

Certification Training Manual

Creeping on Hands and Knees: Guidelines for Best Outcomes

Creeping, in conjunction with other developmental activities, stimulates neuronal connections and organizes the pre-cortical, midbrain region of the central nervous system. Just as infants are not taught how to creep, we don't teach our clients how to creep. When first given the opportunity, babies try several techniques before attaining a "finished" creep. In the same way, clients will experiment with many techniques before reaching their own finished creep. The various techniques, eventually culminating in a finished creep, reflect the growth and organization of this very critical brain area.

Guidelines for Creeping:

- The client is to stay on hands and knees, moving forward. DO NOT GIVE ANY
 OTHER INSTRUCTIONS, COACHING, OR HELPFUL HINTS. Doing so will
 interfere with the process.
- Creeping can be done on either carpet or hardwood floors. Carpet can provide additional cushioning for the knees, but is not required. ALWAYS wear socks while creeping to avoid abrasions on the tops of the feet.
- ANYONE over the age of 8 must wear kneepads when creeping. The structure of the knee changes at adolescence and failing to protect knees can result in permanent damage. Use soft volleyball kneepads, not hard, rubberized pads. These can be obtained at sporting goods stores. For children who refuse to wear kneepads, we suggest narrow, long gum mats (not yoga mats). Two by eight-foot mats can be purchased online. String these together to make a creeping track.
- Do not carry anything in the hands or wear gloves or mittens when creeping.
- Move forward at a steady pace. If tired, you can break up the time.
- Creeping can be tedious and because we don't want the client to think about how they are doing it, we want to keep the client engaged in other activities, and the caregiver can play a big role by cheering them on. Games, learning projects, listening to podcasts, audio books, etc. can distract clients of any age.