

Fall 2016

Community Therapy Programs



DuPage & Fox Valley
brighter futures begin here



Community Based Therapy Programs compliment our comprehensive center-based therapy services. We've developed unique programs that target specific goals in highly motivating settings for every age group.

These therapies are not only a great way to have fun, they are designed to help your child succeed in his or her therapy goals. Turn the page to check out our fall program guide!

EasterSealsDFVR.org

830 S. Addison Ave., Villa Park, IL 60181 t: 630.620.4433 e: info@EasterSealsDFVR.org

1323 Bond St., Suite 119, Naperville, IL 60563 t: 630.357.9699

799 S. McLean Blvd., Suite 103, Elgin, IL 60123 t: 630.742.3264

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Aquatic Therapy



Physical and Occupational Therapies in the Pool

Exercise in water can be used to strengthen weak muscles, relax tight muscles, and improve body awareness, coordination and control of movement for functional tasks. Using the physical properties of water, our physical and occupational therapists work to improve independent function. Our comprehensive Aquatic Therapy program allows the choice of multiple sites and schedules.

Children Who Will Benefit

- **Infants and toddlers** can begin early with work on trunk and head control, functional movements, even advanced gross motor skills in a buoyancy-supported, natural community environment.
- **School-age children** can use a new environment to increase motivation and keep strengthening during growth spurts.
- **Adolescents** work with the partial body weight support of water at varying depths to transition functional independence into land-based skills.
- **All Ages** find the water can be a calming and organizing environment that may help increase attention and functional interactions.
- **Post-Surgery**, get weak limbs moving sooner and develop new patterns of movement for improved functional outcomes.

Aquatic Therapy

Objectives

- Increase range of motion.
- Increase strength using water and adaptive equipment for resistive exercise.
- Improve muscle control and endurance for functional movements on land and in water.
- Improve body awareness, sensory organization and coordination.
- Improve respiratory capacity.

When & Where

Aquatic Therapy is offered at 3 locations:

1. Bloomingdale

Lifetime Fitness, 455 Scott Drive, Bloomingdale, IL 60108

Physical Therapy services available on Thursdays from 8:00 - noon. **

This zero-depth pool allows buoyancy support at varying depths for work on a variety of weight bearing and non-weight bearing skills for children of all heights.

2. Brookdale Plaza

60 North Nicoll Avenue, Glen Ellyn, IL 60137

Physical Therapy available on Tuesdays and Thursdays from 2:00 - 5:30 p.m. Occupational Therapy available on Thursdays from 2:00 - 5:30 p.m. **

This warm water setting is welcoming for all ages and ideal for gait-training with children at least 3'6" tall.

3. Lifetime Fitness

601 Burr Ridge Pkwy, Burr Ridge, IL 60527

Physical Therapy available on Tuesdays and Thursdays from 2:00 - 6:00 p.m. Occupational Therapy services available on Tuesdays from 2:00 - 6:00 p.m. **

This zero-depth pool allows buoyancy support at varying depths for work on a variety of weight bearing and non-weight bearing skills for children of all heights.

**Therapy is ongoing through the year. Spots become available from time to time as clients meet their goals and discontinue. Upon our receipt of registration form and prescription, new registrants will be placed on a wait list and offered an Aquatic Therapy spot when available.

Aquatic Therapy

Evaluation

A land-based evaluation is required prior to initiating Aquatic Therapy for all children not currently receiving therapy at Easter Seals DFVR. The evaluation requirement may be waived for children currently receiving therapy at Easter Seals DFVR in the same discipline of the Aquatic Therapy and at the discretion of the Aquatic Team.

Prescription

For physical therapy or occupational therapy in the pool, a physician's prescription with your child's current numeric diagnosis code for Aquatic Therapy is required. We cannot allow participation without the appropriate, current prescription on file. Please note, your child's physician and therapy team will know best if your child would benefit from Aquatic Therapy as part of his/her overall treatment plan.

Cost

Individual aquatic therapy sessions are \$49 per 15-minute unit, which can be billed to insurance as Aquatic PT or Aquatic OT. Aquatic Therapy can be a covered service through Early Intervention if on the IFSP. Sessions are typically 30-45 minutes long, as appropriate and as scheduling allows. To inquire about weekly payment plans or fee assistance, please call Yolanda de Luna at 630.282.2028.



Mighty Movers



Sensory Motor Program for Young Children

The Mighty Movers PT/OT program enhances gross-motor skills and sensory organizational skills by walking and running over various surfaces, climbing, jumping, and negotiating equipment. The open room setting allows interaction with other children without overwhelming young toddlers. Parent instruction on how to maximize therapeutic benefit from gross-motor and sensory play is included.

Children Who Will Benefit

Children with physical or sensory impairments who are walking independently and need to work on advanced gross motor skills such as those mentioned above may participate. Ask your child's therapist if this program would meet your child's needs.

Objectives

- Improve general fitness, endurance, balance and strength.
- Improve self-awareness and motor planning.
- Improve ability to move through obstacles independently.
- Improve gross motor skills

Mighty Movers

When & Where

Choose the time that best meets your schedule:

Tuesdays, 10:00 - 11:00 am or 11:00 am - 12:00 pm at Villa Park Center*

*Therapy is ongoing through the year. Spots become available from time to time as clients meet their goals and discontinue. Upon our receipt of registration form and prescription, new registrants will be placed on a wait list and offered a Mighty Movers spot when available.

Prescription

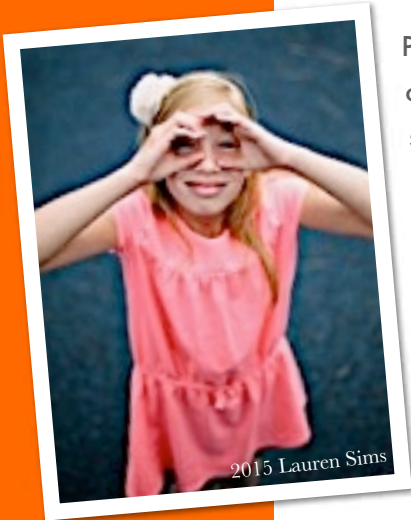
A physician's prescription for physical or occupational therapy with your child's current numeric diagnosis code is required. We cannot allow participation without the appropriate, current prescription on file.

Cost

Therapy time is divided among the number of children present; typically 30 - 60 minutes of physical or occupational therapy is billed to insurance as needed. Therapy in this program can be a covered service through Early Intervention if on the IFSP. To inquire about a weekly payment plan or fee assistance please call Yolanda De Luna at 630.282.2028.

PALSS Club

PALSS CLUB



Practice and Learn Social Skills (or PALSS) Club provides children ages 8 - 12 years old an opportunity to learn social skills and practice what they learn in a weekly session led by speech-language pathologist and occupational therapists. During part one of the program, children learn about topics such as personal space, body talk, reading non-verbal language, expected and unexpected social behaviors, problem solving, team work and thinking of others. They are given verbal, visual, auditory and tactile cues to help them understand social actions that they do not naturally know using a multi-sensory approach. Parent participation in weekly training sessions with a member of our social services staff, and carry over into the home environment, are vital to assist in goal achievement in this program. This is part one of a two part program. Part two will run January through May 2017.

Children Who Will Benefit

Children ages 8-12 years old who meet the following criteria:

- A desire and/or the motivation to make friends
- Ability to have a reciprocal conversation with an adult with minimal to moderate assistance.
- Articulation intelligible enough for others to understand most of the time.
- Attend and follow three to four step verbal directions.
- Ability to attend to a group activity with minimal "darting" (visual supports can be used).
- Spontaneous language (minimal echolalia).
- Receptive language at the five year old level or above.
- Some imaginative skills.
- Parent commitment to follow through and practice skills on a weekly basis.
- Parent training will be provided separately by a member of our social service staff, and parent or close caregiver participation in weekly meetings is mandatory for enrollment in this program.

Objectives

- The child will have an understanding of personal space and how it relates to interactions with others.
- The child will learn the importance of nonverbal language behaviors (i.e. body talk, facial expressions).

PALSS Club

Objectives Continued

- The child will learn techniques to facilitate age-appropriate conversations with others.
- The child will be introduced to the concepts of teamwork and good sportsmanship within age-appropriate peer activities.
 - The child will apply the concept of “emotional thinking” in order to facilitate the understanding of peer’s perspective on different situations and interactions.
- Children participating in the program will expand knowledge of strategies to facilitate conflict resolution with the peers and then practice these strategies within structured activities.

When & Where

Wednesdays, 5:00 - 6:00 pm at Villa Park Center

August 31 - December 14, 2016

Screening

All interested participants must attend a mandatory screening prior to program start date in order to determine appropriateness for participation and group dynamics. Once your registration form is received, you will be notified of the screening date and time.

Prescription

A physician’s prescription with your child’s current numeric diagnosis code for Occupational Therapy or Speech Therapy is required. We cannot allow participation without the appropriate, current prescription on file.

Cost

Therapy staff time is divided among children enrolled, each child receiving 30 - 60 minutes of OT or ST within the program. Separate parent training and instructions are provided by a member of our social services staff, and a parent fee of \$20 per family for each weekly session will be charged for this service. This fee is not billable to insurance and is paid weekly by the family. If you need a payment plan or fee assistance to help with any of the costs of this program, please contact Yolanda De Luna at 630.282.2028.

AAC Mentor Program



An opportunity to chat, practice, observe and obtain tips on using AAC with Sam Williams, an experienced user of AAC in a group and/or individual session.

Who Should Participate

This program is appropriate for individuals who use augmentative communication devices or communications apps (eg. Prologue2Go, TouchChat, SonoFlex, LAMPWordsForLife) and access using any method. Parent or caretakers are required to remain “close” during the sessions to support as needed.

Participants must have a minimum AAC competency to say a greeting and participate in three exchanges of a conversation at a time.

AAC Mentor Program

When & Where

The program runs for 6 weeks as either Individual Sessions on Tuesdays afternoons (scheduled directly with Sam after intake) or Group Sessions on Fridays at 5:00 p.m. during the following dates:

Session 1

September 12 - October 21

Session 2

November 1 - December 16 (No sessions the week of November 20 - 26)

Individual Sessions

Sam will meet with clients to address specific issues with their device, social rules and strategies of communication. Sam will develop and discuss strategies that will assist the client in more effectively using their device. The client, parent/guardian, and therapist will inform the mentor of the client's needs and appropriate goals. Sessions are one hour.

Group Sessions

Sam will facilitate social interaction between clients. This interaction will be mostly client driven, with guidance from the mentor. Sam will demonstrate correct social responses and initiations. Sessions will be one hour and are available at 5 p.m. on Fridays.

Cost

There is no fee for this program at this time. No prescription needed for this program.

Attendance, Refunds & Cancellation Policies

Registration Deadline is August 1, 2016

Please fax, mail or drop off at the Villa Park Center. All program dates, times and locations are subject to change. Prior to being placed on any program roster, outstanding account balances must be settled with the billing department.

Option 1

The cost of therapy in your program will be billed to insurance. To exercise this option, please complete the insurance information on the registration form, and include a copy of your insurance card with your prescription and registration.

Option 2

If you would like to inquire about a weekly payment plan or fee assistance please call Yolanda de Luna at 630.282.2028.

Cancellation/Refund Policy

If withdrawing prior to the start of the program we reserve the right to charge a \$35 processing fee.

Please Note

Check with your insurance company to see if your plan covers Physical Therapy, Occupational Therapy, Aquatic Therapy, or Speech Therapy. Payment is ultimately the responsibility of the legal guardian.

Attendance Policy

It is Easter Seals' policy that all children receiving services attend at least 75% of their appointments in order to remain on the therapy schedule. Also, failure to attend scheduled therapy sessions for two calendar weeks without notification will lead to discharge from the Center. These guidelines are in place for Community Based Therapy Programs as well. Please commit to regular attendance in order to get the maximum benefit from therapy.

Registration Form

Due: August 1, 2016

Please complete this form to register your child. Programs are filled in the order in which registrations are received (except when a screening visit is necessary) and might be filled prior to the registration deadline. Final deadline for registration forms and payment is August 1, 2016.

Participant's Name _____
Age _____ Birth Date _____
Address _____ City _____ State _____ Zip _____

Legal Guardian's Name _____
Phone _____ Alt Phone _____ Email (if you check it regularly) _____
Referring Physician's Name _____ Phone _____
Participant's Diagnosis _____ Numeric Diagnosis Code _____

Payment:

Please check program payment method:

Check Visa MC AMEX Discover Bill my insurance

Credit Card _____ Exp. Date _____

Insurance Company _____ Public Aid: Yes No

Insurance Policy Holder's Name _____ Insurance ID # _____

Early Intervention: Yes No

Early Intervention Coordinator Name _____ Phone # _____

If you have any special billing concerns, especially regarding coverage for a specific therapy service or out-of-network coverage, please contact the billing department at 630.282.2028 to discuss.

Release of Information:

I authorize Easter Seals DuPage and the Fox Valley Region to release records and exchange verbal information with:

(School/Therapist) of (Facility and Phone)

(Physician) of (Physician's Group or Town)

Parent/Guardian Signature _____

Individualized Goals: Please list two functional goals you would like your child to achieve by participating in this program:

1. _____

2. _____

Program:

Therapy Program Name, *Type of Therapy	Start Date	Time (indicate 1st & 2nd choice)
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* Please indicate your preference for type of therapy within this program. Based on appropriateness or availability, a different therapy might be recommended.

How did you hear about our programs? Check all that apply:

_____ Easter Seals Therapists

_____ School Therapist

_____ Physician

_____ Home Therapist

_____ Other Center Therapist

_____ Facebook

_____ Blast Email

_____ Website

_____ Other (Please Describe)

Registration Form

Due: August 1, 2016

Please return your registration form, payment or insurance card and prescription to:

Katie Genetz
Easter Seals DuPage & Fox Valley
830 South Addison, Villa Park, IL 60181
Phone 630.282.2026 Fax 630.620.1148 kgenetz@EasterSealsDFVR.org

Appropriate prescription with child's diagnosis/code is enclosed.
(See program page for exact prescription needed) Yes _____ No _____

Easter Seals has the appropriate current prescription with my child's diagnosis/code on file. (Prescriptions are valid for 1 year) Yes _____ No _____

Has your child ever been enrolled in individual therapy at Easter Seals? Yes _____ No _____
If Yes, Discipline/Therapist: _____

For Office Use Only:

Date Received: _____ Discipline: _____ Referral Needed: Y N

Physician Prescription Form

Due: August 1, 2016

CENTER LOCATIONS

Rosalie Dold Center
830 S. Addison Ave.
Villa Park, IL 60181
630.620.4433

Lee A. Daniels Center
1323 Bond St.
Naperville, IL 60563
630.357.9699

Jayne Shover Center
799 S. McLean Blvd.
Elgin, IL 60123
847.742.3264

SOCIAL MEDIA

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Prescription:

Child's Name: _____ Child's Date of Birth: _____
Physician's Name: _____
Physician's Address: _____
City/State/Zip: _____
Physician's Phone: _____
Physician's Fax: _____

Physician must complete the following prior to child's participation.

Prescribed Therapy

- Physical Therapy** **Occupational Therapy**
 Speech Therapy **Aquatic Therapy**

Child's Numeric Diagnosis Code: _____
Child's Diagnosis: _____

Please indicate the activity restrictions/precautions for this child:

Physician's Signature

Date*

* This prescription is good for one year from date of issue.

Please return completed form to:

Katie Genetz, Client Services
Easter Seals DuPage & Fox Valley
830 South Addison, Villa Park, IL 60181
Phone 630.282.2026 Fax 630.620.1148
kgenetz@eastersealsdfvr.org