



Descriptions of Rehabilitation Settings

Clinical Setting (Outpatient Clinics)

This is a clinic that provides outpatient therapy, meaning a patient may be living at home, but visits this clinic to receive therapy. The rehabilitation team will develop individual plans to maximize safety, to improve mobility, and to assist with self-care independence.

- Therapy is provided two to three days a week depending on your doctor's recommendation
- Nursing services are usually not included
- You may need to provide your own transportation to and from the clinic
- Paid for by Medicare and commercial insurance

Centers of Care

Centers of care specialize in specific illnesses such as multiple sclerosis, parkinson's, and stroke.

Acute Rehabilitation

Acute Rehabilitation is for people needing more intensive rehabilitation. This care setting can be within a hospital or housed in a separate building outside the hospital. These are usually inpatient programs- the patient is admitted to the hospital until released.

- This setting provides at least three hours therapy per day and can include physical therapy, occupational therapy, speech therapy, and recreational therapy.
- Therapy is provided 5-7 days per week
- Rehabilitation nursing staff (RN staff) are on duty 24 hours per day.
- Care includes regular meetings with rehabilitation team. These meetings are called team/family conferences and include the patient and their family, a therapist, nurses, a social worker, and the doctor. This conference is necessary to help everyone involved see the progress that is being made as well as to assist with discharge plans.
- Care is also coordinated through a case manager.

Transitional Care or Long Term Acute Care

People who are not ready for an acute rehabilitation setting may need to be transferred to a setting called transitional or long term acute care. In general, individuals in this setting have multiple medical issues and are unable to participate in three hours of therapy per day as a result of their illnesses.

- Provides less than three hours of therapy a day
- Therapy is provided 5-6 days per week.
- Length of stay is at least 25 days.
- RN staff is available 24 hours a day (may or may not include rehabilitation nurses)
- Interdisciplinary care may also be provided.
- Focus is on medical management of chronic medical conditions.
- Patients require skilled nursing care. Some of the following conditions might be dealt with at this setting:
 1. Cardiac Recovery
 2. Ventilator Dependent
 3. Cancer Care
 4. Wound Care

General Subacute Care

Another setting for rehabilitation is called general subacute care. In a general subacute setting, the patient is not ready for intensive, acute therapy due to fatigue, etc. The focus of rehabilitation care is what differentiates general subacute care with transitional care. These facilities provide:

- Therapy 3-5 days per week, less than 3 hours per day.
- Rehabilitation nursing services – RN services may not be provided 24 hours per day.
- A team approach to care.
- Physiatry (a physician specializing in rehab medicine) services.
- Patients treated do not have significant medical complications, but still may need a great deal of assistance for daily tasks such as eating, toileting, dressing and moving around.

The role of subacute setting varies across the country. Some of these sites are designed to assist patients in returning home. Others exist to care for patients until they can move on to another level of care, such as an acute rehab unit or move to a nursing home if they cannot tolerate a higher level of care.

Long Term Care

Patients who need assistance with daily tasks over a long period of time and are unable to live alone are often admitted into a long-term care facility or nursing home. Generally, services provided in nursing homes are:

- 30-60 minutes of therapy provided per day.
- Therapy 1-3 days per week.
- RN services may not be available 24 hours per day – rehabilitation nursing may not be provided.
- Team approach to care that consists of activity therapist, speech, physical and occupational therapy may also be involved early on in the nursing home. The nurses plan and direct care along with the medical director.
- Designed for persons expected to be medically stable. Their illness is under control and there are no unforeseen complications.

Home-based Care

Home care may be recommended if a patient is medically stable and has the resources to be cared for at home. Criteria for home care includes:

- Must be home bound specifically, must not be able to leave the home for social activities, running errands, etc.
- Must require skilled nursing services (from RN or licensed therapist)
- Strong social support system (family/community) an adaptable home, and may require some private funds.

There are limits on the number of visits that will be paid for by Medicare.

Day Treatment Programs

More and more communities are developing programs for people with disabilities called Day Treatment Programs. These programs take place outside of the home, usually in community centers. They provide supervised care and therapeutic recreational activities. Day treatment programs are primarily funded through private monies.

Assisted Living

Many assisted living apartments have been built throughout the country in recent years. A person must meet certain criteria for entering an assisted living apartment:

- Must be medically stable. A patient may have a chronic disease but it needs to be under control and not require intensive medical treatment.

- Minimal assistance is needed for activities of daily living.
- The person needs a communal living arrangement primarily for safety.
- Over 75% of resident eventually need to leave this setting as their care needs increase.

Funding for assisted living facilities differ. More are private pay, but depending on the state, Medicare funds may be available.