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**Constraint Induced Movement Therapy Consent for Treatment Agreement**

CIMT is an innovative approach to treating hemiparesis that facilitates the use of the hemiparetic arm through constraint of the unaffected arm. It has been shown to be an effective treatment for hemiparesis in adults (Calutti and Baron, 2003, Liepert, Bauder, Miltner Taub & Weiller, 2000) and children (Charles, Lavinder & Gordon, 2001; Glover, Mateer, Yoell & Speed, 2002). Most studies have been conducted in the clinic setting and have taken place for 21 days with consecutive casting.

At Crossway Pediatric Therapy, we will be providing CIMT for up to 2 weeks for your child and it will take place in the clinic. Each cast application after the initial one is $35. The cost for the camp is $2200 for June 20, 2106 – July 1, 2016. Monday through Thursday 9 a.m. to 2 p.m. The payments can be made in three installments or all at the start of the camp session.

In this case with\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, the family and therapist have decided on the following terms:

**Prescription for CIMT from the child’s pediatrician (see chart)**

• 15 days of casting with 5 hours of therapy and therapeutic play a day

• Weekends off is optional and each cast application will incur a fee of $35

• Option to use the day cast after therapy ends or on the weekends

• Pre and post data based on functional goals that are specific to the child

• In addition to the CIMT, child will also receive OT daily.

• PT and ST based activities will be offer throughout the CIMT camp and are not included if the child requires individualized or OT and ST services in addition to the OT.

• The family will form and carry over the goals at home as well to help child to use his affected arm

• The sessions will be videotaped before and after the administration of the CIMT along with the completion of the Pre and Post CIMT forms.

• The CIMT camp will also include visual screening by a developmental optometrist and screening by the orthotist.

• The child will complete the camp with a home program specific to his or her needs.

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Parent Signature Date

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Therapist Signature Date

Shelley Portaro, OTD, OTR/L, NC #4306