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Inpatient Rehabilitation Orientation Manual

Welcome to the Inpatient Rehabilitation Program at Tampa General Rehabilitation Center. We are excited about working with you and your family.

Our patients and their functional progress are our highest priority. We focus on our patients’ strengths and strive to maximize their independence as well as provide opportunities for socialization through recreational activities.

Our staff is here to help you. We will keep you and your caregiver updated on your progress, and will be available when questions arise. Please feel free to approach any team member with questions or concerns. We believe a close partnership between staff members, our patients and their caregivers is an important part of the recovery process.

This orientation manual contains valuable information about the Inpatient Rehabilitation Program, including information about what to expect during your stay, a description of each team member’s role, contact numbers, parking information, cafeteria hours and much more. During your stay this manual will be updated as an individualized plan is developed by the treatment team. Please take a few moments to review this manual.

We are glad you have chosen the Inpatient Rehabilitation Program at Tampa General Rehabilitation Center, and we look forward to working with you.

Sincerely,
The Rehabilitation Team
Rehabilitation Center Mission Statement

Tampa General Rehabilitation Center is dedicated to serving individuals with functional limitations and their caregivers by promoting optimal independence and quality of life through an interdisciplinary team approach across a continuum of care.

Rehabilitation Services

The Rehabilitation Center has 59 beds and is located in a separate building on the Tampa General Hospital (TGH) campus. TGH is the region’s only Level 1 Trauma Center providing a continuum of care from acute hospitalization through inpatient rehabilitation and outpatient therapies.

We provide a comprehensive, team-oriented approach to rehabilitation following an illness, injury or surgery. Services are provided for various diagnoses including, but not limited to:

- Burns
- Spinal surgery
- Transplants
- Brain tumors
- Spinal cord injury
- Encephalopathy

- Orthopedic joint replacements
- Strokes
- Amputations
- Neuromuscular disease
- Musculoskeletal injuries
- Traumatic brain injury

The Rehabilitation Program is accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF) and designated as a State of Florida Brain and Spinal Cord Injury Center for adult and pediatric patients. The program is staffed by a team of rehabilitation professionals: a physiatrist (rehabilitation doctor), physician assistants, physical therapists, occupational therapists, speech-language pathologists, social workers, case managers, nurses, psychologists, dieticians, orthotists and recreational therapists, who are experienced in adult rehabilitation and understand the unique needs to serve this population.

The purpose of rehabilitation is to improve function through therapy, exercise, purposeful activities and education which is accomplished through a team approach. The team’s primary goals are to:

- Help our patients reach their personal goals for independence.
- Return our patients to a functional lifestyle.
- Provide family/caregiver education.
- Evaluate and recommend appropriate DME (Durable Medical Equipment).
- Evaluate and recommend appropriate follow-up services after discharge from the inpatient rehabilitation program.
**SPEAK UP Program**

Tampa General Hospital encourages patients and families to help us in our efforts to ensure patient safety. TGH supports the Speak Up program sponsored by The Joint Commission. The Speak Up program urges patients to get involved in their care. We want you to feel comfortable to “speak up” to your nurse, physician, case manager, therapists or any other team member if something does not seem right. It is better to address questions and concerns immediately and directly.

The following tips in the Speak Up program highlight ways patients can have safe healthcare experiences:

- Speak up if you have questions or concerns, and if you don’t understand, ask again. It’s your body and you have a right to know.
- Pay attention to the care you are receiving. Make sure you are getting the right treatments and medications by the right healthcare professionals. Do not assume anything.
- Educate yourself about your diagnosis, the medical tests you are undergoing and your treatment plan.
- Ask a trusted family member or friend to be your advocate.
- Know what medications you take and why you take them. Medication errors are the most common healthcare mistakes.
- Participate in all the decisions about your treatment. You are the center of the healthcare team.

**Patient Bill of Rights**

At the TGH Rehabilitation Center, I have the right to:

- Be called by my name.
- Be treated with respect and dignity.
- Know the names of my doctors, nurses, therapists and others who help care for me.
- Be taken care of by staff who know how to provide age appropriate interventions.
- Care that includes consideration of the psychological, emotional, spiritual and cultural variables that influence my perception of the illness and/or disability.
- Have as normal a schedule as possible which includes uninterrupted sleep.
- Have my pain assessed and appropriately addressed during this rehab stay.
- Receive care in a safe setting.
- Be told what is happening to me, and to have my questions answered honestly in words I can understand.
• Make choices and decisions whenever possible. (When possible, I can choose where and when I get my treatments).
• Privacy and confidentiality about the reason for my hospital admission.
• As short and comfortable a stay as possible.

Bill of Rights for Families and Caregivers

At the TGH Rehabilitation Center, your family/caregiver has the right to:

• Be treated with respect and dignity.
• Receive information they understand from those caring for their family member.
• Know about the policies, procedures and routines of the hospital care that includes consideration of the psychological, emotional, spiritual and cultural variables that influence your perception of the illness and/or disability.
• Know what support services are available, including whether an interpreter is available.
• Know who is providing medical services and who is responsible for such services.
• Receive information that will help them and others at home take care of you after you leave the Rehab Center. The materials you get will include information about community resources.

Expectations of Patients, Families and Caregivers

The most important members of your rehabilitation team are you and your caregivers. You will participate in setting goals, program planning and therapy activities, as well as in education and training activities that are critical to your overall success. It is also important that during your stay you work with the team on discharge planning, including making decisions about who will be your caregivers and where you will live when you leave the hospital. In order for your rehabilitation and discharge to be successful, you and your caregivers need to learn about your care as quickly as possible, and practice these skills while you are at the TGH Rehabilitation Center. Staff members will work with you to help you learn new skills in your therapy sessions. You and your caregivers then need to practice the exercises, daily living and hygiene activities, transfers, and other activities and skills to be prepared for discharge. We also strongly encourage you and your caregivers to participate in rounds, conferences, counseling sessions, support groups, and educational activities.
Members of the Rehabilitation Team

Physiatrist: A medical doctor who has specialized training in a unique area of medicine known as physical medicine and rehabilitation (PM&R) or physiatry. The physiatrist works closely with the entire rehabilitation team and directs a patient’s rehabilitation care.

Internal Medicine Physician: Works closely with the physiatrist and rehabilitation team to manage any medical needs or illnesses that arise.

Physician’s Assistant: A licensed team member who works closely with the physiatrist and the rehabilitation team to meet your rehabilitation needs. This includes monitoring progress, ordering necessary therapies and managing any illness that may arise.

Rehabilitation Nurse: A nurse who has specialized training in the care of adults in a rehabilitation setting. The role of the nurse will be to assess your medical stability continually and ensure needs such as medicines, dressing changes, diets, tube feedings and skin care are met. The nurse will also teach family members about any special care you may need after discharge.

Physical Therapists (PT): A therapist with specialized training will work with you to improve walking, balance, muscle tone, endurance, strength and coordination. Other skills may include teaching proper transfer techniques for getting in and out of bed, a chair or a car.

Occupational Therapist (OT): An occupational therapist who has specialized training will assess you to improve activities of daily living (ADLs) such as bathing, dressing, eating, toileting, toilet transfers, shower transfers and grooming, and recommend adaptive equipment that may increase your level of independence. Occupational therapists also assist patients that may have visual, perceptual or cognitive (thinking) problems.

Speech-Language Pathologist (SLP): A speech-language pathologist has special training to assist with communication, cognitive retraining and swallowing. They may also work with a patient on using compensatory strategies for memory, attention, problem-solving and reasoning difficulties. If a patient is having swallowing problems, the SLP will evaluate the difficulty and provide recommendations for the safest and most appropriate type of food and beverage.
Psychologist/Neuropsychologist: A psychologist is available to you and your caregivers to assist with adjusting to and coping with changes brought about by injury or illness. The psychologist works directly with patients and their families/caregivers to provide individual and/or family counseling to address psychological and adjustment issues. In addition, some individuals may need neuropsychological testing to better identify levels of cognitive, behavioral and emotional functioning. This information is helpful when reintegrating you into the community after discharge from the rehabilitation program.

Care Coordinator (Case Manager): The care coordinator serves as a liaison between the treatment team and you. They also assist with funding and payment issues throughout the stay. In addition, the coordinator assists the social worker with discharge planning, ordering equipment and outpatient/home healthcare services.

Social Worker: A social worker works with the rehabilitation team to develop the most appropriate discharge plan. Discharge planning includes arranging outpatient therapies, ordering medical equipment and arranging any assistance you may need at home as recommended by the therapy team. The social worker may also link families to appropriate community resources.

Nutritionist/Dietician: A nutritionist works with the rehabilitation team to ensure nutritional needs are being met. The nutritionist assists with assessing and managing any dietary needs and, if indicated, provides education for those with special dietary needs.

Orthotist: The orthotist works with the rehabilitation team to fabricate any custom braces that may be required.

Therapeutic Recreation Specialist: A specialist that assesses leisure lifestyle, assists in learning new leisure skills and organizes recreational activities.
Tampa General Hospital Rehabilitation Center Telephone Numbers

Inpatient Rehabilitation Nurse Manager ........................................ 813-844-7536

3R Nurse Station ........................................................................... 813-844-7703

4R Nurse Station ........................................................................... 813-844-7704

Case Management ........................................................................ 813-844-7722/7653

Social Work ................................................................................... 813-844-4184

Psychology/Neuropsychology Services ........................................ 813-844-3541

Pastoral Care ................................................................................ 813-844-7049

Rehabilitation Therapy Manager .................................................. 813-844-4181

FAAST .......................................................................................... 813-844-7591

Florida Spinal Cord Injury Resource Center (FSCIRC) .................. 813-844-4711
                                                   (toll-free) 866-313-2940

Admissions ................................................................................... 813-844-4172

Outpatient Scheduling .................................................................. 813-844-7719

My Physician:

Name: _________________________________________________________

Phone: ________________________________________________________

My Physician’s Assistant:

Name: _________________________________________________________

Phone: ________________________________________________________
Coping and Adjustment

It is common for an individual recovering from a medical condition to experience changes in behavior and emotions. This may be the direct result of injury/illness or related to adjusting to the challenges of being in a hospital. To assist you in navigating the rehabilitation process, the team may consult the psychologist for emotional support, education or behavior management.

It is important that you share your thoughts and feelings about your illness/injury and hospital stay with the rehabilitative team. The psychologist will speak with you and your caregivers to help you understand recovery, the rehabilitation process and your medical condition. In addition, counseling can be provided to help you set goals for rehabilitation and adapt to changes from injury or illness.

During an individual’s stay in the hospital, it is very important to consider the needs of the caregiver as well. Though some life circumstances cannot be altered, sharing thoughts and feelings with a trained rehabilitation psychologist can provide an opportunity for caregivers to learn strategies to cope with their own emotions and reactions to recovery.

There may be times when behavior can interfere with full participation in the rehabilitation program. The psychologist will work with you, your caregivers and the team to develop a behavior plan. Behavior plans are designed to:

• Promote optimal participation in the rehabilitation program
• Increase positive behaviors and decrease unwanted behaviors
• Teach new adaptive behaviors

This behavior plan will be monitored by the psychologist, working together with you, your caregivers and the team. Your input and feedback during this process will be very important.
Clothing
Our goal is to help patients integrate into the community, so we request that you please bring several changes of clothes that are casual and loose-fitting.

We suggest:
• One pair of firm, flat shoes with non-skid soles, preferably athletic shoes or sneakers
• Short or long pants made of cotton or other such fabric. Pants with thick seams, such as jeans, should be avoided, particularly by patients who are less mobile.
• Sweatshirts and sweatpants
• Shirts, blouses and dresses without waistbands
• One button-up sweater or jacket
• Under garments and socks
• Pajamas or night gowns

Discharge Planning
From the moment of admission, the rehabilitation team will work together to establish goals for what a patient will need to be discharged home. Our goal, as a team, is to achieve as much independence as possible for a patient prior to discharge. We consider the patient and their caregiver essential members of our team.

Discharge Date
Once per week the entire treatment team has a care conference. At this meeting, your progress, goals and barriers are discussed. Based upon initial evaluation, the rehabilitation team will project an anticipated discharge date. The care coordinator will share the team’s recommendations and anticipated discharge date after the care conference. The team will continue to review the anticipated discharge date at each weekly meeting and make changes based on your progress. Therefore, the discharge date may vary depending on the progress of the patient during therapy sessions and medical evaluations. Our average length of stay is 14 days.
Family Training

Family training is initiated from the first day of your stay. The rehabilitation team will work closely with caregivers to educate them on how best to care for the patient and make the transition from rehabilitation to home easier. Based on the patient’s condition and needs, family members/caregivers will be required to complete training and education. Both therapy and nursing will conduct separate training and education sessions with the patient and caregivers. At least one family member/caregiver must attend these sessions, preferably the individual who will be responsible for household assistance after discharge. It is recommended that the sessions be completed on the same day. The intensity of training and necessary training days will be communicated to the patient and caregivers in advance. The training process will take about 2.5 hours. Staff will provide multiple options to best accommodate the caregiver’s schedule. If the available times do not meet the caregiver’s needs, please inform staff and we will try to accommodate their schedule as best we can.

The primary treatment team will be a combination of physical therapy (PT), occupational therapy (OT), speech therapy (ST), and/or nursing (NSG). During training, therapists will provide instruction on safe and effective ways of transferring the patient (from bed to wheelchair, wheelchair to toilet, car or tub). The therapists will also teach the caregivers about activities of daily living (such as grooming, dressing, hygiene), bed mobility, ambulation and wheelchair mobility, safety precautions, cognitive memory and problem solving methods. In order for a patient’s strength, mobility and cognition to continue to improve, a home exercise program, along with safety instructions, will be developed and reviewed with the patient and caregiver when indicated.

The nursing staff will provide education and training on any special medical needs the patient may have. Such special needs include cast or splint care, toileting or urinary catheterization, bowel care, medication administration, gastrostomy tube care and tube feedings, tracheal tube care and orthopedic pin care.

Once the nursing staff or a therapist has trained a caregiver, the caregiver will be expected to demonstrate the ability and knowledge to complete the tasks independently. Before discharge, the primary caregiver in the home setting will be expected to demonstrate all skills necessary to care for their patient prior to discharge.
Outings and Therapeutic Day Passes

A therapeutic outing may occur during your stay. During a therapeutic outing, skills learned in therapy sessions will be used in the community under the supervision of the rehabilitation staff. Examples of outings are a trip to a mall, grocery store, ice cream shop, or Target. A therapeutic day pass (TDP) will often be provided prior to discharge if medically indicated. A TDP allows a patient to leave the hospital with their caregiver for a few hours, usually on a Sunday (after therapy sessions). Prior to a TDP being allowed, the caregiver(s) must be properly trained in transfers (including car transfers) and other safety precautions. TDPs are important because they allow the caregiver to practice the training they have received and review any questions they might have with the rehab team. In addition, the TDP will assist the team in determining any additional equipment needed in the home and allow the patient to practice his/her skills outside of the hospital setting. A TDP checklist will be provided to the family for completion and returned to the nurse after your return from the TDP.

Equipment

During the rehabilitation stay, the team will evaluate the patient’s condition and needs in order to recommend the necessary equipment, such as a wheelchair, walker, and bathroom and showering equipment for home use and assistive devices. Nursing will recommend additional equipment if needed. An assessment from the caregiver on the home environment will also be a valuable source of information in determining equipment needs. If needed, a home evaluation by the therapists may be done to assure that the proper equipment is ordered. The social worker will order necessary equipment and arrange for delivery either to the hospital or your home. Typical equipment, if medically necessary, that is often covered by outside funding sources include a wheelchair, crutches/walker/cane/, hospital bed, and bedside commode. Outside funding sources do not typically cover shower chairs, grab bars, ramps, etc.
Injury Prevention Tips for Caregivers to Follow after Rehabilitation

A safe environment for your family member to go home to is a priority for the team. Your family member’s perception of the world may not be the same as it was before the illness or injury. The rehabilitation team would like to offer some general guidelines to help ensure safety. If you have any questions regarding the below topics please address the rehabilitation team for clarification.

- Structure, routine and predictability will greatly assist your family member in transitioning to the home environment.
- Make a list of safety guidelines and post them in the house.
- Beware of overstimulation, such as a busy mall or amusement park.
- Allow rest periods if the family member seems overwhelmed.
- Avoid activities that may lead to a fall. This is especially important for an individual with impaired judgment or safety awareness.
- Be extra cautious in the house to avoid falls or tripping. If your family member is using a wheelchair or walker, check the measurements to assure the device will fit into the bathroom, doorways or hallways.
- Lock up any harmful household items such as cleansers, pesticides, or cosmetic items to reduce the risk of ingestion. It is also recommended to remove and lock up any flammable items, hunting items, keys to cars or any other potentially injurious items within the household.
- Your family member may exhibit increased impulsivity after a head injury or stroke. General rules such as no driving, cooking or showering may require re-enforcement if necessary.
- A person with impaired judgment may attempt to leave the household unsupervised. A bracket or dead bolt locking system may be advisable for those with impaired safety awareness. Any time an additional locking system in installed, a fire escape plan should be developed for the home and practiced regularly to avoid entrapment during a fire.
- A family member may need to supervise the dispensing and swallowing of all prescribed medications.
- Those who have experienced a head injury or stroke may be more sensitive to the effects of medications (i.e., sleepiness or confusion from antihistamines, narcotics or over the counter medications.) Use extreme caution with these medications. You may wish to discuss the dosage of
the over the counter mediations to better understand how the medicine may affect your family member with your family member’s physician.

• If your family member is prone to getting up without assistance and is at risk of falling, bed and chair alarms may be purchased on the Internet or by phone. Two companies are:


• Move furniture in the home to clear a path for safe mobility.

• Remove throw rugs unless otherwise instructed by the therapy team.

• Check steps to ensure they are level and in good working order.

• Check all lights throughout the house and replace if necessary.

• Fix any loose handrails or put in new ones. Try to have handrails on both sides of stairs if possible.

• Move items in the kitchen cabinets and refrigerator to allow easy access.

• Put a non-slip rubber mat on the tub or shower floor.

• Place a lamp within easy reach of the bed.

• Put in a night light to improve vision at night.

• Remind your family member to get up slowly after sitting or lying down.

• Paint contrasting color stripes on the edge of steps if visual impairment is present.

• Keep emergency numbers in large print near each phone.

• Consider getting an alarm device that will bring help in case your family member falls.

• Clearly label all medications and use a weekly pillbox if necessary.

• Do not allow your family member to smoke in bed.

• Install smoke detectors and/or check the pre-existing smoke detectors regularly.

• Keep the water heater thermostat at 120 degrees or lower to avoid hot water burns.

• Have a working fire extinguisher in the kitchen area.
Frequently Asked Questions

Q: What should I expect when being admitted to the TGH Inpatient Rehabilitation Program?

A: You will be greeted by the rehabilitation nursing team. Other members of the rehabilitation team will typically meet with you on the day after admission and perform an evaluation. The team may also ask your family member(s) about their expected goals for your rehabilitation. After the evaluations are complete, an individualized rehabilitation program will be developed to specifically address your needs.

Q: How long will I stay in the Inpatient Rehabilitation Program?

A: Length of stay (LOS) is determined by a variety of factors, including diagnosis, progress toward rehabilitation goals, discharge plan and individual insurance coverage. For those with Medicare, a LOS will be determined by Medicare based on the initial assessment. Your care coordinator will stay in contact with the insurance provider to supply information about your progress and goals.

Q: What type of rehabilitation services will I receive?

A: Rehabilitation services may include physical, occupational, speech-language, and/or recreational therapies as well as psychological services. The rehabilitation team will determine the type of therapy you need. Integrative medicine and biofeedback are also available.

Q: How much therapy will I receive each day? Is there therapy on weekends?

A: Based on many physical, cognitive and behavioral reasons, you will participate in up to three hours of physical, occupational and/or speech therapies five days a week. In addition, recreational therapy, psychological services, or other services may be utilized depending on your needs. The therapy provided may be one-to-one or in a group session, and may be scheduled in the morning or afternoon.

On the weekends you will receive limited therapy sessions. A leave of absence (LOA) with family may take place on weekends if cleared by the rehabilitation team and if family training has been completed.
Q: What is a typical day like in the rehabilitation program?

A: Each day may vary slightly, but typically your schedule will be as follows: The nursing staff will wake you at 7:00 a.m., and breakfast is served between 7:30 a.m. and 8:00 a.m. Therapy hours are 7:30 a.m. to 4:30 p.m., Monday through Friday. Lunch usually arrives at noon and therapy resumes, after lunch, at 1:00 p.m. Therapy hours begin at 8:00 a.m. on the weekends.

Q: How do I know when my therapy times are scheduled?

A: The patient orientation board on the wall in your room will display your therapy schedule, therapists’ names, and information about your care, abilities and precautions that need to be followed. This board is one of the ways that the rehabilitation team communicates with you, your family and each other. It is very important that you and your family review this board daily for any new information or changes.

Q: How will my family be involved in my rehabilitation program?

A: Your family is an important part of the rehabilitation team. Family members should understand how to care for you or how to provide you with assistance when needed. If needed, we will arrange times for your family to come in and participate in therapies. In addition, while your family is visiting, they will learn how to provide the care the nurses are providing while you are in rehabilitation.

Q: How will my caregivers and I be informed about my progress?

A: Members of the team discuss progress on an ongoing basis and have a weekly team meeting to discuss progress toward goals and anticipated barriers to discharge. The physiatrist and/or care coordinator will talk with you and your caregiver about functional progress and estimated length of stay. If necessary, the rehabilitation team may arrange a special meeting between the interdisciplinary team, the patient and family member(s)/caregiver(s).

Q: Should I bring my walking cane, wheelchair or other home equipment to the rehab center?

A: Yes, please bring your wheelchair, walker, cane and/or foot/leg braces from home, clearly marked with your name so your therapist can evaluate and observe you using your equipment. Do not buy any new equipment before coming to the Rehabilitation Center. The therapists will discuss all equipment related matters with you and your family.
Q: Can I have visitors while in rehab?

A: We encourage you to have your family visit. Family members who will participate in your care after discharge will be asked to attend therapy sessions for training purposes. However, please ask friends to visit after therapy sessions, which are usually finished by 4:00 p.m.

Q: Can my family member stay overnight with me?

A: Family members are allowed to stay overnight if recommended by the rehabilitation team and approved by the inpatient rehabilitation nurse manager.

Q: What kind of clothes and personal items will I need during my stay in the Inpatient Rehabilitation Program?

A: Patients need a one-week supply of loose-fitting clothing, sturdy rubber-soled shoes such as sneakers, a light sweater or jacket, underclothing, personal hygiene items and a hairbrush and/or comb. Family members may launder your clothing as needed at the Rehabilitation Center. Please mark all clothes and personal items with your name.

Q: May I bring a small appliance with me?

A: You may bring small personal electronic items at your own risk. Please make sure all personal items are labeled with your name. The hospital is not responsible for the loss or theft of any of your personal items. Please make sure all appliances are safe and in good working condition.

Q: Will my family member and I be able to make phone calls from the Rehabilitation Center?

A: Local calls can be made from the telephone in your room by dialing “29” and the phone number. All long distance calls must be made collect, or with a credit card or phone card. Friends and family can call the patient room directly. The phone number is posted in the patient room. Providing a quiet time for sleep is important, so the main switchboard blocks all incoming calls from 10:00 p.m. to 7:00 a.m., however, you can always dial outgoing calls from your room.

Telecommunication devices for the deaf (TDD) and machines for the hearing impaired are available upon request. Phone adaptations can be made for individuals who may have trouble holding the receiver.
Q: Where should my visitors park at the hospital?

A: There are several options for parking.

- Parking is available in the parking garage located on campus. A $3 fee is due upon exiting the garage. The first hour of parking is free. Parking spaces for disabled permit holders are clearly marked. Complimentary shuttle service is available from designated locations in the garage to destinations on the TGH campus.

- Valet parking is available for $5, cash only.

- Free off-site parking is available in the 200 block of South Hyde Park Ave. Shuttle buses run every 15 minutes between off-site parking and TGH, Monday – Friday, 5:30 a.m. – 9:00 p.m. After hours transportation to the off-site lot can be arranged through Security at ext. 7363.

Q: Where can my friends and family find a restaurant or place to stay?

A: The Cafeteria/Food Court at Tampa General has many meal options and is located on the first floor of the West Pavilion. McDonald’s and Starbucks are located on the first floor of the East Pavilion. Staff members will be happy to provide directions to other restaurants in the area. If family members need a place to stay, the nursing staff or social worker can provide a list of area hotels.

Discharge Related Questions

Q: What should I expect when I am ready to be discharged?

A: Once your discharge date is determined, the social worker/case manager will order any equipment needed, arrange outpatient or home health therapies and provide you with all necessary contact information. In addition, the team will arrange family education and training sessions for you and your family. If needed, a discharge conference may be arranged the week of discharge to discuss any complicated details.

On the day of your discharge, you should:
1. Plan to leave between 11:00 a.m. and 3:00 p.m., unless otherwise instructed.
2. Check that you have all your belongings. We recommend that you pack your things the night before discharge.
3. If applicable, ask the nurse to call Security to retrieve any items you may have placed in the hospital’s safe.
4. If scheduled, attend morning therapy/last minute reminders and discharge teaching on the day of your discharge.

5. Wait in your room for final information from your team about discharge instructions. These include doctors’ follow-up appointments that you will need to make, prescriptions and information about any medication you will continue after discharge. You will sign and receive a copy of the discharge summary sheet from your nurse.

Q: Can I start lifting weights/going to the gym/swimming when I get home?

A: You will need to get clearance from your physician prior to starting or resuming such activities.

Q: How will I get home?

A: The recommended means of transportation home will be discussed with you and your family during discharge planning. Therapy does train patients and families to transfer to the vehicle that will be used at time of discharge.

Q: When can I drive?

A: You must get clearance from your physician for driving. This usually occurs at the follow-up appointment after discharge.

Q: How can I get a handicapped parking permit?

A: The physician will sign appropriate paper-work which must be sent to the DMV for approval.

Q: Do I need to follow-up with a doctor after I leave the TGH Rehabilitation Center?

A: Yes. Information related to follow-up will be provided by your social worker/case manager/nurse at time of discharge.

Q: Do I set up my own outpatient therapy schedule and/or home health services?

A: No, the social worker/case manager will set these up for you prior to discharge.
Q: If I must return to TGH for outpatient therapy, how many days a week will my therapy be?

A: Therapy frequency is determined by your physician’s prescription. It is usually two to three times per week, Monday through Friday. Days and times will vary.

Q: Will I have the same therapist for outpatient therapy as I had for inpatient therapy?

A: Your outpatient therapist will not be the same therapist you had for inpatient rehabilitation. To ensure that you have a smooth transition from our inpatient to outpatient therapy program, your inpatient therapist will communicate your goals and functional status to the outpatient therapists.

Q: What is the phone number of the TGH Outpatient Therapy Program?

A: (813) 844-7719 is the scheduling line.

Q: Will I have a follow-up appointment with a rehabilitation doctor?

A: Follow-up appointments are not scheduled for every patient. If a follow-up appointment is needed, the doctor will let you know.

Q: Will my equipment be delivered to TGH or to my home? When? How?

A: It is preferred that equipment be delivered to TGH so that the therapy team can confirm the correct fit and that the correct equipment is delivered. The equipment is usually delivered close to the discharge date by the vendors that are chosen by your insurance.

Q: Will all these tubes/wires/IVs be removed prior to going home?

A: That will be determined just before discharge. Sometimes patients go home with their peg tubes for feeding, IV sites for IV antibiotics, Foley catheters, or other needs.
Q: Will I have to wear a splint/brace/TED hose/helmet after I go home?

A: Therapeutic devices are ordered to address certain medical and physical needs and are adjusted as required by changes in a person’s condition. Each person is different. You will be required to wear your device(s) on a schedule that is determined based on your individual needs. Your doctor and treatment team will address this.

Q: If I need a ramp/grab bars installed in my home, who will do it?

A: Ramps and grab bars are installed by outside vendors. The social worker/case manager can provide information about the vendors. Insurance does not pay for grab bars or ramps.

Q: How can I get bladder catheterization supplies?

A: Upon discharge you will be given several days of catheterization supplies to use until you receive your home supplies from the vendor. Home supplies are ordered before discharge by the social worker from the company that you and your social worker agree upon, or whichever company is covered by your insurance.

Q: Who do I call about broken equipment?

A: Broken equipment should be addressed by the vendor that supplied the equipment. Upon discharge you will be given paperwork to sign which will include vendor names and their contact information. It is important to keep this paperwork in case you need it after discharge.

Q: Will my medications be given to me or do I need to get prescriptions filled prior to leaving rehabilitation?

A: All patients are given prescriptions. Most patients will have their medications filled at their regular pharmacy of choice. You may choose to have your prescriptions filled at the TGH Outpatient Pharmacy before you leave TGH. We can fax the prescriptions to the TGH Outpatient Pharmacy so they are ready for pick-up the day of discharge.

Q: Do I still need to use Thick-It® when I go home?

A: That will depend on how much progress you’ve made with swallowing. Some patients are able to leave rehab on a regular diet with thin liquids. However, many times patients leave rehab on a modified diet and/or liquids. Examples of these are: mechanical soft, puree, nectar thick liquids and honey thick liquids. If you are required to be on a modified
diet, your speech-language pathologist will discuss various options for purchasing thickened liquids and provide resources about preparing food for your diet. Remember, at discharge you will be prescribed the safest diet for you.

Q: **What if I am not able to be discharged home?**

A: When you are admitted to rehabilitation you will be interviewed by a social worker who will discuss your individual living situation. Prior to discharge, your care coordinator will review your progress and options with you and your family. This will be assessed on an individual basis. It is important that your primary support person express any safety concerns to your treatment team as soon as possible so adjustments can be made to the treatment plan if necessary. If you are not cleared to be discharged home, the rehabilitation team will discuss alternative solutions to ensure your safety needs and future rehabilitation needs are addressed.

Q: **Who do I call if I have more questions after I get home?**

A: You will receive a follow-up telephone call from our facility shortly after your discharge. Depending on your question, you can call your physician’s office, social work/case management office, or the nursing station.

Q: **Where can I get financial help?**

A: Depending on your individual situation, your social worker/case manager may refer you to outlying community services so you can apply for benefits and determine if you qualify.
Useful Information

ATM
• An ATM is located inside McDonald’s, as well as in the Cafeteria/Food Court

Dining Options
• TGH Cafeteria/Food Court, 1st floor, West Pavilion. A daily menu may be obtained by dialing (813) 844-6368 (MENU)
• McDonald’s, 1st floor, East Pavilion
• Starbucks Coffee, 1st floor, East Pavilion

W.H.A.R.F. Gift Shop
• Main Lobby, 1st floor, West Pavilion
• (813) 844-7370
• Hours of Operation: Monday-Friday, 9:30 a.m. - 8:00 p.m.; Saturday, 10:00 a.m. - 4:00 p.m., Sunday, 11:00 a.m. - 4:00 p.m.

Pastoral Care
• The chapel is located on the 1st floor, West Pavilion
• (813) 844-7063

Internet Services
• Free Wireless Internet access is available throughout the hospital.
• CaringBridge.org - A free service that lets you set up a unique webpage for yourself, family or friends who are hospitalized. Visit www.tgh.org to link to this service.
• Computers are available in the Recreational Therapy Room located on the 4th floor of the Rehab Center for personal use. Please inquire at the nurse’s station or in the Recreational Therapy Room if you need access to a computer.

Laundry Facilities
• Located on the 3rd and 4th floors of the Rehabilitation Center
## General Community Resources

<table>
<thead>
<tr>
<th>Provider Name</th>
<th>Assistance Provided</th>
<th>Contact Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADA Watch</td>
<td>Defends and promotes the Americans with Disabilities Act (ADA)</td>
<td><a href="http://www.accessiblesociety.org/topics/ada/adawatchgroup.htm">http://www.accessiblesociety.org/topics/ada/adawatchgroup.htm</a></td>
</tr>
<tr>
<td>Assistive Technology Education Network (ATEN)</td>
<td>Assistive technology support for students</td>
<td><a href="http://www.aten.seps.k12.fl.us">www.aten.seps.k12.fl.us</a></td>
</tr>
<tr>
<td>Caregiver.com</td>
<td>Caregiver support groups by county</td>
<td><a href="http://www.caregiver.com/regionalresources/states/FL/support/index.htm">www.caregiver.com/regionalresources/states/FL/support/index.htm</a></td>
</tr>
<tr>
<td>Center for Assistive Technology and Environmental Access</td>
<td>Assistive and universally designed technologies</td>
<td>800-726-9119&lt;br&gt;<a href="http://www.catea.org">www.catea.org</a></td>
</tr>
<tr>
<td>CenterWatch</td>
<td>Provides educational materials on clinical research</td>
<td><a href="http://www.centerwatch.com">www.centerwatch.com</a></td>
</tr>
<tr>
<td>Clinical Trials</td>
<td>Provides information about federally and privately supported clinical research</td>
<td><a href="http://www.clinicaltrials.gov">www.clinicaltrials.gov</a></td>
</tr>
<tr>
<td>Disability Rights Education and Defense Fund (DREDF)</td>
<td>Protects and advances the civil rights of people with limited abilities</td>
<td>800-348-4232&lt;br&gt;<a href="http://www.dredf.org">www.dredf.org</a></td>
</tr>
<tr>
<td>Disability Rights Florida</td>
<td>Provides protection and advocacy services in the state of Florida</td>
<td>800-342-0823&lt;br&gt;850-488-9071&lt;br&gt;<a href="http://www.disabilityrightsflorida.org/">http://www.disabilityrightsflorida.org/</a></td>
</tr>
<tr>
<td>Florida Alliance for Assistive Services and Technology (FAAST)</td>
<td>Advocacy and awareness activities that increase access to and acquisition of assistive services and technology</td>
<td>813-844-7591&lt;br&gt;<a href="http://www.faast.org">www.faast.org</a></td>
</tr>
<tr>
<td>Florida Commission for the Transportation Disadvantaged</td>
<td>Ensure the availability of efficient, cost-effective and quality transportation services for disadvantaged persons</td>
<td>813-276-8999 Hillsborough&lt;br&gt;727-464-8200 Pinellas&lt;br&gt;863-534-5301 Polk&lt;br&gt;727-834-3200 Pasco&lt;br&gt;352-799-1510 x15 Hernando&lt;br&gt;850-410-5715 Medicaid Specialist&lt;br&gt;<a href="http://www.dot.state.fl.us/ctd/index.htm">www.dot.state.fl.us/ctd/index.htm</a></td>
</tr>
<tr>
<td>Florida Developmental Disabilities Council</td>
<td>Information for people with limited abilities, families, advocates and professionals</td>
<td>800-580-7801&lt;br&gt;850-488-4180&lt;br&gt;<a href="http://www.fdde.org">www.fdde.org</a></td>
</tr>
<tr>
<td>Provider Name</td>
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<td>Contact Information</td>
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<tr>
<td>Florida Disabled Outdoors Association</td>
<td>Education about the therapeutic value of recreation</td>
<td>850-201-2944</td>
</tr>
<tr>
<td></td>
<td></td>
<td><a href="http://www.fdoa.org">www.fdoa.org</a></td>
</tr>
<tr>
<td>Florida Housing Coalition</td>
<td>Resource list related to housing</td>
<td>850-878-4219</td>
</tr>
<tr>
<td></td>
<td></td>
<td><a href="http://www.flhousing.org">www.flhousing.org</a></td>
</tr>
<tr>
<td>Florida Independent Living Council (FILC)</td>
<td>Promote independent living opportunities for persons with limited abilities</td>
<td>877-822-1993, 850-488-5624 (voice/TTY)</td>
</tr>
<tr>
<td></td>
<td></td>
<td><a href="http://www.flailc.org">www.flailc.org</a></td>
</tr>
<tr>
<td>Florida Institute for Family Involvement (FIFI)</td>
<td>Enable individuals to advocate for appropriate services and make wise service choices</td>
<td>877-926-3514, 305-293-7626</td>
</tr>
<tr>
<td></td>
<td></td>
<td><a href="http://www.fifionline.org">www.fifionline.org</a></td>
</tr>
<tr>
<td>Florida Instructional Material Center for the Visually Impaired (FIMCVI)</td>
<td>Assist schools in obtaining specialized materials for students with visual impairments</td>
<td>813-837-7826</td>
</tr>
<tr>
<td></td>
<td></td>
<td><a href="http://www.fimevci.org">www.fimevci.org</a></td>
</tr>
<tr>
<td>Learning Disabilities Association of America (LDA)</td>
<td>Enhancing the quality of life for all individuals with learning disabilities</td>
<td>412-341-1515</td>
</tr>
<tr>
<td></td>
<td></td>
<td><a href="http://www.ldaamerica.us">www.ldaamerica.us</a></td>
</tr>
<tr>
<td>Medicaid Waiver</td>
<td>Re-integrate individuals into their communities</td>
<td>866-875-5660</td>
</tr>
<tr>
<td></td>
<td></td>
<td><a href="http://www.doh.state.fl.us/workforce/brainsc/medicaid/medicaidhome.html">www.doh.state.fl.us/workforce/brainsc/medicaid/medicaidhome.html</a></td>
</tr>
<tr>
<td>New Horizon Fund</td>
<td>Offers loans for the purchase of assistive technology (up to $30,000), and home-based business loans (up to $20,000)</td>
<td>888-788-9216</td>
</tr>
<tr>
<td></td>
<td></td>
<td><a href="http://www.faast.org/New-Horizon-Fund/assistive-technology-loans">http://www.faast.org/New-Horizon-Fund/assistive-technology-loans</a></td>
</tr>
<tr>
<td>Self Reliance, Inc, Center for Independent Living</td>
<td>Advocacy, peer support and mentoring.</td>
<td>813-375-3965, 813-375-3972 (TTY)</td>
</tr>
<tr>
<td></td>
<td></td>
<td><a href="http://www.self-reliance.org">www.self-reliance.org</a></td>
</tr>
<tr>
<td>Tampa Lighthouse for the Blind</td>
<td>Comprehensive rehabilitation programs for persons who are blind or visually impaired</td>
<td>813-251-2407</td>
</tr>
<tr>
<td></td>
<td></td>
<td><a href="http://www.tampalighthouse.org">www.tampalighthouse.org</a></td>
</tr>
<tr>
<td>The Able Trust</td>
<td>Provides Floridians with limited abilities fair employment opportunities</td>
<td>850-224-4493</td>
</tr>
<tr>
<td></td>
<td></td>
<td><a href="http://www.abletrust.org">www.abletrust.org</a></td>
</tr>
<tr>
<td>Vocational Rehabilitation</td>
<td>Enable individuals with limited abilities to obtain and keep employment</td>
<td>800-451-4327</td>
</tr>
<tr>
<td></td>
<td></td>
<td><a href="http://www.rehabworks.org">www.rehabworks.org</a></td>
</tr>
<tr>
<td>VSA Florida</td>
<td>Helping persons with limited abilities learn through, participate in, and enjoy the arts</td>
<td>813-975-6962</td>
</tr>
<tr>
<td></td>
<td></td>
<td><a href="http://www.vsafl.org">www.vsafl.org</a></td>
</tr>
</tbody>
</table>
### Government Offices

<table>
<thead>
<tr>
<th>Provider Name</th>
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</thead>
<tbody>
<tr>
<td>Florida Commission on Human Relations</td>
<td></td>
<td><a href="http://fchr.state.fl.us">http://fchr.state.fl.us</a></td>
</tr>
<tr>
<td>Florida Department of Elder Affairs</td>
<td>800-963-5337</td>
<td><a href="http://elderaffairs.state.fl.us/index.php">http://elderaffairs.state.fl.us/index.php</a></td>
</tr>
<tr>
<td>Florida State Website</td>
<td>Information for residents of Florida</td>
<td><a href="http://myflorida.com/">http://myflorida.com/</a></td>
</tr>
<tr>
<td>SunPass Prepaid Toll Program</td>
<td>Assists persons with limited abilities pay for tolls</td>
<td>888-865-5352</td>
</tr>
</tbody>
</table>

### Service Animals

<table>
<thead>
<tr>
<th>Provider Name</th>
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<th>Contact Information</th>
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</thead>
<tbody>
<tr>
<td>Canine Companions for Independence</td>
<td></td>
<td><a href="http://www.cci.org">http://www.cci.org</a></td>
</tr>
<tr>
<td>Canine Helpmates, Inc.</td>
<td>907-357-5700</td>
<td></td>
</tr>
<tr>
<td>Florida Canines Assisting People</td>
<td>Types of dogs trained: Service, Therapy</td>
<td>352-821-2798</td>
</tr>
<tr>
<td>Florida Dog Guides for the Deaf</td>
<td>Types of dogs trained: Hearing</td>
<td>800-520-4589 (TDD)</td>
</tr>
<tr>
<td>New Horizon Service Dogs</td>
<td>Types of dogs trained: Service, Mobility Assistance</td>
<td>386-456-0408, <a href="mailto:newhorizons@cfl.rr.com">newhorizons@cfl.rr.com</a></td>
</tr>
<tr>
<td>Okada</td>
<td>Types of dogs trained: Seizure Response, Hearing, Social/Therapy, Alzheimer’s Guide Dogs</td>
<td>352-344-2212, <a href="mailto:okada@okadadogs.com">okada@okadadogs.com</a></td>
</tr>
</tbody>
</table>
### Service Animals

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<tr>
<th>Provider Name</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Sedona Service Dog Program</td>
<td>Assists persons with limited abilities pay for tolls</td>
<td><a href="mailto:sedonaK9@aol.com">sedonaK9@aol.com</a></td>
</tr>
<tr>
<td>Wags / Vicon Kennels</td>
<td>Types of dogs trained: Service</td>
<td>352-482-3988</td>
</tr>
</tbody>
</table>

### Sports and Recreation

<table>
<thead>
<tr>
<th>Provider Name</th>
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<th>Contact Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>BlazeSports</td>
<td>Maximize potential through sports</td>
<td><a href="http://www.blazesports.com">www.blazesports.com</a></td>
</tr>
<tr>
<td>BlazeSports</td>
<td>Maximize potential through sports</td>
<td><a href="http://codb.us/residents/Departments/leisure/Therapeutic">http://codb.us/residents/Departments/leisure/Therapeutic</a></td>
</tr>
<tr>
<td>BlazeSports</td>
<td>Maximize potential through sports</td>
<td><a href="http://www.shakealegmiami.org">www.shakealegmiami.org</a></td>
</tr>
<tr>
<td>BlazeSports</td>
<td>Maximize potential through sports</td>
<td><a href="http://www.ci.pensacola.fl.us">www.ci.pensacola.fl.us</a></td>
</tr>
<tr>
<td>BlazeSports</td>
<td>Maximize potential through sports</td>
<td>813-744-5307</td>
</tr>
<tr>
<td>Broward County</td>
<td>Parks and Recreation Department</td>
<td><a href="http://www.broward.org/parks">www.broward.org/parks</a></td>
</tr>
<tr>
<td>Lee County</td>
<td>Parks and Recreation Department</td>
<td><a href="http://www.leeparks.org">www.leeparks.org</a></td>
</tr>
<tr>
<td>Sailability</td>
<td>Adaptive sailing program individuals with limited abilities</td>
<td>727-489-9468</td>
</tr>
<tr>
<td>Sailing</td>
<td>Provides resources for adaptive water skiing</td>
<td><a href="http://www.sailingalternatives.org">www.sailingalternatives.org</a></td>
</tr>
<tr>
<td>U Can Ski 2</td>
<td>Provides adaptive water ski events for adults and children</td>
<td><a href="http://www.ucanski2.com">www.ucanski2.com</a></td>
</tr>
<tr>
<td>USA Water</td>
<td>Provides resources for adaptive water skiing</td>
<td><a href="http://www.usawaterski.org/pages/divisions/WSDA/main.htm">www.usawaterski.org/pages/divisions/WSDA/main.htm</a></td>
</tr>
</tbody>
</table>
| Veterans Benefits

<table>
<thead>
<tr>
<th>Provider Name</th>
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<th>Contact Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Paralyzed Veterans of America</td>
<td>Provides assistance to paralyzed veterans</td>
<td><a href="http://www.pva.org">www.pva.org</a></td>
</tr>
<tr>
<td>Veterans Affairs</td>
<td></td>
<td><a href="http://www.va.gov">www.va.gov</a></td>
</tr>
</tbody>
</table>
# Additional Resources for Persons with ALS

<table>
<thead>
<tr>
<th>Provider Name</th>
<th>Assistance Provided</th>
<th>Contact Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>ALS Association Florida Chapter</td>
<td>Helps people living with ALS and searches for a cure</td>
<td>888-257-1717</td>
</tr>
<tr>
<td></td>
<td></td>
<td>813-637-9000</td>
</tr>
<tr>
<td></td>
<td></td>
<td><a href="http://www.als-florida.org">www.als-florida.org</a></td>
</tr>
<tr>
<td>Roger M. Dauback Foundation, Inc.</td>
<td>Assists persons with ALS and their families</td>
<td>407-733-3741</td>
</tr>
<tr>
<td></td>
<td></td>
<td><a href="http://rogerals.org/">http://rogerals.org/</a></td>
</tr>
<tr>
<td>U of M ALS Clinical and Research Program</td>
<td>Clinical trials related to ALS</td>
<td>305-243-7424</td>
</tr>
<tr>
<td></td>
<td></td>
<td><a href="http://miami-als.org/research.htm">http://miami-als.org/research.htm</a></td>
</tr>
</tbody>
</table>

# Additional Resources for Persons with Brain Injury

<table>
<thead>
<tr>
<th>Provider Name</th>
<th>Assistance Provided</th>
<th>Contact Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brain and Spinal Cord Injury Program</td>
<td>Provides the opportunity to obtain the necessary services enabling them to return to their community</td>
<td>800-342-0778</td>
</tr>
<tr>
<td></td>
<td></td>
<td><a href="http://www.doh.state.fl.us/demo/BrainSC/index.html">http://www.doh.state.fl.us/demo/BrainSC/index.html</a></td>
</tr>
<tr>
<td>Brain Injury Association of Florida (BIAF)</td>
<td>Informs, educates, supports, and advocates on behalf of traumatic brain injury (TBI) survivors, their families and caregivers</td>
<td>800-992-3442</td>
</tr>
<tr>
<td></td>
<td></td>
<td><a href="http://www.biaf.org">www.biaf.org</a></td>
</tr>
<tr>
<td>Miami Jewish Home and Hospital</td>
<td>Brain and Spinal Cord Injury ventilator dependent rehabilitation program</td>
<td>305-751-8626 x3843</td>
</tr>
<tr>
<td></td>
<td></td>
<td><a href="http://www.mjhha.org">www.mjhha.org</a></td>
</tr>
</tbody>
</table>

# Additional Resources for Persons with Friedreich’s Ataxia

<table>
<thead>
<tr>
<th>Provider Name</th>
<th>Assistance Provided</th>
<th>Contact Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Guillain-Barre Syndrome</td>
<td>Provides support to those affected</td>
<td>610-667-0131</td>
</tr>
<tr>
<td></td>
<td></td>
<td><a href="http://www.gbs-cidp.org">http://www.gbs-cidp.org</a></td>
</tr>
<tr>
<td>Tampa Bay Ataxia Group</td>
<td>Improving the lives of persons affected by ataxia</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td><a href="http://www.ataxia.org/chapters/TampaBay/defaults.aspx">www.ataxia.org/chapters/TampaBay/defaults.aspx</a></td>
</tr>
</tbody>
</table>

# Additional Resources for Persons with Multiple Sclerosis

<table>
<thead>
<tr>
<th>Provider Name</th>
<th>Assistance Provided</th>
<th>Contact Information</th>
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</thead>
<tbody>
<tr>
<td>MSAA Southeast Regional Office</td>
<td></td>
<td>800-532-7667 x154</td>
</tr>
<tr>
<td></td>
<td></td>
<td>727-367-1113</td>
</tr>
<tr>
<td>Multiple Sclerosis Association of America</td>
<td>Enrich the quality of life for everyone affected by Multiple Sclerosis</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td><a href="http://www.msaa.com">www.msaa.com</a></td>
</tr>
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</table>
### Additional Resources for Persons with Muscular Dystrophy

<table>
<thead>
<tr>
<th>Provider Name</th>
<th>Assistance Provided</th>
<th>Contact Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Muscular Dystrophy Association</td>
<td>Provides support to those affected</td>
<td><a href="http://www.mdausa.org">www.mdausa.org</a></td>
</tr>
</tbody>
</table>

### Additional Resources for Persons with Post-Polio Syndrome

<table>
<thead>
<tr>
<th>Provider Name</th>
<th>Assistance Provided</th>
<th>Contact Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Post-Polio Health International</td>
<td>Enhance the lives and independence of polio survivors</td>
<td><a href="http://www.post-polio.org">www.post-polio.org</a></td>
</tr>
</tbody>
</table>

### Additional Resources for Persons with Stroke

<table>
<thead>
<tr>
<th>Provider Name</th>
<th>Assistance Provided</th>
<th>Contact Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>America Stroke Association</td>
<td>Build healthier lives, free of cardiovascular disease &amp; stroke</td>
<td>888-478-7653 <a href="http://www.strokeassociation.org">www.strokeassociation.org</a></td>
</tr>
<tr>
<td>CDC's Cardiovascular Health</td>
<td>Provide public health leadership to improve cardiovascular health for all</td>
<td><a href="http://www.cdc.gov/DHDSP/">http://www.cdc.gov/DHDSP/</a></td>
</tr>
<tr>
<td>Florida Department of Health</td>
<td>Promoting health and preventing chronic disease</td>
<td><a href="http://www.doh.state.fl.us/Family/heart/index.html">www.doh.state.fl.us/Family/heart/index.html</a></td>
</tr>
</tbody>
</table>

### Additional Resources for Persons with Spinal Cord Injury

<table>
<thead>
<tr>
<th>Provider Name</th>
<th>Assistance Provided</th>
<th>Contact Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Christopher Reeve Foundation</td>
<td>Committed to finding a cure and improving the quality of life for people with SCI</td>
<td>800-225-0292 <a href="http://www.christopherreeve.org">www.christopherreeve.org</a></td>
</tr>
<tr>
<td>Citrus County Spinal Cord Injury Support Group</td>
<td>352-631-0191 Rufus Walters</td>
<td></td>
</tr>
<tr>
<td>Florida Dept of Health Brain and Spinal Cord Injury Program</td>
<td>Provides eligible residents the opportunity to obtain the necessary services enabling them to return to their community</td>
<td>800-342-0778 866-875-5660 850-245-4045 <a href="http://www.doh.state.fl.us/demo/BrainSC/index.html">http://www.doh.state.fl.us/demo/BrainSC/index.html</a></td>
</tr>
<tr>
<td>Florida Spinal Cord Injury Resource Center (FSIRC)</td>
<td>SCI resource information for persons who have survived and SCI</td>
<td>866-313-2940 <a href="http://www.fscirc.com">www.fscirc.com</a></td>
</tr>
<tr>
<td>National Spinal Cord Injury Association’s Florida Resources</td>
<td></td>
<td><a href="http://www.spinalcord.org">www.spinalcord.org</a></td>
</tr>
<tr>
<td>South Florida Spinal Cord Injury Model System</td>
<td>800-545-2292 305-585-1320</td>
<td><a href="http://www.sci.med/miami.edu">www.sci.med/miami.edu</a></td>
</tr>
</tbody>
</table>
Admission Agreement for Patients

Name:  

Date:  

I ______________________________________, agree to the following treatment guidelines. It is understood that these items must be addressed prior to discharge.

1. Patient will attend any conference requested by the rehabilitation team.
2. Patient agrees to participate in the care including grooming, feeding and activities as requested by the rehabilitation team. Weekly contact with social services and/or case management is also requested.
3. Patient will attend education sessions with nursing and therapists as requested.

Signature:  

Date:  

Should you have a complaint or grievance about any aspect of service received, you have the right to contact the Risk Manager at (813) 844-7666 and know that provision of care will not be compromised for doing so. If necessary, you may also contact AHCA at 2727 Mahan Drive, Tallahassee, Florida 32308; (888) 419-3456.

Please share as much information as you can with the team so we can plan the very best care for you.