Agreement and understanding of therapy with IMT of Maryland

* **I reserve the right to terminate service: if I observe there is any kind of issue that impedes the airway/nasal breathing such as: tonsils, tongue ties, soft tissue obstruction in the back of the soft palate and allergies. If the parent care giver or patient will not have the issue taken care of, because these things will not allow progression of therapy. Noncompliance with exercises.**
* **It must be noted that successful completion of the myofunctional therapy program is dependent upon patient desire, good attitude and self-discipline. Parental involvement and encouragement are important and necessary. Only the dedicated participant and cooperation of the patient can guarantee effective swallowing and resting posture results**.

\_\_\_\_\_Initial

* DAILY practice of the exercises is important! Please make time in your schedule to focus on your "homework". Some exercises will be mastered in the first week. Others are designed to take a few weeks.
* Practice exercises a minimum of 2-3 times a day, 7 days a week.
* Consistency is important! I understand that life is busy. I ask that you make every effort to come weekly or more often if necessary. Sometimes Face time or Skype (telemedicine), and Marco Polo (video) to replace session in person may be available decided by therapist and circumstance.
* ALWAYS use your mirror when doing exercises.
* **I prefer to schedule a "set time" for each client's weekly to start and may go to bi-weekly sessions. Think of it as a scheduled music lesson or sports practice. Sometimes, other activities must be put on hold for a season so you can focus on your oral health! A few months of therapy can lead to a lifetime of positive change! YOU GET OUT OF IT WHAT YOU PUT INTO IT!!!!**
* Choose a quiet place where you can focus on your daily exercises. Try to avoid distractions.
* I understand that childcare for other siblings can be difficult to arrange. It is preferred to only have the client and parent present for therapy sessions. I ask that if you MUST bring siblings to an appointment, that they are quiet and do not cause distraction.
* In preparation for your first therapy session, please buy a stand-up mirror, small squirt bottle. I will provide the other necessary tools for therapy. Because supplies are very expensive only one replacement will be given if lost with the exception of the coloplast after the first package the replacement will be $3.50.
* Sometimes the Myobrace Trainer is use and other devices this will be an additional cost to parent or patient because it is an addition cost to therapist. Therapist will work with parent prior to charging. We work very hard to keep cost down but sometimes it is necessary.
* The number of sessions needed varies greatly, depending on the client’s individual case as well as their participation and cooperation in the therapy program.

**HOURS:** Thursdays: 2-7 pm some other days may be added as needed. For any questions or concerns you can reach me directly at: 410-746-4887 or [chriszombek@imtofmaryland.net](mailto:chriszombek@imtofmaryland.net)

Parent signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Patient signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_