

From Hopscotch to Home Runs The Basics of Mature Motor Skill Development

By Sallie Tidman, Occupational Therapist, and Lucille O'Neil, Physical Therapist

We are really tuned in as parents the first time a baby rolls or sits up. We celebrate a baby's first steps and words with video cameras, scrapbooking and calls to relatives. However, milestones get lost for many of us after that. Not many of us talk about the first time a child throws or kicks a ball.

Motor skill development remains important past year two. There are many components of motor development – some easy to understand and others more complex, but all critical parts of a child's physical development and the base for all motor skills from walking to running to sports abilities. Below is an overview of the underlying skills that work in unison as a child develops useful motor skills:

While we typically think of strength in our arms as we flex an elbow or leg strength when a child runs, **TRUNK STRENGTH** involving both back and stomach muscles is particularly important. A child needs a base of strength in the trunk to use legs and arms, and strength of trunk, shoulders and arms to be able to use wrists, hands and fingers successfully. Without the ability to keep our body upright with the trunk muscles, all other motion becomes non-functional.

BALANCE is the ability to react and readjust posture to movement. In order to maintain

balance, your center of mass (weight) needs to be directly over your support surface (your feet when standing, your bottom when sitting, etc.). Balance is controlled by the vestibular system and the visual system, which work together to tell the body where it is in space. Without these systems, we would topple over when trying to sit or stand, let alone walk or run. As balance develops we can shift as our environment changes, such as maintaining a standing position when standing on a moving carousel.

POSTURAL CONTROL involves automatic control of muscles. As strength

becomes more coordinated, and balance reactions improve, then postural control improves. Think about the first time you watched someone downhill ski. They were most likely stiff, with their hands high in the air. Chances are their toes were bunched up tight in their boots. As one practices an activity, postural control develops. They keep a stable base at the trunk, making adjustments as needed, and use strength only in areas they need. When skiing, for example, one uses their legs and pelvis, but relaxes arms and upper body.

BILATERAL COORDINATION

is the ability to use arms and legs together. This could be our arms or legs doing the same activity or different activities. In running, our legs are doing the same movements, but not at the same time. In galloping, our legs are doing different activities. In tennis, often all four limbs are doing different things at the same time.

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What is Children's Hospital?

Children's Hospital of Richmond serves children from birth through the age of 21 and provides the following pediatric specialty services:

- **CHILDREN'S FEEDING PROGRAM** - An interdisciplinary program for children with medically based feeding and growth problems.
- **MULTISPECIALTY PROGRAMS** - Unique programs involving multiple physicians and specialists who provide coordinated care for children with conditions that include cerebral palsy, muscular dystrophy, spasticity and spina bifida.
- **PEDIATRIC DENTAL PROGRAM** - Comprehensive services (including dental surgery) for all children, including those with special needs.
- **PHYSICAL MEDICINE & REHABILITATION** - Outpatient program designed to help children facing temporary or permanent physical disabilities and loss of function restore skills and mobility for improved quality of life.
- **THERAPY SERVICES** - Physical, Occupational & Speech/Language Therapy; Assistive Technology; Nutrition; Psychology
- **TRANSITIONAL/SPECIALIZED LONG-TERM CARE**

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.

MAIN HOSPITAL

2924 Brook Road • Richmond, VA 23220
804/321-7474

THERAPY CENTERS

Fredericksburg

10530 Spotsylvania Avenue
Suite 1
Fredericksburg, VA 22408
540/891-4485

South

2925 Polo Parkway
Midlothian, VA 23113
804/323-9060

Petersburg (OPENS FALL '08)

321 B Poplar Drive, Suite 4
Petersburg, VA 23805
804/733-7233

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From Hopscotch to Home Runs, *continued from page 1*

Plain and simple, **VISUAL SKILLS** are what we see. Our vision puts the environment in perspective for us.

VISUAL PERCEPTUAL SKILLS are used in interpreting what the eyes see. There are many components that make up visual perception – visual closure (being able to “see” a partially finished picture for what it will be), depth perception (judging an object's distance from us) and position in space. But basically, it is using the information our eyes see usefully in what we are doing. These skills are particularly important in anticipating timing and getting into proper position when catching or hitting a ball.

Progress in the development of these motor components is evident as a child learns to run, jump and master similar skills. Beyond making it possible for a child to engage in physical activities, acquisition of these skills illustrates progress in a child's ability to adjust their movements to changing or unexpected conditions which helps a child more safely navigate the world around them. Understanding the steps in the process can help parents encourage their child's development. The chart on the following page outlines some of the motor skills that develop after the well-recorded first two years and ways to support children as they build a large repertoire of skills.

CHILDREN'S HOSPITAL UPDATE:

New Therapy Center to Open Fall '08 in Petersburg

Children's Hospital will open a fourth community Therapy Center in Petersburg in October. This new location will provide pediatric outpatient services in physical, occupational and speech/language therapy and will offer convenient, closer to home access to these specialized services for current and new patients from the Tri-Cities (Petersburg/Colonial Heights/Hopewell) and surrounding areas.

“Children's Hospital is committed to providing accessible, specialized health care services to children,” Leslie G. Wyatt, Children's Hospital's President and CEO, comments. “Based on feedback from physicians, pediatric nurse practitioners, special educators and various agencies in the Tri-Cities area, we believe this new location will provide much-needed pediatric therapy services in response to a growing community need.”

Children's Hospital also provides therapy services at the hospital's main location in Richmond's Northside and at Therapy Center locations in Fredericksburg, Glen Allen and Midlothian. The Glen Allen location is currently undergoing an expansion which is also expected to be complete this fall.

NEW LOCATION!

**Petersburg
Therapy Center**

321 B Poplar Drive, Suite 4
Petersburg, VA 23805

For additional information, call
(804) 733-7233.



Special Focus: Steps and Strides in Motor Skill Development

The following are profiles of motor skills that develop after age 2 and activities to encourage development.

▶ The first **RUNNING** happens not too soon after learning to walk. This is not real running. This is walking fast without any control yet. As the child practices walking, their postural control develops. They will first develop a run-hurried walk, which appears “waddly.” They learn to control the speed and eventually develop a true run, with a “flight” phase, when both feet are off of the ground at the same time. This takes both strength and speed to propel the body forward.

Working on running with children is as easy as chase-and-catch games, playing tag or making up races. Falls are inevitable. To keep it safe, soft carpet and grass work well, but the softer the surface the harder it will be to push off. Make sure there are no sharp corners or dangerous objects around, and make getting up from a fall part of the game. Another important motor skill related to running is the ability to stop quickly. This is more complex than running and “red light, green light” is a great way to practice, as is a good game of “freeze” where the child becomes motionless when the music is stopped.

▶ In **GALLOPING**, the front leg steps while the back leg slides with same leg always in front. This generally begins to develop between ages 2 to 2½.

Galloping around playing horse is a fun way to work on this, and slowing it down to a “step-slide” can help with developing the pattern.

▶ **SKIPPING** is a step followed by a hop alternating between right and left legs. Children generally develop this skill around age 5.

Once able to hop on one foot, children can practice skipping with a slow motion “step-hop.”

▶ Around age 2, children start to **JUMP**. When learning, children will partially squat then extend, but feet will not actually leave the ground. Children have to coordinate the “squat” then have the power (strength with quick speed) to propel themselves off the ground. They also need to be able to control a landing by gradually relaxing muscles while maintaining balance.

Practicing jumping initially with hands held makes learning easier, as you can assist with both speed and timing. Remember to practice landings as well, as it is important children learn to bend their knees as they land to decrease the shock on their joints. As a child becomes more skilled, try frog jumps (jumps from a deep squat), bunny hops (knees only bend a little and most of the push is from the toes) and long jumps.

▶ Most kids learn to **HOP ON ONE FOOT** around 3 years. This is harder than jumping because it requires the ability to balance on a single leg, and requires double the strength to propel the body upward (as one leg is propelling the entire body weight rather than splitting the work between both legs).

Practice can start with hands held, or going from two feet to one foot such as in hopscotch. After mastery of hopping forward and in place, sideways hopping and hopping over obstacles can be fun.

▶ Skills related to **THROWING A BALL** begin to develop just after the first birthday. Children develop an underhand throw before an overhand throw. First throws develop in sitting, as balancing in standing while throwing is much more complex. Initially, throwing is difficult because the child does not know when to release. By 2½ to 3, a child usually is able to pull arm upward and back before forward for release in an overhand throw.

Practice at home with “balls” of all shapes – yarn balls, sponges, bean bags and even pieces of laundry. Use hoops to drop and throw items through. Also, try throwing over a rope or into a basket.

▶ **CATCHING A BALL** is considerably harder than throwing. Catching begins to develop between ages 2 and 3. The first catches are traps against the chest. As the child develops, they are able to visually track the ball and time bringing hands together with the ball’s arrival.

Tips for at-home practice: play catch in both sitting and standing, toss balls slowly, and use soft balls so there is no fear of being hurt. Start with a large ball, but not too large (12 to 16 inches is ideal for a beginner). When two adults are available, have one stand behind and guide the child’s hands to close around the ball.

▶ Children are generally able to **HIT A BALL** between 4 and 5 years of age, occasionally earlier. In most racquet sports or baseball, all four limbs are doing something different; this takes good visual skills and bilateral coordination.

Practice at home by hitting a baseball off of a stationary batting tee (When the ball is immobile, the child does not have to incorporate timing into the skill.) or playing badminton with a balloon or soft ball. Balloons are ideal “starter” balls as they move very slowly in space, allowing the child to develop timing of their swing. Initially the swing will be an overhead downward movement, which will progress to level motion. Starting with a very large light bat or racket with a large hitting surface makes hitting much easier.

INFANT SOUNDS:

From Coos and BABBLES to First Words

mama
dada

wahwah
baba

nuhnuh

By Amanda Adkins, Speech/Language Pathologist

Many children under the age of 2 receive speech and language services. Parents of babies and toddlers often have questions about what sounds their children should be producing, what types of communication they should look for, how to promote speech and language at such an early age, and when to be concerned. The following provides a quick overview to commonly asked questions about infant speech and language development.

What sounds or words should I listen for during my infant's first year(s)?

At 0-2 months, listen for:

- Different sounding cries for various needs
- Coos which are elongated vowel sounds, such as "ooo" or "aaa"
- Vegetative sounds which are sounds made during feeding, such as burps or coughs

At 2-4 months, listen for:

- Mostly vowel sounds, but a few consonants emerge during cooing and crying or when child makes vegetative sounds
- Pleasure sounds, such as "mmmm"

At 4-6 months, listen for:

- Coos, gurgles and laughs
- Playing with sounds, such as squealing or babbling and waiting for a response from caregiver
- Babbling: At this stage infants often use "p," "b," and "m" sounds in babbling. They also begin to direct babbling to others and imitate sounds in back-and-forth babbling games.
- "Front sounds" made using the lips, such as raspberries and lip smacks
- Pitch changes

At 6-10 months, listen for:

- Reduplicated babbling: A variety of consonants and vowels, but consonants repeating themselves, such as "baba," "mama" and "nuhnuh."
- "Singing" along with music without using real words
- Exclamatory phrases, such as "ooh"

At 10-12 months, listen for:

- First true word
- Vocalizing with intent/meaning
- Variegated babbling: Different combinations of consonants and vowels, such as "bada"
- Loud babbles/jabbers with a wide variety of sounds and tones/pitches
- Imitation of coughs, hisses, raspberries, tongue clicks, etc.

At 12-18 months, listen for:

- Approx. 3-20 words and the beginning of an active interest in imitating words (Note: Endings are often left off words, such as "bo" for "boat.")
- Sentence-like strings of babbling that sounds like infant is "talking" or having a conversation
- Child referring to himself/herself by name

How else does my baby try to communicate?

In addition to vocalizing, babies communicate and interact in a variety of other ways, such as smiling and gesturing.

- **Babies 0-3 months old** will smile and attempt to imitate facial expressions. These skills help to foster social interaction and strengthen the bond between caregiver and child.
- **Children 3-6 months** interact with parents by displaying pleasure in response to adult talk and displeasure when they are upset or frustrated.
- **Children 6-9 months** begin to play social games such as peek-a-boo, and wave or respond to “bye-bye.” During such game play, they often smile, laugh and show anticipation of what is going to happen.
- **Children 9-12 months** show toys to adults to gain their attention and imitate parents’ gestures.
- **Children 12-18 months** gesture to communicate, often by pointing to objects for parents to get or to name. Children in this age range also communicate when they need help by handing toys to adults for assistance.

How do I encourage communication when my baby is not “talking” yet?

Even though children under 12 months of age generally are not producing single words, parents can still stimulate their infant’s speech and language. Parents should treat utterances, such as cooing, gurgling and babbling, as real language and respond to these utterances. Early speech and language stimulation often involves “back-and-forth” games where the parents imitate the infant’s sounds and vice versa. Parents should also talk to their babies during daily routines, such as feeding, bathing and dressing. While talking during these routines, speech should be kept simple and concrete. (For example,

during dressing caregivers could use repetitive language such as “shoes on, socks on, shirt on,” etc.) Parents can also model nonverbal communication, like pointing to a plane as it passes by, as a means of commenting on surroundings. Making eye contact and attending to what the infant is interested in are also effective ways to bond and communicate with your child. Furthermore, families should acknowledge an infant’s attempts to communicate by smiling, looking at or commenting on the child’s intentional behavior. If the infant is refusing or requesting either by gestures or words, parents should try to honor the communication by stopping an activity or providing desired items to acknowledge and reinforce the baby’s attempt. Always praise attempts to communicate!

What are some risk factors for a language delay?

The first years of life are critical for speech and language development. Chronic ear infections can impact speech and language, especially if left untreated. Children learn speech and language by listening to others talk. If the child has some degree of hearing loss, he or she will not get the full benefit of language learning experiences.

A family history of language and learning difficulties is also a significant risk factor for a language delay. If an immediate family member, such as a parent or sibling,

has experienced a language or learning difficulty, then parents should monitor their baby’s development closely. Asking your pediatrician about developmental milestones is a good place to start.

What should I do if I am concerned about my child’s speech and language development?

Concerns can be addressed with your child’s pediatrician. The pediatrician will be familiar with speech and language milestones and can refer you to a speech/language pathologist, if needed. You can also contact a speech/language pathologist directly and schedule an evaluation. The speech/language pathologist can help you to determine if direct intervention is needed.

Additionally, children ranging in age from birth to 3 may be eligible for early intervention services, which take place in a natural setting, such as child care or the home. These services focus on speech and other developmental areas. Infants and toddlers in Virginia are eligible to have their development checked at no cost to the family through Virginia’s statewide early intervention system, known as The Infant and Toddler Connection of Virginia. This evaluation determines eligibility for early intervention services.

CHECK OUT ... Tid★Bits Online

Oodles of Information for Your Family...Just a Click Away!

Children’s Hospital’s website for families, www.CHTidBits.com, is a free resource with a library of articles on children’s health and development, including past articles from Tid★Bits newsletter issues! For questions about your infant, child or teen – and the “info” you’ll need for important milestones along the way – we hope you’ll rely on the expertise of our pediatric specialists, and that you’ll visit the Tid★Bits Online site often.



ENSURING THEIR SAFETY WHILE LETTING GO:

Advice for Parents as Children “Go it Alone” Socially

By Dr. Julie Neblett, Licensed Clinical Psychologist

Can my 5-year-old handle a sleep over? Should I let my preteen go to a “boy-girl” party? Should I let my 16-year-old stay out past her regular curfew? These are just some of the questions parents ask themselves when making decisions about how much independence to give their children as they begin to have more social outings on their own. While there are no hard and fast rules that apply to all children all the time, the following guidelines can help parents as they strive to make the best decisions they can:

Strive to balance your need to protect with their need to let go. To achieve this balance, it is a good idea for parents to gradually give their child more independence as the child demonstrates improvements in coping skills and responsibility. For example, if a teenager has consistently come home on time and has consistently asked for permission before questionable activities, then it would be reasonable for the adolescent’s

parents to allow him to stay out one hour later than usual if the adolescent is in a safe place.

When determining how much independence to give a child, consider their maturity level, not just their chronological age. It makes sense that an 8-year-old child who follows household rules, completes homework, and is respectful to her parents would be given more social independence than an 8-year-old who has not demonstrated these behaviors. Beginning when the child is young, parents should give children clear feedback on how their behavior impacts the privileges they earn.

Avoid forcing a child into a “fun” social activity that the child is not developmentally or emotionally ready to handle. It is also generally in the child’s best interest if he or she understands what the activity will involve and can make a reasonable decision regarding whether they want to proceed. While a child may have some jitters about a social activity, the child’s predominant feeling should be a desire to go.

Adult supervision does not have to be an “all or none” activity. It is sometimes appropriate

for the adult to be close enough to intervene if needed, but far enough to give older children a feeling of independence. For example, while at an amusement park, it would be reasonable to let older preteens go on some rides together while adults go on different rides. Of course, this would require that the adults can trust them to meet back at a specific place and time, to follow rules regarding what they can and cannot do, and to appropriately seek help if needed.

If the activity requires time away from parents, a plan should be in place so the child or adolescent knows how to contact parents and where else to obtain help if needed. For example, if the child is attending an overnight camp, the child should be informed in advance of when and how she will be able to contact her parents and also be given the name of the person that she should talk to at camp when she is feeling homesick or has other concerns. Even if a child will only be away from parents for a short period of time, such as during a visit to the shopping mall, it is important for the child to know, for example, that he can reach his parents by cell phone or get help from the mall security office.

In general, children need opportunities to develop social independence while also receiving support and protection from their parents. Parents need to carefully consider the characteristics of their child and the specific demands of each situation when determining how much independence to give the child.



School-Age Children & Teens

POSTURE AND POSITION MATTER...

WHEN U R YR'D UP

By Sallie Tidman, Occupational Therapist, and Mandy Montalto, Physical Therapist

Today's children and adolescents have many opportunities for "screen time." Screen time includes computer or laptop use, watching TV, and playing gaming systems on a TV or hand-held device. Since 1999, the American Academy of Pediatrics has recommended no more than two hours of screen time for children over the age of 2. Whether completing homework on the laptop, enjoying a quick fix of Guitar Hero®, or playing games on a Nintendo DS Lite in the car back seat, there are some important things to remember during screen time. These are POSTURE and POSITION – this is posture of the entire body and position of all the joints.

The perfect sitting posture during screen time starting from bottom to top is as follows:

1. Feet flat on the floor or supported on a surface and ankles bent at a 90 degree or right angle.
2. Knees and hips both bent at 90 degrees.
3. Head lined up over hips so spine makes its natural S curve (no slouching forward, or to the side). You can use a small pillow or roll at the lower back to facilitate the natural spinal curve.

Other things to remember:

4. When possible, position the monitor/screen at eye level. (This promotes better posture as above, and decreases back and neck pain). Also, have good light to reduce eye strain.
5. Check the keyboard position. The keyboard should be placed so that elbows hang at a 90 degree angle, slightly in front of body with forearms supported on the table. Wrists should be extended, but not over-extended.

The favorite sofa in the recreation room and the game rocker chair may not be a perfect fit with these five recommendations, but whenever possible try to help your child incorporate these into their form. Their bodies will thank you later.

Breaks are also important. Prolonged sitting in a sustained position without taking breaks can result in shoulder and back pain. Breaks can also help prevent injuries caused by repetition of similar movements. Children can develop trigger finger and thumb tendonitis from repetitive use on a game controller – these are repetitive stress injuries similar to carpal tunnel syndrome.

So the bottom line – encourage your children to think about posture and position, recommend they take breaks every 15-20 minutes, and remind them of the following:

- Don't make your two hours of screen time be in one sitting. Spread it out.
- Alternate some active screen time with sedentary screen time. Active screen time requires movement or activity to play the gaming system.
- Alternate games. Often a different game makes you move your fingers, hand or body differently; therefore, promoting movement and reducing repetitive movements. Alternate your gaming controller for the same reason.
- Change your position frequently. Even a weight shift at the trunk can make a difference. But also get up and move around, or move your arms and legs.
- Lastly, take STRETCH BREAKS during screen time and at the end to stretch your legs, back, arms and fingers. Good ways to stretch your back include laying your chest in your lap or giving yourself an exaggerated hug and holding each position for one minute.

~ basics of ~ BACK-TO-SCHOOL SAFETY

Each year, remind children of the following school-related safety tips:

1 Wait for the **BUS** in a safe place away from traffic and the street. Wait to board until bus comes to a complete stop and driver signals you to enter. Stay seated at all times and be aware of traffic around you when getting on and off.

2 TRAVEL SAFELY: If walking, mind all traffic signals and/or crossing guard instructions. Don't walk alone and wear bright colors so you will be easily spotted. Always wear a seatbelt if going by car. Always use a helmet and walk bike through intersections if biking to school.

3 BACKPACKS should not weigh more than 10-15 percent of body weight. Straps should be wide, padded and worn on BOTH shoulders. Pack heaviest items closer to the center of the back and store backpacks out of walkways and high traffic areas to avoid tripping on straps.

4 BE ALERT: 8-10 hours of sleep per day are recommended for school-age children. Toddlers may need even more.

REMOVE AND KEEP FOR FUTURE REFERENCE. SHARE THIS INFO WITH CHILDREN & TEENS.



HAND WASHING

The Best Way to Stay Healthy and Prevent Germs from Spreading!

Be sure to review hand washing as part of your annual back-to-school routine. Remind children to wash hands before eating, after using the bathroom, after playing outside, and after coughing, sneezing or blowing their nose.

Proper hand washing with soap and water:

- 1 Wet hands with warm, running water and apply liquid or clean bar soap. Lather well.
- 2 Rub hands together for at least 15 seconds or as long as it takes to sing the "Happy Birthday" song twice.
- 3 Scrub all surfaces, including backs of hands, wrists, between fingers and under fingernails.
- 4 Dry hands with a clean or disposable towel.
- 5 Use a towel to turn of faucet and open the door.

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

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Fall 2008

September 23

Children's Hospital and Kohl's present **Petersburg Health & Safety Day** at the Petersburg Sports Complex, 100 Ballpark Road, Petersburg, VA, 23805, from 10 a.m. to noon. This new free event features interactive exhibits geared for children ages 3-5. Call (804) 228-5827 to register or for details.

September 25

Children's Hospital's annual **Advocacy Day** program features a panel presentation geared for parents on the issues and opportunities facing siblings of children with special needs. This FREE presentation will be held from 7:00 p.m. to 8:30 p.m. at Children's Hospital's main location. For more information or to register, call (804) 228-5826.

October 7

Children's Hospital and Kohl's present **Fire Prevention Day** on the front lawn of the hospital's main location, from 10 a.m. to noon. This free event is geared for 3 to 5 year-olds and features fire safety houses and other safety-focused interactive exhibits. Families and school/community groups are encouraged to attend and learn more about important safety topics. Call (804) 321-7474 ext. 6077 to register or for details.

October 11

Join us for a day of healthy fun to benefit Children's Hospital Foundation at the **6th Annual American Family Fitness 5K/10K Walk/Run**. The 5K/10K starts and ends on the grounds of the hospital. Registration is \$25 on or before October 1st (and \$35 after). The **Tuckaway Kids Mascot Mile**, a one-mile run for children under 12, and a **stroller decorating contest** sponsored by Agee's Bicycles and Max & Erma's Restaurant are also part of the day's events. Registration for the Mascot Mile is \$10 on or before October 1st (and \$15 after). For more information, call (804) 228-5827.

November 1

Come see hundreds of motorcycles parade by Children's Hospital as the Blue Knights, a motorcycle group of law enforcement officers, bring a very special delivery of stuffed bears to hospital patients as part of their annual **Teddy Bear Run**. The parade stops at the front entrance of Children's Hospital's main location around 1 p.m. Call (804) 228-5827 for details.

Looking for at-home activities? **CHTidBits.com**, Children's Hospital's website for families, features a **FAMILY FUN SITES SECTION** that highlights specialist-recommended activities and links to additional websites with fun and educational "things to do" for kids of all ages!

EVENTS CALENDAR

November 1

The **37th Annual Dong's Karate Tournament** benefits Children's Hospital Foundation. The tournament features participants of all ages competing in forms and free sparring, two categories related to Tae Kwon Do and Pro Tae Kwon Do. For details, call (804) 747-6166.

