

Services for infants and children in the early 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









The early years typically include from birth to 5 years of age. If a child transitions to another publicly funded program (e.g. an Alberta Education program or confirmed rehabilitation or therapy services provided through Family Supports for Children with Disabilities) their service eligibility may change.



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



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 infants and children in the early 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 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’s development 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 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 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’s voice may sound harsh, hoarse or too high or low pitch. It may seem like they are ‘talking through their nose.’</p>
	Communication	<p>Receptive or expressive language delay or disorder in the child’s primary/first language; sometimes referred to as ‘developmental language delay or disorder’ or being a ‘late talker’.</p>

	Eligible Rehabilitation (Therapy) Services	What words might my doctor or therapist use? What does this mean for my child and family?
		<p>What does this mean? A child may have difficulty with different parts of communication, such as babbling or using words, sentences and grammar; understanding directions; answering questions; or using language to interact with others.</p>
	<p>Eating, Feeding and Swallowing</p>	<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 may have difficulty feeding, eating or swallowing foods and liquids. They may struggle with behavior at mealtimes, avoid having foods or liquids in their mouths, have a limited diet, and may cough, gag, or have difficulty gaining weight.</p>
	<p>Equipment to support communication</p>	<p>Augmentative and Alternative Communication (AAC); facilitate communication access through no-, low-, and high-tech devices; using 'AAC'.</p> <p>What does this mean? Children may be helped to communicate by using strategies and equipment such as pictures, picture or word boards, tablets or speech generating devices or computers.</p>
	<p>Equipment to support movement and function</p>	<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's range of motion, strength, reduce pain or muscle tone to support participation.</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>

	Eligible Rehabilitation (Therapy) Services	What words might my doctor or therapist use? What does this mean for my child and family?
		<p>What does this mean? Using assistive devices such as wheelchairs, walking aides or adaptive equipment to support a child’s ability to move about and participate in activities.</p>
	<p>Hearing: Infant screening</p>	<p>Early Hearing Detection and Intervention (EHDI); infant hearing screening or newborn hearing screening.</p> <p>What does this mean? An infant’s hearing can be screened to identify permanent hearing loss very early in life.</p>
	<p>Hearing: Early childhood screening</p>	<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 who may not be responding to sounds, voices or words or developing speech and language as expected may have their hearing screened to find out if there are any problems with their hearing.</p>
	<p>Hearing: Assessment and management</p>	<p>Audiological assessment and management; hearing health, hearing loss; includes standard assessments, Diagnostic Pediatric Auditory Brainstem Response, Auditory Evoked Potentials; follow-up for children with permanent hearing loss.</p> <p>What does this mean? Different methods are used to assess a child’s hearing. If a child has a permanent hearing loss, technologies such as hearing aids, cochlear implant or implantable bone conduction hearing devices may be used to manage the hearing loss.</p>
	<p>Infant head shape: Screening</p>	<p>Head shape screening; screening for medical needs associated with head shape concerns.</p>

	Eligible Rehabilitation (Therapy) Services	What words might my doctor or therapist use? What does this mean for my child and family?
		<p>What does this mean? An infant's head shape may be screened to see if it is having an impact on the baby's health and development. If cosmetic treatment is suggested, a referral to private services will be provided.</p>
	<p>Infant neck tightness or head tilt</p>	<p>Torticollis; infants with needs related to torticollis or head tilt.</p> <p>What does this mean? Infants with neck tightness, which may make them look like their head is tilted or that they're having trouble turning their head (usually to one side more than the other), can be seen and strategies provided.</p>
	<p>Moving and physical development</p>	<p>Functional mobility, movement and motor skill development (gross and fine motor); as a result of (un)diagnosed developmental delay or motor impairment.</p> <p>What does this mean? A child may have difficulties with moving, such as head control, sitting, crawling, walking, coordination, holding objects, playing with toys or has pain or stiffness.</p>
	<p>Taking care of self (e.g. getting dressed, bathing, and playing)</p>	<p>Self-care, productivity, leisure; functional needs as a result of (un)diagnosed developmental delay or motor impairment.</p> <p>What does this mean? When a child has difficulty with daily activities such as dressing, toileting, playing, doing chores or sleeping.</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.

