

EPICENTER NEWS

OCTOBER/NOVEMBER 2008



WE HAVE ADDED TO OUR THERAPY TEAM!



Kimberlee received her Bachelor's degree from the University of Colorado and her Master's from Columbia University. She has been practicing for the last eleven years in New Jersey and New York in hospital, school, and private settings. She is a Pediatric Certified Specialist whose specific interests are manual therapy, particularly of the spine, respiratory retraining, orthopedic rehabilitation, and serial casting. She has experience with children with wide and varied issues including neurological, orthopedic, and developmental delay problems and early intervention.

Kimberlee Raynovich, MSPT, PCS

GUIDELINES FOR DETERMINING FREQUENCY OF THERAPY

The focus of therapy is to equip children and their families with the knowledge and skills needed to manage daily challenges after therapy has ended. The goal of therapy is to help each child develop the skills necessary for the job of living. Therapy programs are designed with clearly identified short and long term functional goals. Progress towards these goals is assessed continuously and the determination is made at least every six months about whether therapy is still necessary. Studies have shown that children achieve targeted goals, acquire functional skills and show accelerated rates of developmental progress when parents and professionals work together. We believe parents and caregivers are the key to a child's success in therapy.

There are four frequencies of therapy: Intensive, Weekly/Bimonthly, Periodic, and Consultative

Intensive: Three to Eleven visits each week for children who

Have immediate and complex needs

Are moving quickly towards goals

Are at risk for losing function due to a current medical condition

Need frequent visits for a limited length of time

Require intense family education due to rapid clinical progress.

GOODBYE Farewell and best wishes to our Physical Therapist, Claire Adam, who has moved with her husband to Moscow, Idaho. We'll miss you, and GOOD LUCK ! :)

FREQUENCY OF THERAPY CONTINUED

Weekly/Bimonthly: One to two times each week or every other week for children who:
Are making continuous progress toward their goals.
Need to see a skilled therapist for regular visits in order to accomplish established goals.

Parents learn to safely perform home exercises and activities with their child. A routine home program is being established and followed through with on a regular basis.

Periodic: Monthly or at regularly scheduled intervals. This frequency is for children who:
Show slower progress toward their goals
Have caregivers who are able to safely carry out a routine home program.
Need periodic sessions with a therapist to check on function, to provide treatment, and to update the home program.

Consultative: Visits as necessary, This frequency is for children who have been discharged from therapy and need to consult with a therapist. These services may be needed when:

A child improves or regresses.
Medical interventions that occur in stages are planned.
A child is ready to perform a new task as a result of changes in age, developmental stage, life cycle, physical environment, or social environment.
New assistive technology is available.

When appropriate, re-enrollment in therapy for a defined period of time may be recommended.

Changing Frequencies and Ending Therapy

Transitioning from one frequency of therapy to another is to be expected. Transition occurs when your child moves from one life stage to another, from one functional level to another, or from one environment to another (such as going from hospital to home or from preschool to school)

Discharge occurs when:
Expected goals and results have been reached.
The family chooses not to continue therapy.
When therapy services no longer produce a functional and measurable outcome.

How long will therapy last?

Many issues are considered as a therapist creates a plan of care for your child:
Your child's ability to benefit and participate in therapy.
Your ability as a parent to participate in therapy sessions and follow through with activities in the home and community.
Available resources (time commitment, availability, transportation and financial resources).

HEALTHY MONTANA KIDS

On October 1, 2009, changes are being made in Montana Medicaid and Montana Children's Health Plan (CHIP) as a result of Initiative I-155, The Healthy Montana Kids Plan Act. The HMK Plan offers health care coverage to eligible Montana children in two coverage groups. Depending on family income, children will be in the **HMK** group, which was CHIP, or the **HMK Plus** group, which was children's Medicaid. Under the new guidelines, a family of four could earn up to \$55,125 a year and their children would qualify for the HMK Plan. Coverage guidelines for HMK Plus have also changed, so some children who have been CHIP will now become HMK Plus. Anyone already enrolled in either of these plans will be receiving new ID cards. Please present them to your medical providers for updated information.

Child Development Center Infant Screening Clinics

Child Development Center in Missoula provides services to families whose children are considered to be "at risk" for delays in development or have a diagnosed developmental disability. CDC is a private non-profit organization serving children and families based on need and disability. They provide services in seven counties throughout western Montana and contracts with the state's Developmental Disabilities Program for funding.

CDC offers a free infant evaluation screening clinic held at Epicenter Therapy Services for children in southwest Montana monthly throughout the year. The area covered is from Butte, Helena, Livingston, Bozeman, and Dillon and all communities in between.

If you have or know of an infant up to age 3 who would benefit from a free screening, Please contact your physician and ask about this or call CDC at 1-800-914-4779. For more information, visit their website, www.childdevcenter.org.

OUR GOAL IS TO PROVIDE THE BEST FOR THE
CHILDREN WHO NEED THE MOST