

Holy Family Hospital Inpatient Rehabilitation Admission Guidelines - Physiotherapy

Role and Scope

- 65 bed inpatient unit (8 beds allocated to the Low Tolerance Long Duration (LTLD) Stroke Program)
- Interdisciplinary team (includes Physicians, Nurses, Social Workers, Occupational Therapists, Physiotherapists, Recreation Coordinators, Speech Language Pathologists, Pharmacists, Dieticians, Pastoral Care)
- Conditions admitted include:
 - Stroke (ischemic/hemorrhagic)
 - Other neurological conditions: polyneuropathies, spinal stenosis with neurological deficits, neurological deficits post-op (back, tumors etc.)
 - Amputee – AKA and BKA (single and bilateral)
 - Orthopaedic conditions: multiple trauma/fractures, fractured hips, TKR, THR, foot and ankle surgeries
 - General Program – other medical/surgical conditions with potential for D/C home (eg. cardiac, other general surgeries)
- Age 55 and above

Admission Guidelines

- Patient is willing to actively participate in therapy sessions
- Patient demonstrates ability to follow instructions and to learn (with carry over)
- Good potential for discharge home
- Goals for rehab have been identified and are specific, measurable, realistic and timely
- Patient requires two or more disciplines
- Patient able to participate in a minimum of 3 half hour therapy sessions/day, 5 days week
(Exception: See LTLD Program Specific Guidelines next page)
- Patient able to sit up for 2 hours at a time, twice a day
(Exception: See LTLD Program Specific Guidelines next page)
- Patient is able to consistently transfer safely with 1 person assist with nursing - will consider patients who require a 2 person assist/mechanical lift on a case by case basis; low pivot transfers accepted only if patient is independent.
(Exception: See LTLD Program Specific Guidelines next page)
- Patient able to participate in ADL's; Patient able to feed self with set up
- Medically Stable (chronic illnesses controlled, acute illness not impacting ability to participate in therapy sessions)
- Urinary problems addressed and appropriate measures taken to promote continence. Urology consult initiated if indicated.

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- Continent of bowel (or effective management plan in place)
- ❖ A **physiatry consult** is required for all neurological conditions and for amputees. Complex ortho conditions and patients who fit under the General Program (see next page) may also require a consult – the admission coordinator will advise on a case by case basis.
- ❖ Arranging the physiatry consult is the referring site's responsibility (Please fax the consult request to the physiatrist's office. The admission coordinator can be contacted for further information as needed).

Program Specific Guidelines

Neuro:

- Recent event (ideally within 2 months)
- Patient has some voluntary movement in affected limbs
- Perceptual dysfunction, if present, is not severe (i.e. must be able to attend to affected side with cueing)
- Patient can sit unsupported with feet on floor for a minimum of 2 minutes

Neuro LTLD:

- Diagnosis stroke occurring within the last 12 months (ischemic and hemorrhagic)
- Unable to participate in an intensive rehabilitation program but presents with good prognosis for recovery at a slower paced program
- Patient able to tolerate 2 half hour therapy sessions/day, 3-5 days week
- Patient able to sit up for a minimum of 1 hour, twice a day
- Transfers with mechanical lift are accepted

Ortho:

- Surgical incision healing without evidence of infection
- Recent fractures stabilized
- Joint restrictions (if any) do not impact participation in rehabilitation
- Patient is able to partially (feather/PWB) or fully (FWB) weight bear through affected limb. Patients who are non weight bearing (NWB) will be considered on a case by case basis

Amputees:

- Incision healing & approximated with no evidence of infection
- No further limb surgery is planned within the next 2 months
- Patient is able to weight-bear through other lower extremity and wear footwear (with exception of bilateral amputees)
- Patient displays potential for mobility to improve with prosthesis. Non prosthetic candidates will be considered on a case by case basis for the General Program.

General:

- Patient has experienced a recent decline in function or mobility

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- A Geriatrician or Physiatrist consult may be requested

Exclusion Guidelines

- Patient exhibits behaviours that may put self or others at risk (e.g. Aggression, wandering, drug and alcohol)
- Requires medical interventions/investigations that limit participation in therapy (e.g. hemodialysis during treatment hours, continuous tube feeding, frequent diagnostic tests)
- Requires IV (intravenous, saline lock, PICC line)
- HFH rehab program not intended to be an extension of another rehab program

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