

# Birth to Three

## 2<sup>nd</sup> Annual Conference

March 20 and 21, 2025

9:30 am EST ■ 8:30 am CST ■ 7:30 am MST ■ 6:30 am PST



## LIVE VIRTUAL WEBINAR

### Dynamic Topics Presented by Leading Experts at the Annual Conference for Birth to Three Therapists!

ERI understands the value and positive impact a strong foundation can provide in the birth to three population. Through our evidence-based content, therapists can enhance infant and toddler development by supporting the whole child and their family.

Some of the 2025 conference highlights include:

- **TOTs and OMDs** - finesse your evaluation and intervention techniques for infants struggling with airway, sleep and feeding challenges in Lori Overland's two sessions on tethered oral tissue.
- **GERD** - explore the relationship between **gastroesophageal reflux** and breathing, feeding, chronic constipation, torticollis and more.
- **Toe Walking** - examine the orthopedic consequences on postural control and ambulation. See how to **modify** "regular" shoes and adjust pre-fabricated **orthoses** for young children.
- Determine effective interventions for infants and children with **neuromuscular** conditions to improve respiratory coordination, swallowing, and postural alignment.
- Learn the impacts and provide interventions for NICU graduates **with co-morbidities of prematurity** including bronchopulmonary dysplasia, necrotizing enterocolitis, and intraventricular hemorrhage and for term infants with hypoxic-ischemic encephalopathy (HIE), neonatal abstinence syndrome (NAS), and neonatal opioid withdrawal syndrome (NOWS).
- Formulate treatment strategies for pediatric **feeding and swallowing** impairments related to thoracic cage alignment, mobility and musculature activity in the presence of **neuromotor** system challenges.
- Improve assessment and treatment for children with **neurological** disorders using clinical exam findings related to tone, range of motion, spasticity, and strength.
- And more...



Be sure to reserve your spot today. We can't wait to learn with you!

#### AUDIENCE:

This intermediate level conference is for PTs, PTAs, OTs, OTAs, SLPs and special educators working with the birth to three population.

Join the ERI community that fosters therapists building connections, sharing ideas and actively learning.

09:30-10:00 Zoom Registration/Course Opens

10:00-10:15 Welcome and Introduction – *Alyson Loria, VP, Carolyn Cwalinski, Conference Chairperson*

10:15-11:45 **Connecting with Caregivers: Strategies to Lessen Barriers and Enhance Engagement to Boost Outcomes**  
*Michele Parkins, OT*

Caregiver engagement is critical for enhancing outcomes when working with infants and young children. Challenges in the child's development can result in traumatic experiences for the caregiver. Strategies supporting meaningful engagement facilitates caregiver buy-in and enhances participation. Learn to use The Sensory Emotional Engagement Model to provide a framework to guide interactions with caregivers and children by providing the connection between sensation, movement, and emotion.

- Relate caregivers' stress responses to relational health and therapeutic outcomes by utilizing the Sensory Emotional Engagement Model.
- Utilize different coaching strategies for engaging caregivers and enhancing their participation in therapy using the framework of Polyvagal Theory and the Sensory Emotional Engagement Model.
- Choose a strategy for interacting with caregivers based on their emotional states using the Sensory Emotional Engagement Roles framework.

11:45-12:00 Break

12:00-1:30 **NICU Graduates: The Impact of Prematurity and Prolonged Hospitalization on Early Infant Development**  
*Holly Schifsky, OT*

Premature infants present with unique sequela that can impact motor, sensory, and oral feeding developmental skills. Ongoing support, assessment, and treatment interventions reduce the risk of severe developmental delays. Learn about the co-morbidities of prematurity including bronchopulmonary dysplasia, necrotizing enterocolitis, and intraventricular hemorrhage and information on term infants admitted to the NICU with the diagnosis of hypoxic-ischemic encephalopathy (HIE), neonatal abstinence syndrome (NAS), and neonatal opioid withdrawal syndrome (NOWS).

- Identify three co-morbidities of prematurity and their impact on feeding/motor/sensory development for the infant.
- Assess infant alignment and musculoskeletal maturation to promote typical motor control for functional tasks.
- Apply two treatment strategies with positioning and handling using the provided case study.

1:30-2:30 Lunch Break (Zoom opens at 2:15)

2:30-5:45 Concurrent Workshops 1: Afternoon breaks will be scheduled for each workshop.

A. **Toe Walking: Early Action Makes a Difference!**

*Liesa M. Ritchie-Persaud, PT*

Assess Toe Walking and the relevant stages of gait development. Learn the assessment of pre-gait skill performance, functional development of an adequate base of support as it relates to toe walking, and related orthopedic consequences and future effects of this diagnosis on postural control and ambulation. How to modify commercial ("regular") shoes and adjust pre-fabricated orthoses will be demonstrated.



- Identify characteristics of the toe walking gait in the B-3 population.
- Correlate the principles of orthopedics to the development of pediatric functional mobility.
- Modify a commercial/regular shoe to improve quality of functional mobility in an infant or toddler.

## DAY 1 CONTINUED

### B. **Pediatric Feeding and Swallowing: Treatment Strategies Focusing on Postural Alignment, Respiratory Coordination, and Oral and Pharyngeal Function**

*Rona Alexander, SLP*

Explore how changes in the thoracic cage (rib cage, shoulder girdle complex, and upper extremities) can have profound effects on oral, pharyngeal, and respiratory function as well as head and neck control, pelvis/hips/lower extremities alignment and function in typically developing infants as well as in infants and children with neuromotor system challenges. Identify the primary purpose of utilizing adaptive equipment in the B-3 population.

- Apply the feeding and swallowing function in infants and young children with neuromotor system challenges to the International Classification of Functioning, Disability, and Health (ICF model).
- Determine which impairments in thoracic cage alignment, mobility, and musculature activity in infants and young children with neuromotor system challenges impact postural alignment, respiratory coordination, and oral and pharyngeal function during feeding and swallowing, play, and general movement activities.
- Formulate treatment strategies that address specific impairments in thoracic cage alignment, mobility, and musculature activity in infants and young children with neuromotor system challenges that will impact on oral, pharyngeal, and respiratory coordination function for improved feeding and swallowing function.

### C. **Neurodiversity Affirming Therapy: Understanding Gestalt Language Processing and other Affirming Strategies**

*Laura Strenk, SLP*

Using the key pillars of neurodiversity-affirming care, modify your current practices to use sensory regulation and relationship-based care to provide impactful therapy and support and honor all forms of play and communication. Get answers to the big questions: what is the Gestalt Language Processing? How do I implement it? And how is it different from Analytic Language Processing?

- Modify therapy practice to incorporate neurodiversity-affirming values in children B-3 with language delays and differences.
- Utilize self-regulation, sensory motor movement, and engagement to support language learning in children B-3.
- Select treatment approaches in line with a child's language processing style (Analytical Language Processing vs. Gestalt Language Processing).

### D. **The Sensory Emotional Engagement Model: Connecting Sensation, Emotion, Action & Personality to Enhance Connection**

*Michele Parkins, OT*

The way that we process sensation and move our body impacts the way that we feel which ultimately impacts the way we act and interact with others (personality styles). The Sensory Emotional Engagement model identifies five Sensory Emotional Personality styles that represent behavior patterns of children with sensory processing and sensory motor differences. Learn assessment and intervention strategies even if you don't have access to sensory integration equipment.

- Determine the connection between sensory processing, emotional responses, and/or movement patterns within the framework of the Sensory Emotional Engagement Model.
- Apply the effectiveness of different Sensory Emotional Play Themes and Sensory Emotional Engagement Roles to addressing the needs of various Sensory Emotional Personalities (SEPs).
- Utilize a treatment plan including Sensory Emotional Play Themes and Sensory Emotional Engagement Roles tailored to a specific Sensory Emotional Personality for improved participation with home or community activities.



E. **Bright Futures: Navigating and Treating Pediatric Neurological Disorders**

*Meghan Moore Burk, PT*

Assess and treat children with neurological disorders using clinical exam findings related to tone, range of motion, spasticity, and strength including specific assessment tools such as the Hammersmith Infant Neurological Exam (HINE), the Children's Hospital of Philadelphia Infant Test of Neuromuscular Disorder & WHO Motor Milestones used to track progress and guide treatment.

- Utilize understanding of the child's anatomy to correlate with exam findings.
- Identify the common functional impairments seen in children with neurological disorders.
- Recognize appropriate evaluation techniques and outcome measures to assess progress.
- Apply appropriate therapy interventions to optimize neuroplasticity for improved independence with functional mobility.

## Friday, March 21, 2025 – All Times are EST (US)

08:30-9:30 **Morning Yoga Session with Anne Buckley Reen**

09:30-10:00 **Zoom Registration/Course Opens**

10:00-10:15 **Introduction, Scholarship Presentations, Raffles**

10:15-11:45 **GERD: Connecting the Diaphragm to Reflux, Postural Stability and the Internal Organs**

*Mary Massery, PT*

How does the diaphragm affect the organs beyond the lungs; the GI system (reflux, constipation, noxious responses), the motor system (postural control, spinal stabilization), and the cardiovascular system (venous return)? We'll explore the relationship between GERD (gastroesophageal reflux) and breathing, feeding difficulties, chronic constipation, torticollis, balance impairments, toe-walking and long-term postural abnormalities. Choose an appropriate and evidence-based evaluation tool to use when working with infants, toddlers, and children with torticollis.

- Relate the impact of pressure in the abdominal and thoracic cavities on the five major roles of the diaphragm (breathing, reflux management, gastrointestinal motility, postural control, and venous return).
- Identify clinical symptoms of reflux in pediatric patients including possible secondary functional complications /consequences of untreated GERD that should be routinely screened in birth-to-3 assessments.

11:45-12:00 **Break**

12:00-1:30 **Differential Diagnosis of TOTs: Using Research and Clinical Skills to Support Evidence Based Practice**

*Lori Overland, SLP*

TOTs has become a "catch all" diagnosis for feeding challenges and orofacial myofunctional disorders. Differential diagnosis of tethered oral tissue should be guided by research and clinical expertise. This session will provide an overview of research and a framework for differential diagnosis of tethered oral tissue in the infant and toddler population. Identify how a social, physical, or sensory environment can impact autistic/neurodivergent B-3 behavior.

- Differentiate between characteristics of a tongue tie vs. other structural disorders.
- Identify potential muscle-based implications of a tongue tie and how this might impact a child's communication during daily activities.
- Choose a current structural assessment for lingual mobility based on evidence-based research.

1:30-2:30 **Lunch Break (Zoom opens at 2:15)**

2:30-5:45 **Concurrent Workshops II: Afternoon breaks will be scheduled for each workshop.**

A. **Pre- and Post-Op Treatment for Infants and Toddlers with TOTs: What Every B-3 Therapist Should Know!**

*Lori Overland, SLP*

The most effective way of managing tethered oral tissue is with pre and post operative therapy. Neuromuscular re-education is focused on functional goals for addressing oral motor skill development to support feeding, speech and resting posture. Learn neuromuscular re-education techniques through interactive practical experiences that support functional goals for pre and post op care.

- Identify at least two benefits of pre/post op therapy for clients with tethered oral tissues.
- Differentiate between active wound management and neuromuscular re-education post frenectomy surgeries.
- Choose an appropriate pre op treatment option for addressing oral motor skill development based upon a functional assessment.
- Choose an appropriate post op treatment option for addressing oral motor skill development based upon a functional assessment.

B. **Brachial Plexus Birth Injury: Early Care Imperatives**

*James H. Northcutt, OT*

This course provides essential training on brachial plexus birth injury (BPBI), covering timely care, advanced evaluation techniques, preventative therapy, orthosis fabrication without a splint pan, surgical options, and post-operative care. Attendees will also learn strategies to empower caregivers in supporting the child's recovery and long-term management at home.

- Identify asymmetric risk factors in infants with brachial plexus birth injury.
- Apply crucial care timelines to ensure patients with BPBI benefit from all therapeutic, medical and surgical care available.
- Identify treatment options for early care, common sequelae, and post-operative care for children with BPBI.

C. **Go from Knowing to Doing: Using a Neurodiversity Affirming Model to Support Families of Autistic Children**

*Kristin Jones, OT*

When working with neurodivergent children and their families, it is vital to provide up to date information about neurodiversity affirming approaches and possible interventions, understanding the brain and body connection when parenting, and accommodating for their child's needs. This course will include current research, case examples and practical strategies you can immediately implement with families. Utilize play-based primitive reflex integration strategies to build head control against gravity in infants and toddlers.

- Recognize how a family can create a sense of felt safety with their child.
- Identify how a family can support interoception through everyday activities in the home.
- Determine which accommodations a family can make in their home to become a high-functioning environment for their child.



D. **Motor Learning and Plasticity for the Infant: Encouraging Respiration and Movement for Function**

*Leslie Paparsenos, PT and Bethanne Mazurczak, CCC-SLP*

Learn specific handling strategies that emphasize efficient respiration coordinated with movement using neuroplasticity, motor learning, and the contemporary practice of NDT to provide effective feedback and incorporate varied practice into sessions to enhance functional outcomes.

- Apply contemporary concepts of motor learning, neuroplasticity, and/or the NDT Practice Model into prioritized treatment strategies.
- Choose treatment (or handling) strategies that facilitate improved participation in daily tasks.
- Integrate caregivers into the process of rehabilitation for carryover of effective treatment strategies with the child's daily activities at home.



## E. **CVI: The Who, What, Where and Why of Cerebral Visual Impairment**

*Subah Gupta, OT*

Cortical/Cerebral visual impairment (CVI) is defined as a verifiable visual dysfunction which cannot be attributed to disorders of the anterior visual pathways or any potentially co-occurring ocular impairment. CVI may present as having no light perception to normal visual acuity with coexisting cognitive visual deficits. Effective evaluation and rehabilitation interventions can support visual recovery and facilitate function.

- Identify the common visual deficits encountered in children with CVI.
- Select appropriate tools to screen for visual deficits in infants & children.
- Choose treatment resources and strategies to improve visual perceptual and motor skills in infants and toddlers towards engagement in appropriate developmental activity.

## **Conference Faculty** **At the Forefront of** **Birth to Three Practice**



**Rona Alexander, PhD, CCC-SLP, BCS-S, C/NDT** specializes in oral motor, feeding/swallowing, & respiratory-phonatory function in infants & children with neuromuscular involvement. Dr. Alexander is NDT certified, co-author of “Normal Development of Functional Motor Skills: The First Year of Life” and co-developer of “The ABCs of Pediatric Feeding & Swallowing.”

**Subah Gupta MHS, OTR/L, SCLV, CBIS** has over 25 years of experience. During that time, she developed a special interest in working with visual disorders, has a Low Vision Rehab Grad Certificate & is certified in SI and brain injury. Ms. Gupta is a guest lecturer at two universities & owner of Sum Therapy, a private practice which delivers pediatric as well as low vision occupational therapy services.



**Kristin Jones, MS, OTR/L** is a neurodivergent occupational therapist with 23+ years of experience. She has worked in early intervention, a sensory based outpatient clinic, and schools. Kristin is an adjunct faculty member at Misericordia University and has developed presentations for the Therapist Neurodiversity Collective. Her favorite quote is “if they could, they would”.

**Mary Massery PT, DPT, DSc** - Dr. Massery’s research pioneered the concept of managing trunk pressures as a new way to visualize core stabilization. Her publications and interests focus on linking motor behaviors to breathing and/or postural mechanics in both pediatric and adult patient populations. She has received numerous awards including APTA’s Florence Kendall Practice Award & Northwestern University’s Alumnae Research Achievement Award.



**Bethanne Mazurczak, CCC/SLP, MS, C/NDT** has been a practicing clinician since 1990, specializing in the pediatric rehabilitation of infants, children and adolescents. Bethanne has a wide range of experience in working with children of all ages with neurological and developmental disabilities. She is certified in Neuro-Developmental Treatment, SOS Feeding and is currently completing the process as an NDT Candidate Instructor for the NDTA

**Meghan Moore Burk, PT, DPT, PhD** - Dr. Meghan Moore Burk is a board-certified Neurological Clinical Specialist & Physical Therapist III at Children’s Hospital Colorado. She is part of the Neuromuscular Program for Muscle Disorders and researches the impact of therapies on patients using functional outcomes measures. She is actively involved in industry-sponsored advisory boards that shape physical therapy standards of care.





**James H. Northcutt II, OTR, MOT, CHT** coordinates the brachial plexus clinic at Texas Children's Hospital in Houston. In addition to teaching about the UE at Texas Women's University, his special interests include innovation and cross-disciplinary collaboration with the Engineering and Design program at Rice University. James believes that families make the greatest impact and equipping parents to help their children is always a priority.

**Lori L. Overland, CCC-SLP, M.S., C/NDT, CLC, FOM** specializes in oral sensory-motor/feeding therapy, oral placement and orofacial myofunctional disorders in children. She has her NDT certification, is a certified lactation counselor and completed a fellowship in in orofacial myology. Lori specializes in assessment and treatment of oral sensory motor/feeding and tethered oral tissue in the 0-5 population.



**Leslie Paparsenos, PT, MS, C/NDT** is an independent, pediatric therapy provider, licensed Physiotherapist in Australia, and licensed Physical Therapist in the United States of America. She specializes in evidenced based, pediatric rehabilitation, serving babies, children and adolescents across a spectrum of neurological and developmental disabilities, and their families. Leslie is a certified Pediatric NDTATM (USA) Instructor, certified in NeuroDevelopmental Treatment (NDTATM (USA)), and a certified clinical instructor by the APTA (USA).

**Michele Parkins MS, OTR/L, IECMH-E®** is an Infant Early Childhood Mental Health Specialist and specializes in sensory processing and integration and social-emotional development at her practice Great Kids Place. She is a fellow of Dr. Lucy Jane Miller and served as faculty for the Sensory Treatment and Research Institute. She is the founder of the Sensory Emotional Engagement Model supporting relational health in children and caregivers.



**Liesa Ritchie-Persaud, PT, DPT, PCS** has over 34 years' experience in the field of pediatric therapy and educates therapists on the assessment and treatment of toe walking both nationally and internationally. Liesa is the owner of Know To Change, an organization dedicated to advancing the knowledge & skills of clinicians in pediatric practice.

**Holly Schifsky, OTR/L, CNT, NTMTC, CBIS** has 27 years of pediatric experience, 16 in a level IV NICU. She has worked within the NICU and NICU follow-up clinic to maximize patient and family outcomes for the most complex premature and medically-fragile term infants. She is a faculty member for the Neonatal Touch and Massage certification; and Manuel Edema Mobilization training.



**Laura Strenk, MS, CCC-SLP** is a pediatric therapist who specializes in the areas of autism, neurodiversity-affirming care, apraxia of speech, and literacy. She has built a career committed to providing children from diverse backgrounds and with a wide range of communication differences access to the most current and effective evidence-based practices.

[Click here for instructor disclosure information](#)

## WEBINAR INSTRUCTIONS

Two weeks prior to the Birth to Three Conference webinar, you will receive detailed log-in instructions and password protected access to a comprehensive handout. Check out [Webinar FAQs here!](#)

**IMPORTANT!** Please be sure to sign in **15 minutes prior to the start time of each Session (AM and PM)** so we can complete the registration process. If you do not sign on early, there may be a delay in admitting you to the course.

## CEU INFORMATION

Continuing Education Hours for disciplines not listed below: 12 contact hours for 2 days (1.2 CEUs) 6 contact hours for one day (0.6 CEUs). Intermediate level.



Education Resources Inc. is an AOTA Approved Provider of professional development. This Distance Learning-Interactive Course is pending AOTA approval for 12 contact hours 1.2 CEUs (2 day) or 6 contact hours 0.6 CEUs (1 day) (Intermediate level, OT Service Delivery & Foundational Knowledge). AOTA does not endorse specific course content, products or clinical procedures.

This course can be used toward your NBCOT Professional Development for 12 PDUs (2 day) or 6 PDUs (1 day). Provider for the **FL** Occupational Therapy Association CE Broker for 14 CE Hours (2 day) or 7 CE hours (1 day).



Education Resources, Inc.  
Intermediate Level  
1.2 ASHA CEUs

ASHA CE Provider (Intermediate level) for up to 1.2 (2 day) or 0.6 (1 day) ASHA CEUs. ASHA CEUs are awarded by the ASHA CE Registry upon receipt of the CEU Participant Form from the ASHA.

Application has been made to the **MD** State Board of Physical Therapy Examiners for 12 (2 day) or 6 (1 Day) Continuing Education Hours.

Application has been made to the **NJ** State Board of Physical Therapy Examiners for 12 (2 day) or 6 (1 Day) CEC's. Approved sponsor by the State of **IL** Department of Financial and Professional Regulation for Physical Therapy for 14 (2 day) or 7 (1 day) contact hours.

Application has been made to the **IL** Early Intervention Training Program.

Approved provider by the **NY** State Board of Physical Therapy for 14.4 contact hours (1.44 CEUs) (2 day) or 7.2 (0.72 CEUs) (1 day).

Education Resources is an approved agency by the PT Board of **CA** for 12 (2 day) or 6 (1 day) contact hours.

Most Physical Therapy State Boards accept webinars as a live offering. Please check with your state board to confirm.

Education Resources, Inc. is an approved provider for Physical Therapy CEUs in the following states: **CA, OK** and **TX**.

The following state boards of physical therapy accept other states' approval: **AK, AR, AZ, DC, DE, GA, HI, ID, IN, KS, KY, MA, MI, MO, MS, NC, OR, PA, RI, SC, UT, VA, VT, WI, WY**. The following state boards of physical therapy either do not require course pre-approval or do not require CEUs for re-licensure: **AL, CO, CT, IA, ME, MT, NE, ND, NH, SD, WA**.

12 hours of this course qualify towards the discipline-specific hours for the 20-hour requirement for NDTA re-certification. They do NOT qualify towards the 8-hour NDTA Instructor requirement for re-certification.

Please contact us with any special needs requests: [info@educationresourcesinc.com](mailto:info@educationresourcesinc.com) or 508-359-6533.



## BIRTH TO THREE CONFERENCE REGISTRATION 2025

**EARLY BIRD RATE: \$399 until 12/21/2024** using coupon code **BT32025** at checkout. Cannot be combined with any other discounts.

**\$479 per person.** Group rate: (3 or more must register together) **\$439.** Single-day rate: **\$245**

To receive a refund (minus a non-refundable \$75 administrative fee), cancellation must be received by March 21, 2024.

*We accept checks and POs (must be received prior to the conference date).*

Education Resources, Inc., 266 Main St., Suite 12, Medfield, MA 02052 (508) 359-6533 Fax (508) 359-2959

Name \_\_\_\_\_ Discipline \_\_\_\_\_

Home Address \_\_\_\_\_

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Facility Name (with city & state) \_\_\_\_\_

Email address (needed for confirmation and directions) \_\_\_\_\_

How did you hear of this conference? \_\_\_\_\_

### Workshop Selections

*Please write (1) for your first choice and (2) for your second choice of workshops for each day.*

**Day 1** A \_\_\_\_\_ B \_\_\_\_\_ C \_\_\_\_\_ D \_\_\_\_\_ E \_\_\_\_\_

**Day 2** A \_\_\_\_\_ B \_\_\_\_\_ C \_\_\_\_\_ D \_\_\_\_\_ E \_\_\_\_\_

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