Welcome to the Rehabilitation Center of Alamogordo

Thank you for choosing the Rehabilitation Center of Alamogordo for your recovery. The GCRMC rehabilitation facility offers the patient a chance to recover close to home in an environment that promotes wellness, confidence, and independence. The GCRMC rehabilitation team works closely with every patient to help them regain all that they can to resume functional daily living. Our patients work hard, but the effort is worth it. We keep our patients focused on recovery goals. Because each person is unique, our dedicated team individualizes every patient’s care, taking into consideration that everyone has different needs and progresses at a different pace. We are dedicated to helping patients get past the hurdles of disability and back to their lives - returning to work, family, active retirement, and/or independent living.

Frequently Asked Questions

Patients generally have many questions about their stay in inpatient rehabilitation. Below is a list of commonly asked questions.

Who Will Benefit from Inpatient Rehabilitation Services?

Rehabilitation offers treatments for a wide variety of conditions. Some of these include:

- Limitations in self-care
- Impaired mobility, balance, and coordination
- Limitations in joint strength and motion
- Changes in memory, thought processing, reasoning, and rational thinking
- Communication problems related to speech and language
- Swallowing disorders

These functional difficulties may be the result of:

- Stroke/Cerebral vascular accident(CVA)
- Hip fractures
- Forms of arthritis
- Amputations
- Neurological disorders (multiple sclerosis, Parkinson’s disease, muscular dystrophy)
- Major multiple trauma
- Spinal cord injury
- Brain injury/Brain tumors
The Rehabilitation Center of Alamogordo provides a team approach offering physical, occupational, speech-language, recreational therapy, case manager/social work services, and 24-hour rehabilitation nursing care under the direction of a medical director who specializes in physical medicine and rehabilitation. Other special services include orthotics/prosthetics, psychology, dietician, and chaplain are also a part of the multi-disciplinary team are available based on the needs of each patient.

What is the Treatment Team’s Goals?

GCRMC Rehabilitation’s goal is to help patients return to life, family, and friends as quickly as possible and to the highest quality of life possible. The team designs a highly individualized treatment plan which focuses on potential, not limitations. This progressive approach strives to meet the needs of everyone involved in the rehabilitation process – patients and family members. The rehabilitation’s team goal is to get the patient home and back to their normal routine!

What Services are Provided at GCRMC Rehab?

- LiteGait Partial Weight Bearing System
- Wheelchair evaluation and positioning
- Specialized wound care services
- ADL (activities of daily living) training
- Speech-language pathology services (cognitive, speech, swallowing)
- Therapeutic recreation program addressing leisure activities
- 24/7 rehabilitation nursing
- Social worker/case management services
- Customized and pre-fabricated orthotics and splinting
- Gardening program
- Integrated dining program/independent dining experience program
- Home evaluations/assessments
- Family/care-giver training
- Community re-integration
- Electrical Stimulation (Neuro-muscular e-stim/TENS)
- Dietician services
- Chaplain services
- Psychiatry consults
- Orthotics and prosthetics consults
What are the Staff’s Expectations of the Program?

In an effort to achieve the highest level of function, our staff will provide the patient and/or family a check-list to sign in agreement to the following:

Inpatient Rehabilitation Expectations Checklist

☐ Participate in a **minimum of 3 hours of therapy, 5 days per week**

☐ Eat all three (3) meals, breakfast, lunch and dinner in the dining room

☐ Get dressed everyday with assistance from the nurse or occupational therapist

☐ Wake up and get ready for the day between 6:30-7:00 am

☐ Shower at least every other day with assistance from the nurse or occupational therapist

☐ Participate in leisure activities with the recreational therapist

☐ Have designated person(s) to assist with transportation for home evaluations and community outings as needed

☐ Designated person(s) to assist with any home modification recommendations after home evaluation as needed

☐ Family/caregiver will be available as needed or required for patient family training starting at admission through discharge

☐ Be available for team/family conferences at least once per week

☐ If applicable: Family/caregiver available during the day and/or night for patient’s safety or patient’s with cognitive impairment

☐ Goal is to return home safely after stay in inpatient rehab

Patient signature: ___________________________ Date: ________________

Family signature: ___________________________ Date: ________________
What Should the Patient Bring?

- Several changes of comfortable clothing appropriate for exercise. Sweat/yoga pants, loose shirts, zip-up sweatshirts or jackets for layering work best.
- Underwear, bras, socks. **Family and/or friends will need to launder clothing while the patient is here**
- Rubber-soled shoes with a supportive back for the heel. Consider shoes with elastic laces or Velcro
- Nightgown/pajamas
- Grooming items such as shaving equipment, hair brush, toothbrush/toothpaste, shampoo, conditioner, body wash, facial cleansers/moisturizers, makeup, etc.
- Glasses, dentures (with adhesive and cleansing tablets), and/or hearing aids with extra batteries worn at home
- CPAP or BIPAP if used at home
- Assistive devices such as a walker, cane, and/or wheelchair
- Do not bring expensive or irreplaceable items such as jewelry or large sums of money
- Leisure items: reading materials, crossword puzzles, laptop/tablet computers, iPAD, etc.

Can the patient wear pajamas during the day?

Patients are expected to dress each morning in clothing from home. This is a way to help the patient get back to a normal routine and facilitates participation in therapy/social activities on the unit.

What is a typical day like on the rehabilitation unit?

Patients generally wake up between 6:30 and 7:00 a.m. to get ready for the day. The patients are expected to take a full shower at least every other day. Occasionally, the shower will be completed during the occupational therapy session. The nursing staff will also provide assistance with showers. Patients are expected to dress in regular clothing from home and complete personal grooming. Patients enjoy breakfast in the dining room each
morning. The scheduled therapy times will vary, but typically range from one to two-hour sessions. These sessions are scheduled throughout the day with rest breaks in-between sessions. The patients will also enjoy lunch and dinner in the dining room. The recreational therapist will set up other activities between other therapy appointments. Therapy progress is enhanced when the patient experiences adequate sleep and rest.

The rehabilitation staff believes that the patients will recover faster if they are doing as much as possible independently. The staff will have the patient try to do things that may seem difficult, but it is important to at least try.

In addition to the above activities, the patient will participate in family conferences (as needed), caregiver training session(s), and a home assessment. Please see “Home Safety Checklist” section for more information on the home assessments.

How often will the patient meet with the doctor?

The doctor will visit with the patient a minimum of three times each week during their stay here on IRF.

What if the patient does not feel like participating in therapy?

Patients are expected to participate in therapy for a minimum of three (3) hours per day, five (5) days per week. Participation in every therapy session is crucial to recovery. Active participation will ensure that the patient achieves their full potential.

What is the difference between inpatient rehabilitation (IRF) and skilled nursing facility rehabilitation (SNF)?

Inpatient rehabilitation facility (IRF) is heavily regulated by Medicare and patients who qualify for IRF services are required to meet medical necessity, ability to make gains to return home, require 24/7 rehabilitation nursing and management of a medical director at least three (3) times a week, and have the ability to tolerate at least three (3) hours of therapy, five (5) out of seven (7) days per week. This is a minimum of 15 hours of therapy per week. On average, our patients stay on the inpatient rehab unit between 10-14 days with the anticipated discharge to go home alone or with family. We are an intensive therapy unit that utilizes an
interdisciplinary approach in which therapy staff, nursing, social worker/case management, medical director, program director and nursing director work together to ensure the best patient outcomes and safest discharge.

**Skilled nursing facility rehabilitation (SNF)** offers lower level, lower intensity rehabilitation. Patients receive approximately 45 minutes to two (2) hours of therapy per day depending on their diagnosis and prognosis. This is appropriate for some patients who are not ready for inpatient rehabilitation (IRF) or patients who do not meet medical necessity for IRF. Many patients transition from SNF to IRF as they become stronger and able to tolerate a minimum of 3 hours of therapy per day.

**Does recreational therapy count as part of the three (3) hours of therapy?**

Community Recreational therapy is an adjunct to PT, OT and Speech therapy services. It does not count toward the 3 hours of therapy. Recreational therapy provides leisure and recreational activities outside of therapy times to allow the ability to practice what the patient has learned during their PT, OT and speech therapy sessions. The recreational therapist may also schedule outings with the patient and family to go to the park, shopping, out to lunch/dinner or any activities the patient is interested in doing outside of the facility. **Please note that activities that are not part of the rehabilitation’s plan of care are not allowed during any outing. This includes but not limited to: smoking, drinking alcohol, illegal activities, or taking medications not prescribed by the IRF medical director.**

**What if the patient has wounds?**

GCRMC rehabilitation offers specialized wound care services provided by our wound care physical therapy team. The wound care team is led by a wound care specialist. The team manages wound V.A.C.’s and assist in coordinating the patient’s care by discharge with the case manager/social worker to ensure the patient’s wound care is followed through upon discharge from GCRMC’s facility.
Can the patient have visitors?

The rehabilitation staff encourages family and caregivers to be involved and participate in family training as much as possible. This assures that the patient and family are properly prepared for when the patient returns home. The staff requests that all other visitors not interrupt the therapy treatment schedule or rest breaks in order to allow the patient opportunity to maximize the benefit of the program. **All other visitors may be allowed after 4:30 PM if approved by the patient and/or family.**

Can family members spend the night with the patient?

Yes. Please speak with the nursing staff.

Can the patient leave the facility to go to church or out to eat with family/friends during the stay?

A pass to leave for a few hours on one of the non-therapy days, may be available if the patient is medically stable and cleared by the medical director and therapists. A recreational therapist may accompany the patient during this leave time; however, family or friends will need to provide transportation for the patient. A release form will also need to be signed prior to the patient’s departure from the facility. **Please note that activities that are not part of the rehabilitation’s plan of care are not allowed during any outing. This includes but not limited to: smoking, drinking alcohol, illegal activities, or taking medications not prescribed by the IRF medical director.**

Can visitors eat meals in the dining room with the patient?

Yes. Patients are expected to eat all meals in the dining room with other patients. Visitors are welcome to join for meal times in the dining room. Visitors may order a meal from the hospital dietary service to arrive with the patient’s meal. Please ask the nursing staff if interested in ordering a guest tray. **The cost of the guest tray is the responsibility of the guest.** If there are many visitors for a patient, guests and the patient may be asked to eat and socialize in other areas such as the conference room or the cafeteria to minimize distractions and therapy time that may occur in the dining room with other patients.
Can family bring food in for the patient?

Yes, but please check with the nursing staff first. The patient may be on restricted diet (e.g., low sodium, low carbohydrate, fluid restrictions, etc.) and consequently some homemade foods would be inappropriate.

Is there any education for caregivers?

Yes, there is a community support group that meets twice a month at GCRMC. The IRF team highly recommends that all caregivers attend these meetings. Please ask the nurse or social worker for the schedule for you to attend.

Can pets come to visit?

The staff can arrange for a pet visit in the rehabilitation center’s lobby. A visitor will need to bring the pet and the pet must be clean, on a leash, and have updated vaccinations. Please discuss this request with the nursing staff and the doctor prior to the visit. The doctor will need to write a prescription order for the pet visit in the hospital.

Is use of a personal laptop, tablet, and cell phone allowed?

Yes. The patient will have downtime between meals and therapy sessions where they can rest, read, call friends/family members, watch television, use laptop, etc. The unit has a cognitive laboratory where computers are available for patient use.
Is there internet access and computers I can use?

There are computers available for patient use and patients can bring a personal computer if they would like. WiFi is available on the rehabilitation unit. There is also a computer in the speech therapy cognition lab that has games and activities for patients to do after therapy hours.

How is the patient’s inpatient rehabilitation stay paid for?

Medicare and/or insurance may pay for the rehabilitation services provided by the Rehabilitation Center of Alamogordo. Some insurance plans will also cover co-payments. Insurance and managed care payments are based on contractual agreements between the hospital and each provider. A representative from the hospital can answer any questions the patient and family may have about benefits and coverage.

How long will the patient stay on the rehabilitation unit?

This will depend on the patient’s insurance coverage, their level of function (which is determined by the patient’s performance during therapy evaluations), the medical diagnosis, and the patient’s anticipated prognosis. Within the first three to four (3-4) days, an estimated discharge date and location will be available for the patient. The date and location will be communicated on the white board in the patient’s room. The staff will discuss options for discharge locations based on the patient’s individual needs.
What happens during a home evaluation/assessment?

A family member or friend will transport the patient from the hospital and to the home at the scheduled time and date. The therapists will follow behind the patient in their own vehicle to the home that is being assessed. The home evaluation will take approximately 1 ½ -2 hours. The therapists will have the patient perform activities such as car transfers, bed transfers, toilet/shower transfers, walking/wheelchair use through the home, perform steps (if present), and go through a daily routine in the home. This is to ensure the patient and family are prepared for the patient’s discharge home. This home evaluation also allows the therapists to make recommendations on re-arranging furniture/items or adding additional equipment to improve safety and efficiency within the home. **Please note that activities that are not part of the rehabilitation’s plan of care are not allowed during any outing. This includes but not limited to: smoking, drinking alcohol, illegal activities, or taking medications not prescribed by the IRF medical director.**

What if the patient lives too far from the hospital or does not have transportation?

For patients who live outside of a 30 minute driving radius from the hospital, a home safety check list will be provided for the patient and family to complete. Therapists may also ask for photos of specific areas that are often safety concerns. The therapists will use provided information to make appropriate recommendations.

Will the patient have more therapy once they go home?

Depending on the individual needs, have home health or outpatient therapy may be recommended. This will be determined and discussed with the patient as the discharge date nears. Therapists may also create an individualized home exercise program for the patient to continue once home.

What is graduation day?

Graduation day typically is the day before discharge. All disciplines including, nursing, physical therapy, occupational therapy, and speech therapy will ask the patient perform at their highest level and with the least amount of assistance from the staff to obtain accurate FIM scores (Functional Independence Measure assessment). These scores will be compared to when the patient was initially assessed by the therapists and nurses. This is the patient’s “day to shine” and to show the staff and family the patient’s progress and status prior to going home.

What happens on discharge day?

The nurse will review all discharge instructions with the patient including medications and any questions the patient or family may have. The social worker/case manager will provide the patient with any follow-up
appointment times and dates. The therapy staff will also provide the patient with discharge recommendations and summaries. Family or friends will provide transportation home upon discharge.

Facilities

The Rehabilitation Center of Alamogordo is located on the second floor of the tower at Gerald Champion Regional Medical Center. The floor is designed specifically for rehabilitation patients.
Therapy Gym

ADL Room
Cognitive Lab
Home Safety Checklist

Patients and family are encouraged to review the following general recommendations during the patient’s stay at the rehabilitation unit, to allow enough time for the modifications to take place. If the patient lives within a 30 minute drive from Gerald Champion Regional Medical Center, the staff will likely request permission to complete a home assessment with the patient prior to discharge.

A home assessment consists of two staff members, typically a physical therapist and an occupational therapist visiting the patient’s home (with the patient and their family) prior to discharge. The therapists will assess the overall safety of the patient’s home and make recommendations to improve the safety and accessibility of the home. The recommendations will be discussed with the patient and family with resources provided. Ultimately, it is the responsibility of the patient and family to implement those recommendations prior to the patient’s return home.

- Remove all throw rugs
- Remove any electrical cords on the floor
- Clear all paths of clutter
- Be aware of pets and pet toys
- **For post-op hip surgery, please make sure that all seat heights are high enough to avoid breaking hip precautions**
- Have sufficient lighting – night lights during the night time
☐ Check smoke detectors and batteries
☐ Have an escape route in case of a fire
☐ Ensure phone access or alert system available for emergencies
☐ Remove glass shower door and replace with a curtain for safety
☐ Add non-skid surfaces to tub and/or shower to reduce risk of falling/slipping
☐ Add a handheld removable shower head
☐ Ensure toilet seat is sufficient height for ease of transfer
☐ Add grab bars if needed (tub/shower and next to toilet) – **DO NOT use suction cup grab bars**
☐ Replace towel racks that may be used as lifting/standing support with installed grab bars instead
☐ Have easy access to closet and/or bureau
☐ Arrange items in cupboards/closets so frequently used items are within easy reach
☐ Reduce risk of falls by placing brightly colored tape along stair edges or where carpeting changes to hard flooring to improve visibility (the tape can also be used to mark specific buttons on the phone or remote, wheelchair brakes, or light switches) if vision is impaired
☐ Make sure there is sufficient room for a wheelchair or walker through:
  o Hallways
  o Bedrooms
  o Living room
  o Dining room
  o Through all doorways
  o Bathroom
  o Kitchen/stove/refrigerator
  o Toilet
  o Shower/bathtub
  o Laundry room
☐ Assign a designated person to assist with (if needed):
  o Medication management
  o Laundry
  o Household chores
  o Transportation
  o Financial management
  o Meal preparation
  o Shopping
  o Yard work
☐ Bedroom- have the bed at an appropriate height for patient (may need to take off wheels or box-spring to lower bed if too high)
☐ Check storm door to entryway to ensure it can be held open for patient to enter the home safely
☐ Re-arrange any furniture that may limit space for safe walking or wheelchair mobility around the home
☐ Check any railings outdoors or near steps to ensure they are stable and intact

**Designated family member/friend to assist with implementing home safety recommendations:** ________________________
Meet the Inpatient Rehabilitation Treatment Team

The GCRMC rehabilitation treatment team consists of a group of professional staff members collaborating with the patient and their family members. This means that the team coordinates individualized patient care to ensure that the patient receives the best care possible in order to maximize their potential during the rehab stay. Members of the treatment team include:

Medical Director (Physician)

The medical director oversees the patient’s care during the inpatient rehabilitation stay. The physician oversees the entire rehabilitation team and is responsible for ensuring every patient is medically stable during their stay. The physician will meet with each patient at least three times a week to monitor the patients’ health and overall progress.

Rehabilitation Nurses
Rehabilitation nurses, along with nursing assistants, monitor the rehabilitation unit 24 hours per day, 7 days per week providing care for each patient. The nurses assist the physician to oversee the patients’ medical conditions. The goal of rehabilitation nursing is to assist individuals with disability and/or chronic illness to attain and maintain maximum function. The rehabilitation staff nurse assists clients in adapting to an altered lifestyle, while providing a therapeutic environment for client's and their family's development. The rehabilitation staff nurse designs and implements treatment strategies that are based on scientific nursing theory related to self-care and that promote physical, psychosocial, and spiritual health. This role description has been developed by staff nurses to clarify and specify the responsibilities of the staff nurse in a rehabilitation setting and to promote professionalism based on the established scope and standards of rehabilitation nursing practice.

Physical Therapists

The goal of physical therapy is to regain mobility and independence. Physical therapists will work to improve strength, balance, endurance, and coordination to regain mobility and independence through an individualized treatment program. The therapist will evaluate each patient and determine prior level of function and establish current limitations. The therapist will talk about the patient's individual goals and the activities that are important to support the goals. Therapy sessions will be centered to meet the goals and may include interventions aimed at improving walking, LiteGait training, wheelchair training, negotiating stairs, prosthesis/orthotics training, neuro rehab, balance training, transfers, bed mobility, family training, community outings, wound care, and training with any necessary assistive devices.

Occupational Therapists

The goal of occupational therapy is to help the patient regain independence in daily activities and meaningful roles in life. Occupational therapists address daily living, work, and leisure skills. Depending on the patient's specific needs and priorities, this may include activities such as: dressing, grooming/hygiene, feeding, bathing, toileting, getting in and out of bed, cooking, laundry, and leisure activities. The therapist will talk to the patient about their prior level of independence and what activities are meaningful to them. Treatment sessions will integrate activities that are important to the patient. This may include interventions focused on teaching new techniques to complete activities, using adaptive equipment to increase independence, community outings, and/or using meaningful activities to build skills needed to achieve the established goals.
Speech-Language Pathologists

Speech-language pathologists in this setting provide evaluation and treatment of swallowing disorders and speech and language problems resulting from strokes, head injury, respiratory issues, and other medical complications. Speech-language pathologists are usually expected to be competent in dysphagia management, including conducting and interpreting videofluoroscopic examinations. Patients typically are seen soon after admission, particularly for swallowing issues, and require daily individual treatment. While some patients are able to tolerate longer sessions, some may only be seen for brief periods of time or more than once per day for short periods, as tolerated. Speech-language pathologists collaborate with many professionals within the hospital system, including the physician, nurses, other rehabilitation providers, dietitians, social workers, and case managers. The role of the SLP may be more consultative in nature in this setting than in any other, and the focus is more on patient management than direct treatment. The case manager/social worker is a vital part of the patient care team and the SLP may have frequent discussions with the case manager as discharge plans are developed.

Recreational Therapist

Recreational therapy promotes health and wellness along with reducing or eliminating activity limitations and restrictions caused by an illness or disabling condition. Therapeutic recreation uses treatment, education and recreation services to help people with illnesses, disabilities and other conditions to develop and use their leisure in ways that enhance their health, functional abilities, independence and quality of life. Recreation therapists provide treatment to maintain the physical, mental and emotional well-being of the patient using a variety of techniques, including arts and crafts, sports, games, dance, music and community integration activities. They also assist patients to integrate into the community by helping them use community resources and recreational activities.

Social Worker/Case Manager

The goal of the social worker/case manager service is to ensure that each patient has a safe and supportive discharge from the GCRMC inpatient rehabilitation facility. The case manager/social worker will meet with each patient individually to determine home and family environment, available resources, and go over any concerns the patient or patients' family may have about discharge. The case manager/social worker will also assist in setting up any necessary doctor or therapy appointments, home health, or support services that a patient may need upon discharge. Before each patient leaves, the case manager/social worker will obtain any durable medical equipment needed prior to discharge home.

Dietician

The dietician is available for dietary consults and recommendations for patients as needed. Inpatient clinical dietitians play a vital role in the healthcare team by providing nutritional care to patients in various disease states and conditions. Compromised nutrition in a hospital setting can lead to slow healing and recovery and may extend hospital stays.

Clinical dietitians monitor, assess, and optimize nutrition status based on the patient's current medical condition and/or nutrition adequacy. They confer with physicians and other healthcare professionals to coordinate medical and nutritional needs, and they make recommendations for tube and intravenous feedings and/or dietary supplements. Clinical dieticians teach patients how to make nutritionally sound food choices to speed the recovery process, prevent disease and maintain a healthy lifestyle.
Chaplain

The chaplain is available upon request for positive spiritual guidance and discussion that can help in the patient’s recovery process.

The Patient and Family

Family and friends will be asked to be present at times during the patient’s inpatient rehabilitation stay to assist with discharge planning, and training for when the patient returns home. The patient and their family are the number one priority of every rehabilitation team member. The rehab team will take into consideration the patient’s preferences and goals when developing a treatment program. The rehab staff wants the patient’s stay here at GCRMC to be as beneficial and successful as possible. The amount of effort that is put in to the treatment will directly affect the amount of improvement that is made.

For referrals and questions, please contact us at 575-446-5515 or 575-446-5587

Fax number: 575-446-5529 or 5528

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Notes & Questions: