

Stride Through Summer

2020 Pediatric Gait Summer Camp



Led by our pediatric physical therapists, Stride Through Summer is a program for children looking for a challenge. It will include high intensity exercise and activities to improve gait, higher-level mobility skills, balance, strength and endurance.

Participants will be provided with education and resources to help transition the skills they have achieved back to their community, school and home environments.

A physician referral/prescription is required to participate in the camp. Participants must have an insurance policy that will cover group therapy.

**To sign up, contact us at
312.238.1139 or
pedscamps@sralab.org**

Shirley Ryan
Abilitylab[®]

Baby Sharks (ages 3–5)

Monday–Thursday

July 6–July 16

10:30 am–12 pm

Participants must be able to:

- Sit safely for 1 minute with distant supervision
- Climb up and down stairs (walking or crawling) with close supervision
- Walk for 2 minutes with or without assistive device with distant supervision
- Transition from the floor to standing with minimal help
- Follow a simple two-step command

Mighty Sharks (ages 5–8)

Monday–Thursday

July 6– July 16

1–2:30 pm

Participants must be able to:

- Sit safely for 1 minute with distant supervision
- Climb stairs with 1 handrail and minimal help
- Walk for 2 minutes with or without assistive device with close supervision
- Transition from the floor to standing with minimal help
- Follow simple three-step or complex two-step commands like touch your knee then pretend to talk on the phone

All Stars (ages 9–18)

Monday–Thursday

July 20–August 13

5–7 pm

Participants must be able to:

- Sit safely for 2 minutes with distant supervision
- Climb stairs with 1 handrail and moderate help
- Walk for 2 minutes with or without assistive device with moderate help
- Transition from the floor to standing with minimal help
- Follow simple three-step or complex two-step commands like touch your knee then pretend to talk on the phone

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Please print and complete all entries

Patient Name: _____ Patient Birth Date: _____

Address: _____

Home Phone: _____ Cell Phone: _____ Email: _____

Primary Doctor/Pediatrician : _____ Ordering Physician (for camp): _____

Emergency Contact: _____ Relationship: _____ Phone Number: _____

Insurance Information

Insured/Responsible Party: _____ Relation to Patient: _____

Birth Date: _____ Address (if different from patient): _____

Primary Insurance: _____ Address: _____

Phone Number: _____ Group Number: _____ ID Number: _____

Secondary Insurance: _____ Address: _____

Phone Number: _____ Group Number: _____ ID Number: _____

Additional Information

Is the patient currently receiving physical therapy (PT)?

Has the patient participated in a Shirley Ryan AbilityLab camp before?

Please list patient's interests and hobbies:

How did you learn about our camps?

