

alternatives

inside Rehab Without Walls staffers talk about what makes us unique

If you are a regular reader of *Alternatives*, you've probably heard us say on more than one occasion how unique the Rehab Without Walls rehabilitation model is. In this issue, however, we thought we'd give you the insider perspective on what our staff thinks makes us unique. Here, in their own words, representatives from locations across the country share what they like best about Rehab Without Walls, what drew them to us and what makes them stay.

Lisa Carter, Physical Therapist **Rehab Without Walls Salt Lake City**

Although she has worked as a physical therapist since 1992, it wasn't until Lisa Carter's father had a stroke and she was investigating options for his treatment that she learned about Rehab Without Walls. "Miette Murphy, the Executive Director at the Salt Lake City location, came out to the house and did an assessment of my father immediately," says Lisa. "The fact that she did so told me that Rehab Without Walls as an organization was about helping people first and foremost. This impressed me so much that I ended talking with Miette further. The more I learned, the more I wanted to be part of Rehab Without Walls." Last year, Lisa accepted a position with the company. "I think what I like best is the functional aspect," she explains. "We work in the most appropriate places for people to get better and, as a result, we can always make progress. I also like the fact that I can truly work as a team with the other clinicians. Often we'll do co-treatments with a client in order to get the most functional aspect out of every session. For example, the OT and I might take the client to the grocery store so that we can address both physical and cognitive issues. I'd be looking at balance, gait and reach while the OT might focus on wayfinding, figuring costs, counting change and speaking appropriately. Together, we can really maximize the client's learning in ways that help him or her return to independence sooner and have longer lasting outcomes."

Erin Lewis, Occupational Therapist, Rehab Without Walls Seattle

Erin has spent more than half of her career at Rehab Without Walls because, she says, it provides her the best environment in which to do her job properly.

"Occupational therapy is all about functional independence. So is Rehab Without Walls" she says. "Being able to provide therapy in the setting in which the function needs to occur is everything for the client."

She cites the long history of taking a holistic approach, the strong community component and the prominent role of the client's family as other key factors that define Rehab Without Walls' approach—and keep her excited about her job. Erin also appreciates the way the team works together. "We have a true team—not a group of separate therapists." She hears lots of feedback from clients and families. "They tell me that they like how down-to-earth we all are," she says. "They appreciate the 24-hour access, the thoroughness of the treatment, the way we help with the transition back home, and

continued on page 6



the Rehab Without Walls residential program, phoenix

As a pioneer in rehabilitation treatment models, it comes as no surprise that Rehab Without Walls offers another innovative solution for clients with supervision and temporary housing needs: The Rehab Without Walls Residential Program.

Modeled on the same principles of our home- and community-based rehabilitation—interdisciplinary treatment teams, a focus on functional goals, a foundation in neuropsychology, and delivering services in real life settings—the Residential Program provides transitional acute rehabilitation services to as many as five adults living in a large house in a residential neighborhood. “This can be the next step after acute inpatient rehabilitation, helping to integrate clients into a home and community setting but with maximum supervision,” explains Thomas Elliott, Residential Coordinator.

Stays can be as short as two weeks or as long as required, depending on client need. While living in the residence, clients attend outpatient day treatment through Phoenix’s specialty day treatment program, follow their individual plan of treatment, work with the residential staff on ADLs and other activities to promote independence, and use everyday actions as therapy tools. They also interact with other residents to assist with integration and address behavioral issues and receive medical supervision on everything from

wound care and orthopedic injuries to managing medications. All this promotes a gentle transition from hospital to home.

During the entire client stay, the program staff collaborate with the client’s physician and family, the insurance case manager, the hospital discharge planner, and others key to the client’s return to independence. Depending on client need, he or she will work with a variety of rehabilitation professionals, including physical therapists, occupational therapists, speech language pathologists, vocational therapists, neuropsychologists, social workers and recreational therapists.

“This is one of the most unique rehabilitation facilities in the country,” notes Elliott, “often for what it is not. It is not institutional. It is not a long-term group home. It is not a nursing home. Instead, it is therapy provided in a home setting. It is nontraditional, comprehensive and highly specialized. But most of all, it is real life.”

Who’s A Candidate?

There are many reasons why this option might be appropriate for clients.

- In the transition from hospital to home, the client may require a “step-down” setting where he or she can participate in high-intensity rehabilitation.
 - The client may reside in an area where specialized neurorehabilitation services are not available.
 - The injury may have occurred out-of-state and the client is not yet able to return home.
 - The individual may be single or have no family nearby to assist with care or provide supervision in the home.
 - The client may have family; however, the family may be unable to provide the level of supervision and care required, such as in cases where the spouse/primary caregiver may need to work.
 - The client’s home may not have the necessary modifications to be safe and functional.

At the Phoenix Residential Program, clients can receive high intensity functional rehabilitation in a home setting and simulated family unit.



Benefits of the Residential Program

- Reduces medical costs
- Reduces hospital length of stay
- Avoids inappropriate nursing home placement where high-intensity neurorehabilitation may not be available
- Ensures good outcomes and faster return to independence through coordinated care
- Reduces safety problems that can occur by sending clients home too early in the rehabilitation process
- Helps keep families together by allowing clients with cognitive and social skill impairments to reintegrate in a simulated family unit before returning home
- Fills in gaps in the continuum of care

For individuals who qualify, the Residential Program can keep them from being sent to a skilled nursing facility or nursing home, which may not have the intensity or level of individualized services to help clients return to independence. The Residential Program can keep their progress on track, build their skills and sustain their gains. Typical diagnoses include traumatic brain injury (TBI), spinal cord injury (SCI), stroke, West Nile virus, neurological disorders and any other diagnoses that Rehab Without Walls typically handles.

A Cost-Effective Option

Despite the intensity of resources, the Residential Program helps reduce medical costs in several ways. First, because it provides intense, high level services, it can reduce hospital length of stays. Those who might be hospitalized for long periods can safely transition between hospital and home through the program. Second, the program helps ensure better outcomes. “Clients return home with maximum functionality. They don’t go home prematurely while they are still unsafe and experience re-injury. This, in turn, also reduces costly re-hospitalizations,” says Ricki Ray, Director of Clinical Management, Rehab Without Walls Phoenix.

How does it differ most from other rehabilitation options? “It is less restrictive and more intense,” says Elliott. “Treatment touches every part of the person’s life which, in turn, creates lasting outcomes and high satisfaction.” ●

sacramento location celebrates 10 year anniversary

What a difference a decade makes.

“We started on a shoestring as a satellite to the Bay Area location with no permanent office and only a few dedicated people,” says Brenda Collins, the Executive Director of Rehab Without Walls’ Sacramento location. Today, however, as it celebrates its 10th anniversary, the Sacramento office has a satellite team of its own in Fresno, and has handled an estimated 750 complex rehabilitation cases since it started in 1997.

How did the office get from there to here? “First,” comments Collins, “we filled a demand in the area for quality home and community rehabilitation services. And second, our clinical team is amazing—totally committed to meeting the needs of both our clients and the communities they serve.”

The location works with many of the same diagnoses that typical Rehab Without Walls locations handle—traumatic brain injury, stroke, spinal cord injury and other neurorehabilitation issues—but it also has built up some specialties of its own including vestibular rehabilitation and evaluation, vision rehabilitation and therapy, and returning clients to work. Within its parent company, Gentiva, Sacramento is considered a four-star location for meeting and exceeding goals. In fact, in 2006, Sacramento received a 100% customer satisfaction rating (by clients, payers and physicians) for four consecutive quarters.

According to Clinical Coordinator Liz Faltrick, the Sacramento location’s first employee, “Although the process of treating clients has gotten more complex since I started 10 years ago, with paperwork and CARF requirements, for example, we have kept the focus on the client. One family member recently described our program as ‘wholistic’ and I think that is accurate. Each team member sees the client from a slightly different perspective which adds a greater dimension to client’s situation and improves outcomes.”

Speech/Language Pathologist HollyAnne Fechner, who also has been with the Sacramento office since its start, adds: “Over the years, we have established a solid reputation in the area. When I tell people I work for Rehab Without Walls, not only do they know who I am talking about, but they also say, ‘I’ve heard great things about your company!’” ●

fine-tuning the rehabilitation process: small changes, big impact

Background: In February 2005, while Yakima, Washington, resident Wade Justice, M.D., was attending a medical conference in Hawaii, his rented convertible was hit by a drunk driver in a large truck. His injuries included a fractured skull and a very large epidural hemorrhage. However, because he wasn't able to have surgery until nearly nine hours after the initial trauma, he also experienced ischemic changes and loss of brain cells. Following surgery, he spent more than a week in a coma. He started rehabilitation in Honolulu, then transferred to Seattle for inpatient acute rehabilitation before finally returning to Yakima and starting home and community rehabilitation with the Rehab Without Walls Spokane office.



Rehabilitation Needs: Besides needing to learn to walk and talk again, as well as improve strength, balance and endurance, Dr. Justice also experienced cognitive impairment. During the first year following the accident, the physical therapist and speech language pathologist on his Rehab Without Walls interdisciplinary treatment team addressed the former, but for Dr. Justice, returning to a meaningful life included being able to work again. “To have the career I worked so hard for be ripped away at age 42 was a huge loss for me,” explains Dr. Justice. “Even if I was not able to go back to my radiology practice, I knew I needed to find meaningful work that made use of my skills and training.” To accomplish this, the treatment team worked aggressively with Dr. Justice to tackle the cognitive issues that stood in his way.

“For Dr. Justice, who needed to be taken seriously in a professional capacity, it was important that he not look or act head injured,” says Teresa Skinner, OT, the occupational therapist on Dr. Justice’s team. “His rehabilitation focused on increasing awareness for social interaction and improving his ability to integrate learned social skills at home and in the community.”

The Rehabilitation Process: “This is where the home and community setting really makes a difference in the client’s rehabilitation,” says Skinner. “We brought Dr. Justice into a variety of situations in which he’d have to interact with people. I would critique how he handled the interactions, looking at everything from whether he noticed the subtle social cues to the volume of his voice and the amount of personal space he left between himself and strangers. Every community outing became another learning opportunity. Going to the grocery store involved planning, following a list, wayfinding, talking with the checker, counting change and dealing with others in line. Going to a basketball game measured how he handled overstimulation and noise.”

One of the challenges, however, was the client’s perception of his own social behavior. “Often Dr. Justice didn’t believe me when I pointed out behaviors that made him look head injured. He thought I was being too hard on him, however, that is just part of the brain injury—not having an awareness of impairment or believing that you haven’t changed,” notes Skinner. “But this is exactly what can make people with mild to moderate brain injuries unfunctional and unsuccessful and pushes them into isolation. Getting the small social things right will help put them back into society.”

With Dr. Justice’s permission, Skinner videotaped him in different situations. Seeing his mannerisms, behavior and facial expressions—as well as how people perceived him—gave Dr. Justice the information and awareness he needed to trust Skinner’s observations. Skinner also brought Dr. Justice to her class at Gonzaga University, where he gave a presentation to students that, according to Skinner, “blew them away with his skill and natural teaching ability.” This test run as a teacher was a key part of his occupational therapy because it helped him identify a potential second career.

Recovery and Results. Currently, the only Rehab Without Walls team member still working with Dr. Justice is Teresa Skinner, his occupational therapist, who continues to help him prepare for finding new work. However, the progress Dr. Justice has made in all areas of his life has been nothing short of remarkable. For example:

continued on page 7

when good care isn't enough: coordinated services help client turn the corner

Background: Since birth, 5-year-old Ryan S. had been incapacitated with chronic respiratory dysfunction and other issues that left him severely developmentally delayed. As a result, he spent much of his first year in the hospital, returning home with a G-tube, ventilator and a trach—totally dependent on his family for everything, including mobility. Ryan's mother Ginger, a tireless advocate for her son, diligently researched treatment options and scheduled his therapy visits from many providers. By age four, Ryan's medical condition had stabilized, which allowed the focus to shift to his neurodevelopmental needs. At that point he could sit and roll but not crawl. He still was carried everywhere. He could not speak, couldn't feed himself and his only interest was watching TV. He increasingly expressed his frustration through tantrums. Then in March 2006, the family got a new health plan, PREMARA Blue Cross. In October of that year, the case manager, Jan Moore, RN, CCM, invited Rehab Without Walls into the picture. And that's when real progress began.

Rehabilitation Needs: "When I first reviewed Ryan's case, there were two key things that I noted," explains Moore. "One, he was growing too heavy to be lifted by his caregivers so we needed to address his mobility. Two, he seemed to exhibit a learned helplessness. There was no medical explanation for his immobility. I felt Ryan had the capacity to participate in a comprehensive, intense rehabilitation program." Moore contacted Robin Moug, the Director of Clinical Management at the Rehab Without Walls Spokane location. "I asked her if she would focus on Ryan's functionality and his neurodevelopment. We needed a paradigm change: We needed to treat Ryan as someone who could get better."

The Rehabilitation Process: According to Moug, "Ryan had had some good therapy and his mom had identified good services but his care wasn't coordinated. The first thing I did was to take a global view. I met

with everyone who had been working with Ryan, put a treatment plan together with their input, and brought in appropriate clinicians where needed. I also worked with the local school district—which has its own therapists—on an alternating treatment schedule with Rehab Without Walls every other week while accessing the neuropsych inpatient rehabilitation benefit. In a pediatric case, it takes a long time to reach developmental milestones but you only have a short window of time so I wanted the approach to be intense for as long as possible."

Recovery and Results: "Everything changed when Rehab Without Walls came in to coordinate Ryan's care," says Ryan's mother Ginger. "They had a different point of view. They focused on his potential—no one had done that before—and knew what he was capable of. As a result, Ryan began making remarkable gains." These included:

- **Mobility.** Ryan is now crawling—including crawling down the stairs—and can stand supported. He's walking with maximum to moderate assistance.
- **Independence.** "I put Ryan in a wheelchair right away to give him some mobility and independence," says Moug. "He is now able to maneuver himself. It has really opened up his world. He is now even participating in a wheelchair basketball team."
- **Strength.** Moug also got Ryan onto a bicycle right away to help increase strength and endurance as well as to promote further mobility.
- **Eating.** Ryan can now take consecutive bites with minimal cues.
- **Speech.** The trach tube has been removed and although he is not talking yet, he is making pre-speech noises. In addition, Ryan will be getting a specially modified computer that will help him to communicate.

continued on page 7



Photo right: Ryan is now independent in mobility using his walker.

the way we incorporate as many elements from their past life into their current one. We see folks who have had some fairly tragic things happen to them, and our approach gives them the opportunity to be productive. We realize that they need more than just rehab, that life needs to go on.”

Wendy Williamson, Social Worker Rehab Without Walls Michigan

During the past 15 years it seems that social worker Wendy Williamson has done it all: community mental health, substance abuse, outpatient therapy and inpatient treatment. In 2004, she took a counseling position at an inpatient facility but after six weeks could see that the job had been misrepresented and was not utilizing her skills properly. During that time, which she describes as “awful,” one good thing came out of the experience: She made a referral to Rehab Without Walls. “Throughout that process I could see what Rehab Without Walls was about—wrapping the program around the person served not shoe-horning a person into a program,” she explains, “and I took note.” When it was time to start looking for a new job, Rehab Without Walls was her first call. The rest, as they say, is history. “For the last two years I couldn’t have been happier,” she says. “I love the flexibility of the approach, the clients themselves, and the people I work with, who are excellent clinicians.” In the day-to-day of her job, Wendy works with clients facing adjustment issues following serious illness or injury, cognitive issues such as appropriate social behavior, family dynamics, grief and loss, frustration with limitations, and any other problems that may have existed

“When I work with clients, I keep asking ‘What can we do to make you successful in your home and community?’ That’s what we’re about.”

previously but have become magnified following the illness or injury. “When I work with clients, I keep asking myself, ‘What can we do to make you successful in your home and community?’ That’s what we’re about—and it’s an approach I can really get behind.”

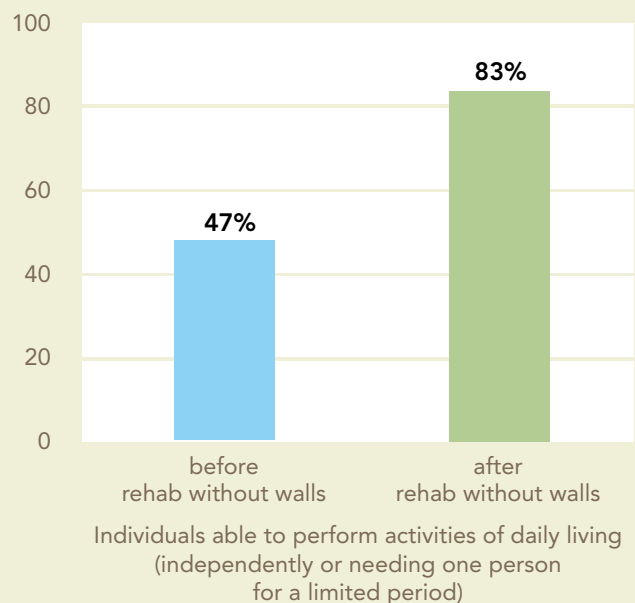
Pat Backus, Speech Language Pathologist Rehab Without Walls Phoenix

For seven years, Pat Backus worked at an acute inpatient rehabilitation program. During that time, one question kept worrying her: What happens when the patients go home? “I wanted to understand how you transfer skills to the home environment, how you implement the skills learned outside the home,” she explains. She found her answers with Rehab Without Walls, where she has now worked for nearly five years—first in the Phoenix home and community division, and now in the location’s unique day treatment

improvement in activities of daily living

Of the surveyed adults who completed the Rehab Without Walls program, the number of individuals becoming independent or only needing assistance from another person for a limited period of time for activities of daily living increased by 36%.

source: Rehab Without Walls White Paper, April 2006



program. In fact, she moved from Texas to Arizona in order to work with Rehab Without Walls.

“Here, we do things that you could never do in a clinic,” she says. “For example, one of my clients was a police officer who had trouble with memory following an accident. Because he once carried a memo pad for taking notes on the job, we incorporated that into therapy—using what was most familiar to him—so he could write down everything he needed remember. This wouldn’t transfer well if performed in another setting, because with brain injury it is difficult to generalize to other situations that are specific.” What she loves most about her job is how Rehab Without Walls encourages its clinicians to think outside the box, or as she says, ‘outside the walls’. “A program with this model needs to be open to ideas. Therapists at Rehab Without Walls get to be creative and have the freedom to develop strategies. Almost anything goes as long as you meet the functional goals set out in the plan of treatments and the strategies are relevant to the client. These form the basic structure, and within this structure there is a lot of freedom. Let’s say the goal is to teach a client to read. The wild card is what they read. They could read anything as long as they do it with 80% accuracy or whatever parameters are established. This is why Rehab Without Walls works.” ●

typical diagnoses treated by Rehab Without Walls

Although the Rehab Without Walls treatment model initially was developed to serve individuals who had sustained some type of acquired brain injury, the treatment model is clinically appropriate for other diagnoses as well, including:

- Aneurysm
- Anoxia/hypoxia
- Central nervous system tumors
- Complex orthopedic injuries
- Encephalitis
- Meningitis
- Neuromuscular disorders
(e.g., Muscular Dystrophy, ALS, Guillain-Barré)
- Post-concussive syndrome
- Progressive neurological diseases,
(e.g., Parkinson’s Disease, Multiple Sclerosis)
- Spinal cord injury
- Stroke
- Traumatic brain injury

case study 1, continued from page 4

- **Return to driving:** “When I got driving again, I knew I had my life back,” says Dr. Justice.
- **Strength and endurance:** A former competitive swimmer, Dr. Justice returned to swimming following his injury as part of his physical therapy. Today, he competes in the Master’s league for adult competitive swimmers.
- **Hobbies:** Always an active fly fisherman, Dr. Justice has recently become a licensed fly fishing guide. In addition, he has set up a web site for the business.
- **Teaching:** He is now teaching a radiology class for family practice residents once a week—tapping into his knowledge and experience in a new way. “He is an amazing teacher,” adds Skinner.
- **Medical Research:** Dr. Justice has initiated a research project on CT scans for the suspected diagnosis of pulmonary embolism. To retrain himself, he began reading scans in out-of-the-way rooms at hospital radiology departments then comparing his readings with those of his colleagues—with extraordinary accuracy.

Ultimately, Dr. Justice wants to have a fuller role in the medical community. “I worked hard over the past nine years to get to my position as a powerful healer and medical leader in our community. I desperately want some of this sense of belonging to the community to return to me,” he says. Adds Skinner, “Dr. Justice was the kind of doctor who was beloved—the person who always paid attention to the nurses, techs and other assistants. He has a huge heart, which is why he became a doctor in the first place, now we’re looking for the best place for him to use it.” ●

case study 2, continued from page 5

- **School.** Because of immunosuppressive issues, Ryan is being home schooled by specialists in the district. But, barring medical problems, Ryan now has the potential to go to school.
- **Behavior.** Ryan’s increased independence has lessened his frustration and related behavioral issues. In addition, TV has gone from a major preoccupation to a motivating tool.

Overall, he is exceeding his goals on a monthly basis. Is there any one thing that made the difference for Ryan? “I think it was that Rehab Without Walls focused on his whole body and they understood what worked for Ryan,” says Ginger. Moug, however, says, “Ryan wasn’t getting the intensity of treatment that a kid like him needed. Everyone treating him had their own goals and their own methods. Once we organized the clinicians and coordinated the care, he really took off. Each gain excited the team and created forward momentum. In addition, Ryan didn’t understand functionality. He didn’t know that movement could be purposeful. Once he saw the relationship between movement and independence, it clicked. He’s now gone from being a patient to being a little boy, and it is awesome to see his daily skills in action.” ●

Rehab Without Walls: the community connection

The people who work at Rehab Without Walls are not only passionately committed to their clients, but also are passionately committed to the entire rehabilitation community—volunteering their time, training other professionals, and making presentations at conferences and other organizations. Here's just a small sampling of what they've done recently.

- **Becky Kersey, OTR, Michigan:** Presented "Sensory Processing Disorder: Identification and Interventions" at the Cheff Center, Le Leche League of Holland, and to the administrative staff of Khalifa School in Kuwait. She also will give this same presentation to Kuwait's Ministry of Social Affairs.
- **Jane Boekeloo, PT, Michigan:** Presented "The Neurodevelopmental Treatment Approach: An Introduction" to 40 members of the rehabilitation staff at Bronson Methodist Hospital.
- **Brenda Collins, Executive Director, Sacramento:** Presented "Bridging the Functional Gap Between the Clinic and the Client's Natural Environment" at the 2006 AOTA National Conference.
- **Diana Berry, SAR, and Brenda Collins, ED, Sacramento:** Presented "Home and Community Rehabilitation for the Medically Complex Patient" to Blue Shield of California.
- **Shannon Swick, Area Vice President, Rehab Without Walls:** Presented "Management of Balance Dysfunction and Neurologically Impaired Patients Through Specialty Programs" at the CMSA National Conference.

About Rehab Without Walls

With a focus on functional goals and measurable, durable outcomes, Rehab Without Walls® provides comprehensive rehabilitation in the setting that we've found most effective: the client's home and community. Using an interdisciplinary clinical treatment team developed to meet the specific needs of each client, we help clients return to life as quickly, fully and independently as possible equipped with the functional skills necessary to participate in practical, daily activities at home, school and the workplace—often at a significant cost savings. For more information or to make a referral, please call 1-866-734-2296 or visit us at www.gentiva.com/rww

Editorial Board Members

Janet Ayers, PhD
Diana Berry
Paul Folkert
Jennifer Lally
Shannon Swick, Editor

For comments, questions or letters to the editor, please contact:

Shannon Swick, Editor
Gentiva Health Services
3 Huntington Quadrangle, Suite 200S
Melville, NY 11747
Shannon.Swick@gentiva.com

Note: This quarterly newsletter is not a resource for medical advice, care information or legislative action. It is an informational publication for our readers. Rehab Without Walls assumes no responsibility for consequences arising out of using the information provided in this publication. The editorial content or opinions stated do not necessarily reflect the view of Rehab Without Walls.

This newsletter was developed pursuant to requirements of the Health Insurance Portability and Accountability Act (HIPAA). All required authorizations were obtained from each patient appearing in this newsletter prior to its development.

Gentiva accepts patients for care regardless of age, race color, national origin, religion, sex, disability, being a qualified disabled veteran of the Vietnam era, or any other category protected by law, or decisions regarding advance directives.

© 2007 Gentiva Health Services. All rights reserved.



in this issue:

HEAR Rehab Without Walls staffers talk about their jobs—and what makes our approach so unique...[cover story](#)

LEARN about another innovative rehabilitation solution that's available through our Phoenix branch...[page 2](#)

CELEBRATE the Sacramento office's 10 year anniversary with us...[page 3](#)

UNDERSTAND what functionality means in the context of a client's life...[case study page 4](#)

SEE how coordinated neurorehabilitation services can impact a pediatric client's development and a family's quality of life...[case study page 5](#)

alternatives