



Rehabilitation Hospital
a venture with Encompass Health

From Set Back to Come Back, Optimizing Rehabilitation

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Most Common Reasons for Hospitalization for Aging Adults:

Medication Errors

Pneumonia

Falling

Infection

Delirium

Generalized
Weakness

Which condition do you think sends the most people to an inpatient rehabilitation hospital?



Source: Medicare.gov

Stroke

On average, someone in the US dies of a stroke every 3 minutes and 11 seconds = 453 US deaths from stroke each day (based on 2022 data)

Diabetes or prediabetes affects over half of US adults.

(based on 2017 to 2020 data)



 **224.3**
per 100,000
The age-adjusted US death rate attributable to CVD (based on 2022 data)

 **235.2**
per 100,000
The age-adjusted global death rate attributable to CVD (based on updated 2021 data)

Heart Disease & Stroke Statistics 2025 Update

The American Heart Association (AHA) **2025 Statistics Update** is a major source for monitoring cardiovascular health, risk factors, and disease in the US and global population. It is published annually in *Circulation* and can be accessed for free at AHAjournals.org/StatUpdate

25.5%
of US adults have **high LDL-C** (≥ 130 mg/dL)
(based on 2017-2020 data)



3.65 million
deaths **globally** were attributed to high LDL-C
(based on updated 2021 data)

 On average, someone in the US dies of **CVD** every **34 seconds**
2580 US deaths from CVD each day (based on 2022 data)

 On average, someone in the US dies of a **stroke** every **3 minutes and 11 seconds**
453 US deaths from stroke each day (based on 2022 data)

 **Stroke deaths in the United States increased by 28.7% between 2012 and 2022.**



Stroke deaths in the United States **increased by 28.7% between 2012 and 2022**

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Martin SS, Aday AW, Allen NB, Almarzoq ZI, Anderson CAM, Arora P, Avery CL, Baker-Smith CM, Bansal N, Barone Gibbs B, Beaton AZ, Commodore-Mensah Y, Currie ME, Elkind MSV, Fan W, Generoso G, Heard DG, Hiremath S, Johansen MC, Kazi DS, Ko D, Leppert MH, Magnani JW, Michos ED, Mussolino ME, Parikh NI, Pernan SM, Rezk-Hanna M, Roth GA, Shah NS, Springer MV, St-Onge M-P, Thacker EL, Urbut SM, Van Spall HGC, Voeks JH, Whelton SP, Wong ND, Wong SS, Yaffe K, Palaniappan LP; on behalf of the American Heart Association Council on Epidemiology and Prevention Statistics Committee and Stroke Statistics Committee. 2025 Heart disease and stroke statistics: a report of US and global data from the American Heart Association. *Circulation*. Published online January 27, 2025.

Do you know what types of services a patient may need after being hospitalized?

- Home Health (Nursing, Therapy, Aid etc)
- Durable Medical Equipment (DME)
- Personal Care Services
- Rehabilitation Service
 - Inpatient Rehabilitation Hospital (IPR)
 - Outpatient Rehabilitation Clinic
 - Skilled Nursing Facility (SNF)

Source: www.med.gov

Inpatient Rehab admission & insurance process

| Insurance Type | Process | What to know |
|--|--|---|
| Medicare (Part A) | Referral received → Rehab reviews clinicals → Goes to Rehab MD for final review → MD gives final approval → Admit to Rehab |  Fastest process – no prior authorization needed.  If hospitalized within the last 60 days, no new deductible (same benefit period). |
| Medicare Advantage (Part C) & Commercial | Referral received → Rehab reviews clinicals → Goes to Rehab MD for final review → MD gives approval → Authorization sent to insurance → Admit after approval |  Requires prior authorization before admission. |

- Medicare: Fastest and simplest (no pre-auth, often no new deductible)
- Medicare Advantage & Commercial: Require pre-authorization before admission
- All start with: Referral → Clinical Review → MD Approval → (Auth if needed) → Admission



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Interdisciplinary Team Approach



Physicians



Dr. Steven Zehring



Dr. Ryan McLoughlin



Dr. Brett Rosauer

Physical Medicine and Rehab Physician will oversee your care while at the hospital

A Hospitalist will also oversee your medical care while at the hospital.

Together these physicians collaborate to assure all your medical and rehabilitation needs are met

Therapy can start at the bedside: Rehabilitation begins

Speech Therapy

- Practice visual scanning to improve participation in eating and grooming activities
- Practice oral exercise to improve swallowing
- Assistive technology – iPads, VitalStim®, augmentative communication devices

Occupational Therapy

- Participate in ADL training such as weight shifting to promote healthy skin and face, brushing teeth, bathing
- Technology – Electrical stimulation to exercise muscles and decrease pain

Physical Therapy

- Work on going from lying to sitting up in bed and from sitting to lying
- Practice keeping joints and muscles flexible
- Technology: E-stim for pain management and keeping the patient's muscles from shrinking



Rehabilitation continues: Seated

Speech Therapy

- Participate in activities that increase their ability to pay attention to a task long enough to complete it, such as sorting medications into a weekly planner
- Utilize technology such as VitalStim®, iPad, ReoGo™

Physical Therapy

- Practice changing movements in preparation to stand
- Utilize technology to improve their ability to get around (MOTOMed®, NuStep® and BioStep®)

Occupational Therapy

- Sitting up correctly in the best position utilizing the correct devices to prevent pressure on their bottoms, increase tolerance to sitting and interaction with others
- Utilize technology such as Interactive Metronome®, Dynavision™, ReoGo™, MOTOMed®, Hand Mentor™ and Bioness to increase participation improve strength



Rehabilitation continues: Standing

Speech Therapy

- Walking to and from the room to address memory of familiar places, orientation to their environment and ability to follow directions
- Address ability to follow steps safely while participating in an activity such as brushing their teeth

Occupational Therapy

- Completing tasks such as washing hands, combing hair, shaving, washing dishes or making coffee
- Arm exercises while challenging balance
- Utilizing technology which allows the patient to stand such as Easy Stand or LiteGait®, while performing upper body activities

Physical Therapy

- Walking in different environments to prevent falls
- Standing while using supportive devices
- Utilizing technology - LiteGait®, EasyStand, Biodex Balance System SD™, tilt table, Dynavision™, Bioness to help improve safety during walking and prevent falls



Therapy for patients with cognitive issues

Speech Therapy

- To improve the patient's ability to know where they are and why they are here
- Develop memory and orientation aids such as calendars, schedules, memory books and reminders to train family members
- Utilize technology and tools such as iPads, music, aromatherapy and assessments to improve function

Occupational Therapy

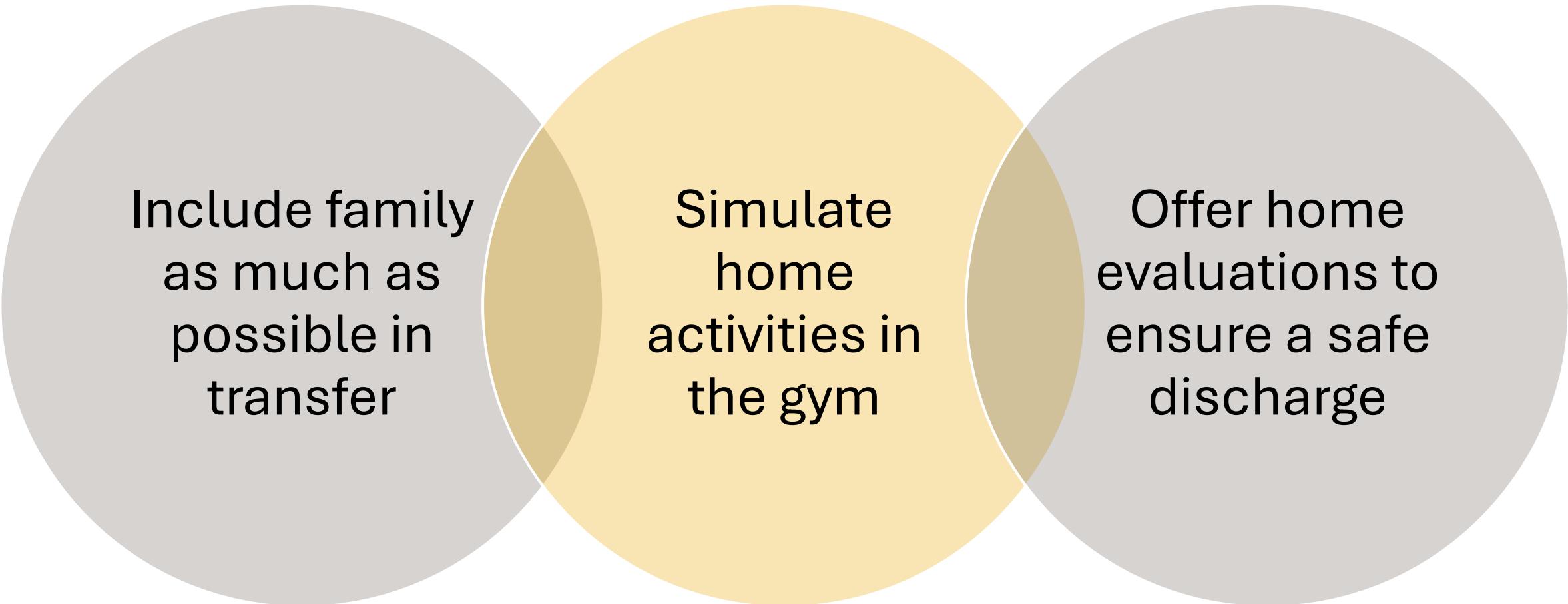
- Focus on everyday tasks by working on grooming, eating, bathing, toileting and dressing tasks
- Practice functional mobility tasks such as transfers, wheelchair management or walking in room
- Utilize interactive technology/tools such as music, nostalgic activities and brain games to improve attention and provide the right challenge

Physical Therapy

- Practice walking, getting in and out of the wheelchair and bed
- Exercise to improve muscle strength
- Utilize technology such as MOTomed®, BioStep® and LiteGait® to improve walking



Education enhances intensive therapy



Include family as much as possible in transfer

Simulate home activities in the gym

Offer home evaluations to ensure a safe discharge

How Length of Stay is Determined

Qualifications for Rehab Stay include diagnosis and level of impairment

Assessment performed over course of first 3 days in hospital including:

- Self-care ability (dressing, bathing, toileting)
- Mobility (transfers, bed mobility, ambulation, wheelchair propulsion, stairs)

These assessments are then sent over to your insurance company

Insurance provides us a length of stay after reviewing our evaluations

Your rehab team will meet to discuss the days provided by your insurance company and set your discharge date depending on amount of time we were provided and how long we believe it will take to reach your anticipated goals for discharge

Preparing for Discharge

Discharge locations can include: home, independent living, assisted living, a skilled nursing facility, or long-term care

May be asked to practice tasks during stay to prepare for discharge including:

- Tasks similar in the community
- Mobility course
- Bathing
- Cooking/cleaning
- Car transfers
- Outdoor tasks (gardening/ambulation/etc)

2025 Discharge Outcomes

Age Group Average:

85+ (167)
75 – 84 (316)
65 – 74 (208)
45 – 64 (172)
19 – 44 (64)

928 total discharges

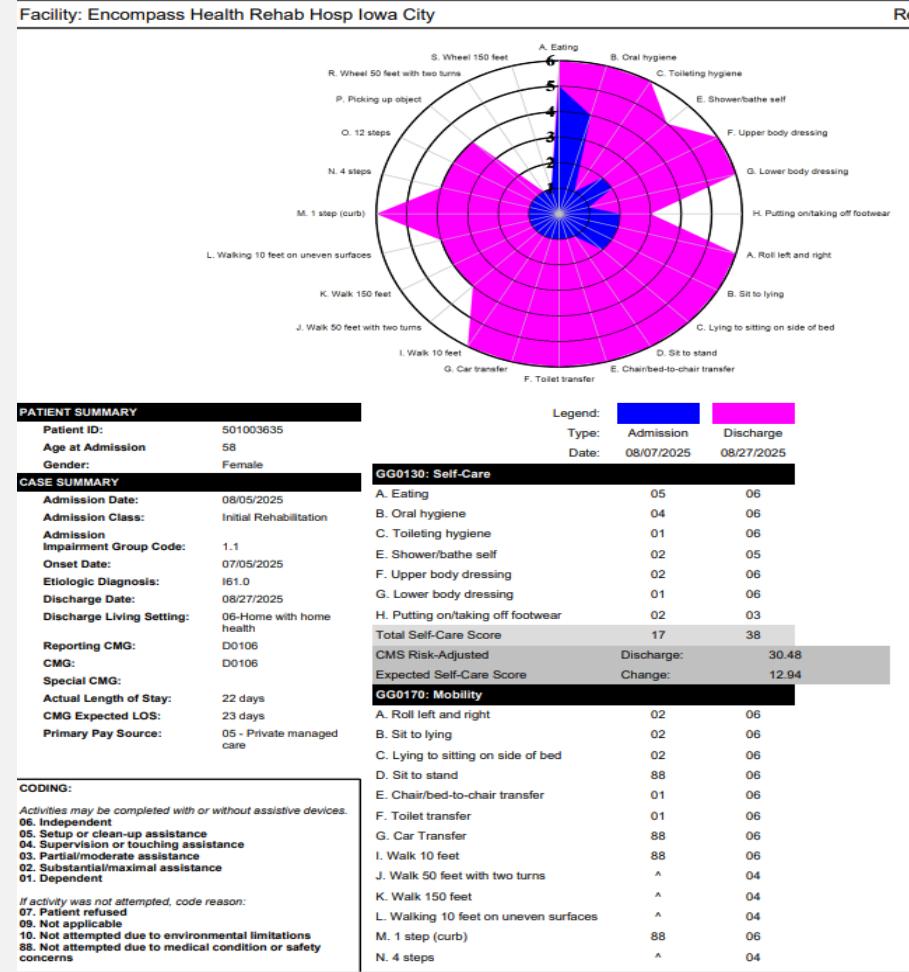
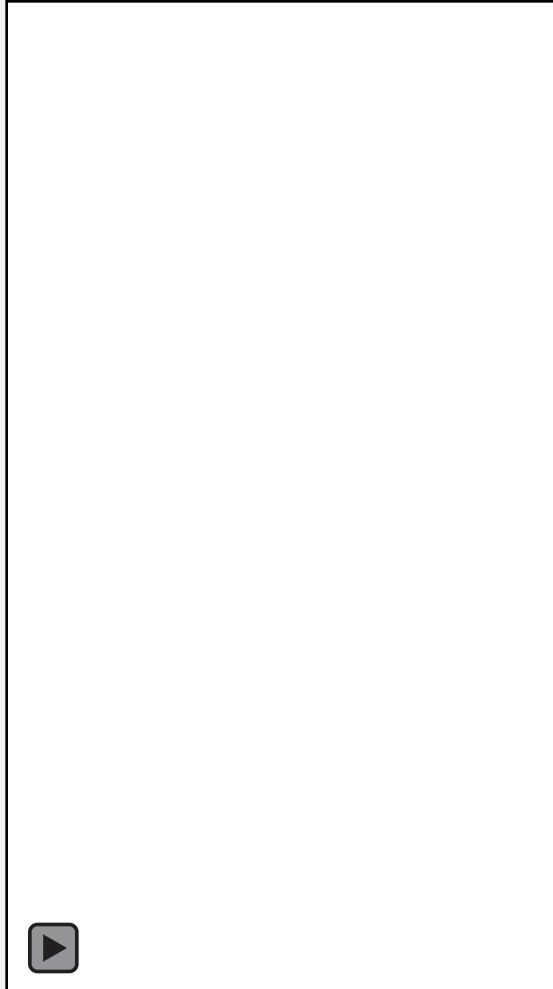
Average Length of Stay 11 days

Discharge to Community = 86%

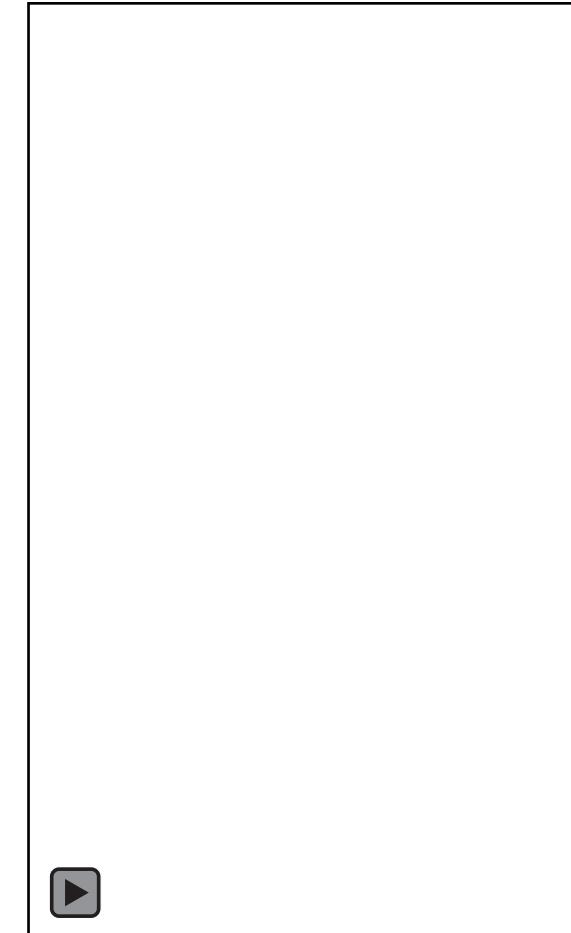
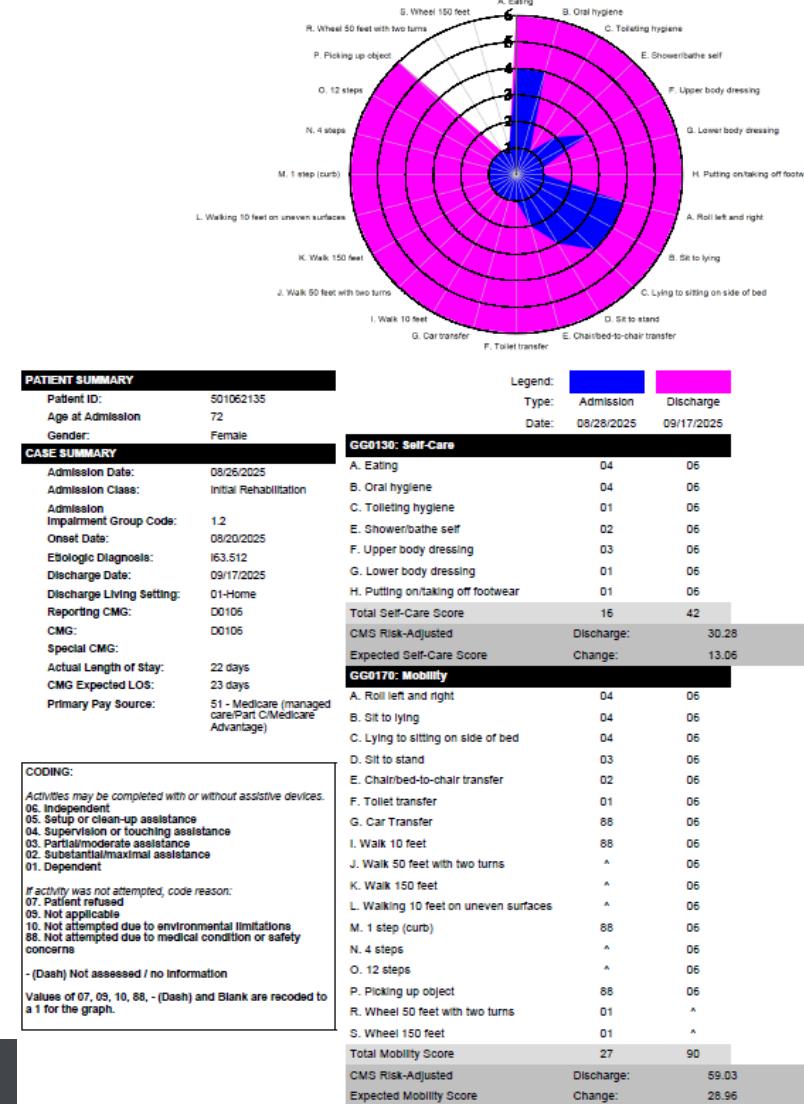
Top discharge diagnosis:

Brain Injury (133)
Stroke (129)
Orthopedic Injury (114)
Hip Fracture (68)

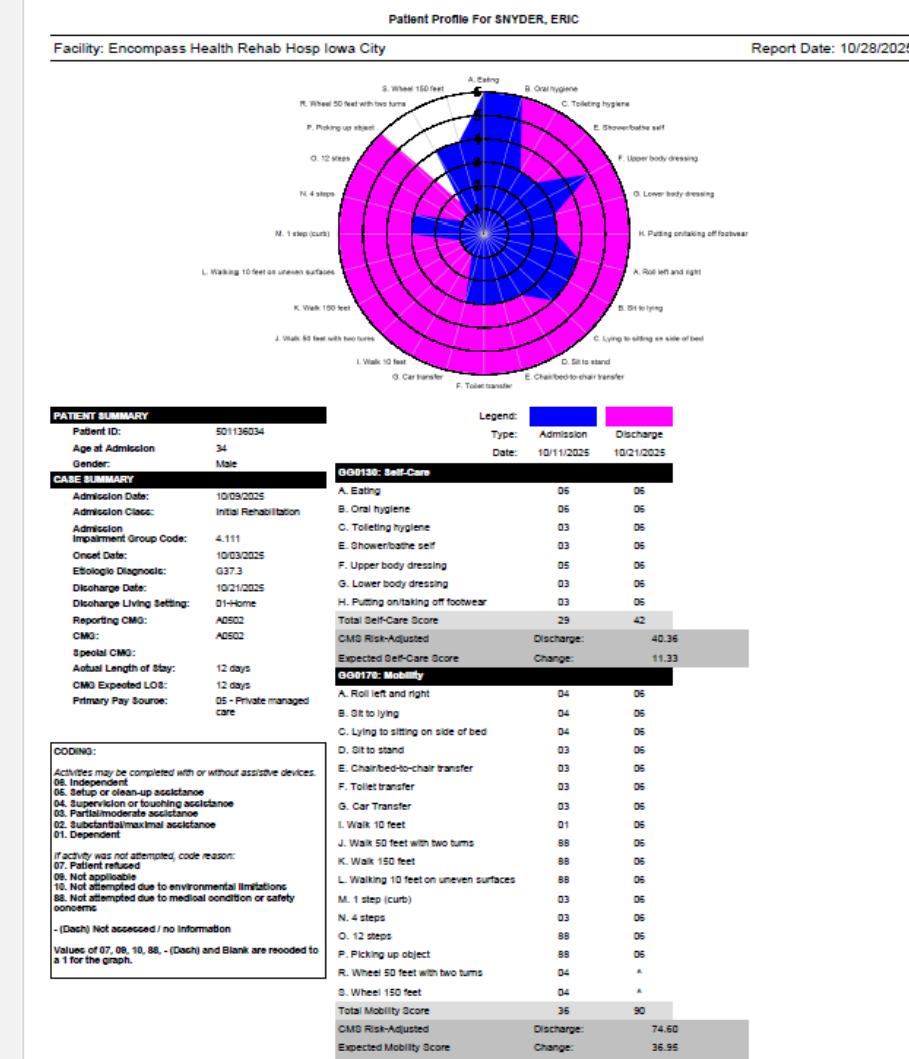
Recent Stroke Success Story #1



Recent Stroke Success Story #2



Success Story #3 of patient with unknown cause of weakness / numbness in both legs





Questions?

★★★★★
AMERICA'S
BEST
PHYSICAL
REHABILITATION
CENTERS
2020-2025

Newsweek

statista

AMERICA'S
MOST AWARDED
LEADER IN INPATIENT
REHABILITATION

IOWA HEALTH NETWORK

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