need to achieve your goals?

Step 6: Teaching the Skills: how do we ensure you reach your goal?


Research supporting the concepts of The Move Programme:

Research has been conducted on the effectiveness of Move both with children (Whinnery & Whinnery, 2007) and adult populations (Whinnery & Whinnery 2011). The Move Programme has since been introduced to over 200 schools, NHS and care home settings across the UK. There is a huge wealth of case study and anecdotal evidence for the success of The Move Programme. We continually see incredible success stories from children and adults of all levels of ability and the programme can have life changing impacts on people with the most complex needs.

The Move Programme is a task-oriented approach; ensuring individuals are practising skills in a functional way during relevant activities, not as a separate add-on to their day. Studies have found great benefits of practising skills in a **task-oriented, functional** way; by incorporating mobility skills practice into everyday, naturally occurring activities. This improves the motivation of the individual and also helps the individual to generalise their learning to their natural environment (e.g. Kretelaar et al., 2001).

Move also uses a **top-down approach**, instead of a developmental approach. The developmental approach teaches motor skills in a predetermined sequence taken from infant development. Individuals do not progress to learning the next skill until they have mastered the pre-requisite skills. In contrast, the top-down approach acknowledges and uses the strengths of the individual to being teaching new functional mobility skills that are important and relevant to the individual and their family. This approach places the individual and the family at its centre. This approach is supported by research (e.g.





Burton & Miller., 1998) and is particularly relevant when working with individuals with severe disabilities, as skills take such a long time to develop, we must focus on the activities and goals most important to the person and their family.

Move focuses on **functional goals** set by the person and their family, who are placed at the centre of the programme. This is supported by numerous research articles (e.g. Darrah et al., 2011, Lowing et al., 2009). This also increases the motivation of the individual but also of the family members. By focusing the whole team's efforts on the few functional goals important to the individual and their family, a more focused approach is taken and progress is made much more quickly. It also encourages trans-disciplinary working, whereby physiotherapists (who are continually suffering more and more budget cuts) can transfer their knowledge to and upskill staff from other disciplines, meaning the individual does not suffer from reduced physiotherapy time.

There is a plethora of research supporting the concepts of The Move Programme. This, coupled with the strong anecdotal evidence we see on a daily basis, means there are countless professionals and families who have a strong belief in the effectiveness of The Move Programme in changing people's lives.

References:

Barnes, S. B., & Whinnery, K. W. (1997). Mobility Opportunities Via Education (MOVE): Theoretical Foundations. *Physical Disabilities: Education and Related Services*, 16(1), 33-46.

Burton, A. W., & Miller, D. E. (1998). *Movement skill assessment*. Human Kinetics.

Darrah, J., Law, M. C., Pollock, N., Wilson, B., Russell, D. J., Walter, S. D., ... & Galuppi, B. (2011). Context therapy: a new intervention approach for children with cerebral palsy. *Developmental Medicine & Child Neurology*, 53(7), 615-620.

Ketelaar M, Vermeer A, Hart Ht, Petegem-van Beek Ev, Helders PJM. Effects of a functional therapy program on motor abilities of children with cerebral palsy. *Phys Ther*. 2001;81:1534-45.

Löwing, K., Bexelius, A., & Brogren Carlberg, E. (2009). Activity focused and goal directed therapy for children with cerebral palsy-Do goals make a difference?. *Disability and rehabilitation*, 31(22), 1808-1816.

Whinnery, K. W., & Whinnery, S. B. (2007). MOVE: Systematic programming for early motor intervention. *Infants & Young Children*, 20(2), 102-108.

Whinnery, S. B., & Whinnery, K. W. (2011). Effects of functional mobility skills training for adults with severe multiple disabilities. *Education and Training in Autism and Developmental Disabilities*, 436-453.

