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## Making Therapy Miracles

Miracle Belt a versatile interdisciplinary tool

By [Ouida Wellenberger, PT](#)

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Ouida Wellenberger, PT, a physical therapist at the Sarasota, Fla.-based KidSpot, tested out the Miracle Belt, a sensory aid consisting of a narrow nylon strap with weights. Wellenberger wrote to Therapy Times to share her thoughts about the versatility and success she's seeing with this new product.

The Miracle Belt has proved to be a valuable addition to physical therapy, occupational therapy and speech therapy treatment approaches in our clinic. The wearing schedule varies from child to child, based on their individual needs and tolerance. And, the actual application on the belt also varies based on the child's difficulties. This allows for great versatility in its uses and target populations.

I have had children wear the Miracle Belt for a variety of durations that have included: one hour, two to three times per day all the way up to wearing it all morning, taking it off for napping and then wearing it all afternoon. The child will let you know, based on their behavior, when it needs to come off. As with any equipment, the ultimate goal is to wean the child away from needing the belt with carryover of the positive results.

1) Only three months shy of his third birthday, a child with Down Syndrome was very distractible and aggressive. He also presented with very limited verbal skills, although he had very good non-verbal skills and knew many signs. This child was having a difficult time sitting and participating in speech therapy with behaviors such as pushing the table away, turning around in his chair, swatting at the therapist and pulling off his glasses. The speech therapist asked if she could try to use a Miracle Belt; and upon placing a two-pound Miracle Belt around the child's waist with the weight anterior, the child immediately sat down, gave the therapist his attention and participated in the remainder of the session without difficulty.

2) The Miracle Belt also helped a 16-month-old boy with developmental delays, mild left-sided weakness, moderate sensory and tactile issues with low frustration tolerance and frequent tantrums. This child began walking about two weeks ago and presents with a very wide base of support, a step to pattern with the right leg, very unstable hips and frequent falling. While in therapy, this child had several tantrums when his play was redirected. I tried a one-pound Miracle Belt with the weight anterior, and the effect was initial irritation at the application of the belt followed quickly by calming, decreased base of support, increased control and better balance with less falling. The parent borrowed the Miracle Belt for two days and was amazed at how calm, cooperative and steady her child became while wearing it. The parent also reported that although his base of support is still wide, it was decreased even after removing the Miracle Belt. This child wore the Miracle Belt all day – with it being removed for napping and then put back on for the remainder of the day.

3) And, finally, the Miracle Belt benefited a 3-year-old boy who presented with developmental delays, low tone and significant weakness. This child was also exposed to drugs, fearful of new activities and all imposed movement and resistive to all upper-extremity, weight-bearing activities. I tried the two-pound Miracle Belt, with the center anterior, during a physical therapy session to try to increase focus and body awareness and to decrease fear. When asked to play in four-point, (a disliked position for pediatric patients) this child willingly complied and was able to easily weight-shift to both the left and right with verbal or tactile cueing. He maintained this position for approximately two minutes and completed a puzzle without complaint and in good alignment.

I have seen positive results in many children with a wide variety of needs, but the Miracle Belt is not for everyone. I have worked with several children that, even when the Miracle Belt was re-introduced in later sessions, did not benefit from it. But for many of our children, it has provided an easy, inexpensive alternative that allows very different input than a weighted or compression vest.

Because the Miracle Belt is worn around the waist, it provides a greater sense of grounding through the core. The Miracle Belt can be placed with the center of the weight anterior, posterior or over the left or right hip; this, consequently, helps the child become more aware of where he/she needs to shift the center of gravity. The ability to easily cue a child into their body has proven to be very powerful.

I would suggest trying the Miracle Belt on, varying the weight distribution and assessing the input you perceived. I would also suggest trying it on others that were able to give good verbal feedback so you have a good representation of how it is perceived to many people.

In conclusion, the Miracle Belt has been a valuable addition to our clinic.