

Rehabilitation Services – North Court Street

On behalf of our staff, thank you for choosing Berger Hospital Physical Medicine and Rehabilitation for your therapy. We will work to shape a rehabilitation program to best meet your needs and goals. We are committed to making your experience with us pleasant and productive.

Our purpose is to help you achieve skills, which are vital to your everyday living. We will provide you with:

1. A competent team of professionals who treat you with kindness, dignity, and respect.
2. Services that are provided in a timely manner.
3. Education about your illness or injury, and how you can help yourself improve.
4. Correspondence between therapist and your doctor about your progress during therapy.
5. Parking shuttle service for your convenience.

In return, we expect that you will:

1. Verify with your insurance company that outpatient therapy is a covered benefit. It is your responsibility to know your policy plan and any limitations you may have.
2. Report for your appointments on time.
3. Keep all scheduled appointments or call prior to your appointment. In the event that you need to cancel, leave a voice mail with your name and reason for canceling.
4. Follow through at home with your therapy recommendations and exercises.

We appreciate the opportunity to provide your care.

Your Partner in Safe Care

The Berger Hospital Physical Medicine and Rehabilitation staff is dedicated to providing quality care in the safest possible setting. We ask that you partner with us to help ensure the best possible results while you receive care. The following information explains how you can help.

Fall Prevention

Think safety! You can prevent falls by:

- Wearing rubber sole shoes to exercise.
- Using assistive devices such as canes/walkers as advised.
- Telling the therapist if you need help.
- Being thoughtful before starting any activity. Think safety!
- Immediately reporting symptoms that may put you at risk for falling.

Before You Exercise

- Take medications as directed.
- If you are diabetic, you should eat prior to coming to therapy. Check your blood sugar and blood pressure and report values to your therapist.
- Report any significant changes since your last therapy session. (i.e. falls or dramatic increases in pain or swelling.)

Preventing Infection

- Keep wounds covered.
- Cover your nose and mouth when you sneeze or cough.
- Ask friends or relatives who have colds, the flu or other contagious illnesses not to attend your therapy sessions while they are ill.
- Please use the hand sanitizer, conveniently located next to the restroom, prior to being taken to the treatment area.

Medicines You Take

Tell your therapist when your doctor changes your medications.

- Make sure your therapist is aware of all medications, prescription and over-the-counter, you are taking. Include name, dosage and frequency of each medication.
- Take your medication as directed prior to exercise.
- Make sure all of your allergies are well-known and documented in your medical chart.

During your care experience, we encourage you to inform our staff of any issues or concerns.

If these concerns are not resolved, we encourage you to contact our **Patient Advocate, Kara Justice, at 740-420-8353.**

Attendance Policy

The degree of progress you will make in therapy is directly related to your commitment to making yourself well. Part of that commitment is attending all of your scheduled appointments. You will be provided with an appointment card which will indicate the day, date, and time for each treatment. We will do our best to schedule your appointments for the days and times that are most convenient for you.

CANCELLATIONS

The therapy department number is (740) 420-8243.

We understand that occasionally difficulties arise which may prevent you from keeping a scheduled appointment.

1. Please notify us of any cancellations as soon as possible. It is your responsibility to reschedule missed appointments. Scheduling is done one week in advance on a first-come, first-serve basis. You do not automatically keep the same appointment each week.
2. We will call to check on you if an appointment is missed on error and a complimentary reminder will be given for the next scheduled appointment for you.
3. Please notify the department, out of courtesy, if the physician or yourself has determined that therapy is no longer needed and discharge from the program is warranted.

LATE ARRIVALS

We will make every effort to begin your sessions on time. In return, we request that you be on time for your appointments. If you arrive late for your appointment, we reserve the right to shorten the service provided for that date, or reschedule the appointment.

INSURANCE

It is your responsibility to know the details of your insurance coverage. This includes any monetary or visit limitations that may apply to your treatments in the therapy department.

Thank you, in advance, for making your therapy appointments a priority in your schedule. By signing below, you are stating that you agree with the policies listed above.

Signature _____ Date _____

If patient is unable to sign or is a minor, please complete the following:

Legal Guardian _____ Date _____

Relationship to Patient _____