

## Inpatient Hip Fracture Rehab

**Patients admitted to a rehabilitation hospital improve more quickly due to the intensity of services not available in long-term care (nursing homes) or the home setting. Twenty-four-hour rehab nursing care, along with at least three hours of occupational and physical therapies delivered throughout the day, return patients to their normal activities more quickly and at a higher level of function.**

John and Mary Lou Winston are dedicated RV-ers, enjoying the freedom to roam the country wherever they want, whenever they want. Sometimes, life takes them on unexpected side trips.

In April 2007, four days before the couple planned to leave Florida to return to their home in Massachusetts, Mary Lou fell.

"I was just standing in the RV doing laundry," she recalls, "and I fell backward somehow. I didn't feel any pain, but I figured my hip was broken because I couldn't move."

Emergency medical personnel transported Mary Lou to the hospital, where her broken hip was confirmed. She was scheduled for partial hip replacement the next day, and three days later she was admitted to HealthSouth Rehabilitation Hospital of Sarasota.

"When I arrived here, I really couldn't do anything," says Mary Lou, "but everyone at HealthSouth was so nice that I made really good progress in just a couple of weeks."

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Mary Lou (left) with Izabela

### Why it works

Izabela Polivchak, PT, was one of the first therapists to work with Mary Lou when she arrived at HealthSouth Rehabilitation Hospital.

"There is good reason for Mary Lou's progress," she reports. "When she left the acute-care hospital following hip surgery, she simply didn't know how to accommodate her new situation. Some precautions must be observed for at least six months to avoid dislocating the joint, like being careful not to bend forward or cross the legs

more than 90 degrees from the hip joint.

"Just think about trying to put on underwear or shoes without bending far forward," says Izabela. "Many cars are difficult to get into and sit in without bending deeply," she adds. "If someone with a hip replacement lives alone or with a spouse who also has a physical impairment, the simple need to get into the car to go to outpatient rehab is a huge obstacle."

At HealthSouth Rehabilitation Hospital, patients are admitted on an inpatient basis following hip fractures. Each day, patients are seen by a physiatrist in the morning and afternoon, with continual reinforcement of their therapy the remainder of the day from the rehab nursing staff.

"That is especially important for patients with cognitive, or memory, losses," points out Izabela. "We want to be sure that they will be safe in their homes after discharge, so we are repetitive, and our multidisciplinary team teaches patients how to remember their new ways of doing things, too."

"We teach our patients how to use adaptive equipment like long-handled shoe horns and grabbing tools that allow

them to reach for things without bending over," describes Izabela. "We also teach muscle strengthening exercises for the arms as well as the legs, because patients

must be able to use a walker or cane, placing greater demands on the upper extremities, before they are able to walk without support."

When Mary Lou was admitted following her hip fracture surgery, Izabela recalls, she couldn't take a single step. She depended on transfer boards to move from her bed to her wheelchair and from her wheelchair to the exercise mat.

"It was hard at first," Mary Lou acknowledges, "but I stuck with it and it got easier. The first few days, I couldn't do a thing, but I made up my mind I was going to do it and suddenly, I just took off. The therapists here are wonderful. They taught me how to do everything. Working with the occupational therapist was a real education: I was given cards that showed me the right way and wrong way to do a lot of simple things. I was impressed because everyone gave me so much good information."

Mary Lou quickly graduated from her wheelchair to a walker and from using the walker with help from two therapists to keep her from falling to making her way independently around the inpatient rehab hospital.

Thanks to her dedicated therapists at HealthSouth — in addition to her own determination — Mary Lou and John will be back home in Massachusetts, preparing for their next road trip, by the time her story is told.

Mary Lou is more confident and comfortable thanks to inpatient rehabilitation provided at HealthSouth Rehabilitation Hospital. **FHCN—Billie S. Noakes**

**HEALTHSOUTH**  
Rehabilitation Hospital of Sarasota

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Best of both worlds

HealthSouth, the nation's largest provider of inpatient rehabilitative health care services, welcomes the opportunity to assist in your recovery with its continuum of inpatient and outpatient services. HealthSouth Rehabilitation Hospital of Sarasota, at **6400 Edgelake Dr.**, and HealthSouth RidgeLake Hospital, at **6150 Edgelake Dr.**, are conveniently located at the northeast corner of I-75 and Bee Ridge Rd. in Sarasota. Please call **(941) 921-8618** for admissions information.

## Managing Ventilator Patients

**Around-the-clock support and daily therapies dedicated to weaning patients from their ventilators are helping patients recover more fully from complicated illnesses.**

One of the difficulties of managing the care of patients on mechanical ventilators is that the patients are in such a weakened state that they can appear to be making good progress one day and then can suffer a serious setback the next.

Supporting these patients medically while trying to wean them from their reliance on the mechanical ventilator requires virtually around-the-clock care, and the need may extend for several weeks.

The traditional hospital is not intended to provide long-term care. Nursing homes are not equipped for the intense level of care these patients need, nor is their staff trained to help wean patients from their ventilators.

"HealthSouth RidgeLake Hospital is the only long-term acute-care [LTAC] facility located between Tampa and Miami, and it fills a unique niche in that it can provide the aggressive, supportive care these patients require," informs Craig Harcup, MD, medical director of the Pulmonary/Ventilator Program at HealthSouth RidgeLake. "The multidisciplinary team at this LTAC is well versed in managing patient weanability, so on a day-to-day basis a number of medical professionals are involved with the patient, providing continual oversight based on proven procedures for strengthening a patient's respiratory function."

Carrie Browning, BS, RRT, director of Cardiopulmonary Services at HealthSouth RidgeLake Hospital,

describes the composition of the multidisciplinary team. "In addition to the physicians and nurses providing direct medical care, each patient's case is assigned to a case manager who serves as a coordinator to ensure that nothing is overlooked for the patient from admission to discharge. This may involve many members of our staff, from consultations with specialists in renal, pulmonary, or cardiac care to the dietitian who helps build the patient's caloric intake to the physical and occupational therapists working to build strength and restore range of motion to the speech therapist who may work on swallow function to the respiratory therapist who offers different ways of strengthening the respiratory system to help the patient breathe without ventilatory support."

Among weaning techniques are *pressure support ventilation*, adjusting the air pressure on the inspiratory and expiratory phases of the ventilator to allow patients to breathe more on their own without actually taking them off the machine. Therapists can also drop the *rate* of mechanical ventilation, easing the patient into spontaneous breathing while monitoring the level of oxygen maintained with each breath.

"When patients are strong enough," says Carrie, "we take them off the ventilator and deliver oxygen to their

airway and monitor their progress. When patients become tired and their work of breathing increases, we return them to the ventilator for rest. Eventually, over the course of many days, we help patients breathe without the ventilator around the clock. We keep the ventilator in the room on standby," adds Carrie, "because we find that patients are more relaxed to know it is nearby if it is needed. Once patients have managed to breathe on their own for about 72 hours with oxygen support and have normal rates of respiration and stable vital signs, we remove the ventilator."

"When weaning is successful and patients are strong enough to leave here," says Carrie, "we often transfer them to our inpatient rehabilitation hospital to continue with aggressive rehabilitation to restore deconditioned muscles and to rebuild physical stamina."

"When patients leave a HealthSouth facility, our goal is to help them return home at the highest possible level of function. Our proven protocols and highly trained staff help us meet that goal." **FHCN**

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**HealthSouth RidgeLake Hospital's trained respiratory therapists are one part of a multidisciplinary team that helps patients learn to breathe on their own again.**



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