

# Data Collection Information Summary for Patients in Inpatient Rehabilitation Facilities

This notice is a simplified plain language summary of the information contained in the attached “Privacy Act Statement-Health Care Records”

As a hospital rehabilitation inpatient, you have the privacy rights listed below.

- **You have the right to know why we need to ask you questions.**
  - We are required by federal law to collect health information to make sure:
    - 1) you get quality health care, and
    - 2) payment for Medicare patients is correct.
- **You have the right to have your personal health care information kept confidential and secure.**
  - You will be asked to tell us information about yourself so that we can provide the most appropriate, comprehensive services for you.
  - We keep anything we learn about you confidential and secure. This means only those who are legally permitted to use or obtain the information collected during this assessment will see it.
- **You have the right to refuse to answer questions.**
  - You do not have to answer any questions to get services.
- **You have the right to look at your personal health information.**
  - We know how important it is that the information we collect about you is correct.
  - You may ask to review the information you provided. If you think we made a mistake, you can ask us to correct it.

In addition, you may ask the Centers for Medicare & Medicaid Services to see, review, copy or request correction of inaccurate or missing personal identifying health information which this Federal agency maintains in its IRF-PAI System of Records. For CONTACT INFORMATION or a detailed description of your privacy rights, refer to the attached PRIVACY ACT STATEMENT – HEALTH CARE RECORDS.

Note: The rights listed above are in concert with the rights listed in the hospital conditions of participation and the rights established under the Federal Privacy Rule.

This is a Medicare & Medicaid Approved Notice.



## **PRIVACY ACT STATEMENT - HEALTH CARE RECORDS**

**This statement gives you notice required by law (the Privacy Act of 1974).  
This statement is not a consent form. It will not be used to release or to use your  
health care information.**

### **I. Authority for collection of your information, including your social security number, and whether or not you are required to provide information for this assessment. Sections 1102(a), 1154, 1861(z), 1864, 1865, 1866, 1871, 1886(j) of the Social Security Act.**

Medicare participating inpatient rehabilitation facilities must do a complete assessment that accurately reflects your current clinical status and includes information that can be used to show your progress toward your rehabilitation goals. The inpatient rehabilitation facility must use the Inpatient Rehabilitation Facility-Patient Assessment Instrument (IRF-PAI) as part of that assessment, when evaluating your clinical status. The IRF-PAI must be used to assess every Medicare Part A fee-for-service inpatient, and it may be used to assess other types of inpatients. This information will be used by the Centers for Medicare & Medicaid Services (CMS) to be sure that the inpatient rehabilitation facility is paid appropriately for the services that they furnish you, and to help evaluate that the inpatient rehabilitation facility meets quality standards and gives appropriate health care to its patients. You have the right to refuse to provide information to the inpatient rehabilitation facility for the assessment. Information provided to the federal government for this assessment is protected under the Federal Privacy Act of 1974 and the IRF-PAI System of Records. You have the right to see, copy, review, and request correction of inaccurate or missing personal health information in the IRF-PAI System of Records.

### **II. PRINCIPAL PURPOSES FOR WHICH YOUR INFORMATION IS INTENDED TO BE USED**

The information collected will be entered into the IRF-PAI System No. 09-70-1518. Your health care information in the IRF-PAI System of Records will be used for the following purposes:

- support the IRF prospective payment system (PPS) for payment of the IRF Medicare Part A fee-for-services furnished by the IRF to Medicare beneficiaries;
- help validate and refine the Medicare IRF-PPS
- study and help ensure the quality of care provided by IRFs;
- enable CMS and its agents to provide IRFs with data for their quality assurance and ultimately quality improvement activities;
- support agencies of the State government , deeming organizations or accrediting agencies to determine, evaluate and assess overall effectiveness and quality of IRF services provided in the State;
- provide information to consumers to allow them to make better informed selections of providers;
- support regulatory and policy functions performed within the IRF or by a contractor or consultant;

- support constituent requests made to a Congressional representative;
- support litigation involving the facility;
- support research on the utilization and quality of inpatient rehabilitation services; as well as, evaluation, or epidemiological projects related to the prevention of disease or disability, or the restoration or maintenance of health for understanding and improving payment systems.

### III. ROUTINE USES

These “routine uses” specify the circumstances when the Centers for Medicare & Medicaid Services may release your information from the IRF-PAI System of Records without your consent. Each prospective recipient must agree in writing to ensure the continuing confidentiality and security of your information. Disclosures of protected health information authorized by these routine uses may be made only if, and as, permitted or required by the ‘Standards for Privacy of Individually Identifiable Health Information.’ (45 CFR Parts 160 and 164). Disclosures of the information may be to:

1. To agency contractors or consultants who have been contracted by the agency to assist in the performance of a service related to this system of records and who need to have access to the records in order to perform the activity;
2. To a Peer Review Organization (PRO) in order to assist the PRO to perform Title XI and Title XVIII functions relating to assessing and improving IRF quality of care. PROs will work with IRFs to implement quality improvement programs, provide consultation to CMS, its contractors, and to State agencies;
3. To another Federal or State agency:
  - a. To contribute to the accuracy of CMS’s proper payment of Medicare benefits,
  - b. To enable such agency to administer a Federal health benefits program, or as necessary to enable such agency to fulfill a requirement of a Federal statute or regulation that implements a health benefits program funded in whole or in part with Federal funds, or
  - c. To improve the state survey process for investigation of complains related to health and safety or quality of care and to implement a more outcome oriented survey and certification program.
4. To an individual or organization for a research, evaluation, or epidemiological projects related to the prevention of disease or disability, the restoration or maintenance of health epidemiological or for understanding and improving payment projects.
5. To a member of Congress or to a congressional staff member in response to a inquiry of the Congressional Office made at the written request of the constituent about whom the record is maintained.
6. To the Department of Justice (DOJ), court or adjudicatory body when:
  - a. The agency or any component thereof; or
  - b. Any employee of the agency in his or her official capacity; or
  - c. Any employee of the agency in his or her individual capacity where the employee; or

- d. The United States Government; is a party to litigation or has an interest in such litigation, and by careful review, CMS determines that the records are both relevant and necessary to the litigation and the use of such records by the DOJ, court or adjudicatory body is compatible with the purpose for which the agency collected the records.
7. To a CMS contractor (including, but not necessarily limited to fiscal intermediaries and carriers) that assists in the administration of a CMS-administered health benefits program, or to a grantee of a CMS-administered grant program, when disclosure is deemed reasonably necessary by CMS to prevent, deter, discover, detect, investigate, examine, prosecute, sue with respect to, defend against, correct, remedy, or otherwise combat fraud or abuse in such program.
8. To another Federal agency or to an instrumentality of any governmental jurisdiction within or under the control of the United States (including any State or local governmental agency), that administers, or that has the authority to investigate potential fraud or abuse in whole or part by Federal funds, when disclosure is deemed reasonable necessary by CMS to prevent, deter, discover, detect, investigate, examine, prosecute, sue with respect to, defend against, correct, remedy, or otherwise combat frauds or abuse in such programs;
9. To a national accrediting organization that has been approved for deeming authority for Medicare requirements for inpatient rehabilitation services (i.e., the Joint Commission for the Accreditation of Healthcare Organizations, the American Osteopathic Association and the Commission of Accreditation of Rehabilitation Facilities). Data will be released to these organizations only for those facilities that participate in Medicare by virtue of their accreditation status.
10. To insurance companies, third party administrators (TPA), employers, self-insurers, managed care organizations, other supplemental insurers, non-coordinating insurers, multiple employer trusts, group health plans (i.e., health maintenance organizations (HMO) or a competitive medical plan (CMP)) with a Medicare contract, or a Medicare-approved health care prepayment plan (HCPP), directly or through a contractor, and other groups providing protection for their enrollees. Information to be disclosed shall be limited to Medicare entitlement data. In order to receive the information, they must agree to:
  - a. Certify that the individual about whom the information is being provided is one of its insured or employees, or is insured and/or employed by another entity for whom they serve as a third party administrator;
  - b. Utilize the information solely for the purpose of processing the individual's insurance claims; and
  - c. Safeguard the confidentiality of the data and prevent unauthorized access.

#### **IV. EFFECT ON YOU IF YOU DO NOT PROVIDE INFORMATION**

The inpatient rehabilitation facility needs the information contained in the IRF-PAI in order to comply with the Medicare regulations. Your inpatient rehabilitation facility will also use the IRF-PAI to assist in providing you with quality care. It is important that the information be correct. Incorrect information could result in payment errors. Incorrect

information also could make it difficult to evaluate if the facility is giving you quality services. If you choose not to provide information, there is no federal requirement for the inpatient rehabilitation facility to refuse you services.

**CONTACT INFORMATION**

If you want to ask the Centers for Medicare & Medicaid Services to see, review, copy or request correction of inaccurate or missing personal health information which that Federal agency maintains in its IRF-PAI System of Records:

Call 1-800-MEDICARE, toll free, for assistance in contacting the IRF-PAI System of Records Manager.

TTY for the hearing and speech impaired: 1-800-820-1202

**This is a Medicare & Medicaid Approved Notice.**





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Rusk Institute of Rehabilitation Medicine

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**NYU HOSPITALS CENTER  
RUSK INSTITUTE  
ACKNOWLEDGMENT OF RECEIVING  
"PRIVACY ACT STATEMENT- HEALTH CARE RECORDS"**

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*By signing below, I acknowledge that I have received the "Privacy Act Statement – Health Care Records." I have also received the "Data Collection Information Summary for Patients in Inpatient Rehabilitation Facilities," which summarizes the full Privacy Act statement.*

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Signature of Patient or Personal Representative

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Print Name of Patient or Personal Representative

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Date

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Description of Personal Representative's Authority

# **THE RUSK INSTITUTE OF REHABILITATION MEDICINE**

## **MEDICALLY COMPLEX REHABILITATION PROGRAM**

The Rusk Institute of Rehabilitation Medicine offers a specialized rehabilitation program targeted to the needs of patients who have a variety of medically complex conditions. Some examples of these conditions include non-traumatic or traumatic spinal cord injury, myopathy and polyneuropathy (CIDP, critical illness, toxic, alcohol, idiopathic, hereditary and Guillain-Barre), post-organ transplantation, Parkinson's Disease, Multiple Sclerosis, amputations, pain syndromes, arthritic conditions, congenital disorders, balance and coordination problems and other general and medically complex debilitating conditions.

The many and complex requirements of this patient population necessitate a devoted rehabilitation team with a wealth of clinical knowledge and experience. The Rehabilitation Program at the Rusk Institute offers comprehensive care by a team of specialists who provide integrated treatment for this unique population. We admit adult patients 18 years and over.

Treatment will include:

- Medical care
- Rehabilitation nursing care and education
- Wound care by a specialized wound care team
- Nutrition education and counseling
- Psychological support and counseling
- Cognitive therapy (if indicated)
- Discharge planning
- Physical therapy to improve range of motion, strength, balance and mobility
- Occupational therapy to improve activities of daily living
- Speech therapy
- Swallowing therapy (if indicated)
- Vocational counseling (if indicated)
- Recreation Therapist
- If Driver Education is recommended, a referral to programs at other facilities will be provided.

### **REHABILITATION TEAM**

From the moment of arrival, you and your family and /or significant others become a part of the team and remain essential members of the team throughout the rehabilitation process. Your physiatrist (a physician specializing in rehabilitation medicine) will be the team leader responsible for your medical care and the coordination of your rehabilitation treatment program. Other team members include:

- Rehabilitation Nurses
- Nutritionist
- Physical Therapists and Assistants
- Occupational Therapists and Assistants
- Psychologists
- Speech-Language Pathologists
- Social Workers
- Recreation Therapist
- Social Workers
- Recreational Therapist
- Vocational Counselors
- Swallowing Specialists
- Horticultural Therapists

Patients will be evaluated for:

- Medical acuity – patients must be medically stable (i.e., not requiring the level of medical/surgical services than an acute care hospital would provide), and not require ventilator support or have acute psychiatric disorders.
- Psychological status – patients must be alert and well-oriented so that they are able to follow simple verbal, tactile or gestural directions.
- Behavioral status – patients must be cooperative and not agitated or combative.
- Intended discharge environments – It is expected that patients will be discharged home with services or to a subacute rehabilitation facility.

### **REHABILITATION PROGRAM**

Therapy will be provided individual or group sessions six days per week. Your program will include:

- Physical Therapy and Occupational Therapy (a minimum of 3 hours per day)
- Psychology evaluation and treatment sessions (1/2 – 1 hour)
- Speech/Language Pathology (1/2 – 1 hour, if indicated)
- Horticultural Therapy (1/2 – 1 hour, if indicated)
- Other specialists (if included)

Individualized PT and OT treatments are also scheduled on Saturdays to continue the course toward maximizing your recovery and your ability to perform daily activities.

The rehabilitation nursing staff will work with you to reinforce the functional skills you have achieved in therapy. The nursing staff will also provide you and your family and/or significant other with information regarding your care in preparation for discharge, including information on your medications. Social workers and therapists also provide educational sessions. Your social worker will meet with you and help guide you through the rehabilitation process. The length of stay varies depending on the medical and rehabilitation needs of each patient. Your physiatrist, social worker, and rehab team will keep you up-to-date with discharge information.

**THE JOAN AND JOEL SMILOW**  
**CARDIAC REHABILITATION AND PREVENTION CENTER**  
**OF THE RUSK INSTITUTE OF REHABILITATION MEDICINE**

**WHAT SERVICES ARE PROVIDED AT THE RUSK INSTITUTE FOR PEOPLE WHO REQUIRE CARDIAC REHABILITATION?**

The Cardiac Rehabilitation Program at the Rusk Institute offers comprehensive care by a team of specialists who provide integrated treatment for people with cardiac disabilities. We admit adult patients 18 years and over.

Treatment will include:

- Medical Care
- Rehabilitation nursing care and education
- Telemetric monitored progressive aerobic exercises and strength training
- Activities of daily living
- Psychiatric and Psychological support and counseling
- Coronary risk factor modification services: (weight management, diabetic self-care, lipid management)

**REHABILITATION TEAM**

From the moment of arrival, you and your family and/or significant others become a part of the team and remain essential members during the rehabilitation process. Your Physiatrist (physician specializing in rehabilitation medicine), will be the team leader responsible for your medical care and the coordination of your rehabilitation treatment program.

Other team members include:

- Cardiologist\Rehabilitation Nurses
- Nutritionist
- Advance Practice Nurses
- Exercise Physiologists
- Rehabilitation nursing care and education
- Physical Therapists
- Psychiatrists
- Psychologists
- Social Workers
- Recreation Therapists
- Vocational Counselors
- Horticultural Therapists

**REHABILITATION PROGRAM**

Therapy will be provided in individual or group sessions six days per week. Your regular program will include:

- Physical Therapy and Occupational Therapy (Individual and Group sessions)
- Telemetric monitored strengthening and endurance exercises
- Horticultural Therapy
- Education programs with Nursing, Nutrition, Psychology and Social Work
- Psychology evaluations and treatment sessions as recommended by Physiatrist
- Individualized treatments are scheduled on the weekends to continue the course toward maximizing your recovery and your ability to perform daily activities.

Patients will be evaluated for:

- Medical acuity – patients must be medically stable (i.e., not requiring the level of medical/surgical services than an acute care hospital would provide), and not require ventilator support or have acute psychiatric disorders.
- Psychological status – patients must be alert and well-oriented so that they are able to follow simple verbal, tactile or gestural directions.
- Behavioral status – patients must be cooperative and not agitated or combative.
- Intended discharge environments – It is expected that patients will be discharged home with services or to a subacute rehabilitation facility.

The rehabilitation nursing staff will work with you to reinforce the skills you have achieved in therapy. The nursing staff will provide you and your family and/or significant others with information regarding your care, including information on your medications, in preparation for discharge. Your social worker will meet with you and help guide you through the rehabilitation process.

**AVERAGE LENGTH OF STAY AT THE RUSK INSTITUTE FOR PATIENTS IN CARDIAC REHABILITATION**

The length of stay varies depending on the medical and rehabilitation needs of each patient. Your physiatrist and the rehab team will keep you up-to-date with discharge information. Most patients admitted to Cardiac Rehabilitation complete their inpatient stay within one to two weeks.

## **THE RUSK INSTITUTE OF REHABILITATION MEDICINE**

### **MUSCULOSKELETAL REHABILITATION PROGRAM**

The Rusk Institute of Rehabilitation Medicine offers a specialized rehabilitation program targeted to the needs of patients who have a variety of musculoskeletal conditions. Some examples of these conditions include total hip or knee replacements, hip fractures or other orthopedic problems

The many and complex requirements of this patient population necessitate a devoted rehabilitation team with a wealth of clinical knowledge and experience. The Rehabilitation Program at the Rusk Institute offers comprehensive care by a team of specialists who provide integrated treatment for this unique population. We admit adult patients 18 years and over.

Treatment will include:

- Medical care
- Rehabilitation nursing care and education
- Wound care by a specialized wound care team
- Nutrition education and counseling
- Psychological support and counseling
- Cognitive therapy (if indicated)
- Discharge planning
- Physical therapy to improve range of motion, strength, and mobility
- Occupational therapy to improve activities of daily living
- Speech therapy
- Swallowing therapy (if indicated)
- Vocational counseling (if indicated)
- Recreation Therapist
- If Driver Education is recommended, a referral to programs at other facilities will be provided.

#### **REHABILITATION TEAM**

From the moment of arrival, you and your family and /or significant others become a part of the team and remain essential members of the team throughout the rehabilitation process. Your physiatrist (a physician specializing in rehabilitation medicine) will be the team leader responsible for your medical care and the coordination of your rehabilitation treatment program. Other team members include:

- Rehabilitation Nurses
- Nutritionist
- Physical Therapists and Assistants
- Occupational Therapists and Assistants
- Psychologists
- Speech-Language Pathologists
- Social Workers
- Recreation Therapist
- Vocational Counselors
- Swallowing Specialists
- Horticultural Therapists

Patients will be evaluated for:

- Medical acuity – patients must be medically stable (i.e., not requiring the level of medical/surgical services than an acute care hospital would provide), and not require ventilator support or have acute psychiatric disorders.
- Psychological status – patients must be alert and well-oriented so that they are able to follow simple verbal, tactile or gestural directions.
- Behavioral status – patients must be cooperative and not agitated or combative.
- Intended discharge environments – It is expected that patients will be discharged home with services or to a subacute rehabilitation facility.

#### **REHABILITATION PROGRAM**

Therapy will be provided in individual or group sessions six days per week. Your program will include:

- Physical Therapy and Occupational Therapy (a minimum of 3 hours per day)
- Psychology evaluation and treatment sessions (1/2 – 1 hour)
- Speech/Language Pathology (1/2 – 1 hour, if indicated)
- Horticultural Therapy (1/2 – 1 hour, if indicated)
- Other specialists (if included)

Individualized PT and OT treatments are also scheduled on Saturdays to continue the course toward maximizing your recovery and your ability to perform daily activities.

The rehabilitation nursing staff will work with you to reinforce the functional skills you have achieved in therapy. The nursing staff will also provide you and your family and/or significant other with information regarding your care in preparation for discharge, including information on your medications. Social workers and therapists also provide educational sessions. Your social worker will meet with you and help guide you through the rehabilitation process. The length of stay varies depending on the medical and rehabilitation needs of each patient. Your physiatrist, social worker, and rehab team will keep you up-to-date with discharge information

# **THE RUSK INSTITUTE OF REHABILITATION MEDICINE**

## **PEDIATRIC REHABILITATION PROGRAM**

The Rusk Institute of Rehabilitation Medicine offers a specialized rehabilitation program targeted to the needs of pediatric and adolescent patients who have a variety of conditions requiring acute rehabilitation.

The Pediatric Rehabilitation Program at the Rusk Institute offers comprehensive care by a team of specialists who provide integrated treatment for children/adolescents. We admit patients 18 months to 18 years of age, or to 21 years of age as developmentally appropriate.

Treatment will include:

- Medical care
- Rehabilitation nursing care and education
- Developmental exercises and gait training
- Muscle re-education and strengthening
- Nutrition education and counseling
- Psychological support and counseling
- Cognitive therapy (if indicated)
- Discharge planning
- Physical therapy to improve range of motion, strength, and mobility
- Occupational therapy to improve activities of daily living
- Speech therapy
- Swallowing therapy (if indicated)
- Vocational counseling (if indicated)
- Recreation Therapist
- Leisure/plan activities
- Educational Services

### **REHABILITATION TEAM**

From the moment of arrival, the child/adolescent and the family become a part of the team and remain at the center of the team during the rehabilitation process. Your physiatrist (a physician specializing in rehabilitation medicine) will be the team leader responsible for your medical care and the coordination of your rehabilitation treatment program.

Other team members include:

- Rehabilitation Nurses
- Nutritionist
- Physical Therapists and Assistants
- Occupational Therapists and Assistants
- Psychologists
- Speech-Language Pathologists
- Social Workers
- Teachers
- Recreation Therapist
- Vocational Counselors
- Swallowing Specialists
- Horticultural Therapists
- Pediatric sub-specialty consultants (as clinically indicated)

Patients will be evaluated for:

- Medical acuity – patients must be medically stable (i.e., not requiring the level of medical/surgical services than an acute care hospital would provide), and not require ventilator support or have acute psychiatric disorders.
- Psychological status – patients must be alert and well-oriented so that they are able to follow simple verbal, tactile or gestural directions.
- Behavioral status – patients must be cooperative and not agitated or combative.
- Intended discharge environments – It is expected that patients will be discharged home with services or to a subacute rehabilitation facility.

### **REHABILITATION PROGRAM**

Therapy will be provided in individual or group sessions six days per week. Your program will include:

- Physical Therapy and Occupational Therapy (a minimum of 3 hours per day)
- Psychology evaluation and treatment sessions (1/2 – 1 hour, if indicated)
- Speech/Language Pathology (1/2 – 1 hour, if indicated)
- Horticultural Therapy (1/2 – 1 hour, if indicated)
- Educational Services coordinated through the NYC Department of Education
- Other specialists (if included)

Individualized PT and OT treatments are also scheduled on Saturdays to continue the course toward maximizing your recovery and your ability to perform daily activities.

The rehabilitation nursing staff will work with the child/adolescent to reinforce the functional skills you have achieved in therapy. The nursing staff will also provide the child/adolescent and the family with information concerning health care, including information about the medications prescribed by the physiatrist. Social workers and therapists also provide educational sessions. Your social worker will meet with the child/adolescent and family members to help guide you through the rehabilitation process. The length of stay varies depending on the medical and rehabilitation needs of each patient. Your physiatrist, social worker, and rehab team will keep you up-to-date with discharge information.

## **THE RUSK INSTITUTE OF REHABILITATION MEDICINE**

### **STROKE and BRAIN INJURY REHABILITATION PROGRAM**

The Rusk Institute of Rehabilitation Medicine offers a specialized rehabilitation program targeted to the needs of patients who have had a stroke or brain injury. As part of NYU Hospital Center's Stroke and Brain Injury Center of Excellence, the Rusk team, as part of the continuum of care, provides all the appropriate rehabilitation needs to this patient population. As necessary, other neurological conditions can also be treated on this unit. Some examples of these conditions include non-traumatic or traumatic brain injury, encephalopathy, encephalitis, meningitis, and hydrocephalus (NPH), with or without VP shunt.

The Rehabilitation Program at the Rusk Institute offers comprehensive care by a team of specialists who provide integrated treatment for problems associated with neurological conditions. We admit adult patients 18 years and over.

Treatment will include:

- Medical care
- Rehabilitation nursing care and education
- Muscle re-education and strengthening
- Psychological support and counseling
- Cognitive therapy (if indicated)
- Discharge planning
- Physical therapy to improve range of motion, strength, and mobility
- Occupational therapy to improve activities of daily living
- Speech therapy
- Swallowing therapy (if indicated)
- Vocational counseling (if indicated)
- Recreation Therapist
- If Driver Education is recommended, a referral to programs at other facilities will be provided.

#### **REHABILITATION TEAM**

From the moment of arrival, you and your family and /or significant others become a part of the team and remain essential members of the team throughout the rehabilitation process. Your physiatrist (a physician specializing in rehabilitation medicine) will be the team leader responsible for your medical care and the coordination of your rehabilitation treatment program. Other team members include:

- Rehabilitation Nurses
- Nutritionist
- Physical Therapists and Assistants
- Occupational Therapists and Assistants
- Psychologists
- Speech-Language Pathologists
- Social Workers
- Recreation Therapist
- Vocational Counselors
- Swallowing Specialists
- Horticultural Therapists

Patients will be evaluated for:

- Medical acuity – patients must be medically stable (i.e., not requiring the level of medical/surgical services than an acute care hospital would provide), and not require ventilator support or have acute psychiatric disorders.
- Psychological status – patients must be alert and well-oriented so that they are able to follow simple verbal, tactile or gestural directions.
- Behavioral status – patients must be cooperative and not agitated or combative.
- Intended discharge environments – It is expected that patients will be discharged home with services or to a subacute rehabilitation facility.

#### **REHABILITATION PROGRAM**

Therapy will be provided in individual or group sessions six days per week. Your program will include:

- Physical Therapy and Occupational Therapy (a minimum of 3 hours per day)
- Psychology evaluation and treatment sessions (1/2 – 1 hour)
- Speech/Language Pathology (1/2 – 1 hour, if indicated)
- Horticultural Therapy (1/2 – 1 hour, if indicated)
- Other specialists (if included)

Individualized PT and OT treatments are also scheduled on Saturdays to continue the course toward maximizing your recovery and your ability to perform daily activities.

The rehabilitation nursing staff will work with you to reinforce the functional skills you have achieved in therapy. The nursing staff will also provide you and your family and/or significant other with information regarding your care in preparation for discharge, including information on your medications. Social workers and therapists also provide educational sessions. Your social worker will meet with you and help guide you through the rehabilitation process. The length of stay varies depending on the medical and rehabilitation needs of each patient. Your physiatrist, social worker, and rehab team will keep you up-to-date with discharge information.