

Services for children and youth in the child and youth years



Pediatric rehabilitation helps children and youth live well, build resiliency and take part in activities meaningful to them and their families.

Care involves children, youth and families every step of the way. Families and healthcare providers work together to:

- Take part in activities that are important to them
- Set therapy goals and activities to help children and youth develop skills
- Recover from a range of health conditions




AHS offers services for children and youth who have (neuro) developmental and/or medical conditions.



The child and youth years typically include the time after a child enters another publicly funded program (registered in an Alberta Education program or has confirmed rehabilitation/therapy services through Family Supports for Children with Disabilities) until they turn 18 years old. In many cases, this means children and youth age 5-18 years old.




An episode of rehabilitation care may be provided if the child or youth has new functional needs in the service area, as a result of a significant change in their underlying or newly identified medical or neurodevelopmental condition.

AHS provides pediatric rehabilitation in community, outpatient and specialized rehabilitation settings. The healthcare providers involved in care may vary.

View the services AHS offers for children and youth in the child and youth years and when they may be eligible:

	Eligible Rehabilitation (Therapy) Services	What words might my doctor or therapist use? What does this mean for my child/youth and family?
	Recent injury, surgery or medical intervention requiring therapy	<p>Acute change in function or new functional needs resulting from surgery, medical intervention or injury.</p> <p>What does this mean? A change in a child or youth's function or how they manage day to day after an injury, surgery or medical intervention.</p>
	Clear Speech: Using speech sounds	<p>New functional speech concerns due to diagnosed or undiagnosed speech delays and disorders, including: articulation, phonology, functional concerns of unknown etiology, motor/neurological (e.g. dysarthria, childhood apraxia of speech, brain injury), structural (e.g. cleft palate, orofacial anomalies), sensory perceptual (i.e. hearing impairment).</p> <p>What does this mean? A child or youth may have difficulty being understood by others because of how they say their sounds, words or sentences.</p>
	Clear Speech: Speaking smoothly and easily	<p>Fluency, dysfluency, stuttering or cluttering.</p> <p>What does this mean? A child or youth may have difficulty talking or being understood due to stuttering.</p>
	Clear Speech: How the voice sounds	<p>Voice and resonance; voice disorder; hypernasality; hyponasality.</p> <p>What does this mean? A child or youth's voice may sound harsh, hoarse or too high or low pitch. It may seem like they are 'talking through their nose.'</p>
	Eating, Feeding and Swallowing	<p>Eating, feeding and swallowing; needs related to efficient and safe oral consumption; often referred to as 'dysphagia'.</p> <p>What does this mean? A child or youth may have difficulty feeding, eating or swallowing foods and liquids. They may avoid having foods or liquids in their mouths, have a limited diet, and may cough, gag, or have difficulty gaining weight.</p>

	Eligible Rehabilitation (Therapy) Services	What words might my doctor or therapist use? What does this mean for my child/youth and family?
	Equipment to support communication	<p>Augmentative and Alternative Communication (AAC) for children with complex needs; complex needs consider medical needs, service needs and child and family needs; using 'AAC'; requiring multidisciplinary health team, specialty technology or customized equipment.</p> <p>What does this mean? Children and youth may need specialized strategies or equipment such as speech generating devices to communicate. Customization of technology and equipment will likely be needed for the child to access and use the communication system, along with a multidisciplinary health team.</p>
	Equipment to support movement and function	<p>Splinting, orthosis, serial casting; functional needs related to underlying or newly identified medical or neurodevelopmental condition.</p> <p>What does this mean? Using splints or casts to help improve a child or youth's range of motion, strength, reduce pain or muscle tone to support participation; help improve a child's function when they have had a big or really obvious change in how they move their body, related to their medical or neurodevelopmental condition, including newly identified health conditions.</p> <p>New functional needs related to underlying medical or neurodevelopmental condition, requiring therapeutic equipment. Equipment related to wheelchair, seating, positioning equipment may include wheelchairs and cushions, standing frames, mobile standers, walkers, gait trainers, feeder seats.</p> <p>What does this mean? Using assistive devices such as wheelchairs, walking aides or adaptive equipment to help improve a child or youth's function when they have had a big or really obvious change related to their medical or neurodevelopmental condition; includes newly identified health conditions.</p>

	Eligible Rehabilitation (Therapy) Services	What words might my doctor or therapist use? What does this mean for my child/youth and family?
	Hearing: Childhood screening	<p>Hearing screening; screening when there is a hearing concern or a need to rule out hearing loss as part of a differential diagnosis; point of entry to Audiology services.</p> <p>What does this mean? Children and youth who may not be responding to sounds, voices or words or developing speech and language as expected can have their hearing screened to find out if there are any problems with their hearing.</p>
	Hearing: Assessment and management	<p>Audiological assessment and management; hearing health, hearing loss, tinnitus, balance and/or dizziness; includes standard assessments, Diagnostic Pediatric Auditory Brainstem Response, Auditory Evoked Potentials; Vestibular.</p> <p>What does this mean? Different methods are used to assess a child or youth's hearing. The balance or vestibular system can also be assessed. Follow up for children at risk for hearing loss and for those with permanent hearing loss and using cochlear implant or bone conduction hearing devices is offered.</p>
	Moving	<p>Functional mobility, movement and motor skills.</p> <p>What does this mean? Services may be available when a child or youth has had a big or really obvious change in how they move their body, related to their medical or neurodevelopmental condition, including newly identified health conditions.</p>
	Taking care of self (e.g. getting dressed, personal hygiene, doing chores)	<p>Self-care, productivity, leisure.</p> <p>What does this mean? Services may be available when a child or youth has difficulty doing their daily activities such as dressing, toileting or doing chores and when they have had a big or really obvious change in how they function related to their medical or neurodevelopmental condition, including newly identified health conditions.</p>

What are my options if my child is ineligible for AHS services?

You may wish to look into:

- Alberta Education: Consider talking to your child's school about your concerns.
- Family Supports for Children with Disabilities (FSCD): Families must meet criteria to be eligible for the program. Visit the [website](#) to learn more.
- First Nations Health Consortium: The First Nations Health Consortium helps families access education, health or social programs to meet their child's needs. The team reduces stress on families by helping them navigate provincial and federal service systems. If there is a gap in services or lack of a program available to meet the child's needs, they work with the family to complete and submit an application for Jordan's Principle funding. See the [First Nations Health Consortium website](#).
- Private practice: Families can choose to pay out of pocket or use third-party insurance to visit a private or community provider of their choice. These websites may be helpful for finding private practice therapy services:
 - [Alberta College of Occupational Therapists](#)
 - [Alberta College of Speech-Language Pathologists & Audiologists](#)
 - [Physiotherapy Alberta College + Association](#)

To learn more about pediatric rehabilitation services in your area, visit ahs.ca/PedRehab.



© 2022, Alberta Health Services, Allied Health Professional Practice & Education. This copyright work is licensed under the Creative Commons Attribution-NonCommercial-NoDerivative 4.0 International license. To view a copy of this license, see <https://creativecommons.org/licenses/by-nc-nd/4.0/>. You are free to copy and distribute the work including in other media and formats for non-commercial purposes, as long as you attribute the work to Alberta Health Services, do not adapt the work, and abide by the other license terms. The license does not apply to AHS trademarks, logos or content for which Alberta Health Services is not the copyright owner.