



Robyn Tacon

Physiotherapists Inc



One step at a time

HPCSA PT 0098426 Pr no: 0760625 Co Reg: 2017/443890/21

Hope Studio - 107 Pritchard Street, JHB North, Olivedale. 011 462 7490

physiotherapy@hope-studio.co.za; www.hope-studio.co.za

Redhill Pre-preparatory school Morningside; 811 Augrabies Avenue Little Falls

Special interest in Paediatrics and Neurology

CONDITIONS OF ASSESSMENT/THERAPY 2021

Thank you for making use of this practice. Please read and sign this document, by initialling each page and completing the last page, and return it your therapist before your first consultation.

This is a Neuro-Developmental (NDT) based Physiotherapy practice and therefore this is the main approach used during therapy. However, as each child is an individual, other treatment modalities or approaches such as MAES, Aquatherapy, musculoskeletal, orthopaedic, psychosocial, developmental, cardiothoracic, and home exercise prescription may be used. We value the involvement and opinion of parents and caregivers and are willing to discuss any outcomes, progress, concerns or anything you may wish to.

Please note that there a few Physiotherapists who work here and although we make every effort that the therapist who assesses your child also treats them, this is not always possible due both to your and the therapists' time constraints. However, we make every attempt to ensure an efficient and smooth hand over.

ASSESSMENT PROCEDURE

We recommend that all children who are referred to Physiotherapy complete an assessment to determine their strengths and weaknesses and to be able to give appropriate recommendations. The assessment includes meetings with the parent/s and/or guardians to discuss their concerns, relevant medical and schooling history and goals that they would like to see their child achieve. The basics of how therapy works and developmental processes relevant to your child will also be explained. The feedback meeting will include discussion on the assessment findings, the need for therapy or referral and to plan the way forward. You have the right to refuse therapy as well as the right to receive therapy with a different practice. Should you require a full assessment report please inform your therapist by selecting an option below. This is an additional cost of R350 and will be ready at most three weeks after the assessment is completed.

Assessment Report Required: Yes No

Initial: _____

All assessments must be paid on the day after the feedback meeting and therapy will only begin once this has been done.

The assessment procedure will be billed according to the dates the meetings and the assessment took place. Should these dates fall over different months you will be billed as appropriate. Thereafter sessions, reports and parent feedbacks are charged as structured below.

Assessment Costs:

Assessments are typically 1,5 - 2 hours long depending on the child's age, the complexity of the situation, and the child's ability to complete all necessary tasks within that time frame. **The total inclusive cost of the meetings and assessment is noted below; which may/may not be fully covered by your medial aid scheme.** Following the initial meeting your assessing physiotherapist will inform you regarding which assessment structure would be best suited to your child.

Age 2 years or younger, and children whose presentation deems appropriate.

R1650-R1850

Ages 2 years or older, or children presenting with different needs.

R2100-R2300

Diagnostic Assessment/Therapy:

This option suits a child who has already received physiotherapy or needs the therapy process to begin as soon as possible; or who is unable to complete the full assessment in one day. The child receives therapy for four consecutive weeks and is assessed at the same time. The same aspects are assessed as above. The initial assessment session and meetings will be charged at R1400-1600, with the remaining three sessions charged as noted below under 'Therapy'. **The total initial cost may/may not be fully covered by your medial aid scheme.**

THERAPY

Therapy sessions are charged according to treatment undertaken and thus an exact amount cannot be quoted. Sessions usually vary between 30 minutes to an hour long and this will be advised and discussed between you and the therapist during the feedback session. The length of session may also need to change during the period of time your child attends therapy as his/her needs change.

Therapy costs vary depending on the intervention undertaken as well as time spent, and range between R500 and R800

The importance of regular therapy cannot be over-emphasised in order to obtain optimum results. Treatment sessions are usually either once or twice a week for a duration of at least six months to a year, or longer if need be. After at most every six months your child will be re-evaluated and his or her progress discussed with you. To achieve the best outcomes from the therapy process, it is essential that parents/ caregivers complete the relevant home programs provided. These are specific to your child's needs and will be structured in a way to suit your family's dynamic. Please keep your therapist informed of any positive or negative response to treatment. Poor progress may indicate that an alternative approach is necessary. No therapy can be 100% guaranteed, however we do guarantee that the therapists are qualified, continuing to develop themselves professionally and are mentored. Therefore they will do their best to ensure progress and development.

PARENT FEEDBACK, REPORTS & MEETINGS COSTS

(Following the initial and feedback meetings and assessment report if requested)

The therapists will provide regular brief feedback following sessions. This may not be possible directly after the session due to scheduling and time constraints however your therapist will strive to complete this timeously. Feedback will either be given verbally, via email/whatsapp or sms, or in a therapy book if the child is seen at school. Please ensure this book is in the school bag and sign that you have seen the feedback if you choose this method. Please see the **POPI Act Information & Consent Document** regarding further information.

Parent consultations or feedbacks can be set to discuss progress in more detail or to set new therapy goals with all relevant parties involved. Your therapist may also request a meeting with you and other members of your child's care team. These meetings are charged for at the below rates and **may/may not be fully covered by your medial aid scheme.** Please note additional reports for medical aid motivations or to note progress are also charged for. Reports and feedback meetings will only be provided if your account is up to date and not in arrears.

Short Report		R200
Full Report		R350
Parent/Teacher/Doctor Meeting	(1/2 hr)	R450
	(3/4 hr)	R550
	(1 hr)	R650

Any report written by the physiotherapist will be released to you to copy and distribute.

CHEST TREATMENT

The practice is fully equipped to perform chest physiotherapy for your child as need be. This includes percussion, nebulisation, Infra-red light, postural drainage and suctioning. Treatment sessions vary between R500 to R650 depending on the intervention carried out. Please note that your child may need treatment 3 or 4 times within a few days and this may not always be carried out by the same physiotherapist. Please complete the additional **Respiratory Treatment Informed Consent** form should you require this intervention.

AQUATHERAPY

The Olivedale practice has a heated pool and the physiotherapists are able to provide this treatment option. Aquatherapy is used to assist treatment of neuromusculoskeletal conditions and is usually thoroughly enjoyed by the children involved. Treatment duration and rates fall into the same estimation as listed above.

Please see and complete the additional form **Aquatherapy Informed Consent** should you be interested in this type of therapy. Please do not hesitate to contact us with any questions.

HOME/ SCHOOL VISITS

Once off school visits will be charged according to time spent at the school using the appropriate treatment codes. These visits are intended as a once off or as needed by the parents or the school to determine how your child is coping in the classroom and how the therapist can assist the teachers in best supporting your child. **There is an additional cost of R250/session** for either school/home visits to cover traveling time and cost of petrol. (This may increase according to distance from the practice). Once off or regular home visits are also available should you require this service.

The therapists at this practice are prepared to do regular therapy at the school if the school are agreeable and if the therapist has available time. The space and equipment available also needs to be suitable for your child. We however, charge extra for this service to cover travelling costs and time. **The basic rate is R125/session and unless otherwise discussed will not be changed.**

Please sign to indicate your acknowledgement of and consent to this: _____

CONSENT TO COMMUNICATION (POPI)

Consent under POPI means that you voluntarily consent to processing of your personal information in the course of treatment including the communication of results/feedback/reports via electronic means (e-mail/SMS/Whatsapp/etc). You understand the confidential nature of information that may be exchanged via electronic means and you assume the risks associated with thereof by ticking the below “yes” option.

Consent via email: Yes No Consent via sms/Whatsapp/IM: Yes No

You may withdraw this consent, in writing, at any time.

Please see the POPI Act Information and Consent document for further detail regarding all processing, sharing and storage of information.

PLEASE REMEMBER:

- **Appointments not cancelled 12 hours before the session, or missed appointments will be charged for in full. Please note that if your child is seen at school, it is your responsibility to cancel directly with the therapist not the school's; especially when there are events that will affect therapy sessions at school.**
- A month's written notice is required should you wish to terminate therapy, this allows the relationship to be terminated without negative affect on your child, and to ensure carry over and finalising of treatment plans with the parent. .
- Please note children who have infectious illness or have been to exposed to infectious illnesses i.e. chicken pox, measles etc. should not attend therapy as this is not beneficial to the other children attending. Children with lice are also requested to not attend. These sessions will not be charged for.
- Siblings are welcome but are to remain quietly in the waiting area or garden.
- No children are allowed in the therapy rooms without their respective therapist present.
- Children being assessed/treated may be asked to remove some item/s of clothing in order for the physiotherapist to observe posture and movement, please prepare your child for this in the event that it may be necessary.
- Comfortable clothes should be worn for therapy, preferably not dresses/ skirts. Jewellery should not be worn, including watches, as no responsibility can be taken for such items.
- Please tie up any loose hair and refrain from using hair accessories that can be easily damaged during gross motor movement.
- Please ensure your child arrives at therapy in a relatively clean state or please use the bathroom facilities available ahead of time.
- Physiotherapy is mostly considered a 'hands-on' intervention and thus the physiotherapist will need to touch and handle your child, please discuss with you child and the therapist if this may be overwhelming for him/her.
- Your child may experience fatigue or muscle ache following physiotherapy sessions, this is to be expected, however if you are concerned please contact your therapist.

- This practice is open during the school holidays and will only close over December. Please inform your therapist in writing if you will not be attending sessions ahead of time.
- If at any stage you are unhappy or have concerns, PLEASE address them with your therapist as soon as possible and if you are still concerned then please contact Robyn as we need to be made aware of the situation in order to be able to assist you.

Details: robyn@hope-studio.co.za or 082 324 1857.

- If you have any suggestions on how we can improve our services, please let us know. We appreciate any constructive feedback.

- We would like to contact the other members of your child's medical care team (doctor, therapist, etc) to inform them that your child has been through an assessment process and give brief outcomes of therapy. This communication will ideally continue throughout your child's therapy process and is in the best interest of your child and his/her progress. Please sign to indicate your consent that the therapist may provide this. Please provide their contact details on the attached **Patient Details** form. You may withdraw this consent, in writing, at any time.

Verbal feedback: Yes No
 Written feedback/reports: Yes No

Signature: _____

- Your child's teacher/s may request verbal or written feedback on their progress in therapy. Please sign to indicate your consent that the therapist may provide this. Please provide their contact details on the attached **Patient Details** form. You may withdraw this consent, in writing, at any time.

Verbal feedback: Yes No
 Written feedback/reports: Yes No

Signature: _____

INJURIES

All possible precautions will be taken for the safety of your child. However, your therapist and/or their employer or any other person on the premises, may not be held responsible and/or liable for any injury or other mishap, (including loss or damage to property), occurring whilst entering, on, or leaving the premises of the practice. All therapists on the property are trained in first aid and basic life support and a medical aid kit is available should it be required.

The use of any apparatus on the premises by the patient, without supervision of a physiotherapist, is at their own risk. Persons not receiving treatment remain the parent/guardian's responsibility and are not the responsibility of the physiotherapist practice owner and/or their employees.

Outside official treatment times, no child may be left on the premises without supervision for any length of time. If another person is to fetch your child from therapy, the therapist responsible, must be informed.

PHOTOGRAPHIC AND VIDEO CONSENT

I hereby grant Robyn Tacon Physiotherapists Inc and/or the employees thereof, permission to take photographic/videographic images of my child. I understand that these images will remain strictly confidential and will be used purely for therapeutic assessment and monitoring of my child. I understand that these images will not be publicly shared or produced. I understand that these images form part of my child’s medical history and are available to me at any time. I hereby grant permission to the said physiotherapy practice to discuss the images with colleagues in order to seek their opinion or expertise. I understand that this would also be strictly confidential. I understand that I may withdraw this consent, in writing, at any time.

Signature:_____.

The main practice in Olivedale has cameras up in the 3 gross motor rooms for both the clients and the therapist’s protection. These recording are only kept for 3 days and are then over-recorded.

OBSERVATION CONSENT

Occasionally scholars and students ask to observe therapy to assist with career choices. As a practice, we like to offer them this opportunity. We only allow these students into the therapy room if it will not be disruptive to the therapy process and ensure they sign a confidentiality agreement (they may not share any details about your child or take any photos etc). They are also not involved in the therapy session and are only passive observers. I understand that I may withdraw this consent, in writing, at any time.

I will allow my child to be observed I prefer that my child not be observed

Signature:_____.

ACCEPTANCE OF CONDITIONS OF THERAPY

I, the signatory and parent/guardian of.....declare that I have read, understood, and accepted the conditions of therapy contained in this document.

NAME OF LEGAL GUARDIAN/ PARENT

SIGNATURE OF LEGAL GUARDIAN/ PARENT

IDENTITY NUMBER OF ABOVE GUARDIAN/ PARENT

DATE.....

Kindly initial all pages of this contract