

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. Life Time Fitness, Bloomingdale

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. Life Time Fitness, Warrenville

28141 Diehl Road, Warrenville, IL 60555

Physical Therapy available on Tuesdays and Thursdays from 2:15 - 5:45 pm.

3. Lifetime Fitness, Burr Ridge

601 Burr Ridge Pkwy, Burr Ridge, IL 60527

Physical Therapy available on Tuesdays and Thursdays from 2:30 - 6:00 pm. Occupational Therapy services available on Tuesdays from 2:30 - 6:00 pm.

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.

Evaluation

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

**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

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.



Attendance, Refunds & Cancellation Policies

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 Easterseals' policy that all children receiving services attend at least 85% 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

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.

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 Easterseals DuPage & Fox Valley 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 (PT,OT, ST) 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:

_____ Easterseals Therapists

_____ School Therapist

_____ Facebook

_____ Home Therapist

_____ Other Center

_____ Physician

_____ Blast Email

_____ Therapist

_____ Other (Please Describe)

_____ Website

Registration Form

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

Kim Sydello

Easterseals DuPage & Fox Valley

830 South Addison, Villa Park, IL 60181

Phone 630.261.6191 Fax 630.620.1148 ksydello@eastersealsdfvr.org.

Appropriate prescription with child's diagnosis/code is enclosed.

(See program page for exact prescription needed) Yes _____ No _____

Easterseals 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 Easterseals? Yes _____ No _____

If Yes, Discipline/Therapist: _____

For Office Use Only:

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

Physician Prescription Form

CENTER LOCATIONS

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

Lee A. Daniels Center
1316 Bond St., Suite 116
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:

Kim Sydello, Client Services
Easterseals DuPage & Fox Valley
830 South Addison, Villa Park, IL 60181
Phone 630.261.6191 Fax 630.620.1148
ksydello@eastersealsdfvr.org