DC4K Online: Objectives

At the conclusion of Dynamic Core for Kids Online, participants will be able to:

- Articulate the evolution of practice from a musculoskeletal interpretation of core strength, to an understanding of the dynamic systems interaction of the "anticipatory core" with the intra-abdominal pressure system, the sensory systems, the "reactive core" and the brain for a responsive "Core Strategy" that meets the needs of pediatric patient populations.
- 2. Compare and contrast the research evidence discussing anticipatory, reactive and compensatory postural control deficits in three different pediatric populations (CP, DCD, ASD).
- Discuss typical and atypical development of anticipatory core components, postural control, and common compensations in a variety of pediatric populations.
- Analyze postural alignment and functional movement with new attention to deficits in maturation, breathing mechanics, sensory deficits and faulty central stability strategies as contributing variables to pediatric patient presentation.
- 5. Integrate the use of optimized breath mechanics as the gateway to anticipatory central stability and the postural control system.
- Execute external qualitative evaluation of the diaphragm, pelvic floor, TA
 and their coordinated function via observational, and palpation analysis of
 postural alignment, dysfunctional breathing patterns, muscular recruitment
 patterns, movement strategies and habits, and postural control
 compensations during movement tasks.
- 7. Develop intervention programs that coordinate the "anticipatory core" foundation with more superficial postural muscle groups (postural synergists) to promote aligned posture, improved balance and functional movement patterns in pediatric patients.
- 8. Learn to monitor, cue, and modify functional and exercise tasks to facilitate integration of Core Strategy into clinical programming for a variety of patient populations.
- Apply the of components of intervention programs, addressing the interaction of sensory systems and core stability in several diagnoses common in pediatrics (CP, hydrocephalus, ASD, toe walking and torticollis).