**All-Stars 2023 Pediatric Gait Summer Camp**

Led by our pediatric physical therapists, All-Stars Gait camp is a four-week program that focuses on improving strength, endurance, balance, and function for children who have neuromotor disorders. This program utilizes both aerobic conditioning and strength training principles and evidence to improve functional mobility. Camp activities include endurance and strength training, balance activities, obstacle courses, and outings.

Children will be evaluated before and after camp to assess changes. They will complete a maximal exertion test in order to establish guidelines for aerobic conditioning and will complete a number of functional measures.

**Criteria:**

Participants must be able to:

* Sit safely for 2 minutes with distant supervision
* Climb stairs with 1 handrail and **minimal**help
* Walk for 2 minutes with or without assistive device **without** help
* Transition from the floor to standing with minimal help **or an assistive device**
* Follow simple three-step or complex two-step commands like touch your knee then pretend to talk on the phone
* Mask and practice social distancing
* Ages: 7+ (7-18)

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

Please contact your insurance company to inquire if your child’s benefits cover “group therapy” code: 97150. For more information on insurances we currently accept, please see our website: <https://www.sralab.org/contact/insurance>. Here you will also find the numbers to contact for patient financial services and our managed care teams. **Parents are required for knowing insurance limitations with therapy coverage.**

|  |  |  |
| --- | --- | --- |
|  | YES | NO |
| I have checked my insurance and it does cover group therapy code 97150 |[ ] [ ]
| I **HAVE** used other therapy benefits elsewhere |[ ] [ ]
| If checked yes to the previous question, please use this line to enter how many visits have been used elsewhere. Family is responsible for knowing their max visits.  | Visit Number: |  |
| I understand that I am liable for any additional charges that my insurance does not cover |[ ] [ ]

Click or tap here to enter text. Click or tap here to enter text.

Patient Full Name Patient DOB

Click or tap here to enter text. Click or tap here to enter text.

Printed Parent Name Parent/Legal Guardian Signature

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**PLEASE EMAIL COMPLETED FORMS (2 PAGES) TO** **PEDSCAMPS@SRALAB.ORG** **OR FAX to 312-238-1239**

Patient Name: Click or tap here to enter text. Patient Birth Date:Click or tap here to enter text.

Address:Click or tap here to enter text. Caregiver Name: Click or tap here to enter text.

Home Phone: Click or tap here to enter text. Cell Phone: Click or tap here to enter text.

Caregiver Email: Click or tap here to enter text.

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Primary Doctor/Pediatrician: Click or tap here to enter text.

Ordering Physician (for camp): Click or tap here to enter text.

Emergency Contact: Click or tap here to enter text. Relationship: Click or tap here to enter text.

Phone Number: Click or tap here to enter text.

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**Insurance Information Insured/Responsible Party**: Click or tap here to enter text.

Relation to Patient: Click or tap here to enter text.

Birth Date: Click or tap here to enter text.

Address (if different from patient): Click or tap here to enter text.

**Primary Insurance:** Click or tap here to enter text.

Address: Click or tap here to enter text.

Phone Number: Click or tap here to enter text.

Group Number: Click or tap here to enter text.ID Number: Click or tap here to enter text.

**Secondary Insurance:** Click or tap here to enter text.

Address: Click or tap here to enter text.

Phone Number: Click or tap here to enter text.

Group Number: Click or tap here to enter text.ID Number: Click or tap here to enter text.

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**Additional Information:**

**Is your child currently receiving physical therapy (PT)?** [ ] YES OR [ ]  NO

**Can you attend dates of camp July 10-August 4, 5-7pm** [ ] YES OR [ ] NO