**Rebound Therapy- A valuable tool for communication.**

**Who am I?**

I currently work as a Speech and Language Therapy assistant at Moorcroft School. Moorcroft School is a special needs school for secondary aged pupils with severe and complex physical and learning difficulties. I have been in post for nearly 11 years and have supported a range of students. Starting out as a classroom assistant, I became the full-time speech and Language therapy assistant 7 years ago and trained to be a Rebound Therapist in 2008 and went on to become a Rebound tutor in 2015. In my current role I see students for 1-1 sessions, in their class, in groups or during Rebound sessions. Sessions run 3 times a week for a full morning; these are carried out along with two other Rebound Therapists.

**Why am I writing this article?**

Rebound Therapy is a valuable tool for communication and therefore supports the implementation of Speech and Language therapy programmes enormously. I am writing this article to explain how it is used and the benefits we have found.

**What is rebound therapy?**

Rebound Therapy is the use of the trampoline for therapeutic effects. The concept of Rebound Therapy was developed in the early 1980’s by Eddy Anderson. More information can be found at [www.reboundtherapy.org](http://www.reboundtherapy.org) . It was originally developed for children with physical and learning difficulties, but is now used for many more client groups. There are a wide range of physical benefits when taking part in Rebound Therapy but this article will discuss the communication aspect of these sessions. The sessions are fun and motivating and begin by being student-led.

**Cohesion with other professionals**

Before a student begins their Rebound Therapy sessions, we approach other professionals involved in their lives, including Speech and Language Therapists, Physiotherapists, Occupational Therapists, and Doctors, Healthcare worker, Creative Therapists, Class Teachers and Class staff. During a block of Rebound Therapy, class staff are encouraged to come and join us to observe the interventions and progression they make so this can then be replicated in the classroom.

When planning sessions for a student, we look at targets and programs set by other professionals and create of activities to support those targets. All students bring their means of communication with them to use during the sessions. These include communication books, high-tech devices, P.E.C.S, eye-pointing books and many more. If a student’s main form of communication is speaking or signing, this will also be encouraged during a session.

**Example of success stories**

One of the first students we ever took on the trampoline was a young man who had visual and hearing impairment. He had no sight or hearing at all, his world was very tactile. We wanted to introduce an intervention called ‘Talking, Listening hands’, taught to us by S.E.N.S.E. <https://www.sense.org.uk/> We thought, if the young boy found Rebound Therapy motivating, this may be an avenue to start using this intervention. With support from S.E.N.S.E and his intervenor, we began sessions with him. We slowly introduced him to his new environment by walking him around the trampoline and letting him feel it. He happily walked up the three steps to finally sit on the trampoline. From that moment we never looked back. He attended his sessions once a week and he flourished. His confidence grew, not only on the trampoline, but in us too. He began using the ‘Talking, Listening hands’ approach to request, refuse and best of all, to show us his sense of humour. This young man was an inspiration to us, he taught us what it was like to be in his world and to think how signs he would use to communicate may look and feel different to the signs we would recognise and be used by the hearing impaired. He was able to transfer his skills to the classroom and generalise them in a range of activities.

More recently we introduced a student to Rebound Therapy, who had no formal communication system in place and he had a few words he would say for familiar items. Most of the time he presented as a very passive child who could have moments of real upset when he was unable to express his needs and wants. At the start of his sessions we introduced a communication book. We put no pressure on him to use it, just simply modelled the book when interacting with him. He quickly started pointing to the symbol in his book and would repeat the word to request. This could be items he wanted to use whilst bouncing, or just simply he wanted ‘more’ bouncing. Over the coming weeks, he began to point to staff photos and repeat their names, in order to place them on the trampoline where he wanted them, e.g. someone standing to bounce, the other sitting with him. The progression has been amazing to see, during his sessions he now by-passes the book and tends to use just speech to request. He demonstrated how he is able to transfer his newly achieved skills over to the class room, by taking ownership of his book and using it in a number of ways, which prevents him becoming upset. He has also begun to put two words together.

We have had Rebound sessions with a range of students with varying disabilities and needs. Our more profoundly disabled students also take part in Rebound Therapy. We had a young man with cerebral palsy, who had little or no formal communication. His responses were reactive and not intentional. He didn’t appear to have any expressions for showing his likes or dislikes, or communicating if he wants more of something. We began the sessions with gentle drumming, no visible reactions. Our next step was to start with a warm-up; this involved massaging his limbs, whilst gently powering the bed. We noticed his limbs became relaxed and still, which was the complete opposite of his ‘normal’ state. This young man had continuous involuntary muscle spasms, but after spending time being gently bounced on the trampoline, he could lie very still and relax. We then moved on to much bigger bouncing. The young man was supported by an adult in a seated position, cross-legged. The other adult powered the bed to create a bounce whereby the student was able to leave the bed. He began to smile and show a definite response of enjoying this feeling and movement. Again the progression we witnessed was incredible. This young man began to anticipate what was going to happen. We instructed him to ‘get ready, 1..2..3’ and the young man would lift head his head and ‘lock’ it into position on the adults shoulder to show us he was ready. His neck became stronger over time and he was able to hold this position for extended periods.

**Showing progression on paper**

The benefits of Rebound Therapy have been recorded in a variety of ways in our school. They influence and show evidence for targets set by Speech and Language Therapists. The Rebound Therapists meet regularly with the Speech and Language Therapist to talk about student achievements, gaps in their learning and the targets for the next term. We have shown student progression using the M.A.P.P system; <http://www.thedalesschool.org/article/assessment-progression-mapp/275> , this system was set up to assess and evaluate student progress and is used by everyone in our school. By using this system we have shown how students can obtain a new skill, reduce the amount of prompting that is given and demonstrate how the student maintains this skill over time and with new people. After each session we record student’s progression in their curriculum folder, which is then seen by their teacher and class staff. We now feel we have been part of giving evidence for the students’ progress. Teaching staff now see the benefits of Rebound Therapy and not only ask for their students to be part of it, they want to join us in the session. The most powerful evidence we collect is when we film the sessions. These have been shown in class meetings, to parents and in training.

**Conclusion**

We began this journey not really knowing what Rebound Therapy was, what we discovered has exceeded our expectations. The many benefits of Rebound Therapy for our students are endless, but the biggest benefit for them has been using it as a communication tool. The experience can be so motivating and create a feeling unlike no other. The reward is immediate, physical and fun, therefore encouraging for the students to ask for more. There are so many opportunities for communication within a session, not only on the trampoline. The communication starts at the classroom. We are continually observing progress in other areas too; do the students know what’s happening, where they are going and what is expected of them? When arriving at the session will they ask for help, wait their turn, and indicate what they want? Once on the trampoline will they make requests, comment, refuse? Rebound Therapy has succeeded as protected interaction time to build relationships, trust and confidence.

Communication is vital for everyone, particularly those who have difficulties; Rebound Therapy has proven to be a valuable communication tool for our students.

**Written by Danielle Aubrey**

**Speech and Language therapy assistant**

**Moorcroft school**

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