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We are the destination for the region’s most comprehensive Cardiovascular Wholecare, including prevention, diagnosis and treatment.

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Visit AMITAhealth.org/KankakeeHearts to learn more or call 815.937.9370 to schedule an appointment with a cardiologist.

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Call 855.960.4799 to schedule a screening. No insurance or doctors’ order needed.

AMITA Health
St. Mary’s Hospital Kankakee

Many of the physicians affiliated with AMITA Health are independent practitioners and members of the medical staff at one or more AMITA Health hospitals and are neither employees nor agents of the hospital. As a result, AMITA Health is not responsible for the care provided by these physicians.
At AMITA Health St. Mary’s Hospital, you’ll find compassionate, board-certified, primary care and specialty doctors who listen. And by learning more about your unique situation, they can develop an individualized plan for your care and help you achieve everyday good health and a lifetime of wellness. With flexible hours (including evenings and weekends) and telemedicine capabilities, access to care is available in our community.

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Visit us at amitahealth.org or call us today at 815.937.2081.

Aminta Health
Options CIL
Options CIL (OCIL) was established in 1989. Our board and our staff are comprised of more than 50% of people with disabilities. We are funded by state and federal grants, private donations, private foundation grants, United Way allocations, memberships and proceeds from fundraisers.

Our main office is located in Bourbonnais, Illinois serving Kankakee County. Our satellite office in Watseka, Illinois serves Iroquois County. OCIL serves individuals of all ages, races, faiths, genders, and disabilities.

We provide five core services, which are: advocacy, information and referral, independent living skills, peer mentoring, and transition. Our mission is to partner with persons with disabilities who want to live independently and participate fully in society. Through peer support and role modeling, Options team teaches consumers that persons with disabilities have the right and the responsibility to pursue goals of self-determination and self-sufficiency. We serve as a resource and mentor, empowering consumers with
the skills to direct their own lives, set their own goals, and plan the necessary steps to achieve those goals.

Options CIL works to bring about positive change in attitudes and accessibility and provides our community with the information and knowledge needed to accept, respect, and accommodate citizens with disabilities.

MISSION STATEMENT:
OPTIONS CENTER FOR INDEPENDENT LIVING PARTNERS WITH PERSONS WITH DISABILITIES WHO WANT TO LIVE INDEPENDENTLY AND PARTICIPATE FULLY IN SOCIETY.

VISION STATEMENT:
CREATING A BARRIER FREE COMMUNITY WHERE INDEPENDENCE, DIVERSITY & EQUALITY ARE VALUED BY ALL.

Options Service Area AND OFFICES
Iroquois County
130 Laird Lane, Suite 103
Watseka IL 60970
815-432-1332 (Voice)
815-432-1361 (TTY)
815-432-1360 (Fax)

Kankakee County
22 Heritage Drive, Suite 107
Bourbonnais IL 60914
815-936-0100 (Voice)
815-936-0132 (TTY)
815-936-0117 (Fax)

[Website Link]

United Way of Kankakee & Iroquois Counties

Come Join Options CIL for BINGO at the Bourbonnais Friendship Festival in the air conditioned community room June 2022
Cash prizes for all games
Grand Finale $200 cover all for each session!
For more information please call Options CIL at 815-936-010

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All membership contributions will be used to support the mission of Options and are tax deductible according to federal income tax laws. All donors will receive a written acknowledgment.

Individual and Consumer – Contributions of $10 or more. No consumer will be denied membership for inability to pay. All individuals and consumers will be entitled to: Membership Cards, voting privileges at the Options annual meeting*.

Agencies and Businesses – Contributions of $25 or more (not-for-profit) or $50 or more (small businesses). Benefits include: Membership certificates, voting privileges at Options annual
meeting*, acknowledgement at Options annual meeting.

Corporate Membership – Contributions of $100 to $299. Benefits include: Membership certificates, voting privileges at Options annual meeting*, acknowledgement at Options annual meeting, Company name listed in the Options annual Reference Guide to Independence, Company name listed on the Options website.

Philanthropic – Contributions of $300 or more. Benefits include: Membership certificates, voting privileges at Options annual meeting*, acknowledgement at Options annual meeting, a free business card size ad in our annual Reference Guide to Independence, Company name listed on the Options website with a link to your company website, your company logo on the Options website.

*Members must have been in good standing for at least thirty (30) days prior to any meeting at which ballots are to be cast.

Please complete our Membership Application or call Dan Brough at (815) 936-0100, ext. 226 for more information.
Weighted Vests and Autism: What You Need To Know

What is a weighted vest?

A weighted vest is a wearable garment with the capability of holding weight, typically a vest with sewn internal pockets where small ½ or ¼ pound weights can be placed. The weight and compression delivered by the vest provides proprioceptive input using deep pressure to the muscles and joints which sends signals to the brain helping a person feel calm and focused. On a potentially relatable level, it resembles a firm hug, without the emotional connotations.

The benefits can occur in a wide range with the most frequently reported being increased attention, focus and concentration as well as an increased sense of calm and a reduction in anxiety.

Additionally, other benefits included improvements in:

- Functional communication
- Executive functioning
- Problem solving
- Delayed gratification
- Higher ordered thinking
- Self-regulation/emotional-regulation
- Body awareness
- Motor planning
- Coordination
The benefits of using this tool, specifically for Autism: It is believed that when the central nervous system is well regulated, all physical processes are taking place more effectively. Due to this belief, the benefits of weights vests may even extend to the child’s internal processes, including processing food more effectively, encouraging better sleeping habits and impacting interoception (the sense of the internal conditions of the body including hunger, thirst, body temperature, etc.)

There is no harm in trying a weighted vest on a child with Autism but it’s important to observe the child while wearing the vest. Start light and slowly increase the weight and frequency of use. The weight should be evenly distributed and the vest should fit snugly to the child’s body.

Have the child wear the vest for no longer than 15 minutes at a time. Schedule 2 x 3 times per day for each 15 minutes wearing.

Keep in mind removing the vest is just as much of a sensory experience. So directly after wearing, you will likely see a benefit as well and then your child will again get used to the feeling without the vest.

Choose timing of wear schedules wisely. It is more appropriate and effective to implement the use of the weighted vest during times where your child may be completing activities such as schoolwork, crafts,
eating, playing games requiring communication or during family game time. The weighted vest is just one tool in the complete kit for children with Autism. It may need to have rotating sensory strategies to maintain the benefit. Consult with your child’s Occupational Therapist for alternative tools or strategies.

Information offered from: Parent Autism Magazine

River Valley Metro Mass Transit District

What is it, and what do they do?

River Valley Metro Mass Transit District is a public service agency that offers three types of bus services for the residents of Kankakee County.

1. Traditional, or “fixed route”, bus service in the urbanized area of Kankakee County. This includes Aroma Park, Kankakee, Bradley, Bourbonnais and Manteno.

2. Commuter shuttle service to Midway Airport.
3. Service for individuals with disabilities who are unable to independently use fixed route service. This is referred to as Metro Plus service.

Fixed route buses serve more than 300 bus stops from 5:00 am to 9:30 pm Monday through Friday, 7:00 am to 9:30 pm on Saturdays, and 8:00 am to 4:00 pm on Sundays and major holidays. Most stops are served once each hour, but a few are served every half hour. All buses are wheelchair accessible. Fare is $1.00 per trip.

The Midway Airport commuter shuttle departs from the Metro Centre in Bourbonnais and makes one stop in Manteno. It then runs non-stop to Midway Airport. Our Bus Stop at Midway is located in the area designated for Regional Buses near the Baggage Claims exit.

Free parking for Midway Airport commuters is available at both the Bourbonnais and the Manteno departures points. Fare is $2.00 each way.

Metro Plus service requires pre-qualification and operates by appointment. Metro Plus buses will pick you up at your home and take you to your destination. This is a shared ride service, meaning that multiple individuals’ trips are grouped together in an effort to meet all trip requests and improve efficiency. Ride time on Metro Plus is comparable to travel time on the
fixed route system, including transfers and wait times. Fare is $2.00 each way.

Additional details about each of these services are available at RiverValleyMetro.com or by calling 815-937-4287

ADVERISTMENT:
Commuter Route serving Midway Airport

Origin-to-Destination service for those with qualifying disabilities

11 Local Routes serving Aroma Park, Kankakee, Bradley, Bourbonnais, and Manteno

Whether traveling around town or to a Chicago area destination, all River Valley Metro buses are wheelchair accessible. And, if you have a disability that prevents you from using our local fixed route buses, Metro Plus can pick you up!

Metro Plus origin-to-destination service provides local transportation by appointment for people who have a disability that prevents them from using our local fixed route service. Eligibility must be verified through a
simple application process. For details, please visit RiverValleyMetro.com or call 815-935-1403

Our buses run 365 days a year. Whether going to an appointment, visiting friends, or going out for the evening. Go Where You Want To Go With River Valley Metro!

River Valley Metro
Mass Transit District

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Good Shepherd Manor
For 50 years, Good Shepherd Manor has provided high quality and compassionate care for the men who live here. This client-centered mission has allowed
Good Shepherd Manor to develop the services to meet the needs of our clients regardless of their age-related demands. Now, in the year 2021, as some of the men have aged and new clients have been welcomed, the Manor provides a broad cross section of educational, vocational, and leisure opportunities for the men, along with increased health services that go above and beyond what is funded by the State.

One of the many wonderful aspects of care that sets us apart from others is our comprehensive Health Care Program that we provide for ALL of our residents. In case you did not already know, here are a few of the highlights:

The Manor’s 7,000 square foot Infirmary

Nursing staff is available during all waking hours

The Helen McAllister Group Home, built in close proximity to the Infirmary, is a uniquely designed group home to serve the needs of clients with signs of dementia and Alzheimer’s disease.

On average, about 33 men work or volunteer in the community each quarter accumulating about 5,000 hours each

The talented Chorus and Signers program
Do you know someone who may need our services now or in the future?

Would you like to learn more about the services and programs provided?

Visit www.goodshepherdmanor.org or contact Erin at 815-472-3090; info@goodshepherdmanor.org to arrange a tour of our facilities and visit the beautiful campus!

ADVERISTMENT:
Good Shepherd Manor
Celebrating 50 Years

For the past 50 years, and continuing still today, Good Shepherd Manor has been providing a high quality life and compassionate care for men with intellectual and developmental disabilities.

• 13 group homes – 1 of which is uniquely designed for residents with dementia and Alzheimer’s
• Day Program
• Vocational Training
• Infirmary
• Nursing Services
• Chorus and Signers program
The Independent Living Movement

When the process of deinstitutionalization began in the 1960’s, some people with significant disabilities were released from inevitable life sentences in nursing homes and other institutions, which created for the first time in history an opportunity, an imperative, for people with disabilities to live free and independent lives. From this, a community and a culture with history, values, and an objective were born.

Our first taste of freedom came amidst massive civil rights movements nationally and abroad. Leaders of the disability community began to realize that our human rights and civil liberties would come only as we fought for them. With most state-run institutions closed, people with significant disabilities became more visible, and more audible, too. But society’s
unwelcoming attitude did not change. The private medical industry quickly appropriated the responsibilities of formerly state-run institutions.

Centers for Independent Living were created to be run by and for people with disabilities, and offer support, advocacy, and information on empowerment in the attainment of independence from a peer viewpoint, a perspective that was hitherto excluded from participation in the discussion.

Independent Living activists carried out some of the most daring protests in American civil rights history, including the longest occupation of a Federal building in history, which led to the release of the regulations banning discrimination against people with disabilities in federally funded programs. As Independent Living philosophy took hold nationally and the disability rights movement gained acceptance and political influence, a grassroots movement for a comprehensive disability rights law (the ADA) was implemented.

Today, Centers for Independent Living fight similar battles to ensure that the rights of people with disabilities are protected. Even with the passage of the Americans with Disabilities Act, people with disabilities often find that advocacy and support from the disability community and the disability rights movement is an essential element in enforcement of the civil rights law.
Many of the issues we fight for have strong opposition and powerful lobbyists in the for-profit sector. The National Council on Independent Living (NCIL) remains dedicated to the community values, objectives, and unity that we were founded on.

The Independent Living Philosophy & Culture

The Independent Living Movement is founded in the belief that people with disabilities, regardless of the form, have a common history and a shared struggle, that we are a community and a culture that will advance further banded together politically.

Independent Living philosophy emphasizes consumer control, the idea that people with disabilities are the best experts on their own needs, having crucial and valuable perspective to contribute and deserving of equal opportunity to decide how to live, work, and take part in their communities, particularly in reference to services that powerfully affect their day-to-day lives and access to independence.

According to traditional thought, disabilities are impairments to be cured through medical intervention. In practice, people with significant disabilities are treated at best by the medical industry as diseases to be cured, and more often, as incapable and undeserving of optimal and self-directed care. The significant underestimation of the
abilities and life quality of people with disabilities has led to a state in which the evaluation of people with disabilities by medical professionals, so highly valued by society, has come to infringe on basic human and civil rights.

The Independent Living Model sees the problem differently and understands disability as a construct of society. In this model, the problem lies in the environment, not the individual. Though many people have physical, intellectual, or mental attributes that deviate from the ‘norm,’ disability is manifested in society through purposefully created and maintained physical, programmatic, and attitudinal barriers.

People with disabilities do not see themselves as problems to be solved and ask only for the same human and civil rights enjoyed by others. Remarkably, this viewpoint is not generally accepted in society today and the Medical Model is still so deeply ingrained in us as a society that people with disabilities may spend their entire lives in nursing facilities often described as “tortuous” or even be refused treatment at a hospital, and at a professional’s discretion, denied lifesaving “futile care”.

National Council on Independent Living (NCIL) website May 2021
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Fax 815-939-7335
www.kchail.com
It began with a promise. CSL Behring’s parent company, CSL, was formed more than 100 years ago to save lives. In the century since, CSL Behring has grown into a global biotechnology leader, driven by that same promise to save and improve lives. We offer the broadest range of quality plasma-derived and recombinant therapies in our industry. Our ability to innovate and deliver life-saving medicines for patients with rare disease and other unmet medical needs around the world has earned us a reputation for always putting patients first. Worldwide, CSL employs more than 25,000. The Kankakee site has been producing life-saving medicines for 68 years and currently employs more than 1,800 people.

As Kankakee County’s top manufacturing employer, CSL Behring’s Kankakee site provides plasma-based therapies to treat coagulation disorders, hereditary emphysema, primary immune deficiencies, trauma, shock and burns, in addition to filling and packaging of sister company, Seqirus’, seasonal influenza vaccine for distribution in the U.S.
Innovation is in our DNA and is the core of everything we do at CSL Behring. Our worldwide team of more than 1,700 R&D experts are dedicated to developing and delivering new therapies to solve unmet medical needs and save lives. CSL Behring’s commitment to innovation is reflected in breakthrough therapies currently in development to reduce the risk of early recurrent cardiovascular events, improve outcomes in organ transplant, and treat sickle cell disease, ß-thalassemia and autoimmune diseases. We have created one of the largest and most efficient plasma collection networks in the world and strive to be the best at delivering safe and effective medicines for our patients.

CSL Behring is honored to support the communities in which we live and work. We are proud of and continue to support the work Options does to help individuals with disabilities remain independent and participate fully in society.

For more than a century, CSL has earned a reputation as a passionate, yet responsible organization driven to care for its patients. We look forward to a bright future for our patients, our stakeholders, and the communities where we live and work. We are CSL Behring and we are driven by our promise.
The Mental Health of People with Disabilities

Adults with disabilities report experiencing frequent mental distress almost 5 times as often as adults without disabilities. Call your doctor if your mental health gets in the way of your daily activities for at least 14 days in a month.
December 3rd is International Day of Persons with Disabilities external icon. In the United States, 1 in 4 adults — 61 million — have a disability. Many people will experience a disability at some point during their lives. Disabilities limit how a child or adult functions. These limitations may include difficulty walking or climbing stairs; hearing; seeing; or concentrating, remembering, or making decisions.

Although “people with disabilities” sometimes refers to a single population, this is a diverse group of people with a wide range of needs. Two people with the same type of disability can be affected in very different ways. Some disabilities may be hidden or not easy to see.

Many Adults with Disabilities Report Frequent Mental Distress

A recent study found that adults with disabilities report experiencing more mental distress than those without disabilities. In 2018, an estimated 17.4 million adults with disabilities experienced frequent mental distress, defined as 14 or more reported mentally unhealthy days in the past 30 days. Frequent mental distress is associated with poor health behaviors, increased use of health services, mental disorders, chronic disease, and limitations in daily life.
During the COVID-19 pandemic, isolation, disconnect, disrupted routines, and diminished health services have greatly impacted the lives and mental well-being of people with disabilities. 3

Call your healthcare provider if stress gets in the way of your daily activities for several days in a row. Free and confidential resources can also help you or a loved one connect with a skilled, trained counselor in your area.

It’s Okay Not to Feel Okay

Everyone reacts differently to stressful situations. How you respond to stressful situations, such as the COVID-19 pandemic, can depend on your background, your support systems (e.g. family or friends), your financial situation, your health and emotional background, the community you live in, and many other factors.

People with disabilities or developmental delays may respond strongly to the stress of a crisis, particularly if they are also at higher risk for serious illness from for example, older people and people of ) 19 COVID .(g medical conditions any age with certain underlyin

How Are You Feeling?

We are often asked this question, and many of us say we’re “fine.” But this has been a difficult time lately,
and emotions can be complex. You may be feeling sad, worried, or stressed.

It helps to stay positive and remind yourself of your strengths. Visit How Right Nowexternal icon for inspiration and resources to find what helps.

Healthy Ways to Cope with Stress

Know what to do if you are sick and are concerned about COVID. Contact a health provider before you start any self-treatment for COVID-19.

Know where and how to get mental health treatment and other support services and resources, including counseling or therapy (in person or through telehealth services).

Take care of your emotional health. Taking care of your emotional health will help you think clearly and react to urgent needs to protect yourself and your family.

Take breaks from watching, reading, or listening to news stories, including those on social media. Hearing about the pandemic repeatedly can be upsetting.

Take care of your body.
Take deep breaths, stretch, or meditate. Try to eat healthy, well-balanced meals. Exercise regularly. Get plenty of sleep. Avoid excessive alcohol and drug use. Make time to unwind. Try to do some other activities you enjoy.

Connect with others. Talk with people you trust about your concerns and how you are feeling. During times of increased social distancing, people can still maintain social connections and care for their mental health. Phone calls or video chats can help you and your loved ones feel socially connected, less lonely, or isolated.

Connect with your community- or faith-based organizations. While social distancing measures are in place, consider connecting online, through social media, or by phone or mail.

Improving the Mental Health of People with Disabilities
CDC provides funding for two National Centers on Disability that focus on improving the quality of life for people living with disabilities.

Special Olympics’ Inclusive Health external icon programming focuses on improving the physical being of people with emotional well and social intellectual disabilities by increasing inclusion in health care, wellness, and health systems for Special Olympics athletes and others with disabilities.

“I learned relaxation techniques and now always try these when I find myself overwhelmed. I would recommend these strategies to others, too. A strong mind is an important part to a happy body,” shares Kayte Barton, a Special Olympics athlete from Minnesota. Barton was a part of the Special Olympics committee to help develop emotional health programming for Special Olympics athletes across the world in its flagship Special Olympics Healthy Athletes®external icon program.

Special Olympics’ Strong Mindfulness program offers free, 1-hour mindfulness sessions for people with intellectual disabilities and their families external icon. Participants learn deep breathing techniques, body awareness and progressive muscle relaxation, mindful movement, and guided meditation. They also receive a Strong Minds Activity Guide external icon.
designed to help them develop their coping skills in everyday life.

The National Center on Health, Physical Activity and Disability (NCHPAD) seeks to help people with disabilities and other chronic health conditions achieve health benefits through increased participation in all types of physical and social activities. NCHPAD’s M.E.N.T.O.R program, which stands for Mindfulness, Exercise and Nutrition to Optimize Recovery, takes a holistic approach to restoring, improving, and protecting health. The program divides health into three domains: physical, mental, and emotional. Through this program, people who have acquired a new disability (e.g., spinal cord injury, stroke, traumatic brain injury), a new diagnosis (e.g., multiple sclerosis, Parkinson’s disease), or have a congenital condition (e.g., cerebral palsy, spina bifida) learn the many ways life can be enhanced through health and wellness activities.

Disability and Mental Health Resources

Coping with Stress

Healthy Living

National Centers on Disability

CDC Disability and Health Promotion
As CDC honors International Day of Persons with Disabilities, we ask that you join us in being a part of the global movement to change attitudes toward, and promote the inclusion of, people with disabilities.

References

Content source: National Center on Birth Defects and Developmental Disabilities, Centers for Disease Control and Prevention home
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Disability Inclusion

Article from: Centers for Disease Control and Prevention

Disability Inclusion: Making sure everybody has the same opportunities to participate in every aspect of life to the best of their abilities and desires.

What is Disability Inclusion?

Including people with disabilities in everyday activities and encouraging them to have roles similar to their peers who do not have a disability is disability inclusion. This involves more than simply encouraging sure that adequate policies people; it requires making and practices are in effect in a community or organization

Inclusion should lead to increased participation in socially expected life roles and activities—such as being a student, worker, friend, community member, patient, spouse, partner, or parent.

Socially expected activities may also include engaging in social activities, using public resources such as transportation and libraries, moving about
within communities, receiving adequate health care, having relationships, and enjoying other day-to-day activities.

Disability Inclusion and the Health of People with Disabilities

Disability inclusion allows for people with disabilities to take advantage of the benefits of the same health promotion and prevention activities experienced by people who do not have a disability. Examples of these activities include:

Education and counseling programs that promote physical activity, improve nutrition or reduce the use of tobacco, alcohol or drugs; and

Blood pressure and cholesterol assessment during annual health exams, and screening for illnesses such as cancer, diabetes, and heart disease.

Including people with disabilities in these activities begins with identifying and eliminating barriers to their participation.

Why is This Important?

Disability affects approximately 61 million, or nearly 1 in 4 (26%) people in the United States living in communities. Disability affects more than one billion people worldwide.1,2 According to the United Nations
People with disabilities experience significant disadvantages when it comes to health such as:

Adults with disabilities are three times more likely to have heart disease, stroke, diabetes, or cancer than adults without disabilities; 4

Adults with disabilities are more likely than adults without disabilities to be current smokers; 5 and

Women with disabilities are less likely than women without disabilities to have received a breast cancer X-ray test (mammogram) during the past 2 years. 6

Although disability is associated with health conditions (such as arthritis, mental, or emotional conditions) or events (such as injuries), the functioning, health, independence, and engagement in society of people with disabilities can vary depending on several factors:

Severity of the underlying impairment
Social, political, and cultural influences and expectations

Aspects of natural and built surroundings

Availability of assistive technology and devices

Family and community support and engagement

Disability inclusion means understanding the relationship between the way people function and how they participate in society, and making sure everybody has the same opportunities to participate in every aspect of life to the best of their abilities and desires.

References


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Etiquette For Guide And Service Dogs

Guide dogs are the guiding eyes for people who are blind or visually impaired. Service dogs are assistance dogs for people with disabilities other than blindness. These dogs are specially bred and trained for this most important job. There are several guidelines people should follow when in the presence of a guide or service dog to allow for the safety of the dog and its handler. Disregarding these guidelines
can distract the dog, which can create a dangerous situation for the dog and its handler.

It’s also important to know, that under the Americans With Disabilities Act (ADA), people with disabilities are allowed to be accompanied by their guide or service dog in all places the public is permitted.

Please don’t touch, talk, feed or otherwise distract the dog while he is wearing his harness or vest. You should allow the dog to concentrate and perform for the safety of his handler.

Don’t treat the dog as a pet; give him the respect of a working dog.

Speak to the handler, not the dog. Some handlers will allow petting but be sure to ask before doing so. If allowed, don’t pat the dog on the head; stroke the dog on the shoulder area.

If the handler says no when you ask to pet the dog, don’t be offended. The dog (or handler) might be having a bad day, or he might be in a hurry. Remember, a service dog is as vital to a disabled person as a wheelchair or cane. You would not ask to pet their wheelchair or get mad if they wouldn’t let you pet their cane.

You should not give the dog commands; allow the handler to do so.
Guide and service dog teams have the right of way. Don’t try to take control in situations unfamiliar to the dog or handler, but please assist the handler upon their request. When walking with a guide or service dog team, you should not walk on the dog’s left side, as it may become distracted or confused. Ask the handler where you should walk. Depending on the situation, they may ask you to walk ahead of them on their right side, or behind them by their right shoulder.

Never attempt to grab or steer the person while the dog is guiding or attempt to hold the dog’s harness. You should ask if the handler needs your assistance and, if so, offer your left arm. Try not to be overprotective or overbearing when the graduate first arrives home with the new dog. Be thoughtful, patient, and try to inspire confidence in the handler. In time, you will admire the expertise of the team.

Don’t expect too much too soon, remember, the dog is young and that complete harmony and confidence takes patience, perseverance and time.

Never give the dog table scraps. You should respect the handler’s need to give the dog a balanced diet, and to maintain its good habits.

Don’t allow anyone to tease or abuse the dog, allow it to rest undisturbed.
Make sure not to allow your pets to challenge or intimidate a guide dog. You should allow them to meet on neutral ground when all parties can be carefully supervised.

A guide and service dog should not jump on furniture or go in areas of a home not mutually agreed upon by the family or handler. You can ask the handler to correct any errant behavior or trespassing.

Never let the dog out of the house unsupervised and be sure that all doors and/or gates are closed to prevent the dog from exiting your property.

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** Options CIL recognizes person first language as the standard, however, due to recent social justice movements we are including the above article that does not include person first language.
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Fetal Surgery Is Changing Lives For Kids With Spina Bifida

By Cara Murez HealthDay Reporter

Spina bifida is a diagnosis no parents-to-be want to hear as they await their child’s birth, and the idea of performing surgery on a baby while it is still in the womb can be terrifying. But new research shows that performing the delicate procedure before the baby is born, and not after, is worth it.
The findings showed that children with myelomeningocele (the most severe form of spina bifida) who had surgery while in utero were more likely to later be able to walk independently and go up and down stairs than children who had the surgery after they were born. Their leg muscles were stronger and they could walk faster. They also were likely to be able to do self-care tasks for themselves, including brushing their teeth, holding a fork and washing their hands.

“First of all, it’s a durable finding that the need for a ventriculoperitoneal [brain] shunt to treat hydrocephalus is much, much less in the fetal surgery group compared to the conventional postnatal surgery group,” said study co-author Dr. N. Scott Adzick. He is surgeon-in-chief at Children’s Hospital of Philadelphia and director of the hospital’s Center for Fetal Diagnosis and Treatment.

“Secondly, that motor function is not only durable at 1 and 2½ years of age, but also in the school-age group, 5 to 10 [years]. In that group, there are many more patients who can walk or have better motor function than those who are treated after their birth,” Adzick added.

Not only that, but upper extremity coordination was nearly normal in the fetal surgery group, where it was not in the postnatal surgery group, Adzick said.
Spina bifida is a birth defect in which an area of the spinal column doesn’t form properly. In severe cases, a section of the spinal cord and the spinal nerves are exposed through an opening in the back. This can lead to weakness or paralysis, an inability to walk without assistance and loss of bladder control and other motor skills. It affects one in 1,500 births.

Though there were previously raised concerns that the advantages of the fetal surgery might decrease over time, that doesn’t appear to be the case, Adzick said. Instead, there appears to be a long-term benefit from neural protection in utero, he added.

The knowledge around the efficacy of fetal surgery has grown tremendously since the early days of that treatment, about four decades ago. Almost 10 years ago, researchers released data from what is known as MOMS (Management of Myelomeningocele Study). A randomized clinical trial, it compared the skills of children aged 1 to 2½ who had surgery while in utero with those who hadn’t had surgery until after they were born. Children from 183 families participated in this first phase.

The latest results are from MOMS2, in which researchers focused on motor skills and neurocognitive outcomes from the children at 5 to 10 years of age. The second phase included 78 children with postnatal repair and 76 with prenatal repair.
Nearly 91% of the fetal surgery group performed age-appropriate self-care, the researchers said, compared to 85.5% of the postnatal group. They were 70% more likely to walk independently, at higher speeds and with better walking style. They were more than twice as likely to walk without braces on their legs. They also were six times more likely to go to the bathroom on their own.

About two in three fetuses with spina bifida are not candidates for the fetal surgery, sometimes because of other fetal abnormalities or serious maternal health or psychosocial concerns, Adzick said.

In the original MOMS trial, three centers were involved, but those teams have taught many others. There are now about 30 fetal surgery centers in North America.

“That’s the way ... for these rare conditions, we can pool information and ideas to lend scale, so we can really help families in the future,” Adzick explained.

The study was published online Feb. 8 in JAMA Pediatrics. Adzick is planning a MOMS3 study, which will follow the children to ages 15 to 18.

Dr. Tim Brei, medical director for the Spina Bifida Association (SBA) and a developmental pediatrician at Seattle Children’s Hospital, said the improved
mobility shown in the study may make engaging in community activities easier for families.

Brei shared excitement on behalf of SBA that research is providing better clarity on long-term outcomes, but also cautioned that good tracking of cases and outcomes needed to continue as surgery techniques evolve and more surgery centers perform fetal surgery.

“There is still much more we don’t know about spina bifida and improving care, or improving treatments, than we do,” Brei said.

While some outcomes may be better as a result of surgery, others may be unchanged, noted Brei, who was born with spina bifida.

“I do want families to know that while it’s an option, women should not feel guilty if for some reason they choose not to do fetal surgery,” Brei said. “There are lots of decisions that go into that for any given family or individual.”

WEDNESDAY, Feb. 10, 2021 (HealthDay News)
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John Lewis Voting Rights Advancement Action Day

May 8, 2021 By theadvocacymonitor

Washington, D.C. – Today, the American Association of People with Disabilities (AAPD), the National Association of Councils on Developmental Disabilities (NACDD), the National Council on Independent Living (NCIL), and the National Disability Rights Network (NDRN) will participate in the John Lewis Voting Rights Advancement Day of Action in support of the John Lewis Voting Rights Advancement Act.

Following the record-breaking turnout in the 2020 elections, state legislatures across America have released an offensive onslaught of undemocratic legislation designed to specifically suppress the vote
of voters with disabilities, voters of color, and youth voters.

These actions were made possible beginning in 2013 when the United States Supreme Court struck down key provisions of the Voting Rights Act (VRA) of 1965 in its Shelby County v. Holder decision. Prior to 2013, jurisdictions were subject to preclearance under Section 5 of the VRA and jurisdictions with known discriminatory practices were required to seek approval before enacting voting changes. In the Shelby County ruling when the Supreme Court struck down the primary avenue to determine which states require preclearance, it immediately freed jurisdictions with known discriminatory practices to change how their elections are administered without the voter protections offered by federal preclearance. Voters across the country are negatively impacted by new barriers created after the Shelby County decision. Following the enactment of strict voter identification laws, voter purges, and polling place closures, not all voices are being heard on Election Day, and worse, they are being deliberately silenced.

For the past several years, Congress has introduced legislation that would restore the preclearance provision of the VRA, including the Voting Rights Advancement Act, recently renamed as the John Lewis Voting Rights Advancement Act (H.R. 4). AAPD, NACDD, NCIL and NDRN strongly urge Congress to protect and restore voting rights in
America through the enactment of the John Lewis Voting Rights Advancement Act. The VRA protections are needed as much now as they were almost 60 years ago. We urge Congress to take swift action to ensure that Americans will not experience another election without the crucial protections of the Voting Rights Act.

The American Association of People with Disabilities (AAPD) is a convener, connector, and catalyst for change, increasing the political and economic power of people with disabilities. As a national cross-disability rights organization, AAPD advocates for full civil rights for the over 61 million Americans with disabilities by promoting equal opportunity, economic power, independent living, and political participation. To learn more, visit the AAPD Web site: www.aapd.com.

The National Association of Councils on Developmental Disabilities (NACDD) is the national association for the 56 Councils on Developmental Disabilities (DD Councils) across the United States and its territories. The DD Councils receive federal funding to support programs that promote self-determination, integration, and inclusion for all people in the United States with developmental disabilities. Please check out www.onevotenow.org for NACDD’s work on voting.
The National Council on Independent Living is the longest-running national cross-disability, grassroots organization run by and for people with disabilities. Founded in 1982, NCIL represents thousands of organizations and individuals including: individuals with disabilities, Centers for Independent Living (CILs), Statewide Independent Living Councils (SILCs), and other organizations that advocate for the human and civil rights of people with disabilities throughout the United States. To learn more, visit www.ncil.org.

The National Disability Rights Network (NDRN) is the nonprofit membership organization for the federally mandated Protection and Advocacy (P&A) Systems and the Client Assistance Programs (CAP) for individuals with disabilities. Collectively, the Network is the largest provider of legally based advocacy services to people with disabilities in the United States. To learn more, visit www.ndrn.org.

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New Possibilities Emerging On College Campus
By: Heather Long

For people with intellectual disabilities, the thought of going away to college has always been something seen as a dream that will never come to be. There are usually so many barriers against them in the college setting that many don't even think about it nor do their parents or other support people in their life. In the past few years some postsecondary institutions have said this thinking is wrong and we can make it possible for students with disabilities to participate and enjoy the same experiences. Below is an account of one such program that is making those dreams a reality.

The following information is on University of Wisconsin Whitewater's (UWW) website:
“The University of Wisconsin-Whitewater LIFE (Learning is for Everyone) program will provide a complete college experience for young adults between the ages of 18-25 who have an intellectual disability. With ample supports, specialized instruction, on-campus residential living, and community integration, the program serves a critical need in our region and community. The program will have two components, which includes a Basic Program (2 years) and an Advanced Program (2 years) that are designed to facilitate independent living and employment success for persons with significant cognitive limitations. Brief highlights of the program are as follows.

Program Mission: LIFE

Prepare students for competitive employment

Prepare students for independent living

Prepare students to live a healthy & balanced lifestyle

Exposure to a complete college experience

Program Highlights:

Comprehensive supports that are designed to prepare them for competitive employment and independent living to the greatest extent possible
Specialized instruction, with an emphasis on skills that students need in order to be successful in personal and professional endeavors

Expansive resident assistant supports designed to help students develop essential skills in non-academic domains

Expose students to a college experience, which spans far beyond traditional academics

Integration with multiple facets of campus life, thereby providing many inclusive opportunities and meaningful networks of support.

Dismantles barriers and creates substantive opportunities for students with an intellectual disability

Prepares students to live a healthy and balanced lifestyle, including regular exercise and participation in enjoyable leisure activities

Please contact Program Coordinator Ashlea Roselle rosellab@uww.edu 262-472-1905 if you have a student interested in this program. Students who complete this program will receive a certificate of completion, rather than a degree from the university.”
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Interacting with People with Disabilities

When you interact with people with disabilities, talk directly to them, not to their companions, aides, or interpreters.

Here are some ways to interact with people with specific types of disabilities:

When you interact with someone who is Deaf or Hard of Hearing, remember that some individuals may be able to hear, some may be able to lip read, while others prefer to use sign language or assistive technology. Ask them how they prefer to communicate.

When you interact with someone who is blind or visually impaired, always introduce yourself and let them know when you are leaving. You may offer your arm or elbow as a guide if they request assistance but never push, pull or grab the individual. Don’t pet or distract a guide dog. The dog is responsible for its owner’s safety and is always working - it is not a pet!!

When you interact with someone who uses a wheelchair, do not push, lean on, or hold the person’s
wheelchair. Try to put yourself at eye level when talking with someone in a wheelchair.

When you interact with someone with a cognitive disability, speak to the person in clear, simple sentences. Be patient with them and give them time to communicate with you.

When you interact with someone with a speech impairment, allow them as much time as they need to communicate. Be respectful and avoid trying to finish their sentences.

People First Language

Always use positive, people first language that empowers rather than marginalizes people with disabilities. Here are some examples of offensive language and language that should be used:

Offensive - Preferred

birth defect- Person who is disabled since birth, born with a congenital disability

cerebral palsied - Person who has cerebral palsy

cripple - Person who needs mobility assistance

deaf and dumb, deaf mute - Person who is deaf and does not speak
deformed - Person who has a physical disability

emotionally disturbed - Person with an emotional disability

handicapped - Person with a disability

hunchbacked - Person with a spinal curvature

insane, deranged, deviant - Person with a mental illness

midget, dwarf - Person who is small in stature

Mongoloid - Person who has Down Syndrome

Normal - Non-disabled, able-bodied

Retarded - Person with a cognitive disability

Wheelchair bound, confined to a wheelchair - Person who uses a wheelchair

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In 2018 Riverside established Orthopedic Specialists in an ongoing commitment to provide complete care to the region. Now in 2021, Riverside celebrates the opening of the Spine Center in Bourbonnais. The building aims to connect key Riverside service lines in one centralized location.

“Our aim was to create a facility that would bring the entirety of our orthopedic and neurosurgery teams along with our physical therapist under one roof to best serve our patients’ said Phil Kambic, President and CEO of Riverside Healthcare. “Healthcare can be very tough to navigate for patients. If we can create a system that makes it easier for them by having everything in one location, that’s all the better.”

Boasting 50,000 square feet of space over two floors, the new Riverside Orthopedic and Spine Center is designed to help patients by offering all of their needs under one roof.

RELIEF RIGHT INSIDE THE DOOR

Riverside’s orthopedic walk-in clinic is immediately accessible to visitors upon entering the new building. The clinic is open Monday through Friday from 9am to 5pm.
Since the clinic is focused on orthopedic needs, it will offer treatment and assessment of sprains/strains, closed fractures, minor dislocations, painful joints, sports injuries, foot and ankle injuries and other pains. Headed up by Mary Brandenburg, FNP-BC, the orthopedic clinic is able to focus on quickly identifying patient’s treatment needs and getting them back to normal as quickly as possible.

“We’re really excited to provide this level of access to care to patients, whether they’re athletes or weekend warriors” commented Mary Brandenburg, FNP-BC. Mary said the clinic isn’t just intended for athletes. Anyone with bone or muscular issues can get treatment at the space.

“Someone may just sleep wrong and wake up with terrible back or neck pain, we’re definitely able to offer treatment,” said Mary.

THERAPY FOR THOSE IN NEED

The new center also features two therapy areas—one for occupational therapy and another for physical therapy and sports training.

With more than 50 exam rooms, the Center will serve as a home for Riverside’s Orthopedic, Podiatry, and Interventional Pain services. Neurosurgery will also have an established presence in the building to treat
and see patients with back and head concerns right in the Bourbonnais area.

ADVERISTMENT:
Sometimes, pain takes over your life. It doesn’t have to, this time.

As a fifth-grade teacher, Mary spent her whole career taking care of others. After retirement and severe hip pain, she needed others to take care of her. Her hip was in such bad condition that her team at Riverside Orthopedic Specialists said they had one shot at getting a hip replacement right.

The trusted team of highly skilled orthopedic experts near her home carefully planned and performed a successful procedure, giving Mary freedom from pain and the joy of playing comfortably at the piano again. Each day, the Riverside Orthopedic Specialists team uses the most advanced non-surgical and surgical treatments to get people, like Mary, back to living the lives they love.

You can get relief from your pain, too. Set up an appointment at Orthopedics.RiversideHealthcare.org or call (815) 242-3419