

Located in the historic West End district of downtown Greenville, Roger C. Peace Rehabilitation Hospital's **Outpatient Brain Injury & Young Stroke Program** is a specialty outpatient brain injury program with a broad range of services, including physical and occupational therapies, speech-language pathology, psychology, neuropsychology, case management, and vocational rehabilitation. We are the only outpatient brain injury program in the state of South Carolina with dual accreditations in Outpatient and Vocational Services by the Commission on Accreditation of Rehabilitation Facilities (CARF).

Last year, our teams treated 261 patients, with 33% having a diagnosis of traumatic brain injury and 52% recovering from some type of stroke. The remainder had other diagnoses such as brain cancer, encephalopathy, and anoxia. Ten youths, ranging in age from 10-18, participated in the Program last year.

A physician generally refers patients to the Outpatient Brain Injury & Young Stroke Program; however, community and self-referrals are accepted dependent on funding. Many patients may have been recently discharged from inpatient rehabilitation, acute care or have more chronic conditions; however, they must be medically stable as there are no physician or

nursing services on-site. The business office and case managers coordinate the referral process and scheduling of appointments. Efforts are made to accommodate a family's scheduling needs to allow for smooth transition into outpatient rehabilitation. A variety of funding resources are accepted, including individual health insurance, Medicare, Vocational Rehabilitation, Worker's Compensation, Medicaid, and DDSN. The assigned Case Manager will assist the family and patient in establishing eligibility for these services.

Because each acquired brain injury is unique, so is each person's outpatient rehabilitation. A person's plan is individualized according to their strengths and needs, personal goals, as well as any cultural and spiritual considerations. For some patients and families, the goal is to decrease dependence to allow a caregiver to resume work or simply have the time and sense of security leaving the person home alone. For other patients, rehabilitation includes a formal return to work or school protocol. Other patients receive only one or two therapy services in order to restore a specific function such as walking or study skills.

Assessments in each therapy discipline address the physical, cognitive, and emotional aspects of a person's functioning. The rehabilitation plan is established following

evaluations by the team. The patient, family and team meet to discuss evaluation results and recommendations, and to outline a plan to ensure that the entire group understands the emphasis of rehabilitation. The patient, family, and team develop an Individual Rehabilitation Target (IRT), a statement of the primary reason for rehabilitation. Team goals are developed, along with specific goals in each therapy discipline. The interdisciplinary team then works in their daily sessions to make progress toward discipline-specific goals, team goals and the IRT.

The Outpatient Brain Injury & Young Stroke Program is open Monday through Friday from 8:00 a.m. until 5:00 p.m. Therapy is generally provided on a two or three day per week schedule and can be offered in several formats. There are schedules that include individual sessions between a patient and therapist and may include larger group formats that address issues such as communication skills, adjustment to rehabilitation, or problem-solving. Some patients work on individual projects during the day with scheduled independent time. An interdisciplinary focus to treatment allows for increased intensity and progress toward goal accomplishment by enhancing a person's ability to see the usefulness of a particular strategy in several situations.

Rehabilitation goals target reacquisition of pre-injury skills; however, the treatment team will develop alternative or compensatory strategies for those areas of function that may not return. The patient and caregivers are trained in all aspects of treatment to promote maximum carryover and progress toward goals.

The case manager (CM) provides ongoing case coordination from the point of referral, throughout rehabilitation, and at discharge. The case manager provides the patient and family with information about the program and expectations at the beginning of rehabilitation, and continues to keep them apprised of pertinent issues that arise throughout the course of the rehab stay. Efficient utilization of existing funding resources along with advocacy for alternative resources are primary goals of the case manager.

Physical Therapy (PT) establishes goals that focus on increasing strength, function, and endurance to allow patients to improve their abilities in everyday activities. Because of our interdisciplinary approach to brain injury rehabilitation, the PT also concentrates on those cognitive and behavioral deficits from the injury that may interfere with mobility. Physical Therapy actively participates in community outings and work-hardening plans to ensure a patient has the needed skills to be as independent and safe as possible.

Community and work re-entry are the primary interdisciplinary focuses of **Occupational Therapy (OT)**. Following identification of a patient and family's goals, the OT sets up a plan to facilitate the needed cognitive, behavioral, and physical skills to allow for maximum independence in the community and return to work, if possible. The OT coordinates volunteer options, clinical real-world opportunities, therapeutic work-trials and communication with employers. Occupational Therapy works closely with the Vocational Rehabilitation Counselor during all phases of rehabilitation to help identify appropriate options for each patient to ensure success. In OT, both basic and advanced Activities of Daily Living are addressed such as grooming, bathing, cooking, money management, and driving. In addition, Occupational Therapy participates in the more traditional areas of improving upper extremity strength and function in patients who demonstrate those needs.

Speech-Language Pathology (SLP)

services are provided to reacquire cognitive-communication skills such as attention, memory, reasoning and problem-solving skills. Since these impairments impact progress in all other areas, the Speech-Language Pathologist (SLP) provides caregiver training as to the most appropriate ways to interact with their family member to achieve maximal independence for the patient. The SLP also addresses receptive and expressive language skills, speech

intelligibility, swallowing impairments, and augmentative and alternative communication needs. The SLP serves a primary role in coordinating school re-entry services for youth in the rehabilitation program through communication and planning with the school staff and family.

Both the person with a brain injury and their relatives undergo significant change following the injury. At the Outpatient Brain Injury & Young Stroke Program, clinical psychologists facilitate adjustment to the injury as well as to rehabilitation, provide grief counseling, and explore changed family dynamics that result. Individual **psychotherapy** is provided, as well as group therapy for those patients who can benefit from additional feedback and support. Psychology coordinates development of behavioral contracts and plans with the treatment team for those patients whose behavior interferes with their ability to benefit from the program.

The psychologists at the Outpatient Brain Injury & Young Stroke Program are licensed and specialize in **neuropsychology**, allowing them to conduct evaluations assessing the impact of the injury on a patient's cognitive and behavioral functioning. Each patient's situation is carefully examined to determine the optimal timing for neuropsychological evaluation to assess a person's strengths and weaknesses as well as predict potential for improvement.

After a period of rehabilitation, follow-up neuropsychological testing may be warranted to determine progress and benefits of specific rehab approaches.

Regaining skills to allow return to work is a central focus for many of the patients at the Outpatient Brain Injury & Young Stroke Program. Patients who reside outside of Greenville County are referred to the appropriate area Vocational Rehabilitation (VR) office. Patients who reside in Greenville County can receive services of the on-site VR counselor. This team member participates in establishing a work re-entry plan by meeting with the client, observing therapy and work trials, coordinating transitions with OT, attending team staffings, and communicating with the employer, if appropriate. Our Program also includes the **West End Co-Op**, a small business that functions as a “real world” workshop to provide our clients with meaningful work endeavors in a supportive environment. These may include vocationally-oriented situational assessments as a part of therapy, volunteer opportunities, or paid employment.

During the past year, **ninety-nine percent (99%) of our patients met their Individual Rehabilitation Target** with an average length of stay of 64 days. **Ninety-seven percent (97%) of our patients maintained or improved** upon their supervision, community, vocational or academic

status following discharge. **Ninety-nine percent (99%) of our patients expressed satisfaction with our services**, and virtually all patients stated they would refer another patient to our facility.

The Outpatient Brain Injury & Young Stroke Program maintains active working relationships with **community resources**. Our teams often refer clients to leisure and vocational programs offered through the Head and Spinal Cord Injury (HASCI) Center of Thrive Upstate and SC Vocational Rehabilitation. The Outpatient Brain Injury & Young Stroke Program works closely with area School Districts and is a regional resource for educators and other service professionals for consultation, education, and staff development. Our staff is active in the Greenville Brain Injury Support Group and the Aphasia Support Group.

As the healthcare field continues to evolve, the Outpatient Brain Injury & Young Stroke Program continues to strive for the most effective and efficient means to provide specialized care to this unique group of individuals. For further information regarding our Program, please call (864) 455-2600.