

Options Center for Independent Living
Reference Guide to Independent
A Guide for People with Disabilities
2023-2024

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Options CIL

Options CIL (OCIL) was established in 1989. Our board and our staff are comprised of more than 51% 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.

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)

www.optionscil.org

United Way of Kankakee & Iroquois Counties

A History of Centers for Independent Living (CILs)

At the Federal Level, CILs came about with the passing of the Rehabilitation act of 1973. Title VII of this act created the Independent Living Services and Centers for Independent Living Programs. Originally under the umbrella of the U.S. Department of Education, the Workforce Innovation and Opportunity Act of 2014 created the Independent Living Administration, and these programs were transferred to the Administration for Community Living (ACL).

At the state level, Illinois has 22 CILs that serve all 102 counties, each with their own service area. The Illinois Network of Centers for Independent Living (INCIL) supports the 22 CILs across the state. CILs are run by and for the people they serve. To do that, each CILs staff and Board of Directors are comprised of at least 51% individuals with disabilities.

CILs provide support for people who may have been born with their disability as well as people who suddenly find themselves facing a new disability and how that will impact their daily living.

Community Reintegration Program

Options CIL supports community living for all individuals with disabilities.

We receive state and federal funding dedicated to providing services that support qualifying individuals with disabilities transition out of nursing facilities into home and community-based settings.

For more information or to speak to our Community Living Advocate please call 815-936-0100 ext. 225

Save The Dates For Our Upcoming Fundraisers

1. Bingo at the Watseka Elks, Sunday September 10th from 2-5pm
2. Facebook Raffles, week of December 4th.
3. Bingo at Watseka Elks, TBD March 2024
4. University of Illinois Wheelchair Basketball, TBD April 2024

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Fundraising

Every penny counts!

If you are unable to support one of our fundraisers, you can always make a donation.

You can send a check to our Bourbonnais office: 22
Heritage Drive, Suite 107
Bourbonnais, Illinois 60914
attention Dan Brough

2023

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Options CIL

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Opportunities For Membership

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.

Vision Loss: A Public Health Problem

Saaddine, Venkat Narayan & Vinicor (2003) posed five criteria that define whether vision loss is a public health problem. They are:

1. Does vision loss affect a lot of people?

Yes. More than 3.4 million Americans aged 40 years and older are blind (having a visual acuity of 20/200 or less or a visual field of 20 degrees or less) or visually impaired (having a visual acuity of 20/40 or less). Other estimates of “vision problems” range as high as 21 million, and a total of 80 million Americans have potentially blinding eye diseases. The major causes of vision loss are cataracts, age-related macular degeneration, diabetic retinopathy, and glaucoma.

2. Does vision loss contribute a large burden in terms of morbidity, quality of life, and cost?

Yes. People with vision loss are more likely to report depression, diabetes, hearing impairment, stroke, falls, cognitive decline, and premature death. Decreased ability to see often leads to the inability to drive, read, keep accounts, and travel in unfamiliar places, thus substantially compromising quality of life. The cost of vision loss, including direct costs and lost productivity, is estimated to exceed \$35 billion (Rein, Zhang, Wirth, et al., 2006)

3. Has vision loss recently increased, and will it increase in the future?

Yes. As the population of older people continues to accelerate, the number of people experiencing vision loss will continue to increase. And as the population of people experiencing diabetes increases, consequent increases will occur in diabetic retinopathy and other eye diseases. Prevent Blindness America estimates that the population of people experiencing blindness and visual impairment will double by 2030 unless corrective actions are taken.

4. Is vision loss perceived to be a threat by the public?

Yes. Vision loss ranks among the top ten causes of disability in the United States, and it is a condition feared by many.

5. Is it feasible to act on vision loss at a community or public health level?

Yes. Scientific evidence shows that early detection and treatment can prevent much blindness and vision impairment. Efficacious and cost-effective strategies to detect and treat diabetic retinopathy are available, but among people with diabetes, screening is received only by about two-thirds of persons for whom the exam is recommended and varies significantly across health care settings. Cataract removal surgery can restore vision, and this surgery is cost effective; however, among African Americans, unoperated senile cataracts remain a major cause of blindness. Glaucoma can be controlled, and vision loss stopped by early detection and treatment. Nevertheless, half the people with glaucoma are not diagnosed, and glaucoma is still the number one blinding disease among African Americans.

Public health serves to address each of these questions by conducting population-based investigations to determine the population, characteristics, circumstances, and trends of vision loss, as well as developing and implementing evidence based, cost-effective interventions to assure access to vision care and health behaviors to prevent the onset of vision loss and to improve the health and quality of life for those who have lost vision.

Last Reviewed: December 19, 2022

Source: Division of Diabetes Translation, National Center for Chronic Disease Prevention and Health Promotion

Article from www.cdc.gov

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Today, CSL comprises businesses with longstanding, specialized expertise: CSL Behring, a global leader in rare

and serious diseases; CSL Seqirus, one of the largest influenza vaccine providers in the world; CSL Plasma, the world's largest plasma collection company; and, most recently, CSL Vifor, a leader in iron deficiency and nephrology. Together, our combined and robust histories are delivering a healthier today and a better tomorrow for patients and people everywhere.

A CSL company, CSL Behring has grown into a global biotechnology leader, driven by that same promise to save and improve lives. CSL Behring's portfolio of innovative medicines includes a wide range of recombinant and plasma-derived products for treating bleeding disorders, immune deficiencies and chronic inflammatory demyelinating polyneuropathy, as well as hereditary angioedema and Alpha 1 Antitrypsin Deficiency. 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 30,000 people and delivers its life-saving therapies to people in more than 100 countries.

The Kankakee site has been producing life-saving medicines for 70 years and employs more than 1,500 people. We trace our heritage back to Armour & Company, founded in 1885. We are proud of our long history in the region and look forward to many years to come.

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. We are excited that CSL Plasma has opened a plasma donation center on CSL Behring's south campus. 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 enjoy a rich heritage and today, our future has never looked brighter. We are excited about the current projects and future work at the Kankakee site that will enable us to continue to deliver on our promise to provide life-saving therapies to our patients around the world.

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The people and science of CSL Behring save lives around the world. We develop innovative specialty biotherapies, helping people with life-threatening conditions live full lives.

For more information about CSL Behring visit cslbehring.com

How To Emotionally Cope With Having Disabilities
Co-authored by Susan Pazak, PhD

Having a disability can be really hard, but there are many ways to accept your circumstance. In this article, you'll learn how to cope with having disabilities.

STEPS

1. Organize yourself properly.

Keeping your room, body, and lifestyle clean and organized can really lower your stress levels and help you be more confident.^[1] Find help with any household tasks you can't do for yourself. If you're not capable of cleaning up after yourself, doing your own laundry or preparing your own meals, there are still several options:

Ask family for help. If you have family members who are willing, this is usually the best choice. However, don't let real dependence attract codependence; sometimes the risk of getting help from family is being trapped in unhealthy family relationships, especially where they behave in abusive or patronizing ways. Understand your family relationships and if it appears that you're being harmed by such interactions, seek alternative sources of help.

A second option is to ask friends for help and reciprocate with things that you can do. If you lack mobility but you're good at webpage writing or listing auction items online, maybe you can trade such work on a friend's website or listing their items to sell, in return for housekeeping help. Naturally, don't continue to help when it's not reciprocated - your time and effort are as valuable as those of abled people.

A reliable option, if you can get it, is to seek local resources for independent living with disability. Some cities, counties, hospital programs, and so on, have either charities or government programs that help disabled people close gaps in their self care needs. You may be able to get a personal assistant who's paid to come over, spend time with you, run errands or drive you around if you're incapable of doing these things on your own. Search online and phone your local hospitals, clinics, government offices asking for contact numbers. Don't give up thinking there is nothing offered; you don't know what resources you have until you've checked them out.

Consider moving to a new city or area with better resources made available to help disabled people live independently. You have a right to live in a clean, comfortable environment and to get help keeping a clean body if you can't manage this on your own. It's not your fault if you can't do these things on your own and it's not a character flaw.

Accept help graciously and actively seek better alternatives if the people helping you are patronizing, cruel, or abusive. This is important in the long term - what's acceptable in an emergency might be "any port in a storm" but don't let yourself be trapped in a bad situation. Seek help lines and outside assistance from state, provincial, regional, or federal/national agencies and charities if you're in a bad situation and need help getting out of it.

2. Exercise often.

Get plenty of exercise in any way that you can. If you're in a wheelchair, then ask your doctor about exercise options for you – there are a lot of them.^[2] If you're not able to partake in exercise, then get all the mental exercise you can.

Don't be ashamed if you can't exercise the way other people do. Exercises are designed for people with standard bodies and a full set of normal abilities. Don't measure your progress against other people's. Judge your progress realistically in relation to your own past efforts and results. Stop if it hurts, especially with back injury and disability, bad knees and any other condition that can cause sports injury.

Remember that the Special Olympics has it right - everyone's a winner. If you manage any exercise at all, or any improvement in physical function, you've won something. Effort does count a lot more than it would for someone abled. Don't expect your results to be the same as someone who's abled and decides to change a sedentary lifestyle.

3. Be polite and stay calm with obnoxious people.

Even if somebody makes fun of you, there are ways to turn around the situation. When someone makes fun of you, keep your dignity. Be aware that heckler has just destroyed his or her reputation. A sarcastic remark or two can help – judge your timing and the reactions of people around the heckler. Be funnier than they are, especially in public situations with plenty of witnesses. If you laugh at someone who's trying to put you down, that can be a game-changer sometimes. Play to the audience, not to the

idiot; you won't change that person's mind but you can make them look as foolish as they're really behaving.

Be aware that many people are nervous about how to act around someone who's disabled. They're afraid of embarrassing themselves and may be patronizing without really realizing it, in an attempt to see themselves as nice people. Be firm when refusing unnecessary help – that's another big social pitfall.

Be generous with other people's nervousness. Educate them politely, once they're used to it they'll get to know you as a person. Many people seem to hold the idea that disabled people ought to be pathetically grateful for unwanted advice and any attention at all. The more you don't play those games, the easier it is to start filtering your acquaintances for people who treat you with respect.

Demand respect, and stay calm when you do. Keeping your head in face of all the social challenges of disability builds real courage. Eventually all the lousy stereotypes, idiotic reactions, codependent mind games and patronizing attitudes of others will become familiar. Each situation has its own effective counters. Learn to become assertive rather than aggressive or passive. You will need more social skills than someone who doesn't stand out as different.

There's a stereotype that disabled people must be sweet, saintly, nice to everyone, and never have a bad day. Being nice to everyone on first meeting and cutting people some slack for initial bad reactions can help, but if it doesn't help, seek effective, assertive ways to deal with difficult people. Learn which friends you can

genuinely trust. Don't let "be nice to everyone" become "be everyone's doormat and never express anything negative." You don't have to be Tiny Tim to demand human respect.

4. Let yourself grieve and go through all five stages of grief about your disability.

Seek real support from therapists, counselors and trusted friends or family members. Learn to judge who's genuinely supportive and who's pitying - pity is just another flavor of humiliation and usually covers up the other's terror of winding up in your situation. Do your best not to take out your grief on the people in your life who are genuinely trying to help, even if they're not good at it.^[3]

5. Don't beat yourself up for it if you're not nice to everyone.

Definitely don't beat yourself up for it if other people treat you badly. That's their problem. That's a measure of how ignorant they are or how petty and cruel.

6. Don't be surprised if people start thinking of you as brave.

When you're done grieving and you've become used to something as everyday, it stops being a crisis or a tragedy. At the point your disability is just the way things are and you're used to it, this kind of reaction can feel patronizing. That's fair and normal, even when people are trying to be kind and supportive. When possible, try to accept compliments on your courage graciously but don't be afraid to explain to them, nicely, why you feel no more "brave" than anyone else. You can say something

like, “Oh, everyone has different challenges in life; there’s no need to focus on mine, when I’m sure you have your own. Either both of us are brave or neither of us are!”

7. Accept your disability.

This is the most difficult part as it can be very discouraging. Accept that you may never walk, hear or see again and that you can still enjoy life. If your disability can be changed with physical therapy and treatment, seize the day and fight it every day.^[4]

Accepting your disability means grieving the loss of a normal status with no stigma against you and a life without enormous inconvenience. It’s not right, it’s not fair, it’s not good. There is no up side to it but on the other side, it’s not something wrong with your character either. Grief takes the time that it does.

8. Take advantage of what can be done.

Some conditions like blindness or the loss of a limb require extensive retraining to use what prosthetics and life strategies can enrich your life. Even if you can't change the disability itself, you can improve your life by using every assist and strategy available. Don’t be embarrassed to use a white cane or a service dog or a wheelchair. You'll be surprised how much easier life is when you have those aids than not.^[5]

9. Seek assistance from the community of other disabled people, especially those who’ve got the same conditions you do.

They understand and they've been through everything you're going through now. They may have lists of contact numbers and resources for things you think you can't afford. They understand and accept the grief that comes with sudden disability and social pressures.^[6]

Seek support groups with people who face the same challenges. Think of them as challenges rather than thinking of yourself as a victim, this is a big step up from self-pity. Remember that your social challenges are real. Don't agree with people who are putting you down or laughing at you, that's perhaps the hardest thing to learn. You can't hold on to attitudes that denigrate disabled people or you're shooting yourself in the foot.

10. Try to overcome other prejudices.

A person of a different religion, race, culture or social class may have a lot more experience dealing with the prejudice you live with than you did on becoming disabled. If you treat those around you with dignity, the best among them will reciprocate and you can at least find out who the stubbornly ignorant are.

Obnoxious acquaintances aren't worth hanging onto.

Obnoxious friends and family may get a longer chance to work on the relationship and more effort on your part, but recognize that sometimes that's a brick wall.

11. Get a hobby.

Find something that you like to take your mind off of things, like sewing, jewelry making, woodworking, scrapbooking, painting, drawing, writing, birdwatching,

collecting. Explore your interests. Some may even lead to successful self-employment or new job skills - many hobbies are someone else's profession. Most of all, find the activities you enjoy most. You'll meet other people who get into them and have something more interesting to talk about than your disability.^[7]

12. Get good Internet access and a decent computer if you have the financial resources to do so.

Many people find being online more interesting and useful than television but obviously everyone's opinions differ. Internet activities involve other people and they can be real. Participate in sites like wikiHow and other online communities. Not only will you meet friends and build a social life, your contributions are real and your social life will include areas that your disability doesn't impact.

After a while, people you connect with regularly online or offline will get used to your disability, you can even not tell them you are differently able. The internet has lots of sites for just chatting with other people about all kinds of things so if you don't feel your being differently able makes any difference to how you contribute, only share what you want to about yourself. Other sites allow role play where anyone can be anything, or a cat, or a penguin, you know the sort of site. Since no one on role playing sites is being themselves, you might like to try role playing yourself. People online vary just like in the real world, most of them will stop treating you any differently or may never treat you differently. The hardest time is at first when you find out who your real friends are. Building a solid social network, online

or in the real world, is essential to living well, disabled or not. This is something the able bodied might learn from you.

13. Remember that money isn't the only measure of success in life.

If your time is useful to other people and the things you do are genuinely appreciated and used, that matters to self-esteem. Some types of disability benefits won't let you earn money without taking it out of your check and you might lose health care benefits if you earn.^[8] If you're in that situation, consider volunteering your time to causes you feel passionate about. More than the cash itself, people work because they need to feel needed and useful. You can be needed and useful no matter what your physical limits are. So don't look down on yourself or think that volunteering is somehow less important than paid work. It's more important and many people who don't have time because they're struggling to make a living will be grateful you gave what you can - your time and expertise.

14. Do your best.

You didn't have a choice about being disabled but how well you live with it is a choice, every day. It's much more important to pat yourself on the back for your successes than to beat yourself up for failures. Don't judge yourself by other people, learn what you can really do and take any progress as something to build on.^[9]

Tips

Acquire help from a counselor. A counselor can help.^[10]

Don't compare your disability to others', even if you don't see yours represented.

Find others who have disabilities either online or in person. When comfortable, confide in them what you are going through. Become more careful about the information you give out about yourself and whom you confide in.

Warnings

If you're in an abusive situation, seek help. Do your best to keep open communications with the rest of the world. There are resources to help people deal with abuse and you have a right to live free of abuse even if that right is sometimes hard to defend.^[11]

References

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11. www.thehotline.org/resources/abuse-in-disability-communities/

Article from www.wikihow.com

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Frequently Asked Questions About Vision Health

Can I do anything about my chances for vision loss?

It is estimated that half of visual impairment and blindness can be prevented through early diagnosis and timely treatment. Despite cost-effective treatment and eye preservation interventions, the number of potentially blinding eye diseases continues to escalate. Increased awareness can help – remind family members and friends at higher risk for eye diseases and vision loss to have their eyes examined regularly.

What are the major causes of vision loss for individuals aged 40 years and older?

The prevalence of blindness and visual impairment increases with age in all racial and ethnic groups. The major eye diseases among people 40 years and older are age-related macular degeneration, cataract, diabetic retinopathy, and glaucoma.

What should I know about diabetic retinopathy?

Diabetic retinopathy is the leading cause of blindness among working-age (ages 20 (74–Americans. It is caused by changes in the blood vessels of the retina. Efficacious and cost-effective interventions to detect and treat diabetic retinopathy are available. Individuals with diabetes should have a dilated eye exam each year, but only about two thirds receive the recommended exam. Moreover, good management of diabetes by good glucose, blood pressure, and lipid control can reduce the progression of diabetic retinopathy. People at risk for diabetes should

modify their lifestyle to delay or prevent diabetes by good diet and physical activity.

What should I know about cataracts?

Cataracts are a major cause of vision loss. Among Americans aged 40 years and older, 24.4 million, have cataracts. Cataract removal surgery can restore vision, and this surgery is highly cost-effective; however, among African Americans, unoperated senile cataracts remain a major cause of blindness. Some possible risk factors other than age could be diabetes, smoking, and prolonged exposure to sunlight.

What should I know about age-related macular degeneration (AMD)?

About 2,000,000 Americans aged 50 years and older have AMD. Treatment with zinc and antioxidants has been shown to reduce the risk and progression to advanced AMD among people aged 50 years and older. The greatest risk factor is age; however, other risk factors include, smoking, obesity, family history, race (white), and gender (female). Eating healthy diet, exercising, and avoiding smoking can reduce the risk of AMD.

What should I know about glaucoma?

Glaucoma can be controlled and vision loss stopped by early detection and timely treatment. Nevertheless, half of all people with glaucoma are not diagnosed and glaucoma is still the number-one blinding disease among African Americans. People who are at risk for glaucoma are African Americans aged 40 years and older, everyone

older than age 60, especially Mexican Americans, and people with a family history of glaucoma. People falling in these groups should have a dilated eye exam every two years by an eye care professional.

What should I know about amblyopia or lazy eye?

Amblyopia) or lazy eye) is the most common cause of vision loss among children. It affects 2 to 3 out of 100 children. If it is not treated timely and properly, it can stay through adulthood. It is a very common cause of vision loss in one eye among children and young adults.

Last Reviewed: December 19, 2022

Source: Division of Diabetes Translation, National Center for Chronic Disease Prevention and Health Promotion

Article from www.cdc.gov

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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

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

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There are three options available to individuals who are retiring and will no longer be covered by their company's group health insurance plan.

- You can use COBRA, which allows you to extend your group coverage for up to 18 months after leaving your place of employment.
- You can purchase an individual plan directly from an insurance company that offers individual policies.
- The third option is to purchase individual insurance on the Marketplace via HealthCare.gov. If you qualify for income tax credits that help to reduce premiums – and sometimes even copays – this is a good way to go.

If you are already 65 or older, Medicare is for you. But what does that really mean?

Original Medicare is Medicare Parts A and B. It provides about 80% of your Medicare-approved medical coverage. Medicare Part A is free for most people if you (or your spouse) have paid into Social Security and Medicare for 40 total quarters in your lifetime.

Medicare Part B isn't free. Most people will pay \$164.90 per month for Medicare Part B in 2023. There are some points to consider here:

- Will you be selling a business or selling back stock options upon retirement? Talk to your financial advisor to prepare for any added Income-Related Monthly Adjusted Amount (IRMAA) that could be added to your Medicare Part B premium. These are measured based on your prior two years' tax returns. For example, your tax return from 2021 will be used to determine any IRMAAs for 2023. IRMAAs are basically an income-based surcharge charged on top of your standard Medicare Part B (and Medicare Part D) premium.
- In the past two years of your working life, was your modified adjusted gross income more than \$97,000/filing single or \$194,000/filing jointly? You could be subject to an IRMAA as well.

With Original Medicare in place, what else do you need? Do you want to add supplemental insurance to your portfolio to cover the other 20%? What about dental, hearing and vision? There are two different options to achieve the same outcome:

- Medicare Advantage Plans – Medicare Advantage plans can package your drug coverage, the

supplemental 20% and many other benefits including dental, hearing and vision all into one package.

Premiums tend to be lower and do not increase as you age.

- Medicare Supplement Plans – Medicare Supplements only pick up the 20% that Original Medicare doesn't cover. You would still need to add a Medicare Part D plan to help cover prescription drugs, as well as any types of coverage for dental, hearing and vision through added policies. Plan for these premiums accordingly in your fixed monthly retirement budgets, but also plan on increasing those premiums as you age.

The key to successfully transitioning from your working life to retirement is proper planning, both financially and when it comes to your health coverage. You work with your financial planner to develop a unique plan that fits your personal financial needs, but what about those unique needs in your personal healthcare journey?

We're made for you, so your experts at Health Alliance stand ready to assist you as you plan for this next hurdle in your race to the retirement finish line. Visit our office in Champaign, or give one of our friendly staff members a call at (888) 382-9771, and we will coach you through the process. You can also learn more about our plans at HealthAlliance.org.

What Happens When The Yellow School Bus Stops Coming?

By Heather Long

If you are a parent to a young person with a disability, you most likely have asked this question. What happens when the yellow school bus stops coming? This is a scary time. For years, services have been provided by the public school district that your child has been attending. These services end at the closing of the school year they turn 22. If you haven't started planning for this transition, it can be a stressful time for all involved.

So, what can you do? The best advice is not to procrastinate. Regardless of how close your child is to aging out, you can still get some support in place. A good way to start is at the IEP meetings. By Illinois law an IEP needs to have a transition plan added at age 14.5. They will also start receiving invitations to attend their own IEP meetings. Federal law states 16 is the age transition planning must start. The transition portion of the IEP needs to specifically state the plans for your child when school permanently ends for them. The living situation, transportation, and job/post-secondary education are just a few of the things that should be included in the plan. The next step would be an action plan showing how to accomplish this. It is very important that you and the school are on the same page.

Travel training is one way to have the individual, school, and you as the parent collaborate and teach them not only how to use public transportation but feel comfortable doing so. Other considerations could be participating in Special

Recreation services which will give your child the opportunity to continue to engage in their community.

There are also many agencies and services outside of school that your child can apply to or have a referral made on their behalf:

***Department of Rehabilitation Services, better known as DRS**, is a great support especially if they want to continue to post-secondary education or join the workforce. If they are already in the STEP program at school, they are already a client of DRS. If you are unsure, ask the caseworker at the school.

***The PUNs List (Priority of Urgent Needs)** PUNs is a database that registers individuals who want or need Developmental Disability Waiver services (i.e., Community Integrated Living Arrangements, Home Based Supports, Child Group Homes) funded by the Illinois Department of Human Services/Division of Developmental Disabilities. As funding is available, individuals are selected from PUNs and invited to apply for DD Waiver services. You can get your student added to this list at any time.

*** The Social Security office.** If your child has not applied for SSI (Supplemental Security Income) do so. If they applied before they turned 18, and were denied, try again after their 18th birthday. In most cases an individual is considered their own person when they officially turn 18.

***Public Aid Office.** Just like SSI, your child will potentially be eligible to apply for a Link card (food stamps), Medicaid and other services through Public Aid. Even if you already have your child on your insurance plan, Medicaid can still be added as a supplemental insurance.

Then there is the age-old question, should you get guardianship or not? Regardless of your child's ability to make decisions on their own, once they turn 18, they are their own guardian. You cannot make decisions for them or obtain private information without their permission. Each person's situation is different. Make sure you review all options available with your child to help them make safe and appropriate decisions if they need that support. Power of Attorney, Person Centered Planning and Guardianship are available options. Do your research and evaluate what would be the most appropriate. Always keep in mind the impact this decision could have on your child's future.

This is just a brief overview of some of the things that need to be considered as your child ages out of school. Always remember to continue planning. We don't like to think about what will happen after we die, however it is extremely important to have a plan in place when you have a child with a disability. Talk with family, friends, and lawyers to help put that plan in place so it won't be so overwhelming. Ask for assistance and divide the tasks up. If you do so, then there will be no need to stress when the yellow school bus stops coming.

Fast Track Transition Program

The Fast Track Transition Program is a pre-employment transition service provided to eligible students 14 – 21 years of age to prepare them for employment or post-secondary education upon leaving school.

Services Provided:

- Job Exploration Counseling
- Work-based learning experiences
- Counseling on opportunities for postsecondary education
- Workplace readiness/independent living skills
- Instruction in self-advocacy including peer mentoring

Who is Eligible:

- Students between the ages of 14 - 21 enrolled in an educational program
- Students not already receiving Vocational Rehab services
- Students with a current IEP or 504 plan or other documentation of a disability
- Parental permission

For more information or to enroll in the Fast Track Transition Program, please call 815-936-0100 ext. 229 to speak to Options CIL's Youth Transition Advocate.

Options CIL Youth Peer To Peer Groups

DO YOU NEED A CRU?

CRU is Options' CIL's free peer group for youth with disabilities ages 14-24. Meetings are held twice a month at Options CIL on Friday nights from 5-7 pm. While a variety of topics are covered at meetings, developing social skills, and self-advocacy are frequently the focus of our time together. Meetings are always centered around having fun, eating snacks, and enjoying time with friends who can understand living life with a disability and seeking independence. The youth share life experiences, as well as how they navigate those experiences in their daily lives. This level of open communication allows the group to learn from and support each other. We also have parties, watch movies, play games, have karaoke nights, pizza parties, and more. CRU is a safe space for everyone, and new friends are always welcome!

If you, or someone you know would like to join the CRU, please contact Karyn, CRU coordinator, at 815-936-0100 ext. 221 or karyn.fitts@optionscil.org.

HOW DO YOU THRIVE?

Beginning the summer of 2023, Options CIL will be offering a new free peer group! **THRIVE** will be for adults with a disability age 25 and up. The intention is to provide a place where adults with disabilities can come together, share their stories, their struggles, their victories with their peers. It will also provide a space for networking, creating resources, and helping members continue their journey of

independence in the way that works best for them. Due to the wide variety of ages present in the group, we hope to achieve a natural sense of mentorship between members. Our goal is to provide a safe space for adults with disabilities to come, make new friends, and support others by sharing personal and professional experiences. Life is a journey best taken with friends, let's embrace the journey and **THRIVE** together.

For more information, call Karyn at 815-936-0100 ext. 221 or karyn.fitts@optionscil.org.

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Common Barriers To Participation Experienced By People With Disabilities

Nearly everyone faces hardships and difficulties at one time or another. But for people with disabilities, barriers can be more frequent and have greater impact. The World Health Organization (WHO) describes barriers as being more than just physical obstacles. Here is the WHO definition of barriers:

“Factors in a person’s environment that, through their absence or presence, limit functioning and create disability. These include aspects such as:

- a physical environment that is not accessible,
- lack of relevant assistive technology (assistive, adaptive, and rehabilitative devices),
- negative attitudes of people towards disability,
- services, systems and policies that are either nonexistent or that hinder the involvement of all people with a health condition in all areas of life.” ¹

Often there are multiple barriers that can make it extremely difficult or even impossible for people with disabilities to function. Here are the seven most common barriers. Often, more than one barrier occurs at a time.

Attitudinal, Communication, Physical, Policy,
Programmatic, Social, Transportation

Attitudinal barriers

Attitudinal barriers are the most basic and contribute to other barriers. For example, some people may not be aware that difficulties in getting to or into a place can limit a person with a disability from participating in everyday life and common daily activities. Examples of attitudinal barriers include:

Stereotyping: People sometimes stereotype those with disabilities, assuming their quality of life is poor or that they are unhealthy because of their impairments.

Stigma, prejudice, and discrimination: Within society, these attitudes may come from people's ideas related to disability – People may see disability as a personal tragedy, as something that needs to be cured or prevented.

Today, society's understanding of disability is improving as we recognize "disability" as what occurs when a person's functional needs are not addressed in his or her physical and social environment. By not considering disability a personal deficit or shortcoming, and instead thinking of it as a social responsibility in which all people can be supported to live independent and full lives, it becomes easier to

recognize and address challenges that all people – including those with disabilities – experience.

Communication Barriers

Communication barriers are experienced by people who have disabilities that affect hearing, speaking, reading, writing, and or understanding, and who use different ways to communicate than people who do not have these disabilities. Examples of communication barriers include:

Written health promotion messages with barriers that prevent people with vision impairments from receiving the message. These include:

Use of small print or no large-print versions of material, and

No Braille or versions for people who use screen readers.

Auditory health messages may be inaccessible to people with hearing impairments, including

Videos that do not include captioning, and

Oral communications without accompanying manual interpretation (such as, American Sign Language).

Physical Barriers

Physical barriers are structural obstacles in natural or manmade environments that prevent or block mobility (moving around in the environment) or access. Examples of physical barriers include:

Steps and curbs that block a person from entering a building or using a sidewalk;

Absence of a weight scale that accommodates wheelchairs or others who have difficulty stepping up.

Policy Barriers

Policy barriers are frequently related to a lack of awareness or enforcement of existing laws and regulations that require programs and activities be accessible to people with disabilities. Examples of policy barriers include:

- Denying qualified individuals with disabilities the opportunity to participate in or benefit from federally funded programs, services, or other benefits;
- Denying individuals with disabilities access to programs, services, benefits, or opportunities to participate as a result of physical barriers; and
- Denying reasonable accommodations to qualified individuals with disabilities, so they can perform the essential functions of the job for which they have applied or have been hired to perform.

Programmatic Barriers

Programmatic barriers limit the effective delivery of a public health or healthcare program for people with different types of disabilities. Examples of programmatic barriers include:

- Inconvenient scheduling;
- Lack of accessible equipment (such as mammography screening equipment);
- Insufficient time set aside for medical examination and procedures;

Little or no communication with patients or participants;
and
Provider's attitudes, knowledge, and understanding of
people with disabilities.

Social Barriers

Social barriers are related to the conditions in which people are born, grow, live, learn, work and age – or social determinants of health – that can contribute to decreased functioning among people with disabilities. Here are examples of social barriers:

People with disabilities are far less likely to be employed. In 2020, 35.5% of people with disabilities, ages 18 to 64 years, were employed, while 76.5% of people without disabilities were employed, about double that of people with disabilities.²

Adults age 18 years and older with disabilities are less likely to have completed high school compared to their peers without disabilities (22.3% compared to 10.1%).

People with disabilities are more likely to have income of less than \$15,000 compared to people without disabilities (22.3% compare to 7.3%).³

Children with disabilities are almost four times more likely to experience violence than children without disabilities.⁴

Transportation Barriers

Transportation barriers are due to a lack of adequate transportation that interferes with a person's ability to be

independent and to function in society. Examples of transportation barriers include:

Lack of access to accessible or convenient transportation for people who are not able to drive because of their disability.

Public transportation may be unavailable or at inconvenient distances or locations.

References

World Health Organization, International classification of functioning, disability, and health.

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Community work opportunities and integration

Special Olympics

Chorus and Signers program

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to arrange a tour of our campus!

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How To Effectively Prepare For Emergencies and Disasters

Disability intersects every demographic group – there are people with disabilities of all ages, races, genders or national origin. And disabilities can impact a person in a variety of ways – both visible and invisible. For people with disabilities and their families, it is important to consider individual circumstances and needs to effectively prepare for emergencies and disasters.

Get Informed

Know what disasters could affect your area, which ones could call for an evacuation and when to shelter in place.

Keep a NOAA Weather Radio tuned to your local emergency station and monitor TV and radio.

Follow mobile alerts and warnings about severe weather in your area.

Download the FEMA App and get weather alerts from the National Weather Service for up to five different locations anywhere in the United States.

Make a Plan

In the event of a disaster could you make it on your own for several days? After a disaster you may not have access to a medical facility or even a drugstore. It's

crucial to plan for your daily needs and know what you would do if they become limited or unavailable.

Additional planning steps include:

Create a support network of people who can help you in a disaster. Keep a contact list in a watertight container in your emergency kit or on your electronic devices.

Inform your support network where you keep your emergency supplies. You may want to consider giving a trusted member a key to your house or apartment.

Plan ahead for accessible transportation that you may need for evacuation or getting around during or after disaster. Check with local transit providers as well as with your emergency management agency to identify appropriate accessible options.

Many city and county emergency management agencies maintain voluntary registries for people with disabilities to self-identify in order to receive targeted assistance during emergencies and disasters.

Contact your local emergency management office to find out more.

If you are on dialysis or other life-sustaining medical treatment know the location and availability of more than one facility that can help you.

If you use medical equipment in your home that requires electricity, talk to your doctor or health care provider about what you may be able to do to keep it running during a power outage. You can also ask your power provider to put you on a list for priority power restoration.

About half of all Americans take a prescription medicine every day. An emergency can make it difficult for

them to refill their prescription or to find an open pharmacy. Organize and protect your prescriptions, over-the-counter drugs, and vitamins to prepare for an emergency.

Wear medical alert tags or bracelets. Also add pertinent medical information to your electronic devices.

If you have a communication disability, consider carrying printed cards or storing information on your devices to inform first responders and others how to communicate with you.

If you use assistive technologies, plan how you will evacuate with the devices or how you will replace equipment if lost or destroyed.

Locate and access your electronic health records from a variety of sources by using the U.S. Department of Health and Human Services' online tool.

Plan for children and adults who may have difficulty in unfamiliar or chaotic environments. Consider your service or support animals or pets and plan for food, water and supplies. If you need to evacuate, you'll need to know whether your shelter allows pets or not, since some shelters only allow service or support animals.

Keep a list of the nearest medical facilities, local hospitals and nearest transportation.

Get Your Benefits Electronically

A disaster can disrupt mail service for days or weeks. If you depend on Social Security or other regular benefits, switching to electronic payments is an easy way to protect yourself financially before disaster strikes. It also

eliminates the risk of stolen checks. The U.S. Department of the Treasury recommends two safer ways to get federal benefits:

Direct deposit to a checking or savings account. If you get federal benefits you can sign up by calling 800-333-1795 or sign up online.

The Direct Express[®] prepaid debit card is designed as a safe and easy alternative to paper checks. Call toll-free at 877-212-9991 or sign up online.

Build A Kit

In addition to having your basic survival supplies, an emergency kit should have items to meet your individual needs in various emergencies. Consider the items you use every day and which ones you may need to add to your kit.

TIPS FOR MEDICATIONS

Talk to your doctor or pharmacist about how you can create an emergency supply of medicines.

Keep a list of your prescription medicines. Include information about your diagnosis, dosage, frequency, medical supply needs and allergies.

Store extra nonprescription drugs, like pain and fever relievers, antihistamines and antidiarrheal medicines.

Have a cooler and chemical ice packs available to chill medicines that need to be refrigerated.

TIPS FOR PEOPLE WHO ARE DEAF OR HARD OF HEARING

Weather radio (with text display and a flashing alert)

Extra hearing-aid batteries

Pen and paper (in case you have to communicate with someone who does not know sign language)

Battery operated lantern to enable communication by sign language or lip reading, especially when the electricity is out and it's dark.

TIPS FOR PEOPLE WHO ARE BLIND OR HAVE LOW VISION

Mark emergency supplies with Braille labels or large print. Keep a list of your emergency supplies and where you bought them on a portable flash drive or make an audio file that is kept in a safe place where you can access it.

Keep communication devices for your particular needs, such as a Braille or deaf-blind communications device as part of your emergency supply kit.

TIPS FOR PEOPLE WITH SPEECH DISABILITY

If you use an augmentative communications device or other assistive technologies plan how you will evacuate with the devices or how you will replace equipment if it is lost or destroyed. Keep model information and note where the equipment came from (Medicaid, Medicare, private insurance, etc.).

Plan how you will communicate with others if your equipment is not working, including laminated cards with phrases and/or pictogram.

INDIVIDUALS WITH INTELLECTUAL OR DEVELOPMENTAL DISABILITIES

Keep handheld electronic devices charged and loaded with videos and activities.

Purchase spare chargers for electronic devices and keep them charged.

Include sheets and twine or a small pop-up tent (to decrease visual stimulation in a busy room or to provide instant privacy).

Consider a pair of noise-canceling headphones to decrease auditory stimuli.

Have comfort snacks available.

TIPS FOR PEOPLE WITH A MOBILITY DISABILITY

If you use a power wheelchair, have a lightweight manual chair available as a backup if possible.

Show others how to assemble, disassemble and operate your wheelchair.

Purchase an extra battery for a power wheelchair or other battery-operated medical or assistive technology devices. If you can't purchase an extra battery, find out what agencies, organizations or local charitable groups can help you buy one. Keep extra batteries charged at all times.

Consider keeping a patch kit or can of sealant for flat tires and/or extra inner tube if wheelchair or scooter is not puncture proof.

Keep an extra mobility device such as a cane or walker if you use one.

Keep a portable air pump for wheelchair tires.

If you use a seat cushion to protect your skin or maintain your balance and you must evacuate, consider keeping an extra cushion on hand.

Communicate with neighbors who can assist you if you need to evacuate the building.

TIPS FOR INDIVIDUALS WITH ALZHEIMER'S AND RELATED DEMENTIA

Do not leave the person alone. Even those who aren't prone to wandering away may do so in unfamiliar environments or situations.

If evacuating, help manage the change in environment by bringing a pillow and blanket or other comforting items they can hold onto.

When at a shelter, try to stay away from exits and choose a quiet corner.

If there is an episode of agitation, respond to the emotions being expressed. For example, say "You're frightened and want to go home. It's ok. I'm right here with you."

ADDITIONAL ITEMS

Several days supply of prescription medicines

A list of all medications, dosage and any allergies

Extra eyeglasses, contacts, hearing aids and batteries

A backup supply of oxygen

A list of the style and serial number of medical devices (include special instructions for operating your equipment if needed)

Copies of insurance and Medicare cards

Contact information for doctors, relatives or friends who should be notified if you are hurt

Pet food, extra water, collar with ID tag, medical records and other supplies for your service or support animal

Article from Ready.gov, an official website of the US
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CIL's Transition Programs Save Taxpayers Money

Did you know that the average annual cost per person for Nursing Home care in the state of Illinois is \$77,084.08. In FY21 Centers for Independent Living (CILS) assisted 190 individuals to move from a nursing home into the community. The average cost for home services per individual was \$36,027 per year, plus a cost of \$5,000 to assist in setting up their household for a total of 41,027.00 per individual. This equates to \$36,057.08 cost savings per person. This is an **ANNUAL** savings of \$6,850,845.20

to Illinois taxpayers in just **one** CIL's transition program. If those individuals stay living in the community over the next ten years, the savings to Illinois taxpayers would be \$68,508,452.00.

Through Options CIL's Transition program we move people with disabilities out of nursing homes and back into our community. This not only saves taxpayers money it allows people with disabilities to live an independent, thriving life!

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Options CIL, By The Numbers

Options CIL collaborated directly with **330 individuals** with disabilities last fiscal year to develop and achieve Independent Living Plans in Kankakee and Iroquois county.

130 individuals over the age of 55 and experiencing vision loss/blindness. Options CIL Vision Services Advocate provided assistive technology/adaptive living aids to each vision consumer as needed to maintain or enhance their independence. Some examples of items provided are talking blood pressure cuffs, talking watches, large print check books, talking scales and much more.

107 individuals requested and received Independent Living Skills and Life Skills training. Each of these consumers worked towards goals they chose for themselves and achieved with support and services provided by Options CIL team members.

79 individuals with disabilities received Assistive Technology services and/or training on how to use assistive technology.

77 individuals with disabilities requested and received assistance with Housing, Home Modifications and/or Shelter Services to prevent nursing facility placement and/or homelessness.

22 ramps were provided to individuals with mobility impairments, which allows them to safely remain in their own home.

23 youth and adults with disabilities participated in peer counseling services throughout the year by attending one of three support groups held regularly in both Kankakee and Iroquois county.

22 adults with disabilities worked with Options CIL Personal Assistant Advocate to manage their Personal Assistant Services. Our PA Advocate also trained 21 people to work as Personal Assistants for our consumers in Kankakee and Iroquois county.

24 individuals with hearing loss/speech impairment received an amplified or teletype phone to increase access to effective communication abilities.

18 individuals at risk of homelessness received rental assistance/emergency shelter assistance.

Beyond individual services provided, collaboration with our community partners, businesses, schools, local landlords, transportation providers, employers and many others supported our mission and vision of creating a barrier free community with equal access for all.

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Fundraisers & Events

In addition to our fund raising events like Wheelchair Basketball and Bingo at the Watseka Elks some of our team members and advisory board members attended the Watseka Chamber Annual Banquet and our entire office team are pictured at our Annual Meeting and Recognition Luncheon where we recognize people and businesses that support our mission and go above and beyond for people with disabilities in Kankakee and Iroquois County.

This guide is amazing! How can I be part of it? If you, or your business, would like to be part of our Annual Guide to Independence, we have four options for advertising:

- Business Card Size \$60
- ¼ Page \$100

- ½ Page \$150
- Full Page \$200

Half page or full page offer twice the coverage.

To be included in our annual fundraising packet mailing, please send the following to:

Options CIL

Attn: Dan Brough

22 Heritage Drive, Suite 107

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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 River-side Orthopedic and 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.

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**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.

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