

FALL 2011

MDINSIGHTS



Features

Cerebral Palsy in the
Medical Home Setting

An interview with
Lisa Thornton, MD

Cerebral Palsy from
the Rehabilitative
Perspective



LA RABIDA
CHILDREN'S HOSPITAL

Perspectives in Care for Children with Special Health Care Needs

MDINSIGHTS
FALL 2011

Published three times annually.
La Rabida Children's Hospital
6501 South Promontory Drive
(East 65th Street at Lake Michigan)
Chicago, Illinois 60649
larabida.org

773.363.6700 - info@larabida.org

Dilek Bishku, MD

Vice President Medical Affairs

Brenda J. Wolf

President and CEO

Editor-in-Chief

Dilek Bishku, MD

Medical Editor

Ruby Roy, MD

Contributing Medical Authors

Lisa Thornton, MD

Chandi Edmonds, DPT

Editorial Staff

Debra Opitz
Graphic Designer/Production
Coordinator

Zion Banks
Writer/Photographer

Simone Bondi
Cover and "Spotlight" Photographer

Cecilia Dusek
Proofreader

Copyright © 2011
La Rabida Children's Hospital

About La Rabida

La Rabida is a pediatric acute care specialty hospital. The only hospital of its kind in Chicago, it treats children with chronic illness and disabilities. Its 49-bed inpatient unit is staffed and equipped to treat and manage:

- Medical technology dependency
- Recovery and rehabilitation following surgery, a NICU or PICU stay
- Acute exacerbations of a chronic illness
- Conditioning in preparation for medical procedures

La Rabida extends its interdisciplinary team approach to all outpatient care, offering a wide range of primary care programs and specialty clinics on site. In addition, the hospital provides psychosocial care for children who have experienced abuse, neglect and/or trauma. La Rabida strives to be the hospital of choice and a trusted partner in the medical management of the children it serves and their families.

Medical Home Programs

- Adolescent
- Bronchopulmonary dysplasia
- Chronic disease
- Failure to thrive
- Premier Kids (birth to age 5)
- Neurology*
- NICU follow-up
- Orthopedics*
- Pediatric incontinence
- Physical medicine /rehabilitation
- Podiatry
- Psychiatry*
- Rheumatology
- Sickle Cell
- Spasticity multispecialty management
- Traumatic brain injury
- Technology Dependency

Specialty Clinics

- Adolescent
- Asthma, allergy
- Diabetes
- Down syndrome
- G-tube*
- Nephrology*

*For La Rabida patients only; unable to accept referrals.

Spotlight



Splinting and Casting in Occupational Therapy

A child with poor motor control, spasticity, and muscle imbalance often develops joint contracture and limited range of motion. She may require a series of casts to improve range of motion and tissue extensibility, botulinum toxin injection to weaken the spastic muscles, or splints.

The splint prevents progressive contracture and maintains tissue extensibility and range of motion. Splints can be effective provided they are properly designed and position the arm at the correct angle. Parent involvement is essential to the success of splint wear.



MD to MD

In the U.S., one out of every 500 newborns develop cerebral palsy. Some, but not all, of these children have obvious risk factors – a difficult pregnancy, an eventful delivery or a long NICU stay complicated by intracranial bleeds and respiratory problems that require ventila-

tor support. Therefore, a general pediatrician should be prepared to suspect, diagnose and manage varying degrees of CP throughout his or her career.

In this issue, Ruby Roy, MD, and Lisa Thornton, MD, co-program directors of the new CP Clinic at La Rabida Children’s Hospital, and their colleague Chandi Edmonds, DPT, discuss management issues regarding CP from a primary care perspective.

When a condition is as complex and its effects as far-reaching as CP, close communication and collaboration between clinicians and family is crucial. As we learn from Dr. Roy’s article, CP can affect almost every aspect of the child’s life -- from nutrition to growth to development and school performance. Therefore, when following children with CP, we should proactively seek and treat the conditions we typically address on an “as-needed” basis for non-CP children. That requires a strong network of colleagues with whom we have frequent communication, including multiple subspecialists. Simultaneously, every area of routine care must be addressed according to the child’s and family’s circumstances.

Dr. Thornton, who will serve as the rehabilitation specialist at La Rabida’s CP-Clinic, tells us about new developments in CP management such as intrathecal baclofen pump, Botox and therapies that make use of the brain’s own neuroplasticity. She also emphasizes the importance of follow up and parent education.

In the end, the biggest difference in the quality of life for a child with CP comes from the motor skills which require muscle strength, coordination and increased mobility. Therefore, the most important allies for the primary care pediatrician managing CP are the therapists and orthotists. Dr. Edmonds’s article gives us a glimpse of the role therapy plays in the lives of a family and the importance of these interventions.

Dilek Bishku, MD
Vice President, Medical Affairs
La Rabida Children’s Hospital
and **mdINSIGHTS**
Editor-In-Chief

INSIDEINSIGHTS

Table of Contents

- 4 | CME Series, Nov. 3, 2011-
"A Pediatric Medical Home
Approach to Cerebral Palsy"
program and registration
information
- 5 | "Cerebral Palsy in the
Medical Home Setting"
by Ruby Roy, MD
- 8 | An interview with
Lisa Thornton, MD
- 9 | Resources for families
of children who are living
with cerebral palsy
- 10 | "Cerebral Palsy from the
PT Perspective" by
Chandi Edmonds, DPT
- 11 | Additional readings
recommended by the
contributing
medical authors

Dilek Bishku, MD, MPH, is an attending physician who cares for children with complex health care needs during their acute hospitalizations. She joined La Rabida Children’s Hospital in 1998 as director of the Failure to Thrive Program and since 2007, she has been vice president of medical affairs. Bishku is an assistant professor of pediatrics at the University of Chicago Pediatrics Department, Section of Chronic Disease.

Register NOW

La Rabida Children's Hospital
Presents
A Pediatric Medical Home Approach
to Cerebral Palsy

Ruby Roy, MD

*La Rabida Children's Hospital
Assistant Professor of Pediatrics
University of Chicago*

Thursday, Nov. 3, 2011
6:00 p.m. – 7:30 p.m.
Maggiano's – Oak Brook, IL
240 Oak Brook Center
Dinner will be provided

Objectives:

At the completion of this learning activity, participants should be able to:

- 1) Name two ways the medical home model can be adapted in their practices to improve the care for patients with cerebral palsy*
- 2) Utilize understanding of cerebral palsy pathophysiology to provide and adapt standard pediatric anticipatory guidance for these patients*
- 3) Understand the role of the nurse case manager in care coordination of children with cerebral palsy*

The Chicago Medical Society designates this live activity for a maximum of
1.5 AMA PRA Category 1 Credit(s)[™]

Cost: Free - space limited
Register online at
www.larabidacme3.eventbrite.com
or call 773.753.9605



LA RABIDA
CHILDREN'S HOSPITAL
www.larabida.org

Cerebral Palsy in the Medical Home Setting

Ruby Roy, MD

Cerebral palsy is one of the most common chronic disorders of childhood. Occurring at a rate of 1/500 live births in the United States, it is a disorder that all primary care pediatricians encounter. However, management of this complex disorder can be extremely challenging in the context of a busy general practice. In this article I present some thoughts from my experience as a primary care pediatrician at La Rabida Children's Hospital.

Cerebral palsy is defined as “a permanent disorder of development of movement and posture causing activity limitation and attributed to non-progressive disturbances occurring in the developing fetal or infant brain.” As primary care pediatricians, we have a responsibility during the first two years of life to identify children at risk for cerebral palsy and to refer for developmental evaluation and therapy. Babies with known risk factors such as extreme prematurity or prenatally diagnosed brain malformation should have been referred from the hospital to an early intervention (EI) or neonatal follow-up program. For children not identified as at-risk, developmental screening for delayed motor milestones, abnormal tone and reflexes starts the process. Therapy for tone or developmental delay commences even before diagnosis is confirmed. Families learn a great deal about their child's developmental strengths and weaknesses through this comprehensive evaluation. If it yields normal development, it is still a worthwhile assessment.

At the same time as the EI referral, think about diagnostic evaluation. If you have a strong suspicion for cerebral palsy, consider a medical diagnostic evaluation, too. This is usually done in a multidisciplinary medical team and can be a point of entry to guide further subspecialty referrals. For the initial diagnosis, familiarize yourself with the specialists in your area. A cerebral palsy diagnosis can be made by a neurologist, developmental or neurodevelopmental pediatrician or a physiatrist. If the etiology is unknown, a neurologist or geneticist should evaluate the infant.

Throughout this entire early experience, the family needs your availability and support. It helps to schedule visits after EI or neurology evaluations to

answer questions and discuss diagnostic possibilities. As a lifelong condition, cerebral palsy is a “difficult diagnosis,” and life-changing for the entire family. While it is best confirmed by the specialist, ideally families should be aware it is a possibility. It can be traumatic for the diagnosis to be given by a physician with whom the family has no previous relationship. Schedule a follow up either by phone or in the office after the diagnosis, as it can take family time to “digest” and understand, and they often have more questions.

This diagnosis can place an immense strain on a family system, both psychologically and financially. The family should be immediately referred to critical non-medical supports. Those may be Social Security Administration, state agencies such as the Division of Specialized Care for Children (DSCC), special schools and community support services. Even if the family does not yet accept or believe the diagnosis, encourage them to continue therapy. Stress that optimal treatments have made a great difference in survival and quality of life. Families

may not be aware of the wide spectrum of prognoses, which can range from a cognitively normal child with mild spasticity in the lower extremities to a severely disabled child who is technology dependent and requires home nursing. It is hard to determine an accurate prognosis in infancy, and families need to remain optimistic.

In the midst of all the specialty evaluations, basic primary care must not be overlooked. I recently saw, for the first time, a 16 month old with CP from traumatic brain injury as a young infant. This little boy had been discharged after multiple hospitalizations including inpatient rehabilitation. During all this time, he received no vaccines; just the two-month vaccinations at 16 months. Children with CP are at increased risk of respiratory infections through poor central tone, weakened cough and secretion clearance. They should have all their required vaccines, including influenza vaccines. It is also critical that the rest of the family is vaccinated for pertussis, influenza and varicella.

This same child was traveling in a regular forward-

(continued on page 6)

“While it is best confirmed by the specialist, ideally families should be aware it is a possibility.”

facing toddler car seat despite extremely poor postural tone and head control. Clearly, not having a primary care pediatrician to address these needs put this fragile and complex child at high risk of infection and injury.

I like to continue seeing these children past the well-child schedule for the first year for follow up every three to four months throughout childhood. Some of these patients have so many issues that you cannot cover everything in one visit. Frequent visits allow families to update me on progress with specialists and prioritize their concerns. Asking a family what they hope to get from the visit allows you to set the agenda. There might be medical issues that you need to discuss, so that a visit balances the family's and your priorities.

Anticipatory guidance should be modified to the child's functional and developmental level, and not chronological age. The AAP has a pamphlet, Safe Transportation of Children with Special Health Care Needs, with recommendations and referral sources. These families are traveling with their child to multiple doctor appointments and therefore car seat safety is crucial.

Choking hazards may exist long after the normal high-risk choking ages of two to four. Close supervision for falls and perhaps needs for splints or helmets for self injurious behavior may seem self evident, but may be overlooked in situations where families are dealing with multiple medical issues. Sadly, families have received Child Protective Services referrals for injuries that could have been prevented by anticipatory guidance. Remember these children are documented to be at much higher risk of abuse and neglect than well children. Caretakers of children with cerebral palsy can be isolated and under tremendous stresses, with documented increased rates of depression.

Children with cerebral palsy have complex nutritional needs. Appropriate nutritional growth is essential for cognitive development, strength and immune function. However, in children who have limited mobility, obesity is also a risk. Obesity causes difficulty in providing basic care, as well as increasing risk for pressure sores. The optimal zone between malnutri-

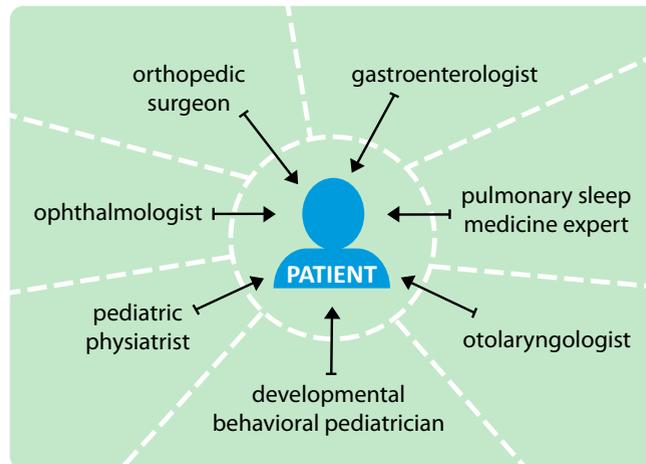
tion and overweight can be very narrow. Regular evaluation by a pediatric dietician is essential to monitor and adjust feeding schedules. Depending on their ability to eat orally (as determined by a swallow study), these patients may require anything from individualized feeding techniques to special formulas and thickening agents to tube feeding. Medications can affect nutritional outcomes.

I recently saw a nine-year-old girl with cerebral palsy and a seizure disorder, who was taking multiple seizure medications but no vitamin supplements. She developed vitamin D deficiency (rickets), which resulted in her losing the ability to walk. Some seizure medications can interfere with both vitamin D and calcium absorption. While the neurologists had provided the information about the importance of supplementation, in the context of complex medication adjustments, this was overlooked by

the family. And the lack of insurance coverage for vitamins meant it was a large out-of-pocket expense. Luckily, the child responded very well to vitamin supplementation and fully recovered her ability to walk.

The medical home model can be invaluable in your practice to help you provide optimal general pediatric care for these children and families. Sleep issues can be related to GERD, constipation, obstructive sleep apnea, neurologic irritability or behavioral issues. GERD and constipation need to be aggressively treated in these children, not merely on an "as-needed" basis. A careful history and physical can help decide whether to treat this yourself or refer to a pediatric physiatrist, developmental behavioral pediatrician, orthopedic surgeon, gastroenterologist, ophthalmologist, otolaryngologist or pulmonary sleep medicine expert. Families should know what concerns the specialty referrals are asked to address and should not be overwhelmed by multiple simultaneous referrals unless absolutely necessary.

Specialists on the child's care team should include a physiatrist. Physiatrists offer treatments to optimize the child's function, the ultimate goal of all their therapy. Physiatrists also monitor for orthopedic issues, offer options to treat spasticity, and evaluate



(continued on page 7)

*(Cerebral Palsy in the Medical Home Setting continued
from page 6)*

splints and equipment. Physical therapy can be involved in a hospital setting for serial casting, helping to preserve function and obviate orthopedic surgery. Wheelchairs and other equipment also may need to be fitted or adjusted on a regular basis.

Care coordination includes translation of multiple - and sometimes contrary specialty recommendations. Co-management by specialists and care coordination with them is essential to providing comprehensive care. It also helps families prioritize which medical issues need to be addressed, which can wait, and includes their priorities in the care plan.

I once had a seven-year-old boy with cerebral palsy seeing multiple specialists: his primary issues were seizures, and he had a gastrostomy tube workup in

*“A careful history and physical
can help decide whether to treat
this yourself or refer”*

progress. When he came for follow up, the mother was told by one of the specialists that his drooling should be the priority and the child was scheduled for a siallectomy. In discussion with the family, I explained the risks and benefits of the procedures, and that some were elective and at the discretion of the family while others were necessary. The family chose to defer the siallectomy. Family centered care means involving the family in decision-making, especially in elective procedures.

Care coordination requires commitment, time and a lot of paperwork. Communication with specialists is a physician's role, but much of the paperwork and other communication can be facilitated by a case manager. Having a nurse in the office who has scheduled time for care coordination to obtain hospital records, review nursing care plans for accuracy, write summary letters for state agencies, ensure the family has up-to-date prescriptions for diapers, equipment, therapy and school forms is essential. As these patients don't fit a regular nurse triage protocol, having a single nurse in the practice who knows your patients with special health care needs and is familiar with the state's rules and regulations, will serve both their needs and yours.

(continued on page 11)

Save the Date
Friday, April 20, 2012

Perspectives in Care: Medical Trauma in Childhood

Hosted by La Rabida Children's Hospital



The La Rabida Symposium and Nursing Recharge Event

*Tinley Park Convention Center
Keynote: Judith Simon Prager, PhD*

Verbal First Aid™ is the protocol Prager has introduced in the United States and abroad. Goals include providing a method for using words to help people's minds and bodies heal from minor tragedies or overwhelming emergencies as they're happening, and keeping crises from becoming remembered as traumas in the future.

CMEs and CEUs offered

**For more information
or to register go to:**

www.larabidamedicaltrauma.eventbrite.com

Contact: 773.753.9605



LA RABIDA
CHILDREN'S HOSPITAL

With Lisa Thornton, MD

Medical Director of Pediatric and Adolescent Rehabilitation at La Rabida Children's Hospital

Lisa Thornton, MD and Ruby Roy, MD, will be co-program directors of a new Cerebral Palsy Clinic, launching in October at La Rabida Children's Hospital. Thornton will be the rehabilitation physician overseeing patient specialty care.

We recently sat down with Thornton to discuss some of the new options and approaches to streamline care for CP patients.

MD Insights: What are the benefits of offering a CP-specific clinic?

LT: The purpose of the clinic is to coordinate care so parents don't have to run from one specialist to the next and to ensure that communication among providers becomes seamless. There will be an interdisciplinary team of two physicians -- a primary care pediatrician and rehabilitation specialty care physician -- physical therapist, dietitian, social worker and two nurse case managers. We also want to educate parents, giving them a clear understanding of their child's specific needs and how to meet them best at home. To that end, there will be family education at every visit.

How does a pediatrician know when to refer CP patients to a specialist?

Any child with CP should be cared for by a CP disability specialist. Pediatricians don't have the time or the infrastructure in their practice to manage complicated conditions. Even families with a child who has mild CP need someone with a deep understanding of what to expect in the future and how to plan for and face those challenges.

What are the latest, most promising advances in CP specialty care?

The Intrathecal Baclofen Pump (ITB) manages spasticity, the disorder of tone that makes it difficult for a child with CP to move their muscles. This is one of the critical problems that many children

with CP face. The ITB is a revolutionary technology that requires surgery to place. It delivers a lower dose -- about 1/100th of oral Baclofen -- and elicits a better response. Oral Baclofen also causes extreme drowsiness and other side-effects. The pump is more effective because it delivers medicine at the spinal cord level.

Another advancement is Botox, an injectable medication used for focal spasticity. So for a child whose calf muscles are overactive because they walk on their toes, we can inject this medication to reduce spasticity. Both are very promising.

The other exciting advancement in CP care is the understanding of what's called neuroplasticity, the ability of the brain to reshape itself in response to the challenges we give to it. That's really the bedrock of pediatric rehab: trying to get the brain to reshape itself; to build roadmaps for kids to use their limbs more. For example,

there's a treatment called Constraint Induced Movement Therapy (CIMT), in which the patient practices using a weak limb for many hours everyday over the course of several weeks to improve the use of that limb. The brain builds new roadmaps with the repetition. Physical therapists use this treatment extensively now in children with unilateral CP.

How important is follow-up care?

It's critical. One of the toughest things about CP in childhood is that children grow. Muscles and bones that are not growing in a typical environment have problems. They tend to get stuck in odd positions if the child doesn't move enough, and these positions can inhibit mobility. If a kid's feet are in the wrong position, and the child also has a problem with coordination, the child's mobility can be very limited. Follow-up care allows us to keep an eye on those issues that cannot be addressed in one visit. Many issues that affect a child with cerebral palsy have to be addressed again and again. The child that comes



“An exciting advancement in CP care is the understanding of what's called neuroplasticity”



to the first visit is a very different child from the child that comes to the fourth visit.

How should specialty care providers keep the pediatrician informed of the progress and prognosis of CP patients?

I send a note to every primary pediatrician that refers me patients. I also make phone calls to make sure everyone is looped in, and I keep in close touch with outside therapists and other specialists. I do this to not only make sure providers are informed, but also to make sure parents are not overwhelmed by the process. That's part of my job as a rehabilitation specialist -- to help parents stay organized.

Thornton is the co-chair of the Advocacy Committee for the American Academy for Cerebral Palsy and Developmental Medicine. She is board certified in physical medicine and rehabilitation pediatrics.

To request more information about the CP clinic, please call Pam Northrop, 773.256.5957, or email: pnorthrop@larabida.org.



Lisa Thornton MD, is medical director, pediatric and adolescent rehabilitation at La Rabida Children's Hospital and medical director, KidsRehab, a joint program of La Rabida Children's Hospital and Schwab Rehab™.

How to Make a Referral

La Rabida welcomes referrals from hospitals and physicians across metropolitan Chicago and Northwest Indiana.

The Hospital accepts public and private insurance.

Inpatient referrals: Call 312.498.4408, 24/7

Outpatient referrals: Call 773.753.8627, weekdays during business hours

Resources for families of children with cerebral palsy

La Rabida Children's Hospital partners with the Children's Hospital of Illinois to offer a crucial resource for families of children with cerebral palsy. Expert staff educate parents, caregivers of children with special needs, as well as hospital personnel on the importance of proper child passenger safety. The Peoria office of the Children's Hospital of Illinois serves south, central, and northwest Illinois. The site at La Rabida serves Cook County and the seven surrounding counties. Services include:

- Multi-media presentations on child passenger safety for parents, educators, doctors, nurses, and other clinical staff, with a focus on specialized seats for kids with special needs
- A short-term loan program to provide seats to parents in need. These include Hippo Seats for children with cerebral palsy and others who require a Hip/Spica cast, as well as large medical restraints to give extra support to children who suffer from neuromuscular disorders. In addition, the hospitals provide specialized seats, such as car beds for low-birth-weight babies. There is a \$20 fee, which can be waived for low-income families. Staff can bring these seats to community facilities and educate parents on how to install and use the seats.
- Experts also can consult parents and other caregivers on the proper long-term seat selection for their children with special needs or complex medical conditions.

Call the hotline weekdays from 8:00 am-4:00 pm for more information: 877-277-6543.

Cerebral Palsy from the PT Perspective

Chandi Edmonds, DPT

Kaya is a typical school-age child with cerebral palsy. Her day starts at 5:15 a.m. when her dad wakes up the six-year-old with a catchy show tune. "Move it, move it, move it," he belts out while stopping her overnight G-tube feeding. He then starts Kaya's morning medications through the stomach tube.

Next, dad takes off her knee immobilizers and night splints, which help stretch her leg and ankle muscles, contracted before surgery lengthened them. Kaya does her best to help, pulling on the waistband of her pajama pants as he gets the rest of her clothes off to bathe her in the adaptive bath chair sitting idle in the tub.

After the bath, dad puts on Kaya's thoraco-lumbar orthosis to help slow the progression of her scoliosis. He slips on the ankle foot orthoses before putting on Kaya's yellow and navy school uniform. She can help transfer herself into a bright pink wheelchair by bearing weight through her lower extremities as dad holds her at the waist. Kaya helps buckle her seat belt as he attaches the chest harness.

At 6:30 a.m., Kaya is dressed for school -- an hour and 15 minutes after she awoke to her favorite song from the "Madagascar" soundtrack. Along with other complications, Kaya's CP diagnosis means a morning routine double the time of most children's.

These are the types of scenarios parents often relate to pediatric developmental and rehabilitative experts, who serve large populations of children with this diagnosis. The shared goals of the families and children with the chronic condition and experts are to:

- prevent musculoskeletal deformities
- increase function
- make daily routines easier

Developmental and rehabilitative experts achieve these goals while empowering children and families through continuous family training, various therapeutic treatment interventions and adaptive equipment like Kaya's orthoses.

Most practices offer a variety of therapeutic groups, which are recommended based on individual assessments from physical, occupational, speech and developmental therapists.

Specifically, physical therapists focus on gross motor skills such as rolling, sitting, standing, and walking, while occupational therapists focus on fine motor, visual motor, self-care, eye hand coordination, and sensory processing/tolerance to various stimuli and textures.

Speech therapists are trained to assist children with communication and feeding abilities, while developmental therapists work with the 0 to 3 year-old population on cognition and social-emotional functioning.

Ideally, therapists work as a team to provide each child and family with an individualized plan of care specific to their needs and abilities in order to meet their goals. If a child has more than one

therapist, the experts discuss and plan care as a team to ensure that all are working together to meet the needs of the family.

At La Rabida Children's Hospital, experts adopt a "therapy through play" group model, offering such programs as Karate, Yoga, and Standing to Strengthen, Pet Therapy, and Sign, Say and Play to allow children to learn together and from each other through play and activities centered around their therapeutic needs.

When individual therapy services are needed from infancy through young adulthood, physical, occupational, speech, and developmental therapists work together on customized care plans for each child based on the family's needs and preferences.

More specialized services include serial casting for upper and lower extremity contractures, adaptive seating and equipment clinics for assessment, and oral-motor feeding clinics to help families progress their child's ability to eat.

Experts agree that early intervention is key to reaching life goals and urge physicians to refer early



“At La Rabida Children's Hospital, experts adopt a 'therapy through play' group model.”



if there is any concern for children in the birth to age-3 category. Early assessments and treatments allow therapists the opportunity to make the most difference in the child's life while the system is still malleable.

Ultimately, the experts' mission is to help the child and family feel like viable members and participants in the home, at school and in the community.



Chandi Edmonds, DPT, is a marathon runner and fitness coach, and earned a doctor of physical therapy in 2002.

Recommended Readings

Pediatrics, the official journal of the American Academy of Pediatrics: "Providing a Primary Care Medical Home for Children and Youth with Cerebral Palsy," W. Carl Cooley MD and Committee on Children with Disabilities

Agrawal, R., *Pediatr Ann.* 2010 April;39(4):183-184. "Complex Care is Complicated" guest editorial

(Cerebral Palsy in the Medical Home Setting continued from page 7)

Caring for children with cerebral palsy and their families requires time, effort and commitment, and often changes the way we structure our office procedures. Families deserve our best. In my experience the kinds of relationships that we form with these children and families can be the most rewarding ones of our careers. They appreciate the time you spend with them. They celebrate and appreciate all the gains their children make. In the words of one of family: "If you spend too much time focusing on what he may never do, you will miss today. We appreciate what most parents take for granted. It is the small triumphs that count."



Ruby Roy, MD, is a chronic disease pediatrician at La Rabida Children's Hospital.

Save the Date

UPDATES IN PEDIATRIC ORTHOTICS: Dynamic Movement Orthoses - a Team Approach

A two-day course for OTs, PTs, and orthotists



March 31-April 1, 2012

Dynamic Movement Orthosis (DMO) is a unique way to look at bracing

Faculty:

Patricia Martin, PT, Cleveland Clinic

Mary Weck, PT, LaRabida Children's Hospital/ Children's Memorial Hospital

Christine Cayo, OT, NDT OT, instructor, Milwaukee, Wisconsin

Audrey Yasukawa, OT, LaRabida Children's Hospital

Jeremy Uronis, CPO, Children's Memorial Hospital

James Wynne, CPO, FAAO, Boston Brace

Martin Matthews, S/R CO MPHil; DipORT; MBAPO

See larabida.org for more information



LA RABIDA
CHILDREN'S HOSPITAL



LA RABIDA
CHILDREN'S HOSPITAL

6501 South Promontory Drive
Chicago, IL 60649

Mr. John Doe,
Director of Medical Services
E. 65th Street at Lake Michigan
Chicago, Illinois 60649

NON-PROFIT
US POSTAGE
PAID
LA RABIDA
CHILDREN'S
HOSPITAL

Upcoming Learning Events

April 20, 2012
Perspectives in Care:
Medical Trauma

February 9, 2012
Case Managers
Luncheon: topic TBD

June 5, 2012
Social Service Provider
Luncheon: topic TBD

To subscribe to e-announcements
of upcoming CME events, send
e-mail address to
lweber@larabida.org



Recognized by the National
Committee for Quality Assurance
(NCQA) for its medical home programs



"La Rabida Children's Hospital
has earned The Joint Commission's
Gold Seal of Approval."