

Comprehensive Post-Stroke Rehabilitation

We finish the job started in acute care: recovery, safety, and return home.

FIRST 72 HOURS

- Baseline mobility, ADLs, swallow, cognition + fall risk
- PT/OT/SLP evaluations and measurable goals
- Care plan integrates secondary prevention

CORE INTERVENTIONS

- Task-specific gait, balance, transfer + endurance training
- Upper-extremity recovery and ADL retraining
- Dysphagia, aphasia, dysarthria, cognition/neglect therapy

DISCHARGE READY

- Family/caregiver training and home safety planning
- DME, orthotics/splinting, and outpatient/home health plan
- Clear follow-up pathway (neurology + primary care)

Neurology Program Medical Director: Lionel A. Branch Jr., MD • Assistant Professor (Clinical), Neurology, LSUHSC • ABPN board certified Neurology

Referrals: Phone: _____ Fax: _____ Email: _____

UMRH delivers CMS-aligned intensive inpatient rehabilitation:

Multiple therapy disciplines (PT/OT required), physician-led interdisciplinary team, and intensive therapy (generally ≥ 3 hrs/day ≥ 5 days/week or ≥ 15 hrs/week in well-documented cases; therapy begins within 36 hours from midnight of admission).

- Stroke
- Spinal cord injury
- Congenital deformity
- Amputation
- Major multiple trauma
- Fracture of femur (hip fracture)
- Brain injury
- Neurological disorders (e.g., MS, Parkinson's, etc.)
- Burns
- Active polyarticular inflammatory arthritis
- Systemic vasculidities with joint inflammation
- Severe/advanced osteoarthritis (2+ major joints)
- Knee/hip joint replacement meeting CMS criteria

CMS anchors: 42 CFR 412.29(b)(2) (CMS-13 list) and 42 CFR 412.622 (IRF coverage criteria). Admission is based on medical necessity and payer authorization.

More: Website: _____ Intake: _____