Our Mission:
The Lighthouse Outpatient Therapy Program is dedicated to enhancing the rights, dignity and independence of individuals who have sustained injuries which affect their daily lives. The Lighthouse Outpatient Therapy Center recognizes that each client is a whole person made up of body, mind and spirit. Through a comprehensive rehabilitation program by an Interdisciplinary Team of Professionals, the Lighthouse Outpatient Therapy Program gives assistance to individuals as they strive to achieve their highest level of independence.

Our Core Values:
Glorify God in all that we do.
Serve our fellow man with excellence.
Do unto others as you would like them to do unto you.
Honesty and Integrity in dealing with our families, payers, and employees

Our Treatment Philosophy:
The Lighthouse recognizes that each client is a whole person made up of body, mind, and spirit. Through a comprehensive rehabilitation program by an Interdisciplinary Team of professionals, the Lighthouse gives assistance to individuals as they strive to achieve their highest level of independence in the least restrictive environment.
Admission to the Program
A prescription from a physician is required for treatment. Insurance coverage is verified by the finance department. The Lighthouse has the appropriate therapist evaluate the areas of concern. The frequency and intensity is determined by the client’s physician, if undetermined on the prescription the therapist will make recommendations and send it to the physician on the plan of care.

Lighthouse accepts patients any age. Medical acuity needs to be below acute rehabilitation care. Clients need to be medically stable. Lighthouse accepts all neurological diagnosis as defined below.

ADMISSION CRITERIA FOR OUTPATIENT

POLICY:
Admission to the Lighthouse Inc. Outpatient Program is contingent on the client’s appropriateness for treatment.

ADMISSION CRITERIA
1. Persons Appropriate for Treatment:
   A. In need of Outpatient treatment
   B. Medically stable
   C. Able to participate in the program or tolerate the intensive rehabilitation process
   D. History of traumatic brain injury (accident, surgical, circulatory), orthopedic injury or impairment, neurological impairment, or be in need of other rehabilitation services.

2. Neuro-Behavioral Problems Appropriate for Treatment
A. Cognitive impairment.
B. Behavioral difficulties including a limited ability to cope with depression, anxiety, social withdrawal, fears, feelings of hopelessness, severe mood swings, poor impulse control, eating and sleeping problems, lack of motivation, lack of insight and judgment and other adjustment concerns impacting social and vocational development.

3. Prospective clients must show the financial resources and ability to meet the charges either by private pay, insurance or other means.

4. Individual who has suffered a spinal cord injury with a specified cause of the dysfunction. The Lighthouse will admit people with all levels of spinal cord injury, and all levels of completeness of spinal cord dysfunction. Individual who has a spinal cord injury with a co-existing condition such as a traumatic brain injury.

PROCEDURE:

1. The Executive Director will annually review the admission criteria for continued appropriateness.
2. The Executive Director will revise the admission criteria in accordance with the mission and philosophy of the Lighthouse Inc. program.
3. The admission criteria will be documented for public disclosure.

Hours of operation are from 8 a.m. to 4 p.m. for 5 days a week, Monday through Friday.

The Lighthouse accepts Blue Cross/Blue Shield, Medicare, Auto, Worker’s Compensation, Private Pay and most major medical health insurance plans.

The Lighthouse doesn’t discriminate in the provision of service to clients based on race, cultural backgrounds, religion, gender, or sexual orientation. Currently the Lighthouse has provided services for Caucasian, African American, Native American, Indian, and Hispanic clients.

**DISCHARGE CRITERIA FOR OUTPATIENTS**

**POLICY:**
It is the policy of The Lighthouse that discharge planning is addressed by the treating therapists. The team provides comprehensive evaluation and treatment with the goal of facilitating the clients return to previous levels of functioning.

**PROCEDURE:**
1. Successful Discharge:
A. The Client has received maximum benefit from the therapy.
B. The client has been evaluated by the treatment team and it has been determined that the individual no longer requires treatment services due to the completion of treatment goals or by consensus of the team that goals will not be achieved in this program.

2. Discharge with subsequent transfer:
   A. The individual has been evaluated by the treatment team and determined to require more intensive care in a different setting such as a psychiatric hospital or the individual, responsible party or other stakeholders have determined transfer to a different treatment facility is needed due to client choice or financial limitations.

3. Discharge against Medical Advice (AMA):
   A. A client or their responsible party wishes to discharge the client from services against the advice of the treatment team and without adequate discharge planning. The client and/or the legal guardian acknowledge that they are leaving the program AMA and are aware of the potential adverse consequences.

4. Unsuccessful Discharge:
   A. The client experienced a major medical or psychological problem that excludes their benefits from a continued outpatient program.
   B. The client has not successfully attained treatment goals and the client or guardians were non-compliant with agency policies or treatment team recommendations.
   C. The client’s ability to tolerate the program has been modified and a different setting is needed.
   D. The client and/or their support system are no longer confident in the program.
   E. The overall goal of the person’s program has changed so that outpatient therapy is no longer the best use of a person’s resources.

5. The Outpatient Administrator will annually review the discharge criteria for continued appropriateness.
6. The Outpatient Administrator will revise the discharge criteria in accordance with the mission and philosophy of the Lighthouse Inc. program.
7. The discharge criteria will be documented for public disclosure.

Our Treatment team:
Our treatment team consists of a number of skilled therapists including Physical Therapist, Occupational Therapist, Speech-Language Pathologist, Recreational Therapist, Music Therapist, Clinical Social workers, Psychologist, and Vocational Services. The services are continued based on the prescription request for the treatment by the client’s physician. Client’s progress is monitored by therapists and relayed back to the physician in the form of a plan of care. The physician must sign the plan of care and fax it back to the Lighthouse Inc. As a rule, Medicare clients plan of care are updated monthly, other clients plan of care are updated every three months unless specified by the physician. If therapist or physicians have questions related to the client’s treatment or progress a call is made to consult on the matter.

Physical Therapy
Our physical Therapist evaluates each client and designs a treatment program which may include the following:
Aquatic therapy in the Rehab Pool – Individual Therapy Session

Manual Therapy including Mobilization of the Spinal, Extremity, soft tissue, Myofacial release techniques

Exercise Programs including therapeutic, postural, Progressive resistive exercises, Neuro muscular re-education, Stabilization Programs

Modalities including Ultrasound, High Voltage Galvanic, Muscle and Low Voltage Stimulation, TENS, Moist Heat / Ice Pack, Traction, Music Re-education, Wheelchair Management and training, therapeutic massage, phonophoresis, Combo therapy(Ultrasound & Electrical), Paraffin Was Bath

Gait Training including non weight bearing, partial weight bearing, weight bearing as tolerated bearing.

Balance Training including standing, sitting, dynamic balance

Occupational Therapy
Our Occupational therapy staff assists individuals to improve their cognitive and physical skills in preparation for independence at home, school and the workplace. The treatments are individual, and may include the following:

Cognitive-Perceptual Retraining includes visual-perceptual and visual-motor skills such as eye hand coordination, visual scanning and localization. Cognitive skills such as Organization & planning, gathering & processing information, functional math and money management, reasoning and problem solving for real life situations.

Activities of Daily Living Skills and relearning skills for daily activities such as eating, bathing, dressing, grooming, home management, Community living skills, adaptive equipment, Compensatory strategies for Physical and Cognitive dysfunction, transfer training from chair, bed, tub, shower, car.

Neuro Re-education that includes balance, head, neck, trunk control coordination, range of motion and strengthening for impairments in upper extremity function, Endurance, Cranio-Sacral / Myofacial release techniques, Sensory Interpretative techniques.

Speech Therapy
Speech and Language therapy assists individuals with difficulties in swallowing, speech, thinking, understanding, cognition and communicating effectively.

Treatment techniques include articulation, dysarthria/ aprax ia, Voice/ fluency, oral motor exercises.
**Language Therapy** includes verbal expression, receptive language, programming skills

**Cognitive Therapy** includes memory, problem solving and reasoning, executive functioning, mental flexibility, planning and organization, attention to task, Information processing, orientation, dysphasia treatment

**Attention/Augmentative** and setting up communication device and management

**Recreational Therapy**
Recreational Therapist strives to meet rehabilitative and leisure needs of all persons limited in opportunities by training and equipping the client to achieve his/her optimum level of abilities. Provides opportunities for success by engaging residents in activities of creative self-expression, social development, self-awareness, learning and intellectual development essential to the rehabilitation process and community reintegration.

**Music Therapist**
Music is an ideal therapeutic tool because of the special place it holds in our day-to-day lives. We all use many forms of musical experience (listening, playing instruments, singing, moving to music, creating and discussing music to relax or energize) to teach, to express feeling, to stimulate memories and to bring us closer to one another. The Music Therapist is trained to structure all these aspects of music experience to improve communication and to promote social, emotional, motor and cognitive development

**Social Workers**
The Lighthouse Social Worker provides supportive therapies including individual and group to the client and family to facilitate social and emotional adjustment. The Social Worker provides education to outpatient and families. Provides school liaison services to ensure a comprehensive educational program is established for every child and adolescent.

**Psychologist**
Psychologist provides Individual psychotherapy dealing with such issues as social-emotional adjustment, frustration tolerance, anger management, brain injury education, coping skills, and deficit awareness. Supportive counseling to families as well is also made available.

**Vocational/Workshop Director**
The Lighthouse has Vocational program that addresses vocational development, supportive employment, Job coaching and time Management studies. Clients are
individually evaluated for strengths, weaknesses and abilities as related to employment potential.

The Lighthouse Outpatient Clinic has seen 114 patients and of these 56 were new outpatients for the year 2006. Of the 114 Outpatients the diagnoses consist of Prolong posttraumatic stress, post concussion syndrome, paralysis agitans, Multiple sclerosis, cerebral palsy, Quadriplegia, anoxia brain damage, CVA, Joint pain in shoulders and legs, spinal stenosis in the lumbar, bursitis and many more.

**Discharge**

Appropriate discharge is recommended when the regular attendance to all scheduled sessions including individual, as well as family and group sessions is completed. The client must make satisfactory progress on individual treatment goals. Participation in developing a discharge plan including referrals to any necessary social services, treatment or community resources. The determination is made by the treatment team. Plan of Care and recommendation is sent to the client’s physician.