

REHABILITATION MEDICINE



 **Columbia Presbyterian Medical Center**
 NewYork-Presbyterian Hospital

The University Hospitals of *Columbia* and *Cornell*



The Rehabilitation Medicine Service

at the Columbia
Presbyterian Center of
NewYork-Presbyterian
Hospital provides
patients who have

suffered illness or injury with specialized rehabilitative therapy to help them regain function and prepare themselves for everyday life outside the hospital. Patients need to understand and to participate actively in their own care. In reading this brochure, you will learn about the specific roles played by each of the rehabilitation team professionals who work with patients, and the kinds of therapies they employ.

THE MULTIDISCIPLINARY TEAM

Rehabilitation Medicine

Medical care on the inpatient rehabilitation unit is directed by a physiatrist, a physician specializing in rehabilitation medicine who has received postgraduate residency training in Physical Medicine and Rehabilitation after completion of medical school and an internship. The physiatrist is the leader of the multidisciplinary team that cares for each patient, coordinating the performance of diagnostic tests and the prescription of treatments and devices.

Upon admission, each patient receives a complete evaluation performed by a physiatrist, who then prescribes an individualized medical and rehabilitation program. Providing ongoing care throughout the rehabilitation process, the physiatrist communicates regularly with the patient, the patient's family, and the other members of the rehabilitation team to make sure rehabilitation goals are maintained. Physiatrists continue to treat patients after discharge, and to work closely with each patient's other physicians, to ensure the prevention of further complications and high quality continuity of care.

Rehabilitation Nursing

The Rehabilitation Medicine Service is staffed by registered nurses, the majority of whom are certified rehabilitation nurses. Nursing aides assist the nurses in working closely with each patient, the patient's family and the rest of the professional team at every stage of rehabilitation.

Nurses help patients to apply the motor skills that they are learning in Physical and Occupational Therapy to practical tasks. Encouraging patients to practice and perfect everyday activities such as dressing, bathing, and eating, these nurses also help patients learn to administer their own medications and treatments.

Nurses are invaluable for the emotional support they provide patients, who are learning to cope with illness or disability. Working with patients on any number of issues, including the management of bladder or bowel dysfunctions or adjustments to sexual difficulties, nurses also work to develop discharge plans, which address how each patient will make the transition back to life outside the hospital.



Prosthetics and Orthotics

A prosthetist/orthotist designs, measures, casts, fabricates, fits, and delivers prosthetic (artificial body part) and orthotic (brace) devices, following the physiatrist's prescription. Follow-up care is provided to make sure the equipment continues to fit and function properly.

Physical Therapy

Following the physiatrist's prescription, a physical therapist reviews the medical record and assesses the patient's joint motion, muscle strength, endurance and tone, functional ability, and walking safety and quality. The physical therapist then implements a comprehensive treatment program that meets the patient's individual needs in all areas.

Individualized treatment programs may include the therapeutic use of electrical stimulation, ultrasound, heat, cold, water, compression, exercise, massage, joint mobilization, brace and artificial limb assessment, wheelchair management and propulsion, gait training, and other functional activities.

Occupational Therapy

Following the physiatrist's prescription, an occupational therapist evaluates how any physical, cognitive, perceptual, or psychosocial difficulties may hamper the patient's ability to function independently at home, at work, and during leisure activities. Patients are treated through various activities, which may include self-care education, the use of adaptive equipment, customized brace fabrication, motor-control training, function-based cognitive and perceptual training, and balance and coordination programs. The ultimate goal of occupational therapy intervention is to maximize each patient's level of function in the home and community.

An important new resource for occupational therapists is Easy Street, the first and only therapy environment of its kind in a New York City hospital. Easy Street offers patients undergoing rehabilitation a simulated studio apartment with a bedroom, bath, and kitchen, a front porch and doors, a Manhattan-sized grocery



store, a 'grass' covered park and recreation area, a street with crosswalk, curb-cuts, and traffic light, and a taxi. All provide patients with opportunities to practice the motor, sensory, cognitive, perceptual, and even social skills required in daily life.

Speech-Language Pathology

A speech-language pathologist assesses the impact of any communication or cognitive difficulties on the patient's ability to function independently. Through individualized programs that may include individual or group therapy, the speech-language pathologist addresses problems including those involving memory and attention, comprehension (reading, writing, auditory), word finding, weakness of the facial musculature, and speech production. The

speech-language pathologist coordinates this care with the patient's other rehabilitation medicine physician specialists.

A speech-language pathologist also works with individuals with swallowing difficulties, medically termed dysphagia. A speech-language pathologist can evaluate (bedside and/or instrumental), diagnose and provide therapeutic intervention. Recommendations are made regarding appropriate meal-time management and safety, compensatory strategies and follow-up care.

Therapeutic Recreation

A therapeutic recreation specialist meets with patients to assess their skills and abilities while addressing their interests and needs, paying special attention to their past and present recreation practices. Personalized treatment plans are developed to address physical, social, and emotional needs and to help patients return to old, or develop new, leisure activities. Sports, crafts, music, stress and relaxation techniques, and discussion groups are some of the options available to patients in this phase of the rehabilitation process.



The Dining/Day Room—featuring a large screen television, a computer station with internet access, a stereo system, a kitchen area, a pool table, and a variety of books, games, and other resources—is available for patients' enjoyment during their free time in the Hospital.

Social Work Services

The practice of social work is rooted in the belief that health means more than the absence of illness; it also means physical, mental, and social wellbeing. Trained to understand the impact of physical difficulties on patients and their families in all areas of life, social workers help prepare everyone for readjustments to life after rehabilitation. In brief, social workers strive to get each patient back to the highest possible level of functioning.

Shortly after admission, a social worker meets with each patient and, when appropriate, with family and friends to assess the concrete and emotional needs that may arise from the patient's illness or injury. Responsible for discharge planning and continuity of care, social workers can arrange home-care services or help patients apply to long-term-care facilities, if needed. They also help patients apply for insurance benefits and entitlement programs. Supportive counseling services are also provided to patients and their families. Offered in individual, family, and group sessions, these services focus on issues related to adjustment to disability, self-esteem, functional loss or limitation, fear of stigma, and altered roles and relationships.

The Patient and Family

Many different professionals work together during the rehabilitation process, but they can do little without the active participation of the patient and family in all phases of the treatment process. Periodic team conferences, in which both patient and family members play a role, are held to coordinate therapies and discharge planning and to evaluate progress. Patients' needs and goals are the Rehabilitation Medicine Service's top priorities and its professionals work to help each patient achieve the greatest possible success.



PHILOSOPHY

The staff of the Rehabilitation Medicine Service recognize that each patient has a unique set of needs. Accordingly, a customized program of therapy based on a thorough evaluation—followed by periodic re-evaluation—is designed around each patient's condition. The staff also understands that rehabilitation is more than patients' simply working to regain physical function. It's a period of learning to cope with new physical and emotional challenges and figuring out how to adjust to the newly complex world outside the hospital.

Working together throughout this process, a multidisciplinary team of specialists coordinates the care provided each patient. Depending on the patient's individual needs, this team may include physiatrists; rehabilitation nurses; physical, occupational and recreational therapists; speech and language pathologists; orthotists and prosthetists; psychiatrists; and social workers. Together, they work with each patient to provide the highest quality treatment, counseling, and support during the hospital stay, and to develop a discharge plan that meets both individual and family needs.



The Service works with people who have suffered a wide variety of illnesses and injuries, including stroke, amputation, rheumatological and neurological conditions, pulmonary and cardiac disease, fractures, multiple sclerosis, and chronic pain syndromes. The Rehabilitation Unit does not serve persons who are dependent on ventilators. Electrodiagnostic tests, performed as needed, include electromyography, nerve conduction, and evoked potentials. A broad range of treatments is offered: therapeutic exercise; the application of heat, cold, light, electrical stimulation, or water; and evaluations for and fittings of devices such as braces, artificial limbs, and wheelchairs.

The goal of the Rehabilitation Medicine Service is to help patients achieve their maximum potential—physically, emotionally, socially, and vocationally—and to ensure that these gains are maintained after discharge.

REAL WORLD REHABILITATION

A principle component of Columbia Presbyterian Center's top-ranked Rehabilitation Medicine Service is Easy Street, a facility that simulates a typically cramped city grocery store, a fully furnished studio apartment, a street with curbs, and a car for getting into and out of. It's an ideal setting for the Service's functional approach to rehabilitation, which helps patients with the daily activities that they need to learn or relearn.

The Service emphasizes helping each patient regain real-life skills in order to function as normally as possible.

EXTENDED SERVICES

- Home visits.
- Durable medical equipment.
- Educational/vocational counseling.
- Wheelchair and seating system evaluations.
- Training for family members or significant others.
- Outdoor mobility training.
- Community reintegration training.
- Referral to community-based support groups.
- Assistance in arranging home-care services.
- Counseling services for patients and families.

VISITING HOURS

Visiting hours are structured so as not to interfere with patient care.
Monday through Friday, 12:30pm - 1:30pm and 5:00pm - 8:00pm.
Weekends and holidays, 12:00pm - 8:00pm

For more information on the Rehabilitation Medicine Service and outcomes, please contact:

Admissions, (212) 305-3964

Inpatient Rehabilitation Medicine Unit,

Milstein Hospital Building-Eighth Floor,

Garden North (8GN), 177 Fort Washington Avenue

NewYork-Presbyterian Hospital's Columbia Presbyterian Center

New York, New York 10032-3784

For a referral to a NewYork-Presbyterian physician in another area of specialty, please call: 1-877-NYP-WELL.

Renovations to Rehabilitation Medicine's inpatient unit were supported by the William Randolph Hearst Foundation.

The inpatient unit of the Rehabilitation Medicine Service is accredited by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO), the Commission on Accreditation of Rehabilitation Facilities (CARF) for Comprehensive Inpatient Category One Hospital (Adult), and the New York State Department of Health.