

# GENERAL REHABILITATION

**Studies show that overall outcomes are better if you choose a skilled nursing facility for your rehabilitation following your hospital stay instead of home health.**

## Why?

- Faster start of therapy, often day of admission
- More therapy disciplines, typically 2-3 disciplines instead of 1-2
- Longer therapy sessions
- Therapy received 5-6 days a week instead of 2-3
- Better access to therapy equipment
- Superior collaborative care
- Effective pain control
- 24/7 post surgical supervision and assistance
- Onsite physician visits
- 24/7 meal availability and nutritional monitoring
- Socialization/Support group atmosphere

## During your stay:

### Physical therapy will address:

1. Pain control through the use of electrical stimulation
2. Edema reduction through the use of therapeutic massage
3. Range of motion through gentle hands-on techniques
4. Progressive strengthening using specialized equipment
5. Gait analysis and treatment to eliminate deviations
6. Functional transfer and bed mobility training
7. Home exercise administration



### Occupational Therapy will address:

1. Activities of daily living performance which include lower and upper extremity dressing, grooming, toileting and personal hygiene skills.
2. Simulation of kitchen/home making environments
3. Home safety evaluations to address any obstacles w/ recommendations for simple home modifications to assure safe dc to home environment

### The Speech/Language Pathologist will address:

1. Post anesthetic cognition (the most common factor overlooked after surgery and not provided by home health)
2. Nutritional intake to maximize healing
3. Implementation of swallowing strategies and techniques in order to advance to the safest/least restrictive diet and liquid consistencies
4. Cognition: including attention, memory, executive function, sequencing, problem-solving, and safety awareness



## 95% of patients reach the following goals by discharge:

- Ambulate 1000 feet in order to return to community.
- Perform independent transfers and bed mobility
- Tinetti balance score of 23/28 which translates into a low risk for falls
- 4+/5 extremity strength
- Knee extension within normal limits to maximize ambulation distance
- Hamstring , gastrocnemius muscle lengths and hip rotators within normal limits to allow for proper gait pattern.
- Independent with home exercise program



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# STROKE

**Studies show that overall outcomes are better if you choose a skilled nursing facility for your rehabilitation following your stroke instead of home health.**

## Why?

- Faster start of therapy, often day of admission
- More therapy disciplines, typically 2-3 disciplines instead of 1-2
- Longer therapy sessions
- Therapy received 5-6 days a week instead of 2-3
- Better access to therapy equipment
- Superior collaborative care
- Effective pain control
- 24/7 post surgical supervision and assistance
- Onsite physician visits
- 24/7 meal availability and nutritional monitoring
- Socialization/Support group atmosphere
- Post stroke medications dispensed



## During your stay:

### Physical therapy will address:

1. Pain and spasticity control through the use of electrical stimulation
2. Edema reduction through the use of therapeutic massage
3. Range of motion through gentle hands-on techniques
4. Progressive strengthening using specialized equipment
5. Gait analysis and treatment to eliminate deviations
6. Functional transfer and bed mobility training
7. Home exercise administration



### Occupational Therapy will address:

1. Activities of daily living performance, which include lower and upper extremity dressing, grooming, toileting and personal hygiene skills in standing.
2. Simulation of kitchen/home making environments
3. Home safety evaluations to address any obstacles w/recommendations for simple home modifications to assure safe dc to home environment

### The Speech/Language Pathologist will address:

1. Post anesthetic cognition (the most common factor overlooked after surgery and not provided by home health)
2. Nutritional intake to maximize healing
3. Implementation of swallowing strategies and techniques in order to advance to the safest/least restrictive diet and liquid consistencies
4. Cognition: including attention, memory, executive function, sequencing, problem-solving, and safety awareness



## 75% of patients reach the following goals by discharge:

- Ambulate 300 feet with assistive device in order to return to community
- Perform transfers and bed mobility independently with caregiver supervision
- Hamstring, gastrocnemius muscle lengths and hip rotators range of motion within normal limits to allow for proper gait pattern and minimize spasticity
- 4/5 lower extremity strength to minimize loss of balance and minimize gait deviations
- Independent with home exercise program



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# TOTAL HIP REPLACEMENT

Studies show that overall outcomes are better if you choose a skilled nursing facility for your rehabilitation following your THR instead of home health.

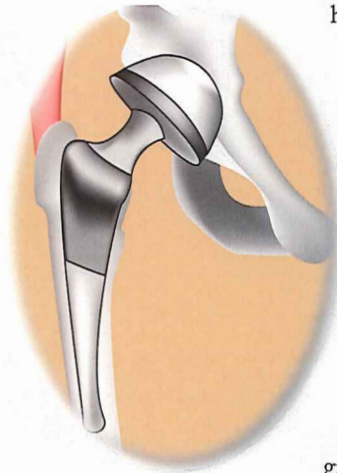
## Why?

- Faster start of therapy, often day of admission
- More therapy disciplines, typically 2-3 disciplines instead of 1-2
- Longer therapy sessions
- Therapy received 5-6 days a week instead of 2-3
- Better access to therapy equipment
- Superior collaborative care
- Effective pain control
- 24/7 post surgical supervision and assistance
- Onsite physician visits
- 24/7 meal availability and nutritional monitoring
- Socialization/Support group atmosphere
- Post surgical medications dispensed

## During your stay:

### Physical therapy will address:

1. Pain control through the use of cold packs, electrical stimulation
2. Edema reduction through the use of therapeutic massage
3. Range of motion through gentle hands-on techniques
4. Progressive strengthening using specialized equipment
5. Gait analysis and treatment to eliminate deviations
6. Functional transfer and bed mobility training
7. Home exercise administration



### Occupational Therapy will address:

1. Activities of daily living performance which include lower and upper extremity dressing, grooming, toileting and personal hygiene skills in standing
2. Simulation of kitchen/home making environments
3. Home safety evaluations to address any obstacles w/ recommendations for simple home modifications to assure safe dc to home environment

### The Speech/Language Pathologist will address:

1. Post anesthetic cognition (the most common factor overlooked after surgery and not provided by home health)
2. Nutritional intake to maximize healing
3. Development and implementation of memory strategies to assist with recall of hip precautions and home exercises

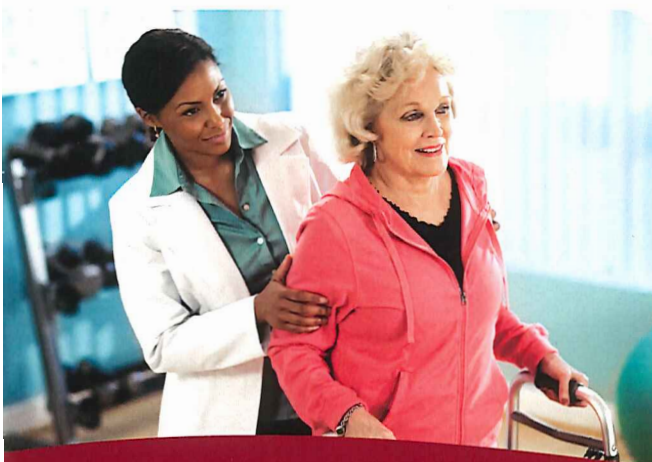


## 95% of patients reach the following goals by discharge:

- 90° of hip flexion: minimum amount of hip flexion needed to perform effective transfers and lower extremity dressing while staying within hip precautions
- Hamstring, gastrocnemius muscle lengths and hip rotators range of motion within normal limits to allow for proper gait pattern.
- 4+/5 hip adductor/abductor strength to minimize loss of balance and maximize bed mobility
- Ambulate 300 feet with assistive device in order to return to community.
- Perform independent transfers and bed mobility
- Tinetti balance score of 23/28 which translates into a low risk for falls
- Independent with home exercise program



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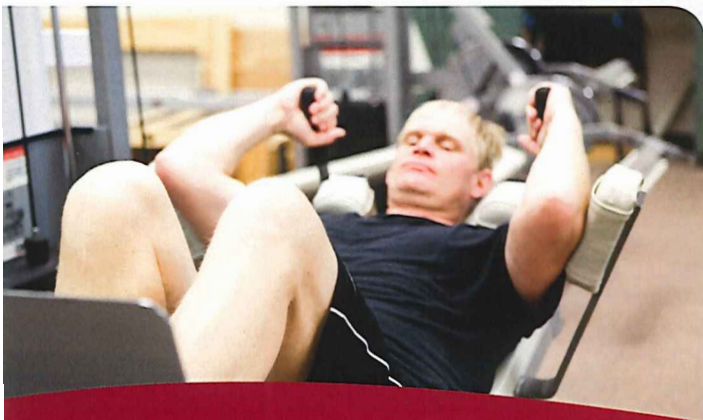


# TOTAL KNEE REPLACEMENT

Studies show that overall outcomes are better if you choose a skilled nursing facility for your rehabilitation following your surgery instead of home health.

## Why?

- Faster start of therapy, often day of admission
- More therapy disciplines, typically 2-3 disciplines instead of 1-2
- Longer therapy sessions
- Therapy received 5-6 days a week instead of 2-3
- Better access to therapy equipment
- Superior collaborative care
- Effective pain control
- 24/7 post surgical supervision and assistance
- On-site physician visits
- 24/7 meal availability and nutritional monitoring
- Socialization/Support group atmosphere
- Post surgical medications dispensed



## During your stay:

### Physical therapy will address:

1. Pain control through the use of cold packs, electrical stimulation
2. Edema reduction through the use of therapeutic massage
3. Range of motion through gentle hands-on techniques
4. Progressive strengthening using specialized equipment
5. Gait analysis and treatment to eliminate deviations
6. Functional transfer and bed mobility training
7. Home exercise administration

### Occupational Therapy will address:

1. Activities of daily living performance, which include lower and upper extremity dressing, grooming, toileting and personal hygiene skills in standing.

### The Speech/Language Pathologist will address:

1. Most anesthetic cognition (the most common factor overlooked after surgery and not provided by home health)
2. Nutritional intake to maximize healing



## 89% of patients reach the following goals by discharge:

- 100° of knee flexion (bend): the amount of bend needed in order to stand up, keep toe from dragging on the floor when walking and ride comfortably in a car
- 0° of knee extension (straightening): amount of straightening needed in order to lie comfortably in bed and stand/walk for an average amount of time
- Ambulate 300 feet with assistive device in order to return to community
- Perform 10 straight leg raises unassisted to demonstrate overall stability
- Perform independent transfers and bed mobility
- Tinetti balance score of 23/28, which translates into a low risk for falls
- Independent with home exercise program



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