

Get Their Wheels Rolling

TEACH YOUR CHILD HOW TO RIDE A BICYCLE

By *Brittany Burgess, Physical Therapist*

Parents teach their children countless skills on a day-to-day basis. Teaching a child to ride a bicycle can be a fun and rewarding activity, but it is also a task many may consider intimidating. With preparation, patience and activities that break the process down into manageable steps, teaching a child how to ride a bicycle can be done safely and efficiently.

Tricycles

Tricycles have three wheels and pedals, and ideally are low to the ground. Most children are ready to transition to a tricycle by 2 years of age. A child may begin propelling a tricycle the same way he or she propelled a riding toy – by pushing off the ground with feet versus using the pedals. Once the child becomes comfortable with the tricycle and develops a sense of balance, he or she can begin using

the pedals. Parents may need to help by placing the child's feet on the pedals, then gently pushing on the child's knees so he or she can learn how pedaling should feel. It takes strength and coordination to combine pedaling with steering successfully, and children may need lots of practice to master this skill. Positive encouragement and incorporating playfulness to

keep the activity fun will help a child have an enjoyable learning experience throughout. Keep in mind, a helmet should be worn while riding tricycles to maximize safety.

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Riding toys

A riding toy is the first item to introduce to a child so that he or she can begin to build the skills needed to eventually ride a bicycle. From the time they begin learning to walk up until 2 years of age, children can benefit from the use of riding toys to develop strength, balance and coordination. An ideal riding toy is four-wheeled and low to the ground so that a child can sit on the seat with his or her feet on the floor to be able to propel forward. Children will learn how to use their legs to push and their hands and arms to steer. Propelling a riding toy helps children develop their inner sense of balance to stay upright while moving, which is an important skill they need in order to advance to the next step, riding a tricycle.



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EVENT ALERT:

Connections 2010

A free resource fair for children and youth with special needs and their families

Saturday, April 24th

See Calendar on page 8 for details.

What is Children's Hospital?

Children's Hospital serves children from birth through age 21 and provides the following services and programs:

- **PHYSICIAN SPECIALTY SERVICES**
Pediatric physician specialists, nurse practitioners and therapists provide coordinated care for a wide variety of medical conditions. Services include: **Physical Medicine and Rehabilitation** to restore and improve skills and mobility for children with physical disabilities or loss of function; **NICU Follow-Up**; and **Multispecialty Programs** for cerebral palsy, muscular dystrophy, spasticity and spina bifida.
- **OUTPATIENT THERAPY**
Physical, Occupational and Speech/Language Therapy; Assistive Technology; Nutrition; Psychology
- **TRANSITIONAL/LONG-TERM CARE**
- **DENTAL PROGRAM**
Comprehensive pediatric, general and endodontic dentistry (including dental surgery), specializing in children with special health care needs and/or dental anxiety.
- **CHILDREN'S FEEDING PROGRAM**
An interdisciplinary program designed to help children who have a medical or behavioral issue that limits their feeding and growth.

Children's Hospital accepts most commercial payors and all Medicaid and FAMIS plans. For additional information on the hospital, visit www.childrenshosp-richmond.org or contact Cyndi Cline, Hospital Liaison, at 804/228-5835.

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Get Their Wheels Rolling, *continued from page 1*

Bicycles

After the tricycle, a child is ready to begin the transition to a two-wheel bicycle. Many children make this transition between 4 to 6 years of age, but every child is different. You may choose to use training wheels first as this is the most stable way to ride a bicycle. However, you may also choose to skip training wheels altogether, a current popular trend, and begin with a low-riding bicycle with or without pedals. Either method is fine; you can decide how to proceed based on your child's confidence and the environment where you practice.

Bicycle with training wheels: Training wheels are small wheels that are added to either side of a bicycle to increase the base of support, which increases the overall stability of the bicycle. With training wheels, a child can sit steadily on a bicycle while becoming more comfortable with new features that set it apart from their old tricycle. In addition to having only two wheels, different features include a seat that is higher off the ground and brakes. Brakes may be pedal brakes, which are activated by pedaling backward, or hand brakes, which can be squeezed with the hand on the handlebar.

Once a child becomes comfortable pedaling a bicycle with training wheels, you can begin to raise the training wheels a bit higher so that both training wheels do not sit flat on the ground at one time. By doing this, you are allowing the bicycle to lean side to side more, making it a bit more "tippy" so that your child will begin to learn "balance reactions," which are body

movements used to keep yourself balanced. The next step is to remove the training wheels altogether and assist as your child learns to coast and pedal with proper balance.

Bicycle with lowered seat/balance bicycle: As mentioned earlier, you may choose to skip training wheels and just introduce a bicycle without training wheels with the seat lowered. In order to help a child successfully transition from a tricycle to this type of bicycle, be sure the bicycle seat is low enough so the child can rest both feet on the ground while seated comfortably with knees slightly bent. There are many bicycles on the market right now with this exact design: a low-riding seat and no pedals. These bicycles have a variety of names, including "balance bicycles," "running bicycles," "push bicycles" or "learner bicycles." You may choose to use one of these specific bicycles, or you may choose to adapt a standard two-wheel bicycle if you can properly lower the seat and remove the pedals. Ideally, the pedals should be removed to allow plenty of room for legs to move freely. If the pedals are not removable, though, the bicycle can still be used the same way during the learning process.

Learning to coast and pedal

Whether your child used training wheels first or is transitioning immediately to a bicycle, it is very helpful to lower the seat of the bicycle when learning to coast and pedal. Children, including

NOW ACCEPTING NOMINATIONS FOR

7th Annual Spirit of Advocacy Awards

Nominate a patient, family or colleague for a Children's Hospital Spirit of Advocacy Award to recognize the efforts of those advocating for the health care needs of their own child, or the broader needs of children in the community. Two awards will be presented: one to a Children's Hospital patient or family of a Children's Hospital patient and one to a community partner or professional. Nominations are due August 2. Forms are available at www.CHAdvocate.com. Take time to recognize the fantastic health care advocacy work being done by persons in the community!

those who used training wheels, typically put their feet on the ground when learning to coast as this is the easiest way to learn balance. Also, with the seat lowered, the child sits closer to the ground which makes it easier to balance upright. Helmets should always be worn when riding a bicycle and during all steps of the learning process outlined below. (See sidebar for more on helmet safety.)

Coasting: On a low bicycle, a child can propel forward by pushing off the ground with his or her feet. With feet hanging freely so close to the ground, a child can easily stop the bicycle by placing feet on the ground again. In this way, children can learn to propel the bicycle and then “coast” forward while learning how to use the rest of their body to maintain their balance in doing so. Ideally, coasting can be practiced on grassy ground on a slight downhill so that the bicycle will coast naturally without requiring much effort. The grass should be short enough so that it does not create too much drag on the wheels, but soft enough to provide a more comfortable landing in case of a fall.

Initial pedaling: Once the child is comfortable coasting on the bicycle and can maintain upright balance without having to place feet on the ground, you can add in pedaling. With the seat still low, have your child place his or her feet on the pedals of the bicycle and coast down the grassy hill again while keeping feet still on the pedals. Once comfortable with this, a child can then begin to move legs and pedal while

coasting. Next, you can begin to raise the seat higher. You will want to raise the seat higher in small increments (an inch or two at a time) as it becomes more challenging to balance upright each time the seat is raised.

Advanced pedaling: After the child masters pedaling downhill on the grass, it is time to transition to a flatter surface such as flat ground with short grass, and eventually flat pavement such as a driveway or empty parking lot. Have the child practice starting from a standstill and pedaling in a straight line. Start with one pedal pointed up and forward toward the handlebars, which will give the child a solid pedal stroke to power the bicycle and keep it steady until the other foot finds the pedal. Emphasize looking straight ahead in order to travel on a straight path. When an inexperienced rider turns his or her head, arms and shoulders typically follow, causing the bicycle to swerve. Once a child is able to consistently balance while pedaling in a straight line, you can add in slow turning.

Every child is unique. While these methods may be helpful for teaching many children how to balance, steer and pedal safely and efficiently, some children may require a great deal more practice than others before mastering each skill along the way. Remain patient and be creative while finding different ways to motivate your child. Riding toys, tricycles and bicycles are great tools to help your child develop, and bicycling can be enjoyed as a life-long activity and part of a happy and healthy lifestyle for years to come. 🧑🏻

Helmet Safety

- **Be consistent.** A helmet should always be worn when riding a bicycle or tricycle and when learning to ride. Parents can set a positive example for children by wearing helmets of their own while bicycling to promote a healthy, life-long habit.
- **Be sure it fits.** A helmet should be worn level on the head and should not move forward and back or from side to side. Use sizing pads for a snug fit.
- **Always fasten the strap.** Tighten the strap so no more than one finger can fit between your chin and the strap.
- **Check for a CPSC sticker.** This means the helmet passed impact testing required by the Consumer Product Safety Commission.

Call (804) 228-5827 or email Stephanie Allan, Special Events Coordinator, at srallan@chva.org for a free copy of Children's Hospital's annual bike safety poster featuring these reminders and other safety tips. This poster is sponsored by the Richmond Kiwanis Club.



LEARN MORE

VIRGINIA'S EARLY INTERVENTION SYSTEM

May is typically proclaimed by the governor as Early Intervention Awareness Month in Virginia. The website for Virginia's early intervention system is www.infantva.org. Children's Hospital is a provider of early intervention services for Richmond, Henrico and Chesterfield. This means that free evaluations, as well as home and community-based services, are available at Children's Hospital for infants and toddlers from these localities who qualify. Children under the age of 3 who have developmental delays, atypical development or conditions likely to result in developmental delay may qualify for these services. If you have a question or concern about your child's development, call Children's Hospital at (804) 228-5818 to learn more about early intervention and the early intervention service providers for localities statewide. Virginia's early intervention system is called Infant & Toddler Connection of Virginia.

– Sharon Berg, Infant Services Program Manager

BUILDING BLOCKS FOR STRONG READERS:

Tips for Engaging Infants and Toddlers in Books and Reading

By Michele Bartz, Speech/Language Pathologist

Parents know reading is essential – essential for success in school and essential for success in life. Some parents, however, are unsure of how best to prepare children to read, and many also wonder when to start. Not surprisingly, infants and toddlers who have had ready and ample access to books are more likely to become strong readers. Young children who see their parents reading, and who are read to regularly, typically show greater understanding and enjoyment of books. This exposure gets children excited about reading and leads to greater interest in letters and words. Listed below are suggestions for ways to start a child on a love of books, the first step to a love of reading. It is never too early to start.



Read to your child every day. Making that time is challenging, but it is essential. Having a regular reading time built into a routine (such as just before bed) is ideal, but short reading sessions throughout the day can be just as good as one long one (and for some children better). Read during breakfast. Keep books handy for long waits at the grocery store or doctor's office. Keep books in the car. Keep bath books in the tub. Keep books within your child's reach in play areas. Parents can send a clear message that reading is a priority by turning the TV off and opening up a book.

Start reading from birth. When reading is introduced as part of a predictable routine from birth, children are much more likely to look forward to that predictable story time and even begin to get upset when books are left out of their routine.

Try a variety of types of books to find what engages your child. If your child is 2½ and fighting story time, it may be time to try a new tactic.

Different books hold the attention of different children at different ages. Books with textures, such as DK Publishing's Touch and Feel books, and books with flaps, such as Lift-and-Look Books featuring Elmo from Sesame Street®, *What Can Rabbit See?* by Lucy Cousins, *Where Is Baby's Belly Button?* by Karen Katz and *If You See a Cow* by Richard Powell, can sometimes engage an uninterested reader to explore pages for a few minutes. These types of books can also help slow down children who turn pages quickly without focusing on the pictures or allowing parents time to read. For some children, real photographs such as the ones found in the Happy Baby series of books by Roger Priddy hold their attention. For others, the rolling, rhyming, repetitive text found in stories like *Brown Bear, Brown Bear, What Do You See?* by Eric Carle, *Barnyard Dance* by Sandra Boynton or *Chugga-Chugga Choo-Choo* by Kevin Lewis are the only ones they can sit through. Parents can rock or bounce a child to the rhythm of these stories to keep an active child sitting. For still others, finding a book starring a favorite Sesame Street®, Disney or Nick Jr® character is the key. Also, don't be afraid to use a snack and the high chair to keep your little one seated long enough to get through a story.

Focus on enjoying the moment. Many times holding a child's interest isn't so much about what's being read as how it's being read. When parents are enjoying the bonding and closeness that come when snuggling and reading a book, it shows. Likewise when parents are bored, irritated or rushing, it shows too. Try to slow down and focus

on enjoying the moment. Read with animation and inflection, adding voices and sound effects where they fit. Feel free to shorten text when toddlers are wiggly, or add words to elaborate on a topic your child is interested in or confused about. Encourage your child to fill in the lines of a familiar story and re-read favorite books often – children learn a lot from repetition.

Utilize local libraries. Public libraries have a wealth of free resources. Even babies can get library cards! Most branches hold free story time sessions for children. Larger, busier branches have the greatest variety and include different story times for different ages from birth to preschool. Enlist the help of your local librarian to find books for your child, and continue to make reading an enjoyable and expected part of your family's routine. 📖

*Note: This article is the second in a series. The August 2009 Tid*Bits newsletter featured part one, "Building Blocks for Better Readers: Language, Play and Shared Experiences." Past Tid*Bits newsletter issues are posted in the Publication Archive of the Resource Library at www.childrenshospriehmond.org. A link to the Resource Library is on left-hand side of the homepage.*



MORE IDEAS FOR READING FUN

1. Let your child help in the selection of books.
2. Change the setting: have a reading picnic, make an igloo out of sheets and the dining room table for winter stories, or change a baby pool into an ocean for beach stories.
3. Use pictures and drawings from a birthday party or vacation and help your toddler write a book.

SPECIAL FOCUS:

Tummy Time

Any activity that keeps a baby from lying flat on his or her back against a hard, supporting surface is considered "tummy time." Tummy time should always be supervised and serves as a good opportunity to interact, play and bond with a baby. Tummy time is beneficial for babies of all ages and, with proper head support, can be started from day one.

Why is tummy time so important?

Tummy time promotes muscle development in the neck and shoulders. It helps prevent tight neck muscles and the development of flat areas on the back of the head, and it also helps build muscles babies need to roll, sit, crawl and turn their heads.

Tummy time has become even more essential since 1992 when the American Academy of Pediatrics launched its "Back to Sleep" campaign, encouraging parents to place their babies on their backs to sleep. (This campaign helped reduce the incidence of sudden infant death syndrome by 40 percent.) Around the same time, infant carriers that double as car seats became more widely used, further increasing the amount of daytime babies spend on their backs.

A national survey of 400 pediatric physical and occupational therapists conducted in 2008 revealed that two-thirds of those surveyed report seeing an increase in early motor delays in infants during the previous six years.

Eighty-four percent of those physical therapists who saw an increase in motor delays said that lack of tummy time, both while awake and asleep, is a significant contributor to the growing number of these cases.

Lack of tummy time can also cause delays in other areas of development and lead to eye-tracking problems



and behavioral issues. Plagiocephaly, the development of flat areas on the back of the head and forehead, is another possible complication that can result in uneven facial features and abnormal head growth and shape. Lack of tummy time can worsen torticollis, a tightening and shortening of the neck muscles that causes an infant to tilt or turn his or her head to one side.

Tummy time ideas:

Tummy time can be carried out while carrying a baby in various positions:

- Alternate the hip your baby straddles to encourage looking, turning and balancing.
- Carry your baby over your shoulder, gently supporting the head in a centered position, and change shoulders so the baby works on looking and turning to both sides.
- Hold your baby against your chest facing away from you with your arm supporting his or her trunk. This position allows your child to work on holding his or her head up; if the baby has difficulty with this, assist by gently keeping his or her head in the center with your free hand.

Tummy time can be part of playtime:

- Lie on your back and hold your baby on your chest facing you. This encourages him or her to lift head to look at you. Gently turn baby's head to both sides. As babies grow, less support is needed and they begin to keep head centered and push up on arms.
- Try placing a pillow, small towel or blanket under the baby's chest to help the baby lift and center his or her head and also practice turning his or her head from side to side. Getting down on the floor in front of the child can help encourage these movements. Moving a toy that makes noise from side to side or up and down can help as well, but a parent's face and voice are typically the most motivating.

Incorporate tummy time into dressing:

- Gently roll your baby from side to side as you put on your baby's shirts and pants.
- Try towel-drying and changing a baby on his or her belly.

PREVENTATIVE TREATMENTS FOR CAVITY PROTECTION

Sealants and Fluoride Varnish

Sealants and fluoride varnish are preventative treatments that help to protect against dental decay. Sealants help prevent cavities on the chewing surfaces of the back teeth. Fluoride varnish helps prevent cavities on the smooth surfaces of all teeth. In the article below, Dr. Elizabeth Bortell, Director of the Dental Program, provides an overview of these treatment methods.

Sealants

Ninety percent of all tooth decay in school-age children occurs in the pits and grooves of the back teeth. The teeth most at risk are the permanent first and second molars because the chewing surfaces of those teeth have deep grooves and pits that trap food and harbor bacteria. These areas are often narrow, and bacteria, sugars and carbohydrates accumulate and cause decay. Sealants protect this area by providing a barrier between the tooth enamel and the bacteria by “sealing” the pits and grooves that are usually inaccessible to toothbrush bristles. Sealants are made of a resin (plastic) material. They may be clear or white, depending on the dentist’s product preference, and are not readily noticeable.

When are sealants recommended?

Sealants are recommended for all patients, but particularly for those with deep grooves and pits on the biting surfaces of the molars, or those with enamel defects. Sealants are first recommended for children who are cooperative when first molars come in, usually around the age of 6, and again when the permanent second molars come in, usually around the age of 12.

Studies show that approximately 80 percent of sealants remain in the mouth after 10 years; however, they can wear over time and require replacement. The length of time sealants last can decrease dramatically if a child grinds teeth, eats a lot of hard substances, consumes a lot of very cold or hot substances, or chews ice. Sealants should be checked by a dentist at six-month check-up visits.

How are sealants applied?

During a sealant application, the tooth is cleaned and painted with materials that help adhere the sealant to the tooth. The sealant material is then painted on the tooth and a UV light is shined on the sealant to set it. A child is free to eat or drink after the appointment. Placement of sealants requires cooperation from the patient, so not all patients are candidates for sealants; however, sealants are placed painlessly and there is no need for numbing prior to placement.


Fluoride Varnish

Fluoride varnish is a highly concentrated form of fluoride that is applied directly to the surfaces of the teeth. Fluoride works by helping repair and restore tooth enamel and by inhibiting oral bacteria that can cause tooth decay. Fluoride varnishes adhere to teeth upon contact with moisture or saliva, remaining on the surfaces of the teeth for hours, whereas other types of fluoride, such as toothpaste or rinses, wash away as soon as a child eats or drinks anything.

When is fluoride varnish recommended?

Varnish can be applied to all of the teeth, baby or permanent. Varnish applications are typically recommended as part of six-month dental check-up visits for all children who are cooperative, regardless of their risk for decay.

How is varnish applied?

Varnish adheres best if a child has received a cleaning to remove the surface plaque on the teeth. Following the cleaning, teeth are wiped or air dried and the varnish is then applied with a soft applicator brush by painting a thin film on the surfaces of the teeth. Because it hardens upon contact, varnish eliminates the need for a child to wait in the dental chair with fluoride on the teeth, which is what commonly occurs during the application process of other forms of professionally applied fluoride. Overall, the application process for fluoride varnish is typically well tolerated by children, compared to the application processes for other forms of professionally applied fluoride which involve a bulky tray with a thick gel or foam being inserted into the mouth and excess being suctioned out of the mouth. 



SUPPORT FROM THE SIDELINES

Help Teens Make Responsible Choices

By Dr. Josie Castaldi, Licensed Clinical Psychologist

Teens face tough choices every day! They make decisions while confronting a confusing combination of physical changes, increasing sex drive and expanding opportunities for decision making, balancing the values they've grown up with against new pressures from friends and other outside influences.

Teens often struggle to be seen as separate from their parents and others who have nurtured them to this point. They may try different ways of interacting, both to experience the way this feels as well as to test reactions from others. Given that this is a predictable and healthy (as well as challenging!) phase, here are some ways to help teens make wise choices:

■ **Foster open communication.** Convey willingness and the availability to talk every day, despite typical teen behavior of pushing at times to distance themselves. Realize that communication can occur during planned times as well as informal times. Also, consider that what teens may see as a crisis or have a need to process may be different from what adults may view as a pressing concern. Teens can be highly stressed and confused about conflicts with peers, or juggling school, sports and social responsibilities; it is helpful to be able to use adults as a sounding board when concerns arise.

■ **Stay connected and informed.** While teens can show a clear desire for independence, they continue to need, and at times may secretly welcome, limits provided by adults. With so many options available through media and social networking sites, monitoring interactions and information being viewed is important. It is crucial for parents to be aware of a teen's plans and

whereabouts, and to convey that they are available to help if teens find themselves in a problem situation.

■ **Encourage collaboration.** Help teens explore the pros and cons of different decisions or paths they may choose. Set clear limits when needed, yet also listen and offer advice when requested for problems that do not have potentially dangerous or harmful consequences. Acknowledge when you make mistakes and, if appropriate, apologize to your teen for mistakes made; this shows that we all make mistakes and can do things differently the next time.

■ **Pick your battles.** In most instances, fashion statements, differences in music and entertainment preferences, or occasionally eating junk food will not have permanent negative consequences. Teens need safe ways to declare themselves unique. Parents and caregivers can foster this process by carefully choosing the areas where they insist that teens conform/follow their rules.

■ **Strive for a sense of perspective.** It is actually healthy for adolescents to reject parents and what they stand for in order to make a clean break from childhood. Don't take it personally when teens have the attitude that parents are uninformed or out of touch with reality. When it is necessary to set a limit, whenever possible, present this in a calm and matter-of-fact manner. Teens need role models who can handle anger and frustration adaptively, especially when they are still learning to do so.

With ongoing support and understanding from parents and caregivers, teens can practice healthy decision making and be ready to move on to new challenges in adulthood. 🧑

INSTRUCTIONS FOR PIGGY BANK CRAFT:

1. Paint the outside of the plastic bottle and the toilet paper roll or wooden beads your desired "piggy" color. Set aside to dry.
2. If using a large bottle (two-liter size, for example), cut the toilet paper roll into four even sections. If using a smaller bottle, cut two small sections from the toilet paper roll. Cut top rims in a rounded shape, rather than straight across, to fit the shape of the bottle.
3. Cut two deep "V" or "U" shapes from construction paper for ears, and bend the flat side down leaving enough space to apply glue to glue ears in place.
4. Cut a rectangular coin slot in the piggy bank's back, using scissors, craft knife or utility blade. (This is an adult's job.)
5. Wind the pipe cleaner around a finger to make a coiled tail shape.
6. Glue the toilet paper roll sections or beads on the bottom for feet. (If using toilet paper rolls, place two in front and two in back for a large bottle or one in front and one in back for small bottle.) A paint brush can be used to apply glue to the top rim of the feet.
7. Glue ears in place and glue tail on the backside of the piggy.
8. Attach or glue two googly eyes to the front of the piggy, using the bottle opening as the nose.

REMOVE AND KEEP FOR FUTURE REFERENCE

Once the piggy is put together, go ahead and be creative – give the piggy a name and write it on the side with a marker, or add stickers or glue buttons, rhinestones or anything you like. Note: When child is ready to spend his or her hard-earned change, an adult can cut a flap in the underside of the belly to release coins.

– Crystal Proffitt, Recreation Therapy Tech

MAKE IT AT HOME

Low-Cost Ideas for Lots of Fun!



PIGGY BANK CRAFT

Materials you will need:

- Paint brush
- Acrylic paint (any color will do)
- Plastic bottle (with label removed)
- Toilet paper roll or wooden beads
- Construction paper
- Scissors
- Pipe cleaners (preferably the color of the paint)
- Glue
- Googly eyes

This craft uses fine motor skills such as: grasping, cutting, gluing, twisting, painting and of course...CREATIVITY!

See reverse side for step-by-step instructions.

This is the first in a series of low-cost activity ideas to be featured in Tid*Bits newsletters. This theme was suggested by Tid*Bits reader Tasha Moore of Colonial Heights, VA.

Children's Hospital PEDIATRIC SPECIALTY CARE OF RICHMOND, VA Young at heart

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Spring/Summer 2010

April 20

Children's Hospital presents **Richmond Health & Safety Day**, a free educational event sponsored by Food Lion featuring safety lessons/activities for children ages 4-7. Held from 10 a.m. to 12 noon at Children's Hospital. Child care/preschool groups are encouraged to attend. Pre-registration is required by April 14 and space is limited. Call (804) 321-7474 ext. 6077 for information.

April 23

All ages are welcome to participate in **Ace Hardware's Mini Golf Tournament** at Swaders Sports Park in Prince George. Proceeds benefit Children's Miracle Network Richmond hospitals. Registration begins at 11:30 a.m.; tournament begins at 12 noon. Registration fees are \$20 for adults, \$15 for children and \$65 for a team of any four (includes lunch). To register, contact Pat Hodge at (804) 504-7469 or phodge@acehardware.com.

April 24

Connections 2010, a free resource fair for children and youth with special needs and their families, will be held from 9:30 a.m. to 12:30 p.m. at the Children's Museum of Richmond (2626 W. Broad Street). Child-friendly entertainment, dental screenings, pet therapy dogs, arts & crafts, door prizes and over 60 exhibitors are featured. First 500 participants receive free museum admission and a tote bag. For information, visit www.connections.vcu.edu or call (804) 827-1795.

May 15

The **8th Annual Children Fore Children** golf tournament, hosted by Children's Hospital's Senior Board, is open to children and teens ages 8-17 who have some golf experience. Participant check-in begins at 8 a.m. (tournament begins at 9 a.m.) at The First Tee of Chesterfield. Registration (\$25 per participant before May 7 and \$30 after) includes lunch, green fees, goody bag and range balls. Call (804) 228-5827 or visit www.childrenshosp-richmond.org for details. All proceeds benefit Children's Hospital Foundation.

May 29

The **Autism Society Central Virginia 5K Run/Walk for Autism** starts at 8 a.m. at the Innsbrook Pavilion in Glen Allen. Registration is \$5 for children age 9 and under; \$20 for adults and children over age 10 (\$25 after May 1). No walk-up registration race day. Visit www.ascv5k.com for details.

June 26

Virginia Victory Games, an athletic competition for children ages 6-21 with physical, visual and/or hearing impairments (who reside in Va.), will be held at St. Christopher's School in Richmond. Events are free to participants and include a softball throw, shot put, long jump,



EVENTS CALENDAR

bowling, wheelchair slalom, 60M, 200M and 400M races, and more. For information, call (804) 475-7808 or visit www.virginiavictorygames.org.

July 16-18

Join the fun of the **9th Annual Anthem LemonAid Weekend!** Set up a lemonade stand in your neighborhood to benefit Children's Miracle Network Richmond. Participants receive a FREE LemonAid Kit with lemonade, cups, pitchers, stickers, signs and more. Visit www.anthemlemonaid.com or call (804) 228-5929 for details.

August 5

On **Dairy Queen's Miracle Treat Day**, all proceeds from Blizzard® treats purchased at participating Dairy Queen stores are donated to Children's Miracle Network hospitals. Visit www.miracletreatday.com to find a participating store in your area. In Central Virginia, proceeds support Children's Hospital and VCU Children's Medical Center.

SAVE THE DATE ...

The **8th Annual American Family Fitness 5K/10K Walk/Run and Kids Mascot Mile** to benefit Children's Hospital Foundation is planned for October 9. For information, call (804) 228-5827 or visit www.amfamrace.com.