



Spinal Cord Injury Specialty Program Scope of Services

Gaylord Hospital has more than 65 years of history in providing care to persons with Spinal Cord Injury (SCI). Our work in SCI and research has been recognized both regionally and nationally. Gaylord's Spinal Cord Injury Program is CARF (Commission on Accreditation of Rehabilitation Facilities) accredited and part of the model system. Gaylord's program offers comprehensive, integrated rehabilitation that helps maximize a person's abilities and independence throughout their lifespan. Our program draws on the expertise of a complete care team of specialists. We use the latest technologies and research to provide individualized care focusing on the complete patient— body, mind and spirit. We work to assist the person with SCI in setting realistic goals and learning the skills needed to make the most of occupation, home and life. The spinal cord specialty program follows Gaylord's mission, vision and values statement.

Our Mission is to enhance health, maximize function and transform lives.

Our Vision to be a recognized and acknowledged destination for rehabilitation and complex medical care providing high-quality, patient-centered, compassionate, team-based healing at every point in the journey from illness or injury to maximum recovery.

Our Values are clinical excellence, compassion, integrity, respect, accountability and a commitment to safety.

Our Patients/Population Served:

Gaylord is dedicated to serving the needs of adult and adolescent persons with SCI. Our inpatient units accept individuals with SCI at all levels of injury inclusive of traumatic or non-traumatic etiology. We have ventilator, telemetry and oxygen capabilities allowing us to serve persons with SCI at a medically complex level. We accept patients from Connecticut and surrounding states, sometimes from across the country and other countries, working with various insurance and payer sources. All of our hospital rooms are private rooms. We have adolescent dedicated suites which consisting of private rooms with a parent or support person adjoining private room, free of charge. Rooms are connected via private bathrooms for each and a shared shower for the suite. Each family suite has a mini fridge. The adolescent unit also has The Loft which is a game room with XBOX ONE and a 42-inch flat-screen TV. Currently, Gaylord is undergoing renovation projects and during these renovations, the adolescent suites are occasionally unavailable due to construction.

Our outpatient department provides continued lifelong care working with individuals with SCI 18 years old and older and residing in the community. Younger than 18 are approved on an



individual basis. We offer physical therapy (PT), occupational therapy (OT), speech and language pathology (SLP), therapeutic recreation (TR), counseling/social work, neuropsychology, care management and physician and licensed independent practitioner (LP) services with flexibility of scheduling and frequency. Our TR department has a very active Sports Association with many activities available to community-dwelling persons with physical disabilities or vision impairments. Our medical services department provides annual follow-ups as needed. Gaylord's experienced team works collaboratively to help improve health and function, decrease risk factors and improve overall quality of life.

Settings/Locations/Hours of Service:

Please refer to our website, Gaylord.org for the most up-to-date hours of service.

Gaylord Inpatient Services

50 Gaylord Farm Road | Wallingford, CT 06492

Gaylord Outpatient Services

(includes Physiatry, Psychology and Therapy Services)

50 Gaylord Farm Road | Wallingford, CT 06492

Gaylord Outpatient Services

(providing neurological PT, OT and SLP and orthopedic PT)

8 Devine Street | North Haven, CT 06473

Gaylord Physical Therapy

(providing orthopedic PT)

1154 Highland Avenue | Cheshire, CT 06410

50 Berlin Road | Cromwell, CT 06416

28 Durham Road | Madison, CT 06443

Frequency of Service:

Frequency of services is determined on an individual basis after evaluation in order to meet the needs of each individual.



Payers and Funding Sources:

Health insurance benefits are verified prior to initial service. Gaylord Specialty Healthcare participates with most insurance networks.

Accepted managed care plans including but not limited to:

COMMERCIAL	GOVERNMENT	MEDICARE ADVANTAGE
<ul style="list-style-type: none"> ▪ Aetna ▪ Blue Cross ▪ Cigna ▪ Connecticare ▪ Harvard Pilgrim ▪ Multiplan ▪ Oxford ▪ United Healthcare ▪ Yale Health Plan 	<ul style="list-style-type: none"> ▪ Medicare ▪ State of Connecticut Medicaid ▪ VA Community Care Network(managed by Optum) 	<ul style="list-style-type: none"> ▪ Aetna Medicare Advantage ▪ Blue Cross Medicare Advantage ▪ Carepartners of CT ▪ Connecticare Medicare Advantage ▪ Wellcare Medicare

Fees:

Gaylord wants to help patients make informed healthcare decisions. Because that includes understanding your out-of-pocket costs for our services, we make our charge master available on our website www.gaylord.org.

Patients covered by private health insurance are encouraged to contact their insurance carrier to understand their financial responsibilities. Contact information for your insurance carrier can be found on the back of your health insurance card or by visiting the carrier’s website. You can also call the Gaylord Hospital Patient Financial Services department at (203) 284-2827 or email Billinginquiries@gaylord.org.

Referral Sources:

Referrals are made from many sources such as acute care hospitals, rehab hospitals, skilled nursing facilities, home health care, community physicians and self-referral.

Admission Criteria:**Inpatient Admission Criteria**

Gaylord Hospital screens all potential admissions by utilizing nationally recognized admission criteria. Patients must have:

1. A diagnosis that is part of the spectrum of Spinal Cord Injury Medicine such as complete (ASIA A) and incomplete (ASIA B-E) SCI, including cauda equine injuries. Etiology may include trauma, infarction, infection, tumor, or idiopathic (such as transverse myelitis). Comorbidities may include brain injury, orthopedic injuries, multiple trauma, medical comorbidities such as hypertension, diabetes, and coronary artery disease are accepted.
2. Must be 18 years of age or older. An exception to this policy would be a younger patient, and only at the discretion of the Medical Director, Inpatient Rehab or designee.
3. Does not require the capabilities of an acute care hospital.
4. Requires 24-hour nursing care and medical coverage.
5. Able to benefit from at least two therapies.
6. No preceding comprehensive rehabilitation effort; OR previously unattained but currently feasible rehabilitation goals with the potential to tolerate and benefit from services and attain significant functional goals.
7. Ability to comprehend very basic commands.
8. Absence of severe pre-morbid dementia.
9. Treatment requires a hospital level of care due to complications such as:
 - a. Disabling spasticity
 - b. Continence management
 - c. Pain issuer
 - d. Recurrent dysreflexia
 - e. Skin breakdown
10. Hospital resources of a scope, duration, frequency or amount which are not provided or do not exist at a lower level of care and/or patient failed to recover at another level of care.
11. Cultural and spiritual needs are assessed and determined to be within the scope of resources and interventions available to meet the needs of the persons served.

Exclusion:

The following patients are generally excluded from admission, but exceptions can be made in borderline cases if reviewed and accepted by the Director of Psychology or designee.

- Patients whose current inpatient hospital stay is a result of a suicide attempt
- Patients currently residing in an inpatient psych or substance abuse facility
- Patients who have been exhibiting or demonstrating suicidal ideation or have a documented history of inpatient psych admissions
- Patients with severe mental illness with significant behavioral issues
- Demonstrated ideations of suicide
- Patients who are incarcerated and under the care of the Department of Corrections

Continued Stay Criteria

1. Continued daily monitoring by a physician-led team of healthcare professionals is required.
2. Coordination and delivery of multidisciplinary care with care team meeting at a minimum every two weeks and verifiably documented progression or regression with plan of care revised accordingly.
3. Hospital resources of a scope, duration, frequency, or amount that are not provided or do not exist at a lower level of care and/or the patient failed to recover at another level of care.
4. Interdisciplinary coordinated team approach to program of care consisting of PT, OT, respiratory therapy, and/or speech therapy 5 days per week.

Outpatient Admission Criteria:

Criteria for Provision of Outpatient Therapy Services

Patients are typically admitted for outpatient services once a prescription is obtained. For PT services, a written prescription is not required based on CT state law. The prescription can be brought by the patient or faxed and/or mailed by the patient or referral source. It should contain the patient's name, date of birth, address, phone number, medical diagnosis, onset date, specific therapy services ordered and insurance information, and the physician's dated signature, address and phone number. However, it will be processed with the patient's name, medical diagnosis, specific therapy services ordered and physician's signature while other information is being obtained via communication with the referral source. The patient's insurance will be verified to ensure it is active and the evaluations will be scheduled for each respective order.

For therapy to be provided to an individual in the outpatient clinic, therapy services must be considered:

- Restorative in nature and appropriate for the patient's condition
- Require the skill of a licensed clinician to design, implement, and progress a plan of treatment or maintain the current level of function.
- Preventative of further functional decline for degenerative conditions. Of note, skilled intervention is still required during any maintenance therapy.
- Indicated for design of appropriate home exercise program with instruction to patient and/or caregiver.

Patients will be treated in Outpatient Therapy when:

- Mobility deficits interfere with daily living, employment, and/or schooling.
- Musculoskeletal, neuromuscular, cardiopulmonary, neurocognitive, visual/perceptual, and other disease processes or injury deficits interfere with functional mobility, and/or activities of daily living.
- Musculoskeletal, neuromuscular, cardiopulmonary, neurocognitive, visual/perceptual other disease processes, or injury deficits reduce an individual's ability to interact with the environment safely, independently and/or effectively.
- Conditions in which pain or other sensory dysfunction interfere with functional mobility and/or activities of daily living.
- Musculoskeletal, neuromuscular, neurocognitive, visual/perceptual, respiratory and other disease processes or injury deficits reduce an individual's ability to communicate via oral-motor and motor-speech, verbal expression, auditory comprehension, reading comprehension, written expression, pragmatic skills, and other non-verbal communication skills.
- Musculoskeletal, neuromuscular, neurocognitive, respiratory or other conditions such as post-surgical conditions interfere with an individual's ability to achieve normal nutrition via swallowing.
- Special techniques or procedures are required for the patient to achieve functional mobility, communication and increase independence in activities of daily living.
- Special equipment and/or devices are required for the patient to achieve functional mobility, communication and increase independence in activities of daily living.
- Functional mobility and level of ADL independence is below premorbid abilities and the patient desires treatment for these impairments.

Discharge Criteria

Inpatient Discharge Criteria:

1. Patient has stable vital signs, has returned to either baseline orientation or pre-morbid state, has a satisfactory airway, has stabilized or resolved acute problem, and is able to be cared for in a less acute environment.
2. Patient has met program goals, stabilized or requires physician intervention less than twice weekly
3. The discharge plan goals have been met. Services are in place for either home or transfer to another facility. These services are deemed safe and appropriate for the patient's care.
4. Patient no longer meets any other screening criteria for continued stay.
5. Patient's progress has plateaued or maximum functional gains have been achieved.
6. Patient develops a medical condition/complication that requires intense services in a short term acute care hospital or transfer to the medical division/program at Gaylord.
7. Patient has suffered a complicating medical or psychological condition interfering with his/her ability to participate in his/her program.
8. Patient left against medical advice.

9. Patient and/or caregiver are not participating in the discharge plan or have unrealistic goals the patient is unable to achieve.
10. Patient expired.

Outpatient Discharge Criteria:

A patient may be discharged from treatment when they:

1. Have received the maximum benefit from the treatment program as documented by no objective changes in mobility, activities of daily living, motor, visual/perceptual, swallow, communication and/or cognitive functioning.
2. Is independent with all prescribed exercises and no longer requires skilled intervention from a clinician.
3. Have achieved the outcome long-term goal(s) as stated and as documented by objective measurements.
4. Is functioning at premorbid status.
5. Is functioning at a level that is safe and appropriate for his/her daily needs.
6. Chooses to discontinue services.
7. Are deemed to be appropriate to be serviced in another setting, such as home care.
8. Have experienced a change in their condition that requires the patient to cease outpatient therapy for any length of time.
9. Are out of compliance with the Gaylord's attendance policy.
10. Do not comply with Gaylord's policies regarding safety.
11. Refuses to participate in therapy activities.
12. Is admitted to a hospital.
13. Are discharged from therapy by a referring physician.
14. Are out of compliance with the Inappropriate Patient Behavior Policy (Workplace Violence Prevention).
15. Patient expired.

Program Description:

Upon admission to the spinal cord injury program the patient receives thorough evaluations by all team members and an individualized care plan is developed for the patient. Activity limitations, behavioral status, cultural needs, impairments, intended discharge/transition environment, medical acuity, medical stability, participation restrictions, environmental needs and psychological status are all considered. Goals, frequency of therapy and length of stay are individualized to the patient's needs and tolerance as determined through the evaluation process. This is reevaluated continually throughout the patient's stay. For inpatients, this is reevaluated formally at weekly team conferences. Length of stay is individualized however average length of stay for inpatients is 30-35 days, and for outpatients is 13 visits.

Our Interdisciplinary Rehab Team:

- **The person served:**

The rehabilitation team centers on the person and their goals. As the most important part of the rehabilitation team, the person served (and their family/support system if desired) collaborates with the other team members in order to learn, understand, provide input and make progress. It is important that the team has the SCI survivor's input on all areas of the treatment plan in order to best serve the person's needs and meet their goals.

- **Physician/LP:**

The physician is the team leader. This professional may be a specialist in physical medicine and rehabilitation/physiatry or internal medicine. Medical stability is essential for the spinal cord injury survivor's full participation in a rehabilitation program. Our medical team includes physiatrists, PAs and APRNs who have extensive experience in working with individuals with SCI. A robust complement of medical specialists is available for consultation as needed. The medical director of our spinal cord injury specialty program is board-certified in Physical Medicine and Rehabilitation, and additionally board-certified in both Spinal Cord Injury and Brain Injury Medicine.

Upon admission, the attending physician will provide a comprehensive evaluation. This evaluation includes an ISNCSCI exam (International Standard for Neurologic Classification of Spinal Cord Injury)/determination of the level of injury and completeness of injury. General health and comorbidities will also be addressed. The physician looks at the unique aspects of care in a person with spinal cord injury such as evaluating for abnormal tone, autonomic dysfunction, bladder function, bowel function, body composition, circulation, dysphagia, pain, respiration, ventilation support, skin integrity, infection management, medicine management, DVT/PE prevention, fertility, sexual function, men's and women's health issues, musculoskeletal complications, neurological changes and nutritional needs. Prevention related to potential risks and secondary health conditions due to impairments, activity limitations, participation restriction and the environment are also addressed. Lab and diagnostic tests (contracted service) are completed based on patient needs. Based on this evaluation the physician provides orders to the rehab team. Consultants can also be called in to see inpatients, or referrals can be made on an as-needed basis including GYN, pulmonology, critical care, internal medicine, ENT, urology, plastics, neurology, neurosurgery, hematology, infectious disease, neuropsychology, psychiatry, nephrology, cardiology, orthopedics, podiatry, ophthalmology and neuroptometry.

- **Nursing:**

We have 24-hour nursing care provided by licensed registered nurses, licensed practical nurses and certified nursing assistants. The nurse manager for the primary floor for



persons with SCI is a Certified Rehabilitation Registered Nurse (CRRN), as are several other nurses on the unit.

A registered nurse is responsible for establishing a plan of care based on the needs of the patient as identified by the nurse. The ultimate goal of rehabilitation nursing care is helping people regain control of and the responsibility for their lives. The focus is on the person with SCI becoming more independent and less reliant on others as discharge approaches.

The nurse ensures that each person receives adequate nutrition and rest, administers medications and performs treatments ordered by the physician. Monitoring the person to prevent or correct problems such as skin integrity, infection, and weight management is very important. Nursing provides education and training in regards to bowel and bladder management with SCI. Physical, cognitive, social and emotional reactions are also observed and recorded.

Rehabilitation nurses work closely with other team members in evaluating and helping the SCI survivor practice on the unit the functional skills taught in other therapies. Because the family/support system is part of the team, education and participation in their relative's care is necessary. Correct techniques are taught to the family in the therapy departments and on the nursing unit. Once these techniques are learned, the family will be encouraged to help whenever they are present. Adequate family training not only makes the transition from hospital to home possible but often can mean the difference between the SCI survivor being able to go home or to another facility.

- **Wound Care**

Wound Care Specialists:

Our team includes APRN-trained wound care specialists, RN(s) certified in wound and ostomy care, and physician(s) who completed a Fellowship with The American Professional Wound Care Association. A wound care specialist is a clinician who is specially trained and certified to evaluate wounds and determine the appropriate treatment. The wound may have resulted from an accident, surgery, pressure or other causes.

Wound Care Team:

The wound care team is a group of multidisciplinary clinicians that are specialty trained to evaluate wounds and determine the appropriate treatment. This team is part of a multidisciplinary group comprised of therapy, LP, nursing, nutrition, psychology/social worker and care management to create a treatment plan. An RN (wound and ostomy certified) was also added to the team this past year to assist with follow up care and added continuity.

- **Care Management:**

The care manager (CM) coordinates healthcare services through the collaborative multi-disciplinary team approach. CMs are involved in reviewing the appropriateness of continued stay, and providing education and support to hospital staff regarding community resources, managed care issues, or payment/payer issues.

The CM initiates discharge planning, and develops and revises individualized discharge plans as indicated by assessment and patient response to treatment, including the psychosocial, physical, educational and cultural aspects. It is the role of the CM to ensure that the patient's plan of care promotes a safe and timely discharge and to evaluate the overall plan for effectiveness.

The Care Manager involves both the person served and their family/support person in formulating goals for a safe discharge. The CM provides the link between provider and payer organizations, physicians and the community in the transition of care through the health care system. Our care management team includes a CRRN with many years of SCI experience.

- **Occupational Therapist:**

The role of occupational therapy (OT) is to improve the ability to perform activities of daily living skills such as eating, bathing, dressing, toileting and home management through programs that increase range of motion, strength and coordination. OTs teach techniques of adaptation and patients are fitted with splints and adaptive equipment as needed. Families are encouraged to participate in treatment sessions to promote adjustment to the home environment. Recommendations for assistive technology, DME, home/environmental modifications and driving assessment referrals will be explored by the occupational therapist. Many in the occupational therapy staff have attended SCI-focused education programs such as the SCI Specialist Education Course.

- **Physical Therapist:**

The role of physical therapy (PT) is to improve your coordination, strength, range of motion and balance with the goal of optimizing mobility and independence. Patients and family members may be instructed on how to perform bed mobility, transfer from bed to chair or wheelchair to car, safely propel and manage a wheelchair, ambulate if functional recovery allows, and make recommendations for DME. Gaylord has services available to evaluate for custom braces and wheelchairs. Our physical therapy team includes board-certified neurologic clinical specialists and many in the physical therapy staff have attended SCI-focused education programs such as the SCI Specialist Education Course.

- **Speech-Language Pathology:**

We have speech and language pathology services available on an as-needed basis. The role of the speech-language pathologist is to improve your swallowing, communication and cognition. Speech pathologists work to improve swallow function to allow you to safely tolerate the least restrictive diet possible. The speech pathology department has the capability to provide bedside swallow evaluations, modified barium swallow evaluations and fiber optic Endoscopic evaluations of swallow (FEES).

The speech therapists also work to facilitate the recovery of speech, auditory comprehension, verbal expression, cognition, reading and writing and/or develop alternative means of communication depending on your needs. Therapists will work with patients on ventilators or with tracheostomies to recover speech using speaking valves. They also address cognitive communication impairments that impact your ability to participate in daily activities. Families are encouraged to participate in treatment sessions to promote the generalization of all skills/strategies learned.

- **Therapeutic Recreation:**

Therapeutic Recreation (TR) uses leisure and recreation programs to improve an individual's quality of life and physical, cognitive, social and emotional function. TR helps to improve abilities, enhance independence and make participation in recreation possible. TR offers activities that address the physical, cognitive, social, emotional and creative needs through engaging in activities of interest to each individual. Some examples of activities may include: board games, cards, Wii or video games, arts and crafts, iPad use, sports and community re-integration. Leisure education teaches or enhances recreation skills and attitudes that will be used throughout life. It can help one to discover new and exciting activities through interest exploration and to re-familiarize one with their community. Leisure Education also helps an individual continue to participate in activities of interest through adaptive equipment.

- **Respiratory Therapy:**

The Respiratory Care practitioners at Gaylord Hospital are educated and trained to deal with the special respiratory problems facing persons with spinal cord injury. Respiratory practitioners are available 24-hours a day, seven days a week. In conjunction with other disciplines, they evaluate and treat the effectiveness of respiratory therapies which may include monitoring of respiratory mechanics, secretion management, ventilatory issues, education in breathing techniques and smoking cessation. Many modalities are available for Gaylord SCI patients including incentive spirometry, inspiratory muscle training, coughlator, PMV use and multiple protocols to assist SCI patients with vent weaning, decannulation, O2 titration, etc.

- **Food and Nutrition Services:**

A Registered Dietitian (RD), upon nutrition consultation, will evaluate and monitor the nutritional status of SCI survivors and provide guidance for the person, family and team. Interventions may include education about healthy food choices to help manage chronic health conditions and assistance with managing poor appetite or addition of nutrition supplementation. The RD works closely with the speech-language pathologist (SLP) when a modified consistency diet is needed due to swallowing problems. A representative from the Food & Nutrition department meets with inpatients daily for individual menu selections.

Nutrition education may be provided in both group and individual sessions. Continued nutrition support and counseling may be recommended after discharge on an outpatient basis.

- **Psychology:**

The role of psychosocial services is to provide an evaluation of your current functioning, which may include an assessment of affect, personality characteristics, behavior, cognitive abilities, adjustment to disability, substance use and behavioral health. Following evaluation, treatment recommendations for psychosocial and other related services are made. Treatment may include individual, couple and family/support system counseling and /or group therapy, as well as cognitive/memory rehabilitation.

- **Pastoral Care:**

Hospital chaplains have specialized training and have been authorized by a formal religious body to minister to patients, families and staff in a healthcare setting. The goal of the chaplain is to help facilitate a person's use of his/her own faith, belief system, religious experience, or heritage during a crisis. The chaplain can help provide religious resources, act as a helpful liaison with various religious bodies or communities, or assist the patient and family in using faith and spiritual values to gain emotional support or spiritual strength. Our chaplains meet with our patients and/or their families at their request and at times provide structured services.

Clinics and Services

Wheelchair Assessment Services:

Our wheelchair clinic is directed by a certified Assistive Technology Practitioner in collaboration with contracted equipment vendor(s) with a goal to maximize a person's seating positioning and mobility from a wheelchair level. We have lightweight wheelchairs, power wheelchairs and specialty cushions available for persons served to trial during their stay as an inpatient or for an outpatient to trial when attending a wheelchair clinic appointment.

Orthotics and Prosthetics Services:

Gaylord has orthotics and prosthetic services available for inpatients and outpatients. Inpatient has a scheduled weekly service that utilizes a team approach with a physiatrist, physical therapist and contracted certified prosthetists-orthotists (CPO). Evaluation, fabrication and follow-up services are available. Outpatient schedules or refers on an as-needed basis.

Aquatic Therapy:

Gaylord's 75-by-25 foot therapeutic pool is specially designed for people with disabilities. The water is maintained at a temperature between 88 and 90 degrees F. Pool features include:

- 2-foot wide ledge for easy wheelchair access
- Hydraulic lift
- Ceiling lift
- Stairs with rails
- Adaptive exercise and swimming equipment
- Bench in the water for those who need to sit while exercising
- Accessible locker rooms and showers.

The pool has an aquatic therapy staff that consists of PTs, OTs, exercise physiologists, rehab aides and lifeguards who have received training in aquatic therapy. Individual sessions, group sessions, community aquacize groups and recreational opportunities are available to inpatients, outpatients and community members.

Community Reentry:

Community Reentry is a group session provided at Gaylord Hospital. The purpose of community re-entry is to provide an opportunity for exposure to community barriers, increase knowledge of leisure resources in the community, increase skill building through on-site therapy intervention, provide opportunities for social interaction and increase physical and/or cognitive functioning. Criteria for participating in the group include but not limited to being medically stable and cleared by the physician to leave the hospital for 1 ½ hours for community trips. Dependent on infection prevention restrictions at the time of the group, the trip may be within the hospital or in the community.

Care and transitions across the lifespan:

As a part of being a Model Center, Gaylord conducts 1, 5, 10 and 15-year follow-ups. This interview provides a unique opportunity to educate and encourage people to access Gaylord's services as needed. Upon discharge, patients are offered annual follow-up appointments with a physiatrist. They can also be seen sooner as needed. Outpatient Physiatry and Outpatient Therapy services are available to all persons with SCI. Gaylord is committed to serving persons with SCI throughout their lifespan, from adolescence through the aging process. This includes addressing specific SCI challenges such as shoulder preservation.

Support and Advocacy

Spinal Cord Injury Association of Connecticut and Peer Mentor Program:

Gaylord offers free peer support through the Connecticut Chapter of the United Spinal Association's Peer Mentor Program. Peer mentors receive a comprehensive training program developed by the United Spinal Association. Ongoing support and training is provided to peers allowing them to adequately address the individual's needs regarding new education resources and local updates as warranted. These peer mentors are available to meet with individuals with SCI and their families if they desire. These visits may be in person, via phone or video conference depending on patient/peer preference as well as infection prevention restrictions in place at the time of the visit.

SCI Support Group:

Gaylord Hospital is the sponsor and host of the SCI support group. This group is attended by both inpatients and their families, as well as those living in the community. It is a source for education and peer support for those living with SCI. The support group may be offered via a video platform as well as on-site attendance dependent on infection prevention guidelines in place at the time of the support group.

Adaptive Sports Program:

Gaylord Hospital's Sports Association is dedicated to improving the lives of persons with physical disabilities through adaptive sports and recreation. The program is known throughout New England for providing exceptional opportunities for people with SCI. We offer the most diverse adaptive sports program in the state of Connecticut, with 16 different sports, ranging from introductory recreation activities to highly competitive sports teams. Sports include:

- Archery
- Cycling
- Boccia
- Veteran's Fishing
- Golf
- Kayaking
- Wheelchair Rugby
- Skiing and Snowboarding
- Sled Hockey
- Wheelchair Tennis
- Rock Climbing
- Paratriathlon
- Water Skiing
- Yoga
- Pickleball
- Virtual Adaptive Boxing

Technology

Assistive technology (AT) is any item, piece of equipment, or product system used to increase, maintain, or improve functional capabilities. Assistive technology can be off the shelf, modified or customized. Assistive technology enables an SCI survivor to fully participate in meaningful activities and fulfill life roles. Trained therapists work collaboratively with individuals to determine the most effective and efficient assistive technology to meet individual needs. Therapists may recommend devices to help people be more independent with feeding, bathing, dressing, communicating, cooking and/or accessing their home environment. Assistive technology also includes devices that increase your mobility, computer access and communication. Assistive technology may be considered 'low tech' or 'high tech'. Low-tech equipment may include a long-handled reacher or elastic shoelaces. High-tech equipment may include an environmental control unit that can control lights and simple appliances in your home.

Some examples of technology that Gaylord utilizes are:

- ECUs (Environmental Control Units)
- Adaptive call bells
- Pneumatic switch and voice-activated ECUs
- EKSO
- Functional Electrical Stimulation (FES)
- Bioness
- Portable ventilators
- SaeboMAS
- SmartWheel
- Pressure mapping
- Positioning equipment
- Braces
- FEES
- Visi-Pitch
- Overhead Lifts
- iPads
- Dragon Dictate
- Zero G
- Alter G
- BURT
- Synchrony
- Smartboard

Education

Patient Education:

The SCI Committee at Gaylord Hospital has created a unique education manual that answers many common questions, highlights important issues and addresses return to important life activities. The SCI committee has also developed a SCI Patient Education Class, a topic-oriented 2-week lecture series. For both the education manual and series, issues addressed are expansive and include anatomy, medical complications, pain, shoulder preservation, emergency preparedness, safety in their environment, personal care attendants (PCAs), risk prevention, prevention of secondary health issues, equipment, sexuality, sexual adjustment, health promotion and wellness, leisure, community resources for independent living and community



integration. The education manual, *Healthy Living with Spinal Cord Injury*, is available to the community on our website. These resources are used to educate persons served and their family/support system. The clinical team also provides education during individual sessions and group sessions on the Wallingford campus. Persons served are educated in how to direct their own care, personal care attendants and regarding self-advocacy. As desired by the person served and as appropriate family, support system and hired caregivers are educated and trained in providing the care needed to the person served.

Staff Education:

Gaylord is committed to the education of its staff. We have a staff-designed 14-week SCI Specialist Course which is an educational series covering a wide range of SCI topics. We also have many in-house in-service opportunities and encourage staff to attend outside-of-hospital educational opportunities and seminars.

Community and Professional Education:

Gaylord Specialty Healthcare is involved and dedicated to educating the general and professional communities. Many of our staff have presented at local, national and international conferences, hosted community groups, and taught at local colleges and universities.

For instance, the Gaylord Center for Education has developed and presented continuing education (CEU) courses on various topics including SCI and Sexuality. Internally, the Center streamlines content, and ensures adoption of best practices across disciplines. Further, our monthly spinal cord injury/dysfunction (SCI/D) support group is open to inpatients, inpatient families, and the community. Topics for the group are supported by brief presentations given by professionals and/or people living with an SCI. This includes our SCI Specialist Course which is open to Gaylord staff and the community. Additionally, the New England SCI Toolkit (NESCIT) is available on our website. This is a collaborative effort between facilities providing SCI care in New England to ensure that patients, caregivers, and professionals throughout New England and beyond receive the same coordinated standard of care wherever they receive rehabilitation. NESCIT also aids in building capacity at facilities that are new to, or have infrequent experience with, treating patients with SCI and may not have developed the needed expertise. Current standards include Patient, Family, and Caregiver Education; Autonomic Dysreflexia; Skin Care; Bladder Management; Bowel Management; Sexual Health and Fertility; and Spasticity. Finally, Gaylord is also invested in prevention through community lectures on various topics. Specifically, Gaylord Hospital's ThinkFirst program, the first in the state, educates Connecticut's youth about risk-taking behaviors and injury prevention.



Research and Model Center

Gaylord Hospital is a part of the Spaulding New England Regional Spinal Cord Injury Center (SNERSCIC) one of the eighteen Model Systems in the USA. Established by the Rehabilitation Services Administration in the early 1970s, SCI Model Systems are specialized programs of care in SCI, which gather information and conduct research with the goal of improving long-term functional, vocational, cognitive, and quality-of-life outcomes for individuals with SCI. These SCI Model Systems contribute data to a national statistical center that tracks the long-term consequences of SCI and conducts research in the areas of medical rehabilitation, health and wellness, service delivery, short- and long-term interventions, and systems research. Each system is also charged with disseminating information and research findings to patients, family members, healthcare providers, educators, policymakers, and the general public.

SCI Model Systems are a mark of distinction among providers involved in SCI research. They undergo a highly competitive process to become the recipient of a 5-year grant from the National Institute on Disability, Independent Living and Rehabilitation Research (NIDILRR; a center within the Administrative for Community Living Department for Health and Services).

Gaylord's inclusion into this prestigious network of centers speaks to Gaylord's reputation, experience, and expertise in caring for people with SCI. As part of the SCI Model System, Gaylord's mission is to embody a comprehensive service delivery system where the finest talents work together with the individual to achieve maximal potential.

Inclusion in the SCI Model System also allows Gaylord the ability to offer people with an SCI the opportunity to participate in a national program of data collection, which captures approximately 6% of individuals with new SCIs each year. Included in this data are more than 100,000 interviews with participants who are up to 50 years post-injury. Individuals participating in the program allow Gaylord the opportunity to contribute data to the SCI Model System National Statistical Center located at the University of Alabama at Birmingham. There the SCI Model System staff use the data to assess, identify, evaluate and track the long-term consequences of SCI and its related factors. The National Statistical Center also collaborates with other researchers around the globe who use the dataset in their work to push the field of SCI research even further.

Gaylord and other SCI Model Systems also conduct research in the areas of medical rehabilitation, health and wellness, service delivery, short- and long-term interventions, and systems research. Each center is involved in three areas of research:

- 1) Contribution of enrollment and follow-up data to the National SCI database.
- 2) Site specific research which is carried out within each center.
- 3) Module projects which are collaborative research projects involving several SCI Model System centers.



The SCI Model Systems also contribute to the “The Model Systems Knowledge Translation Center” (www.MSKTC.org), which houses data and resources for the SCI, Traumatic Brain Injury (TBI), and Burn Model Systems. MSKTC then reviews and synthesizes current research; publishes articles and technical reports; develops knowledge translation tools; creates patient and family resources to inform clinical practice; and develops systems for sharing information across Model System programs. Projects are now underway which include:

- Systematic reviews regarding best practices and treatments.
- Identification of health information needs of different users with a goal to develop products and resources to meet those needs.
- The creation of a centralized web-based knowledge management system of SCI, TBI, and Burn Model Systems resources to share evidence based health information.

In addition to the SCI Model Center-based research, Gaylord has a long history of research dating back to its time as a TB sanitarium. In 2020, those research efforts were advanced through the generosity of George and Carol Milne and the creation of the Milne Institute for Healthcare Innovation.

The Milne Institute focuses on three areas: Research, Applied Technology, and Product Development.

In research the Milne Institute collaborates with internal and national experts to progress the rehabilitation field in various specialties, including gait and balance, cognitive screening, and dysphasia. With the Milne Institute, Gaylord is able to provide additional support for practical bedside rehabilitation research, and share its expertise and research findings to clinicians and patients nationwide. The Milne Institute also seeks out new rehabilitation technologies that can improve the outcomes and experiences of Gaylord’s patient-clinician teams. Over \$1M have been invested in new technologies since the inception of the Milne Institute. Finally, the Milne Institute sees product development as an intersection of these other two areas. Working with early commercialization and startup companies to test their products and evaluate their market viability, the Milne Institute ensures Gaylord clinicians have access to cutting edge technology, while giving companies access to expert rehabilitation clinicians. The Milne Institute has been very successful including several peer-reviewed articles, numerous posters at national and international conferences, and the development of hundreds of research projects. We continue to grow and expand.



Future

The Gaylord Hospital Spinal Cord Injury Specialty Program continually works to improve its programs and services -in expertise, in innovation, and in dedication to those with a spinal cord injury. Our goal is to continually expand our services and our footprint becoming a nationally and internationally known neuro destination center for the care of persons with spinal cord injury. Gaylord is proud of the investment in staff, technology, education, research, and expert clinical care. We acknowledge the broad spectrum of care required by people throughout their lifetime and are committed to continued provision of services from prevention, to inpatient care, to long-term follow-up as an outpatient. At Gaylord, we ***Think Possible.***

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