Dear Families:

Thank you for your inquiry about our intensive program at Pediatric Therapy Associates. It is an exciting opportunity for us as well as for you and your child. To help you in planning your time with us we are providing you with further information to frequently asked questions.

What is intensive therapy? This is the child’s opportunity to go beyond the traditional approach of 30 minutes to, at most, a few hours of therapy a week. It is the chance for the child to get the practice and the boost that they need to move ahead. Specifically, intensive therapy is physical therapy, occupational therapy &/or speech therapy on a concentrated basis in order to meet the desired goals of the child and family. Children are treated 3-4 hours per day for a period of one to three weeks. Every child is unique and so treatment is tailored to the particular needs of each child. Parents are given an extensive report and home program instructions so that the work and progress may continue after the intensive program.

Who will benefit? Any child to young adult with a neurologically based impairment including cerebral palsy, acquired brain injury, autism, Down syndrome, spina bifida, and other developmental diagnoses.

Why PTA? Experience matters! We began in 1983. PTA has offered intensive services for over 20 years. The children have come from within the U.S.A. as well as from several other countries to participate in this program. The therapists at PTA are highly trained and have many years of experience in pediatrics. The average number of years of experience in our PT department is over 20 years with our 3 senior therapists having over 30 years of experience each treating children. All are NDT and Suit Therapy certified. We are also experienced in Cranio-sacral Treatment, Structural Integration Therapy, and Sensory Treatment. Our OT department has an average of over 15 years. The Speech Department has an average of over 13 years. The staff of PTA is dedicated to providing the children with the best possible services for the best possible outcomes. No single approach meets the need of every child. Each child is unique and deserves to be treated as such. That is why we believe in a well-integrated approach that is customized to each child. PTA has been dedicated to providing the most innovative and integrated services for children with impairments for 23 years and is highly respected in the community and internationally for its provision of high quality care. Both of the owners are internationally recognized instructors in pediatric therapy, and are master clinicians and instructors in the Neuro-Developmental Treatment approach and have taught thousands of other therapists.
**Will my child benefit from an intensive?** Have you thought that your child has reached a plateau or is not improving at the rate anticipated? Intensives help address this. Intensives are designed for children with neuromotor impairments, sensory impairment, or both. At PTA we direct our intervention to the family’s and child’s goals and concerns. In the traditional therapy model of 1 to 2 times per week the child may not have enough opportunity to change their motor performance or may not be improving at the desired pace. The intensive exercise model gives the child this opportunity. Think of the child like an athlete! The athlete that wants to perform his or her skill at a higher level puts in hours of work in order to change their performance. The therapist helps the child to strengthen their own bodies, move with greater ease and to discover new ways to move functionally.

**How long is a typical intensive?** Our intensives usually run from two to three weeks although we have had children come from one to four weeks. Practice is a crucial part of the program.

**How much therapy will my child receive each day?** At PTA we understand that each child has different needs. The daily sessions run from 3 to 6 hours and can include physical therapy, occupational therapy, and speech/oral motor therapy. Sessions are usually divided into morning and afternoon times so the child has a break in the middle.

**What will my child be doing in the intensive?** First an in-depth evaluation is done. During this time the therapist will discuss with you and your child their ability to participate in family life, the community, school, etc. Based upon your concerns and goals, as well as the therapist’s observations, a detailed examination is conducted. An individualized plan of treatment is then developed. Depending on the child, that treatment may include Structural Integration Therapy, Neuro-Developmental Treatment, Sensory Treatment, Cranio-sacral Treatment, Suit Therapy, Cage Therapy and other modalities that are appropriate.

**Do parents attend the sessions?** We encourage parents to attend some of the sessions. It is important that parents learn the activities for home. We also acknowledge that occasionally a break is just what you need. Should you miss a session for whatever reason we will always update you and provide you with information about that session and any home activities. We also have rooms with one-way mirrors just in case it works best for the child if they do not see their parent at times.

**How will I carry-over the benefits of the intensive at home?** You will be given an in-depth report about the findings with your child, the treatment strategies utilized, and the way that you, your child and your team can incorporate this at home.

**How do I make an appointment?** The first step is to fill out an application which is enclosed. We encourage you to complete the form and send it in as soon as possible. Spaces fill up quickly and we always have a waiting list. Upon scheduling an intensive session a deposit of $800 will be required to reserve the space. You will need a doctor’s letter permitting your child to participate in an intensive exercise program before your child can be seen. If your child is having an intensive with the Suit then the doctor must also check the status of your child’s hips and report on the status.
What is the cost? The first hour is $350 per discipline. This fee covers the extensive report(s) with home activities that you will receive after the intensive. Beyond the first hour, the cost is $150 per hour. The balance of payment is due at the time of service. An $800 deposit is made at the time of appointment confirmation and is deducted from you total.

Where do we stay? There are several hotels close to our facility, and they are listed below. There is also a Ronald McDonald house less than 10 miles from our facility that is also very close to the Fort Lauderdale airport. They ask for only a $15 per night donation. Applications must be filled out. Please request one from our office.

Click here for a Google map of our facility and nearby hotels

<table>
<thead>
<tr>
<th>LODGING</th>
<th>APPROX. DISTANCE</th>
<th>PHONE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Residence Inn by Marriott</td>
<td>less than 1 mile</td>
<td>(954) 723-0300</td>
</tr>
<tr>
<td>Sheraton Suites</td>
<td>less than 1 mile</td>
<td>(954) 424-3300</td>
</tr>
<tr>
<td>Staybridge Extended Stay</td>
<td>1.5 miles</td>
<td>(954) 577-9696</td>
</tr>
<tr>
<td>Hyatt Place</td>
<td>1.8 miles</td>
<td>(954) 370-2220</td>
</tr>
<tr>
<td>Holiday Inn Express</td>
<td>2.2 miles</td>
<td>(954) 472-5600</td>
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<tr>
<td>Marriott Courtyard</td>
<td>2.5 miles</td>
<td>(954) 475-1100</td>
</tr>
<tr>
<td>Hampton Inn</td>
<td>2.5 miles</td>
<td>(954) 382-4500</td>
</tr>
<tr>
<td>Ronald McDonald House</td>
<td>less than 10 miles</td>
<td>(954) 828-1822</td>
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I have other children who will need to be with me. Is that okay? Our office is accustomed to having siblings along, however, we have found that the time frame can be too long. Siblings may also be a distraction for the child or parent. There is a nice public park with a playground within walking distance. All siblings must be under the direct supervision of a parent when in the office as we want everyone’s safety and well-being to come first.

What is there to do over the weekend? You and your child deserve a break and some fun activities on the weekends. It is a great opportunity for your child to practice in “real life” what they have learned during the week. South Florida is known as a tourist area. We have beautiful year-round beaches, famous Sawgrass Mills Mall, Butterfly World, Flamingo Gardens, Everglades National Park, Ft Lauderdale Museum of Discovery and Science and IMAX, River Walk, and many more attractions. In Miami, about 30 minutes away, we have the Miami Seaquarium, Jungle Island, Zoo Miami, and several other attractions. The world famous Walt Disney World Resort, Universal Orlando Resort, and SeaWorld resort areas in Central Florida are about 3 hours from our office.

How do you get started? Contact Pediatric Therapy Associates at (954) 583-7383 or PTATherapy@gmail.com to receive enrollment information. You can also visit our website at www.PTATherapy.com.

Location: Pediatric Therapy Associates
447 NW 73rd Avenue
Plantation, FL  33317
(Just west of Fort Lauderdale)

Click here for the PTA Google Listing with our location
TESTIMONIALS

“My son Jake contracted meningitis at 7 days old. As a result of this, he has cerebral palsy. The doctors told us there wasn’t much hope for Jake- that he would have “profound neurological impairments”. When Jake started coming to PTA for intensive therapy, he did not have full head control. He is now 4.5 and starting to use a reverse walker. He has gone from barely being able to make a sound to now being able to approximate 75 words. Jake always makes measurable gains after an intensive at PTA. We continue to implement the strategies used during the intensives at home with our therapists so he can continue to make gains.”
Michelle O’Rourke, Jake’s mom, Massachusetts

"I have immeasurable respect for Pediatric Therapy Associates. They have… the very best group of therapists to be found anywhere. Our twin grandchildren were born thirteen weeks pre-term deeming them micro-preemies. Both children were diagnosed with CP, one of them more significantly involved than the other. (Their) parents sought the advice of many different therapists. Exceptional therapy is quickly recognizable. They are providing Ashley, through her Therapy Intensives, the very best opportunity to develop to her greatest potential. Without the people at PTA, she would not be the person she is.”
Sandy Stansbury, Ashley's grandmother, Bradenton, FL

“We flew down from our home in Manhattan and our son, Max, then 2 and diagnosed with CP, saw (the therapist) for intensive sessions…Max thrived. The facility is diverse and filled with great equipment…his physical movement appreciably improved -- he was confident and flexible in a way he had not been previously. We are heading down again for visit number two next month!”
Harriet Barovick, Max’s mom

“Our seventeen year old son incurred a traumatic brain injury and has received four intensive therapy sessions…We have seen demonstrable, measurable progress from these sessions. The therapists have also provided written evaluations of the progress with specific recommendations for continued therapy after we left their clinic…Our son has received new and innovative therapeutic methods and strategies that have been very helpful…We have seen a number of clinics and therapists during our son’s seven years plus recovery period. It is our opinion that PTA is one of the premier private pediatric clinics in the United States.”
Mike and Rebecca O’Rear, Michaels’s parents

“The team approach has to be one of the most beneficial assets that PTA provides. Therapists from each discipline (PT/OT/ST) communicate/consult with each other about my daughter’s individual needs - not because they have to, but because they really care…”
Carol Lloyd, Emily’s mom
PTA INTENSIVE THERAPY ENROLLMENT FORM

Child’s Name: ___________________________ Gender: _____ Birth date: ________

Parent’s Names: __________________________

Address: ____________________________________________

City: __________________ State: __________ Zip: ________________

Home Phone: __________ Work Phone: __________ Cell: __________

Fax: __________ E-mail: ________________________________

Pediatrician: ___________________________ Phone: __________

Neurologist: ___________________________ Phone: __________

Orthopedist: ___________________________ Phone: __________

Physical Therapist: ______________________ Phone: __________

Occupational Therapist: __________________ Phone: __________

Speech Therapist: ______________________ Phone: __________

Other: ____________________________________________________________________

What is your child’s diagnosis? ____________________________________________

List your child’s current abilities: ___________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

How would you describe your child’s level of difficulty relative to movement and independent function? (check one)

    significant ________ moderate ________ minimal ________

Comments: __________________________________________________________________

Child’s Name: __________________________

Child’s height ________ Child’s weight ________

Circumference of: chest ________ waist ________ thigh ________
Shoe size without braces: ______________________________

Please give your child’s medical history including any surgeries, botox/phenol injections, serial casting, medications, and fractures.

_________________________________________________

_________________________________________________

Current medical status: 

Yes*  No

- Seizures
- Scoliosis
- Hip subluxation/dislocation
- Heart problems
- High blood pressure
- Shunt
- Lung difficulties
- G-tube
- Tracheotomy
- Kidney problems

*If you answered “yes” to any of the above, please explain: ______________________________

_________________________________________________

_________________________________________________

List any medication that your child is currently taking and reason why: ________________

_________________________________________________

List any allergies that your child has: ______________________________

_________________________________________________

List any precautions: ______________________________

_________________________________________________

Child’s Name: ______________________________

Please list all equipment that your child is using including walkers, braces, standers, etc.

_________________________________________________

_________________________________________________

_________________________________________________

_________________________________________________
Please indicate the number of therapy sessions your child receives weekly for each applicable discipline.

Physical therapy_____ Occupational therapy_____ Speech_____

How long has your child been receiving therapy?______________________________

Briefly list the areas of concern you wish to have addressed during your visit.

__________________________________________

__________________________________________

__________________________________________

What I think my child is ready to do next is:______________________________

__________________________________________

__________________________________________

__________________________________________

__________________________________________

Child’s Name:_____________________________________

The thing that concerns me the most about my child’s future is:_____________________

__________________________________________

__________________________________________

I have read the accompanying letter regarding therapy services and understand that it is my responsibility to obtain a doctor’s letter, send in this form ahead of time, send our deposit, and make the necessary payments for services as outlined. I further understand that if I want my child to participate in the Suit program, then I will need to get a written hip x-ray report that is no older than 6 months.
Thank you for completing and returning this form.
Fax: 954-583-7388
E-mail: PTATherapy@gmail.com
Mail: Pediatric Therapy Associates
447 NW 73rd Avenue
Plantation, FL 33317
USA