

# CASE STUDIES

## *One Case Study*

### A 360 Degree Perspective on Home and Community Rehabilitation **Six Points of View**

**A**t Rehab Without Walls®, we believe that it really does take a village to make a difference in the health of our clients. Our multi-disciplinary home- and community-based approach brings many key people together as contributing members of the clinical treatment team—from family members and medical professionals to insurance providers and case managers. All offer unique skills and perspectives on the client, and collectively are responsible for returning the client back into his or her life as fully as possible.

We believe this “real world” approach is the most effective form of rehabilitation because clients learn the skills they need in the setting they need to perform them—at home, at work or school, in the communities where they live. This results in durable outcomes, fewer setbacks and high levels of independent functioning.

Here, we’re offering a 360 degree look at the Rehab Without Walls approach to rehabilitation. We’ve focused on one individual case that is fairly typical at our locations across the country—traumatic brain injury—and have spoken with the key decision makers and participants on the treatment team.

This in-depth, multi-perspective view can give you a greater insight into not only how Rehab Without Walls works with clients, but how it works with everyone involved in the case.

#### **Case Details: A Motorcycle Accident Resulting in Traumatic Brain Injury**

Rob B. is a 24-year-old Nevadan who was involved in a motorcycle accident in June of 2003. At the scene, he was measured as a four on the Glasgow coma scale. He was airlifted to a medical center for treatment for multiple injuries including traumatic brain injury (TBI).

His injuries included bifrontal hemorrhage and contusions, a mandibular fracture, a C-7 transverse process fracture, rib fractures with a right pneumothorax and a left forearm fracture. He required bifrontal craniotomies to evacuate the hemorrhages, as well as a tracheotomy, gastrostomy tube, wiring of the mandibular fracture, and an ORIF for his arm fracture.

Rob was in a coma for more than a month. At one point he was transferred to another hospital for insurance reasons, and when he became medically stable began comprehensive inpatient rehabilitation there. However, he made very little progress and by October, in preparation for discharge, he was asked to be evaluated for Rehab Without Walls. The initial assessment determined that Rob would be a good candidate, but because of changes in his insurance coverage Rob was not able to begin treatment with Rehab Without Walls until he was approved for Medicaid in mid-December 2003.

Before the accident, Rob was a full-time student majoring in business accounting. He also worked for a small company as a carpet cleaner and was a valued employee. He lived independently, had a large circle of friends, was a devoted body builder and was actively involved in a motorcycle club. After discharge from the hospital, he moved into his parents’

home, where he initially needed round-the-clock care. Both his parents were extremely supportive and arranged their schedules so that one of them would always be with him. When the Rehab Without Walls team first met Rob, he was sleeping 16 hours a day and had little interest in rehabilitation.

### The Plan of Care

At the initial assessment, the Rehab Without Walls clinical coordinator recommended that Rob receive 30 hours a week of comprehensive interdisciplinary home and community rehabilitation. Recommended clinicians for the treatment team included a physical therapist, occupational therapist, speech therapist, vocational counselor and rehabilitation specialist. Also on the team were Rob's primary care physician, his parents and a representative from Nevada's Medicaid office.

Together, with Rob's input, they determined treatment goals, all of which were functional and measurable:

- Participate in a home- and community-based exercise program to increase strength and endurance.
- Perform self-care and activities of daily living independently.
- Use compensatory strategies to address cognitive deficits including memory sequencing, planning and organization.
- Access available community resources as needed.
- Return to work and school.
- Return to driving (necessary for return to work).
- Return to independent living when economically feasible. At the conclusion of two months of intense home- and community-based rehabilitation, Rob not only met these goals, but he returned to his life before the accident at "99.9%," according to him and his family. Here's how each team member contributed.



24-year-old Rob B. at the scene of his motorcycle accident minutes before he was airlifted to a regional trauma center. In addition to several fractures and internal injuries, he sustained a traumatic brain injury (TBI).

### The Clinical Coordinator Perspective

*Fred Hennen, Clinical Coordinator, Reno Rehab Without Walls*

**Role on the Treatment Team:** At Rehab Without Walls, each case is managed by a clinical coordinator, who oversees treatment and serves as a central point person between all members of the team. At the outset of this case, Fred also spent considerable time working one-to-one with Rob.

**How He Helped the Client Meet His Goals:** "When I first saw Rob he just lay in bed with his eyes closed, refusing to make eye contact. He didn't want us there at all," recalls Fred. "In addition, he became agitated easily and couldn't go outside or be around other people. All this was in reaction to the trauma he had experienced." Fred explains that his top priority was to get Rob to trust the clinical team and to see that the treatment would indeed be valuable for him. "I came up with the idea for Rob to keep a journal documenting his progress. Once he saw tangible results, I figured he might be less resistant." Fred's intervention proved to be the key. "Never had I seen such a fast turnaround. As soon as Rob bought into the process, he went gangbusters and never stopped. I've found that people get the most benefit from the program when they say yes and trust us. Rob had the added advantage of being relatively young and in good health before his injury."

Later in the process, Fred worked in tandem with the occupational therapist and the recreational therapist on Rob's reintegration into the community, doing things like registering Rob for a non-credit course at the local community college to test his ability to handle academics, meeting with the Disability Resource Office at the university regarding Rob's return to his studies, and working with Rob on taking his driver's license test. He also coordinated additional medical referrals and Social Security disability issues.

**Thoughts on the Outcome:** “I give Rob and his mother a lot of credit for trusting our plan of care and doing everything we recommended. I think his mother summed it up best when she told us at the end of treatment ‘I have my son back.’”

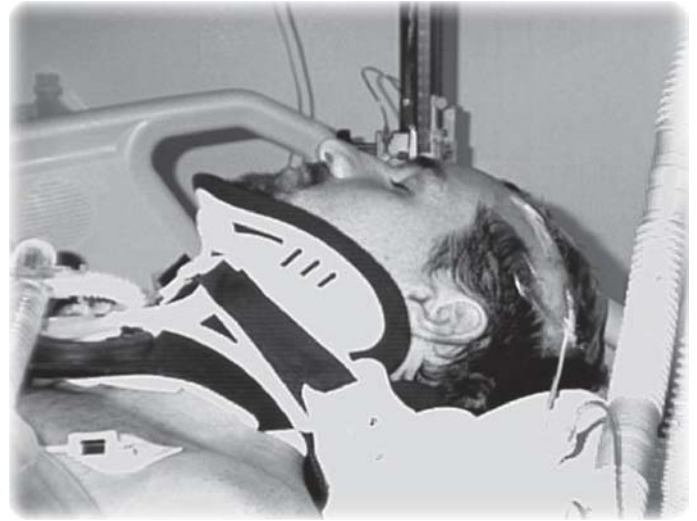
### **The Payer Perspective**

*Jeri Bennett, RN, CCM,  
Social Services Program Specialist III, Nevada  
Medicaid*

**Role on the Treatment Team:** Nevada Medicaid, like the many payer/insurance providers that Rehab Without Walls works with, takes a collaborative role on the team, helping to navigate benefits, facilitate services, coordinate coverage and adapt the plan of care as the client progresses with recovery. Per usual, a representative from Nevada Medicaid was invited to participate in any or all team meetings and conferences regarding this case.

**How She Helped the Client Meet His Goals:** Although Medicaid cannot comment on individual cases, Jeri explains how cases like Rob’s get handled. When a referral is made, a case manager from her office will do an assessment of the client and family to determine if the proposed treatment plan meets the program criteria for reimbursement. “Nevada Medicaid is one of the few states that pays for outpatient rehabilitation, and if clients have a viable home setting with an adequate support system, we like to see them work with Rehab Without Walls, who we consider an excellent provider,” she says. “Like Rehab Without Walls, we work to eliminate as many barriers to care that we can. For example, if the clinical team members recommend a wheelchair or home modifications for the client, we will work within the Medicaid guidelines to obtain them. Our staff can also, in many cases, refer the client and family to non-Medicaid community services and informal supports that can help them upon discharge.”

**Thoughts on the Outcome:** “Clients who meet the criteria for home and community rehabilitation can really benefit from the Rehab Without Walls approach. The one-on-one care, the family involvement and the frequent community outings all support our goals of returning patients to maximum independence and to being productive members of the community.”



In a coma for more than a month following the accident, Rob’s initial odds for recovery were extremely low. He spent 98 days in the hospital before returning home and beginning home- and community-based rehabilitation with Reno Rehab Without Walls.

### **The Physical Therapist Perspective**

*Sandy Sendelbach, PT, Reno Rehab Without Walls*

**Role on the Treatment Team:** Like each of the clinical specialists on the team, the physical therapist sets measurable goals, incorporates the home and community setting into the treatment plan, attends ongoing case conferences and team meetings, adjusts the treatment approach as client needs change, works with and educates the family, and helps the client return to as high a quality life as possible.

**How She Helped the Client Meet His Goals:** “With every client, it is important to consider the level of functioning they were at before the illness or injury occurred. Rob not only was very athletic, but he was a dedicated body builder, so I’d have to get him back to *his* life, not a semi-functional level. Being able to walk around the block wouldn’t constitute full recovery for him the way it would for other less fit people,” Sandy says. At the start of treatment, motivation was Rob’s biggest obstacle—preferring sleep to exercise. “I decided to challenge him to push-up and sit-up contests,” explains Sandy. “His competitive spirit kicked in and I was able to get him to participate in a home exercise program that focused on balance, strength, endurance, safety and coordination. During the first month, he worked out in his house, and every night his father would walk a one-mile loop with him through their neighborhood.”

At first Rob couldn't walk for more than five minutes, but his dad pushed him and soon he was able to walk up to two miles easily. During the second month, I helped him join a gym near his parents' house so he could step up his exercise and return safely to weight-lifting, an activity he loved prior to the accident."

Thoughts on the

Outcome: "Motivation was the greatest factor

in this client's successful rehabilitation. At the start, all the therapists on the team had to find innovative ways to connect with Rob. But once he turned the corner, he was extraordinarily self-motivated. His family was great, too. They did everything they could to get him back into his life—and it worked."

### **The Family Perspective**

*Linda (the client's mother)*

**Role on the Treatment Team:** Family members are some of the most vital and influential members of the team. They help set goals, participate in team meetings and case conferences, share their insight with clinicians on the client's level of functioning before the illness or injury, and help maintain rehabilitation activities in between therapist visits and after discharge from Rehab Without Walls, when necessary. In Rob's case, his entire family—mother, father, brother and sister—participated. His mother Linda, however, was the most involved.

**How She Helped the Client Meet His Goals:** "It's been a long process. The night of Rob's accident, his injuries were so severe that the doctors told us to gather our family and friends together because he probably wouldn't make it. When he was in the inpatient rehabilitation unit, the staff did nothing to challenge him. Then when we finally got him home, I had to fight to get Medicaid coverage for Rob; it took a letter to our senator to finally get it. So by the time Rehab Without Walls came in, we were ready to be

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*Fred Hennen, Clinical Coordinator,*

*Reno Rehab Without Walls*

full participants in doing whatever it took to get our son back," she says. This included supervising activities of daily living, participating in exercise and community outings, attending motorcycle club meetings with Rob to keep him connected to his peer group, working with the clinical team on functional goals, and being Rob's number-one cheerleader and support.

Thoughts on the

Outcome: "Rob's recovery

was a miracle. When we researched his type of brain injury online, we discovered that only .05% of cases ever come back. But Rehab Without Walls pushed Rob. They stimulated him. They never took no for an answer and I can't believe how quickly they got him back. They didn't talk with him like he had a brain injury the way the people at the inpatient rehab unit did. Today, Rob is working, driving, dating, going to school. He's back, and we're very grateful."

### **The Primary Care Physician Perspective**

*Kevin Kapov, D.O., Family Practice, Carson City, Nevada*

**Role on the Treatment Team:** The patient's primary care physician not only participates as much he or she wants in team meetings and case conferences, but also must sign off on the plan of care. Rehab Without Walls keeps busy physicians informed on client progress via phone calls and ongoing reports. In addition, primary care physicians are valuable team members because of their familiarity with the client's health prior to illness or injury.

**How He Helped the Client Meet His Goals:** "I've known this patient and his family for three to four years now and saw how active Rob was before his motorcycle accident," says Dr. Kapov. "Because he was so young and energetic, I felt he would benefit most from aggressive rehabilitation treatment. He needed to be reacquainted and returned to his life and he needed a high level of stimulation. I made sure that these things were incorporated into his plan of

care. Besides working in a supervisory role, often I'd be the go-between for Rob, his parents and the clinical team if medical issues or questions came up."

**Thoughts on the Outcome:** "This was my first time working with Rehab Without Walls. I feel they did an excellent job and based on this experience, I would recommend them. I think the functional goals and outcome-oriented approach are really important. In Rob's case, I believed that if his rehabilitation wasn't addressed actively and aggressively, he would never come back, so I was pleased to watch his rapid progress once rehabilitation started. It was a great outcome for a very serious injury."

## The Client Perspective

*Rob*

**Role on the Treatment Team:** Clients are always the most important member of the treatment team. Functional goals are established based on both their disabilities and the framework of their lives, with a focus on returning to as high a level of functioning as possible.

**How He Met His Goals:** "Of the 98 days I was hospitalized, I remember only the last eight, and from what I've been told, the inpatient rehabilitation I received did nothing for me. By the time I got home, I was in pretty bad shape. I couldn't work, I could hardly walk. My parents said I was like a three year old. I just wanted to sleep and wake up better in a couple of years," he says. The Rehab Without Walls team knew better. "They were the only ones to get through to me. They knew how to handle an injury like mine. They knew how to talk to me. They actually *cared*. And they paid attention to what my real life was like. We did outings in the community, trial runs at school and work, computer exercises and



Rob, one year post accident, credits Rehab Without Walls for his full recovery. He has returned to school, work, sports and hobbies —and an optimal quality of life.

preparation for getting my driver's license back. One day instead of doing push-ups, we went bowling. Sandy, my physical therapist, knew I had been in really good shape before the accident, so she continually pushed me. My occupational therapist knew I wanted to go back to living on my own, so she helped me focus on simple tasks like doing the dishes and walking the

dog. The speech therapist figured out that I had trouble remembering words for things, so she developed a system of books and flashcards to prompt me."

**Thoughts on the Outcome:** "Everyone tells me I'm exactly the same but more outgoing than before, and I think that is more about how my life changed so dramatically than about the actual injury. I'm back at work and school and I'm saving up money to move out on my own again. I'm even planning to get another bike. I feel like Rehab Without Walls was really effective in helping me get my life back. I've come to realize that people make the difference in your outcome, and the Rehab Without Walls people did it for me."

*\*Names of patients and family members have been changed to protect their privacy.*