

Shake, Rattle and Roll

Tips for Assessing the 0-3 Year old.



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Thankyou for listening.

Shake, Rattle and Roll Format

One hour can only give a short framework of knowledge.

The focus today be on children who present for assessment without major tertiary disability such as CP, Syndromes, Chromosomal deletions or significant perinatal complications.

I have specifically chosen the 2-3 year old to focus on within this short time frame.

Knowledge and understanding of the 0-3 year old developmental sequence is extremely important for all paediatric OTs.

This presentation is framed from my clinical experiences and is my personal approach.

Notes only

Please understand and take my notes as my conversation to you. It is written with the view to impart information and as true to me, is often in a conversational tone. It not edited for public scrutiny. My apologies in advance if any wording is in shorthand or anecdotal.

Why Shake Rattle and Roll?

It gives us, the OT, a lens to frame our assessment

- **Shake** - implies purposeful cognitive action which underpins all tasks. It is imperative that we focus on this when looking at 0-3 year old's.
- **Rattle** - implies eye hand and upper limb purposeful function. This is a core element of OT
- **Roll**- implies movement, which is the most vital aspect of the 0 – 3 year old and understanding of typical and atypical development.



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I decided to give a memory hook to this content because just like the parents we work with, most people can only take in so much information at a time. It is helpful to learn in “chunks”. This is such an important concept when working with parents of all backgrounds and cultures, as parents are all united in the same pressure of managing day to day tasks in raising their child. Dealing with young children can be overwhelming for all parents and those that are presenting with concerns about their child’s development, can have an extra layer of unrest. As clinicians, we need to make the process as calm, clear and achievable as we can. This can add to the success of the partnership with parents. The areas to look at in assessing a young child are wider than these three mentioned. They also include sensory regulation, emotional and behavioural progress, adaptive behaviour etc. we can assist clarify the information overload that can so easily occur. This is especially important at the beginning stages of deciphering what is happening for the child.

The Complexity of Development

Some important overarching concepts

- Developmental milestones – continuum versus critical stages. Red Flags
- The Whole Child approach – its all connected..
- Understanding patterns of movement in relation to development. The two movement masters – flexion and extension.
- Temperament and personality.



Assessment can be either:

a standardized set of tasks such as the Peabody, the Bayley Scales or the Pedi, or indeed a myriad of other assessment tools, or

A criterion-based set of tasks such as the Kidscreen, The Hawaii Early Learning Profile HELP, etc.

Both have their place and constraints. For disability funding and complex needs, standardized testing is useful. Within the realm of developmental assessment and intervention, however, in my clinical experience, criterion the Kidscreen and the Help can assist guide parents and therapists into working on clear pathways that address skills.

It is also a valuable approach in guiding the process to assist in understanding the “Not Yet “ concept of mastery of skills. I particularly value the understanding that children do not all develop skills in neat little boxes, but there are some skills that are more weighted and important to master at set times in the child’s development. I use the concepts of red flags, to alert us to what to particularly watch for.

Even though I mentioned the lens by which we can begin to develop more expertise in assessing the young child, the fact is EVERYTHING is all connected and we do need to look at the whole child. If you are working in a team, OT’s may have a more

defined area, but in many cases especially in rural and transdisciplinary teams we need to look at the whole child. In fact, developing competency in understanding the development as a whole, is the best practice as a paediatric therapist.

In the first 18 months a clear understanding of the patterns of flexion extension and the development of rotation of the axis, can help refine the efficacy of your observations. Many young children have very subtle signs in these early years but then later present with some developmental lags in pre-kindy. Obviously, I am not talking about major disability in this instance where it is far more apparent that the child has a disability. In the first 18 months the child with subtle lags is far harder to pick up. This is why, I have decided to focus today more on the 2-3 year old where the majority of children are more likely to present for assessment. Understanding normal movement development assists in working with all clients that are school aged and beyond, for example with DCD. This is a whole other PD though.

The last overarching concept is that of temperament and personality. It is vital that we don't draw hasty conclusions that variances in temperament equals developmental divergence. It is also useful as a clinician, to have some understanding of what sensory difficulties, planning problems and processing lags, can do to the way a child interacts in their own attempt to manage their world. Some children experiencing difficulties may do certain things or behaviours in an attempt to cope. It maybe a very subtle sign that they are indeed having difficulty with functioning and not just be "their personality". The true finesse of the clinician its to untangle which is to understand and consider both.

Observation and Assessment of Developmental milestones



- Standardized Tools such as PEDI, The Peabody Assessment, The Bayley's Scale etc. are all useful for and in tertiary providers, disability organizations and for funding and research.
- Criterion and skills based assessments such as The Kidscreen, The HELP are useful for the cohort we are covering.

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The Whole Child



- You can't separate the parts of the child.
- Look at the big picture of movement, language and cognition then layer your focus on the OT aspect.
- Be aware of expecting "perfection"
- A snapshot in time concept.

Expecting perfection is expecting a neat linear band of skills acquisition. Most children have a slightly variable rate of development and at different times have different strength profiles. For example, it is quite normal that at when the child is trying to master walking at 11- 16 months, their language will back off in its rate of development. Once walking is mastered, then they often recommence a more concerted rate of language acquisition. Understanding that the child's development is all interconnected, can help us be more effective clinicians. Take the time to learn about other areas of development. I particularly like and was guided by the HELP assessment. It enabled me to gain more understanding of the whole child at each age.

When we initially see a child for an assessment, we are just seeing them as a snapshot in time on one day at one time. The mere thought that a child is a consistent being, especially in the 0-3 age group is usually erroneous. Pay heed to making overriding decisions after one session.

The Movement Masters

- Flexion – physiological flexion
 - Extension – the need to move against gravity
 - Rotation through the axis – spiraling.
 - The absolute power of variety.
-
- *Asymmetry markers*
 - *Persistent reflexes and associated movements*



Understanding the primal need to come up against gravity and move the body against the physiological flexion in the womb, helps us understand all childhood movement development. The balance between flexion and extension comes via rotation of the body, which usually starts with rolling and further develops in sitting and crawling. The first year of life and all its movement away from reflexes, helps the human to develop motor control and co-ordination. The need for babies to move in a variety of different ways is a key and when assessing a young child, the clinician is best guided by looking for variety and rotation as imperative markers for development.

Temperament and Personality



Children are born with traits for temperament. There is much discussion about whether this underlying temperament can be changed. In my view, some children are born with more reactive

“fussy” personalities and whilst we can try to modulate their emotional status and regulation, its not up for major adjustments. Its not up to parenting, but the environment and parenting can assist a child regulate. Understanding personality variances can assist both the understanding of the child and also, the parent.

The circle of security can help guide understanding of emotional needs.

The only exception to this, is when a child presents with overriding sensory, praxis or language issues. These children can present as having a certain “personality” but in fact their difficulty means they are exhibiting behaviours that enable them to cope within their turmoil. Watch for the child who has a reactive response. Investigate further if they are indeed having any difficulties in these domains.

Information

- We as therapists probably don't get enough clinical information for working with children at this age.

Parents though, can get flooded with information to sift through.

Information from their families, other parents, Internet, health and medical professionals all get tied up with parental concerns and anxiety.

Or, in some cases, the exact opposite can occur, and parents are not concerned about developmental impacts for their child when others maybe.



What to do and What Not to Do



Try to find a balanced nuanced approach with this age group. Its tricky as standardized tools are not always good with more subtle developmental markers.

Didactic frameworks are not always the best.

When the child does not have an overt delay, understanding developmental progression can be useful for the parent

Developmental job descriptions

- 0-6 months - “I see, I feel, I unfold”
- 6-9 months - “Who and where am I?”
- 9-12 months - “What can I do and Where can I go?”
- 12- 18 months - “The build and conquer phase”
- 18 months - 2 yrs. - “The two sides of Me”
- 2yrs – 3 yrs. - “Its really all about Me”
- 3yrs – 4 yrs. – “The world of friends and playmates”

This slide is my way of thinking and processing what the main job is of the child at each age. This is not a factual set-in concrete, studied guide. It is simply how I think about development from my experiences. I use this, as a way to frame my observations when using an assessment tool. I think each of these areas could be explored in so much detail but given the time today I have framed just one area group to explore further.

A closer look at the 2- 3 year old



Little Miss and Mister Independent
.....*sometimes*

Did you know that I should be sleeping about 11 – 14 hours every day?

Lets look a little more at this age group in more detail.

I have divided up the overview into domains and what tasks are particularly important. We will also cover the red flags for this age group.

In order for a child of this age to be well regulated they need a lot of sleep. Please be aware and mindful of this when looking at child development and in particular with children who have sensory, emotional or behavioural concerns. Sleep is vital.

Motor Skills



Motor skills are really developing well, and the child should be quite balanced and efficient with movement especially walking, climbing and some attempts at balancing. Movement should be fun and often demanded. Basically, when they are awake, they should not be sedentary for periods longer than an hour. Weight transference allows them to tackle steps with a hand hold at 2 and without by 3. When they are walking their legs should be close together.

Jumping is a key player. They should be able to jump up in the air, jump from a small bottom step at 2 and increasing distance and skill by 3. We often underestimate gross motor skills in this age group. They should ride a trike with enjoyment.

When they move, we see more balance and righting reactions, so they don't use wider arcs of movement. They can attempt to balance on a line or a flat beam and easily take weight on just one leg when stepping especially without arms always coming up. Tip toe walking helps us see their balance reactions and they need to show us they can do this. Beware the idiopathic toe walker. Check they can squat. By three they really can avoid obstacles in their path.

I look at how new the skill is. If it's a very new skill it may look more clunky and not as smooth. If they have been doing or trying for some time, say a few weeks, then this is something to pay attention to. Awkwardness is to be noted as it usually disappears

quickly with this age group. If they get a new ride on car they will normally master quickly. Once they learn to go up a step, they do it repeatedly and get very adept at it in the space of a short time.

2 to 3 Motor Skills

A time for me to master my environment

- I have more refined balance and control when climbing, swinging, jumping and sliding.
- I ride a trike using my feet and before 3, the pedals
- I can jump on the spot, off things and over something on the ground.
- I can balance on one leg for a few seconds.
- I can kick a ball and will attempt to catch one.
- I love rough and tumble and dancing to my favorite song.
- I am not fearful of any movement experiences and I want to have a go at new things
- I try to balance on things and walk along ledges without holding your hand.



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2-3 yrs... Fine Motor



I am very precise with my release of tiny objects into containers and this helps me to string beads and balance objects and blocks with control. A word about blocks- some kids hate them but we need to see evidence of a controlled release and stack or placement to let go and release with the “just right” amount of pressure. So, if they hate blocks look for this skill in other activities and its OK.

Fitting things in- to stack, place a jigsaw piece or shape puzzle in – looking at how the child can pre plan the orientation of the object. You should see a slowing of movement as it goes to slot in and even some fine adjustments to feedforward and plan the release. This is a key.

With drawing and scribbling it's the same - we are searching for evidence of some changing motor plans to achieve a result. It starts quite basically at 2, but they do show some imitation of stroke direction and by 3 they really should be able to show clear imitation of different actions for shapes. Hand grasp at this stage should be static tripod however this is very dependent on environment and culture. Japanese children have far more refined fine motor skills at 3 than western culture. I always look for the radial side of the hand to lead in fine motor tasks from 2 1/2 - 3. It is a subtle reflection of the palmer arches. Children with low tone often have very flattened palmer arches.

Automatic dominator assistor pattern. Changing speeds and grading release are major markers. Watch for overextension of fingers on release.

2 to 3 Fine Motor

A time for developing precision and dexterity

- I know which is my preferred bossy hand. I will have one I prefer to use on most occasions
- I am pretty good at starting to string beads and build a tower of blocks with care. I am accurate with tiny objects and pegboards
- I will begin drawing and scribbling and may make circles.
- I want to turn the pages of my story book by myself.
- I can feed myself without your help and can use a spoon to scoop.
- I can work out how to get shape puzzles in the right place.
- I really like messy play and playgroup painting, sticky stuff and playdoh



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2- 3 yrs.. Social Emotional (Sensory)



They need and love some routines and you can see they know who is in their tribe and who isn't so sometimes they don't like new people.

The Circle of Security is a great framework to observe the child's emerging sense of self. Often they can move more away from their parents, when at a park and can often get a little demanding and say "No". They often will submit or be coaxed or distracted out of it. They get very frustrated at times and can fatigue easily. They like showing off and can be ritualistic with some play scenarios or routines. This is why; in normal development- transitions at this age are tricky. They can get fearful of something in particular, but as a rule they like new novel and messy play. If they negatively react to sensory inputs - look sideways for evidence of coping with sensory input in all situations and not just on this occasion. Don't just assume it's a problem as it can be the precarious nature of this age group. It's the same with food fads one week all they want is blueberries and the next week they hate them! This is where we need to work closely in partnership with parents in order to do detective work as to whether the sensory regulation is an ongoing persistent issue or a passing phase. We need to decipher if it's sleep, a short term phase, a growth spurt, a soon to be experienced childhood illness or a pattern that is more prevalent and needs some tweaking.

One important marker is looking at self help skills in this age group as this is connected to planning skills. They should be able to strip off and starting to dictate clothing choices. They should be able to help with dressing especially if the parent takes the time to expect it. Cultural differences here.

Eating and feeding skills at this age are hazardous. Most kids show their emerging bossy boots tendencies in this domain. Also, it's a sore point as they don't eat as much, and this can cause parental woes. The "on the move" grazer or picky eater can appear.

They other highly variable area is toileting skills and abilities. Sneaky poo.

2 to 3

Little Miss and Mister Independent...*sometimes*

- Wow! Look at me try to do it all my way. I can flip from wanting to do it myself to wanting you to do it for me in an instant
- I may start to impose my control and I can tantrum. My favorite word can be “no” even when I mean “yes”.
- I like making choices and have some activities where I am the boss
- I am trying to master some self-help skills such as dressing, eating, self care, brushing my teeth etc.
- I often like to push the boundaries. Its my prerogative. Please give me some
- I play alongside other kids, but I am not always able to share.
- I need your help to calm my big messy feelings and make my world safe again.



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2- 3yrs

Cognition and Language



This is the area to tune into as it gives us an awareness of predicting, planning and problem solving especially in the children we see later presenting with mastery problems in kindy and pre-primary. The big areas to look for is the ability to show the grouping, sorting matching skills especially in spontaneous non directed subtle play. This often develops as part of pretend play as they get the spoons for the tea set, or the cloth for the Windex etc. When the child puts and combines elements of the task together or when they naturally find the order and structure of things that match- they are showing their cognition. Re look at milestone development with the focus being on what emerges without undue direction or very subtle imitation or gestural cues. Set up the play area and observe if they can figure it out. If that doesn't work, and they cant, then by all means use direct instruction but children learn intuitively through play. If you have a 2 ½ year old that doesn't somewhere show this, note it and pay attention. I always look for their extension or elaboration of the play sequence. Its important.

They should be able to follow some commands but at times wont reveal this on a specific occasion. Parents often over report this, as they will naturally use cues and eye pointing so best to question and continue to watch this as best you can. Children should be able to follow a simple request without needing extra prompts. If its

unclear, then show the parent what to try at home and get them to see if in a more familiar environment or at a different time they can do it.

Sometimes if I have tried to get a child to do something like putting pegs into a pegboard and they feel the pressure and don't engage.

I find withdrawal of my eye contact and active "ignoring" for a few moments whilst I talk to the parent, useful. Often the release of performance expectation helps the child have a go, specially as they may strive for natural mastery. I will always be quietly watching from the corner of my eye and I am aware but if they can they often will. The shift of attention can work well in the session. Its reminiscent of the circle of security.

Language is a whole domain but look for use of pronouns, action words, simple sentences and by 2 ½ about 200 words. Naming objects and items is where it starts but this needs to expand pretty quickly by 2 ½ - 3. Listen to how the parent verbally interacts and "teaches" do they extend language or demand language?

In pretend play you should hear emerging language to self and the child should use correct prosody and intonation.

Cause and effect should be evidenced now in communication as well as play. If they can't be understood what do they do to get what they want. Watch their strategies.

2 to 3

Cognition and language

- I name everything in sight and know lots of words including some action words. (more than 50 words and up to 200).
- I speak in short two - three word sentences but I may not always be understood, especially by new people.
- I understand a lot of what my parents say to me without extra overt gestures.
- I can follow a simple 2 step command like "pick up the ball and give to me."
- I know pronouns like me, you and I can use "I" but I can get you and me, mixed up.
- I understand "Blank Levels" 1 and some 2 questions.



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2 – 3 yrs.. Play



Play is where the child's cognition, imitation and understanding all are revealed. Play is the child's work and between 2 and 3, play helps mastery.

Children at this age have two sides of their play. They love the new and novel (and often what you have or do or they know they shouldn't have) and the very familiar predictable play favourites. This means play needs to be a little expansive. Toys libraries, playgroups, other kids houses, rotating toys, all have appeal. Novelty arouses curiosity and awe. A child learns by imitating so they often include this in their play. But they will have the things they like over and over again. The firm favourites can be sorting, stacking, categorizing and matching for attributes. This helps develop their language and cognition. It is important for children to line toys up and put in piles.

Helping pack away helps lay down good brain pathways for executive functioning. Having to pack all the blocks in this container and all the tea set in this one is such a valuable way to help learning. Not all children who are lining toys up are on the spectrum. Please observe and look for a variety of play interests and games with a few firm favourites as a better guide for this age as to the presence of pathology.

I also believe there are some children who are primed for the outdoors. It comes

along with their placenta at birth. All children though, need to be absorbed in the outdoors and the indoors even if they have a preference for one.

2 to 3

Play and Learning

I learn best by doing it myself

- My imitation play has become more complex and I may start playing tea parties, shops and pretend adult roles.
- I can copy some nursery rhyme actions such as twinkle twinkle and wheels on the bus. I love finding all parts of my body.
- If you have the window cleaner- I want it. I love helping do some chores.
- I will play with some building toys for longer periods like blocks, Duplo, puzzles and pegboards.
- I have worked out which grandma will let me have treats.
- I will annoy you with my requests and also surprise you at times with what I have just mastered.
- I have a very short span of attention except in the bath.
- I can group, sort and categorize objects. Key cognitive step.



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2 to 3

Toys

This is the age of more fine motor control and its important that the range of toys include:

- Imitative / imagination toys like toy kitchen, workbenches or cubbies
- Construction and learning toys such as pegboards, puzzles, sorting colors or sizes
- Open ended toys such as cars, dollies, blocks and containers.
- Some tool toys like hammers, drills, beaters
- Toys that have small pieces that fit together

Top tips:

- Rotate toys so they are “new again” after being out of sight for a while.
- Have a craft junk box for drawing, gluing, sticky dots, and collect household junk for simple make it up art works, paintbrushes and playdoh.
- Don't forget that helping you cook or prepare food is a wonderful learning tool



What is a toy at this age?

Anything and everything. Don't talk to this slide just give as a resource.

2 to 3

Red Flags

- If I can't yet jump.
- If I am not showing you that I can copy and imitate actions and sing some nursery rhymes.
- If I fall over a lot or walk around with my arms up high.
- If I am scared of swings, slides and new parks.
- If I am not yet showing you a "bossy" hand.
- If my play is restricted to only a few types of activities or if I only play the same way with different objects.
- If I am not able to color in, finger paint, draw or engage in messy craft.
- If I am still not constructing towers with blocks and showing refined accurate placement, sorting and orientation.
- If I still throw or mouth objects after 2 years.
- If my play does not involve some elaboration in complexity of sequences.



How to Structure the Assessment of a 2- 3 year-old

- Consider splitting into several shorter sessions.
- Call parent to phone discuss concerns and best "window of opportunity" times.
- Always ask them to bring a couple of favorite toys and snacks.
- Start with discussion about the dyad of attention.
- Ebb and flow during the session.
- Use active ignoring of the child and no eye contact task play as a strategy
- Note taking during task or use of videoing. Can ask the parent.



Top Tips



- Observe, Observe, Observe.
- Watch and look for patterns of movement. Mirror movements, minute facial grimaces, associated movements.
- Start on floor, short table time, watch feeding (ask parent questions) end in gym to observe movement.
- Ignore- entice- ignore: play the dance and remove pressure at times but continue to observe.
- You need to go in and out of focus between the child and the parent. Allow this and use child's own engrossment in tasks to ask parent questions.

Top tips

- Video shaky bits or home “ mastery” of tasks.
- Get parent to observe and report back on tasks that are unclear.
- Consider what you have on following a session- allow time for you to note take. This is especially important if you are still developing strong competence in this age group.
- Consider the size of the room to look at circle of security implications especially useful in new environments and big spaces.
- If the parent needs to talk with you consider recommending another person attend to take the child for lunch or a walk to enable clear focus or set another time.
- Always, Always listen to what the parents fear. Be honest.
- One step at a time to complete the jigsaw of this child.

Real Red Flags



- Not using a wide variety of grasps or movement sequences.
- Any obvious motor asymmetry.
- Not constructing or adding to. This is with all play tasks.
- No subtle awareness of gestures by way of facial observations.
- Over fixation of either objects OR people. It should be a interplay.
- Repetitive play movements especially discarding objects or dropping objects. Doing the same thing to different toys.
- Mouthing after 2 years unless it's a food or food play object.
- Lack of persistence with highly sought after toy. Giving up too quick.

Real Red Flags

- Preoperational stage of cognition – watch for object play and understanding how things connect. Object permanence fully developed and cause and effect well on the way in play.
- Beware the lack of pronouns.
- Interactive request - if its missing beware. Child should seek adults shared focus to show them or demand.
- Balance between novel and repetition skewed to far one way.
- Attentional profiling – you should see beautiful moments of utter absorption in play non reliant on the adult.
- Sensory aversions wider than just a little, e.g. on sight of something perceived to be....prickly.

Assessment is really at its core, to help define and refine the next steps. Focus the aim, in partnership with the parents. It is OT!



[Click to the next slide](#)

Parents Reporting and Approaches

- The parent knows their child best but .. Development can be skewed.
- Parents reporting of very specific tasks – a pattern of reliability.
- Parental fears – unspoken and spoken. How they impact the reporting.
- I verbally talk through the child to the parent. “ wow look you can...” “ oh you don’t really like that game”
- What happens when it goes pear shaped?
Tantrums and noncompliance.
- Leave time for parent questions.
- Asking the million-dollar “magic” question.

The Million dollar magic question is where you ask the parent if they could wake up tomorrow and one thing be changed with their child's development- what would it be. Whatever that thing is - really is the crux of what is vital for the family to address with priority. So if its that their child could sleep through or cope with a bath, then that is the first thing to address.

Develop your own capacity as a therapist



[Click to the next slide](#)

Are we finished yet?
Questions?



Some added extras from me to you.



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Reporting on Findings

- Verbal discussion of your clinical thoughts. Ask them to summarize what they will tell husband/ grandparent etc.
- Collate your observations and you can cross reference against developmental milestones. You don't need to give an age equivalent
- Clear written reporting. Don't over focus on what they can't do but you need to report accurately to help focus your observations. E.g. under visual, strength, attention etc.
- What is missing that will help them develop. Focus on on the next steps. Do not try too much at once. Break it up to achievable chunks.
- Reporting is so much more than words.
- Who do you need to collaborate with? Childcare, physio ?

Treatment approaches and Goals



- Culturally relevant
- In synchronicity with parent capacity, time, understanding
- Early addressing of concerns is the best strategy in *most* cases
- Will be impacted on the system you are employed under. Private, public, agency based.

Flick to the next slide

Treatment approaches and goals

- Pinpoint only a few goals and HANDWRITE out on a “fridge sticky” for all carers to see. I write them as if it’s the child talking to them.
- Use the HELP handouts and Play and learning handouts. BE *Clear*
- Focus on specific targeted skills such as, “I will place a circle shape into a puzzle” and not huge areas such as constructive play. This is good for children with overt delays as well. Make it *Do able*
- Make a regular time for treatment and build in the support the parent needs.

Typical play 2 years

- <https://youtu.be/p1R2vha7Ytc>

Typical Development Fine Motor Play video 2 years

- <https://youtu.be/wspOYLHGgpI>