

The purpose of this page is to describe general considerations when referring to acquired brain injury (ABI) slow-to-recover inpatient rehabilitation programs at Bridgepoint Hospital and Toronto Rehabilitation Institute. Please do not return this page when forwarding your referral.

The admission criteria for each organization vary. Please contact the Toronto ABI Network office at 416-597-3057 should there be any questions regarding a specific referral. Please note that the following are only guidelines and that each application is reviewed on an individual basis.

Slow-to-Recover ABI Inpatient Rehabilitation: General Guidelines for Referring Facilities

ALL of the following are taken into consideration when reviewing ABI slow-to-recover applications:

- **Severe Brain Injury:** If applicable, clients typically present at Rancho* levels between III-V, i.e., demonstrate a localized response but which may be inappropriate; they often demonstrate confusion, decreased attention span, limited continuous memory, i.e., still experiencing post-traumatic amnesia.
- **Complex Needs:** Clients who are appropriate for slow-to-recover rehabilitation typically have complex physical, medical and cognitive needs requiring a specialized ABI rehab program and significant nursing care.
- **Attention/Responsiveness:** Clients appropriate for slow-to-recover rehabilitation are able to participate in 10-15 minute sessions, several times per day and demonstrate meaningful responses to their environment, i.e., able to communicate via verbal or non-verbal means, able to visually track and focus and able to demonstrate a consistent, purposeful motor response.
- **Slower Rate of Recovery:** Typically, there is a greater amount of time from the date of injury to the date of readiness for rehab (i.e., a few months). Clients demonstrate improvement/progress in the acute/sub-acute phase of recovery. Clients' length of rehab stay may vary widely and is determined by the progress demonstrated towards established goals appropriate for an inpatient rehabilitation setting.
- **Clients must be medically stable** i.e., a client's medical condition should not preclude him/her from actively participating in therapy sessions.
- **Clients with multiple pre-existing co-morbid conditions** may be suitable, though depending on the stability of these, clients may be more appropriate for other programs, e.g., geriatric program.
- A **plan for discharge post rehab** should be in place prior to admission and **letter of return** is often requested.
- Clients are typically **18 years or older**, however those younger than 18 will be considered on an individual basis.
- **Psychiatric needs:** Clients who require *acute* psychiatric care are not appropriate for ABI rehab.
- **Clients who demonstrate behaviours** that pose a threat to the safety of themselves or others through directed physical aggression are not appropriate for slow-to-recover rehabilitation.**

* Hagen, C. Malkmus, D. & Durham, P. (1972). *Levels of cognitive functioning*. Downey, CA: Ranchos Los Amigos Hospital.

** An inpatient and outreach ABI behaviour program is available through West Park Healthcare Centre. For further information, please contact the Network office at 416-597-3057