Medical Rehabilitation

Rehabilitation Unit
The purpose of this handout is to give you information about University Hospital’s Rehabilitation Unit (2 North or 2N). It will explain:

- The purpose of rehabilitation
- The rehabilitation team members
- What you can expect while on the rehabilitation unit
- Things to bring with you to the rehabilitation unit
- Planning for your discharge

Your doctor has asked the rehabilitation medicine team to see you. Based on your needs, the rehabilitation doctor or physiatrist (fi-zii-uht-rist), will work with you and your family to decide if the 2 North Rehabilitation Unit is the best place for you to continue your recovery.
The Purpose of Rehabilitation

The word rehabilitation means “to make able.” The goal of rehabilitation is to help you become as independent as possible.

We treat problems with mobility, self-care, communication, and thinking that result from stroke, spinal cord injury, brain injury, amputation, multiple sclerosis, and other orthopedic and neuromuscular conditions.

The rehabilitation unit is different from other units in the hospital because we will expect you to do as much bathing, dressing, moving around and taking care of yourself as you are able. We will work to increase your activity and endurance. We will teach you skills that will help you to do more for yourself.

How we help you to reach your goals:

The rehabilitation team will work with you and your family to develop your unique plan and goals for recovery. To reach your goals, we will plan a daily schedule. In addition to your schedule of formal sessions, each team member will encourage you to practice the skills you have learned. Practicing the skills throughout the day will help you to reach your goals.

Most patient plans include the four major goals listed below:

- **Goal 1:** Increasing your mobility and endurance.
- **Goal 2:** Increasing your ability to care for yourself.
- **Goal 3:** Understanding your illness or injury.
- **Goal 4:** Maintaining your health.

You and your family are the key to reaching your goals

You and your family are the most important members of our team. “Family” refers to all people (family, friends, care givers, attendants) who will help with your care. Goals will be set by the team (staff, you and your family). It is important to talk about your concerns, desires, and needs.

We offer educational programs and classes focusing on specific illnesses and injuries. It is important that your family attend these classes and your therapy sessions. You and your family must be involved in all parts of rehabilitation to reach your goals.

Friends and family members not directly involved in your care are asked to visit after 5 p.m. This is when your therapy and education sessions have ended for the day. Children under 14 are permitted on the unit, but must be supervised by an adult (other than the patient) at all times.

The Rehabilitation Team

Rehabilitation is a team effort. Experts in rehabilitation will guide and teach you and your family. Every staff member will help you to increase independence (doing for self). Your physiatrist, with the help of the rehabilitation team, will decide which services and specialists you may need. Although we are listing each health professional separately, all team members work together to help you reach your goals.
In addition to you and your family, your rehabilitation team may include:

**Physiatrist (MD)**
A physiatrist is a medical doctor who specializes in rehabilitation medicine. The physiatrist manages your medical care and directs the rehabilitation team. Resident physicians and nurse practitioners will assist the physiatrist in carrying out your plan of care.

**Nurse Liaison**
The nurse liaison meets patients prior to coming to the Rehabilitation Unit. The liaison works with the physiatrist, your caregivers within the hospital, and with you and your family to decide whether 2N is the best place for your recovery. If it is decided you are being admitted, your insurance will be notified.

**Rehabilitation Nurse**
The rehabilitation nurse works with the team to care for your medical, nursing and therapy needs. The nursing staff will help you to do as much care for yourself as you can. The nurse manages care such as bowel and bladder training, skin management, medication administration, and self-care skills. They help and teach you to use any equipment that you may need to dress yourself, walk, feed yourself and use the bathroom. The nursing staff consists of Registered Nurses, Licensed Practical Nurses, Clinical Technicians and Support Technicians.

**Occupational Therapy**
The Occupational Therapist and/or assistant helps you gain independence in the things you need to do every day, such as eating, bathing, dressing, and getting around your house. They also focus on improving strength, coordination, vision and problem solving skills so that you can return to work, home, or school with increased independence.

**Physical Therapy**
The Physical Therapist and/or assistant will help you to become more independent moving around at home and in the community. They work with you to gain strength, balance, coordination, endurance and range of motion in your joints. The therapist also works to improve your ability to walk, use a wheelchair, and get into and out of bed.

**Speech Therapy**
If you have trouble talking with your family and friends, you may need a Speech-Language Pathologist. They may help you express your thoughts and ideas in many different ways. You may need to write, draw, use hand movements, or even a computer to talk with family and friends. A Speech Pathologist can help if you have trouble understanding what other people say to you. They can also help if you have trouble chewing or swallow-ing food. They will work with your physician and dietitian to choose the best diet for you.
Social Work

The social worker helps patients and families with social and emotional needs and coordinates discharge planning to facilities outside of the hospital. The social worker can provide emotional support, access to benefits, information about community services and individual or family counseling.

Case Manager

The Case Manager helps you and the team plan for your discharge. This involves helping to identify your needs and locating outpatient therapies or home care. Case Managers also talk with insurance companies to obtain continued approval for your stay in the hospital.

Consulting or Primary Doctor

The doctor that cared for you during your stay in the acute hospital may also continue to monitor your progress on the inpatient rehabilitation unit.

Pastoral Care

The chaplain offers spiritual and emotional support as you and your family deal with life changes. Pastoral counseling, the sacraments, and contact with local clergy are available. Please let us know if you wish to speak with the chaplain.

Respiratory Therapy

The respiratory therapist teaches breathing exercises and gives breathing treatments and education when needed.
A Typical Day on the Rehabilitation Unit

During the first few days on the rehabilitation unit, the team will meet with you to develop a daily rehabilitation program and schedule. Your personal program will include your family or other supporters and will extend throughout the day. Depending on your needs, your rehabilitation schedule may include the following:

- Nursing
- Physical Therapy
- Occupational Therapy
- Speech Therapy
- Therapeutic Sessions
  May be one-on-one (individual) and/or group therapy sessions. Sessions may be 30 to 60 minutes.
- Psychology
- Vocational Rehabilitation Counseling
- Teaching Programs
- Respiratory Therapy
- Pastoral Support
- Nutritional Counseling
- Therapeutic Recreation

Meals

Meals are served in the dining room or in your hospital room. Depending on your needs, you may be encouraged to eat in the dining room.

Educational Sessions

Teaching Sessions specific to your illness or injury are offered.

Dietitian

The Dietitian reviews your nutritional needs. The dietitian also provides nutrition education and counseling if needed. In between meal snacks are available if desired and can be arranged through the dietitian.

Driver Evaluation and Training Program

This outpatient program is for patients once they leave inpatient rehabilitation. Driver Rehabilitation provides driving evaluation and instruction for individuals whose driving ability is affected by their illness or injury.

The Department of Motor Vehicle Bureau requires that all licensed drivers must report any injury or illness that causes a loss of consciousness to them. After any loss of consciousness, Motor Vehicle Bureau approval must be received prior to return to driving. The Driver Rehabilitation Team will assist in completion of required Motor Vehicle Bureau paperwork after successful completion of the training program. A physician referral is required for entrance into this program. Please let members of the team know if you are interested in this service.
Valuables

Leave valuables at home. This includes jewelry and items of sentimental value.
We do encourage you to bring in photographs of family, friends and pets.

Planning for Your Discharge from Rehabilitation

It is very important to start discharge planning as early as possible during your stay. Shortly after you arrive, the team will begin to speak with you and your family about a discharge plan. A family meeting will be scheduled early in your stay to establish a plan for you once you are medically ready to leave 2N. This will include what services you may need and who will be available to help you. These services may include long term rehabilitation, home care, or outpatient services. The factors that help decide what services you may need include your preferences, your medical status, your insurance, your family and caregiver supports and how you are progressing in therapy. For example, you may go home with outpatient or home care services or to a longer term rehabilitation facility for additional in-patient rehabilitation.

Things to Bring to Rehabilitation

Clothes

Bring at least one week's supply of washable (washer/dryer available), loose-fitting clothes including:
• Three pairs of pants/shorts
• Three shirts/blouses (pullover)
• Four pairs of underwear
• Four pairs of socks
• Slippers with nonslip soles
• An outdoor jacket/sweater
• Sweat suit
• One pair of comfortable walking shoes. Athletic shoes or shoes with non-slip soles are fine. If ankle or foot braces will be used, see therapist before buying bigger shoes.
• Pajamas. Hospital gowns are available if needed.

If needed make sure to bring:
• Dentures with adhesive
• Hearing aids with batteries
• Eyeglasses or contact lenses
• Walker, cane, wheelchair, or crutches
• Razor
• Cosmetics
• Toiletries
Note: Check all electrical appliances with a nurse.
Understanding Insurance Issues and Levels of Care

2N is a short-term “acute” rehabilitation unit. Your insurance provider (Medicare, private, HMO’s or Medicaid) follow specific guidelines for acute rehabilitation. In brief, to qualify for “acute rehabilitation” care, you must be able to tolerate at least 3 hours of therapy per day and show you are making steady gains. Many insurance carriers require weekly reviews of your progress while on the rehabilitation unit.

Every person is different and makes progress at different rates. If you need a much longer time period in rehabilitation and don’t require hospital care, another level of care may be available through your insurance plan. Options include in-patient sub-acute rehabilitation, going home with support services such as home care or out-patient sessions if you are able.

Many skilled nursing facilities (SNF’s) have in-patient rehabilitation programs or special rehab units. There are many home care agencies that provide nursing and therapy sessions in the home. If you need these services, the social worker and/or case manager can assist you.

We hope that this handout has helped you to learn more about University Hospital’s Rehabilitation Unit. We look forward to helping you reach your full potential.