

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 9:00 - 12:30 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.

2. Brookdale Plaza, Glen Ellyn

60 North Nicoll Avenue, Glen Ellyn, IL 60137

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

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

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 DFVR. The evaluation requirement may be waived for children currently receiving therapy at Easterseals DFVR 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.



Fun with Food



Fun with Food

Fun with food is based on a multidisciplinary, systematic approach to increasing your child's tolerance of and interaction with food in a social setting. Children will explore foods using all of their senses, including touch, smell, sight, and taste. We will interact with foods in a playful manner which is designed to increase a child's enjoyment of food. Each session will utilize sensory "warm up" games prior to heading to the kitchen for our snacks. We will explore foods according to a weekly theme that will make the exploration even more fun for the children. Parents are encouraged to continue with food exploration at home based on weekly recommendations following each session.

Children Who Will Benefit

Children between the ages of 5.5- 8 years, who demonstrate one or two of the following feeding concerns: restricted food choices, disinterest or refusal to participate in meals, stressful mealtimes for family, and difficulty with mealtime routines. Child must be able to separate from their caregiver to attend the program, be developmentally interested in watching peers, and be medically safe for oral feedings. A speech therapy or occupational therapy evaluation will determine if your child would benefit from participating in this program. If it is determined this program is not appropriate to meet your child's needs, alternative recommendations will be provided.

Fun with Food

Objectives

To improve:

- Positive experiences with feeding
- Mealtime routines
- Tolerance to foods and textures offered
- Variety of food intake

When & Where

- Session 1: December 4, 2018 to March 5, 2019 (No session on 12/25/18 and 1/1/19)

Tuesdays, 3:30 - 4:45 pm and 5:00- 6:15 at the Villa Park Center

- Session 2: March 19 to May 28, 2019

Tuesdays, 3:30 - 4:45 pm and 5:00- 6:15 at the Villa Park Center

Evaluation

All interested participants must schedule an evaluation prior to program start date in order to determine if the child will benefit from therapy in this format. When registration form is received, you will be called to schedule an evaluation.

*(Easterseals clients may have the evaluation waived if currently receiving OT or ST at our center.)

Prescription

A physician's prescription for speech 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

Children receive one-on-one attention from a Speech Language Pathologist or Occupational Therapist for 30—60 minutes each week. Speech Therapy or Occupational Therapy is billed to insurance. Additionally, there is a mandatory \$40 program fee to cover the cost of food and supplies. This program fee is due at the time of registration. If this fee is not received, your child's registration will not be finalized and he/she will not be able to participate in group. If you need a payment plan or fee assistance to assist with the costs of this program, please contact Yolanda de Luna at 630.282.2028.

Mighty Movers



Sensory Motor Program for Young Children

The Mighty Movers physical and occupational therapy 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

Tuesdays, 9:00 - 10:00 am and 10:00- 11:00 am 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 therapy 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

Attendance, Refunds & Cancellation Policies

Registration

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 as spots become available.

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 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

_____ Home Therapist

_____ Email

_____ School Therapist

_____ Other Provider Therapist/Medical

_____ Website

_____ Physician

_____ Facebook

_____ Other (Please Describe)

Registration Form

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

Adriana Hernandez
Easterseals DuPage & Fox Valley
830 S. Addison Ave., Villa Park, IL 60181
Phone 630.282.2043 Fax 630.620.1148 ahernandez@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: _____

If Yes, will your child continue to participate in this program, in addition to continuing individual therapy?
Yes _____ No, we will be replacing regular therapy with program _____

Please circle which discipline (Occupational Therapy: OT, Physical Therapy: PT, Speech Therapy: ST) is best suited to address the goals and needs of your child:

OT PT ST

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

- Web:
eastersealsdfvr.org
- Twitter:
[@eastersealsdfvr](https://twitter.com/eastersealsdfvr)
- Facebook:
facebook.com/eastersealsdfvr
- Blog:
eastersealsdfvr.wordpress.com
- Instagram:
instagram.com/eastersealsdfvr

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:

Adriana Hernandez, Client Services
Easterseals DuPage & Fox Valley
830 S. Addison Ave., Villa Park, IL 60181
Phone 630.282.2043 Fax 630.620.1148
ahernandez@eastersealsdfvr.org