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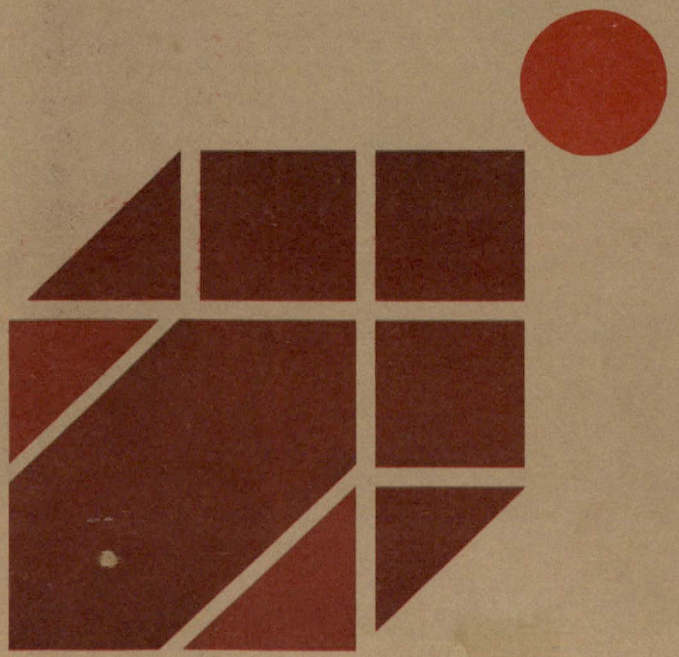
Rehabilitation Facilities and Services in Houston

A directory prepared by
The Area Health Resource
Information Center



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HOUSTON DIRECTORY OF REHABILITATION FACILITIES AND SERVICES

Prepared by the AHRIC Project

AHRIC Supervisor	William A. Spencer, M. D.
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Secretaries	Deborah Winters
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Project Grant Number 5G03 RM00007-04
Regional Medical Program of Texas

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a) Medical social worker who discusses cases with the nurses and makes suggestions as to how to handle certain problems. Also individual counselling with patients and families who do not quality with other service agencies. Make referrals to proper agencies if required.
b) Dietician who will develop a home eating program for patients when diet is restricted by physician orders. Takes into consideration likes, dislikes and income.

ELIGIBILITY REQUIREMENTS:

☐ Geographic - Available to any resident or visitor in Harris County.
☐ Age - None
☐ Referral - Any, but must be under a doctor's care with treatment programs prescribed by him.

APPLICATION PROCEDURE:

☐ Source of Referral - Any, if patient is under a doctor's care and has orders from his physician.
☐ Procedure - Call the Visiting Nurse Association.

FEE STRUCTURE:

☐ A sliding fee scale based on the patients ability to pay. No one is refused service because of low income.

FINANCIAL ARRANGEMENTS:

☐ Paid by private funds, private insurance and Medicare. United Fund allowance for those unable to pay.

STAFF:

Executive Director	Mrs. Quida J. Weaver, R.N.
Assistant Director	Mrs. Lucille Morris, R. N.
Nursing Supervisors	TWO
Registered Nurses	TWENTY
Licensed Vocational Nurses	SEVEN
Nurses Aides	TEN
Physical Therapist	TWO
Occupational Therapist - Part time	ONE
Medical Social Worker	ONE
Nutritionist - Part time	ONE

REPORTING PROCEDURE TO REFERRING SOURCE:

☐ Physician kept advised of patient's home progress.

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INTRODUCTION

CONCEPT OF AHRIC

The Area Health Resource Information Center (AHRIC) began operations in September, 1972 as a project financed by the Regional Medical Program of Texas. As originally conceived, AHRIC was to have collected data pertinent to physical rehabilitation and to have established a telephone service for physicians and other health professionals interested in obtaining the best services for their patients and clients. The advantages of a telephone service are numerous, the most notable being the adaptability of the data base to the needs of the consumer. As questions are answered, it becomes obvious what are the most sought after types of information; the data can be updated and expanded accordingly. It was the intention of AHRIC not only to amass an initial information base but also to add to this as the needs of professionals became clearer. Although investigations were made within the medical community as to these needs, the best test of a system is in its operation.

DIRECTORY AS AN ALTERNATIVE

However, the operating funds for AHRIC were terminated as of June, 1973 and the original plan could not be implemented. During the phase out period given to AHRIC the decision was made to print a directory containing the most pertinent information available.

LIMITS OF THE DIRECTORY

The original intention was not that of printing a directory, so that the sweep across the rehabilitative field has not been as complete as AHRIC felt it should be for a comprehensive printed source of pertinent data. As a telephone service, if a query could not be answered, research could be done to fill the gaps. However, printed data is fixed and final. In the time remaining to the project, personnel tried to complete as much as possible to give a good overview of treatment and services available in the Houston area. Any seeming oversight on the part of the organizers of this directory is regretted but it was felt that it would be more beneficial to print a partial set than to make all of the collected data inaccessable to those who might use it. Also, there is a great deal of information about some facilities that has not been included. The depth of information that was collected before the project changed directions was greater than that obtained later. It was not feasible to consider including all of that data in a directory. AHRIC wishes to express its appreciation to those who did give a great amount of time to the interviewers and hopes that they understand why many pieces of information are not being included.

VISITING NURSE ASSOCIATION OF HOUSTON, INC.

3410 Montrose Boulevard — 8:00 - 4:30 Mon. - Fri.
Houston, Texas 77006 — 8:00 - 12:00 Saturday

Director: Mrs. Quida J. Weaver, R. N. — 524-8373

TYPE OF DISABILITY SERVED:

☐ Any disability that requires home nursing care on a periodic basis.

FACILITY:

☐ A non-profit United Fund Agency.
☐ Fees charged to those who can afford to pay to help support the association.
☐ Provides services supporting the continuing medical treatment of a patient.
☐ Functions with diagnosis and treatment plan provided by patient's physician.
☐ Is not meant to be a custodial service.
☐ Offers only outpatient services.

DESCRIPTION OF PROGRAM:

Services

☐ Home care provided by registered nurses following the doctor's orders. Includes such functions as:
  a) exercises
  b) injections
  c) bladder treatments and catheter changes
  d) intravenous fluids
☐ Home health aids to complement and supplement the nurses care - bathing dressing and changing beds.
☐ Physical therapist who will visit a patient with the nurse, make an evaluation and suggest a possible exercise program to the physician. The nurse then trains the patient and family in carrying out the decided upon regimen. The physical therapist may make a return visit if the nurse feels that changes need to be made for maximum benefit to patient.
☐ Occupational therapist who visits with the nurse to suggest activities of daily living programs and help improvise equipment and devices that will aid the patient in functioning on a daily basis.
☐ Inhalation therapy techniques and proper care of equipment is taught by the registered nurses if required. Diagnosis is made and treatment program is prescribed by the attending physician.
☐ Contract to do home evaluations with Houston Speech and Hearing Center for Medicare patients. If needed, therapy is offered at the Center but not on a home basis.
☐ Supportive in-house services:

APPLICATION PROCEDURE:

☐ Source of Referral - Any

☐ Procedure - Contact Lynda Collins at United Cerebral Palsy of Texas Gulf Coast.

FEE STRUCTURE:

☐ No restrictions

FINANCIAL ARRANGEMENTS:

☐ Not applicable

STAFF:

Executive Director	Carroll Lancaster
Program Coordinator	Lynda Collins
Chairman - Professional Council	Dr. Douglas Daniels
Campaign Coordinator	

REPORTING PROCEDURE TO REFERRING SOURCE:

☐ Reports of progress sent to physician or referring agency upon request.

COLLECTION OF DATA

When AHRIC first began operations, many different concepts of data collection were studied. It was finally decided to document entire facilities and then to cover specific programs and services offered at such facilities. In this way, more data could be provided about specific fields and services. Within this framework, a distinction was made between services and treatments that can be accessed separately and those that are a part of a general treatment plan. For instance, if physical therapy is used only in conjunction with treatment programs then it is described within those programs. However, if the physical therapy department offers services apart from any other treatment plan and can be used separately, it is covered as a separate entity.

PROBLEM OF DATA COLLECTION

One of the problems encountered using this method was that while some facilities are organized along definite program or department lines, others are more general in nature. In order to give a more balanced account of services available, AHRIC tried to document major areas of emphasis even if no separate, clearly defined programs existed. As time passed, however, it became impossible to spend enough time in any one facility to try to determine what these areas were if they were not defined through organizational means. AHRIC decided to include all the programs originally documented but wishes to emphasize that one facility being given a great deal of space because of their program orientation or our coverage of them during the earlier stages is not meant to imply that other facilities are not just as capable or complete. Also, as the printing deadline approached it was sometimes impossible to cover separate or distinct programs even if they did exist and they will be found listed in the general facilities description. Again, AHRIC wishes to express regret if one facility is not covered as fully as another.

FORMAT OF THE DATA

The format that was finally chosen for the presentation of information is one that was revamped many times during the months of operation. It is hoped that the final form is one that will most easily facilitate finding pertinent data. As in most endeavors of information gathering of this kind, the weakest link in the data chain is that which involves fee schedules and financial arrangements. Many facilities wished it to be mentioned that fees are subject to change and that those public agencies that may aid a patient today at a certain institution may not be able to do so tomorrow. Also, since laws are being changed periodically, agencies and welfare organizations may

now be in a position to give financial support for certain services that could not be covered before. It would be advisable to check with a facilities as to exact financial information at the time it is required.

AREAS NOT COVERED

There are several major areas that AHRIC did not cover either because of the original definition of the service or lack of time. These are cancer, epilepsy and mental retardation. If any information about rehabilitation is necessary in these fields the following sources might be considered:

1) Cancer

M. D. Anderson Hosiptal 6723 Bertner 526-5411
Rosewood Rehabilitation Center 9200 Westheimer 782-9515

2) Epilepsy

Houston Epilepsy Association 2472 Bolsover 527-8431
Childrens Mental Health Services 3214 Austin 524-9111

3) Mental Retardation

Mental Health and Mental Retardation Authority of Harris County 4040 Milam 526-2871
Harris County Center for the Retarded 3550 West Dallas 528-6371

526-3608
Mr. Brady - 226-4752

DIRECTORIES AVAILABLE FOR ADDITIONAL INFORMATION

In constructing the data base, AHRIC made use of several existing directories. It was felt that to list these sources here and how they might be obtained could aid others in finding out as much as possible about any given field. If there is a charge and it is known, it is listed.

1) Directory of Community Resources and Services $3.25
Community Welfare Planning Association
215 Main Street Houston, Texas 77002 224-1701

2) Community Agencies and Resources Special Education Directory
Region IV Education Service Center
202 North Loop West Houston, Texas 77018 869-7146

UNITED CEREBRAL PALSY FOUNDATION OF TEXAS GULF COAST

8:30 - 5:30 Mon.-Fri.

4189 Bellaire Boulevard, Suite 251
Houston, Texas 77025

Executive Director: Carroll Lancaster 666-8091

TYPE OF DISABILITY SERVED:

☐ Cerebral palsied individuals and their families. Also other developmentally disabled with similar needs.

FACILITY:

☐ Outpatients services only.
☐ Independent public health association supported by local public fund raising.
☐ Local affiliate of the United Cerebral Palsy Association, Inc.
☐ No fees are charged to clients.

DESCRIPTION OF PROGRAM:

Services

☐ Aids patients in locating proper treatment and services. Referrals to indicated agencies and treatment.
☐ Co-ordinate the services of the community for the patient.
☐ Counselling by social worker for the patient and family.
☐ Follow along with patient and family to handle new problems as they arise.
☐ Locate gaps in service, document these and try to fill them out.
☐ Provides information to individuals and groups about cerebral palsy films, tapes and literature available for any interested group.
☐ Recreation and socialization programs for the cerebral palsied individual.
  a) Bowling - Saturday mornings at 10:00 A.M. specialized equipment for those who need it. Palace Bowling Lanes at 4191 Bellaire Boulevard.
  b) Swimming Program with one-to-one instruction (more instructors per swimmer if needed). Specialized equipment available if necessary.
  c) Special outings and parties arranged during the year.

ELIGIBILITY REQUIREMENTS:

☐ Geographic - Resident of thirteen county area surrounding Houston - Harris, Montgomery, Liberty, Chambers, Galveston, Brazoria, Ft. Bend, Waller, Walker, Austin, Colorado, Wharton, Matagorda. If outside this area contact U.C.P. of Texas for proper C.P. center.
☐ Age - No restrictions
☐ Referral - Any source

APPLICATION PROCEDURE:

☐ Source of Referral - See above Eligibility Requirements.

☐ Procedure - Referrals must be made in writing via a referral form, Work Activity Center and submitted to the Work Activity Program director. The referral form must be accompanied by appropriate and adequate medical, social and vocational information.

FEE STRUCTURE:

☐ Not applicable.

FINANCIAL ARRANGEMENTS:

☐ Texas Rehabilitation Commission provides fees for work adjustment training.

STAFF:

Director	W. Alfred, M. A.
Production Supervisor	R. Biddy, B. A.
Workshop Supervisor	L. Patrick, B. A.
Contract Procurer	J. Skye, B. A.
Counselor	M. Whitehouse, M. A.

REPORTING PROCEDURE TO REFERRING SOURCE:

☐ Not applicable.

3) Directory of Texas Facilities Serving the Developmentally Disabled Office of School Surveys
Special Education Component
University of Texas Austin, Texas

4) Available Health Social and Rehabilitative Services
Office of Information Services
Box 13244 Capital Station Austin, Texas 78711

5) 1968 Directory of Rehabilitation Facilities
Association of Rehabilitation Center, Inc.
7979 Old Georgetown Road Washington, D. C. 20014
301–654-5882

COUNCILS AND ORGANIZATIONS

There are several groups in Houston that are concerned with co-ordinating information in the health field. If the directories do not answer a certain question contact with one of these organizations might help:

1) Community Welfare and Planning Association Information and Referral Service
215 Main Houston, Texas 224-1701

2) Houston-Galveston Area Council
3311 Richmond Houston, Texas 521-9573

3) Harris County Welfare Department
1225 Elder Houston, Texas 228-8311

4) Region IV Education Service Center
202 North Loop West Houston, Texas 869-7146

IN APPRECIATION

AHRIC deeply appreciates all the support that was encountered for our project and sincerely regrets that the project could not continue along designated lines. Although it is hoped that in the future a service such as AHRIC originally intended to offer can be fully implemented, this directory may fill a small portion of the need that exists for better dissemination of information in the rehabilitative field.

C. Donald Rossi
Marcia Sanderson

CEREBRAL PALSY TREATMENT CENTER OF HARRIS COUNTY

8:00 - 5:00 Mon. - Fri.

1415 California Street
Houston, Texas 77006

Executive Director: Mr. James W. Walls

TYPE OF DISABILITY SERVED:

☐ Children with diagnosed cerebral palsy. The treatment center will do diagnostic work for suspected cases.

FACILITY:

☐ A United Fund supported organization.
☐ State chartered non-profit private organization.
☐ Receives some support from contributions.
☐ Outpatient facility offering therapies, schooling, but no medical services.

DESCRIPTION OF PROGRAM:

Evaluation

☐ Initial diagnostic evaluation done with approval of patient's physician.
☐ Usually takes two days - Wednesday and Friday.
☐ Team effort including a pediatrician, physical therapist, occupational therapist, speech pathologist, and case worker.
☐ Psychological testing and medical history included in evaluation.
☐ Professional staff meeting of all participating members of evaluation to determine:
  a) If child has cerebral palsy.
  b) To what extent he can be helped by the center.

Treatment

☐ Individual programs tailored to patient's condition.
☐ Frequency of visits vary dependent upon child's needs.
☐ Active outpatient program involving physical therapy, occupational therapy and speech pathologist.
☐ School programs for eligible children:
  a) T.M.R. class - goal setting oriented. A great deal of work is on a one-to-one basis.
  b) Primary preschool developmental education - four classes limited to ten students each. For two, three, four and five year olds.
  c) Academic and developmental education - one class for six to fourteen year olds.
☐ All children in school program are placed on a six week trial basis.

WORK ACTIVITY CENTER

Texas Institute for Rehabilitation and Research
1333 Moursund Avenue
Houston, Texas 77025

9:00 - 5:00
Mon. - Fri.

Director: Wayne Alfred, M. A. 526-4281 X 202

TYPE OF DISABILITY SERVED:

☐ All types of disability providing the client is medically and emotionally stable and can perform work tasks at program level.

FACILITY:

☐ A subcontract workshop certified by the Wage and Hour Division, U. S. Department of Labor.

DESCRIPTION OF PROGRAM:

Services

☐ Provides a paid work experience for referrals from the professional, medical, social, and vocational staff of Texas Institute for Rehabilitation and Research.
☐ Provides either a transitional work adjustment period or terminal employment.
  a) Transitional work adjustment training period is for the client whose skills and/or social readiness have not reached the level necessary for employment in competitive industry. These people can be placed for employment when ready.
  b) The program provides a terminal work experience for those referrals who for physical and/or emotional reasons either cannot or do not desire work in competitive industry. They can stay in program indefinitely providing work levels meet the program standards.
☐ Provides a homebound work program for those potential candidates who have been a patient at Texas Institute for Rehabilitation and Research or a Vocational Service client.
☐ Wages to workers are paid on an hourly and piece rate basis in accordance with standards established by the Wage and Hour Division, U. S. Department of Labor.

ELIGIBILITY REQUIREMENTS:

☐ Geographic - No restrictions
☐ Age - 16 years or over
☐ Referral - Professional, medical, social and vocational staff of TIRR.
☐ Must be able to provide own transportation.
☐ Must be medically and emotionally stable and self-sufficient in self-care activities.

STAFF:

Director	Charles Poor, M. Sc.
Counselors	FIVE
Psychometrist	ONE
Work Evaluator	ONE
Programmer	ONE
Secretaries	THREE

REPORTING PROCEDURE TO REFERRING SOURCE:

☐ Same as Texas Institute for Rehabilitation and Research.

Services

☐ Case worker who counsels with family about the child and the adjustments to his condition.
☐ Field trips in conjuction with education program.
☐ Affiliation with Houston Baptist College for student nurses to make home visits.
☐ Texas Women's University provides physical and occupational therapy students to work with children.
☐ University of Houston speech pathology students also work with patients.
☐ Parent series of lectures dealing with cerebral palsy and their child and family.

ELIGIBILITY REQUIREMENTS:

☐ Geographic - No restrictions.
☐ Age - Under fourteen on admissions.
☐ Referral - Physician
☐ Financial - Sliding scale.
☐ Medical - Must have cerebral palsy.

APPLICATION PROCEDURE:

☐ Source of Referral - Physician
☐ Procedure - Contact Social Services or James Walls, Director.

FEE STRUCTURE:

☐ Initial evaluation	$100.00
☐ Therapies	6.50 per hour

☐ All fees are on a sliding scale and figures above represent maximum charge.

FINANCIAL ARRANGEMENTS:

☐ Through private funds or insurance.
☐ United Fund carries patients unable to pay.

STAFF:

Executive Director	James W. Walls
Physical Therapists	THREE
Occupational Therapists	THREE
Speech Pathologists	THREE
Medical Coordinator - part-time	ONE
Special Education Teachers	SIX
Case Worker - part-time	ONE
Aids	TEN

REPORTING PROCEDURE TO REFERRING SOURCE:

☐ Initial evaluation sent to physician and future reports sent upon request.

EASTER SEAL SOCIETY FOR CRIPPLED CHILDREN & ADULTS OF HARRIS COUNTY

3839 Morningside
P. O. Box 765
Houston, Texas 77006

8:30 - 4:30 Mon. - Fri.

Director: Jacqueline Gleckler, Ph.D.

TYPE OF DISABILITY SERVED:

☐ Birth defects, orthopedics, central nervous system disorders, mentally retarded (with exceptions), genatric cancer, multiple handicapped. All those physical handicapped not covered by other agencies.

FACILITY

☐ Outpatient services.

DESCRIPTION OF PROGRAM:

☐ Social activities
☐ Pre-school and elementary education through first grade.
☐ Mother's day-out program for three years and under.
☐ Equipment Loan
☐ Transportation

ELIGIBILITY REQUIREMENTS:

☐ Geographic - Harris and some cases from neighboring counties.
☐ Age - Adult education eighteen years; preschool two years; various restrictions for day care program and camp.
☐ Referral - Open referral
☐ Financial - No fees for services except registration for camp and some other special activities.

APPLICATION PROCEDURE:

☐ Write or telephone director for application. Easter Seal Committee of Admission will review application.

FEE STRUCTURE:

☐ Easter Seal Campaign

FINANCIAL ARRANGEMENTS:

☐ See above

STAFF:

☐ Professional leadership for all activities. Professional heading

DEPARTMENT OF VOCATIONAL SERVICES

Texas Institute for Rehabilitation and Research
1333 Moursund Avenue
Houston, Texas

8:30 - 4:30
Mon. - Fri.

Director: Charles Poor, M. Sc. 526-4281 X 202

TYPE OF DISABILITY SERVED:

☐ All types of physical and mental impairment.

FACILITY:

☐ Same as Texas Institute for Rehabilitation and Research.

DESCRIPTION OF PROGRAM:

Services

☐ Assessment of each client in a workshop setting in a wide range of actual and simulated work experiences (10 days spanning three calendar work weeks).
☐ Structured work experience in Texas Institute for Rehabilitation and Research departments and Work Activity Center. See Work Activity Center
☐ Physical conditioning programs.
☐ Job tryouts with selected employers (2-4 weeks)
☐ Ongoing vocational counselling.
☐ Personal and social adjustment skill development.
☐ Job readiness clinic.
☐ Selective job placement and site visit follow-up.

ELIGIBILITY REQUIREMENTS:

☐ Geographic - No restrictions
☐ Age - 16 years or over
☐ Referral - No restrictions
☐ Financial capability
☐ Client must be medically stable and have vocational potential.

APPLICATION PROCEDURE:

☐ Source of Referral - Anyone
☐ Procedure - Telephone or write Director, Vocational Services, Texas Institute for Rehabilitation and Research.

FEE STRUCTURE:

☐ Vocational evaluation charges are approved by Texas Rehabilitation Commission.

FINANCIAL ARRANGEMENTS:

☐ Same as Texas Institute for Rehabilitation and Research.

APPLICATION PROCEDURE:

☐ Source of Referral - By physician or community agency.
☐ Procedure - Written or verbal referral by community agency or physician which will be reviewed by Admissions Committee and if accepted will generate the appropriate appointment.

FEE STRUCTURE:

☐ Medical and neurological evaluation $30 on outpatient basis, $36.75 inpatient service. $5.00 follow-up for outpatient and $10.50 for inpatient service.

FINANCIAL ARRANGEMENTS:

☐ Discuss at time of admittance or before.

STAFF:

☐ Primary physician responsible for stroke program.
☐ Members of staff vary as needed.

REPORTING PROCEDURE TO REFERRING SOURCE:

☐ Through copies of notes sent by Medical Records Department.

education service, nurses in attendance at camp.

REPORTING PROCEDURE TO REFERRING SOURCE:

☐ None

GOODWILL INDUSTRIES OF HOUSTON, INC.

5200 Jensen Drive 8:00 - 4:30 Mon. - Fri.
Houston, Texas 77026

Director of Rehabilitation & Personnel Services: Mrs. H. H. Trichel
692-6221

TYPE OF DISABILITY SERVED:

☐ Disabilities served include emotional, physical and retardation.

FACILITY:

☐ A non-profit organization that provides vocational rehabilitation to handicapped persons in a sheltered workshop environment.

DESCRIPTION OF PROGRAM:

Vocational Evaluation - 4 to 6 weeks

☐ Orientation and medical review
☐ Personal history review
☐ Work sample measurement job tryouts in regular work environment
☐ On the basis of the results of this vocational evaluation the client is:
  a) Continued in program for work adjustment training.
  b) Referred to agencies equipped to handle unique problems of client.

Training Program

Work Adjustment Training - 3 to 6 months

☐ In a permissive unpressured work setting the client receives:
  a) A series of job tryouts in a regular work environment.
  b) Progressively more demanding job tryouts in productivity and skill acquisition.
  c) Regular counselling sessions to provide heightened personal adjustment, self awareness, etc.
  d) One hour per day classroom instructions which include:
    1. Instruction in job finding skills.
    2. Interview techniques
    3. Grooming and social behavior
    4. Appropriate worker behavior

Transitional Employment Service

☐ Offers remunerative work in a sheltered workshop.
☐ Opportunity to gain experience in specific job skills.
☐ An interim solution to clients with a good work history until suitable employment can be obtained. Wages are based on the U. S. Government Hours and Wage Act Standards.

STROKE CLINIC

9:00 - 12:00 Mon. - Fri.

Texas Institute for Rehabilitation and Research
1333 Moursund Avenue
Houston, Texas 77025

Director: Robert Campos, M. D. 526-4281

TYPE OF DISABILITIY SERVED:

☐ Cerebrovascular disorders and cases of head trauma, which cause motor weakness, language problems, and some sensory disturbance.

FACILITY:

☐ Inpatient and outpatient.

DESCRIPTION OF PROGRAM:

Evaluation

☐ Medical
☐ Neurological
☐ Occupational therapy
☐ Physical therapy
☐ Speech therapy
☐ F.E.S. (See separate description of service)

Treatment

☐ F.E.S. - Process by which hemiplegics with residual gait problems are able to improve ambulation. Each case for F.E.S. is considered on the basis of response to the electrical stimulation of the peronial nerve and conduction velocity above 30 m/sec.
☐ Surgery

Services

☐ Occupational therapy
☐ Speech therapy
☐ Vocational services
☐ Driver's training program
☐ Electrodiagnostic services

ELIGIBILITY REQUIREMENTS:

☐ Geographic - No restrictions
☐ Age - No restrictions
☐ Referral - By physician or community agency.
☐ Financial capabilities - fee for service generally.
☐ Patient needs to be free of acute medical problems which would prevent him from being involved in a rehabilitative program, also must be able to understand and cooperate with given instructions.

☐ Procedure - Contact Director of Admissions, or Dr. Carter, Director of Program.

FEE STRUCTURE:
☐ General cost of stay - $100 a day.
☐ For more detailed information call the Business Office.

FINANCIAL ARRANGEMENTS:
☐ If private funds are not available:
a) Children under 18 may be financed through State Crippled Childrens.
b) Adults may be covered by Texas Rehabilitation Commission.
c) If qualified for welfare, Medicaid can be used.
d) Some patients covered by RT-4 research funds.
☐ Business office (financial planner) and social services help find funds and make arrangements for payment.

STAFF:

Director	R. E. Carter, M. D.
Orthopedic Surgeon	
Plastic Surgeon	
Urologist	
Physical Therapist	
Occupational Therapist	
Social Worker	

REPORTING PROCEDURE TO REFERRING SOURCE:
☐ Through copies of notes sent by Medical Records Department.

Prescription for Work
☐ This unique program is designed to fit the needs of stroke, cancer, and cardiac illness clients. The physician is invited to prescribe working hours and conditions. It is a stipend paying activity enabling people with specific problems to occupy hours in a meaningful work activity. The Greenhouse is one such example.

ELIGIBILITY REQUIREMENTS:
☐ Geographic - No restrictions
☐ Age - Over 16 years of age
☐ Referral - No restrictions
☐ Medical - Must have mental, social or emotional handicap
☐ Financial - No restrictions
☐ Must have employment potential.

APPLICATION PROCEDURE:
☐ Source of Referral - Anyone
☐ Procedure - Contact Mrs. H. H.Trichel by phone or letter at above address.

FEE STRUCTURE:
☐ Vocational evaluation charges are approved by Texas Rehabilitation Commission.

FINANCIAL ARRANGEMENTS:
☐ Paid by private donations, state and/or federal agencies, funds raised through Goodwill Industries Resale Stores.

STAFF:

Executive Vice President	Dr. Wm. A. Lufburrow
Director Rehabilitation & Personnel Services	Mrs. H. H. Trichel
Physician	Consultant
Nurse	Part-time
Psychologist	
Chaplain	
Vocational Counselors	TWO
Placement Counselors	TWO
Speech Therapist	ONE
Workshop Supervisors	THREE

REPORTING PROCEDURE TO REFERRING SOURCE:
☐ On request.

INDEPENDENCE HALL

8:30 - 4:30 Mon.-Sun.

6 Burress (Corner Airline)
Houston, Texas 77026

Resident Manager: Miss Sandi Davenport 692-6237

TYPE OF DISABILITY SERVED:

☐ All types of physically handicapped or elderly persons.

FACILITY:

☐ Independence Hall is a 292 unfurnished apartment complex consisting of 144 efficiency apartments, 128 one bedroom apartments, and 20 two bedroom apartments.

DESCRIPTION OF PROGRAM:

Services

☐ Each apartment is equipped with a 24 hour button service for those who require help with personal needs.
☐ Architectural Aids - ramps and wide doors for wheelchair accessibility, low light switches, roll-in showers, automatic doors.
☐ Social Facilities - recreation room complete with colored television, game tables and fireplace, lending library, chapel and hobby room.
☐ Shopping service, dry cleaning and transportation, all available at nominal cost to tenant.

ELIGIBILITY REQUIREMENTS:

☐ Geographic - No restrictions
☐ Age - Only handicapped children acceptable, otherwise 18 years minimum age requirement; 62 years or over for elderly group.
☐ Referral - No restrictions
☐ Financial capability

APPLICATION PROCEDURE:

☐ Source of Referral - Self
☐ Procedure - Write or telephone resident manager for application. The Admissions Committee will review applicant.

FEE STRUCTURE:

☐ Efficiency apartments from $80 to $127.21.
☐ One bedroom apartments from $95.25 to $151.46
☐ Two bedroom apartments from $118.00 to $187.64
☐ Monthly rental per unit is determined by income. If 25% of gross monthly income is more than the low rate, the 25% figure is the rent which is paid. If 25% of the gross monthly income is over the high rate the maximum quoted per unit is the price paid. The rental cannot be above or below the prices per unit.

☐ Re-evaluation and Follow-up
  a) Service for former patients of Texas Institute for Rehabilitation and Research.
  b) Inpatient for one or two weeks if from out-of-town.
  c) If in-town, follow-up usually done through clinic visits.
  d) Intensive testing done on body functions.
☐ Secondary Complications Treatment
  a) Texas Institute for Rehabilitation and Research is capable of handling most of the problems that are generally associated with spinal cord injuries.
  b) List of complications handled here:

Venous Thrombosis	Post-Operative
Respiratory - See Respiratory Center	Stress Ulcer
Urological	Hepatitis
Skin	

  c) New patients generally not admitted just for treatment of secondary problems.
  d) Dialysis machine not available here for use in kidney failure.
  e) Complete respiratory center for such complications - See Respiratory Center
  f) Urologist and plastic surgeon on staff.

Services

☐ Social Services Department gives aid to patients (both inpatients and outpatients) and their families in a variety of ways:
  a) Assist the family with concrete problems such as housing, child care, and making referrals for financial help.
  b) Interpreting the patient's abilities and disabilities so that the patient and his family can understand his functioning level and develop reasonable goals.
  c) Provide counseling to patient and family so that an optimum adaptation can be reached.
☐ See Texas Institute for Rehabilitation and Research general description for more complete information.

ELIGIBILITY REQUIREMENTS:

☐ Geographic - No restrictions
☐ Age - No restrictions
☐ Referral - By physician
☐ Financial capabilities
☐ Medical considerations
  a) Severe secondary injuries due to accident must be able to be handled here.
  b) Severe depression problems due to injury not treated here.

APPLICATION PROCEDURES:

☐ Source of Referral - Physician

SPINAL CORD PROGRAM 8:00 - 5:00 Mon.-Fri.
Texas Institute for Rehabilitation and Research
1333 Moursund Avenue
Houston, Texas 77025

Director: R. E. Carter, M. D. 526-4281 X 226

TYPE OF DISABILITY SERVED:
☐ Spinal cord injuries resulting in a loss of motor function.

FACILITY:
☐ Complete care for spinal cord injured patients.
☐ Inpatient and outpatient services.
☐ Clinic for outpatient treatment and evaluation meets 9:30 A.M. on Friday.
☐ See Texas Institute for Rehabilitation and Research general description for more information.

DESCRIPTION OF PROGRAM:
Evaluation
☐ If patient is from out-of-town, generally done on inpatient basis.
☐ Depending on decision of admitting committee, if patient is able, may be done through clinic visits.
☐ Inpatient evaluation is generally two weeks.
☐ Complete check of body systems, physical and emotional - renal, muscular, circulatory, respiratory, social, psychological, functional, and nutritional.
☐ Function of evaluation is to determine if the proper help can be given here.

Treatment
☐ Comprehensive Rehabilitation.
a) All of patients needs are handled from initial evaluation to follow-up program.
b) Patients with new injuries can be admitted immediately if the secondary problems can be handled here. Call Dr. Carter for more medical information.
c) The departments most immediately of concern are physical therapy, occupational therapy, orthotics, social services, urology, and respiratory center.
☐ Physical Restoration
a) For old spinal cord injuries.
b) If no acute medical problems exist, can be handled on out-patient basis.
c) Treatment program developed by physical therapy and occupational therapy to maximize physical functioning.

FINANCIAL ARRANGEMENTS:
☐ Applicant finances self.

STAFF:
Resident Manager
Project Co-ordinator
Maintenance Workers
Drivers

REPORTING PROCEDURE TO REFERRING SOURCE:
☐ Not applicable

INTER-AGENCY PROGRAM FOR MULTIPLE HANDICAPPED CHILDREN AND THEIR FAMILIES

3602 West Dallas 8:00 - 4:30 Mon.-Fri.
Houston, Texas 77019

Director: James E. Kean 529-4131

TYPE OF DISABILITY SERVED:

☐ Any child, infant through 21 years, with more than one handicap, physical or mental.

FACILITY:

☐ A non-profit inter-agency team endeavor with participation by:
Area Centers for Services to Deaf-Blind Children
Baylor College of Medicine, Department of Community Medicine
Baylor College of Medicine, Department of Pediatrics
Education Service Center, Region IV
Family Service Center
Harris County Center for the Retarded
Lighthouse for the Blind

DESCRIPTION OF PROGRAM:

Evaluation

☐ Diagnostic evaluations are given child by psychologist.
☐ Conference with parents to determine problem areas.
☐ Team of school supervisor, psychologist and social worker evaluate results and determine program for child and counselling sessions for parents.

Treatment

☐ Infant, preschool and school level programs provided.
☐ Individual and group counselling with parents.

Services

☐ Performs diagnostic evaluation for other agencies and schools.
☐ Conducts research in areas of specific social, community and family needs.
☐ Conducts training programs for professional and non-professional persons.
☐ Summer recreational program for children physically able to participate in day camp activities.

ELIGIBILITY REQUIREMENTS:

☐ Geographic – No restrictions.
☐ Age - Birth through 21 years
☐ Referral - No restrictions

ELIGIBILITY REQUIREMENTS:

☐ Geographic - No restrictions
☐ Age - No restrictions
☐ Referral - Physician
☐ Financial capability
☐ Initial shunt and closure must be completed and acute stage over - Call Dr. Martin for further medical information.

APPLICATION PROCEDURE:

☐ Source of Referral
a) Physician
b) Nurse
c) Special agencies

FEE STRUCTURE:

☐ No information

FINANCIAL ARRANGEMENTS:

☐ Paid by private funds, state agencies or insurance.
☐ Children usually covered under State Crippled Children.
☐ Business office (financial planner) and social services department help in finding funds and arranging for payment.

STAFF:

Director Teresa-Perez Martin, M.D.
Urologist
Orthopedic Surgeon
Physical Therapist
Occupational Therapist
Social Worker

REPORTING PROCEDURE TO REFERRING SOURCE:

☐ Done on a weekly basis through the Medical Records Department.

SPINA BIFIDA PROGRAM

8:00 - 5:00 Mon. - Fri.

Texas Institute for Rehabilitation and Research
1333 Moursund Avenue
Houston, Texas 77025

Director: Teresa-Perez Martin, M. D. 526-4281 X 238

TYPE OF DISABILITY SERVED:

☐ Patients with Spina Bifida.

FACILITY:

☐ Outpatient clinic - Monday 9:00 A.M. for initial evaluation.
☐ Inpatient and outpatient services.
☐ See Texas Institute for Rehabilitation and Research general description for complete information.

DESCRIPTION OF PROGRAM:

Evaluation

☐ For newborn, initial closure and shunt done elsewhere and then transferred here.
  a) Mother and baby admitted to Annex and baby brought here for testing or done on outpatient basis.
  b) Older child (6 months) admitted as inpatient for evaluation.
☐ Initial evaluation takes one week to ten days. Medical and social histories are taken and extensive medical tests performed.

Treatment

☐ Close consultation with other departments to handle secondary complications - urological, pediatric, orthopedic and scoliosis.
☐ Dr. Jesse Dickson sees every patient and if necessary does spinal fusion to obtain stability.
☐ Active physical therapy program which teaches family how to keep child functioning at home.
☐ At eight months, physical therapy teaches parents in use of standing table for home use.
☐ At eighteen months, the walking program is begun at which time proper use of braces, parallel bars, and crutches is taught by physical therapy. Braces are made by Mr. Bill Lanier at City Brace Company.
☐ Patients progress is followed through clinic visits.

Services

☐ Social worker present at each clinic to handle any need of a psychosocial nature that might arise.
☐ See Texas Institute for Rehabilitation and Research general description for more information.

☐ Financial - No restrictions
☐ Medical - Must have multiple handicap

APPLICATION PROCEDURE:

☐ Source of Referral - Parents, community agency or other professional persons.
☐ Procedure - Contact the Social Service Department by telephone or letter for interview appointment.

FEE STRUCTURE:

☐ Sliding fee scale.

FINANCIAL ARRANGEMENTS:

☐ Provided by United funds, state and/or federal funds, fee for service, and gifts.

STAFF:

Director	James E. Kean
Co-ordinators	THREE
Psychologists	
Teaching Staff and Aides	
Social Workers	

REPORTING PROCEDURE TO REFERRING SOURCE:

☐ Regular contacts are kept with referring source as needed, on request or on predecided basis.

JEFFERSON DAVIS DEPARTMENT OF PHYSICAL MEDICINE AND REHABILITATION

8:00 - 5:00 Mon.-Fri.

1801 Allen Parkway
Houston, Texas 77019

Assistant Administrator: Carl Fletcher, M.D. 224-1199 X 677
Staff Physician and Chief of Physical Medicine and Rehabilitation:
Robert Wilson, M. D.

TYPE OF DISABILITY SERVED:

☐ All physical handicaps - single or multiple - strokes, amputees, burns, spinal cord injuries, birth defects, scoliosis, multiple sclerosis, muscular dystrophy, neurological disorders, orthopedic, muscular-skeletal, cardiovascular, emphysema.
☐ Exceptions: Do not handle physical rehabilitation in conjunction with severe psychoses.

FACILITY:

☐ Inpatient and outpatient services.
☐ 29 inpatient beds.
☐ 3 outpatient clinics - Follow-up, Brace, Rehabilitation Evaluation Conference Clinic.
☐ Harris County Hospital District facility for chronic care.
☐ Research and teaching affiliation with Baylor, Veterans Administration, Methodist and others.
☐ Intensive care unit in general hospital.
☐ Staff of approximately 30.
☐ Acute stage of injury evaluated and treated at Ben Taub.
☐ All available treatment and evaluative modalities.

DESCRIPTION OF PROGRAM:

Evaluation

☐ Evaluation of patient after acute stage to determine if he can benefit from comprehensive total rehabilitation.
☐ Patient referred to Physical Medicine service at Ben Taub. Physiatrist at Ben Taub in coordination with physiatrist at Jefferson Davis will recommend patient for transfer.
☐ Total physical examination and history, social, vocational, psychological and speech evaluation.

Treatment

☐ Team treatment approach consists of physician, physical therapist, occupational therapist, social worker, psychologist, speech and nursing.
☐ Average length of stay is sixty days.
☐ Staff physicians are available from Jefferson Davis to handle

STAFF:

Director	Jesse Dickson, M. D.
Consulting Physician	Paul Harrington, M. D.
City Brace Company	Mr. Bill Lanier
Corset-Outside Contract	Mrs. Grant
Physical Therapist	
Occupational Therapist	
Social Worker	

REPORTING PROCEDURE TO REFERRING SOURCE:

☐ Copy of clinic notes and X-ray reports sent to physician by medical Records Department.

f) Dwyer instrumentation and fusion may be a procedure chosen for young spina bifida babies. Operation performed by Dr. Dickson and Dr. Charles McCollum, thoracic surgeon.

☐ If the body cast cannot be tolerated by the patient, a corset may be worn instead.

☐ Since spinal curvatures can seriously affect the functioning of certain internal organs, there is close consultation with doctors specializing in cardiac, pulmonary, pediatric, and urological problems.

☐ The physical therapy department is active in the patients' post-operative management program, in teaching proper body posture, and in instructing the family in methods that must be used at home.

Services

☐ The social services department will help the family implement decisions regarding schooling for children, transportation problems and other needs that might arise. A social worker is present at each clinic meeting.

☐ See Texas Institute for Rehabilitation and Research general description for more information.

ELIGIBILITY REQUIREMENTS:

☐ Geographic - No restrictions
☐ Age - No restrictions
☐ Referral - Physician
☐ Financial capability

APPLICATION PROCEDURE:

☐ Source of Referral - Physician
☐ Procedure - Contact Admitting Office or Dr. Jesse Dickson of Scoliosis Center.

FEE STRUCTURE:

☐ Average daily cost in hospital	$100.00
☐ Milwaukee Brace	400.00
☐ Harrington rods and fusion	1,500.00
☐ Dwyer instrumentation and fusion	1,000.00
☐ Anterior or posterior fusion	1,000.00

FINANCIAL ARRANGEMENTS:

☐ Paid by private funds, insurance or state agencies.

☐ Most children aged eighteen or younger are covered by State Crippled Children.

☐ Most adults are covered by the Texas Rehabilitation Commission. Help is also available through Medicaid.

acute problems - urologist, chest specialists.

☐ Specialized needs may be transferred to Ben Taub - plastic surgery, other surgery, vision evaluation, specialized G. U. procedures.

☐ All treatment modalities available in physical therapy for adults, children and infants.

☐ All evaluative and treatment procedures generally used available in occupational therapy.

☐ Part-time speech therapist works with patient and family.

Discharge Planning and Follow-up

☐ Either go out to home to check on suitability or make arrangements for nursing home.

☐ Referrals made to community agencies and financial assistance agencies.

☐ Weekend passes as soon as patient and family can adjust to it.

☐ Training in home care done by all personnel - nursing, physical therapist, occupational therapist, social worker, psychologist.

☐ Follow-up Clinic for all who need it - once a month.

Services

☐ In house services
  a) Medical Social Worker.
  b) Orthotics made on premises.
  c) Activity programs within hospital.
  d) Volunteer service to provide personal services and recreation.
  e) Provide canes and crutches as part of regular program.
  f) Some loaning of wheelchairs and other assistive devices.
  g) Brace Clinic - weekly to evaluate in and out patients for prosthetics.
  h) Students are trained in physical therapy, occupational therapy, nursing, social work, and speech.

☐ Outside Services
  a) Homebound Teacher to provide schooling for children.
  b) TRC counselor.
  c) Affiliation with outside firms for fitting and making prosthetic devices.

ELIGIBILITY REQUIREMENTS:

☐ Geographic - Harris County
☐ Age - No restrictions
☐ Referral - Ben Taub decides on eligibility.

APPLICATION PROCEDURE:

☐ Source of Referral - Ben Taub
☐ Procedure - Contact Physical Medicine at Ben Taub to initiate admissions.

FEE STRUCTURE:

☐ All fees are on a sliding scale based on a persons ability to pay.
☐ Call business office or Social Services for more information.

FINANCIAL ARRANGEMENTS:

☐ Patients financed by private funds, insurance, Medicare, Medicaid, Workman's Compensation, State Crippled Childrens, Texas Rehabilitation Commission, and other third party sources.

STAFF:

Physiatrist	Robert Wilson, M. D.
Psychologist	Carl Fletcher, M. D.
Resident Physician	ONE
Nursing Staff	FOURTEEN
Physical Therapy	SEVEN
Occupational Therapy	THREE
Social Worker	ONE
Speech Therapist	ONE

REPORTING PROCEDURE TO REFERRING SOURCE:

☐ Medical chart goes to Ben Taub at discharge.

SCOLIOSIS CENTER

8:00 - 5:00 Mon.-Fri.

Texas Institute for Rehabilitation and Research
1333 Moursund Avenue
Houston, Texas 77025 526-4281 X 223

Director: Jesse Dickson, M. D.

TYPE OF DISABILITY SERVED:

☐ Idiopathic scoliosis, congenital bony anomalies of the spine, spinal fractures resulting in a need for instrumentation and fusion for spinal stability, post polio scoliosis, bracing for some muscular dystrophy and cerebral palsy, and treatment of spina bifida patients.

FACILITY:

☐ Inpatient (for surgery) and outpatient care.
☐ Clinic meets Tuesdays at 10:00 A.M.
☐ See Texas Institute for Rehabilitation and Research general description for more information.

DESCRIPTION OF PROGRAM:

Evaluation

☐ Initial evaluation handled through the Scoliosis Clinic which meets on Tuesdays at 1:00 - 10:00 P.M. - Contact Dr. Dickson's office for information.

Treatment

☐ Treatment is decided upon at this time and can be one of several plans - Contact Dr. Dickson for more medical information.
  a) No action to be taken.
  b) Progress to be followed through subsequent visits.
  c) Prescription of Milwaukee brace - this is the conservative treatment and is effective only for minor structural problems in growing children. The brace is worn for at least two years and is checked at three month intervals through clinic visits. The brace is made by Mr. Bill Lanier, City Brace Company.
  d) Spinal instrumentation (Harrington rods) and fusion - surgery is performed by Dr. Dickson or Dr. Paul Harrington. The length of stay in the hospital is generally 20 days. A body cast is worn for six months at which time there is a return visit to the clinic and the cast is changed. At the end of nine months, the case is removed and a corset is fitted by Mrs. Grant, an outside contractor. The corset is worn for three months. X-rays should be taken here or sent to the hospital at the end of two years, three years, and every five years thereafter.
  e) Anterior or posterior fusion - hospital stay is generally twenty days and method of treatment is similar to that for spinal instrumentation.

FEE STRUCTURE:
☐ Not available

FINANCIAL ARRANGEMENTS:
☐ Same as Texas Institute for Rehabilitation and Research.

STAFF:
Director — John T. Sharp, M. D.
Assistant Medical Fellow
Social Worker

REPORTING PROCEDURE TO REFERRING SOURCE:
☐ Same as Texas Institute for Rehabilitation and Research.

JUNIOR LEAGUE OUTPATIENT DEPARTMENT

Texas Children's Hospital
6621 Fannin
P. O. Box 20269
Houston, Texas 77025

8:00 - 4:30 Mon. - Fri.
8:00 - 12:00 Saturday

Director: Arnold J.Rudolph, M. D.
Executive Secretary: Miss F. Heyck
For information and appointments phone 521-2226

TYPE OF DISABILITY SERVED:
☐ All types of disability.

FACILITY:
☐ A consultant outpatient clinic for the diagnosis and treatment of unusual and acute childhood diseases.
☐ Conducts research activities in childhood diseases.
☐ Affiliated with Baylor College of Medicine for the training of interns, residents, fellows, and nurses in Pediatric Medicine.
☐ Trains other paramedical personnel in care of childhood diseases.

DESCRIPTION OF PROGRAM:
Services
☐ Patients are seen by appointment only.
☐ If patient requires hospitalization, patient is hospitalized at TCH.
☐ Patient is seen at one of 28 listed clinics for diagnostic evaluation.

Clinics
Allergy
Arthritis Clinical Research Center
Chest
Day Hospital
Dental (Routine Preventive Orthodontic)
Dermatology
Developmental Pediatrics*
Endocrine
Eye
General Medicine
Genetics
Gynecology
Heart
Hematology & Oncology Research Center
Infectious Disease
Learning Disorders
Metabolic
Neurosurgery
Newborn Follow-up
Nutrition
Orthopedic
Plastic Surgery
Psychiatry
Renal
Surgery
Urology

**Developmental Pediatric Center*
☐ A counsultant diagnostic pediatric clinic for mentally retarded children and children with developmental delay and learning disorders under 14 years of age. Financed through the Children's

Bureau, it cooperates closely with public school services.
Director - Murdina Desmond, M. D.

Ancillary Services
☐ Psychological Services
☐ Medical Social Services
☐ Physical Therapy
☐ Speech Pathology
☐ Labs, X-rays

ELIGIBILITY REQUIREMENTS:
☐ Geographic - No restrictions
☐ Age - 15 years and under
☐ Referral - Physician
☐ Financial - No restrictions - except as determined by availability of funding.

APPLICATION PROCEDURE:
☐ Source of Referral - Physician or other medical facilities.
☐ Procedure - A written referral from physician or other medical facility should be sent to Junior League Outpatient Department at above address.

FEE STRUCTURE:
☐ Sliding scale fee based on patients financial ability.

FINANCIAL ARRANGEMENTS:
☐ Private donations, State and Federal funds, Texas Children's Hospital funds.

STAFF:
Affiliated Baylor College of Medicine Teaching Staff.

Director	Arnold J. Rudolph, M. D.
Executive Secretary	Miss Frances M. Heyck
Social Service Director	Mrs. Dorothy Black, MSW

REPORTING PROCEDURE TO REFERRING SOURCE:
☐ On request.

RHEUMATIC DISEASE CLINIC

8:15 - 4:45
Mon. - Fri.

Texas Institute for Rehabilitation and Research
1333 Moursund Avenue
Houston, Texas 77025

Director: John T. Sharp, M. D.

TYPE OF DISABILITY SERVED:
☐ Rheumatoid arthritis, gout, spondylitis,systemic lupis, dermatomyositis, scleroderma.

FACILITY:
☐ Outpatient Clinic - 1:30 P.M. every second Wednesday.
☐ Inpatient - Patient may be hospitalized for treatment with or without surgical procedures.

DESCRIPTION OF PROGRAM:
Evaluation
☐ Diagnosis.
☐ Tests - X-rays, laboratory tests, i.e. blood, urinalysis, etc.
☐ Development of treatment program.

Treatment
☐ If situation static, patient is checked once or twice a year at scheduled outpatient clinic appointments. Patients with acute conditions are scheduled for weekly appointments for as long as needed. If indicated, patient is admitted for surgical procedure or treatment.
☐ Physical therapy - as prescribed by physician.
☐ Occupational therapy

Services
☐ Social service
☐ Home care education

ELIGIBILITY REQUIREMENTS:
☐ Geographic - No restrictions
☐ Age - No restrictions
☐ Referral - Physician
☐ Financial - Same as Texas Institute for Rehabilitation and Research

APPLICATION PROCEDURE:
☐ Source of Referral - Physician
☐ Procedure - Contact Director Admitting Department, Texas Institute for Rehabilitation and Research or Dr. John T. Sharp, Director of Rheumatic Clinic by letter or telephone.

Treatment
☐ Medical treatment
☐ Physical therapy
☐ Respiratory therapy

Services
☐ Social services
☐ Vocational services
☐ Home care education
☐ Homebound School Program for pediatric group

ELIGIBILITY REQUIREMENTS:
☐ Geographic - No restrictions
☐ Age - Excludes newborn care; asthma patients must be under 21 years.
☐ Referral - Physician
☐ Financial capability

APPLICATION PROCEDURE:
☐ Source of Referral - Physician
☐ Procedure - Contact Director of Admitting Office. In emergency, contact Director, Assistant Director or Doctor-on-call, Respiratory Care Center.

FEE STRUCTURE:
☐ Not available

FINANCIAL ARRANGEMENTS:
☐ Same as Texas Institute for Rehabilitation and Research.

STAFF:

Director	G. M. Harrison, M. D.
Assistant Director	C. W. Ewing, M. D.
Fellow in Pulmonary Disease	R. W. Rucker, M. D.
Physical Therapists	
Respiratory Therapists	
Social Worker	
Secretary	
Dietitian	
Psychologist	

REPORTING PROCEDURE TO REFERRING SOURCE:
☐ Same as Texas Institute for Rehabilitation and Research.

LIGHTHOUSE FOR THE BLIND 8:00 - 4:30 Mon.-Fri.

3530 West Dallas
P. O. Box 13435
Houston, Texas 77019

Executive Director: Mrs. J. Rougagnac 527-9561

TYPE OF DISABILITY SERVED:
☐ Any person with an educational or vocational handicap due to severe visual impairment or blindness.

FACILITY:
☐ A private, non-profit United Fund agency.

DESCRIPTION OF PROGRAM:
Evaluation
☐ Initial diagnostic tests are conducted before the client is referred to the Lighthouse for the Blind by the State Commission for the Blind, and include:
  a) Diagnostic evaluation - medical and social
  b) Counselling and guidance
  c) Adjustment training - client learns mobility, independence in daily living.
☐ Extended evaluation of personal, social and vocational adjustment is done as needed by Lighthouse staff.

Treatment
Rehabilitation Division
☐ Prevocational Testing and Training - 3 to 6 months
Geared to individual needs slanted toward industrial and clerical job placement, covers job and time demands, and personal adjustment to work.
☐ Vocational training
  a) Teaches clerical skills in electronically recorded medical and legal transcription, general office procedure.
  b) General switchboard operation
  c) Industrial skills - machine operation.

Industrial Division
☐ Provides training and tryout for specific jobs. Places potential work candidate in appropriate competitive job situation in Lighthouse for the Blind workshop.
☐ Wages paid are in accordance with the federal Wages and Hours Act.
☐ Placement in competitive labor market is done by State Commission for the Blind.

Services

☐ Social Service Department
- a) Aids with information regarding services for the blind, special aids, talking book service, referrals for living accomodations, medical planning.
- b) Evaluation in the home for home care management, family counselling.
- c) Works with nursing home personnel to assist client in adjustment to living environment.

☐ Braille Library - 8:00 - 4:30 Monday, Wednesday, Friday
8:00 - 6:00 Tuesday, Thursday
- a) Books in Braille, talking book records and cassette tapes, are available on loan, free of charge, by obtaining a library card.
- b) Books for the visually impaired are available in large print.
- c) Reference books are available for professional personnel.

ELIGIBILITY REQUIREMENTS:

☐ Geographic - No restrictions, priority given to residents of Harris County, Texas

☐ Age - 16 years and over

☐ Referral - Anyone

☐ Financial - No restrictions

☐ Medical examination required for entrance to workshop and training activities.

APPLICATION PROCEDURE:

☐ Source of Referral - Anyone

☐ Procedure - Initiate by calling or writing Lighthouse for the Blind. If client has not been in touch with State Commission for the Blind, then contact is made to establish benefits available.

FEE STRUCTURE:

☐ Sliding fee scale.

FINANCIAL ARRANGEMENTS:

☐ Supported by foundation grants, endowments, United Funds, sale of products, state and/or federal agencies, government grants.

STAFF:

Executive Director	Mrs. J. Rougagnac
Asst. Executive Director	Mr. R. E. Crider
Director Industrial Division	Mr. Ray Kaeble
Director of Rehabilitation	Mr. W. Sanderfer
Director of Training	Mr. John Wyly
Supervisor Social Services	Mrs. M. Vesta Hanes
Supervisor of Braille Library & Volunteer Services	Mrs. W. Sanderfer

RESPIRATORY CARE CENTER 7:30 - 4:30 Mon.-Fri.

Texas Institute for Rehabilitation and Research
1333 Moursund Avenue
Houston, Texas 77025

Director: G. M. Harrison, M. D. 526-4281 X 251

TYPE OF DISABILITY SERVED:

☐ Acute respiratory problems:
- a) Cystic Fibrosis
- b) Asthma
- c) Pneumonia and Atelectasis with severe respiratory muscle involvement secondary to congenital and acquired neuro-muscular disease.
- d) Post operative respiratory care following inpatient with chronic pulmonary insufficiency.
- e) Traumatic spinal cord injury.

☐ Chronic respiratory problems:
- a) Congenital and Metabolic diseases -
  1. Cystic Fibrosis
  2. Spina Bifida
  3. Asthma
  4. Muscular Dystrophy
- b) Acquired diseases with chronic respiratory insufficiency -
  1. Stroke
  2. Polio
  3. Scoliosis
  4. Encephalomyelitis
- c) Traumatic -
  1. Spinal Cord
  2. Injury to the Thoracic Cage

FACILITY:

☐ Inpatient - 20 bed unit consisting of adult and pediatric patients; 6 intensive care beds; 14 pediatric beds; and room for isolation.

☐ Outpatient Clinic - 7:30 - 3:00 Monday - Friday by appointment.

DESCRIPTION OF PROGRAM:

Evaluation

☐ Diagnostic evaluation by respiratory team.

☐ Inpatients with acute respiratory conditions are hospitalized for evaluation, intensive therapy and training programs for 10-12 days.

☐ Outpatients with acute respiratory problems can be evaluated in outpatient clinic by appointment. Including diagnosis, tests, and home education, it can take from one to three days. Tests - sweat, X-rays, lab, etc.

☐ Psychotherapy and behavior therapy - Brief report of therapeutic procedure and outcome is mailed to referring physician or agency.

REPORTING PROCEDURE TO REFERRING SOURCE:

☐ Training Program - Weekly for first four weeks then monthly thereafter.

☐ Social Services - As needed or on request.

CARDIAC DIAGNOSTIC LABORATORY

Methodist Hospital
6516 Bertner Boulevard
Houston, Texas 77025

9:00 - 5:00 Mon. -Fri.

Director: Kinsman Wright, M. D. 526-3311 X 1273

TYPE OF DISABILITY SERVED:
☐ Cardiac

FACILITY:
☐ Inpatient and outpatient services.
☐ Diagnosis and progressive evaluation diagnosis for the convalescing cardiac. This laboratory is also set up for screening those symptomatic of cardiac disease.

DESCRIPTION OF PROGRAM:
Evaluation
☐ Diagnosis using echocardiogram, vectorcardiagram, and avionics 24 hour EKG recording.
☐ Tests - Treadmill and treadmill with oxygen consumption.
☐ Development of treatment program.

Treatment
☐ Program to be tailored to individual need.
☐ Work Tolerance Lab planned.

ELIGIBILITY REQUIREMENTS:
☐ Geographic - None
☐ Age - Over 12 years old
☐ Referral - Physician

APPLICATION PROCEDURE:
☐ Source of Referral - Staff physician for inpatients, M. D. for outpatients.
☐ Procedure - Obtain hospital plate and card through outpatient registration. Inpatient registration through attending physician.

FEE STRUCTURE:
☐ Upon request.

FINANCIAL ARRANGEMENTS:
☐ General Information - Hospital business office.
☐ Most insurance acceptable.

DEPARTMENT OF PSYCHOLOGICAL SERVICES

Texas Institute of Rehabilitation & Research
1333 Moursund Avenue
Houston, Texas 77025

9:00 - 5:00
Mon. - Fri.

Clinical Psychologist: Kenneth E. Ware, Ph.D. 526-4281 X 310

TYPE OF DISABILITY SERVED:
☐ All types of disability
☐ Non-disabled individuals may also be seen for psychological services.

FACILITY:
☐ Not applicable.

DESCRIPTION OF PROGRAM:
Evaluation
☐ Psychological testing of mental dysfunctioning.

Treatment
☐ Psychotherapy and behavior therapy.

ELIGIBILITY REQUIREMENTS:
☐ Geographic - No restrictions.
☐ Age - No restrictions.
☐ Referral - No restrictions.
☐ Financial capability

APPLICATION PROCEDURE:
☐ Source of Referral - Self, physician, allied health professionals, community agencies.
☐ Procedure - Write or telephone Kenneth E. Ware, Ph.D.

FEE STRUCTURE:
☐ Not available.

FINANCIAL ARRANGEMENTS:
☐ Same as Texas Institute for Rehabilitation & Research

STAFF:

Clinical Psychologist	Kenneth E. Ware, Ph.D.
Testing Technician	ONE

REPORTING PROCEDURE TO REFERRING SOURCE:
☐ Reports of psychological testing - Computer analysis of test results is mailed to referring physician or agency. If client is self referral, the psychologist discusses results with client or family.

REPORTING PROCEDURE TO REFERRING SOURCE:

☐ Through copies of records sent by Medical Records Department.

STAFF:

Director	Kinsman Wright, M. D.
Nurse	ONE
Technicians	FOUR
Staff Cardiologist	ONE
Secretary	ONE

REPORTING PROCEDURE TO REFERRING SOURCE:

☐ Complete diagnosis with recommendation upon request.

MINI BUS SERVICE

5:00 A.M. - 7:00 P.M.
Mon. - Sun.

10600 South Post Oak, Apt. 32-B
Houston, Texas 77035

Director: Mr. Reams Cox 723-5494

TYPE OF DISABILITY SERVED:
☐ All types of disabilities other than stretcher cases.

FACILITY:
☐ A van with fork lift to transfer wheelchair and person.

DESCRIPTION OF PROGRAM:
Services
☐ Provides transportation service to or from any location to all types of disabled persons including wheelchair cases.

ELIGIBILITY REQUIREMENTS:
☐ Geographic - No restrictions
☐ Age - No restrictions
☐ Financial capability

APPLICATION PROCEDURE:
☐ Write or telephone owner at above address or telephone number.

FEE STRUCTURE:
☐ The cost is 50 ¢ per mile travelled by passenger.

FINANCIAL ARRANGEMENTS:
☐ The sources for payment are private funds, insurance carriers or Texas Rehabilitation Commission.
☐ Texas Rehabilitation Commission sponsored client must contact TRC counselor to mail requisition for transportation to Mini Bus Service.
☐ The Mini Bus Service bills Texas Rehabilitation Commission monthly. Passengers paying by private funds must pay per ride unless on a monthly contractual basis.

STAFF:
Mr. & Mrs. Reams Cox

REPORTING PROCEDURE TO REFERRING SOURCE:
☐ Not applicable.

PEDIATRIC PROGRAM

8:00 - 5:00 Mon. - Fri.

Texas Institute for Rehabilitation and Research
1333 Moursund Avenue
Houston, Texas 77025

Director: Teresa-Perez Martin, M. D. 526-4281 X 238

TYPE OF DISABILITY SERVED:
☐ Children with single handicap leading to loss of motor function, bronchial plexus syndrome, generalized muscular weakness, and others.

FACILITY:
☐ Program conducted on outpatient basis - clinic meets Thursday at 9:00 A.M.
☐ See Texas Institute for Rehabilitation and Research general description for more information.

DESCRIPTION OF PROGRAM:
Service
☐ Evaluation of medical condition.
☐ Treatment plan involving physical therapy to maximize functioning.
☐ Education in home exercise program.

ELIGIBILITY REQUIREMENTS:
☐ Geographic restrictions - No restrictions
☐ Age - 16 or younger
☐ Referral - Physician
☐ Financial capability

APPLICATION PROCEDURE:
☐ Source of Referral - Physician
☐ Procedure - Contact Admitting Office or Dr. Martin, Director of Program.

FEE STRUCTURE:
☐ Call business office.

FINANCIAL ARRANGEMENTS:
☐ Through private insurance, private funds or state agencies.

STAFF:
Director Teresa-Perez Martin, M. D.
Orthopedic Surgeon
Physical Therapist
Occupational Therapist
Social Worker

☐ See Texas Institute for Rehabilitation and Research general description for more information.

ELIGIBILITY REQUIREMENTS:
☐ Geographic - No restrictions
☐ Age - 16 or younger
☐ Physician's referral
☐ Financial capabilities
☐ Acute stage of injury is over - Call Dr. Martin for further medical information.

APPLICATION PROCEDURES:
☐ Source of referral - Physician
☐ Procedure - Contact Director of Admitting Office, or Dr. Martin, Director of Program.

FEE STRUCTURE:
☐ No information

FINANCIAL ARRANGEMENTS:
☐ Paid by private funds, insurance or public agencies.
☐ Most children handled under State Crippled Childrens
☐ Business Office (financial planner) and social services help find funds and make arrangements for payment.

STAFF:

Director	Teresa-Perez Martin, M. D.
Orthopedic Surgeon	
Physical Therapist	
Occupational Therapist	
Social Worker	

REPORTING PROCEDURE TO REFERRING SOURCE:
☐ Through copies of notes sent by Medical Records Department.

MUSCULAR DYSTROPHY ASSOCIATION OF AMERICA

5400 Memorial Dr. #305 8:30 - 4:30 Mon. - Fri.
Houston, Texas 77007

Director: Richard Mace 861-4556
Director of Patient Services: Mrs. Virginia Ribb 861-4334

TYPE OF DISABILITY SERVED:
☐ Muscular dystrophy and related neuromuscular disorders.

FACILITY:
☐ Agency keeps medical records of patients and makes appointments to two clinics; Texas Institute for Rehabilitation and Research, and Hermann Hospital.
☐ Hermann - Outpatient services.
☐ Texas Institute for Rehabilitation and Research - Inpatient (if necessary) Outpatient - Primarily.

DESCRIPTION OF PROGRAM:
Evaluation
☐ Diagnosis and/or confirmation of diagnosis.
☐ Clinical laboratory - serum enzymes.
☐ Neurophysiology laboratory EEG, EMG.
☐ Consultations: Neurological, cardio-pulmonary, orthopedic, and psychological.
☐ Referral service to appropriate specialized services.
☐ Genetic counselling - Extensive family history investigation.

Treatment
☐ Physical therapy
☐ Occupational therapy
☐ O. P.D. Pediatric Clinic
☐ Orthotics
☐ Treatment tailored to individual needs.
☐ Surgery if necessary.

Services
☐ Social services through agency.
☐ Vocational services through agency.
☐ Dietary counselling.
☐ Recreational trips and camp through agency.
☐ Equipment and assistive devices when needed.

ELIGIBILITY REQUIREMENTS:
☐ Geographic - Chapter territory: Fort Bend, Brazoria, Harris, Montgomery.
☐ Age - No restrictions.

☐ Referral - No restrictions.
☐ Financial - No restrictions.
☐ Diagnosis of muscular dystrophy for eligibility.

APPLICATION PROCEDURES:
☐ Source of Referral - None
☐ Procedure - Call or write Muscular Dystrophy Agency in Houston.

FEE STRUCTURE:
☐ Private contributions and annual fund raising campaign.

FINANCIAL ARRANGEMENTS:
☐ Fees
☐ Some equipment not authorized by National Foundation must be O.K.'d through National Organization.

STAFF:
Texas Institute for Rehabilitation and Research

Doctors and Clinic Staff	TWO
Hermann Doctors and Staff as needed	TWO

REPORTING PROCEDURE TO REFERRING SOURCE:
☐ Evaluation and management reports on demand by referring source.

MULTIPLE HANDICAP TREATMENT PROGRAM

Texas Institute for Rehabilitation and Research 8:00 - 5:00
1333 Moursund Avenue Mon. - Fri.
Houston, Texas 77025

Director: Teresa-Perez Martin, M. D. 526-4281 X 238

TYPE OF DISABILITY SERVED:
☐ Children who have multiple handicaps as a result of car accidents, encephalitis, meningitis, anoxia, birth traumas, etc.

FACILITY:
☐ Offers inpatient and outpatient care.
☐ Outpatient clinic meets Thursdays at 9:30 A.M.
☐ See Texas Institute for Rehabilitation and Research general description for more information.

DESCRIPTION OF PROGRAM:
Evaluation
☐ Initial evaluation done in clinic.
☐ Includes extensive medical testing and psycho-social histories.

Treatment
☐ Disabilities generally are treated on outpatient basis - birth traumas, generalized muscular weakness (not muscular dystrophy).
☐ Acute injury patients accepted as inpatients after initial phase of injury is past:
  a) Initial evaluation to determine extent of damage.
  b) Intensive treatment program to maximize functioning.
  c) Hospital stay for as long as improvement is rapid - generally two to three months.
  d) When improvement plateau is reached, patient released for home care.
  e) Preparation for home care - week-end passes before release, active training by physical therapy in proper home treatment.
  f) Intensive follow-up program through clinic visits - first every month then every three months.
☐ Multiple handicaps with respiratory complications generally admitted and if needed, training is given in use of home breathing equipment - See Respiratory Center.

Services
☐ Social Services aids families in any problem of a psycho-social nature.
☐ Arrangements made for schooling in hospital or at home if necessary.

or vocational training.

APPLICATION PROCEDURE:

☐ Source of Referral
  a) Any community agency
  b) Self referral supported by two personal references
☐ Procedure - Write or telephone resident manager.

FEE STRUCTURE:

☐ Room rent - Single occupancy $88 monthly
  Double occupancy $44 monthly
☐ Community Dining Facility - $50 a month average for three meals a day, seven days a week.
☐ Transportation Service - Compulsory $10 monthly base rate charge for 0 - 49 miles. The cost for each additional 50 miles is $5.00.
☐ Personal Care Service - $150 - $175 a month for 24 hour, seven days a week attendant aid.

FINANCIAL ARRANGEMENTS:

☐ Candidate makes own arrangements.

STAFF:

Program Director	Mr. David Stock, M.S.W.
Resident Manager	Mr. Rodney Shaw
Aids and/or Orderlies	FIFTEEN

REPORTING PROCEDURE TO REFERRING SOURCE:

☐ Not applicable

ROSEWOOD REHABILITATION CENTER

Rosewood General Hospital
9200 Westheimer
Houston, Texas 77042

8:30 - 6:00 Mon. - Fri.

Director: Robert D. Sine, M. D. 782-9515

TYPE OF DISABILITY SERVED:

☐ Strokes, severe injuries, coronary cases, chronic obstructive pulmonary diseases, cancer, arthritis, amputees, spinal cord lesions and orthopedic disorders.
☐ Exceptions: 1) Patients needing continual breathing apparatus.

FACILITY:

☐ Inpatient and outpatient services
☐ 35 bed inpatient facility
☐ Full department of Rosewood General Hospital with representation on the executive board.
☐ Psychiatric ward in general hospital to handle severely disturbed individuals admitted for rehabilitation.
☐ Team approach to treatment - consists of doctor, rehabilitation nurse, physical therapist, occupational therapist, speech therapist, social worker and public health representative. Weekly conferences to discuss patients progress.

DESCRIPTION OF PROGRAM:

Evaluation

☐ Medical evaluation of condition by one of three physiatrists on the staff. This usually comes before admission to determine general acceptability. Then team evaluates disabilities as below.
☐ Physical therapy evaluates performance level of muscles and joints. SEE PHYSICAL THERAPY
☐ Occupational therapy evaluates over all performance level on daily living activities.
☐ Inhalation therapy evaluates respiratory condition in chronic pulmonary disorders. SEE INHALATION THERAPY CENTER
☐ Evaluation of speech, hearing or language disorders in speech therapy. SEE SPEECH THERAPY
☐ Electromyography for determinations of neuromuscular disorders.

Treatment

☐ Individualized plan for each patient to maximize his functioning to greatest extent.
☐ Besides regular staff, treatment may involve services of urologist, neurosurgeon, neurologist, orthopedic surgeon, pediatrician, psychiatrist, internist, surgeon and physician in family practice.

☐ These physicians are on the staff of Rosewood General Hospital. Inhalation therapy for treatment of primary or secondary lung disorders. SEE INHALATION THERAPY
☐ Physical therapist works with patient to maximize physical functioning and train families and patients in proper home care.
☐ Occupational therapist trains the patient in the activities of daily living - eating, dressing, typing, etc. as well as prescribing proper size wheelchairs and other special equipment.
☐ Speech therapy corrects or compensates for speech and hearing disorders.

Discharge Planning
☐ Final check of patient's performance level.
☐ Arrangement for home nursing care through Public Health Services or Visiting Nurse Association.
☐ Referral to suitable nursing home if needed.
☐ Check on home conditions for suitability - done through Public Health or Visiting Nurse Association.

Follow-up
☐ Patients progress followed at home by Visiting Nurse Association or Public Health Services.
☐ Check-up by doctor's appointment is arranged if convenient for patients.
☐ Medical Social Services follows patients condition and progress through questionnaires mailed out.

Services
☐ In House Services
a) Medical Social Services to provide counselling and aid to patients and families.
b) Dental services available for those who need them.
c) Opthamologist to prescribe proper eye treatment if needed.
d) Therapeutic recreation - recreation and hobbies for the inpatients.
☐ Outside Services
a) Clinical psychologist available for psychological testing and evaluation.
b) Vocational counseling through the Texas Rehabilitation Commission for patients financed by Texas Rehabilitation Commission.
c) Work evaluation handled through affiliation with Goodwill Industries.
d) Representative of brace companies will visit the hospital for fitting and ordering braces and other equipment.
e) Public Health Services, city and county, are represented at weekly team conferences to be prepared for handling patients upon their release.

INDEPENDENT LIFE STYLES

Texas Institute for Rehabilitation and Research 9:30 - 5:00
105 Drew Mon. - Fri.
Houston, Texas 77006

Resident Manager: Mr. Rodney Shaw 526-8541 X 36

TYPE OF DISABILITY SERVED:
☐ Any severely handicapped individual who requires assistance for daily living needs.

FACILITY:
☐ Facility has 10 single rooms and 4 double rooms architecturally designed to accommodate the wheelchair users.
☐ Commodious self contained furnished rooms complete with private bathroom facilites.
☐ Provides an independent living accommodations for handicapped male and female adults.
☐ Community dining facility.

DESCRIPTION OF PROGRAM:
Services
☐ Community dining facility provides three meals a day, seven days a week. Charge is according to individual choice of food and numbers of meals ordered.
☐ Transportation service provides a driver and vehicle Monday through Friday from 7:30 A.M. to 5:30 P.M. for transportation to and from school, place of employment, needed errands or appointments.
☐ Personal care service by an orderly or aid on a 24 hour, seven day a week basis. This service aids with personal hygiene, dressing, bowel and bladder program, transfers to and from chair and general valet services.
☐ Laundry service and light housekeeping is provided free by Texas Institute for Rehabilitation and Research volunteers daily.
☐ Housekeeping and Maintenance for the facility is included in the room rental.
☐ Recreational facilities include a lounge room, game room with pool table, color television and refrigerator.

ELIGIBILITY REQUIREMENTS:
☐ Geographic - No restrictions
☐ Age - 18 years or over
☐ Referral - Self
☐ Financial capability by private, state or federal means.
☐ Medical status must be stable
☐ Single
☐ Must have potential or be employed or actively involved in school

FEE STRUCTURE:

☐ Evaluation including tests, X-rays, physician fee, etc. approximately $75.00

☐ Fees for therapies, hospitalization and services vary according to individual treatments and time involved.

FINANCIAL ARRANGEMENTS:

☐ Same as Texas Institute for Rehabilitation and Research.

STAFF:

Codirector	L. Leavitt, M. D.
Codirector	H. Pelosof, M. D.
Codirector	D. Lazarz, M. D.
Clinical Rehabilitation Assistant	F. Zuniga, M. A.
Certified Prosthetist and Orthotist	A. Muilenburg, C.P.O.
Physical Therapist	
Occupational Therapist	
Social Worker	
Vocational Counselor	
Secretary	

REPORTING PROCEDURE TO REFERRING SOURCE:

☐ Same as Texas Institute for Rehabilitation and Research.

f) Representative of an orthopedic shoe company will measure and fit prescribed shoes to hospital patients.

☐ These outside services are usually billed directly through the supplier to the patient and not through the hospital.

ELIGIBILITY REQUIREMENTS:

☐ Geographic - No restrictions

☐ Age - No restrictions

☐ Referral - None, but generally physician.

☐ Financial capability

☐ Acute stage of injury or disease may be handled by referring institution or in an acute care center before admission - Call Dr. Liss for more information.

☐ If there is an attending physician, must have his approval.

APPLICATION PROCEDURE:

☐ Source of Referral - Generally physician referral.

☐ Procedure

a) Contact Medical Social Services.

b) Physicians may contact Dr. Shelly Liss.

FEE STRUCTURE:

☐ All patients billed on a "per treatment" basis. Maximum cost rarely exceeds $600 per week.

FINANCIAL ARRANGEMENTS:

☐ Accept private funds, insurance, Workman's Compensation, Medicare, Medicaid, Texas Rehabilitation Commission.

☐ Aid in making financial arrangements given by the Business Office and Medical Social Services.

STAFF:

Clinical Director	Dr. Shelly Liss
Director	Dr. Robert Sine
Director of Outpatient Service	Dr. Daniel Morrison
Medical Social Workers	TWO
Physical Therapist	SIX
Registered Occupational Therapist	TWO
Certified Occupational Therapist	TWO
Speech Therapist	ONE
Rehabilitation Nurse	Head Nurse

Auxiliary Staff - From Rosewood General Hospital

Plastic Surgeon
General Surgeon
Urologist

Orthopedist
Neurologist
Psychiatrist
Opthamologist
Pediatrician
Internist
Neurosurgeon
Otolaryngologist

REPORTING PROCEDURE TO REFERRING SOURCE:

☐ Copy of weekly team conference notes sent by Medical Records Department.

HOUSTON CENTER FOR AMPUTEE SERVICES

Texas Institute for Rehabilitation and Research 8:15 - 4:45
1333 Moursund Avenue Mon. - Fri.
Houston, Texas 77025

Director: Henri Pelosof, M. D. 526-4281 X 368-9

TYPE OF DISABILITY SERVED:

☐ All types of amputees.

FACILITY:

☐ Patients can be treated on an inpatient and outpatient basis.
☐ Clinic - First and third Wednesday of every month 10:00 A.M. and 1:30 P.M.
☐ Team approach to patient rehabilitation.

DESCRIPTION OF PROGRAM:

Evaluation

☐ The patient is evaluated in the clinic by the amputee clinic team.
☐ As needed tests and X-rays are ordered.
☐ If surgical stump revision necessary, arrangements are made.
☐ If prosthetic device needed or refitting required, an appointment is made with prosthetist.
☐ Recommendations are made for treatment and training in physical and occupational departments.

Treatment

☐ Prosthetic prescription and fitting.
☐ Physical therapy
☐ Occupational therapy

Services

☐ Social services.
☐ Vocational counselling. See Department of Vocational Services at Texas Institute for Rehabilitation and Research.

ELIGIBILITY REQUIREMENTS:

☐ Geographic - No restrictions
☐ Age - No restrictions
☐ Referral - Physician
☐ Financial capability

APPLICATION PROCEDURE:

☐ Source of Referral - Physician
☐ Procedure - Contact Director of Admitting Department or Dr. H. Pelosof, Director of Amputee Services by telephone or letter.

FINANCIAL ARRANGEMENTS
☐ Same as Texas Institute for Rehabilitation and Research

STAFF:
Coordinator
Driver teacher

REPORTING PROCEDURE TO REFERRING SOURCE:
☐ Not applicable

HIP FRACTURE PROGRAM

8:30 - 6:00 Mon. - Fri.

Rosewood Rehabilitation Center
9200 Westheimer
Houston, Texas 77042

Director: Shelly Liss, M. D. 782-9515

TYPE OF DISABILITY SERVED:
☐ Hip fractures where general rehabilitation is required.

FACILITY:
☐ Service on inpatient and outpatient basis. See Rosewood Rehabilitation Center for more information about the facility.

DESCRIPTION OF PROGRAM:
Evaluation
☐ Program developed for patient depends upon whether or not fracture is weight bearing. This determined by the type of surgery performed to treat the fracture.

Treatment
☐ If patient's condition requires, started on tilt board. Ambulation off tilt board within one week.
☐ If weight bearing:
a) Program developed to return patient to normal mobility and independence or highest functional level.
b) Step-up and stand-up program used.
☐ If non-weight bearing:
a) Ambulation done with aid of walker to prevent weight bearing of involved leg.
b) Lift sometimes put in shoe of good leg to keep weight off other leg.
c) Patient may return when weight bearing for completion of rehabilitation program.
d) Attempt to attain independence at wheelchair level until weight bearing allowed.

Services
☐ Medical Social Services. For more information See Rosewood Rehabilitation Center.
☐ Average length of stay - about three weeks. See Rosewood Rehabilitation Center for complete list of services and basic treatment.

ELIGIBILITY REQUIREMENTS:
☐ Geographic - No restrictions

☐ Age - No restrictions
☐ Referral - Usually physician.
☐ If inpatient at Rosewood General therapy may start very shortly after surgery. If surgery done elsewhere, transfer to rehabilitation center takes place after initial healing. Call Department Rehabilitation Medicine for more medical information.

APPLICATION PROCEDURE:
☐ Source of Referral - Usually physician.
☐ Procedure - Contact Medical Social Services. Physicians may contact Dr. Liss.

FEE STRUCTURE:
☐ Cost of stay rarely exceeds $600 a week.

FINANCIAL ARRANGEMENTS:
☐ Paid through private funds, insurance, Medicare, Medicaid, or Texas Rehabilitation Commission if applicable.
☐ Aid in making financial arrangements given by Business Office and Social Services.

STAFF:

Clinical Director	Shelly Liss, M. D.
Director	Robert Sine, M. D.
Physiatrist	Daniel Morrison, M. D.
Medical Social Workers	TWO
Physical Therapist	SIX
Registered Occupational Therapist	TWO
Certified Occupational Therapist	TWO
Speech Therapist	ONE
Rehabilitation Nurse	

Auxiliary Staff - From Rosewood General Hospital

Urologist
Orthopedist
Neurologist
Psychiatrist
Opthamologist
Pediatrician

REPORTING PROCEDURE TO REFERRING SOURCE:
☐ Copy of weekly team conference notes sent by Medical Records Department.

DRIVER'S EVALUATION AND TRAINING PROGRAM

Texas Institute for Rehabilitation and Research 8:30 - 5:00 Mon. - Fri.
1333 Moursund Avenue
Houston, Texas 77025

Coordinator: Miss J. Robinson 526-4281 X 317

TYPE OF DISABILITY SERVED:
☐ All types of disability providing trainee has use of two extremities.

FACILITY:
☐ Not applicable.

DESCRIPTION OF PROGRAM
Services
☐ Five hours of evaluation by driving instructor to ascertain capability of client for training program.
☐ Training program is given in an automobile adapted for hand control operation.
☐ Average instruction time is 20 hours, varying according to previous driving experience or severity of disability.

ELIGIBILITY REQUIREMENTS:
☐ Geographic - No restrictions
☐ Age - 18 years or over
☐ Exceptions:
a) 15 - 18 years if a minor hardship case authorized by a state permit.
b) 16 - 18 years if written portion of the high school driver's education program has been completed.
☐ Referral - Physician's endorsement
☐ Financial capability
☐ Must have driver's training permit or valid driver's license.

APPLICATION PROCEDURE:
☐ Source of Referral - Anyone
☐ Procedure - Telephone or write program coordinator.

FEE STRUCTURE:

☐ Evaluation and training fee per hour	$17.50
☐ Hand Controls for Paraplegics	123.50
☐ Hand Controls for quadraplegics	238.00
☐ Left foot accelerator for stroke victims	26.50
☐ Adaptor for turn indicators	11.25
☐ Gear shift selector	16.85
☐ Spinner knob	15.00
☐ Orthotic cuff for quadraplegics	10.00
☐ Installation of equipment	10.00

FINANCIAL ARRANGEMENTS:

☐ Taken care of at time of appointment unless prior agreement with Dr. Cardus.

STAFF:

Director	David Cardus, M. D.
Cardiologist on duty during all procedures	
Computer and Technical Technicians	TWO
Program Coordinator	ONE

REPORTING PROCEDURE TO REFERRING SOURCE:

☐ Computerized reports of testing with recommendations are sent to source of referral under personal letter from Dr. Cardus.

INHALATION THERAPY PROGRAM

Rosewood General Hospital — 8:00 - 5:00 Mon. - Fri.
9200 Westheimer
Houston, Texas 77042

Medical Director: J.H. Smith, M. D.	782-5355
Chief of Inhalation Therapy	782-9515 X 260

TYPE OF DISABILITY SERVED:

☐ Chronic pulmonary diseases such as emphyseam, asthma and bronchitis.

☐ Exceptions: Premature and young infants with severe problems usually transferred to Texas Children's Hospital.

FACILITY:

☐ Inpatient and outpatient services.

☐ Work in conjunction with physical therapy in maximizing effectiveness of lung drainage and breathing exercises.

DESCRIPTION OF PROGRAM:

Evaluation

☐ Patients condition diagnosed by family physician or referring pulmonary specialist.

☐ Patient sent to Pulmonary Functions lab for evaluation test - spirometry, lung volumes, arterial blood gases studies, DLCO, single breath nitrogen wash-out.

☐ Interpretation of pulmonary functions are done by pulmonary specialist and results sent to referring physician.

Treatment

☐ Usually spent four to six weeks as an inpatient.

☐ Treatment can be one or both of the following:
a) Ultra sonic nebulizer
b) Intermittant positive pressure breathing.
Both with breathing exercises and bronchial drainage techniques in physical therapy.

☐ If treatment is on outpatient basis inhalation therapy handles the bronchial drainage therapy.

☐ Home training program to teach use of breathing apparatus and exercises. (in physical therapy)

☐ Follow-up visits to inhalation therapy once a week for treatment and drainage.

☐ The Chief of Inhalation Therapy will visit at home if impossible to return to the hospital - at no extra charge.

Services

☐ Medical social services for home planning and counselling.
☐ Occupational therapy for activities and recreation.
☐ See Rosewood Rehabilitation Center for more services.

ELIGIBILITY REQUIREMENTS:

☐ Geographic - No restrictions
☐ Age - No restrictions
☐ Referral - by staff member of Rosewood General Hospital
☐ Financial capability
☐ Physician diagnosis

APPLICATION PROCEDURE:

☐ Source of Referral - Staff physician at Rosewood General Hospital.
☐ Procedure
  a) Contact Medical Social Services or Chief of Inhalation Therapy.
  b) Physicians may contact Dr. Smith, Dr. Klein, or Dr. Liss.

FEE STRUCTURE:

☐ Maximum hospital stay rarely exceeds $600 per week.
☐ Costs of tests and treatment:

a) Pulmonary functions study and blood studies	$132.50
b) Ultra sonic nebulizer	5.00 per treatment
c) Intermittant positive pressure breathing	5.00 per treatment
d) Heated aerosol	5.00 per treatment

FINANCIAL ARRANGEMENTS:

☐ Paid by private funds, private insurance, Medicare and Medicaid.
☐ Contact Business Office for more information.

STAFF:

Medical Director	John H. Smith, M. D.
Pulmonary Specialist	Mervin Klein, M. D.
Chief of Inhalation Therapy	Glen Bray
Pulmonary Function Technician	ONE
Inhalation Therapy Technicians	FOUR

REPORTING PROCEDURE TO REFERRING SOURCE:

☐ Copy of evaluation and weekly notes sent to referring source.

CARDIAC EVALUATION AND WORK TOLERANCE UNIT

Texas Institute for Rehabilitation and Research
1333 Moursund Avenue
Houston, Texas 77025

8:00 - 4:30
Mon. - Fri.

Director: David Cardus, M. D. 526-4281

TYPE OF DISABILITY SERVED:

☐ Cardiac

FACILITY:

☐ Outpatient only - computerized lab for studying circulatory and respiratory responses to controlled amounts of exercise.
☐ Screening for symptomatic and non-symptomatic of cardiac disease.

DESCRIPTION OF PROGRAM:

Evaluation

☐ Diagnostic
☐ Tests - lipid blood, EKG, bicycle
☐ Development of treatment program

Treatment

☐ Medical - None
☐ Physical therapy - Reconditioning procedure
☐ Other ancillary therapies

Services

☐ Social services - if necessary
☐ Vocational services - if needed

ELIGIBILITY REQUIREMENTS:

☐ Geographic - No restrictions
☐ Age - No restrictions
☐ Referral - No restrictions
☐ Financial - to be discussed with Dr. Cardus.

APPLICATION PROCEDURE:

☐ Source of Referral - Self, physician or through Jewish Community Center or YMCA
☐ Procedure - Call Dr. Cardus' office - application and admittance procedure will be taken care of from that office.

FEE STRUCTURE:

☐ Research and development grant.

b) Prosthetic devices made by Muilenburg Prosthetics, Inc. - visits Amputee Clinic or by appointment.
c) Corsets fitted for those who need them by outside contact.
d) Homebound School Program for school age children operated by Houston Independent School District Special Education division.

ELIGIBILITY REQUIREMENTS:
☐ Geographic - No restrictions
☐ Age - No restrictions generally, check individual programs.
☐ Referral - Only by physician
☐ Financial capabilities - See financial arrangements.

APPLICATION PROCEDURE:
☐ Source of Referral - Physician
☐ Procedure - Contact Director of Admitting Office or Director of particular program interested in.

FEE STRUCTURE:
☐ Call business office for exact fees.
☐ Estimates of cost of complete rehabilitation services available on request based on actual experience with similar persons at comparable times and comparable problems and needs.

FINANCIAL ARRANGEMENTS:
☐ Patients financed by private funds, insurance, Medicare, Medicaid, Workman's Compensation, State Crippled Childrens, Texas Rehabilitation Commission, research funds, and contributions to the hospital.
☐ Help given by Financial Planner and Medical Social Services in making necessary arrangements prior to admission.
☐ Muscular Dystrophy Foundation and Multiple Sclerosis Foundation assist some persons for clinic treatment and equipment but do not provide inpatient care.

STAFF:
A Cast of Hundreds.

REPORTING PROCEDURE TO REFERRING SOURCE:
☐ Copy of pertinent data sent by Medical Records Department.

PHYSICAL THERAPY PROGRAM

Rosewood General Hospital
9200 Westheimer
Houston, Texas 77042

8:30 - 6:00 Mon.-Fri.
Saturday for acute problems

Director: Georgia Wilson

782-9515 X228

TYPE OF DISABILITY SERVED:
☐ All handicaps and diseases requiring physical rehabilitation.
☐ Exceptions (1) Total body burns.

FACILITY:
☐ Inpatient and outpatient service.
☐ Treat inpatients and outpatients who are a part of the Rosewood Rehabilitation Center and Rosewood General Hospital as well as patients referred by physicians throughout the community.
☐ Physician either prescribes treatment program or works with therapist in development of suitable program.

DESCRIPTION OF PROGRAM:
Services
☐ Step-up, stand-up program to achieve muscle strength and balance necessary for functional operation - for injuries and diseases that inhibit ability to walk, i.e. - stroke, hip fractures.
☐ Exercise programs to develop function in injured areas.
☐ Breathing exercises and percussion techniques for obstructive pulmonary diseases - emphysema, chronic bronchitis.
☐ Stump preparation and wrapping for amputees. Also training in proper use of prosthetic device (provided and fitted by outside source).
☐ Mat exercises for perception, body placement, range of motion, rolling, etc.
☐ Train families and patients in home care exercises - strengthening breathing, walking.
☐ Physical therapy for acute neck, back, shoulder and knee problems using the proper modalities, exercises and massage as indicated.
☐ Modalities available for treatment
a) Arm whirlpool
b) Leg whirlpool
c) Electro therapy
d) Ultra sound
e) Diathermy - short wave, microwave
f) Hot packs
g) Traction - intermittant cervical and pelvic traction
h) Heat therapy - short wave, microwave.
i) Pneumomassage for lymphedema

ELIGIBILITY REQUIREMENTS:

☐ Geographic - No restrictions
☐ Age - No restrictions
☐ Referral - Only by physician
☐ Financial capability
☐ Diagnosis of problem and treatment program by referring physician.

APPLICATION PROCEDURE:

☐ Contact Physical Therapy Department at Rosewood.

FEE STRUCTURE:

Rehabilitation Therapy

30 minutes	- $10
60 minutes	- $15
Small Whirlpool	- $6 - $8
Large Whirlpool	- $10 - $15
One Modality	- $6
Two Modalities	- $8
Three Modalities	- $11
Four Modalities	- $13

FINANCIAL ARRANGEMENTS:

☐ See financial coverage on Rosewood Rehabilitation Center.

STAFF:

Chief Physical Therapist	Georgia Wilson
Full time Physical Therapist	TWO
Part-time Physical Therapist	FOUR
Aides	THREE

REPORTING PROCEDURE TO REFERRING SOURCE:

☐ Copy of treatment plan and progress sent upon request.

surgeon and clinical psychologist.
☐ Emphasize early comprehensive management with close customization of nursing care with rehabilitative nurse clinician.
☐ Large part of program is functional training in Physical Therapy.
☐ Training in activities of daily living in Occupational Therapy Department.
☐ Affiliation with Houston Speech and Hearing Center for those who require it. See Houston Speech and Hearing Center
☐ Primary and secondary breathing complications handled by the Respiratory Care Center. See Respiratory Care Center

Discharge Planning and Follow-up

☐ Final check of physical condition and functional level before discharge.
☐ Families trained in proper home care of patient.
☐ If in Houston, home is checked to see if it is suitable for patient's needs.
☐ Week-end passes given before discharge to accustom patient and family to home situation.
☐ After discharge, follow-up done through clinic visits - all team members present to assess patient's condition.
☐ Re-evaluation admittance at stated intervals for more intensive check of condition - usually one to two weeks.

Services

☐ In-house services
  a) Medical social service to help patients and families in any problem of a psychosocial nature - adjustment to condition, home planning, follow-up service.
  b) Orthotics department that develops and makes available latest kinds of equipment to prevent deformity and improve functioning.
  c) Vocational unit to test for aptitude and ability and help place patient in a job. See Vocational Unit.
  d) Structured diversional activity program.
    1. Recreational center with pool table, ping pong, table games.
    2. Outside trips organized for those able to participate.
  e) Pharmacy that provides inpatient and outpatient services.
  f) Drivers Education Program for those who are able. See Drivers Training Program
  g) Equipment pool available for patients use until appropriateness and adaptability can be ascertained.
  h) Dental clinic provides hospital and home care.
  i) Volunteers who provide many personal services for patients.
☐ Outside services
  a) Representatives of City Brace Company present at appropriate clinics to fit and make braces not handled by Orthotic Department.

TEXAS INSTITUTE FOR REHABILITATION AND RESEARCH

8:00 - 5:00 Mon. - Fri.

1333 Moursund Avenue
Houston, Texas 77025

Director: William A. Spencer, M. D. 526-4281

TYPE OF DISABILITY SERVED:

☐ Spinal cord injuries, amputations, scoliosis, birth defects, multiple handicaps in children, arthritis, muscular dystrophy, mutilple sclerosis, breathing disabilities and other physically handicapping diseases.

FACILITY:

☐ Inpatient and outpatient comprehensive services.
☐ 81 bed inpatient facility.
☐ 16 outpatient clinics. See individual descriptions by clinic name.
☐ Private non-profit rehabilitation hospital.
☐ Research and teaching affiliation with Baylor College of Medicine.
☐ Research programs that patients can participate in if they so desire.
☐ Team treatment approach to patient care - physician, clinician, physical therapist, occupational therapist and social worker
☐ Advanced nursing located at the Annex - patients transported to main facility twice a day for treatment.
☐ Intensive care unit for severe problems and early care to minimize disabling effects of illness and injuries.
☐ Staff of approximately 450.
☐ Space for families to spend the night if necessary.

DESCRIPTION OF PROGRAM:

Evaluation

☐ Evaluation of problem usually done on outpatient basis through clinic appointment.
☐ If patient is from out-of-town, can be done on inpatient basis for convenience, or day program with night residence arranged at TIRR annex.
☐ Inpatient evaluation takes one or two weeks generally - complete check of body systems, functional and personal adjustment needs and status from a comprehensive standpoint.

Treatment

☐ Optimal personalized treatment plan for each person computerized to give exact instructions and changes in procedure daily.
☐ Complete staff of physicians to handle primary medical care, handicaps and secondary complications - internist, pediatrician, physiatrist, neurologist, orthopedic surgeon, urologist, plastic

SPEECH THERAPY

8:30 - 6:00 Mon. - Fri.

Rosewood Rehabilitation Center
Rosewood General Hospital
9200 Westheimer
Houston, Texas 77042

Director: Joanna Chase, M. A. 782-9515 X 256
Certificate of Clinical Competence by American Speech and Hearing Association

TYPE OF DISABILITY SERVED:

☐ Disorders of speech, hearing and language. Large part of therapy is for stroke patients.

FACILITY:

☐ Treatment offered on inpatient or outpatient basis. Outpatients do not have to be in any other phase of treatment at Rosewood.
☐ Special hours can be arranged for patients who cannot attend morning sessions - i.e. school children.

DESCRIPTION OF PROGRAM:

Evaluation

☐ Time required varies with patient - dependent upon extent of damage modalities affected, ability to communicate with therapist.
☐ Language and aphasia tests given among others.
☐ Do screening hearing tests. If problem exists, will refer to proper facility for more extensive tests. (No audiometric chamber available).
☐ After evaluation either treatment plan is developed or patient referred to another facility if more extensive service is needed.

Treatment

☐ Plans developed vary with individual problems.
☐ Treatment is done on one-to-one basis - no group sessions.
☐ Inpatient (usually stroke) can be seen on a daily basis.
☐ Outpatients seen from one to three times a week for one-half hour sessions.

ELIGIBILITY REQUIREMENTS:

☐ Geographic - No restrictions
☐ Age - No restrictions
☐ Referral - No restrictions
☐ Financial capability

APPLICATION PROCEDURE:

☐ Source of Referral - Any; however, if there is an attending physician,

his approval is obtained.
☐ Procedure - Contact Director of Speech Therapy for appointment.

FEE STRUCTURE:
☐ $10 for one-half hour session. Billed through Rosewood General Hospital.

FINANCIAL ARRANGEMENTS:
☐ Paid by private insurance or private funds or Medicare if inpatient.
☐ Medicare does not cover outpatient services in speech therapy.

STAFF:
Director and Therapist — Joanna Chase, M. A.

REPORTING PROCEDURE TO REFERRING SOURCE:
☐ Copy of initial evaluation sent by Joanna Chase.

d) State Commission for the Blind
Ste. 103 - 1015 E. Thomas
Pasadena, Texas 77506
8:00 - 5:00 Mon.-Fri.
473-7683

ELIGIBILITY REQUIREMENTS:
☐ Geographic - State of Texas
☐ Age - No restrictions
☐ Referral - Anyone
☐ Financial - Sliding fee scale for certain services.

APPLICATION PROCEDURE:
☐ Source of Referral - Anyone
☐ Procedure - Telephone or write State Commission for the Blind at above address.

FEE STRUCTURE:
☐ No charge to client.

FINANCIAL ARRANGEMENTS:
☐ Supported by state and federal government, private donations and contributions.

STAFF:

Executive Director	Mr. B. Risley
Area Supervisor	Mr. R. Lawson
Rehabilitation Counsellors in Houston and Harris County Area	NINE
Placement Specialists	TWO
Rehabilitation Teachers	FOUR
Mobility Specialist	ONE
Business enterprise supervisors	TWO

REPORTING PROCEDURE TO REFERRING SOURCE:
☐ On request.

STATE COMMISSION FOR THE BLIND

301 - 5619 Fannin 8:00 - 5:00 Mon. - Fri.
Houston, Texas 77004

Executive Director: Mr. Burt Risley 524-2857

TYPE OF DISABILITY SERVED:

☐ Any person who is blind; or who has a visual impairment 20/70 or less in the better eye with best corrections; or a progressive eye condition that would lead to a visual disability.

FACILITY:

☐ A public, state supported agency, with some private support.

DESCRIPTION OF PROGRAM:

Services

☐ Personal adjustment training in mobility and independence for daily living.
☐ Buys as needed services in the community for return to optimal vocational employment.
☐ Provides:
  a) Diagnostic evaluation - medial and social
  b) Physical restoration
  c) Prosthetic appliances
  d) Counselling and guidance
  e) Training
  f) Maintenance if necessary while in training.
  g) Transportation
  h) Occupational tools and licenses
  i) Low vision aids
  j) Services to family members.
☐ These services can be obtained at following locations as well as at above address:
  a) State Commission for the Blind 8:00 - 5:00 Mon. - Fri.
  University of Houston 748-6876
  3801 Cullen Blvd.
  302 Student Life Bldg.
  Houston, Texas 77004

  b) Eye Clinic 8:00 - 5:00 Mon. - Fri.
  Ben Taub Hospital 529-3211
  1502 Taub Loop
  Houston, Texas 77025

  c) Hermann Low-Vision Aid Rehabilitation Clinic
  6436 Fannin 8:00 - 5:00 Mon. - Fri.
  Houston, Texas 77025 529-3081

STROKE TREATMENT PROGRAM

Rosewood Rehabilitation Center 8:30 - 6:00 Mon. - Fri.
Rosewood General Hospital
9200 Westheimer
Houston, Texas 77042

Director: Shelly Liss, M. D. 782-9515

TYPE OF DISABILITY SERVED:

☐ Patients recovering from strokes.

FACILITY:

☐ Inpatient and outpatient services.
☐ See Rosewood rehabilitation general description for more information.

DESCRIPTION OF PROGRAM:

Evaluation

☐ Usually the patient is seen in consultation before formal evaluation takes place.
☐ Evaluation of condition and ability to improve may take from 20 minutes to one week (the maximum allowed by Medicare).
☐ Family situation and patient motivation play a large part in decision to admit patient.

Treatment

☐ Treatment program developed with strong consideration given to eventual living arrangements of patient.
☐ Emphasis placed on patient be able not only to walk with aids or alone but on his own ability to rise from a sitting position by himself.
☐ Gait training is taught as well as standing from a sitting position unattended.
☐ Physical therapy trains family in proper care of patient at home. Occupational therapy fits equipment that will be needed - wheelchairs, arm slings, special eating utensils, etc. Also have final check of patients.
☐ All patients leaving are referred either to public health services (county or city) or the visiting nurse association.
☐ If convenient for patient, doctor's office visit (at hospital) can be made for check-up.

Services

☐ Medical social services for individual and group counselling.
☐ See Rosewood General Hospital general description for more information.

ELIGIBILITY REQUIREMENTS:

☐ Geographic - No restrictions
☐ Age - No restrictions
☐ Referral - Approval of attending physician
☐ Financial capabilities

APPLICATION PROCEDURE:

☐ Source of Referral - Any, with attending physician's approval.
☐ Procedure
a) Contact Edie Spargo, Social Services.
b) Physicians may contact Dr. Shelly Liss.

FEE STRUCTURE:

☐ Average weekly cost	$600
☐ Average stay	27 days

FINANCIAL ARRANGEMENTS:

☐ Financing through Medicare, Medicaid, Texas Rehabilitation Commission, private insurance, private funds.

STAFF:

Clinical Director	Shelly Liss, M. D.
Director	Robert D. Sine, M. D.
Physiatrist	Daniel P. Morrison, M. D.
Speech Therapist	
Occupational Therapist	
Physical Therapist	
Social Worker	
Consulting Physicians on hospital staff.	
Rehabilitation Nurse	

REPORTING PROCEDURE TO REFERRING SOURCE:

☐ Copies of weekly team conference notes sent through Medical Records Department.

FINANCIAL ARRANGEMENTS:

☐ General: Provided by private funds, private insurance policies, partial payment by state, federal or county agencies.
☐ Exception: As a United Fund agency, individuals who live or work in Harris County may request fee reduction.

STAFF:

Acting Director	Tina E. Bangs, Ph.D.
Associate Director	Joan Lynch, Ed. D.
Associate Director	Anne Rister, M. Ed.
Diagnostic Staff	FIVE
Speech and Teacher Clinicians	EIGHT
Teacher Aides	THREE

REPORTING PROCEDURE TO REFERRING PHYSICIAN:

☐ Professional referrals receive written report after completion of diagnostic testing.
☐ Retesting results and progress reports are mailed to professional referrals on request.
☐ Families receive verbal reports in conference.

☐ Outreach program in City Health Center (Lyons Avenue) for both hearing impaired and normal hearing children with language/ learning deficits is provided for ages birth through three years.

Services

☐ Parent Education Program includes a hearing readiness class and speech and language orientation class.
☐ Regular conferences provided by speech clinician for families of all patients involved.
☐ Group counselling led by social worker available to parents of all children enrolled in programs.
☐ Retesting as indicated
☐ Checking of hearing aids.

ELIGIBILITY REQUIREMENTS:

☐ Geographic - No restrictions
☐ Age - No restrictions
☐ Referral - Physician's referral necessary for hearing testing, voice evaluation, aphasia testing.
☐ Financial - No restrictions

APPLICATION PROCEDURE:

☐ Source of Referral
a) Physician's referral necessary for hearing testing, voice evaluation and aphasia testing.
b) Any source i.e. self, friend, physician, social worker, agency, etc.
☐ Procedure - Initiate by calling appointment secretary;
a) Request application for appointment to be filled out by all patients plus medical referral form when necessary.
b) Appointment for evaluation testing is confirmed when above forms are completed. Results are considered and client is:
1. Accepted for program
2. Rejected and referred elsewhere
3. Does not need service

FEE STRUCTURE:

☐ Fees are comparable with current fees being charged in the community.
☐ Diagnostic fees are determined by number of tests and time involved.
☐ Individual or group therapy and class instructions fees are determined by length of time involved.
☐ All fees may be based on a sliding scale for those who qualify for fee reduction.

ST. ANTHONY CENTER

8:30 - 4:30 Daily

6301 Almeda
Houston, Texas 77021

Medical Director: H. S. Lipscomb, M. D. 748-5021

TYPE OF DISABILITY SERVED:

☐ All types of disabilities.

FACILITY:

☐ Private non-profit rehabilitation hospital, extended nursing care facility, geriatric nursing home, and retirement living accommodations.
☐ 350 bed multi-level inpatient care facility.
☐ Outpatient treatment program.
☐ Team treatment approach to patients needing rehabilitation services. (physiatrist, physical therapist, occupational therapist, respiratory therapist, speech pathologist).
☐ Rehabilitation orientation to all patients.
☐ Computerized patient information management system.
☐ Live-in accommodations can be arranged for patients and/or families during rehabilitation program.
☐ Affiliation with University of Texas Medical School at Houston.

DESCRIPTION OF PROGRAM:

Evaluation

☐ Performed by attending physician who prescribes treatment program.
☐ Performed by resident physician or physiatrist who prescribes treatment program.

Treatment

Inpatient

☐ All 350 beds of St. Anthony Center are potentially rehabilitation candidates. The inpatient facility includes:
a) A rehabilitation hospital.
b) An extended care facility - Medicare skilled nursing facility.
c) Nursing home offers:
1) Skilled and intermediate levels of nursing care.
2) Emphasis on nursing care.
3) Rehabilitation oriented activity program.
4) Special area for disturbed patients featuring special activities, reality orientation program.
d) Retirement living accommodations - luxury apartments.
e) Special ancillary services including Social Service Department, Dental Clinic, Podiatry Clinic, X-ray, Laboratory and Pharmacy.

Outpatient

- ☐ Hand Rehabilitation Clinic
- ☐ Physical Therapy Clinic
- ☐ Occupational Therapy Clinic
- ☐ Speech Therapy Clinic
- ☐ Respiratory Therapy Clinic

Services

- ☐ Social Services - patients requiring aid are contacted by or referred to the Social worker who:
  - a) Obtains an intake and psychosocial history.
  - b) Appraises current personal and home situation.
  - c) Provides relevant information to patient and family i.e. health services, living accommodations, etc.
  - d) Investigates funding sources to defray medical costs, equipment and supplies.
- ☐ Diversional Activity Program
  - a) A reality orientation and remotivation program as well as an activity program is conducted on each of the nursing care floors.
  - b) A program of group social activities is scheduled for each day in the week and includes handicraft classes, bingo, sing-a-long, movies, dances and special events.
- ☐ Day Care Center
- ☐ Houston Stroke Club
- ☐ Pharmacy
- ☐ Volunteer Services
- ☐ Dental Clinic
- ☐ Podiatry Clinic

ELIGIBILITY REQUIREMENTS:

- ☐ Geographic - No restrictions
- ☐ Age - Inpatient over 18 years of age
- ☐ Referral - Physician
- ☐ Financial capability

APPLICATION PROCEDURE:

- ☐ Source of Referral - Physician
- ☐ Procedure - Contact Admitting Office for complete information and application packet. Application forms must be completed by attending physician, patient and/or family. Once patient has been accepted, date for entry will be established.

FEE STRUCTURE:

- ☐ Fees are in accordance with accepted State and Federal regulations.
- ☐ Fees for therapies, hospitalization and services vary according to individual treatment and time involved.

SPEECH AND HEARING INSTITUTE

(Formerly Houston Speech and Hearing Center)
University of Texas at Houston
Texas Medical Center 8:00 - 5:00 Mon. - Fri.
1343 Moursund Avenue
Houston, Texas 77025

Acting Director: Tina E. Banks, Ph. D. 524-3136

TYPE OF DISABILITY SERVED:

- ☐ Any person with a communication disorder: deaf, hard of hearing, language and/or learning disabilities, aphasics, articulation disorders, cleft palate, stuttering, voice problems, laryngectomy, reading problems, and multiple handicaps involving communication.

FACILITY:

- ☐ The Speech and Hearing Institute is part of the University of Texas Health Science Center at Houston. The Institute is registered by the Professional Services Board of the American Speech and Hearing Association, and is approved as a non-public school by the Texas Education Agency. The service program of the Institute is a United Fund Agency.
- ☐ Patients are treated on an outpatient basis 8:30 - 5:00 Monday - Friday by appointment

DESCRIPTION OF PROGRAM:

Evaluation:

- ☐ Individual diagnostic assessment involving administration of appropriate diagnostic tests i.e.
  - a) Hearing assessment - hearing aid selection
  - b) Speech assessment
  - c) Language/learning assessment
- ☐ Development of treatment program.

Treatment

- ☐ Individual and group speech therapy for children and adults (disorders of articulation, voice, stuttering).
  - a) Pre-school children
  - b) School age children
  - c) Adults
- ☐ Rehabilitation of adult aphasics (stroke, brain injury)
- ☐ Rehabilitation of laryngectomee patients (cancer)
- ☐ Pre-school classes - Daily classes for both hearing impaired and normal hearing children with language/learning deficits are provided from birth to first grade. Parents are involved in the training program.

☐ Age - Birth through 16 years
☐ Referral - Shriners
☐ Financial - No restrictions

APPLICATION PROCEDURE:
☐ An application is completed by family and reviewed by Hospital Board.

FEE STRUCTURE:
☐ If patient is accepted for treatment, there is no charge for any service, except for prescribed shoes that are billed on a sliding fee scale.

STAFF:
Medical Chief of Staff
Administrator
Physicians
Nurses
Licensed Vocational Nurse
Physical Therapist
Aids
Special Teacher
Orthotist

REPORTING PROCEDURE TO REFERRING SOURCE:
☐ Not applicable.

FINANCIAL ARRANGEMENTS:
☐ Nursing home facility and retirement living accommodation fees are paid by private funds and Medicaid.
☐ Extended nursing care facility, hospitalization and services, outpatient care, are paid by private funds, private insurance policies, Medicare, Medicaid, Texas Rehabilitation Commission, and Workman's Compensation.

STAFF:

Medical Director	H. S. Lipscomb, M. D.
Resident Internist	V. Adam, M. D.
Physiatrist	R. Borrell, M. D.
Physical Therapist	
Occupational Therapist	
Inhalation Therapist	
Speech Therapist	
Social Services	
Complete Nursing Staff	

REPORTING PROCEDURE TO REFERRING SOURCE:
☐ Regular reports, as well as a discharge report, are sent to referring source.

DAY CARE CENTER

9:00 - 3:30 Mon. - Fri.

St. Anthony Center
6301 Almeda
Houston, Texas 77021

Director: Mrs. Anne Kline, C. O. T. 748-5021

TYPE OF DISABILITY SERVED:

☐ Any medically stable aged person.

FACILITY:

☐ St. Anthony Center
☐ 9:30 - 3:30 Monday - Friday.

DESCRIPTION OF PROGRAM:

Services:

☐ Under professional supervision of the Diversional Activity Program supervisor, the program provides a place for the aged to participate in a daily activity program outside their own home.

ELIGIBILITY REQUIREMENTS:

☐ Geographic - No restrictions
☐ Age - Elderly
☐ Referral - Physician
☐ Must be able to provide own transportation.
☐ Medically stable with recent chest X-rays and laboratory work.

APPLICATION PROCEDURE:

☐ Source of Referral - Physician's referral necessary however any person or family may contact the program.
☐ Procedure - Contact Social Service Department for entry to program.

FEE STRUCTURE:

☐ Sliding fee scale.

FINANCIAL ARRANGEMENTS:

☐ See St. Anthony Center

STAFF:

Certified Occupational Therapist	ONE
Aids	TWO

REPORTING PROCEDURE TO REFERRING SOURCE:

☐ Not applicable.

SHRINERS HOSPITAL FOR CRIPPLED CHILDREN

1402 Outer Belt 8:00 - 4:30 Mon. - Fri.
Houston, Texas 77025

Administrator: Matthew J. Ustas 526-8531

TYPE OF DISABILITY SERVED:

☐ All orthopedic problems in the pediatric age group, that would benefit from bracing, physical therapy or remedial surgery.

FACILITY:

☐ Shriners Hospital for Crippled Children is a charity hospital entirely supported financially by the National Organization of Shriners.
Inpatient Facility - 40 beds
Outpatient Clinics - 15 clinics
Visiting hours - Tuesday & Thursday 3:15 - 4:15

DESCRIPTION OF PROGRAM:

Evaluation

☐ A screening review committee determines treatment plan.

Treatment

☐ Child's place of residence and nature of medical service provided determines in or outpatient status.
☐ On an outpatient basis children are seen at the following clinics:

a) Amputee Clinic
b) Brownsville Clinic
c) Cerebral Palsy Clinic
d) Clubfoot Clinic
e) Special Foot Clinic
f) General Clinic
g) Hand Clinic
h) Hip Clinic
i) Leg Length Discrepancy Clinic
j) Metabolic Clinic
k) Myelodysplasia Clinic
l) Neuromuscular Clinic
m) Plaster Clinic
n) Scoliosis Clinic
o) Screening Clinic

A follow up program for all patients is conducted at six month intervals until the patient is 16 years of age.

Services

☐ Homebound School Program - Inpatient children, kindergarten through high school, whose projected hospital stay is four weeks or longer, are provided with a school program individually suited to their own needs in English or Spanish.
☐ Transportation for out of town patients is provided by the Shriners. Should air transportation be used, delivery to and pick up from airport is provided as well as air fare paid.

ELIGIBILITY REQUIREMENTS:

☐ Geographic - Southwestern United States

sheets available as support.

FEE STRUCTURE:

☐ For program all patients are expected to pay according to their ability and resources.

FINANCIAL ARRANGEMENTS:

☐ Accept private funds, insurance, Workman's Compensation, Medicare, Medicaid, Texas Rehabilitation Commission and any other forms of payment available.

☐ Hospital is a private hospital and does not have state or federal funds available in order to offer patients treatment.

☐ Business office or Social Services Department are available for help in these areas.

STAFF:

Clinic Director	Dr. Robert Wilson
Clinic Coordinator	Mrs. Titus
Chief Physical Therapist	ONE
Assistant Physical Therapist	THREE
Occupational Therapist	ONE
Secretary	ONE

Services of general hospital staff each and everyone is used when necessary by rehabilitation clinic.

REPORTING PROCEDURE TO REFERRING SOURCE:

☐ Reports sent on demand or at the discretion of clinic director.

HOUSTON HAND REHABILITATION CENTER

St. Anthony Center 9:00 - 4:00 Mon. - Fri.
6301 Almeda
Houston, Texas 77021

Director: R. M. Borrell, M. D. 748-5021

TYPE OF DISABILITY SERVED:

☐ Hand injuries usually sustained in industrial accidents.

FACILITY:

☐ Patients can be seen on an inpatient or outpatient basis.

☐ Live in accommodations can be arranged for patient and/or family in some instances.

DESCRIPTION OF PROGRAM:

Evaluation

☐ Patient may be referred by attending physician in either the pre-operative or post-operative period of disability, or for an evaluation of functional ability.

☐ A specific program is designed by the referring physician and/or staff physician and members of the Center's staff.

Treatment

☐ Full day of intensive occupational and physical therapy, 6 hours per day, 5 days a week, by professionals specifically trained in hand rehabilitation.

☐ Weekly evaluation conferences by Center's physiatrist and physical and occupational therapists.

☐ Recommendations made at weekly conference for further treatment planning. If preferred the referring physician may maintain complete direction of his patient's rehabilitation program.

☐ Functional orthotic bracing and/or splinting by occupational therapy department.

☐ Patient-group interaction.

Services

☐ Social Services for counselling and aid in financial planning available to patient and/or family.

ELIGIBILITY REQUIREMENTS:

☐ Geographic - No restrictions

☐ Age - Over 16 years of age

☐ Referral - Physician

☐ Financial capability or special arrangements.

APPLICATION PROCEDURE:

☐ Source of Referral - Physician

☐ Procedure

a) Referring phyiscian will phone or write admitting department.

b) Necessary medical history submitted with completed application forms.

FEE STRUCTURE:

☐ $25 per day includes lunch meal and therapy for outpatients.

☐ $45 per day includes bed, meals and therapy for patient needing live-in arrangements.

FINANCIAL ARRANGEMENTS:

☐ If patient injured on job, employer's insurance carrier will be billed.

☐ If patient finances hospitalization or has an insurance policy which does not cover the entire cost of the rehabilitation program, a payment plan can be arranged.

REPORTING PROCEDURE TO REFERRING SOURCE:

☐ Progress reports and any recommendations are made weekly to referring physician.

ST. ELIZABETH'S REHABILITATION CLINIC

St. Elizabeth's Hospital 8:00 - 4:30 Mon. - Fri.
4514 Lyons Avenue
Houston, Texas 77020

Clinic Coordinator: Mrs. Titus 675-1711

TYPE OF DISABILITY SERVED:

☐ Strokes, arthritis, diabetes, most neurological disorders, orthopedic disorders, simple psychological counselling, amputees, and any disorder aided by occupational therapy and physical therapy.

☐ Exceptions: Spinal cord injuries.

FACILITY:

☐ Clinic does not have inpatient beds for specific purpose of rehabilitation but uses the facilities of general hospital for inpatient care.

DESCRIPTION OF PROGRAM:

Evaluation

☐ Diagnostic procedure, including tests are made by physiatrist on staff using hospital records of patient when available. These tests include electromyography when necessary. A treatment program is developed for the patients as inpatients or outpatients according to demand.

Treatment

☐ Treatment program includes using facilities of entire hospital, physical therapy and occupational therapy are available in rehabilitation clinic while those needing assistive devices are referred to other agencies.

Services

☐ Social services.

☐ Home care education is referred to the city health department or to the Visiting Nurses Association.

ELIGIBILITY REQUIREMENTS:

☐ Geographic - No restrictions

☐ Age - No restrictions

☐ Referral - Generally through staff physician, self-referral though emergency room only.

☐ Financial capability - Sliding fee scale - Charity patients are accepted.

APPLICATION PROCEDURE:

☐ Source of Referral - Physician, Self-referral and community agency.

☐ Procedure - Rehabilitation department forms with any patient data

☐ Age - No restrictions
☐ Referral - Physician
☐ Financial capability

APPLICATION PROCEDURE:
☐ See St. Anthony Center

FEE STRUCTURE FOR PROGRAM:
☐ $20 per hour.
☐ Evaluation varies according to number of tests and time involved.

FINANCIAL ARRANGEMENTS:
☐ See St. Anthony Center

STAFF:
Director Miss S. J. Wollangk, M. A.

RESPIRATORY THERAPY DEPARTMENT AND EKG DEPARTMENT

St. Anthony Center 8:30 - 5:00 Mon. - Fri.
6301 Almeda
Houston, Texas 77021

Technical Director: Mrs. A. Herman, C. R. T. T. 748-5021
(Certified Respiratory Therapy Technician)

TYPE OF DISABILITY SERVED:
☐ Chronic or acute respiratory problems including post surgical, emphysema, asthma, and bronchiectasis.

FACILITY:
☐ Inpatient by appointment - 7:30 A.M. - 9:00 P.M. Daily
☐ Outpatient by appointment - 7:30 A.M. - 9:00 P.M. Monday - Friday

DESCRIPTION OF PROGRAM:
Evaluation
☐ Diagnostic - Attending physician orders therapy.
☐ Tests - Master's Two Step, Standard 12 Lead, Cardiogram if needed.

Treatment
☐ Administers intermittent positive pressure breathing treatments with mechanical respiratory devices.
☐ Assists the patient in deep breathing, coughing and expectoration.
☐ Sets up and maintains nasal catheters, masks and oxygen tents.
☐ Administers aerosol therapy in forms of ultrasonic nebulizers, steam inhalators and bedside humidifiers.
☐ Performs chest physiotherapy following I.P.P.B.
☐ Routine checks for proper maintenance of equipment.

Services
☐ Home care education is taught to patient and family. They are taught the techniques for daily treatment procedure and equipment maintenance.
☐ If desired, the necessary equipment and medication can be ordered by the Technical Director in advance of the patients return home.

ELIGIBILITY REQUIREMENTS:
☐ Geographic - No restrictions
☐ Age - Over 14 years of age
☐ Referral - Physician

☐ Financial capability or special arrangements can be made.

APPLICATION PROCEDURE:
☐ Source of Referral - Physician
☐ Procedure - Same as St. Anthony Center

FEE STRUCTURE FOR PROGRAM:
☐ Standard prices charged comparable with those in area and vary according to procedure. Cardiogram - $20 per test.

FINANCIAL ARRANGEMENTS:
☐ See At. Anthony Center

STAFF:

Technical Director	Mrs. A. Herman, C. R. T. T.
Technicians	FOUR

REPORTING PROCEDURE TO REFERRING SOURCE:
☐ Reports by telephone are given as indicated or on physicians request.

SPEECH PATHOLOGY SERVICES

St. Anthony Center 8:30 - 4:30 Mon. - Fri.
6301 Almeda
Houston, Texas 77021

Director: Miss S. J. Wollangk, M. A. 748-5021
Speech Pathologist

TYPE OF DISABILITY SERVED:
☐ Any type of communication disorder - primarily aphasia, stroke, laryngectomee, and disarthria.

FACILITY:
☐ Inpatient by appointment 9:00 - 3:00 Monday - Friday
☐ Outpatient by appointment 8:30 - 4:30 Monday - Friday.

SERVICE:
Evaluation
☐ Diagnostic assessment is made by speech pathologist on physician's request.
☐ Tests administered for evaluation are:
a) P.I.C.A. equipment test for aphasic patients which gives complete evaluation of level of aphasia.
b) Vocabulary tests.
c) Basic intelligence test
d) Voice quality test
e) Hearing problems are screened and referred to other facilities with certified audiologist.

Treatment
☐ Voice therapy for laryngectomee patients.
☐ Voice therapy for those patients with brain damage resulting in inadequate vocal quality.
☐ Communication program worked out with nursing staff to aid in developing a system of exchange with patients on ward for aid in daily living.
☐ 1/2 hour daily sessions for stroke patients to relearn basic communication process (reception, association and expression).
☐ Monthly evaluation retesting to determine treatment course.

Services
☐ Family counselling to aid in home education program and communication for daily living.
☐ Spouse or family member attends classes to observe therapy.

ELIGIBILITY REQUIREMENTS:
☐ Geographic - No restrictions

☐ Fee structure is approved by Blue Cross.

FINANCIAL ARRANGEMENTS:
☐ See St. Anthony Center

STAFF:

Director	Mr. J. Lerman, L.P.T.
Licensed Physical Therapist	THREE
Aides	FIVE

REPORTING PROCEDURE TO REFERRING PHYSICIAN:
☐ Daily or weekly reports are given either by correspondence or telephone.

OCCUPATIONAL THERAPY

St. Anthony Center 8:00 - 4:30 Mon. - Fri.
6301 Almeda
Houston, Texas 77021

Director: Mrs. M. K. Hubble, O. T. R. 748-5021

TYPE OF DISABILITY SERVED:
☐ All types of disabilities with the exception of contagious diseases or patients with psychiatric problems.

FACILITY:
☐ Patients can be seen on an inpatient or outpatient basis.
☐ Inpatients appointments are scheduled between 9:00 - 3:30 Monday - Friday.
☐ Outpatients appointments are scheduled between 8:00 - 4:30 Monday - Friday.

DESCRIPTION OF PROGRAM:
Evaluation
☐ Patient program can be prescribed by attending physician.
☐ When desired by attending physician, occupational therapy department evaluates patients through tests and after consultation with St. Anthony Center physiatrist, makes recommendations to attending physician for treatment program.
☐ When patient under care of resident physiatrist or physicians, programs are prescribed by them.

Treatment
☐ Varies according to individual needs, includes:
a) Independence in activities of daily living.
b) Return patient to productive part of society.
c) To prevent deformities from occuring during restorative period.

Services
☐ Completely equipped department.

ELIGIBILITY REQUIREMENTS:
☐ Geographic - No restrictions
☐ Age - Over 14 years of age
☐ Referral - Physician
☐ Financial capability
☐ No contagious diseases or psychiatric cases accepted.

APPLICATION PROCEDURE:
☐ Source of Referral - Physician
☐ Procedure - Same as St. Anthony Center

FEE STRUCTURE FOR PROGRAM:

☐ $16 per hour - supervised by occupational therapist on one to one basis.

☐ $12.50 per hour - supervised by occupational therapist on divided attention basis.

FINANCIAL ARRANGEMENTS:

☐ See St. Anthony Center

STAFF:

Director	Mrs. M. K. Hubble, O.T.R.
O.T.R.	TWO
C.O.T.A.	TWO
Aids	TWO

REPORTING PROCEDURE TO REFERRING SOURCE:

☐ Initial evaluation information, interim progress notes as warranted or every three weeks, as well as discharge notes are written to referring source.

PHYSICAL THERAPY DEPARTMENT

St. Anthony Center 8:00 - 4:30 Mon. - Fri.
6301 Almeda
Houston, Texas 77021

Director: Mr. J. Lerman, L.P.T. 748-5021

TYPE OF DISABILITY SERVED:

☐ All types of disabilities except psychiatric patients or presence of contagious diseases.

FACILITY:

☐ Inpatient by appointment - 8:00 - 2:00 Monday through Friday.

☐ Outpatient by appointment - 8:00 - 2:00 Monday through Friday.

DESCRIPTION OF PROGRAM:

Evaluation

☐ Attending physician prescribes physical therapy for individual needs.

☐ Attending physician can refer patient to St. Anthony resident physiatrist for physical therapy evaluation and prescriptions.

Treatment

☐ Specialized rehabilitation therapy for acute and chronic general physical disabilities; provided on an individual basis as prescribed by attending physician.

Services

☐ Completely equipped department.

ELIGIBILITY REQUIREMENTS:

☐ Geographic - No restrictions

☐ Age - Inpatient - over 16 years of age
Outpatient - No restrictions

☐ Referral - Physician

☐ Financial capability

☐ No psychiatric cases or contagious diseases are accepted for treatment.

APPLICATION PROCEDURE:

☐ Source of Referral - Physician

☐ Procedure – Same as St. Anthony Center

FEE STRUCTURE FOR PROGRAM:

☐ Minimum charge $7 per treatment period.

☐ Depending on type of modality used i.e. ultra sound, hot packs, etc. fee can be as high as $21 per treatment period.