

alternatives

how Rehab Without Walls partners with the VA to help rehabilitate injured veterans

Rehab Without Walls is greatly honored to care for the men and women who have served our country as part of the armed forces. We believe that the sacrifices they have made deserve the best efforts of military and private sector resources to assure that they are treated with the utmost respect and best care we have to offer. So it is with great pride that we have become a part of these individuals' journey back to health and wellness. In 2008, Rehab Without Walls provided services to 78 active military personnel and veterans. Following is the story of one incredible man who came to us through our partnership with the Puget Sound VA in Seattle.

Background: While Sgt. James Smith, a 36 year old father of four, was serving in the US Army in Iraq, he was injured in three explosive incidents. The first, a mortar round, resulted in a traumatic brain injury. The second, a car bombing, resulted in loss of consciousness and a C-5 through C-7 cervical injury. The third, a grenade that exploded a few feet away, left him with shrapnel in his cheek. He returned home from active duty in March 2005 and was later medically retired from the Army. Using his VA benefits, James began job training and education toward a civil engineering degree. However, cognitive deficits, including an impaired memory, made it difficult to retain new information and he eventually dropped out. In February 2006, he was referred

for neurorehabilitation to Rehab Without Walls, which works with the Polytrauma unit at the VA medical center in Seattle.

James is one of the many veterans in the Northwest who have had the benefit of the collaboration between the Puget Sound Health Care System Center for Polytrauma Care in Seattle and Rehab Without Walls. This partnership extends the Polytrauma rehabilitation model through the Rehab Without Walls network to veterans and active duty soldiers across the state. This means that Rehab Without Walls delivers the same level of care a veteran would receive at a Polytrauma clinic in his or her home, community or workplace. The approach is ideal for veterans who live too far from a clinic or for those who may find treatment more effective when delivered in the "real life" setting.

The partnership is a natural fit because both the Center for Polytrauma and Rehab Without Walls specialize in neurorehabilitation using a multidisciplinary team approach to therapy. Together, Rehab Without Walls and the Polytrauma unit participate in ongoing communication and program review to set realistic, measurable goals for the veteran and to monitor the veteran's progression towards those goals. Phone conferences are held at least bi-weekly with the polytrauma team, the Rehab Without Walls team and the veteran.



Sgt. James Smith in 2004 at the village of Jisr Diyala, south of Baghdad.

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an outside perspective on the Rehab Without Walls team

Anyone at Rehab Without Walls will be quick to tell you that rehabilitation is a team effort. In fact, the interdisciplinary team approach is one of the company's hallmarks. But people may not be aware of how the Rehab Without Walls professionals collaborate with others critical to the rehabilitation process, for example referrers, insurance case managers and payers.

For more than eight years, Kitty Warren, CRC, Rehab Counselor/Case Manager at workers compensation provider SCF Arizona, has worked with injured clients referred to Rehab Without Walls. Often these patients have suffered very complex traumatic brain and spinal cord injuries requiring a long-term commitment to rehabilitation. She works closely with the treatment team members on each case.

"My preference is see Rehab Without Walls involved early, preferably while the patient is in an inpatient setting," Warren explains. The staff makes the initial assessment but together Warren and the Rehab Without Walls team will review the proposed plan of care. Warren becomes part of the team, attends all the team meetings, either in person or by phone, and stays in constant communication with the caregivers.

"Being so closely involved in the process allows me to best serve the patient—I am an advocate for the injured worker—and to make the most appropriate decisions about protocols and allocation of resources. This, in turn, greatly influences outcomes."

Nowhere has this collaborative process been illustrated more clearly than at Arizona's Fred Brick Memorial Awards, an annual ceremony that honors the most outstanding rehabilitation success stories in the state. Carlos Velarde, an SCF workers compensation client who received rehabilitation through Rehab Without Walls, was honored with the Rehabilitant of the Year Award in 2008.

"This case was a success because of all the things that make good teams great: communication, dedication and a focus on the big picture," says Warren.

At first glance, the case may not seem to be a typical success story. Carlos, a 29-year-old construction worker, sustained a fall at a work site that resulted in debilitating physical and cognitive injuries requiring 24-hour supervision. He then experienced medical complications that further incapacitated him. When he began treatment at Rehab Without Walls, he couldn't walk, talk or perform any activities of daily living. But as incapacitated as he was, he had a goal to return to work.

"We looked at the case objectively," explains Warren. "Here was a young man who could live for many more years. The question was, how would he spend those years? Watching TV and receiving 24-hour care or engaging in a productive life? A lifetime of 24-hour care is incredibly costly, but that wasn't our first consideration. Our goal is always to restore function and quality of life."

So Warren and the Rehab Without Walls team spent a year of intensive neurorehabilitative treatment with Carlos. During treatment, his speech improved and he relearned some ADLs. He also was able to use a wheelchair and ambulate short distances with a walker. Rehab Without Walls then connected him with a sheltered workshop where he began a supported employment position.

"Carlos showed an exceptional work ethic," says Warren. "Even after he experienced additional medical complications that sent him back for more therapy, he returned to work as quickly as possible. He will never be able to work in a competitive environment but that was never the point: He now has purpose and focus, which not only give him a quality of life, but also will help prevent costly complications—such as physical deterioration and depression—that are common in clients who remain homebound."

Adds Warren, "The Fred Brick award honors Carlos's tremendous courage, but it also acknowledges how important the rehabilitation process is, and what happens when you have a good team." ●



Kitty Warren (left) and Carlos's mother Maria Velarde congratulate Carlos at the Fred Brick Memorial Awards where he was named Rehabilitant of the Year.

a horse, of course hippotherapy helps clients take major rehabilitation strides

Horses as a therapy tool? At Rehab Without Walls' Spokane, Washington, location, hippotherapy—a treatment strategy that utilizes equine movement to improve neuromuscular function—has been added to Rehab Without Walls' arsenal of interventions.

Although it may sound like fun, and for some clients it certainly is enjoyable, hippotherapy has been recognized as a legitimate form of treatment for more than 50 years—first in Europe and more recently in the United States. Used as an adjunct to physical, occupational and speech-language therapies, hippotherapy offers clear benefits, including increasing trunk strength and control, addressing balance issues, building overall posture strength and endurance, facilitating coordination and timing, integrating sensory skills, and correcting body movements.

"It really is an amazing, amazing tool and a primo way to delivery therapy," says Robyn Moug, Director of Clinical Management, Spokane Rehab Without Walls. "Because the horse provides three-dimensional and highly complex movement that mimics the way the human body moves, clients can relearn critical movements in a very gentle, yet intense, way. In fact, hippotherapy is so concentrated that often you can accomplish as much in one session as in three to four traditional treatments."

How does hippotherapy work? First, clients for whom this treatment is appropriate need no prior



Photo credit: Sonja Barrera

Rehab Without Wall client Shane receiving treatment on Scooby, the therapy horse. He is accompanied by horse handler Janelle Axtell, RS, along with Robyn Moug on the left and Robin Pearson, RS, on the right.

experience with horses. And second, safety is the top priority. Therapy takes place in a private facility that has been fitted with proper safety equipment including a mounting ramp, helmets, gait belts and a specific protocol for treatment. The participating horses have been extensively trained and desensitized to many scenarios, which makes them extremely safe. Sidewalkers—one of whom is the client's therapist and one of whom is extensively trained in hippotherapy—remain on either side of the client for the duration of the session. When needed, due to the client's size or disability, a third

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conditions for which hippotherapy is appropriate

- Traumatic Brain Injury
- Stroke
- Cerebral Palsy
- Spinal Cord Injury
- Speech-Language Disorders
- Abnormal Muscle Tone
- Autism Spectrum Disorder
- Genetic Syndromes
- Developmental Delay
- Learning Disabilities
- Sensory Integration Disorders
- Impaired Balance Responses
- Impaired Coordination
- Impaired Sensorimotor Function
- Postural Asymmetry
- Poor Postural Control
- Decreased Mobility
- Limbic System Dysfunction

brain injury: the big picture

a conversation with susan connors, president brain injury association of america

As an organization committed to advocacy and improving the standard of care in neurorehabilitation, Rehab Without Walls works closely with leading national organizations, one of the most respected being the Brain Injury Association of America (BIAA). Recently, we spoke with its president, Susan Connors, about the role her organization is taking in shaping policy, advocating for improved insurance coverage, improving overall awareness of traumatic brain injury (TBI) and redefining standards of care—all issues about which Rehab Without Walls and the rehabilitation community care passionately.

*Susan H. Connors,
President,
Brain Injury
Association
of America*

A Strengthened Mission

Founded in 1980 by family members of individuals with traumatic brain injury and clinicians, the Brain Injury Association of America has expanded its efforts to helping people who work within the brain injury field and actively engaging them in advocacy activities. "Our mission is to be the voice of brain injury and to provide help, hope and healing," says Connors. "We provide help to the persons who have sustained a brain injury, along with the clinicians who treat them; we provide hope to all who need it; and although we are not ready to talk about a cure, in terms of healing we are recharacterizing and reframing brain injury as neurological disease. By taking this approach, we can investigate the promise for neuroplasticity and rewiring of the brain, which may eventually lead to a cure." If nothing else, indicates Connors, reclassifying TBI as a neurological disease will help improve insurance coverage and access to care.



Priority: A Change in Insurance Coverage

Improving medical coverage for individuals who have sustained a TBI is one of the priorities of the BIAA. "We know that every day, hundreds and thousands of patients are deprived of maximum care because of inconsistent insurance policies," she

says. "This, in turn, transfers the burden of care to the American taxpayers because TBI patients who don't receive proper care end up on disability or in government programs. We have privatized the profit and socialized the loss. Right now, insurance policies do not protect the consumer. We want to change that."

Increasingly, due to advances in medicine, people are surviving their injuries. "What this means, however," says Connors, "is that more and more of the population have to navigate the insurance minefield, often resulting in suboptimal treatment. We not only want to help them through it, but we also want to change the parameters entirely so that people receive the appropriate treatment in the appropriate setting at appropriate reimbursement rates."

Advocating for Widespread Adoption of Standards of Care

Some of the tasks the BIAA are taking on are things that the entire rehabilitation community has struggled with: consistent definitions, universal standards of care and across-the-board policies. To do so, it is in the process of initiating the Brain Injury Business and Professional Council under the BIAA umbrella. The Council, comprised of clinicians, brain injury advocates and experts, industry leaders, and other decision makers, will operate as a member-funded special interest group within the BIAA. Its ultimate goal is increased access to care, and

tbi defined

According to the BIAA, a traumatic brain injury is a blow or jolt to the head or a penetrating head injury that temporarily or permanently disrupts brain function—who we are and how we think, act and feel. The severity of injuries may range from mild (a brief change in mental status or consciousness) to severe (an extended period of unconsciousness or amnesia after injury). TBI can result in short- or long-term problems with independent function and can cause a wide range of functional changes affecting thinking, language, learning, emotions, behavior, and/or sensation. It also can cause epilepsy and increase the risk for conditions such as Alzheimer’s disease, Parkinson’s, and other brain disorders that become prevalent with age.

the group will work to reverse the current trends that impede appropriate treatment for TBI.

“We need to start by agreeing on a common language and common definitions,” Connors says. “It needs to be called brain injury, not shaken baby syndrome, concussion, or head injury. We also need to define exactly what we mean by residential treatment, cognitive therapy, and all the other terms that seem to be defined on a case-by-case, organization-by-organization basis.

“The next step, working with the best minds in the country, is to establish and codify the standards of care. After that we need to change the laws to recognize them.”

Connors cites the State of New York as an example. “They have legislated standards for the management of acute brain injury, so reimbursement depends upon following them. Many states have no such standards but there is ample data that these standards save lives.”

In fact, she says, evidence-based standards of care are vital in helping private payers and government policy makers understand and agree upon treatment and reimbursement models. This is one area where Rehab Without Walls—which has one of the largest databanks in the country on rehabilitation outcomes—can make a major contribution to the Council (on which several RWW staff members have been asked to serve). The Business and Professional Council will be using the Mayo Portland Adaptability Index-4

(MPAI-4) measurement tool as the cornerstone of the data it collects and presents; Rehab Without Walls not only uses the MPAI-4 as its cornerstone as well, but also played a significant role in developing the most recent version in use. Using data collected via the MPAI-4 and other outcome tools, Rehab Without Walls will be instrumental in providing insight into the demographics of brain injury, its costs, clinical characteristics, and the impact of treatment on functional independence and quality of life.

“We will look at data not just from a clinical perspective—how x intervention produces x result—but also from a business end,” says Connors. “We want to accurately quantify what it costs to run a brain injury program, which should help establish realistic reimbursement rates. Often, many of the smaller providers cannot afford to maintain a brain injury program, which can severely limit access to care in many communities.”

Raising Awareness

States Connors: “We have learned that what moves policy in Washington, D.C. is hard data and heart data.” And currently, the most moving heart data comes from the service men and women who have been injured in the wars in Afghanistan and Iraq. Due to the advances in body armor, military emergency care and surgical stabilization on the front line of combat, more and more soldiers are surviving injuries that in the past would have been fatal. The result, however, is a sharp increase in brain injuries. The Rand Corporation’s

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facts about brain injury

- According to the Centers for Disease Control (CDC), approximately 1.6 million people annually sustain brain injuries, and more than 125,000 individuals annually incur lifelong disability from TBI.
- Falls are the leading cause of TBIs (28%), followed by car crashes (20%), assaults (11%) and contact sports. Blasts are a leading cause of TBI in war zones.
- Brain injury’s direct and indirect cost to society is estimated at \$60 billion per year.
- Males are more 1.5 times more likely than females to sustain brain injuries.
- Children, teens and seniors are at greatest risk for brain injuries.

brain injury, continued from page 5

Center for Military Health Policy estimates that 320,000 US troops sustained a TBI while serving in these wars. (See case study on page 1 for one soldier's story.)

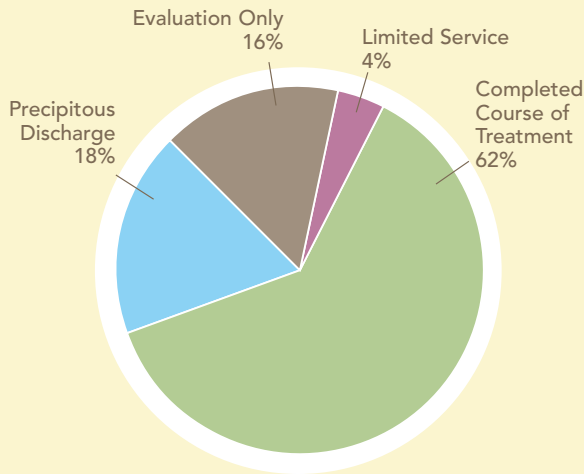
The plight of these returning soldiers has not only raised public awareness of TBI, but it has also called attention to the need for standardized best practices across the country and increased access to appropriate care—and how this care is reimbursed. “It has also brought brain injury to the forefront of the conversation with legislators and policy-makers. The first step of change is awareness,” says Connors. The BIAA has a long history of advocating on behalf of active duty military and veterans who sustained a TBI in the line of duty, supporting passage of such initiatives as the Dignified Treatment of Wounded Warriors

Act, Heroes At Home Act, and annual appropriations for Department of Defense and Department of Veterans Affairs.

With awareness of TBIs at its highest in recent years, the BIAA is poised to act—not only on the national level but at the state and local levels through its more than 40 statewide affiliates. This includes community-based activities such as prevention rodeos and bike helmet fittings as well as legislative advocacy, caregiver training, educational conferences and access to resources. “We really want to get everyone on the same page to create consistency in our message,” says Connors. The message couldn't be simpler: People who have sustained a brain injury need access to appropriate care. ●

Rehab Without Walls Outcomes in Action

clients by category



Service Categories Explained

Completed Course of Treatment: Clients who received services as outlined in the treatment plan with targeted functional outcome goals in one or more area (e.g., independent living status, independent in personal ADLs), with at least two clinical disciplines other than Clinical Coordination.

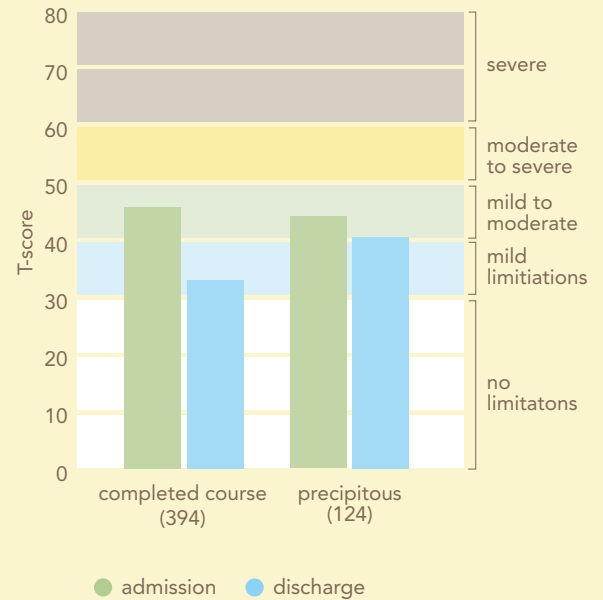
Evaluation Only: The purpose of admission was for assessment; no treatment was provided.

Precipitous Discharge: Refers to any discharge not supported by the clinical recommendation of the team. Client, family, physician, payer, or program decides to discharge prior to reaching outcome goals agreed to in the Plan of Treatment. This could include client noncompliance, insufficient participation by family or a change in medical condition resulting in a hospital readmission.

Limited Service: Describes clients who were admitted, but received services significantly different from what we would consider a “full” or “traditional” Rehab Without Walls program. This includes those whose program consisted only of a single clinical discipline (plus Clinical Coordination) and clients whose initial proposal for services was not accepted by the payer, but who was ultimately admitted to receive a significantly different level of services.

mayo portland adaptability index inventory-4 (MPAI-4) total score by service category

traumatic brain injury



When comparing level of impairment on admission, the two groups look virtually the same. When comparing overall outcome, data indicate greater improvement in the completed course of treatment group.

"It is a unique partnership between the VA and the private sector," says Maria Ratcliff, Clinical Coordinator, Seattle Rehab Without Walls. "We combine our strengths to ensure that the veteran has access to all available benefits and resources. We really feel like one big team, working closely and effectively together to maximize the veteran's potential for success."

Rehabilitation Needs: "My biggest problem seemed to be short-term memory," says James. "I would go to the store, then wouldn't remember what I came to buy, or I would buy two of the same thing. I would forget appointments, or even to change the baby's diaper. I called it 'the shiny penny' syndrome because I was so easily distracted; I could never just focus on the task at hand."

This made it difficult for James to perform self-care, cooking and household tasks without extensive prompting. In addition, he had deficits in high-level executive functioning, for example organization, planning, initiation and higher-level attention skills. It also affected his mood and self-esteem; he grew reluctant to leave the house and was becoming increasingly less engaged in life.

Following the initial Rehab Without Walls assessment, the Clinical Coordinator determined that James would best benefit from a team comprised of:

- Occupational therapist (OT), to address ADLs and IADLs, including self care and household management. One of the major goals was to establish a realistic daily routine to support improved memory.
- Speech language pathologist, to address complex and high-level cognitive issues, including memory management and compensation, as well as planning, organization and high-level attention skills.
- Physical therapist (PT), to address physical conditioning, strength and endurance.

"My long term goal was to go back to school and train for a new career," says James. "But I needed help in the fundamentals first. It was very difficult to ask for help, but I also knew things had to change." He and his wife Elizabeth worked with the clinical treatment team to establish functional goals that would help him return to an independent, productive life.

The Rehabilitation Process: The Rehab Without Walls team began working with James in both his home and community, initiating a number of compensatory strategies and building on a series of small, steady successes. For example, the team focused on:

- Programming his PDA with alarms and reminders for appointments, medication schedule and daily tasks
- Outlining organizational tasks on paper
- Walking in the neighborhood with the PT to improve fitness
- Initiating outdoor projects in which James and the OT would organize the list of what he needed in advance via the PDA and manual lists, then follow through at the local Home Depot

- Practicing study techniques through simulated homework and math problems
"The team helped me develop new habits that were pretty different from those in my previous life," James explains. "I used to keep everything I had to do in my head, now I have a succession of prompts and reminders. The team also helped me find the easy way to run my life on a day-to-day basis, utilizing all kinds of little things I never would have thought about."

"We combine our strengths to ensure that the veteran has access to all available benefits and resources. We really feel like one big team, working closely and effectively together to maximize the veteran's potential for success."

Recovery and Results: To date, James has met most of his goals. He has begun working one-on-one and in groups with other veterans who experienced similar traumatic brain injuries. "I share what I've learned through Rehab Without Walls with them," he says. He has joined the YMCA so he can maintain his physical fitness, and is looking to go back to school to study archeology or history. He will be acquiring a computer via the Independent Living Needs, Chapter 31 program, which will help him with these goals. "Even though James said it was difficult for him to seek help, he was one of the hardest working clients I have ever served," says Speech Language Pathologist Erin Sitterly. "He had a great attitude and would try anything. The key, I think, was that we were able to work with him on his ADLs in the home because these were so critical to his recovery. In many ways, we are an extension of the Polytrauma unit, only we do the rehabilitation in the home." ●

sidewalker or assistant can be added. During the session, the horse walks slowly and occasionally trots a few measured steps while the clients receive the benefit of its movement as they sit astride the horse.

“There are so many things that the horses can help with,” says Moug. “For people who have difficulty moving, their bodies will naturally follow the horse’s movements—which are biomechanically correct—until their brains have the opportunity to learn the pattern and integrate it into their own motor plan over time. The movement also helps them stretch and rotate, especially around the hips and pelvis, in a gentle, natural way. For other people, for example those with a spinal cord injury, hippotherapy offers the opportunity to increase trunk excursion [range of motion] and access any available, volitional muscle activation, as well as address sitting balance. Horses also provide tremendous sensory input, which helps with conditions such as autism, sensory integration disorders and learning disabilities.”

Rehab Without Walls’ hippotherapy program, available through the Spokane office, includes two physical therapists who are clinical specialists trained in hippotherapy. It treats both adults and children, the latter of whom connect with Rehab Without Walls through school district programs. Much of the impetus for the program came from Moug herself, who has delivered hippotherapy for more than 15 years and served in the past as a board member of the American Hippotherapy Association. “I know how effective hippotherapy can be, and it seemed like a natural fit for the Rehab Without Walls model. It’s innovative, functional, strategic, outcome-oriented, and helps move the client toward a better quality of life. Plus, it is a great motivational tool, especially for children. Who doesn’t want to come to therapy when it involves a horse?” ●

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

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