

Winter 2017

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 winter 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. 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. Brookdale Plaza, Glen Ellyn

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. Life Time Fitness, Burr Ridge

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
- Provide opportunities for peer interaction and turn-taking.

Mighty Movers

When & Where

Choose the time that best meets your schedule:

Tuesdays, 9:00 - 10:00 am or 10:00 am - 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 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.

Constraint Induced Movement Therapy



For Children with One-Sided Involvement

The goal of Constraint Therapy is to develop new neural pathways through repetitive use of the affected limb. During this program, children will wear constraint casts on their uninvolved hands, which will allow the uninvolved extremity to be used for stabilization, but not for refined hand use. This will promote increased use of the involved extremity for reaching, grasping, and manipulation. Adjuncts to help promote alignment, such as splints or kinesiotape, will also be used to support use of the involved extremity. Occupational Therapists and Physical Therapists work together to address the whole body for optimal results in use of the affected limb.

This is a customized constraint induced movement intensive session, where each child works one-on-one with a therapist the whole time. A home program will be given to the family to use on non-therapy days to reinforce use of the involved extremity.

Children Who Will Benefit

Children with unilateral upper extremity impairment who are two to seven years old and meet the following criteria:

- Some ability to grasp/release objects with involved hand
- Passive wrist extension to at least 20 degrees
- Passive forearm supination to at least neutral
- Able to follow simple directions
- Play skills generally within age expectations.

Constraint Induced Movement Therapy

Children Who Will Benefit Continued

- Family willing to carry over home program with use of constraint cast
- Medically stable condition (i.e. seizures are controlled, etc.)

Objectives

- Increase awareness and spontaneous use of involved extremity.
- Increase spontaneous use of the involved extremity for bilateral activities
- Improve alignment of the trunk and involved extremity
- Increase strength of the involved extremity
- Improve postural control and strength in the trunk to support bimanual tasks
- Increase independence with functional tasks

When & Where

Child attends three days per week for four weeks and receives 90 minutes of PT as well as 90 minutes of OT each day. Parent is an active participant in each session. The following sessions are offered:

Session 1:

Mondays, Tuesdays and Thursdays, 9:00-11:45 am at Villa Park Center
January 11- February 4, 2017

Session 2:

February 8- March 3, 2017

Session 3:

March 7- March 31, 2017

On the registration form, please indicate which session you are able to attend.

Constraint Induced Movement Therapy

Screening

Easter Seal DFVR clients will complete a pre-screening by their current therapist prior to participation in the program. Out of Center clients and those who do not have an appropriately fitting cast must have an OT/PT evaluation and cast fabrication session prior to the program. This will be billed as an OT and PT evaluation plus 30 minutes of cast application and the cost of a CIMT cast (\$20 - \$30).

Prescription

A physician's prescription for occupational therapy and physical therapy 3 times per week for 4 weeks with your child's current numeric diagnosis code is required. We cannot allow participation without the appropriate, current prescription on file.

Cost

OT and PT are billed to insurance at 90 minutes each per visit. To inquire about your insurance benefits, a weekly payment plan or fee assistance, please call Yolanda de Luna at 630.282.2028. Families will also be required to have a constraint cast fabricated which costs between \$20 - \$30.



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 5-10 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

Tuesdays, 5:00 – 6:15 p.m. at Villa Park Center
January 10- March 21, 2017

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.

*(Easter Seals 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. 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.

Hustle for Your Health

PT/OT Program to develop running/chair propulsion skills



Physical fitness is important for everyone, including children and adolescents with developmental disabilities. Running, a weight bearing aerobic activity, promotes cardiovascular and respiratory endurance, bone health, lower extremity strength and endurance, symmetry of movement in both upper and lower extremities, and emotional regulation. Wheelchair racing promotes cardiovascular and respiratory endurance, upper extremity strength and endurance, and upper body symmetry. These are all areas that children with special needs can improve on. The format of this 10 week program will include a dynamic warm-up, outdoor aerobic activity in the form of running and walking or wheelchair propulsion, basic strengthening exercises, and stretching to cool-down. At the end of the program, participants will be prepared to complete a 5k distance and are encouraged to participate in a local race, or in the Easter Seals Run for the Kids 5k on May 6, 2017!

Children Who Will Benefit

Children who are 9 years and older who are already able to run or propel their chair, but need work on endurance, strength, or form in order to go longer distances, will benefit from this program.

Hustle for Your Health

PT/OT Program to develop running/chair propulsion skills

Objectives

- Improve running/propulsion pattern to increase efficiency and decrease risk of injury.
- Increase endurance to complete a 5K distance.
- Develop running/chair propulsion as a skill for life-long physical fitness.
- Provide a transition for participation in community-based programs.
- Provide an opportunity for social engagement with peers.

Criteria for Participation

- At least 10 years of age
- Able to follow 2 step directions
- Able to stay with a group of people in an open outdoor environment, including while crossing the street
 - Already able to jog (or jog alternating with walk) or propel their wheelchair for at least 10 minutes without stopping
 - If ambulatory, already has a true running pattern with 2-foot swing phase (ask your treating PT or OT if you are unsure)
 - Postural alignment suitable for repetitive movement and impact of running without placing child at risk for musculoskeletal injury (check with your PT or physician)
 - Family commitment to do prescribed running /propulsion activities at least twice per week at home

Therapy Teams

Therapy will be provided by members of our PT/OT team who have running knowledge and coaching experience. Therapy aides and/or volunteers will assist in order to maximize progress for each child and maintain safety when practicing outdoors.

When and Where

Thursdays, 4:30 - 6:00 pm, February 23-May 4, 2017 at Villa Park Center

Prescription

A specific prescription form will be faxed to your physician and must be completed and sent back prior to participating.

Cost

Each child participates for 90 minutes and receives one-on-one attention from the therapy staff for at least 30-60 minutes per week. 30-60 minutes of individual PT or OT is billed to insurance. To inquire about a weekly payment plan or fee assistance, please call Yolanda De Luna at 630.282.2028.

Feelings, Friendship & Fun



Program to Foster Social and Emotional Development

This is an opportunity for children to engage in fun activities while focusing on social and emotional development. Led by a speech-language pathologist and a social worker, this program has an emphasis on identification of feelings and teaching vocabulary to label these emotions. Children will also learn beginning strategies to help them handle their emotions in order to successfully interact in an activity with peers. The program provides children with strategies to initiate friendships with peers and opportunities to practice these skills weekly.

Children Who Will Benefit

Children, age four to six, who meet the following criteria:

- Have a desire/motivation to make friends.
- Are able to maintain a one-on-one conversation with an adult and do not rely on scripted language and are able to sit and attend to a group activity including story time (sensory and visual supports can be used).
- Are able to follow simple directions with minimal assistance.
- Have spontaneous verbalizations.
- Have a beginning awareness of emotions/feelings.

Feelings, Friendship & Fun

Objectives

- Recognize and label emotions.
- Identify situations when feelings are typically observed.
- Learn how to recognize feelings in others.
- Learn strategies for dealing with emotions in order to continue in a group activity.
- Learn strategies to initiate friendships with peers and respond to peer requests.
- Practice skills in a group setting.

When and Where

Thursdays, 1:00 - 2:00 pm at Villa Park Center
January 12 - March 30, 2017

Screening

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

Prescription

A physician's prescription for speech 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 for 30-60 minutes each week. Speech therapy is billed to insurance. Additionally there is a fee of \$20 per weekly session for social work services provided during the program. This social work fee is not billed to insurance. If you need a payment plan or fee assistance to assist with any of the costs of this program, please contact Yolanda De Luna at 630.282.2028.

The B.E.E.S.S. Club



The B.E.E.S.S. Club

Bringing Emotions and Excitement to Social Skills (B.E.E.S.S.) Club promotes social skill development while expanding relationships with peers. This program provides an opportunity for children to engage in fun activities while focusing on social and emotional development. Social and emotional development is a key component of establishing/maintaining friendships and academic success. This program is led by Speech and Language Pathologists who emphasize learning how to engage and participate in play with peers.

Children will learn basic strategies to help them handle their basic emotions in order to successfully interact in an activity with peers. Children will develop many skills through participation, including: self-confidence (ability to make friends and get along with others), body language, vocabulary choices, problem solving strategies to manage emotions, and ways to join into a group of peers with success. The program provides children with strategies to initiate and maintain friendships with peers and opportunities to practice these skills during the weekly sessions. Increasing emotional literacy skills enhances healthy relationships throughout life. Parent participation in weekly meetings is vital to assist in goal achievement in this program.

Children Who Will Benefit

Children ages 5-8 years old who meet the following criteria:

- A desire and/or the motivation to make friends.
- Are able to maintain a one-on-one conversation with adults and peers and do not rely on scripted language.
- Are able to sit and attend to a group activity including a structured lesson, a story, and a review.
- Are able to follow directions within a group setting.
- Have an understanding of a variety of basic emotions on themselves and others.

Parent training will be provided separately by a member of our social service staff, and parent participation in weekly meetings is mandatory for enrollment in this program.

The B.E.E.S.S. Club

Objectives

- Recognize emotions, body language, and appropriate personal space.
- Learn how word choices communicate feelings and respect.
- Learn problem solving strategies when faced with an obstacle.
- Learn strategies to initiate friendships with peers.
- Learn strategies to advance from parallel play to cooperative play with peers.
- Practice these skills with peers.

When & Where

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

January 10 - April 11, 2017

*Program might end sooner at discretion of therapists if children's goals have been met.

Screening

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

Prescription Required

A physician's prescription for speech 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 speech therapy is billed to insurance as needed. There is a parent fee of \$20 per weekly session for separate training provided by a member of our social services staff to parents. This fee is not billable to insurance and is paid weekly by the family. To inquire about a weekly payment plan or fee assistance please call Yolanda De Luna at 630.282.2028.

Attendance, Refunds & Cancellation Policies

Registration Deadline is December 16, 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: December 16, 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 is December 16, 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: December 16, 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: December 16, 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