

*A Full Guide to*

# *Weighted Blankets and Sensory Products*



**By Andrew Caws**

**Foreword by Dr Gary Lavan BSc. Child Psychologist**

## Table of Contents

FOREWORD	5
A BRIEF GUIDE TO SENSORY INTEGRATION	7
What is Weighted Therapy?	9
The Proprioceptive Sense	9
Deep Touch Pressure and Proprioception	11
Deep Touch Pressure and the Tactile Sense	11
Weighted Therapy, Deep Pressure, and Night-time	12
Weighted Blankets	12
Types of Weighted Blanket	13
How to use a weighted blanket	14
Classroom use of weighted blankets	15
What weight of blanket should I buy?	15
Safety and use of weighted blankets	16
How much do weighted blankets cost?	16
Case Study – weighted blankets	Error! Bookmark not defined.
Weighted Jackets	17
Case study - weighted jacket	18
Weighted Belts	19
Case study – weighted belt	19
Deep Pressure Compression Vests	20
Weighted Compression Vests	20
Lap Pads and Shoulder Wraps	20
WILL WEIGHTED THERAPY WORK FOR MY CHILD?	21

<b>What next?</b>	<b>22</b>
<b>BLANKETS, LAP PADS, SHOULDER WRAPS, JACKETS; SAFETY &amp; USAGE GUIDELINES</b>	<b>23</b>
<b>Weighted Blankets</b>	<b>23</b>
<b>Using your weighted blanket:</b>	<b>23</b>
<b>Blanket weights:</b>	<b>23</b>
<b>Safe Usage of a weighted blanket:</b>	<b>24</b>
<b>Washing</b>	<b>24</b>
<b>Weighted Lap Pads</b>	<b>24</b>
<b>Weighted Shoulder Wraps</b>	<b>25</b>
<b>Weighted Jackets &amp; Hoodies</b>	<b>25</b>
<b>Washing</b>	<b>26</b>
<b>Weighted Waistcoat weights</b>	<b>27</b>
<b>Weighted Hoodie weights</b>	<b>27</b>
<b>CARE &amp; MAINTENANCE</b>	<b>28</b>
<b>SENSORY CHEWS – WHY DO CHILDREN CHEW?</b>	<b>29</b>
<b>Choosing The Right Sensory Chew</b>	<b>30</b>
<b>Age appropriate</b>	<b>30</b>
<b>Moderate or Heavy Chewer</b>	<b>30</b>
<b>Inspect regularly</b>	<b>31</b>
<b>Safety-Tested</b>	<b>31</b>
<b>Wash regularly</b>	<b>32</b>
<b>Quick release</b>	<b>32</b>
<b>WEDGE CUSHIONS &amp; WOBBLE CUSHIONS; INSTRUCTIONS &amp; TIPS FOR USE</b>	<b>33</b>
<b>Wedge Cushions</b>	<b>33</b>
<b>Wobble Cushions</b>	<b>34</b>

<b>Wedge Cushion Instructions</b>	<b>35</b>
<b>Wobble Cushion Instructions</b>	<b>35</b>
<b>PEANUT BALLS ; INSTRUCTIONS &amp; USAGE GUIDE</b>	<b>36</b>
<b>Peanut Ball Size Chart</b>	<b>36</b>
<b>Sizing</b>	<b>37</b>
<b>User Weight</b>	<b>37</b>
<b>Benefits of Ball Therapy</b>	<b>38</b>
<b>Allergy Information</b>	<b>39</b>
<b>SENSORY ROOMS</b>	<b>40</b>

## Foreword

I have never been quite as surprised in my professional life as when I first saw a weighted blanket being used to manage the behaviour of a young boy with autism. The boy in question was displaying considerable challenging behaviour on a daily basis at his school, and the weighted blanket was a new strategy which had been suggested by his Occupational Therapist. Within minutes of the blanket being used for the first time, the boy's behaviour subsided and he was sat calmly back at his desk in the classroom. The blanket then became a part of his daily routine in school and the effects were nothing short of remarkable.

My name is Gary Lavan. I'm an applied psychologist working in the UK education system. Much of my work involves supporting children with autism and learning difficulties. Through this work I use a range of approaches, but have recently become increasingly aware of the importance of what may sometimes be called 'alternative therapies' for intervening with behaviours that can challenge both parents and teachers. I have seen first-hand how some of these alternative therapies can have a dramatic and immediate impact on the quality of life of the children receiving them.

One of the approaches that I am now using increasingly, as part of intervention programs developed to support children in school environments, is weighted therapy. Through collaborative working with Occupational Therapists, I have seen the types of strategies you will read about in this guide contribute to a significant positive impact on the lives of children and their families. The author describes his first-hand experiences of weighted therapy which mirror my own professional experiences of the approach.

However, the guide does something which was particularly refreshing for me. It talks about the use of weighted therapy from the perspective of a parent. Having already seen the positive effects of using weighted therapy in schools, it was invigorating to read the guide and learn that an equally, if not more, significant impact could be made by using weighted therapy in the home.

I am aware of very few titles that address weighted therapy directly, and none that cover the topic in such an easy-to-read manner as this guide does. Knowing the potential benefits of weighted therapy is essential to teachers and other professionals in both special education and mainstream schools. But my hope is for the message contained in this guide to reach parents and carers, like you, who may need it. Read on and start discovering how weighted therapy may benefit your child today!

Gary Lavan BSc.  
Child Psychologist

## Introduction

Welcome to this updated guide to weighted therapy. When I wrote the first edition back in 2011, it was very much intended to be a laymans guide aimed at parents who found themselves in much the same situation as I did back in 2003, with a 3 year old son newly diagnosed with Autism who could not keep still and who rarely slept.

This updated edition is still primarily aimed at parents, but the guide also proved to be useful for teachers, Occupational Therapists, carers, charities and those who themselves are on the spectrum.

With that in mind I have updated some of the information on weighted blankets and added information on other products (not just weighted ones) which have proved to be of great benefit to many families, schools and OTs.

As the parent of an autistic son, I have seen at first-hand the benefits that weighted therapy can bring to both the child, and also the rest of the family.

This publication is intended to be an easy-to-understand guide to weighted therapy; what it is, how and why it works, and what products may help your child.

As a parent, when you first come across weighted therapy it can seem a very strange concept – ‘how can weight possibly help my child’? Hopefully this guide will answer that question and others.

Weighted therapy does not work for every child. However, when it does work the effect is almost miraculous! Children who will not sleep, sit still, or are unable to relax, can be transformed almost immediately by the weight and pressure in a weighted blanket, jacket, or belt.

Occupational Therapists in the UK are now fairly universally aware of weighted therapy and its benefits, and I would advise you to speak to your O.T. about whether weighted therapy is right for your child.

## A Brief Guide to Sensory Integration

Sensory integration is the ability to receive, process and make use of information from the world around us. It allows us to make an appropriate, adaptive response to meet the demands of the environment. For most of us this is happening all the time without us having to think about it – we are not even aware that it is happening!

In addition to the five external senses of Sight, Hearing, Smell, Taste & Touch (the Tactile sense), there are two lesser known Internal Senses;

- Vestibular – this is our sense of movement & balance which comes from tiny receptors in the inner ear. It tells us if we are moving, how fast and in what direction. It also tells us where our body is in relation to the ground (gravity).
- Proprioception – this is our sense of body awareness and position. It tells us where our body and body parts are without having to look at them (when you close your eyes you still know where your limbs are). Tiny receptors in our joints, muscles and ligaments sense information and send it to the brain.

Children actively seek out activities that provide sensory experience of movement and body position such as jumping, swinging and spinning. It is perfectly natural for children to enjoy movement and sensations that promote development and organise the brain.

For some children (and adults) the senses do not integrate properly which can make everyday activities and tasks problematic. This is a recognised medical condition called Sensory Processing Disorder (SPD).

SPD can display itself in many different forms and the daily issues faced by those who suffer from it differs from person to person. In this brochure we offer some products and uses which may be useful as part of a SENSORY DIET. Many of these solutions come from personal experience and from talking to other parents, carers and professional over the past ten years.

We thoroughly recommend that you consult a qualified Occupational Therapist when constructing a suitable sensory diet.

Some signs of poor PROPRIOCEPTION

- Seeking out movement – excessive jumping, running, crashing, hanging, pulling and pushing
- Craves bearhugs, rough play and being squeezed
- Using excessive force (or not enough force) on fine motor activities such as dressing, writing, stringing beads etc.

- Chewing on clothing and other objects
- Poor posture and underdeveloped muscle tone
- Difficulty settling at night and poor sleep
- Poor motor planning
- Un-coordinated movement

Some signs of poor VESTIBULAR sense

- Constantly “on the go”
- Cannot sit still and fidgets excessively
- Difficulty concentrating and remaining “on task”
- Craves fast movement such as spinning (and never gets dizzy)
- Uncoordinated and may appear clumsy
- Poor concentration

Closely linked to Auditory sense and therefore maybe the reason for sensitivity to certain noises such as hand driers, vacuum cleaners etc

Some signs of TACTILE sensitivity

- Dislike of certain food textures
- Dislike of labels and seams in clothes
- Averse to haircuts, hair washing and showers
- Likes to bite and chew on clothes and other objects
- Likes messy play

There are different types of touch pressure – LIGHT TOUCH (such as lightly stroking the skin) can be distressing for someone with SPD. DEEP PRESSURE such as a tight hug stimulates the proprioceptive system and can be comforting. VIBRATION – can be comforting for some children with SPD.

The symptoms described above are not exhaustive and tend to be displayed by those that are SENSORY SEEKING. Other children maybe sensory averse and may try to avoid activities such as climbing, jumping, spinning etc as they find such activities distressing.

You may have noticed that all these senses are closely linked and that some signs of sensory issues are common to more than one of the senses. For example, sensory seeking children who cannot sit still, fidget excessively and like vigorous play are likely to have Proprioceptive, Vestibular and Tactile sensitivities.



## What is Weighted Therapy?

Weighted therapy is the use of weight to apply deep pressure to the body. The weight and pressure stimulate the proprioceptive sense helping those who are “sensory seeking” to relax, focus, and develop a greater awareness of their body.

Weighted therapy;

- can have a calming effect, promoting a sense of wellbeing
- can improve body awareness
- can improve focus and concentration
- can reduce repetitive sensory-seeking behaviour
- is safe and effective
- is non-invasive and discreet

Weighted therapy is becoming increasingly recommended in the UK by Occupational Therapists. It is used in schools, hospitals, and homes. It is widely regarded as a safe and effective treatment for sensory integration disorder, making an enormous difference to the lives of sufferers and their families. Many children on the autistic spectrum have sensory processing issues, and many have benefited from the use of weighted therapy products.

Weighted therapy may also help those with Cerebral Palsy, Prader-Willi syndrome, Retts syndrome, Asperger’s syndrome, ADHD, Down’s Syndrome and those with learning and communication difficulties. The list of conditions that can be helped by weighted therapy is extensive, and some people suffering from other conditions (such as hearing problems and restless leg syndrome) also appear to benefit from the use of weight therapy. That said, not all children with these conditions will benefit. Success very much depends on the individual and their affiliation to deep pressure and weight.

## The Proprioceptive Sense

The proprioceptive sense is a little-known, yet vital, bodily sense that most of us take completely for granted. Proprioception is the sense and awareness of our own body’s position and movement. It is our awareness of our body’s orientation in space, and the direction, speed, and extent of the movement of our body and limbs. This information is detected by sensory receptors in our muscles, ligaments, and joints, and then processed through the central nervous system.

The proprioceptive sense is closely related to the vestibular sense. The receptors for the vestibular sense are hair cells within the inner ear (vestibule). These send messages to the brain about the position and movement of the head in relation to the rest of the body.

In practical terms, the proprioceptive sense sends messages to our brain to tell us whether muscles are stretched or relaxed, whether joints are bending or straightening, and the extent to which this movement is occurring. This information is essential for carrying out everyday activities which most of us take for granted.

Poor proprioception makes maintaining bodily posture and moving with a feeling of safety and security difficult. It affects awareness of the position of the body, arms, and legs.

The ability to recognise which series of bodily actions and movements are necessary to complete a certain task is dependent on our proprioception. An underperforming proprioceptive sense affects 'motor-planning'. When this does not function properly the child may have difficulty getting dressed, tying shoelaces, and completing other everyday tasks.

Our proprioceptive sense tells us how much force to exert when completing a task. For example, how hard to push when opening a door, or how much pressure to exert on a pencil when writing are just some of the everyday tasks that may be affected.

A poor-functioning proprioceptive sense can be a symptom of Sensory Integration Disorder. This concept was first developed by Dr. A Jean Ayers in the 1970's. Sensory Integration is, in essence, the process of taking information in from our environment, making sense of that information, and using it to act and respond in an appropriate manner.

So, a child with a poor proprioceptive sense may;

- play roughly; pushing too hard, shouting, jumping, or running excessively
- appear clumsy
- have poor fine motor skills, finding writing and drawing difficult
- display repetitive and self-stimulatory behaviour such as spinning, rocking or fidgeting
- like to chew on their fingers, clothes, pens, toys, or other objects
- appear uncoordinated and have difficulty with large motor skills such as jumping, climbing, or bike riding
- frequently bump into other people and objects

## **Deep Touch Pressure and Proprioception**

Weighted therapy stimulates the proprioceptive system through the use of **deep touch pressure**.

Deep Touch Pressure works on the principle of applying weight or pressure to provide proprioceptive input. This input calms and modulates the central nervous system which, in turn, aids the processing of sensory information (Grandin 1992, McClure & Holtz-Yotz 1991). This calming and modulating has the effect of making the child feel more grounded and lowers their state of arousal. This lowered state of arousal then reduces repetitive self-stimulatory behaviours (such as spinning, hand flapping, and rocking) and allows better focus, concentration, and attention.

Dr. Temple Grandin describes Deep Touch Pressure as follows: “Deep Touch Pressure is the type of surface pressure that is exerted in most types of touching, holding, stroking, petting of animals, or swaddling.” (Grandin, 1992).

Dr. Grandin (who was diagnosed as autistic at the age of 3) goes on to state that “Occupational Therapists have observed that a very light touch alerts the nervous system, but deep pressure is relaxing and calming”.

Children with a poor proprioceptive sense (particularly those ‘sensory-seekers’) will often seek out deep pressure sensations which make them feel more secure, more relaxed, and able to focus and concentrate better.

For example, some children like to wear tight clothing (which gives proprioceptive feedback). Some sleep under heavy blankets for extra weight – I have even heard of an autistic boy who preferred to sleep underneath his mattress! Other children will like to carry around heavy objects, such as backpacks, in order to gain proprioceptive feedback as this can often make them feel more grounded and secure.

Dr. Grandin developed a ‘squeeze machine’ to help her overcome her own sensory problems (Grandin 1992). The machine applied deep touch pressure to a large area of the body and gave the “feeling of being surrounded and contained by the embrace of the deep touch pressure squeeze”. Dr Grandin found that the machine had a relaxing effect that calmed down her nervous system, reducing anxiety, and making her “less aggressive and less tense”.

## **Deep Touch Pressure and the Tactile Sense**

The tactile sense is our sense of touch. It contains two different touch systems – the protective touch system which relates to light touch, and the discriminative touch system which relates to

deep pressure as well as where, and what, is being touched. These senses should work in harmony allowing us to distinguish between different touch sensations.

Some children are over-sensitive to touch and will avoid tactile sensations wherever possible. Others may be under-sensitive and as a result they constantly seek tactile experiences. They will tend to fidget, try to touch everything, and find it very difficult to sit still. The application of deep pressure through weight or compression can benefit those sensory seekers helping them to calm down, concentrate, and focus.

## **Weighted Therapy, Deep Pressure, and Night-time**

Weighted therapy is just one possible treatment for children with an under-developed proprioceptive sense. It can be used as part of a 'sensory diet' which is used to treat those with Sensory Integration Disorder.

Often children with poor proprioception do not sleep well, particularly if they are sensory-seekers. They may take a long time to go to sleep, and then wake throughout the night. As a parent this can be immensely frustrating, not to mention exhausting.

There is a wealth of anecdotal evidence to demonstrate that applying deep touch pressure at night-time helps to get children settled and ready to sleep and stay in bed at night.

For those of us lucky enough to have fully functioning proprioception it is difficult to understand the appeal of weight and deep pressure. The principle is the same as swaddling a new-born baby. The new-born, with his immature proprioceptive sense, is comforted and calmed by being wrapped tightly in a blanket.

Many children seek this type of deep pressure when going to bed by asking to be wrapped up tightly or asking for additional covers for additional weight and pressure. As a child, particularly in the days when we just had sheets and blankets, you may have been 'tucked in' tightly when you went to bed. Remember the feeling of comfort and security this application of deep pressure gave? Children with poor proprioception *need* this feeling *all* of the time.

## **Weighted Blankets**

The use of a weighted blanket at bedtime provides a safe and effective solution for many parents and their children. I have spoken to many parents who have not enjoyed a full night's sleep for several years, but on introduction of a weighted blanket for their child, have seen dramatic and immediate improvements. Imagine their relief and joy at finally getting a decent night's sleep!

Many parents now use a weighted blanket as part of their child's bedtime routine. The vast majority of these parents have found weighted blankets to be effective in improving their child's sleep, both in terms of getting to sleep more quickly and easily, and also remaining asleep throughout the night.

Some Occupational Therapists now recommend that a weighted blanket is used under the supervision of an adult at all times. For use at night this effectively means staying with your child until they have gone to sleep and then removing the weighted blanket. This is sensible advice, however it can cause practical difficulties – for example your child may not go off to sleep with you in the room or they may wake in the night and be unable to go back to sleep without their weighted blanket. For smaller and younger children I would never recommend that you go against the advice of your OT. That said if your child is older, you follow some basic safety guidelines and use some common sense, then leaving a weighted blanket on all night can be OK. I left my son with his weighted blanket all night for many years, but I made sure it was not too heavy (less than 10% of his bodyweight) and that he could remove it himself if he became uncomfortable or too hot. I would also check up on him regularly throughout the night. If you decide to leave it on all night it is important that you speak to your OT for guidance before you start.

A full set of safety guidelines are included at the end of this chapter.

## **Types of Weighted Blanket**

There are different types of weighted blanket available made from a range of different materials. Blankets are typically made from fleece, neoprene, cotton, or a polyester-cotton mix.

There are advantages and disadvantages to each. Fleece is a very tactile material, and some children may not like the feeling it provides. Another consideration is that, being quite thick, it may cause overheating if used with other bedclothes. Neoprene is used to manufacture wetsuits, and neoprene blankets tend to be quite inflexible, often becoming hot and sweaty if used on a bed. Poly-cotton mix blankets provide excellent comfort and durability, are fully washable, and have the advantage of not providing too much additional insulation, so your child will not overheat, particularly in warm weather.

Weights used inside a blanket vary between plastic pellets, sand, steel shot and even corn seed. Sterile sand is popular as a filling. However, sand blankets cannot be easily washed. Steel shot is very heavy and offers excellent weight density but once again, washing these blankets can be a problem unless the steel shot is in a waterproof outer such as neoprene. Plastic pellets are now the most widely used filling as they are safe, provide a good weight density, have a pleasant feel, and can be put in the washing machine. A more expensive option available is a blanket filled with small hollow plastic balls which, as well as providing weight, provide a pleasing tactile sensation for the child.

Traditionally, these weights have been sewn into the actual blanket. Now, however, some blankets use removable weight bags which fit into pockets sewn onto the blanket. These blankets can also be fitted into a cover to ensure that the weights cannot easily be removed. This technique has several advantages over the more traditional blankets;

- (a) The weights can be removed to allow easy cleaning and washing.
- (b) The weight of the blanket can be tailored to the weight of the individual child.
- (c) The distribution of the weight can be altered as appropriate – for example, weight can be concentrated on the legs for someone with Restless Leg Syndrome.
- (d) As your child grows you can easily, and cheaply, add more weight without having to buy a new blanket.

The disadvantage of these blankets is that they do not wrap around the body as well as blankets with the weight sewn in as the weight pockets have a tendency to shift and move around.

## **How to use a weighted blanket**

Weighted blankets come in different sizes and are designed to be used in a variety of ways.

When using at night the most flexible blankets are those designed to be used with your child's usual bedclothes. Using a weighted blanket over the top of your child's duvet allows them to use their familiar bedclothes and keep change to a minimum. When you remove the weighted blanket, your child will still have their normal bedding for comfort and warmth.

Blankets made from poly-cotton do not add much in the way of extra insulation and therefore overheating is not a common problem with these blankets. In hot weather, however, using a lighter duvet is always an option if this is likely to be an issue. Larger, duvet-size blankets are

available for older children – again those with removable weights are the most flexible and user friendly.

**IMPORTANT** – If you decide to leave the blanket on, the user should always be able to self-remove the blanket and the blanket should never be used as a restraint. However, most of the time they will not want to remove it as it is providing the deep pressure they crave!

## **Classroom use of weighted blankets**

Smaller blankets than those designed for bedtime are available for use in other contexts, such as a school classroom. Often referred to as ‘midi’ blankets, they can be used whilst the child is sat; watching TV, reading, in the car, or as a comfort in the classroom if a child becomes over-excited or upset.

Such blankets are widely used in special education classrooms, and autism bases within mainstream schools. Where a child with ASD finds the classroom environment too overwhelming, they are offered a quiet area (often a separate sensory room) where they can sit quietly wrapped in a weighted blanket. The deep touch provided by the blanket helps to calm, relax, and re-focus the child.

Other weighted therapy products, such as lap pads and shoulder wraps, can also prove equally useful in classroom environments.

## **What weight of blanket should I buy?**

The generally accepted principle is that the weighted blanket should weigh 10% of the user’s body weight. Our research and experience have shown that this method gives a blanket that is heavy enough to be effective, but not so heavy as to be uncomfortable to use.

For example, a child that weighs 30kg, the weighted blanket should be no more than 3kg. It is recommended that the weighted blanket should not exceed 10% of the user’s bodyweight – so, for example if the child weighed 33kg then the recommended blanket weight would still be 3kg (rather than moving up to the next blanket weight of 3.6kg).

It is important to remember that is only a guide. Many parents I speak to get a little anxious if the blanket is not at least 10% of their child’s weight and some will tend to go for the next size up on

the basis that their child is still growing. This tends to be a mistake and not something I would recommend, with often the heavier blanket being returned for something lighter as the child finds it too heavy and uncomfortable. Something around the 10% ratio works perfectly well for most people, but it is just a start point – if a child likes deep pressure they will be soothed by most blankets with weight in them. My son started using a blanket when he was 5 years old – the same blanket was still working it's magic 5 years later despite him having significantly grown!

The table below gives a guide to blanket weights, however we must stress that it is a guide only.

- Body weight 25kg – weighted blanket should not exceed 2.5kg
- Body weight 30kg – weighted blanket should not exceed 3 kg
- Body weight 40kg – weighted blanket should not exceed 4 kg
- Body weight 60kg – weighted blanket should not exceed 6 kg
- Body weight 80kg – weighted blanket should not exceed 8 kg

## **Safety and use of weighted blankets**

When used as directed, weighted blankets are a completely safe and effective tool to help with sensory integration. Follow the weight guides and always consult with your Occupational Therapist.

The blanket should never be used to restrain a child and should never cover the face. Your child should be able to self-remove the blanket, and you should remove it immediately if they show any signs of discomfort or distress.

## **How much do weighted blankets cost?**

Weighted blankets vary in cost from about £100 to over £400; as blankets are very labour-intensive to manufacture, hence the cost.



When choosing a weighted blanket, look out for those which use high quality material and carry a quality assurance mark such as the CE mark.

Sensory Direct weighted blankets also carry a lifetime guarantee.

## **Weighted Jackets**

The deep pressure provided by weighted jackets has a ‘calming and organising’ effect on the body's proprioceptive system. The jackets are commonly recommended by Occupational Therapists for use in the classroom to increase attention-span and reduce the hyperactivity often seen in children with autism, ADHD, and sensory or learning difficulties.

A weighted vest can benefit children who:

- have autism, ADHD, or sensory processing disorder
- display hyperactivity, such as excessive shifting in their seat
- have a short attention-span and are easily distracted
- show tactile sensitivities such as needing to touch everything, or being resistant to touch
- have a poor awareness of their body position
- display self-stimulatory behaviour such as rocking, twirling, and chewing

Occupational Therapist Nancy Vandenberg conducted research on children with ADHD and the use of weighted vests in the classroom (Vandenberg 2001). Students with ADHD were studied in the classroom performing fine motor activities for 15 minute periods, both with and without a weighted vest. The research showed that concentration on tasks increased by 18% to 25% in all students tested. Additionally, 75% of the pupils frequently asked to wear the vest even when they weren't being observed.

Nancy Vandenberg's research recommends using a jacket for maximum periods of 30 to 40 minutes before giving the child a rest for a similar period before using it again.

Jackets may have weight around the waist area only or offer weight around the shoulder area as a way of applying deep pressure to the upper body. The better jackets are discrete and have a “non clinical” look – without close inspection you would not know it was a ‘special’ jacket. This is an important consideration for all using the jacket, particularly for children in mainstream schools, who don't want to stand out from their peers.

Weighted jackets are designed for the classroom or other passive activities. They are not recommended for outside play or any other physical activities. In addition to the classroom, weighted jackets are useful in a wide variety of other environments such as restaurants, cafes, church, or cinemas when it is necessary for the child to sit calmly for a period of time. Other situations may include, for example, a busy shopping centre to help keep a child calm and reduce anxiety.

The most effective weighted jackets (or vests) are those which are flexible and allow the weight can be varied, using removable weights which slot into pockets in the jacket. It is important to ensure that these weights are evenly distributed throughout the jacket. In addition to providing the flexibility to tailor the jacket's weight to the individual, removable weights also make washing much easier.

When selecting the weight of a jacket there is no definitive weight guide. As with a weighted blanket, enough weight is required to make the jacket effective but not too much as to make the jacket uncomfortable. The generally accepted principle for jackets, used by many OTs, is that a weighted jacket should not exceed 5% of the child's bodyweight. For smaller and younger children it may be advisable to use a less than 5%. We would recommend that you always consult with your OT particularly if you are devising a sensory diet for your child.

## **Case study - weighted jacket**

Helen is 5-years old and has diagnoses of; Autism, ADHD, and Global Developmental Delay.

Lots of children on the autistic spectrum feel anxious a lot of the time. Helen's father John explains that, "One of Helen's particular needs is to feel safe and secure. She used to achieve this by wearing various backpacks and tight fitting clothes which were too small. Sometimes she would wear 2 or 3 backpacks at the same time. This apparel was not always appropriate, particularly given the weather in the UK".

John continues, "She found great comfort in wearing a swimming costume which was for a 3-year old but she managed to fit into somehow by stretching it to its limits. She is a very eccentric little girl and does not really care what other people think of what she is wearing".

John purchased a weighted jacket for Helen and noticed an immediate impact. "We found that the weighted jacket calmed her down completely. Her behaviour improved, the tantrums decreased, and we managed to give the swimming costume to a charity shop - when she was not looking!"

Now Helen uses the weighted jacket in school, at the discretion of her Learning Support Assistant, and in church to help her sit still for short periods of time. Her father goes on to say that, “life for Helen and the rest of the immediate family has hugely improved, especially when she has worn the jacket for a period of time - normally about 20-30 minutes.”

## **Weighted Belts**

Weighted belts are a relatively new concept, first tried in the USA. A weighted belt fits around the waist concentrating the child’s weight around their core, increasing body awareness, particularly of the lower body and legs. This in turn promotes a feeling of calmness and balance, making the child feel grounded, focused, and secure.

The belt can be worn discreetly under a jumper or sweatshirt and is ideally suited for use in the classroom, during a therapy session, or out on a trip.

## **Case study – weighted belt**

At the age of six, Jack was diagnosed with ADHD, Sensory Integration Disorder and a mild form of Autism. As a baby he was a late developer, being slow to walk and talk, but once he started there was no stopping him. Jack slept for just four hours a night and couldn’t sit down long enough to enjoy a meal with his family or a story at nursery.

As Jack grew up he struggled in school and found it hard to make friends. Jack’s mum, Marianne, was at her wits end. She had heard about weighted belts - worn around the waist to improve balance and proprioception - and thought that this approach may help her son.

Feeling she had nothing to lose, Marianne decided to purchase a belt. When it arrived she told Jack that it was a ‘Magic’ belt that would give him ‘secret superhuman powers of concentration’.

Within half an hour of putting the belt on Jack did something he had never done before – he sat down and did some colouring. “As soon as he put the belt on he became a different child”, recalls his mother Marianne. The belt has helped Jack in many aspects of his life. He now eats at the table with the rest of the family and, thanks to his ability to concentrate and focus better when using the belt, Jack has made significant progress at school.

## **Deep Pressure Compression Vests**

Compression Vests apply deep pressure and proprioceptive feedback to the body and shoulders. Compression vests do not use weight. Instead, deep pressure is applied to the body by the tight wrapping of the vest around the body.

Deep pressure has been found to reduce anxiety and distress by lowering the heart rate and calming breathing which, in turn, promotes a feeling of calmness and security. Some autistic children enjoy tight clothing or wrapping themselves up in sheets or a gym mat to give them the pressure they crave. The compression vest works on the same principle and may benefit children with tactile and proprioceptive sensory problems. Challenging behaviours and sensory-seeking behaviours are often reduced with the application of deep pressure.

Compression vests are manufactured from neoprene which wraps tightly around the body while fully adjustable, detachable, shoulder-straps provide deep pressure to the shoulders.

## **Weighted Compression Vests**

There are now some weighted deep pressure vests available (often called Weighted Compression Vests) which are made of neoprene for compression but also contained a small amount of weight. These vests are an “in between” solution, offering a bit of weight (usually less than the 5% of bodyweight) and some degree of compression – although less than a deep pressure vest. They are popular with younger children to gauge if responsiveness to deep pressure and weight.

## **Lap Pads and Shoulder Wraps**

Lap Pads apply calming deep pressure to the lap and upper legs. Because they are used while the child is seated, it makes them ideal for use in situations like the classroom, at reading time, at the table, or in the car. The weight has a calming effect helping attention span and reducing excessive movement or fidgeting.

Lap Pads are relatively inexpensive and portable making them ideal for use in schools. They can be used in conjunction with other tools such as wedge cushions to help with focussed sitting.

Shoulder wraps are designed to have much the same effect, except that the weight is applied to the shoulders. They are a cost effective, safe and portable tool, enabling easy use whenever and wherever they are needed.

## Will weighted therapy work for my child?

There is a simple a short answer to this question – nobody knows until you give it a try! Some children actively seek out situations that provide them with weight and deep pressure. The introduction of weighted therapy items will have an enormously positive benefit on the lives of these children, and on the lives of their families. Other children may gain some benefit from it (such as a calming influence), whereas others will find the weight uncomfortable and will not tolerate it. Most children will let you know fairly quickly whether or not they like the sensation!

There are some simple steps you can follow to find out if weighted therapy will work for your child:

1. **Speak to your Occupational Therapist:** if you have an OT, ask them about weighted therapy products and if this approach may help your child. Most OTs are familiar with weighted therapy, and many thoroughly recommend it.
2. **Try heavy blankets and or coat :** before buying a weighted blanket, try putting some heavy blankets, winter coat or leather jacket on your child – a good time to do this is when they are trying to settle in bed so pop it on top of their normal bedclothes. This will give an indication of whether a weighted blanket may work. If they like the sensation of the weight, then it is likely that they like deep pressure and that weighted therapy would benefit them. *This is only a trial, so you must supervise at all times and do not leave them unattended – do not leave the heavy bedclothes/coats on all night as your child will get too hot and overheat.* It's also important never to cover the face, and make sure the child can self-remove any weight if they desire.
3. **Tuck them in tightly :** some of us recall fondly being tucked into bed tightly as a child under a sheet and blanket, remembering the feeling of security this provided. Tucking your child into bed will not add weight but will add some deep pressure which some children may find comforting. One method is to use a “mummy” style sleeping bag and then a sheet over the top of this tucked in tightly. If it works you can use this as a calming method when required (under supervision). There is some compelling medical research demonstrating that this is an effective calming technique for some psychiatric patients

4. **Hire a weighted blanket:** Sensory Direct offer a hire scheme allowing you to try a weighted blanket for a relatively small outlay. If, after your hire period you decide to purchase a weighted blanket, your hiring fee is refunded. ([Sensory Direct Weighted Blanket Hire Scheme](#))
  
5. **Give you child a backpack to wear:** put some books and other heavy items into it to add weight – don't overload it though and keep the weight to under 5% of your child's bodyweight. This is a cheap and easy way of trying weighted therapy. If your child is calmed by this then other forms of weighted therapy may also be effective.

## What next?

If you think that weighted therapy may help your child, your first step should be to speak to your Occupational Therapist. If you do not have one, then speak to your doctor or school and ask for a referral. Your Occupational Therapist should be able advice you on what will help your child. However, you may face a long wait for an appointment depending on where in the country you live. Alternatively, you could arrange for a private consultation with an Occupational Therapist.



# Blankets, Lap Pads, Shoulder Wraps, Jackets; Safety & Usage Guidelines

## Weighted Blankets

### Using your weighted blanket:

The weighted blanket should be always used under adult supervision. We recommend that you consult with your Occupational Therapist or other suitably qualified person prior to using the weighted blanket.

### Blanket weights:

It is important that the weight of your blanket is in proportion to the bodyweight of the person using it. The commonly accepted principal verified by Occupational Therapists is that the weighted blanket should not exceed 10% of the user's bodyweight.

Use the table below to ensure that your weighted blanket is appropriate. On unpacking your weighted blanket we recommend that you check the weight which is printed on the product care tag sewn to the blanket. This tag should not be removed.

Blanket weight	2.5kg	3.0kg	3.6kg	4.5kg	6.0kg	7.0kg	8.0kg	9.5kg
Minimum bodyweight of user	25kg	30kg	36kg	45kg	60kg	70kg	80kg	95kg

**Adjustable Pocket Blankets:** these blankets have removable weights so that the weight of the blanket can be adjusted up or down accordingly. If you choose to alter the weight of your blanket it is important that you check the blanket weight prior to use to ensure that it does not exceed 10% of the user's bodyweight.

**School, Residential Units etc:** if you have multiple users of weighted blankets, you should be careful to ensure that each child is using the appropriate weight.

Please note that using a cover will add to the overall weight of your blanket.

When not in use, ensure that your blanket is stored in a safe place out of reach of children.

## **Safe Usage of a weighted blanket:**

- Always use under the supervision of an adult. Do not allow a child to use a weighted blanket unsupervised.
- Never use a weighted blanket as a restraint.
- Ensure that the head and face is not under the weighted blanket when in use.
- Ensure that the user can self remove the weighted blanket.
- Do not use a weighted blanket in conjunction with any other weighted product.
- Do not use in a cot with babies or infants.
- Use the weighted blanket for short periods of time initially & increase as needed, under supervision.
- Not recommended for small children – if in doubt consult with you Occupational Therapist.
- Check before and after use for signs of wear & tear.

## **Washing**

Weighted Blankets are machine washable at a recommended washing temperature of 40°C. Do not tumble dry or iron as this may damage the filling beads. Check the weight capacity of your washing machine prior to washing.

Pocket blankets – weights can be removed and washed separately. Fire retardant weighted blankets can be wiped clean with a sponge or damp cloth.

## **Weighted Lap Pads**

Lap Pads are available in 2 sizes: small (1kg) and large (2kg) and can be used across the lap or over legs whilst seated. Before use, ensure that the lap pad is the appropriate weight for the person using it. As a general guide the small lap pad is designed for children aged 4 to 10 years old. The large lap is designed for children over 10 years old, teens & adults. This is a guide only and you should consult your Occupational Therapist or other suitably qualified person prior to use.

- Always use under the supervision of an adult.
- Only use one weighted product at a time.
- Do not cover the head or face with the lap pad.



- Do not place in a cot with a baby or infant.
- Check before and after use for signs of wear and tear.

## **Weighted Shoulder Wraps**

Shoulder Wraps are available in 2 sizes: small (800g) and large (1.2kg) and can be used across the shoulders or over the lap whilst seated. Before use, ensure that the shoulder wrap is the appropriate weight for the person using it. As a general guide the small is designed for children aged 4 to 12 years old. The large may be more appropriate for teens & adults. This is a guide only and you should consult your Occupational Therapist or other suitably qualified person prior to use.

- Always use under the supervision of an adult.
- Only use one weighted product at a time.
- Do not cover the head or face with the lap pad.
- Do not place in a cot with a baby or infant.
- Check before and after use for signs of wear and tear.

Shoulder Wraps are machine washable at a recommended washing temperature of 40°C.

Do not tumble dry or iron as this may damage the filling beads. Fire retardant wraps can be wiped clean with a sponge or damp cloth.

## **Weighted Jackets & Hoodies**

Weighted jackets should only be used with the direction and advice of your occupational therapist or other suitably qualified person.

It is recommended that the jacket weight does not exceed 5% of the user's bodyweight unless recommended otherwise by your Occupational Therapist. Remove some of the waist weights if necessary but ensure weights are evenly distributed across the jacket.

The long rectangular weights are for the shoulder area. Insert into the shoulder pocket and close the Velcro fastening. The square weights are for the waist area. Insert into the waist pockets and close the Velcro fastening. The Hoodie also has an optional rectangular weight in the hood to provide weight to the head if required.

Please note that the jacket alone will add to the overall weight of the garment – please see the weight charts below.

The weights can be removed from the pockets for maximum flexibility. The shoulder weights are often the most effective at providing deep pressure, so if necessary, it is advisable to remove some waist weights to reduce the overall weight. Ensure that any remaining waist weights are evenly distributed.

The vest should not be used during active play such as running, jumping, turning upside down, spinning etc. As a general guide the jacket should be worn for periods of around 20 to 40 minutes and then removed for at least the same amount of time before being used again. We recommend that you consult with your Occupational Therapist to devise a schedule for use of the weighted jacket.

- Check the jacket and weights on a regular basis for signs of wear and tear.
- Use under supervision at all times.
- Ensure that the jacket weight is appropriate for the user.
- Do not use in conjunction with other weighted products.
- Do not sleep in a weighted jacket.
- Check for signs of wear & tear before and after use.

## **Washing**

Prior to washing weighted jackets or hoodies, remove the weights prior to washing. Machine wash jackets at a 40°C. Jacket weights can be wiped with a damp cloth or sponge.

## Weighted Waistcoat weights

Label	XS	S	M	L	XL	XXL	XXXL
Size	Child XS	Child S	Child M	Child L	Adult S	Adult M	Adult L
Shoulder Weights	2 x 340g	2 x 340g	2 x 340g	2 x 340g	2 x 460g	2 x 460g	2 x 460g
Waist Weights	3 x 250g	4 x 250g	4 x 330g	2 x 330g + 2 x 400g	4 x 400g	5 x 400g	5 x 400g
Total weight (incl jacket)	1.75kg	2.0kg	2.3kg	2.5kg	3.0kg	3.5kg	3.5kg

## Weighted Hoodie weights

Size ref	01	02	03	04	05
Size	Child XS/S	Child M/L	Child XL/Ad S	Adult M/L	Adult L/XL
Shoulder Weights	2 x 250g	2 x 340g	2 x 460g	2 x 460g	2 x 460g
Waist Weights	4 x 250g	4 x 330g	4 x 400g	4 x 500g	4 x 550g
Head Weight	1 x 250g	1 x 250g	1 x 250g	1 x 340g	1 x 340g
Total weight (incl jacket)	2.2kg	2.8kg	3.5kg	4.0kg	4.4kg

## Care & Maintenance

Always check your weighted product prior to and after use for any signs of wear and tear, such as loose stitching, torn seams, escaping filling etc. If there are visible signs of wear and tear do not use the product until it has been repaired or replaced.

It is recommended that you check all weighted products on a regular basis for signs of damage, wear and tear.

Keep all weighted products away from heat sources, naked flames and cigarettes. Do not place on heaters or radiators. Do not microwave the plastic beads.

Sensory Direct Weighted Products come with a lifetime guarantee on the quality of materials and workmanship. We will repair or replace your weighted product free of charge so please call us on 01905 670500 or email [info@sensorydirect.com](mailto:info@sensorydirect.com) for further advice.

Sensory Direct accept no responsibility for the misuse of weighted products supplied.

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## Sensory Chews – Why Do Children Chew?

Many children (and some adults) on the Autism Spectrum chew or bite on non-edible objects such as toys or pencils or they like to suck shirt sleeves or bite jumpers. This is a form of “Stimming” which is short for self stimulatory behaviour.

Chewing is just one form of stimming – others can be hand flapping, rocking or spinning – and these are often done to relieve anxiety, reduce fear and combat sensory overload. Most people stim to some degree – nail biting, hair twirling and foot tapping are all stimming behaviours – but for those with Autism their stimming tends to be more extreme and more frequent impairing their ability to interact with other people and participate in ordinary activities.

A child in a classroom who is constantly stimming by flapping or pacing up and down will not only have difficulty to take part in everyday classroom activities but may also be a distraction to others.

Chewing non-edible objects is one of the more manageable forms of stimming and has little impact on others. The main issue is what to chew or bite safely without risk of choking, poisoning or just being unhygienic.

The mouth has the highest concentration of nerve endings in the body, which is why babies and toddlers put everything they can pick up in their mouths. Most children have grown out of this habit by the age of three however sensory seeking children will sometimes continue to bite & chew on objects to obtain proprioceptive input and sensory feedback.

Any item that can be picked up is fair game for mouthing – particularly small toys, pencils, shirt cuffs and buttons. Some children will prefer to mouth and lightly chew on things, whereas other will bite with substantial force that will easily break pencils and toys. Small tactile fidget toys, not designed for chewing, are a particular hazard and as parents we need to be constantly vigilant as many common items pose a threat as choking hazards. Other items maybe toxic or simply inappropriate to put in the mouth.

Sucking and biting jumpers and shirts is less hazardous but does lead to dirty sweaters and soggy cuffs!

There are some who advocate discouraging stimming on the grounds that it is often inappropriate. Another view is that, as long as it is safe and does not impact on others, stimming is a useful outlet, reducing anxiety and allowing the autistic person to handle situations they find difficult or stressful.

There are various strategies and tools to modify chewing and biting. Chewy foods such as carrots and celery sticks can be used as a temporary chew. Specially designed chewy toys such as the Chewbuddy (made from medical grade material) also provide a safe alternative to chewing on fingers, cuffs, pencils and toys.

## **Choosing The Right Sensory Chew**

### **Age appropriate**

Make sure you select an age appropriate chew.

- For younger children (under 3) it is best to have a solid teether or something that mum can wear to maintain close supervision. The goal is to eliminate any choking hazard during chewing and oral exploration. The Chewbuddy Stickman is great for younger children and mild chewers because they encourage oral motor exploration with a soft texture. The Chewbuddy is soft enough not to damage teeth but strong enough to withstand biting from a mild to moderate chewer.
- Older children may prefer a wearable chew like the Chewbuddy Disc or Bangle which are more discreet and socially acceptable as well as being safe and effective.
- Teens, adults and more aggressive biters may enjoy heavier options like the Chewbuddy Super. Chewy pencil toppers are also a good option for older children – these are hollow and slide onto the end of a pen or pencil providing a safe outlet for chewing whilst writing or drawing.

### **Moderate or Heavy Chewer**

As well as considering the age of the chewer it is also wise to consider their oral chewing needs.

- Moderate chewer / mouthing – a solid or hollow chew is appropriate. You could choose one with different textures or a chew with protruding parts so the user can explore it and gain sensory feedback. Examples are the Chewbuddy Stickman, Chewy Tubes or the Ark Grabber.
- Strong chewer / biter – some children (even young ones) can have a very strong need to bite and chew. They will bite hard on chew toys for a prolonged period of time and can quickly break chews designed for moderate chewing. Solid chews which do not have protruding parts (which can be a weak point) are recommended – for example the Chewbuddy Super.

## Inspect regularly

Whether the child is younger or older, it is wise to inspect the chewy regularly for wear and tear. If cracks or weaknesses are noted, discard and replace the chewy. Chewies can last a long time but it depends on the biting habits of the chewer and the durability of the materials.

REMEMBER – no chewy is indestructible and eventually all chews will need to be replaced. Make sure you select an appropriate chew and supervise its usage. Inspect it before and after each usage. Some children and adults individuals with heavy oral needs will damage the chew. How long the chew will last depends on the chew used and the needs of the individual user.



## Safety-Tested

Not all chewies are made the same. Be sure you have purchased a chewy from a reputable company that tests products for compliance with all applicable safety standards, including phthalates and BPA. When tubing is part of the chewy, medical grade tubing is best. Chewbuddy's are CE marked and made from medical grade material.

## **Wash regularly**

Chewies should be washed with antibacterial soap and water after each use and left to air dry. Some chewies (such as the Chewbuddy) are dishwasher safe on the top rack – check the care instructions.

## **Quick release**

A chewy necklace should be large enough to be easily removed or have a quick release or breakaway clasp that pops open easily. There are many styles of chewy necklaces and it really just depends on your child's preference as to which one you choose.

**Remember that safety is of the utmost importance and there is no protection like a watchful parent!**



## Wedge Cushions & Wobble Cushions; Instructions & Tips For Use

### Wedge Cushions

A Wedge Cushion is an air-filled cushion that when sat on tilts the pelvis forward slightly, enhancing the inward curve of the lower back and encouraging the user to sit more upright.

This encouragement to sit properly and correctly reduces strain on the body's joints and ligaments which in turn helps the proprioceptive sense (sense of body awareness). By improving posture and encouraging "active" sitting with a wedge cushion children can sit and stay focussed for longer as body awareness is improved the need to fidget reduced.



A wedge cushion can be beneficial to children who shift around or rock in their seat.

The cushion can be inflated as much or as little as required so the child can sit comfortably. We don't recommend over inflating as this causes a bulge and the cushion loses its wedge shape. This can make it uncomfortable to sit on (thus reducing its effectiveness) and may cause the valve stopper to fly out if the cushion is sat on with force. The cushion should just be partially inflated so that it retains its wedge shape when sat on.

The wedge cushion has raised dimples on the surface for tactile input – or can be turned over if this is not required. Wedge cushions are normally used on a chair, such as a classroom or dining

room chair. We do not recommend they are used on a soft chair such as a sofa as the temptation to slouch is too much. They can be used on the floor to sit on or stand on to practice balance.

Wedge cushions are not an automatic guarantee of proper sitting – you can still slouch on a wedge cushion! Children still need to be encouraged and shown how to sit upright on the cushion.

## Wobble Cushions

Wobble cushions (sometimes called disc cushions or instability cushions) are small round inflatable cushions, strong enough to sit or stand on. When sat on the inflated cushion creates instability (a wobble!) encouraging the user to engage their back and core muscles. The cushion can be used on a chair or on the floor. They are strong enough to be stood on to build core strength and practice balance.



Sitting on a wobble cushion is similar to sitting on a therapy ball – only smaller, portable and more convenient. The instability engages the core muscles improving posture and core stability. The wobble effect makes sensory seeking children focus on how they sit, reducing fidgeting and helping to improve focus on the task in hand.

The Sensory Direct wobble cushion is smooth on one side and has raised dimples on the other for additional sensory input. Wobble cushions are not meant to be too comfortable! They are meant to be unstable and slightly uncomfortable to make sitting down a physical exercise – they will never be as comfortable as slouching!

Sitting on a wobble cushion engages the core muscles helping to improve core stability – so it is effectively an exercise. It is recommended that the cushion is not sat on all day – about ½ hour at a



time is long enough. Put it to one side for a while and then use it again at regular intervals throughout the day.

The cushion can also be great fun to stand on to build muscle tone and help balance and concentration. Stand on both legs, one leg, make a tree shape etc.....be creative and have fun!

Sensory Direct cushions are made from flexible PVC free material that contains no latex or phthalates. They have a small valve in the back so the cushion can easily be inflated by blowing directly into the valve (they don't take much to blow up) or using a bike pump or any other type of pump. The cushion can be inflated as much or as little as required. Don't over inflate the cushion – it requires enough air to make in wobble when you sit or stand on it.

### **Wedge Cushion Instructions**

*Junior Wedge Cushion 26cm x 26cm (MVG05GRN) / Senior Wedge Cushion 35cm x 35cm (MVG35BLU) / Medium Wedge Cushion 30cm x 30cm (MVG08BLK)*

To inflate the wedge cushion, remove the white plastic stopper from the back of the cushion and blow the cushion up by mouth or by using a hand pump. Once the required inflation is reached replace the stopper firmly.

DO NOT OVER INFLATE the cushion. Inflate the cushion with enough air to ensure that it retains its wedge shape when sat on. Too much air (making the cushion bulge out of shape) may result in the cushion not functioning as intended. To deflate the cushion, remove the plastic stopper.

### **Wobble Cushion Instructions**

*Small Wobble Cushion 30cm diameter (RDS05SMA) / Wobble Cushion 35cm diameter (RDS35GRN)*

Remove the small white plastic stopper and inflate by mouth or with a hand pump. Once the cushion is inflated as required replace the white stopper firmly. The wobble cushion should not be over inflated as this may make it too uncomfortable and ineffective. To deflate the cushion, remove the plastic stopper. Weight limit 130kg / 20 stone.

**Questions?** If you have any questions please call us on 01905 670500 or email [info@sensorydirect.com](mailto:info@sensorydirect.com) and we will do our utmost to answer your questions or resolve your issue.

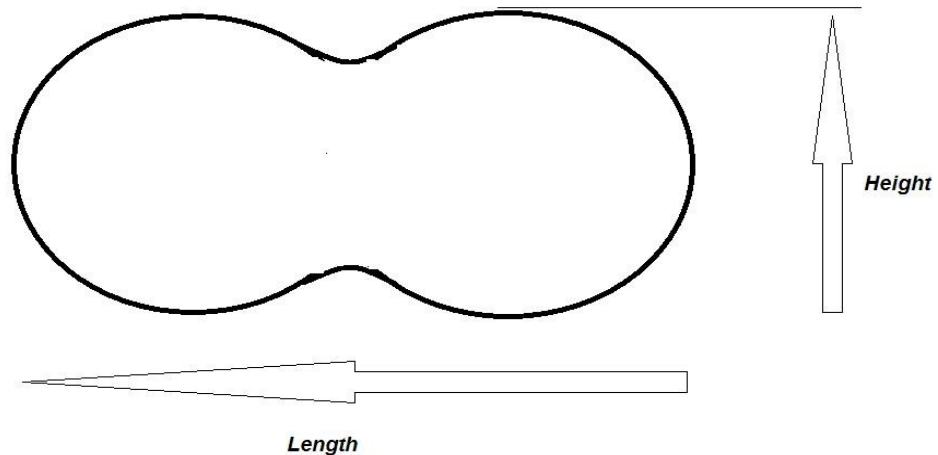
### **Allergy Information**

Sensory Direct wedge and wobble cushions are CE marked and made from material that is PVC free and contains no latex or phthalates.

# Peanut Balls €€ ; Instructions & Usage Guide

## Peanut Ball Size Chart

Code	Colour	Max Height	Length	Price (ex VAT)
PNA40YEL	Yellow	40cm	80cm	£19.95
PNA50ORA	Orange	50cm	95cm	£23.95
PNA60GRE	Green	60cm	115cm	£29.95
PNA70BLU	Blue	70cm	135cm	£34.95



Peanut Balls should be inflated with a hand pump or foot pump. The height shown in the above table is the maximum height of the ball when fully inflated. Do not over inflate the ball to bigger than this maximum height. There should be small amount of “give” in the ball when you press on it.

Sensory Direct balls are anti burst, however this does not mean they are indestructible! The ball can still puncture but will release the air slowly, so you will slowly sink instead of crashing to the floor. This is a safety feature but will not protect against puncture.

## Sizing

We have laid out some basic guidelines below, however we recommend that you consult with an occupational therapist or physio with regards to the sizing of your ideal ball.

1. With the user straddling the ball on the centre saddle, their weight is evenly distributed and feet are flat on the ground.
2. Ideally the knees should be level with the pelvis creating a 90-degree angle at both the hips and the knees with the user's thighs parallel to the ground.
3. The head, shoulder and pelvis of the user should be in a vertical line, with no leaning necessary to act as a counter balance to keep them on the ball.

The ball can be inflated and deflated slightly to adjust the height - the ball should be firm enough to sit on and should not exceed the maximum recommended size. A fully inflated ball will compress less and will therefore be less stable (making some exercises harder as the ball will tend to roll more easily). Letting a little air out will make increase the rolling resistance giving it more stability.

As a quick guide before buying a ball, measure the distance from the user's armpit to the middle finger tip and match this measurement to the height of the ball (within 5cm). This is a good starting point and once you have purchased your ball and inflated it you can follow steps 1 to 3 to ensure you have the correct ball size. We are happy to exchange your ball for a bigger or smaller size if necessary.

## User Weight

Height is the biggest factor to take into consideration when choosing a therapy ball, however the users weight should also be taken into account. Someone with a weight-to-height ratio higher than average will cause the ball to compress more when they sit on the ball – meaning the 90 degree angle at hip and knee may not be achievable.

These users should consider purchasing the next size up.

Adjusting the amount of air in the peanut ball will affect the size of the ball and the compression when the user sits on it. Inflate or deflate the ball slightly to achieve the required 90 degree angle at hip and knee. It should be noted that too little air in the ball can stabilise it too much making balancing exercises too easy and less effective; too much air pressure could make these exercises too difficult as the ball will roll more.

## Weight limit

The recommended maximum user weight for Sensory Direct peanut balls is 20 stone or 130kg



## Benefits of Ball Therapy

The benefits of ball therapy are widely acknowledged for children and adults with a range of abilities. Balls are used for balance and co-ordination training, strengthening, gross motor and proprioceptive activities. Balls are commonly used for:

- To improve dynamic balance by sitting or lying on top of the ball
- Activities to facilitate movement and general gross motor coordination
- Exercises to increase core strength by working on the abdomen and back control
- Sensory activities such as applying deep pressure with the ball to calm
- Gradual introduction of increased weight bearing activities to improve muscle tone and strength
- Games and fun activities to improve cognitive skills and encourage cooperation

The traditional round therapy ball works well for all of these activities, however some users, particularly children, may find the instability of the round ball too challenging. For these users the Peanut Ball is an ideal way to harness the benefits of ball therapy in a less intimidating manner allowing them to work and build confidence as they develop.

A Peanut Ball is an inflatable therapy ball with all the benefits of a traditional therapy. The peanut ball is effectively two therapy balls joined in the middle by a saddle which is set slightly lower than

the two ends. This makes the Peanut Ball more stable than a traditional ball providing allowing users of all ages and ability to use the ball with confidence.

The most stable part of the ball is the middle “saddle” - the user sit can sit here or with their legs either side of the ball for stability and security – giving confidence. The peanut ball can be used for proprioceptive activities for those with poor body awareness, with the shape allowing the therapist to share the ball where necessary (for example to give a child extra support and confidence on the ball) A traditional round ball can roll in any direction which can be too unpredictable for some. The shape of the peanut ball effectively means it can only roll in one direction, allowing balance and strengthening work to be performed but in a more predictable and safer way.

This allows clients of every age and most diagnosis to benefit from ball therapy. The shape of the Our balls are CE tested and are manufactured in compliance with 93/42/EEC class 1 medical device specifications.

A peanut ball can provide so many benefits to you or your child’s physical therapy exercises. Used effectively, they can help to develop and build gross motor skills, bilateral coordination, core muscle strength, postural stability, balance and much more.

### **Allergy Information**

Sensory Direct Peanut Balls are made from material that is PVC free and contains no latex or phthalates.

## Sensory Rooms

Sensory room (or multisensory environments) have become increasingly popular over the past few years. Originally intended for those with profound and multiple disabilities, sensory rooms have evolved into a space for all children to calm and also stimulate the senses.

A multi sensory environment can mean a multitude of things. It may be a purpose built sensory room with innovative, state of the art sensory equipment costing many thousands of pounds, it could be a pop up dark den in the corner of a classroom or bedroom, costing less than £100.

This chapter will focus on setting up a sensory area on a budget and will look at some of the options available.