

Physical and Sensory: Physical (Phy)

What it looks like	Strategies to support
<p>Physical impairments in a young child may need adaptations to the EYFS curriculum: The young child with physical impairment may have more difficulty than the majority of other children of their age in:</p> <ul style="list-style-type: none"> • Motor skills and spatial skills leading to problems moving around the setting. • Gross motor movement; difficulties in 'planning' movement resulting in awkward and clumsy body movements • Sitting up/sitting still due to weak core strength; delayed / immature body awareness and balance. • Making transitions from one position to another. • Running, jumping, skipping, kicking, throwing, catching, etc. • Fine motor movements shown by e.g. delayed pincer grip and poor manipulation of items due to delayed hand strength. • Handling tools, e.g. scissors, tongs, paint brush pens. • Spatial awareness resulting in positioning mark making on paper and difficulties forming letter shapes • Oral/verbal dyspraxia e.g. difficulty in eating, dribbling, sounds and speech production, organising thought into spoken words phrases and sentences 	<ul style="list-style-type: none"> • Follow advice from professionals such as occupational therapist (OT) and physiotherapist on making reasonable adjustments to the nursery environment, such as rise and fall changing beds ramps, height adjustable furniture, grab bars, door handles and more availability for floor play space. • Make sure areas are well-organised with clear routes and, ensuring the safe movement around the setting e.g. by reducing/moving obstacles • Adapt and simplify activities to support the development of fine and/or gross motor skills such as the use of alternative equipment e.g. training scissors, range of sizes of pens, crayons and brushes, smaller bikes and trikes and accessible outdoor equipment • Provide significantly more time for completing tasks if needed, e.g. consider whether the child should start earlier • Think carefully about timetabling activities and the location of rooms e.g. downstairs rooms for groups of children where there is a child with physical needs • Support the use of low-tech aids and equipment recommended by health professionals, e.g. a range of seating positions such as side sitting and back support and additional resources such as correctly sized furniture and seating wedges according to the child's needs. • Take account of tiredness and muscle fatigue and make time for free play or rest breaks after focused activities <p>Promote exercises and activities to strengthen upper body, hands and fingers e.g. posture, warm-ups, dough disco, hand exercises and massages, including those recommended by relevant specialists – enhanced opportunities, differentiated for the child</p> <ul style="list-style-type: none"> • Assess the child's learning and physical needs (e.g. observations, play-based assessment, checklists) leading to an appropriately targeted intervention programme; this should be planned in partnership with the child and their family and as advised by an outside agency where involved • Follow individual programmes of physical and self-help skills as advised by relevant specialists, such as an Occupational Therapist to access training and medical support for children with complex care needs, if appropriate e.g. the Diana Team • Make sure staff are trained in manual handling and position changes, e.g. from chair to standing frame, if appropriate relevant health professional will advise such as physio or OT