



Toronto  
Rehab

Everything Humanly Possible

# Spinal Cord Rehabilitation Program



**Toronto Rehabilitation Institute**  
*A University of Toronto  
Teaching and Research Hospital*

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and Research Hospital*

# Advancing rehabilitation

At Toronto Rehab, our goal is to advance rehabilitation and enhance quality of life by pushing the frontiers of rehabilitation science. As a fully affiliated research and teaching hospital of the University of Toronto, we do everything humanly possible to generate new knowledge, put it into practice and share our discoveries with others.

Our patient care, research and education focus on helping the 3.6 million Canadians who experience and live with disabling illness and injury.

## Our clinical programs include:

**Cardiac rehab** – for people who have had a heart attack or major heart surgery, or who have type II diabetes

**Complex continuing care** – for adults with complex medical conditions such as Alzheimer disease, cerebral palsy, multiple sclerosis or Parkinson's disease

**Geriatric rehab** – for seniors with severe illnesses and/or multiple age-related conditions

**Long-term care** – for people who are unable to live independently and need around-the-clock care

**Musculoskeletal rehab** – for adults who have had joint replacement surgery, sustained multiple injuries, or who have osteoporosis or cancer

**Neuro rehab** – for individuals who have had a stroke or brain injury, or who have multiple sclerosis

**Spinal cord rehab** – for people who have sustained a spinal cord injury or disease

# Spinal cord rehabilitation

## Enhancing quality of life

We also train the health care professionals of tomorrow in all areas of rehabilitation, complex continuing care and long-term care.

Toronto Rehab is Canada's largest academic hospital providing adult rehabilitation, complex continuing care and long-term care services. It was created in 1998 by the amalgamation of The Queen Elizabeth, Hillcrest and Lyndhurst Hospitals, and the Toronto Rehabilitation Centre.

Toronto Rehab's Spinal Cord Rehabilitation Program is the largest rehabilitation program in Canada for people with spinal cord injuries and related non-traumatic neurological conditions. The program, which is located at Toronto Rehab's Lyndhurst Centre, provides both inpatient and outpatient services and is an essential link in the continuum of care — from acute hospital care to rehabilitation to successful return to the community — for people who have life-altering injuries or illness.

The program was initially developed and opened in 1945 to treat servicemen who sustained spinal cord injuries in the Second World War. Back then, it was called Lyndhurst Lodge, and was located on Lyndhurst Avenue in Toronto. Under the direction of its first medical director, Dr. A.T. Jousse, an internationally respected Canadian physiatrist who received the Order of Canada for his notable achievements, the program earned an international reputation for its pioneering work.

## Spinal Cord Rehabilitation Program highlights

- A full continuum of care is provided including inpatient and outpatient services, therapeutic day services and follow-up clinics. Patients can enter the continuum at any point, or move through it from beginning to end.
- A patient-centred, interprofessional team approach to rehabilitation is used.
- Family conferences are held so that patients and families can work with their care teams to set goals, discuss progress toward goals, and plan for return to the community.
- Education is a key component of the rehabilitative process, and includes an emphasis on health promotion and secondary prevention.

## Inpatient services

Today, over 300 people from Toronto, other parts of the province and beyond are admitted to the 60-bed inpatient facility each year. Patients are admitted from acute care hospitals and from the community. A doctor's referral is necessary for admission. The Spinal Cord Rehabilitation Program's Intake Coordinator receives all referrals and, together with an Admissions Committee, manages the admission process.

## Assessment and rehabilitation

Upon admission to the program, all patients go through an initial assessment by a core team consisting of:

- A physiatrist (a doctor specializing in physical medicine and rehabilitation), who provides ongoing medical care;
- A registered nurse, who provides much of the patient's daily care;
- An occupational therapist, who assesses and addresses a patient's ability and potential for self-care and communication as well as the need for assistive devices;
- A physiotherapist, who evaluates and focuses on a patient's physical condition, motor skills, mobility and strength;
- A social worker, who assesses and assists with issues related to funding, housing and the community, and provides counselling and support as needed.

The patient's team of rehabilitation specialists may also include a chaplain, dietitian, pharmacist, psychologist, therapeutic recreationist and a representative from the local Community Care Access Centre.

Patients are expected to play an active role in their rehabilitation. The rehabilitation team, in partnership with patients and family members, develops individualized treatment and discharge plans to help patients return home, to work or school. The focus is on patient-centred, individualized treatment and discharge plans.

With the team's guidance and support, patients are encouraged to rebuild their lives through treatment, specialized therapy and counselling, all tailored to help them meet their individual physical and emotional needs and goals. The ultimate goal is to help patients become as independent as possible so they can return home to their communities.

Patients typically attend daily education and therapy sessions during the week. They learn about their injury or illness, and how to care for themselves. Personal and/or family counselling and peer support groups are available to help patients and families cope with the sudden and traumatic life changes following a spinal cord injury or illness. Time is also set aside each day for recreational activities and quiet, personal or family time.

Team meetings are an important part of the rehabilitation process. Patients and family members are invited to attend these meetings regularly to update the team on their progress, and to identify any issues or concerns they may have about their care or future plans.

## Returning home

Length of stay in the Spinal Cord Rehabilitation Program varies depending on both the level and extent of injury or illness, and on a patient's rehabilitation goals. A target date for discharge will be set for each patient soon after admission. The rehabilitation team works closely with patients and families to address their needs, and to help them prepare and plan for weekend passes, and ultimately, discharge from the program.

Important referrals to outpatient services, community service providers and other resources are made prior to discharge as well as linkages with support groups such as the Canadian Paraplegic Association Ontario. Newly discharged patients are asked to return at one-month, three-month and six-month intervals for comprehensive follow-up assessments.

For more information, call the Intake Coordinator at 416-597-3422, ext. 6105.

## Short stay services

Short-term inpatient services are also available as part of the comprehensive inpatient program. These are provided in a two-to four-week program of assessment and intensive therapies geared to previously injured spinal cord patients and to patients following an acute episode.

For more information, please call the Intake Coordinator at 416-597-3422, ext. 6105.

## Outpatient services

The Spinal Cord Rehabilitation Program provides a comprehensive range of specialized services on an outpatient basis through its therapy and specialty clinics. Patients are referred from the inpatient program and from the community. The Admissions Committee reviews all applications for admission. All patients undergo an initial assessment by their rehabilitation team to set goals, develop treatment plans and discuss discharge strategies. Inpatients and outpatients, including therapeutic day services patients, have access to therapies and clinics Monday to Friday.

Therapies and services include physiotherapy, occupational therapy, speech, therapeutic recreation, social work, nutrition and psychological counselling, hydrotherapy, education and training on personal care. Outpatients use the same facilities as inpatients. Patients will also have access to ongoing programs such as individual and family counselling, change and pain management.

For more information, call 416-597-3422, ext. 6064.

## Therapeutic day services

The therapeutic day hospital benefits outpatients who need two or more therapies but who do not require the level of nursing care provided in the inpatient program. Therapeutic day services accepts up to 10 patients at a time who:

- are medically stable;
- have access to transportation, whether they live in the Greater Toronto Area or the surrounding region;
- have the necessary resources to live safely at home; and
- can participate two to three days a week in the program.

The average length of stay is 4 to 12 weeks. Patients who are referred from the inpatient program will have their names forwarded to the Admissions Committee. A family doctor initiates referrals from the community for a consultation with a physiatrist. Recommendations are then forwarded to the Admissions Committee.

Admission criteria for therapeutic day services are similar to those for the inpatient program. However, patients are required to have established bladder and bowel routines and the ability to manage four to six hours of activity a day.

For more information, call 416-597-3422, ext. 6064.

## Outpatient specialty clinics

### *Clinics are:*

- Bone Density Clinic (osteoporosis), ext. 6357
- Follow-up Clinic, ext. 6064
- Gynecology Clinic, ext. 6064
- Seating Clinic (wheelchair assessment and prescription), ext. 6161
- Skin and Wound Management Clinic, ext. 6064
- Physiatry Consultation, ext. 6133
- Robson Clinic (urology/sexuality/fertility), ext. 6064
- Assistive Technology, ext. 6064

### *Other on-site services for patients include:*

- a fitness centre, ext. 6256
- the Canadian Paraplegic Association (CPA) Ontario, 416-422-5644
- CPA employment resource centre, 416-422-5644, ext. 245

## Research and teaching

As a fully affiliated teaching and research hospital of the University of Toronto, Toronto Rehab is at the forefront of rehabilitation science. While in the Spinal Cord Rehabilitation Program, patients and family members may be asked to take part in research studies. Participation in these studies is voluntary.

We also have a responsibility to put new knowledge into practice, and to share our findings with others so that patients and

families across the province and country can benefit from our discoveries. As well, we pass this new information on to students — tomorrow's rehabilitation professionals — who come to Toronto Rehab for their clinical training. Patients of the Spinal Cord Rehabilitation Program have an opportunity to meet many of these students during their stay.

## Partners

In order to share expertise and collaborate on specialty services, the Spinal Cord Rehabilitation Program has established formal links to long-term care centres, including the hospital's own long-term care centre — Lakeside — community organizations, and other Toronto Rehab programs such as the Acquired Brain Injury Service of the Neuro Rehabilitation Program.

## Toronto Rehab Foundation

Donations to the Toronto Rehab Foundation provide a gift of hope to patients meeting the challenges of a lifetime. Toronto Rehab relies on a generous community of individuals, corporations and others for additional financial support. This helps the hospital maintain a leadership role in rehabilitation science through patient care, research and education that are second to none. The hospital and foundation are grateful for all donations. Please be as generous as you can.

Tel: 416-597-3040

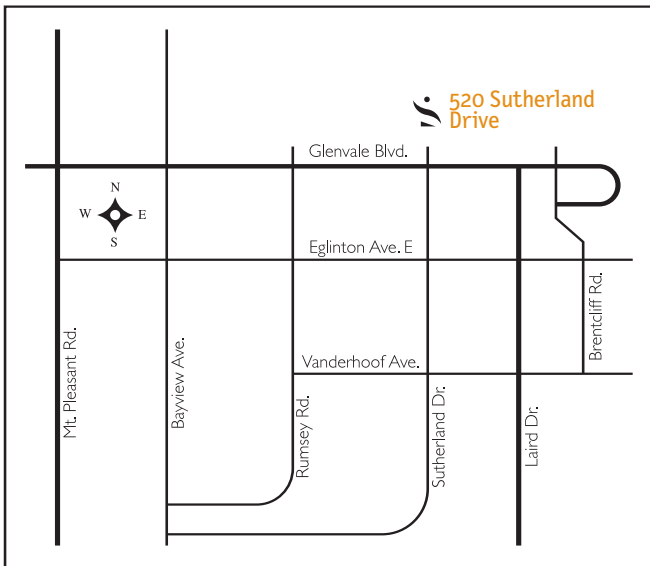
e-mail: [foundation@torontorehab.on.ca](mailto:foundation@torontorehab.on.ca)

[www.torontorehab.com/foundation](http://www.torontorehab.com/foundation)

## Getting to Lyndhurst Centre

**By car:** Take Bayview Avenue to Eglinton Avenue. Turn east onto Eglinton to Sutherland Drive. Head north on Sutherland for three blocks. Lyndhurst is straight ahead.

**By transit:** From the Eglinton subway station, take the eastbound Eglinton bus #34. Exit the bus at Sutherland Drive and head north three blocks to Lyndhurst Centre.





Lyndurst Centre

520 Sutherland Drive  
Toronto, ON M4G 3V9  
Tel: 416-597-3422 ext. 6105

[www.torontorehab.com](http://www.torontorehab.com)