



New Patient Welcome Packet

About Alabama Pediatric Therapy Services:

We are a habilitative pediatric therapy clinic that provides occupational, speech, and physical therapy to children ages birth through 18. We are known for our ability to work with clients who have a variety of conditions. All of our therapists have extensive experience working with children to help them reach their individualized goals.

Mission Statement:

At Alabama Pediatric Therapy Services, LLC, our goal is to improve the quality of everyday life for young patients with developmental delays and special needs. We are a pediatric therapy practice serving infants, children, teens, and young adults aged birth to 18. We are committed to your whole family as we aim to make a positive difference in your child's life. By focusing on your child as an individual, succeeding at whatever life skills are meaningful to them, your child can discover their extraordinary possibilities. EMBRACING UNIQUENESS, INSPIRING GROWTH!

Oneonta Clinic:

315 6th Street South
Oneonta, AL 35121
Phone: 205-274-2244
Fax: 205-274-2245

Rainbow City Clinic:

3803 Rainbow Drive
Rainbow City, AL 35906
Phone: 256-459-5051
Fax: 256-459-5138

Office Manager: Addi Chacon
Email: addi@alpediatrictherapy.com

Office Manager: Amber Sharpe
Email: amber@alpediatrictherapy.com

Lead Therapist: Cade Cooper, COTA/L
Email: cade@alpediatrictherapy.com

Lead Therapist: Lacey Shaw, BS, COTA/L
Email: lacey@alpediatrictherapy.com

Director of Operations: Amy West
Email: amy@alpediatrictherapy.com

Practice Manager: Mary Norton
Email: mnorton@alpediatrictherapy.com

Dyslexia Intervention: Kim Haynes
Email: kim@alpediatrictherapy.com

Owner: Katie Neal, MS, OTR/L
Email: kneal@alpediatrictherapy.com

Services Provided

Speech Therapy
Occupational Therapy
Physical Therapy
Dyslexia Intervention/Consultation

IEP Consult
School-Based Contracts
Screenings
Independent Evaluation

Speech Therapy

Communication, both verbal and non-verbal, is a vital part of our everyday life. Speech therapy is a fun learning experience that helps children develop skills to become confident and successful communicators. Speech Therapists can help:

- Improve receptive and expressive language skills
- Promote socialization
- Facilitate play skills
- Improve production of sounds
- Improve oral motor strength for speech, eating, and swallowing
- Provide home programs for improving speech, language, feeding, and swallowing
- Promote independence with communication
- Support and train for augmentative communication devices to increase communication
- Promote appropriate expression of feelings such as frustration, fear, happiness, and anger
- And more!

Common Speech Terms

- **Articulation:** your child's ability to produce speech sounds and his/her overall speech intelligibility. Articulation may be examined through the administration of a formal test and/or conversational context.
- **Language:** your child's expressive and receptive skills will be assessed through the use of formal testing and through direct interactions with your child during testing. Areas of language assessed include receptive and expressive vocabularies, ability to understand and answer questions, following directions, and use of grammar and syntax.
- **Oral Motor:** an examination of your child's speech mechanism will be conducted to assess the adequacy of structure and function for speech production.
- **Hearing Screening:** if your child has not had a recent hearing screening, your evaluating therapist may decide to screen your child's hearing during the evaluation using a portable pure tone audiometer.
- **Voice and Fluency**– Unless there are specific concerns related to voice and fluency (stuttering), these areas are most likely to be informally assessed in the evaluation context.

- **Social/Pragmatic Language Skills**– through conversational interactions with your child, the therapist will assess your child's conversational skills including topic initiation, turn-taking, topic maintenance, greeting/parting behavior, etc.
 - **Play Skills** – for younger children, the clinician may assess a child's play skills through engaging them in play interactions. Play often reveals additional information about your child's cognitive, linguistic, and social functioning that may not be readily observed through the use of a standardized assessment tool.
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Occupational Therapy

Occupational therapy practitioners work with children, youth, and their families to promote active participation in activities or occupations that are meaningful to them. Occupation refers to activities that may support the health, well-being, and development of an individual (AOTA, 2008).

For children and youth, occupations are activities that enable them to learn and develop life skills (e.g., school activities), be creative and/or derive enjoyment (e.g., play), and thrive (e.g., self-care and care for others) as both a means and an end. Occupational therapy practitioners work with children of all ages (birth through young adulthood) and abilities. Recommended interventions are based on a thorough understanding of typical development and the impact of disability, illness, and impairment on the individual child's development, play, learning, and overall occupational performance.

Occupational therapy practitioners provide services by collaborating with other professionals to identify and meet the needs of children experiencing delays or challenges in development; identifying and modifying or overcoming barriers that interfere with, restrict, or inhibit a child's functional performance; teaching and modeling skills and strategies to children and their families to extend therapeutic intervention; and adapting activities, materials, and environmental conditions so children can participate under different conditions and in various environments.

Developmental Needs: The primary occupations of young children are playing and interacting with caregivers. Occupational therapists evaluate children's development and provide intervention to improve skills and/or modify environments when concerns arise about a child's functional performance. Some examples are:

- facilitating movement to help a child sit independently or crawl
- helping a child learn to follow 2- or 3-step instructions
- helping a child develop the ability to dress independently
- helping a child learn to cope with disappointment or failure
- reducing extraneous environmental noise for a child who is easily distracted
- building skills for sharing, taking turns, and playing with peers
- helping a child develop the ability to use toys and materials

Occupational Therapy can help with the following :

- Sensory Processing
 - Fine Motor Development Delays
 - Handwriting problems
 - Self-care Training
 - Assistive Technology consulting and training
 - Motor Planning
 - Feeding Difficulties
 - Environmental Adaptations/Adaptive Equipment
 - Play and Socialization
 - And More
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Physical Therapy

Pediatric physical therapists (PTs) work with children and their families to assist each child in reaching their maximum potential to function independently and to promote active participation in home, school, and community environments. Physical therapists use their expertise in movement and apply clinical reasoning through the process of examination, evaluation, diagnosis, and intervention. As primary health care providers, PTs also promote health and wellness as they implement a wide variety of supports for children from infancy through adolescence in collaboration with their families and other medical, educational, developmental, and rehabilitation specialists. Pediatric physical therapy promotes independence, increases participation, facilitates motor development and function, improves strength and endurance, enhances learning opportunities, and eases challenges with daily caregiving.

Common Diagnoses

- Developmental Delay
- Developmental Coordination Disorder
- Down Syndrome
- Orthopedic Injuries or Surgeries
- Genetic Conditions
- Cerebral Palsy
- Congenital Birth Defects
- Torticollis
- Muscular Dystrophy
- Juvenile Rheumatoid Arthritis

Physical Therapy can address:

- Low or Increased Muscle Tone
- Delayed gross motor milestones
- Flat feet
- Clumsy children
- Children who limit themselves on the playground/scared to trial new gross motor tasks
- Tight hamstrings
- Children who have difficulty with advanced gross motor tasks

Frequently Asked Questions

WHAT IS A CO-TREATMENT? Many parents new to pediatric therapy are unfamiliar with the term “co-treat.” Short for co-treatment, this refers to two different therapy disciplines working with one child at the same time. For example, your child may receive treatment from their occupational and speech therapist, or their occupational and physical therapist, within one session.

Generally, the more time spent in therapy the better. While we prefer separate sessions for separate disciplines, and co-treating is not always appropriate to meet your child’s needs, there are many benefits to co-treats to be considered. For example, during a co-treat:

- Occupational therapists can assist in meeting sensory needs, allowing your child to better attend to communication/articulation or gross motor tasks.
- Language can be targeted in more functional and varied settings and activities. Many children are more verbal when movement is implemented into therapy sessions.
- Children are often more engaged when movement activities are paired with speech and language activities.
- Therapists receive increased support for children with multiple needs (positioning or behavioral needs).
- Physical and occupational therapists address core stability which ultimately affects distal and oral motor mobility.
- As motor planning improves with gross and fine motor skills, improvement in the oral motor structure is typically observed.
- Behavior management can be addressed while also working toward functional goals when more than one therapist is present.
- Parents can be more easily informed and educated as the session progresses when two therapists are available.
- Our philosophy is the whole child-focused, and when multiple therapists are working with a child they are able to address different systems and needs at the same time.
- Less time spent at the clinic while still receiving all services.
- Different disciplines have different approaches or training, and when therapists problem-solve together, they are able to determine more effective and efficient approaches for the child.
- All of these statements support the overall theme that different disciplines complement each other. So if the term is mentioned, you now will be able to make a more educated decision about whether co-treating may work well for your child

WILL MY CHILD GROW OUT OF IT? You may be wondering if therapy is really necessary, or if your child will grow out of the issues that concern you. The answer is "we don't know." While some children with delays develop appropriate developmental skills with little to no intervention, others fall further and further behind if they don't receive therapy. Some medical professionals may tell you that the child will outgrow their symptoms. The truth is, there's really no way to know. If you have concerns, the best option is to consult with a licensed speech-language pathologist who has training and experience with the suspected issues. Our practitioners can complete an evaluation to determine if therapy is necessary.

HOW LONG WILL THERAPY LAST? Length of treatment varies based on the child's needs, family involvement, and consistency in doing homework. Some children with mild delays may finish therapy in a few months, where a child with significant needs may be in therapy for years. Developmental delays take time to treat. Expect at least a few months of therapy, but know this will vary greatly depending on the above-mentioned factors.

WHAT IS MY ROLE IN THERAPY AS MY CHILD'S PARENT/CAREGIVER? As a parent or caregiver, you play an integral role in your child's therapy! We typically see our clients once or twice a week, so continuing therapy activities at home play a huge role in your child's progress. We train the parent/caregiver in how to do exercises or recommended activities and send homework after each therapy session.

CAN I SIT IN ON THE THERAPY SESSION? In most cases, yes! Having parents in the room can be very beneficial for carryover at home. Depending on the child and the type of therapy, having a parent in the room can be distracting and may hinder participation and progress. In those cases, we may ask that the child transition independently to the treatment room to ensure the child's time in therapy is used wisely. We often ask parents to come back into the room before the end of the session for training purposes and to answer any questions. If a parent wants to attend therapy with the child, we always try to make that happen. If it becomes an issue, you and your therapist will discuss other options to make sure therapy time is the most beneficial for your child. No matter what, we want you to feel comfortable with your therapist and trust her to treat your child with respect and care.

CAN I REQUEST A SPECIFIC THERAPIST? We make every effort to assign a requested therapist to a child. There are times when that is not possible due to scheduling constraints or specific needs of the child. We assure you that your child will be seen by a highly qualified therapist.

HOW CAN I GET ACCESS TO THE CHILD'S RECORDS? You can access your child's records through the Patient Portal. Please provide us with a working email address and we will send you an email to get your account set up. Through the Patient Portal, we can dispatch patient records, you can view upcoming appointments, and review our policies located at the end of the patient intake forms.

Helpful Resources

AOTA: www.aota.org

ALOTA: www.alota.org

APTA: www.apta.org

ALPTA: www.ptalabama.org

ASHA: www.asha.org

AL SHAA: www.alabamashaa.com

Developmental Milestones: www.CDC.gov

Day 2 Day Parenting: www.day2dayparenting.com

Make the First Five Count:

www.easterseals.com/mtffc/

Feeding Matters: www.feedingmatters.org

Sensory Processing Disorder Foundation:

www.spdfoundation.net

Autism Navigator: www.autismnavigator.com

KultureCity: www.kulturecity.org

211 United Way: www.211.org