

Washington Elks Therapy Program for Children, Inc

SERVICES OFFERED

HISTORY

The Washington Elks Therapy Program was conceived in 1954 as an outgrowth of the Bucks Program. (The purpose of the Bucks Program is to raise money for Children's Hospital & Regional Medical Center.) In 1954, there were many children who returned home from the hospital without the much-needed therapy to restore meaningful function to their lives. Washington Elks Therapy Program was started to fill this need. Its purpose was to provide home-based occupational and physical therapy to children in need of therapy. Most of the children seen in the early days were diagnosed with Cerebral Palsy. The Program was started with one mobile unit in the greater Yakima area. Today the Program has mobile units covering the entire state of Washington.

Besides growing in size, the Program has changed in other ways. With the growth of services to disabled children, especially in the 70's, the role of Washington Elks Therapy Program has shifted to focus on the children who do not have access to services due to lack of transportation, inability to pay, or the child's fragile condition requiring that services be provided in the home. The Program has always served children birth to 21. Most of the children in our Program today are under 6 years but we do have some school age children and teens. Our health care and medical abilities are allowing more children than ever before to survive traumatic births and other childhood diseases and accidents. Now, over 50 years from its beginning, the Washington Elks Therapy Program continues to be a vital and highly respected therapy service in Washington. Currently we are serving infants and children with a variety of challenges including: physical impairments, neurological impairments, sensory dysfunction, genetic disorders, drug/alcohol exposure, trauma and other chronic health conditions like cancer, heart defects, and respiratory conditions.

THE REFERRAL PROCESS

Children in need of Occupational or Physical therapy can be referred to the Program by anyone familiar with the child's need. The referral is called in to the State Office or to the local Occupational or Physical Therapy unit in which the child resides. The therapist then contacts the family to determine the child's needs. Selection is made by the therapist based on the therapist's present caseload and need of the child as stated in our mission statement. The statement reads -"Often the families are referred to other resources present in their community of which the family was unaware. If the child is accepted, a doctor's prescription for OT or PT is required before service can start".

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Ninety-nine percent of the caseload is seen in the home with the parent/guardian present. A few children are seen at an alternate site like a day care center. Our therapists do consult with other programs involved with the child, but do not treat children at those sites.

INITIAL CONTACT WITH FAMILY

The therapists arrange a time for a home visit. At the home visit the therapist fills out a face sheet, gets parent/guardian signature for permission to treat the child, takes a history on the child and explains the program to the parent/guardian. A regular weekly home visit is then established, usually once a week. Parents are required to be present so they can carry over the treatment during the week.

SERVICES PROVIDED

The Washington Elks Therapy Program staff is either an Occupational or Physical Therapist licensed to practice by the State of Washington. All have at least a Bachelor's Degree in Occupational or Physical Therapy and some have Master's Degrees. As of 2007, entry level for Occupational or Physical Therapists requires a Master's Degree. Therapists provide two kinds of therapy services:

1. Direct Therapy - direct, evaluation, assessment, and hands on treatment of the child using standard OT or PT treatment techniques.
2. Indirect Therapy - includes activities to coordinate the direct treatment program with others involved with the child, fabricating adaptive equipment, making splints, attending medical examinations with the child when the presence of the therapist would be helpful to the overall treatment plan.

LENGTH OF SERVICE

Children are seen until the therapy goals have been met and/or the child's needs can best be met in another program. Much time and effort on the part of the therapist is necessary to make this process a smooth transition for the child and the family.

ADMINISTRATIVE RESPONSIBILITIES OF THE THERAPIST

All units are required to submit a monthly report of their activities and an expense account which are reviewed by the supervising therapist and Program Manager. The therapists are required to attend a Fall and Spring conference each year to participate in staff

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meetings and continuing education.

CLINICAL RESPONSIBILITIES

Therapists are required to document each visit in the chart, to prepare an initial evaluation, a progress note every 6 months, and a discharge summary upon discharge of the child.

Trustees are encouraged to get to know the therapist in their region and to ride with them to see first-hand what they do. These rides can be arranged directly with the therapist on a mutually acceptable day. In general, visits to the program are kept to a minimum so as to minimize treatment disruption.

A few units offer group therapy sessions with a specific focus, like swimming, activities of daily living, or feeding.

GLOSSARY OF THERAPY TERMS - SOME TERMS YOU MAY HEAR

1. OT - Occupational Therapy
2. PT - Physical Therapy
3. SI - Sensory Integration
4. Screening - a quick assessment tool used to identify children who need further evaluation.
5. Standardized Testing - the use of standardized test tools to assess the functional level of children compared to their peers. Washington Elks Therapy Program uses: the Bayley, Peabody Developmental Motor Scales, Bruininks Oseretsky.
6. NDT - neurodevelopmental treatment, a treatment technique developed by Karl and Berta Bobath which attempts to help the child develop normal motor sequences and normalize tone.
7. Muscle Tone - the quality of muscle resistance when muscle is gently squeezed. Ranging from hypotonic - very mushy to hypertonic - very stiff with "normal" being somewhere in the middle.

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8. Therapy Ball - a large ball used by many therapists to implement NDT techniques and to promote strength and balance reactions.
9. Orthotics – splints/braces usually made of plastic for feet or hands to improve function, maintain range of motion, or prevent deformities.

Revised 1/2007