F
ollowing the amputation of four fin-
gers, a woman at Northeast Reha-
bilitation Hospital in Salem, N.H., fell
into a depression that left her unmotivated
about participating in her rehab program.

With her physical capabilities deteriorating,
additional surgery was being considered. In
response to the depression and the threat of
surgery, the woman’s case manager, in con-
junction with the occupational therapist, decid-
ed to involve the facility’s therapeutic recre-
ation specialist.

Having the therapeutic rec specialist inter-
vene proved successful. After the TRS adapted
bicycling, canoeing and softball equipment,
the woman resumed the leisure activities she
enjoyed before her injury. As a result, she
emerged from the depression long enough to
decrease her intake of medication, according to
Sharon Nichols, C.T.R.S., director of therapeu-
tic recreation at Northeast. The woman also
improved her range of motion, thus averting
the impending surgery.

Nichols cites this case study most often
when she tries to convince third-party payers
to reimburse for therapeutic recreation ser-
vices. “We use this example to show we can
save money for the insurer by saving on pre-
scriptions and preventing surgery,” Nichols
says. She estimates that client’s therapy bill
came to about $800 for 10 weeks of treatment,
as opposed to the much higher combined costs
of surgery, a hospital stay, anesthesia and other
in-patient services.

Nichols and other TRSs tell TeamRehab
Report they have learned the value of using
cases, outcomes and other methods to educate
case managers, additional members of the
rehab team and clients about the benefits of
recreation in a rehab program.

TRSs must educate co-workers and clients
about therapeutic recreation because many
people have a misconception that it’s all fun
and games, according to Frank Brasile, Ph.D.,
C.T.R.S., president of the American
Therapeutic Recreation Association.
“Recreation and leisure can be as valuable as
any other rehab treatment modality,” says
Brasile, who is also an assistant coach on the
U.S. women’s Paralympic wheelchair basket-
ball team.

According to ATRA, in the rehab facility,
therapeutic recreation includes a variety of
activities to improve functioning and indepen-
dence as well as to reduce or eliminate the
effects of disability. Therapeutic recreation
provides the rehab client the opportunity to re-
enter, or enter, the athletic environment in pro-
grams such as wheelchair basketball, tennis,
golf, rugby and adaptive skiing. Nonathletic
activities such as arts and crafts, gardening,
community re-entry and bingo are also part of
therapeutic recreation.

These activities’ goals include increasing
motor skills and physical endurance and
decreasing depression—ideally leading to
fewer hospital readmissions and overall
improvement of quality of life.
A Path to Success
Nichols has been involved in the creation of Northeast’s rehab critical pathways, also called clinical care plans, which map out the provision of treatment for specific injuries. Using critical pathways, Nichols educates patients and caregivers about the purpose of therapeutic recreation and its role in the overall management of a client’s rehabilitation.

In addition to critical pathways, Nichols’ department developed its own competence measuring tools similar to functional independence measurement tools used in occupational and physical therapy. “[The measurement tool is] based on a seven-point scale ranging from dependent to independent,” Nichols said. “Gains are tracked as patients go through the rehabilitation process.” The measurement tool rates clients in three areas—socialization/social adjustment, leisure functioning and community adjustment/reintegration.

With these measurement tools providing necessary proof of client improvement, Nichols’ department has demonstrated to managed care companies the need for therapeutic recreation services. “The insurance companies are concerned with length of stay and cost. This is where critical pathways or care plans come into play,” Nichols says. “Teams and physicians have identified certain needs of patients, for example, recreational therapy. The plans define this and show insurance companies that when they purchase a standard package, they can expect a certain level of outcomes.”

In fact, Northeast’s therapeutic recreation department now bills separately at the same rates clients in three areas—socialization/social adjustment, leisure functioning and community adjustment/reintegration.

Patient-focused Care
The team approach can also be found at Baptist Rehabilitation Institute in Little Rock, Ark. A year ago, the institute reorganized and adopted a process called patient-focused care. As a result, members of individual departments—including the four-member therapeu-