

Get Up and Go: The Intricacies of Rehab Medicine

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The Focus of Physical Medicine and Rehabilitation

Physical Medicine and Rehabilitation focuses on the restoration of function and the subsequent reintegration of the patient into the community.



Today's presentation will focus on inpatient rehabilitation (IPR), but please be aware that PM & R is actually a much broader field than IPR only

How does IPR work?

IPR is a team sport!

The process is transdisciplinary.



Who makes up this team?

The most critical member of the team is the patient. The other mandated members of the team are the physiatrist, the physical therapist, the occupational therapist, the speech therapist, the rehab nurse, the social worker or care manager, and the psychologist.

So what do you actually do on IPR?

First, we admit the patient and perform an evaluation.

We have three days for each discipline to complete an assessment of the patient's current level of function, project the functional level upon completion of the program, and formulate the method by which this level of function (i.e., the patient's goals) will be attained. Oh, and get with the family and firm up on the discharge plan. All of this information is compiled in a Plan of Care.

How exactly do you assess
functional ability?

Mainly through the FIM
system



And what the heck is the FIM system?

FIM stands for:

FUNCTIONAL INDEPENDENCE
MEASURE



Yeah?

The FIM is a numeric scale grading what percent of the work of a task the patient can perform:

- 7-Complete Independence (timely, safely)
- 6-Modified Independence (extra time, devices)
- 5-Supervision (cueing, coaxing, prompting)
- 4-Minimal Assist (performs 75% or more of task)
- 3-Moderate Assist (performs 50-74% of task)
- 2-Maximal Assist (performs 25-49% of task)
- 1-Total Assist (performs less than 25% of task)

So what exactly do you measure?

Eighteen items under six categories:

Self Care Items:

- 1. Feeding
- 2. Grooming
- 3. Bathing
- 4. Dressing upper body
- 5. Dressing lower body
- 6. Toileting
- 7. Swallowing



So what exactly do you measure?

Sphincter Control:

8. Bladder Management

9. Bowel Management

Mobility Items (Type of Transfer)

10. Bed, Chair, Wheelchair

11. Toilet

12. Tub or Shower

13. Car Transfer



So what exactly do you measure?

Locomotion:

14. Walking/Wheelchair

15. Stairs

16. Community Access

Communication Items:

17. Comprehension-Audio/Visual

18. Expression-Verbal, Non-Verbal

19. Reading

20. Writing

21. Speech Intelligibility



So what exactly do you measure?

Psychosocial Adjustment:

- 22. Social Interaction
- 23. Emotional Status
- 24. Adjustment to Limitations
- 25. Employability

Cognitive Function:

- 26. Problem Solving
- 27. Memory
- 28. Orientation
- 29. Attention
- 30. Safety Judgment



So what do you do after you get this
big evaluation done?

We go to work!

By definition, IPR requires the patient to
participate in and be able to benefit
from three hours per day of therapy five
days per week

The treatment team is required to hold a
patient care conference on each patient
once per week



Wow! That sounds expensive. How are your outcomes measured?

The Uniform Data System for Medical Rehabilitation (UDS) is our Big Brother.

We watch (among other things):

Average Length of Stay

Number of FIM Gains

FIM Efficiency

Discharge Disposition (most should go to a home-like community setting)

Note: IPR very frequently SAVES money in the long run!

That sounds really COOL!

Who is eligible for IPR?

There are standard admission criterion for IPR.

The patient must:

Be sufficiently medically stable to allow safe participation in the program

Require physician supervision by a rehabilitation physician

Require the active and ongoing intervention of multiple therapy disciplines, one of which must be physical or occupational therapy

That sounds really COOL! Who is eligible for IPR?

The patient must:

Require an intensive rehabilitation therapy program, generally consisting of three hours of therapy per day at least five days per week

Require an intensive and coordinated interdisciplinary team approach to the delivery of rehabilitative care.



That sounds really COOL! Who is eligible for IPR?

At least 60% of any IPR unit's admissions must have one of these diagnoses:

Stroke

Brain dysfunction

Spinal dysfunction

Orthopedic conditions (limited)

Amputation of limb

Neurologic disorders

That sounds really COOL! Who is eligible for IPR?

At least 60% of any IPR unit's admissions must have one of these diagnoses (continued):

- Guillain Barre syndrome
- Severe arthritis (limited)
- Major multiple trauma
- Burns
- Organ transplant

Dang, that's a LOT to remember! How do I keep all of this straight?

Funny you should ask. We have a handout for exactly that purpose. I'm pretty sure that IPR units uniformly respect the red, green, and yellow light approach described therein.

Also, all IPR units have an admissions coordinator. Your care managers will know how to contact her.

What happens after the referral to IPR is made?

A team of professionals, usually consistent of the admissions coordinator, the psychiatrist(s), the rehab social services representative or care manager, and nursing and therapy representatives evaluates each case for adherence to admissions criteria. Except when the patient has Medicare as his or her provider, insurance company authorization must be obtained before admission.



This is getting boring. What else do you have?

How about a case presentation?



