Bilateral coordination
Home program

What is bilateral coordination?
Bilateral means “both sides”. Bilateral coordination is using both sides of the body together in an activity. Many daily self-care and play activities require bilateral coordination skills.

How can I help my child?
The following activities can help your child develop better bilateral coordination. This home program should be used only under the guidance of an occupational or physical therapist.

Fine motor (small muscle) activities
☐ Pop-beads or interlocking toys (Legos®) – pull apart and push together
☐ Lacing/sewing cards
☐ String beads onto laces, pipe cleaners, or dowels
☐ Shuffle and deal cards
☐ Carpentry (hammering, using screws, and bolts)

Gross motor (large muscle) activities
☐ Musical instruments such as cymbals, drums, triangle, and guitar
☐ Play catch with a large ball or dribble the ball with two hands
☐ Clapping activities and games (pat-a-cake, Itsy Bitsy Spider)
☐ Wheelbarrow or animal walks
☐ Scooterboard activities – use arms to propel self through an obstacle course or pull self forward

Activities of daily living
☐ Open jars and other containers with lids, and factory sealed food items.
☐ Open and close fasteners – buttons, zippers, belt buckles, and shoe laces
☐ Open toothpaste
☐ Put on socks and shoes

School activities
☐ Tear paper into strips and small pieces to make collages
☐ Color tiny pieces of paper (hold paper steady with one hand and color with the other)
☐ Use a ruler to make a calendar or graph
☐ Use a rotary pencil sharpener
☐ Cut with scissors

Community activities
☐ Swimming: splashing, kicking, pulling self along edge of pool using arms, and pulling self out of pool
☐ Outdoor playground activities such as climbing poles and ladders and swinging
☐ Riding a bike or scooter

Other:
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Questions?

This home program is to be used only under the guidance of a physical or occupational therapist. If you have any problems with this home program, or any questions, please call your therapist in the Developmental and Rehabilitation Services Department.

____________________________________
Therapist signature

____________________________________
Date

____________________________________
Phone

For more reading material about this and other health topics, please call or visit the Family Resource Center library, or visit our website: www.childrensmn.org/A-Z.

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