

Merry Christmas & Seasons Greetings to All!

Merry Christmas!

We have had a busy year at ProCare, and we are finishing it out with a bang! We have worked hard and returned many patients back home, and we have assisted our partner facilities with teaching and training. We have integrated new equipment and programming into many therapy gyms. Many of our facilities and teams have received awards for their work. Most importantly, the therapists of ProCare have served our patients and their families well. The leadership team of ProCare is proud and appreciative of the wonderful group of therapists that make up our clinical team.

We are finishing the year by welcoming twelve (12) new facilities to the ProCare family. As you celebrate your family, your faith and your friends, be safe and know that CeCe, Donna, Billy, Brian and Brandon appreciate you all and wish you a very, merry Christmas!



“Optimism is essential to achievement and it is also the foundation of courage and true progress.”

-Nicholas Murray Butler

In This Issue

- Merry Christmas
- Sheridan's Elf
- Welcome to All!
- Clinical Corner
- MDS Minute



Premier Health & Rehab therapists in the spirit! Hope Phillips, Angela Ware, Travis Gilbert, Megan Holliman, Zoe Boles.



CHALLENGE AWARD 2014

Sheridan's Elf: Miss Snowball Snoozyfluff



The Rehab Team at Sheridan Healthcare and Rehabilitation really has the Christmas Spirit. They even enlisted the help of a special elf, the delightful Miss Snowball Snoozyfluff, the well-dressed cousin to the famous "Elf-on-a-Shelf".



Miss Snowball have been facility, ensuring wonderful holi- and her therapy cohorts have also en- pect the unexpected during the holidays. ed a high speed train situation, milk and

and the Sheridan rehabilitation team spreading Christmas Joy all over the that all of the elders in Sheridan have a day season. Miss Snowball Snoozyfluff ensured that the staff at Sheridan can ex- Some of their shenanigans have includ- cookies for Santa, as well as a thrilling

zip line adventure to wish the facility a Merry Christmas.



Snowball Snoozyfluff has been especially impressed with the great rehabilitation that has been occurring in this facility. She was especially impressed with ad- vanced medical equipment modality use, and she observed short-wave diather- my used for pain management. Snowball also witnessed Vital Stim treatments to assist elders with dysphagia. Snowball was most amazed with skilled interven- tions to address deficits with self-care tasks, memory and recall, and safety with transfers and functional ambulation. Miss Snowball Snoozyfluff personally helped decorate r esident doors; her favorite door motif is, of course, the elf.

The Elf, Snowblall Snoozyfluff play- ing ring toss with Mr. Snowman

Extend a warm and wonderful ProCARE welcome to these new facilities and employees! Wecome aboard!

Canyon Springs

Kim Williams, OTR/DOR
Terry Carter, PT
Shelley Hanlon, COTA
Mandy Sullivant, PTA
Reagan Agee, SLP
Erin Hawbaker, SLP

Courtyard Gardens Health and Rehab

Latisha Gordan, PTA/DOR
Jackie Beck, COTA
Alan Daugherty, OTR

Mount Vista

Elizabeth Gladden, PTA/DOR

Noraida Lamb, PT
Kassedy Gattis, COTA
Caitlynn May, COTA
Dan McFarren, OTR
Daniel Bradley, PTA



Harrison Rehabilitation and Care

Neely Richardson, PT
Matt Hyde, COTA
Brad Rodery, OTR



Premier Health and Rehab

Angela Ware, PTA/DOR
Meagan Holiman, PT
Zoe Boles, OTR
Travis Gilbert, COTA
Hope Phillips, SLP





The Woods at Monticello
 Renee Lamayo, PT
 Taylor Middleton, OT
 Holly Pill, COTA
 Whitney Gorman, SLP

Crossett Rehabilitation and Health
 Marci Roberts SLP/DOR
 Robert Guanzon, PT
 La'Toya Gill, COTA
 Heaven Pittman, PTA

Pine Hills Health and Rehabi
 Marissa Newton, PTA/DOR
 Sydney Perry, COTA

Rogers Health and Rehabilitation
 Vicki Wilson, SLP/DOR
 Amanda Myers, PT
 Beverly Parkerson, PTA
 Shannon Mahl, PTA
 Lauren Cohen, OTR
 Brittany Jones, COTA
 Maureen Fericola, SLP

Seven Springs Rehab and Health
 Diann Friend, COTA/DOR
 Valeree' Russell, OTR
 Michelle Hernandez, SLP

McGehee Health and Rehabilitation
 Melissa Selby, PTA
 Sunny Abraham, COTA

Valley Springs Rehab and Health
 Aimee McAdams, PTA/DOR
 Casie Dees, PTA
 Bobbi Leftwich, PTA
 Sara Lyons, COTA
 Kristina Berry, COTA
 Ashley Bishop, SLP

Also welcome these employees!
 Lilibeth Rebadomia, PT, Ouachita
 Ginger Myers, SLP Lake Village



Willie Shepherd making wreaths at River Ridge

CLINICAL CORNER: PAIN

Pain prevents people of all ages from enjoying life or performing at the highest level. For elders, pain can be particularly and specifically debilitating. Healthy adults often rely on existing strength, endurance, balance and mobility abilities to devise strategies to complete tasks, or to move without pain. The compensatory strategies that healthier and younger people often use are not always available to weaker and sicker elders.

Decreased levels of mobility and endurance, impaired balance and decreased strength may coexist or pre-exist the pain in elders, leaving them unable to use such strategies. Pain then creates further isolation, dependence, depression and decreased mobility. This in turn exacerbates weakness, endurance and balance deficits. The downward cycle is difficult to break without active therapeutic intervention to address pain management, task strategies, and for physical recovery of strength, balance and activity tolerance.

These facts do not mean a patient will always tell us openly about their pain. Fear of pain can present an obstacle to the recovery process and resistance to rehabilitation. The desire to return home can prevent open communication about pain and self-care issues. Therapists must energetically pursue this information.

Since managing pain is critical to therapeutic success, and to the patient's functional success, **what can therapists do?**

- Establish trust by listening. Actively listen, understand and address pain along with physical rehabilitation.
- Act upon the information provided. This may include discussions with the physician and clinical team about medication.
- Schedule therapy appropriately. Consider time of day. Remember that providing therapy is sometimes best following medication. However, very often, when pain management is a specific goal, providing treatment without the medication is crucial. In this way, you may assess the effectiveness of your specific pain treatments.
- Use modalities. Modalities such as Diathermy, E-stim, or even hot and cold applications, are effective pain management techniques that should be used to maximize patients comfort, recovery and participation. Measure and track modality usage.
- Address functional activity management and pain.
- Measure and track pain from evaluation to discharge.



Remember that nearly 40% of those discharged from a SNF receive acute care within 3 months of discharge, and 22% return to the hospital within 30 days. (Duke University, UNC Chapel Hill, University of Pennsylvania.) Additionally, about 23% of SNF patients return to the hospital within 30 days of discharge because of pain. Let's do everything in our domain to prevent those re-hospitalizations, and to maximize the chance of discharge success!



The MDS Minute

According to the OIG (Office of Inspector General), incorrect coding impacts 40-50% of residents. A 2013 report noted that nearly 40% of SNFs failed to follow their own care plans. Additionally nearly 50% of the facilities reviewed had incorrectly coded the MDS, when compared to the medical record information. Those of us working with the MDS find that both horrifying and unsurprising. The MDS is large, complicated, and has been compared to our tax-code: ever-expanding and complex.

How can we in rehabilitation help? By listening, reporting, and documenting effectively. In short, by communicating, and communicating in functional and usable terminology. The most common mistakes, as reported by McKnights, are the following: 1. Non-matching clinical documentation. 2. Missing key dates. 3. Failure to Optimize 4. Underreporting ADL help. 5. Warnings ignored.

Number 4, Underreporting ADL help, applies to both rehabilitation and to nursing and caregivers. The amount of assistance required of caregivers as a patient transfers, moves to and from bed, and within the bed, toilets and feeds are the most error prone items. These are areas where the therapists' ability to perform in depth activity analysis can be most helpful.

PRO CARE NEWS

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PLACE
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FOR: