Welcome to the Summer Edition of “The Rehab Connection,” a newsletter to keep you updated and informed about St. Luke’s Inpatient Rehabilitation Unit. Our focus is on balance, vertigo/vestibular dysfunction and prevention of falls. Enjoy!

Facts about Falls and the Elderly
- Each year, one out of three adults age 65 and older falls
- In 2000, falls among older adults cost the U.S. health care system more than $19 billion. In today’s dollars that equals well over $28 billion
- Falls are the leading cause of fatal and nonfatal injuries among in people age 65 and older.  
  
  Source CDC

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<th>More Health Problems = greater chance of falling this year</th>
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<td>If your number of health problems is:</td>
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<tr>
<td>Your chance of falling is:</td>
</tr>
<tr>
<td>0</td>
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<tr>
<td>1</td>
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<td>2</td>
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<td>4 or More</td>
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Source: fallprevention.org
Four things you can do to prevent falls

1. Begin a regular exercise program (after speaking with your physician)
2. Have your health care provider review your medications
3. Have your vision checked
4. Make your home safer

Checklist for making your home safer

- Remove things you can trip over (papers, books, clothes, shoes)
- Remove small throw rugs or use double-sided tape to keep rugs from slipping
- Keep items you use often in cabinets you can reach easily without using a step stool
- Install grab bars next to your toilet and tub or shower
- Install handrails and lights in stairways
- Wear shoes both inside and outside the house; avoid going barefoot or wearing slippers.

If you fall....

✓ Don’t panic. Assess the situation and determine if you are hurt
✓ Slide or crawl along the floor to the nearest couch or chair and try and get up
✓ If you cannot get up, call for help
✓ If you are alone, slowly crawl to the telephone and call 911 or relatives

Source: CDC
The main focus of “The Rehab Connection” this quarter is balance problems and dizziness in relation to falls and fall prevention. Balance dysfunction can have multiple causes and is a problem we pay close attention to on the rehabilitation unit. We can evaluate whether medications, illnesses, injury or vestibular dysfunction may be causing the problem. Our team of therapists, nurses and physicians can help determine the best treatment for each patient based on their symptoms and medical diagnosis.

Some medical conditions that can cause imbalance include cardiac conditions leading to hypotension (low blood pressure), infection, diabetic peripheral neuropathy, stroke, head injury, Parkinson’s Disease, Multiple Sclerosis, and spinal cord injury. Benign Paroxysmal Positional Vertigo (BPPV) is seen commonly and can be caused by a head injury or, especially in the elderly, due to degenerative changes in the vestibular system. It results in room spinning dizziness and can be quick in onset and of short duration. Vestibular Neuritis, or Labyrinthitis, may cause vertigo and is associated with an infection of the inner ear and is typically caused by a virus. Other culprits may include medications which can lower blood pressure and cause orthostatic hypotension. Depending on the cause, the treatment for each of these conditions varies. In addition to medical treatment or medication changes, physical rehabilitation has proved to be successful in preventing falls and increasing a patient’s ability to live independently.

On the rehabilitation unit we offer ambulatory telemetry, which can help identify cardiac conditions’ causes of falls or dizziness. Our nurses and therapists can also focus on the patient’s cardiac status by monitoring blood pressure and assisting with identifying symptoms which occur with sit to stand positional changes or during exertion with bowel movements. The therapists can rule out vertigo or vertebral artery insufficiency with specific testing, as well as by monitoring vital signs and changes in cardiac and respiratory status during activity. Interventions to improve blood pressure may include use of medication, isometric exercises and compression stockings. Many types of balance disorders require balance retraining by the physical and occupational therapists and can include some standardized tests such as the Berg Balance Assessment or the Functional Reach Test. For BPPV, treatment, which is called the Epley maneuver, involves the therapist performing specific head movements to return inner ear calcium crystals to where they won’t cause symptoms.

Our team uses a comprehensive rehabilitation program to address any balance deficits and help return patients to their prior level of function. Adaptive equipment that has been recommended by the therapists is ordered at time of discharge. Upon discharge from the rehab unit, the social worker can help arrange for a medical alert system to be implemented in the home, in the event of a fall occurrence at home. Our team will also help identify the patient’s support system and determine what is needed for a successful discharge.
WHAT’S NEW….. St. Luke’s Rehabilitation Unit

Above: Remodel of the nursing station on 8 West
Left: Overhead lift installed in our PT gym.

“Patient Resource” board created and updated by our social worker, Heidl. This board can be found in our dining room on 8 West.

“Positively Speaking” board used for staff and patients/families to acknowledge “above and beyond” actions!
John Moe was admitted to St. Luke’s Inpatient Rehabilitation (8 West) Unit on December 1, 2012 after suffering a hemorrhagic stroke on the right side of his brain. Mr. Moe spent over a month and a half on the rehab unit at St. Luke’s Hospital. Since being discharged from 8 West, John has been attending the Day Rehab Program on 8 West. He has made great progress since being discharged. Now he is able to walk with a cane and move his left arm—all things that he was not able to do after suffering the stroke. John says his biggest obstacles to recovery have been a knee injury, gout and his confidence. John’s advice to anyone going through a similar situation is to “work as hard as you can in your therapy and try to have lots of patience.”

When asked about his stay on 8 West, John said the staff “have all been very outstanding but two people really stand out. Rachel W. (Physical Therapist) and Ashley K. (Speech Therapist). Rachel has helped me out on her own time and has offered her assistance to me anytime I wanted to call her. She went out of her way to help make my recovery easier. Rachel met me at the boat landing on her day off to help me get into the boat for the first time.”
STAFF SPOTLIGHT
Rachel W., PT

Rachel, Physical Therapist, has been working at St Luke’s Hospital on 8 West for three and a half years. In her free time Rachel enjoys powerlifting, running, gardening, playing with her dog, Daisy, and spending time with family.

Rachel’s enjoys working on 8 West with all patients, but her passion is working with people who have suffered a stroke or a brain injury. She enjoys seeing patients “get back to what they love doing.” She is excited about being a part of the rehab team to see patients become as independent as possible through therapy. Rachel goes above and beyond in helping her patients, and we are so fortunate to have her on our team!

One tid-bit of Rachel’s expertise she wants others to know is that physical therapy helps a patient who is suffering from dizziness or vertigo. Rachel explains, “Dizziness can have a variety of causes, and physical therapists can help sort out the cause.” Vestibular therapy is available at any St Luke’s outpatient clinic. Two more St Luke’s therapists, Bhernee P. and Katie P. attended extensive vestibular training in July. Ask your doctor for a referral if you are struggling with dizziness.
**PROGRAM OUTCOMES**

WHERE DO OUR PATIENTS GO AFTER DISCHARGE?
(Data: January 1- March 31, 2013)

- **Community**: 84.8% (84 Patients)
- **Acute Hospital**: 10.6% (11 Patients)
- **Other (Subacute)**: 8.7% (9 Patients)

**PERSONS SERVED**

In the First Quarter of 2013 (Jan-Mar) St. Luke’s Inpatient Rehabilitation Unit served 104 people. Our program customizes each patient’s rehabilitation program to meet individual needs.

- **Stroke**: 13% (14 Patients)
- **Lower Extremity Fracture**: 10% (11 Patients)
- **Lower Extremity Replacement**: 5% (6 Patients)
- **Amputation**: 3% (3 Patients)
- **Other Ortho**: 6% (6 Patients)
- **Spinal Cord (non traumatic and traumatic)**: 6% (6 Patients)
- **Other Nuero**: 3% (3 Patients)
- **Traumatic Brain Injury**: 2% (2 Patients)
- **Non Traumatic Brain Injury**: 2% (2 Patients)
- **Cardiac Pulmonary**: 9% (10 Patients)
- **Major Multiple Trauma**: 3% (3 Patients)
- **Other**: 17% (18 Patients)

DID YOU KNOW?

St Luke’s Inpatient Rehabilitation Unit accepts patients from St Luke’s Hospital, other acute hospitals, home and sub-acute and assisted living facilities. St. Luke’s Inpatient Rehabilitation Unit can even admit someone directly from a physician office.

The need for acute inpatient rehab is assessed and, if someone qualifies, we can admit from just about any setting!
PATIENT OUTCOMES

St. Luke’s Inpatient Rehabilitation Unit measures outcomes based on FIM score (Functional Independence Measure). FIM scores are measured when a patient begins his or her rehab program, then throughout their stay and on discharge. FIM scores range from 0-7 (see FIM key on left). The higher the FIM change the more independence was gained through rehabilitation.
(Data: January-March, 2013, Quarter 1)

PATIENT SATISFACTION

2013 Year to Date
Ninety nine percent of our patients would refer their friends to St. Luke’s Inpatient Rehabilitation Unit

Our patients said:

“Everyone was outstanding, from the ones cleaning my room, to the surgeons! I am having three more surgeries and plan to come back to St. Luke’s for each one. There is no comparison between another local provider and you (St. Luke’s)—so much better! Keep up the great work.”

“All staff treated me with the greatest respect and help. Thank you for the great service.”

“Everyone on 8 West did an excellent job. They went above and beyond their jobs.”

“The first night I arrived, evening nurse Rhonda and nursing assistance Garret made me feel so welcomed. I actually felt a turnaround to the better when I got to the 8th floor—excellent staff. The whole facility, wonderful doctors, staff and excellent care”

St. Luke’s Inpatient Rehabilitation Unit

Mission Statement:
To regain function and maximize independence on the journey toward home

Vision Statement:
To provide quality service and coordinated care throughout the rehab process to those we serve

Core Values:
The patient is at the center
Collaborative team work is our focus
Our culture is centered on compassion, integrity and respect
Patient and staff safety is our priority