Care that connects us to strength

Rehabilitation Services

CookChildren's

Cook Children's Rehabilitation Services team includes audiologists, speech-language pathologists, physical and occupational therapists. We work closely with physicians and surgeons, social workers, dietitians, psychologists and athletic trainers. We offer a full range of physical, occupational, speech therapy and audiology services for children.

Speech therapy

Our expert speech-language pathologists (SLPs) specialize in medically based speech, language and cognitive disorders, including:

- Cleft/craniofacial and resonance disorders
- Voice disorders
- Inducible and exercise-induced laryngeal obstruction
- Augmentative communication devices
- New diagnosis of hearing loss
- Brain injury or other neurological disorders
- Autism (age 6 or younger)
- Patients needing multiple rehab services
- Patients with speech-language delays associated with complex and/or medically based diagnoses

Due to extended wait periods, we no longer accept referrals for the following:

- Articulation disorders with only one or two sounds in error
- Stuttering
- Language/developmental disorders (7 years and up)
- Learning challenges

Voice

Voice disorders in children can cause difficulty producing a voice for speaking or singing. Children with a voice disorder may have a voice that sounds harsh, breathy or hoarse. They receive their diagnosis from an ear, nose and throat (ENT) doctor who refers them to speech therapy for treatment. Common problems we treat are:

- Vocal nodules caused by vocal misuse or abuse
- Damage to the vocal cords caused by intubation or reflux
- Vocal cord paralysis or weakness

Patient story:

Parents noticed their child was talking with a hoarse vocal quality and would report pain when talking. An ENT performed a scope and found vocal cord inflammation. The patient was referred to speech therapy and practiced relaxed voicing, diaphragmatic breathing, how to appropriately increase vocal loudness and vocal hygiene. After therapy and actively working on the recommended home practices, the child had complete resolution of his hoarse vocal quality and reported no more pain.

Infant feeding

Our infant feeding speech language pathologists help treat infants with difficulties feeding by breast or bottle. Infant feeding problems can be caused by latch, coordination of suck-swallow-breathe or some degree of dysphagia. Our speech-language pathologist team can assess oral structures, oral motor skills and swallowing functions to help provide supportive strategies for successful feeding by bottle or breast. We recommend referring to a speech-language pathologist for these bottle or breastfeeding concerns:

- Difficulties with breast or bottle
- Coughing or choking
- Poor latch
- Decreased volumes of milk or formula
- Leaking milk/formula from the mouth
- Difficulty with completing goal volumes in 30 minutes or less
- Difficulty transitioning to bottle, if needed, from breast
- Poor coordination of suck, swallow, breathe
- Overall difficult or stressful feedings
- Any underlying medical diagnoses such as:
    - Cleft lip and palate
    - Down syndrome
    - Prematurity
    - Cardiac conditions
    - Laryngomalacia or tracheomalacia

Patient story:

A baby recovering from a major gastrointestinal surgery had a ‘nothing by mouth’ (NPO) order from the physician, but the mom had a clear goal of breastfeeding her child. With a strong collaboration between physicians and mom, the speech-language pathologist created a supportive breastfeeding plan. The baby worked from oral stimulation with a gloved finger, to a pacifier dipped in breast milk, to suckling on mother’s breast after pumping. Eventually, the baby fed directly and safely from the mom’s breast.

Exercise-induced laryngeal obstruction

Children and teens sometimes experience breathing difficulties triggered by exercise, smells, other irritants, or even stress. This can make it feel like they are breathing through a straw. Pulmonologists often diagnose them with inducible laryngeal obstruction or exercise-induced laryngeal obstruction. They prescribe medications, inhalers and speech therapy for treatment. This treatment often helps the child:

- Learn specific "rescue breathing" strategies for easier breathing during episodes
- Use more effective breathing patterns, such as diaphragmatic breathing, during daily tasks and when exercising
- Learn preventive breathing techniques to help them maintain a high level of exertion without episodes of breathing difficulty
- Return to competitive sports and resume playing at his or her previous level

Patient story:

A teenager who participated competitively in marching band began having difficulty breathing and chest tightness during high-intensity drills and exercise. The symptoms would start suddenly while she was exercising and the only way to help relieve symptoms was to stop exercising, sit down and drink water. The teenager was referred to speech therapy for a possible diagnosis of exercise-induced laryngeal obstruction. She attended therapy to work on rescue breathing techniques, retraining breathing patterns during exercise and learning breathing techniques to prevent symptoms during exercise. After attending six sessions, this patient had complete resolution of symptoms and was discharged from therapy.

Cleft palate/velopharyngeal dysfunction

Children who are born with a cleft lip and/or palate often have difficulties learning to eat and speak. As infants, they may have trouble breast or bottle-feeding because of their clefts. Even after repair surgeries, they may have difficulty with air escaping through the nose when talking. Speech-language pathologists can assess and treat a child's palate and other structures to ensure they are working correctly. They also work closely with craniofacial surgeons if the patients have to learn how to use their new structures after surgery. We offer a variety of services to these children and families:

- Team-based care, including speech-language pathology, craniofacial surgeons, ENT, orthodontics and other specialties
- Feeding therapy for instruction on feeding techniques or special bottles
- Nasopharyngoscopy and/or cineflouroscopy for viewing the palate during speech which helps the surgeon make decisions about procedures or treatments
- Nasometry to assess the sound coming from the mouth and nose, which can guide treatment
- Speech therapy to help children learn to make their sounds correctly, in preparation for, or following a palate surgery

Patient story:

A 5-year-old girl was referred after her teacher thought her speech sounded too nasal. She could not produce many sounds like P, T, K or S. She was referred to our craniofacial surgeon for a submucous cleft palate. In therapy, she learned to make many of the sounds she was missing, though she had to plug her nose to do it. She had a palate surgery, but still wasn't making much progress in therapy. After a second surgery a couple of years later, she continued in therapy until she was able to use all her new sounds in conversations with her teachers, friends and family.

Auditory verbal therapy (AVT)

Children with the following may benefit from AVT rather than traditional speech therapy:

- Sensorineural hearing loss of any severity, unilateral or bilateral
- Conductive hearing loss, moderate to profound, unilateral or bilateral
- Microtia or atresia
- Auditory neuropathy spectrum disorder
- Hearing technology (hearing aids, cochlear implants and bone-anchored devices)

We offer:

- Education and support for families for hearing loss, brain development and communication outcomes
- Family counseling appointments to discuss short and long-term communication goals
- Therapy with speech-language pathologists who specialize or are certified in AVT
- Close collaboration with the child's team, including ENT and audiologist

Patient story:

A child failed his newborn hearing screening and was diagnosed with a profound hearing loss in both ears. He was fitted with hearing aids at the age of 4 months and started AVT at six months. Therapy taught his parents about brain development, hearing loss and communication, as well as how to use listening strategies at home. He had cochlear implant surgery at 12 months and continued with AVT weekly, practicing strategies every day at home. He is now able to communicate using one to two-word utterances and follows familiar directions. He has made great progress with listening and is closing the gap for communication skills.

Sports physical therapy

Our sports physical therapy team specializes in the rehabilitation of both chronic and acute orthopedic injuries sustained by the growing child and athlete. Our sports physical therapy team treats a wide variety of diagnoses including:

- Acute orthopedic or sports related injuries such as:
  - Sprains and strains (ankle sprains, hamstring strains, etc.)
  - Dislocations/subluxations
  - Apophyseal injuries (Osgood-Schlatter, Sever's disease, etc.)
- Range of motion and strength limitations post-fracture/immobilization
- Chronic conditions such as:
  - Patellofemoral pain syndrome
  - Back pain
  - Spondylolysis and spondylolisthesis
  - Scoliosis
  - Chronic pain
  - Complex regional pain syndrome
  - Dysautonomia
  - Juvenile rheumatoid arthritis
  - Deconditioning after illness, including post COVID-19
  - Vestibular conditions

Special topics/considerations:

Our sports physical therapists are highly skilled in manual therapy and exercise prescription, treating patients 4-21 years of age. We have a unique ability to adjust patient treatments within a wide range of ages and stages. We strive to make therapy fun and engaging for all patients. We prepare them for a full return to their prior level of activity, whether that is swinging at the playground or playing quarterback on the varsity football team.

Patient story:

A patient with bilateral ankle pain was referred to the physical therapy team. She was a gymnast and had experienced multiple ankle sprains over the course of several years, but had not previously attended physical therapy. She presented with pain during all impact landings in gymnastics, as well as limitations in her ankle strength. She especially struggled with controlling the position of her ankles when barefoot and up on her toes. We were able to work on improving her ankle strength and neuromuscular control in physical therapy. We helped guide her through a progressive return-to-sport program so that she could resume her gymnastics participation without pain.

Concussion care

Our sports physical therapy team specializes in the rehabilitation of the growing athlete. That includes patients who have sustained concussions. While concussion complaints do sometimes resolve on their own, physical therapy can be very helpful for those patients who are experiencing lasting side effects.

We recommend referring concussion patients to physical therapy if there is:

- Dizziness or vertigo
- Headaches
- Neck pain
- Difficulty returning to their prior level of activity

Ages treated: 5-21 years

Special topics/considerations:
Our sports physical therapists often work closely in collaboration with Cook Children's Orthopedics and Sports Medicine team when treating patients with concussions. Our sports medicine concussion program focuses on patients over the age of 5 who suffered concussions due to playing sports. You can send a referral to the "Sports Concussion Clinic" via Epic.

Patient story:

A patient was referred to physical therapy after sustaining a concussion while playing soccer. She was feeling much better, but continued to report headaches with doing online schoolwork and periodic episodes of dizziness when she was fatigued. During the evaluation, she was having some trouble with eye tracking, as well as decreased static and dynamic balance. We were able to address these concerns with a program of oculomotor tracking activities, balance activities and cardiovascular exercises over a period of several visits. We collaborated with the patient's referring provider and helped her return to soccer safely.

Hand therapy

Cook Children's Hand Therapy program specializes in evaluating and treating injuries or conditions of the upper extremity (shoulder, elbow, wrist and hand). Our team provides individualized rehabilitation services for children, adolescents and teenagers with a variety of congenital conditions and traumatic injuries.

Conditions we treat:
- Fractures and dislocations
- Flexor/extensor tendon injuries
- Amputations
- Rheumatologic conditions
- Brachial plexus injuries
- Cerebral palsy
- Nerve injuries
- Arthrogryposis
- Congenital anomalies of the upper extremity
- Muscle strains
- Pain of the upper extremity

Ages treated: birth–21 years old

Our Hand Therapy team includes occupational and physical therapists, some of which have earned additional credentials from the Hand Therapy Certification Commission. Not only do they provide ongoing therapy services, they also are able to fabricate custom orthotics (splints) for patients to immobilize or facilitate movement and function.

Patient story:

A teenage girl with chronic wrist pain was referred for hand therapy. She participates in the school band and primarily reported pain with prolonged writing at school or when playing her musical instrument for long periods. When the hand therapist initially assessed the patient, she had no limitations in wrist or finger range of motion, but her grip strength was decreased. Over the course of two months, the hand therapist instructed the patient in progressive exercises designed to strengthen her wrist and hand and improve wrist proprioception. She was able to return to full participation in band without taking rest breaks during rehearsals and no longer had difficulty keeping up with her school assignments.

Pelvic floor

Children, ages 4 and up, can benefit from pelvic floor therapy for complaints of incontinence, constipation, dysuria and/or pelvic pain. Children should be continent during the day by age 4 and at night prior to age 6. Pelvic floor dysfunction often causes activity avoidance, isolation and impacts sports performance, mental health and everyday life. Occupational and physical therapists address pelvic floor dysfunction using a combination of biofeedback, manual therapy, breathing techniques and strengthening exercises. Internal treatment techniques are not used in our program. To maximize outcomes, pelvic floor therapy patients often benefit from Urology and/or Gastroenterology referrals for diagnostic testing.

Commonly treated diagnoses:

- Bowel and bladder incontinence with daily activities or sports
- Nocturnal enuresis for patients aged 6+
- Constipation
- Dysuria and pelvic pain with daily activities or sports
- Pelvic floor dysfunction

Patient story:

We treated a 6-year-old patient with urinary incontinence. He was unable to isolate his pelvic floor and reported daily accidents at school. These leaks were stressful and embarrassing for the patient and family. Biofeedback techniques were used to improve strength and endurance of his pelvic floor muscles. Pelvic floor therapy combined with consistent carryover of a home exercise program allowed this patient to progress to no urine leaks within two months. The family reported a significant improvement in the patient's mood and an increased desire to participate in activities with peers once his symptoms resolved. The family was thrilled to be able to return to their normal activities without stress or concern related to incontinence.

Serial casting

Serial casting is an effective conservative intervention to improve flexibility and function in the ankle and knee with or without Botox. We utilize a padded three-layer cast that patients wear for five to seven days prior to cast change and range of motion assessment. The patients remove their casts prior to their next therapy visit. Average length of treatment is three to six weeks. After serial casting, treatments such as orthotic intervention and/or physical therapy help to build strength and retrain gait patterns.

Commonly treated diagnoses:

- Cerebral palsy
- Idiopathic toe walking
- Spina bifida
- Muscular dystrophy
- Congenital abnormalities
- Spinal cord injury

Patient story:

We performed serial casting on a patient who had been toe walking for six years, and presented with balance and functional mobility deficits. She only needed four weeks of serial casting before her dorsiflexion range of motion improved to the point that she was able to walk in a flat foot position, consistently. After continued physical therapy intervention and consistent family home exercise program compliance, the patient was discharged pain-free with a heel-toe gait pattern, improved balance and functional mobility.


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Visit our paperless portal to access the referral platform and view mutual patients at **epiccarelink.cookchildrens.org**

Cook Children's Rehabilitation Services

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