

# Summer 2019

## Community Therapy Programs



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, but they can also help your child to succeed in his or her therapy goals. Turn the page to check out our summer program guide!

[eastersealsdfvr.org](http://eastersealsdfvr.org)

830 S. Addison Ave., Villa Park, IL 60181 t: 630.620.4433  
1316 Bond St., Suite 116, Naperville, IL 60563 t: 630.357.9699  
799 S. McLean Blvd., Suite 103, Elgin, IL 60123 t: 630.742.3264

# 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 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 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.



# Build Your Body, Build Your Brain (TAAP)

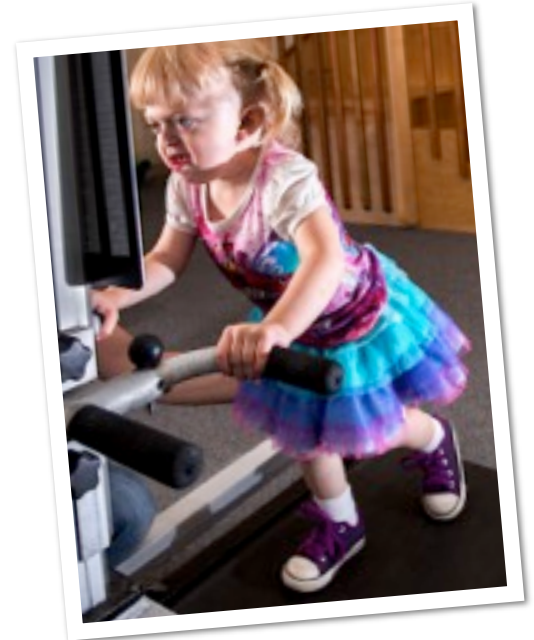
## Build Your Body, Build Your Brain

...by participating in our newest PT/OT program utilizing treadmill training based on the TAAP protocol, combined with a motor skills group! In the same way that exercise shapes the muscles, heart, lungs and bones, it also strengthens key areas of the brain involved in attention, memory, and learning. We know aerobic exercise fuels the brain with oxygen. Evidence from imaging sources, anatomical studies, and clinical data also shows that moderate exercise enhances cognitive processing, increases the number of brain cells, and as a bonus, can reduce childhood obesity. Adding a skill or complex activity strengthens and expands the brain's networks. The more complex the movements, the more complex the synaptic connections!

- This program will employ treadmill training (aerobic exercise) using novel movement sequences to target improving postural strength and visual-motor skills for carryover to improving self-organization, attention, coordination, and gait. TAAP protocols on the treadmill will be followed by complex motor skill activities. These activities are intended to address a variety of movement and bilateral coordination skills, all while having fun.
- This PT/OT program will meet for one hour, twice per week, for 9 weeks.

## Children Who Will Benefit

Ambulatory children aged two and up who present with difficulties in attention, visual motor coordination, bilateral coordination, and/or gait fluidity can all benefit from this program. Children should enjoy working in an environment with other children participating alongside of them and must be able to separate from caregiver.



# Build Your Body, Build Your Brain (TAAP)

## Objectives

- Improve gait pattern of early walking children OR improve efficiency and fluidity of gait pattern in older children
- Improve visual motor coordination for improved participation in school and/or recreational class settings
- Improve bilateral coordination skills
- Improve general fitness, endurance and strength
- Provide opportunities for social interaction, turn-taking and fun

## When & Where

Session A: Tuesday/Thursday 10:00 -11:00 a.m.

Session B: Tuesday 1:30 - 2:30 p.m. and Thursday 1:45 - 2:45 p.m.

June 11-August 8, 2019 at Villa Park center

Please indicate your session preference on the registration form.

## Prescription

A physician's prescription for occupational or physical 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 children present; typically 30 - 60 minutes of physical or occupational therapy is billed to insurance as needed. 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 work to address the whole body for optimal results in use of the affected limb. 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 4-6 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.
- Family willing to carry over home program with use of constraint cast
- Medically stable condition (i.e. seizures are controlled, etc.)

# Constraint Induced Movement Therapy

## 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
- Improve bimanual skills for functional tasks

## When & Where

All children attend for three days per week for four weeks. Parents participate in the last 15 minutes each session. The first three weeks will utilize constraint-induced movement therapy. The last week will focus on bimanual training.

Mondays, Tuesdays and Thursdays, 10:15 am - 12:00 p.m. at Villa Park Center  
July 8 - August 1, 2019

Occupational Therapy will be provided in these sessions, for children 4-6 years of age.

If your child falls out of this age range and would benefit from a customized constraint intensive program, please contact Adriana Hernandez at 630-261-6191 or [ahernandez@eastersealsdvr.org](mailto:ahernandez@eastersealsdvr.org)



# Constraint Induced Movement Therapy

## Screening

Easterseals DuPage & Fox Valley 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 evaluation and cast fabrication session prior to the program. This will be billed as an OT evaluation plus 30 minutes of cast application and the cost of a CIMT cast (\$20- \$30).

## Prescription

A physician's prescription for occupational 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

Therapy charges are based upon the amount of time that each child receives one-to-one attention from therapy staff and is estimated at 60-90 minutes of occupational therapy per visit, billed to insurance. To inquire about 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.



# Customized Intensive Therapy

For children who need a short-term increase in therapy in order to meet a functional goal, Easterseals DuPage & Fox Valley offers customized intensive therapy sessions at our Easterseals Villa Park facility. Our intensive therapy format is designed to provide exactly what each child needs to meet one pre-determined functional goal that is medically-necessary at this point in their rehabilitation.

## Children Who Will Benefit

A child with a disability might benefit from an intensive therapy “boost” at different times during the rehabilitation process. If your child has reached a plateau in progress, and it is felt by the therapy team that a functional goal could be reached with more strengthening of particular muscle groups or movement patterns, that is a good time for intensive therapy. Many children schedule an intensive therapy bout when they are on the verge of a new skill and need strengthening and repetitive practice to attain the skill. An intensive therapy session can help the child and team of caregivers focus on one particular goal that the child is motivated to attain. Intensives can also help with post-operative strengthening and learning new motor patterns within one year of orthopedic surgery.

In our experience, criteria that result in the most progress made in an intensive therapy program include:

- Ability to commit to full attendance for 2-hour therapy sessions, 3 times per week for 5 weeks
- Physical and emotional endurance to work through 2 consecutive hours of therapy
- Cognitive ability to make choices for preferred activities and follow basic directions
- Motivation to move and play
- Children with moderate level of involvement (GMFCS levels 2, 3, and 4) make the most progress with children in the milder and more severe categories making less progress overall

## Locations

Customized Therapy Intensives are scheduled at our Villa Park site

## Scheduling an Intensive Therapy Session

Please contact Mary Beth Scholtes at 630.261.6287 or [mscholtes@eastersealsdvr.org](mailto:mscholtes@eastersealsdvr.org) for an Intensive Therapy Intake form. Easterseals clients should discuss the possibility of a customized therapy intensive with their current therapy team to determine if the child would benefit at this time and to set a functional, medically-necessary goal. Out-of-center clients will need to schedule an evaluation to determine if an intensive session would be appropriate and to set a goal for the session. Due to limited availability, candidates will be scheduled for therapy intensives based on best clinical match and appropriateness of goals.

# 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

June 11 - August 13, 2019

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

\*Please include your time preference (3:30 or 5:00) at registration

## 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 \$40 program fee to cover the cost of food and supplies. The 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. **If program is full, wait list order is determined by order of when registration form and \$40 supply fee is collected.**

\* Due to our growing wait list for this program, children that have participated in 2 consecutive FWF sessions, will be put on the wait list before starting a third. This will give more children the opportunity to participate. We appreciate your understanding, as some children have been on the wait list for 6 months,

# 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 Deadline is Tuesday May 2, 2019

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

Due: May 2, 2019

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 May 2, 2019.](#)

**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:

<input type="checkbox"/> Easterseals Therapists	<input type="checkbox"/> School Therapist	<input type="checkbox"/> Facebook
<input type="checkbox"/> Home Therapist	<input type="checkbox"/> Other Center	<input type="checkbox"/> Physician
<input type="checkbox"/> Blast Email	<input type="checkbox"/> Therapist	<input type="checkbox"/> Other (Please Describe)
	<input type="checkbox"/> Website	_____

# Registration Form

Due: May 2, 2019

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

**Adriana Hernandez**

**Easterseals DuPage & Fox Valley**

**830 South Addison, Villa Park, IL 60181**

**Phone 630-261-6191 Fax 630.620.1148 [ahernandez@eastersealsdfvr.org](mailto: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: \_\_\_\_\_**

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**For Office Use Only:**

**Date Received: \_\_\_\_\_ Discipline: \_\_\_\_\_ Referral Needed: Y N**

# Physician Prescription Form

Due: May 2, 2019

## 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
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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:

Adriana Hernandez, Client Services  
Easterseals DuPage & Fox Valley  
830 South Addison, Villa Park, IL 60181  
Phone 630.261.6191 Fax 630.620.1148  
[ahernandez@eastersealsdfvr.org](mailto:ahernandez@eastersealsdfvr.org)