the Lighthouse
NEUROLOGICAL REHABILITATION CENTER

Residential Scope of Services

The Lighthouse Campuses 2023

Caro, MI

Traverse City, MI

Both locations provide services for residents throughout the state of Michigan. Geographic proximity for primary support systems includes the areas defined below:
Traverse City: servicing all of northern Michigan, including: Grand Traverse, Leelanau, Manistee, Benzie, Wexford, Antrim, Missaukee, and Kalkaska counties
Caro: servicing the entire thumb region, including: Bay, Saginaw, Shiawassee, Genesse, Lapeer, Tuscola, Sanilac, and Huron counties

OUR MISSION

The Lighthouse provides phenomenal care, treating every resident as we wanted our son to be treated.

OUR CORE VALUES

•Glorify God in all that we do
•Serve every person with excellence
•Do unto others as you would like them to do unto you
•Honesty and integrity in dealing with our families, payors, 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 with 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.

Treatment Approach

Multidisciplinary team of professionals
Strength-based program
Supportive environment

Treatment Direction

Maximize physical and psychological functioning
Improve relationships with others
Encourage family involvement
Integrate physical and mental healing
Address spiritual needs according to the individual's personal preference

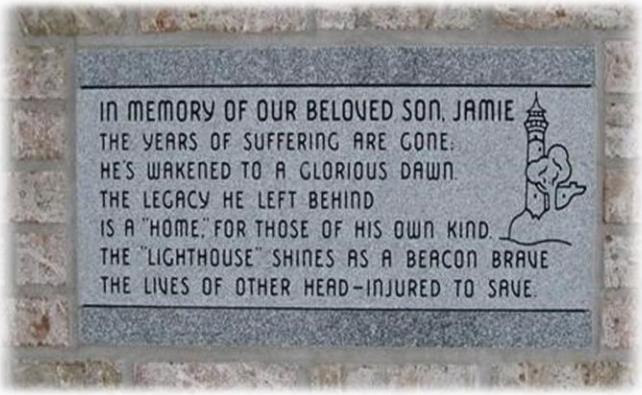
Hours and Frequency of Services

Therapy services are from 7am to 5:30pm Monday thru Friday
Residential Care is 24 hours a day, 7 days a week
Frequency of services are provided in collaboration with treating physician

Fees and Funding Sources

Service fees are competitive with industry standard

The Lighthouse participates with a variety of funding sources. Funding sources may include automobile insurance companies, HMOs, self-insured employer plans, or public payors such as state and local county payers. The payor sources include insurances, auto no fault, workers compensation, private pay, Community Mental Health, Department of Health & Human Services, and any other agency approved by The Lighthouse Finance office. Information on the specific fees are provided upon request to The Lighthouse Finance office.



ADMISSION CRITERIA

POLICY:

Admission to The Lighthouse residential program is contingent on the resident's appropriateness for treatment.

CRITERIA:

1. Persons appropriate for residential treatment:
    - A. 18 years or older
    - B. In need of residential treatment with potential for functional gains, if applicable
    - C. Medically stable or with medical needs that can be managed in the residences as determined by the Registered Nurse
    - D. Able to participate in the program and tolerate the intensive rehabilitation process
    - E. Approval by administration/finance department
    - F. Diagnoses:
        - i History of neurological impairment including, but not limited to traumatic or non-traumatic brain injury (accident, surgical, circulatory, etc), or be in need of other rehabilitation services
        - ii History of traumatic or non-traumatic spinal cord injuries or diseases. The Lighthouse will admit people with all levels of spinal cord injury, and all levels of completeness of spinal cord dysfunction. (See SCI Admission Criteria)
        - iii Medically stable individuals with co-morbidities, such as a traumatic brain injury, may be admitted to the appropriate Lighthouse Residential Program
        - iv Additional neurobehavioral needs which may be included in residential assessment including cognitive impairment, and behavioral difficulties associated with TBI or other neurological disorder
    - G. The primary focus of treatment is for physical medicine, rehabilitation, medical/care needs and/or behavioral management
    - H. Individuals with a support system who can assist in a realistic transition plan
    - I. Individuals who are willing to abide by the rules of the program including on and off campus privileges
    - J. The individual will be an appropriate personality match for the residential unit which has an available bed. Attributes to be considered include but are not limited to: propensity for disruptive behavior, acuity of medical needs, intensity of therapy services and/or need for coma stimulation as assessed by the Clinical Director or their designee.
    - K. The individual does not require continual nursing care, isolation or medical restraint

2. Prospective residents are encouraged to tour The Lighthouse facilities prior to admission to the program.

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

REVIEW PROCEDURE:

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

ADMISSION CRITERIA

POLICY:

Prior to admission, an assessment of medical and rehabilitation needs is completed for each person.

PROCEDURE:

1. Individuals who are hospitalized and who have experienced a TBI or other diagnosis defined in The Lighthouse Admission Criteria are evaluated by the Registered Nurse at the hospital and assessed for the following:

- Diagnosis and prognosis
- Pre-morbid level of functioning
- Mental status
- Infectious disease status
- Medical History
- Complications
- Estimated length of stay
- Funding
- Morbidity and co-morbidity
- Support system
- Ability to tolerate the rehabilitation program
- Eligibility within Lighthouse Admission Criteria Policy
- Scope and intensity of recommended services
- Prognosis
- Additional needs (i.e. equipment, dietary)
- Potential of the person to benefit from services

2. Referrals to The Lighthouse programs are assessed on an individual basis. Referrals of individuals who have not suffered a TBI but meet admission criteria under different criteria may be approved by one of the psychologists/social workers as well as the management team.

3. Admission decision is requested from the rehabilitation doctor or the primary care physician. Referral source is notified when the decision regarding admission is made.

4. If the individual meets the admission criteria for The Lighthouse, a written assessment plan, resident care agreement and health care appraisal shall be completed for all clients prior to or on the day of admission.

5. The Lighthouse encourages all potential clients to visit the program prior to admission. This is promoted to allow the individual to become familiar with the program, personnel and outline the expectations of both the resident and the facility.

PROGRAM TRANSFER CRITERIA

POLICY:

Transfers to a lesser or more restrictive level of care within the continuum of The Lighthouse; programs are contingent on the client's appropriateness for treatment.

TRANSFER CRITERIA:

1. All persons admitted for inpatient treatment must meet the criteria established within the Admission Criteria Policy.

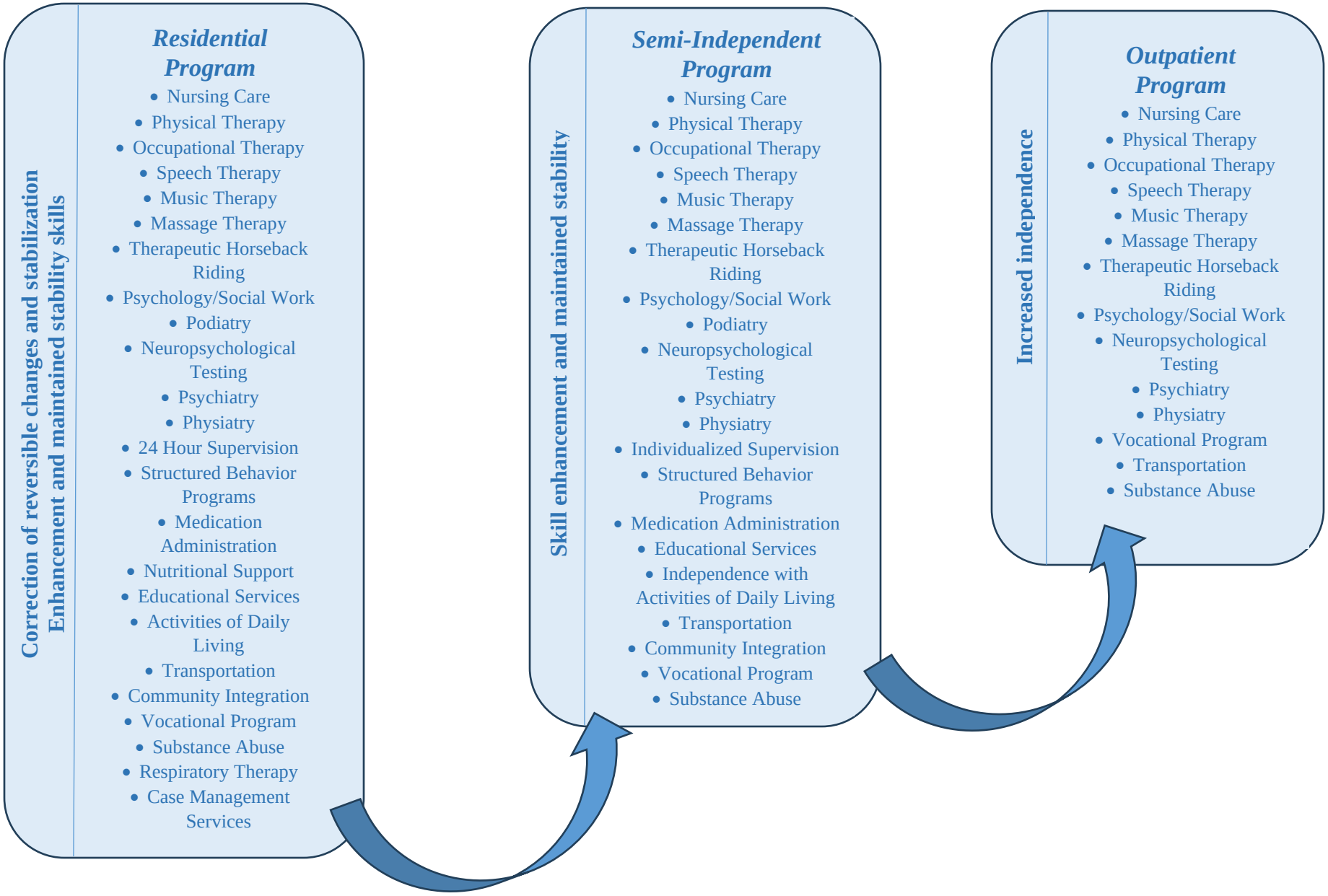
2. The residential treatment program on campus with 24-hour supervision is the first step in the continuum of care. To transition from this level, the resident must meet the following criteria:
    a. Demonstrate behavioral or medical stability on all shifts which allows for a reduction of staffing.
    b. Recommendation from the treating mental health professional and/or Registered Nurse that the individual has reached a level of stability to receive a reduction in staffing.
    c. No significant aggression, other maladaptive behaviors, or medical decompensation within one week of the reduction in staffing.

3. When a resident has demonstrated a level of both behavioral and medical stability for a prolonged period of time they may be eligible for the on semi-independent living program. Eligibility is determined by the following:
    a. Resident can demonstrate proficiency in the completion of ADLs.
    b. Resident is employed, volunteering, retired, and/or attending school regularly, when applicable.
    c. Resident is at least 18 years of age or older.
    d. Resident has the recommendation from their treating mental health professional, RN and the entire interdisciplinary team.
    e. If substance abuse is an area of concern, resident has to pass random substance screens for at least 3 months prior to transition.
    f. Resident has demonstrated 0 episodes of physical aggression, sexual inappropriateness, or other significantly dangerous behaviors for at least 3 months before the transition.

4. Individuals can transition to Outpatient programming when the following criteria are met:
    a. The established treatment goals and the collaboration of the treatment team are in agreement with discharge community placement, home modifications, and therapy treatment goals, and the resident demonstrates behavioral and medical stabilization.

5. Any individual who demonstrates a significant regression in maladaptive behaviors or medical instability may be returned to a more structured treatment status contingent on the recommendations of the individual's treatment team.

THE LIGHTHOUSE CONTINUUM OF CARE



CONTINUUM AND REFERRALS

POLICY:

It is the policy of The Lighthouse that each resident shall have access to all needed programming, which shall be provided directly by the facility or through a coordinated referral to an external agency.

PROCEDURE:

1. The Lighthouse Continuum of Care allows for the provision of the following services internally:

- Inpatient Rehabilitation
- Psychiatric Services
- Psychological/Social Work Services
- Substance Abuse Services
- Physical Therapy
- Occupational Therapy
- Speech Therapy
- Recreational Therapy
- Music Therapy
- Massage Therapy
- Chaplain Services
- Outpatient Program
- Community Based Services
- Vocational Rehab
- On site primary care services
- On site physiatry services
- Long term care
- Respite services
- Nursing

2. The Lighthouse works closely with the following hospitals for emergent care and acute hospitalization services: McLaren Caro Hospital, Hills and Dales General Hospital, St. Mary's Saginaw, Covenant HealthCare, Hurley Hospital, McLaren Bay Region, McLaren Lapeer Hospital, University of Michigan Ann Arbor, Veterans Administration Ann Arbor, Munson Healthcare System and Mary Free Bed Hospital.

3. The Lighthouse refers to Covenant HealthCare, Hills and Dales, St. Mary's, Munson, Mary Free Bed, or Select Specialty hospitals for the provision of long-term hospitalization care.

4. The Lighthouse provides referral services to Heartland Home Health and Hospice Home Advantage for the provision of home health or hospice services when needed.

5. Referrals for neuropsychological services are made with highly regarded community doctors with whom The Lighthouse has a close working relationship. Referrals for other neuropsychological services are set up upon request by residents, guardians and/or case managers.

6. The Lighthouse nursing personnel and the internal case manager are responsible for facilitating communication between external service providers and the facility. PIN numbers are obtained for residents who are hospitalized and Lighthouse nurses remain in close communication with hospital nurses regarding resident progress and needs.

7. The Lighthouse provides education for personnel providing treatment regarding each individual's needs and preferences. Lighthouse staff accompany all residents to medical appointments internally and outside of the facility. These staff are responsible for providing education to the medical providers regarding the client's injury, preferences and possible behavioral or medical concerns.

Referrals

Referrals come to The Lighthouse from a wide variety of community and personal sources including hospitals, case managers, families, Community Mental Health Agencies, and Department of Health & Human Services. Each inquiry is evaluated by the administration with recommendations based on the individual's specific needs. Referrals to other agencies or community support services are suggested if admission is not deemed appropriate to The Lighthouse.

Anti-Discrimination Policy: The Lighthouse does not discriminate in the provision of service to clients based on age, ethnicity, cultural backgrounds, religion, gender identity, sexual orientation or disability. The Lighthouse also accepts all impairments, activity limitations, participation restrictions, psychological statuses and can accommodate all cultural needs. Each person's individual needs are taken into consideration when designing their treatment program.

DISCHARGE CRITERIA FOR ALL RESIDENTS

POLICY:

Every discharge plan is different and reflects a resident's unique personal and social situation as well as their diagnosis. It is the policy of The Lighthouse that discharge planning is addressed by the interdisciplinary treatment team. The team provides comprehensive evaluation, treatment, and recommendations with the goal of facilitating the resident's reintegration into the community.

PROCEDURE:

1. Successful Discharge:
    A. The resident has received maximum benefit from the program.
    B. The resident has been evaluated by the treatment team and it has been determined that the individual no longer requires residential services due to the completion of treatment goals or by consensus of the team that goals will not be achieved in this program.
    C. The resident has improved to a level that allows discharge to a different environment, supervised or non-supervised.

2. Discharge with Subsequent Transfer:

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 resident choice or financial limitations.

3. Discharge Against Medical Advice (AMA):
    A. A resident and/or their responsible party wishes to discharge the resident from services against the advice of the treatment team and without adequate discharge planning.
    B. The resident and/or the legal guardian acknowledge that they are leaving the program AMA and are aware of the potential adverse consequences. The individual or guardian then advises the home manager or designee of their intent for the AMA discharge. The Lighthouse will provide the appropriate AMA discharge forms and assist with packing of the resident's belongings. The Lighthouse does not provide medications for AMA discharges, but this decision may be modified

by management. A record of any known medical appointments that are pending will be provided for the resident and/or guardian.

4. Unsuccessful Discharge:
   A. The resident experiences a major medical or psychological problem that excludes resident benefits from a continued intensive rehabilitation program.
   B. The resident has not successfully attained treatment goals and the resident or guardians were noncompliant with agency policies or treatment team recommendations.
   C. The resident's ability to tolerate the program has been modified and a different setting is needed.
   D. The resident 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 residential program is no longer the best use of a person's resources.

5. The Clinical Director will annually review the discharge criteria for continued appropriateness and revise the discharge criteria in accordance with the mission and philosophy of The Lighthouse program as needed. The discharge criteria will be documented for public disclosure. Individuals who are diagnosed with spinal cord injuries will be assessed for specific discharge needs related to their level of injury and completeness of their spinal cord dysfunction.

RESIDENTIAL DISCHARGE & TRANSITION PLANNING

POLICY:

Discharge planning is incorporated into the treatment process from the time of admission. Accomplishment of treatment goals, individual client strengths and weakness, family and community resources are all considered in formulating discharge and transition plans for follow up care. It is the policy of The Lighthouse to ensure that planning for discharge or other transitions in treatment for each client is completed with the input and assistance of all involved parties including the client, guardians or other support systems, providers of care, and other relevant stakeholders, and to notify all relevant parties of discharge recommendations. The goal of all discharge or transition planning is to ensure a successful transition to the most appropriate environment. A written discharge or transition plan will be provided for the client and other stakeholders at the time of the appropriate team meeting.

PROCEDURE:

1. If adequate notice is given prior to discharge, a discharge meeting will be conducted for all residents, and for any outpatient who requests one.

2. A discharge treatment team meeting date shall be established, and all stakeholders notified of the date in writing. Written discharge or transition recommendations which are developed by the treatment team are provided as appropriate to the client, family/support system, primary care physicians, referral source, case manager, other treatment providers, personal care assistants, payer source, therapists, home managers, and any other stakeholders.

3. The treatment team shall prepare discharge meeting reports which include the following information:
   A. Diagnosis and activity limitations
   B. Strengths, abilities, needs, and preferences of the client
   C. Desired outcomes and goals, and achieved goals
   D. Service(s) provided
   E. The reason for discharge

F. Education, referrals and recommendations to assist the client to maintain and/or improve functioning including contingency plans as needed.
G. Verification that the discharge plan recommendations have been reviewed with the client and responsible party
H. The name and official title of the person to whom the client was discharged to if applicable

4. At the discharge meeting, team members will identify recommendations which include issues relevant to individual success at the discharge or transitional environments. Depending on the needs of the individual, contributing factors may include but not be limited to the following:

A. Aging issues
B. Case management
C. Substance use
D. Community integration services
E. Education and training
F. Functional issues
G. Medications
H. Ongoing treatment recommendations, medications, medical/physiological concerns, pain management, ADLs.
I. Recommendations to increase safety including but not limited to environmental factors, equipment, risks, precautions, secondary prevention care, and emergency preparedness.
J. Behavior, cognition, psychosocial issues and/or communication needs
K. Support system including family support, friends, case management, and supervision needs
L. Relationship issues
M. Transportation
N. Substance use
O. Resource and time management
P. Vocational issues
Q. Recreation and leisure
R. Transition planning

5. Upon discharge, a discharge follow-up survey is administered to the client and/or responsible party.
   a. Residents will be contacted at 1 month and 6 months post-discharge

The Lighthouse's Programs and Services

Adaptive Sports Program

The Lighthouse Adaptive Sports Program is led by Recreational Therapists, who strive to provide opportunities for individuals of all abilities to experience cycling and paddling with the use of adaptive equipment and modifications, as needed. Our clinics provide an opportunity to exercise, connect with people, socialize, and experience something new and fun! Through the provision of the adaptive sports clinics, the program aims to improve self-esteem, confidence, health and wellness, and overall quality of life. We currently offer adaptive kayaking and paddleboarding clinics and partner with the community to offer adaptive cycling and skiing for our residents, outpatients, and the community.

Return to Hunting

Recreational Therapists, who are State of Michigan Certified Hunter Safety Instructors, help sportsmen/sportswomen return to hunting and/or make recommendations for safety. They may help with providing knowledge on adaptive hunting equipment, adaptive hunting opportunities, and rules/regulations surrounding hunters with disabilities. Participants of this program are encouraged to have been hunters before their injuries or acquired medical condition.

Vocational Program

The Lighthouse aims to provide person centered planning for each individual's needs when considered for supportive employment services. The vocational program assists each person in exploring individual career opportunities by identifying each client's interests, skills, and abilities. The program also takes limitations and develops alternate ways to perform each job task as needed.

The purpose of the vocational program is to assist in developing realistic vocational goals, as well as helping the individual understand their limitations as it relates to their current level of functioning. The goal is to help the individuals understand the meaning, value, and demands of the workforce. A wide range of provided supports include: pre-vocational workshop, on-site job training with a variety of job-related tasks, community volunteering opportunities, job coaching to assist in community employment, development of resumes and cover letters, and interview preparedness.

Pre-Vocational Workshop
The pre-vocational workshop provides life skills, projects, and activities that enhance the quality of leisure time, promotes social skills, and addresses pre-vocational abilities. The focus of the workshop is to aid the individual in developing skills such as: punctuality, responsibility, efficiency, attention to task, and follow through.

The Enclave Program
The on-site work program, called Enclave, provides intensive training and support to perform job tasks. Trained job coaches assist clients in learning and maintaining new job-related skills in a sheltered work setting. Job tasks may include: janitorial work, landscaping, gardening, car wash and detailing, as well as painting. After successful completion of Enclave, some clients may transition to community-based employment.

VitalStim Therapy using Neuromuscular Electrical Stimulation (NMES)

Dysphagia is the medical term used to describe difficulty swallowing. Dysphagia includes difficulty starting a swallow and the sensation of food being stuck in the neck or chest. Dysphagia is common with clients who have suffered a traumatic brain injury, stroke, or normal aging.

Licensed Speech and Language Pathologists are trained to identify and treat dysphagia. The Speech and Language Pathologist, who is certified in VitalStim Therapy, may administer neuromuscular electrical stimulation (NMES). NMES is the use of electrical stimulation to aid muscle strength and function, activate the nerves, and rehabilitate the process of swallowing. A typical VitalStim treatment plan begins with an evaluation and an individualized treatment plan that is approximately 4-8 weeks in duration.

Vision Therapy

Often visual deficits resulting from brain injuries are overlooked during initial treatment of the injury. Frequently these deficits are hidden and neglected, lengthening and impairing rehabilitation. Because there is a close relationship between vision and the brain, brain injuries can disrupt the visual process interfering with the flow and processing of information. An occupational therapist will complete a visual screening to develop a targeted treatment plan to address the visual deficits. Most often the client will be referred to an optometrist for further evaluation. The occupational therapist will also collaborate with the client's multidisciplinary team to address vision deficits that may limit their balance, vestibular, cognition, or comprehension.

Symptoms indicating a vision problem are:

- Blurred vision
- Sensitivity to light
- Reading difficulties
- Comprehension difficulty
- Attention and concentration difficulty
- Double vision
- Aching, tired eyes
- Headaches with visual tasks
- Loss of visual field

LSVT-BIG & LOUD

The Lee Silverman Voice Training (LSVT) was initially created as a treatment to help people with Parkinson's disease (PD) talk with a louder volume, helping them retrain their perception of normal loudness. These principles were then utilized in a physical exercise program to help people with PD and other neurological conditions produce larger movements, separating the treatment into LSVT Loud and LSVT Big.

There is substantial research supporting both LSVT Loud and LSVT Big. LSVT Loud is the gold standard treatment globally for people with PD, with strong evidence that participants increase loudness and variation in pitch, changes which are maintained for at least 2 years. There is also evidence that many individuals who undergo LSVT Loud will experience better articulation, improvements in swallowing, and improved facial expressions, all of which help improve communication. Research has shown that the LSVT Big program can increase walking speed and step length, improve gait, increase balance, and increase the ability to rotate. All these improvements carry over into real life changes that have a direct impact on a person's life and relationships. Loved ones can hear their partner with PD better and individuals with PD can engage in conversations more. Increased walking speed means individuals with PD can keep up with their partner better and participate in more community activities such as grocery shopping. Improved balance decreases the risk of falling and subsequent injuries. All these things help increase a person's health, safety, and quality of life.

The Lighthouse offers both the LSVT Loud and LSVT Big programs. Both treatment programs consist of one-hour sessions four days a week for four weeks, a total of 16 sessions, and can be extended if additional treatment is needed. Daily exercises are given to carryover skills learned in sessions. Both programs encourage lifelong exercise routines following graduation from the program to maintain improvements.

Aquatic Therapy

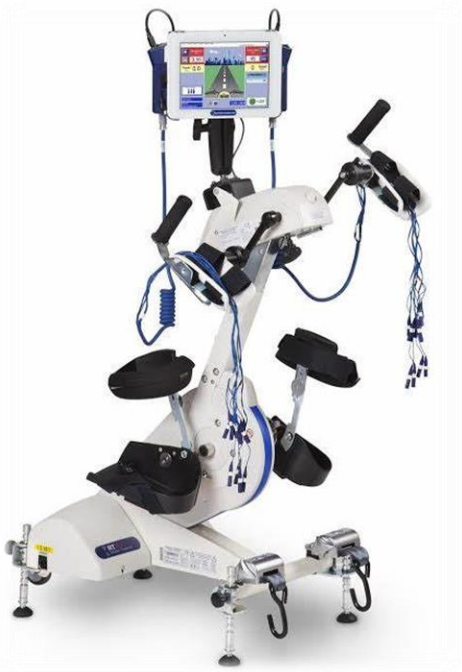
Aquatic therapy utilizes the therapeutic benefits of water to provide a safe, gentle, and effective environment to address therapy goals. There are many properties of water that help make exercising easier than on land including buoyancy, hydrostatic pressure, viscosity, and temperature.

The pool's temperature of 92-96 degrees provides a warm environment to enhance muscle relaxation and allow for improved range of motion and flexibility, while also providing pain relief and a reduction in spasticity. The pool's ability to unweigh allows the person to focus on balance and gait, while reducing the fear of falling.

The most common populations that utilize aquatic therapy are clients who may have arthritis or who are rehabbing after orthopedic surgery. Others may utilize the pool to address acute or chronic pain, or balance, muscle or walking deficits.

Functional Electrical Stimulation (FES) Ergometer

The FES ergometer is a stationary arm or leg cycling system which can be used with a wide range of clients: individuals with and without the ability to move their arms or legs on their own, those with weakness or difficulty walking from a neurological condition, and with individuals who use a wheelchair for mobility and want on-going exercise.



The computer-generated ergometer uses adhesive surface electrodes to provide electrical stimulation to a client's peripheral nerves on either the trunk, arms or legs to generate muscle contractions. The ergometer uses repetitive cycling motions with the ability to electrically stimulate up to twelve muscle groups at one time to increase muscle activation. During a cycling session, the ergometer is continually tailoring the session based on the individual's needs. It provides assistance if the client becomes fatigued or provides increased resistance if the client needs a challenge.

At The Lighthouse, the ergometer is most often utilized with individuals with spinal cord injuries, strokes and brain injuries, but it can be used with anyone who has an intact peripheral nervous system. Researched health benefits with consistent use of the FES ergometer in the neurological population include relaxation of muscle spasms, prevention or slowing of disuse atrophy or muscle wasting, increasing local blood circulation, maintaining or increasing range of motion, prevention of skin breakdown, and improved cardiovascular function.

Concussion Program

The Lighthouse provides treatment to those impacted by concussions, whether the concussion be from a sports related injury, fall, a motor vehicle accident, or another incident. Effective concussion care through a multidisciplinary approach provides individuals with research-based treatments that address physical, cognitive, and emotional symptoms. From pre-injury multimodal baseline testing for athletes to post injury treatments to include whiplash therapy, vestibular rehab, visual rehab, exercise therapy, and education, The Lighthouse's concussion program is here to help address an individual's unique needs as they recover from a concussion.

Hippotherapy/Therapeutic Horseback Riding and Equine Facilitated Therapy (Caro)

At The Caro Lighthouse, we offer Therapeutic Riding, Hippotherapy and Equine Facilitated therapy to residents and outpatients. The Lighthouse in Caro owns horses, all of whom are housed and cared for by a full-time barn manager at our facility. In order to take part in the riding portion of the equestrian program, each resident must have a waiver signed by their legal guardian on file and must also be deemed physically fit to ride by their doctor. The program has adaptive equipment to accommodate each rider's needs, and specific horses are utilized to find the best fit for each resident in order to facilitate positive therapy outcomes.

Hippotherapy is provided under the discretion of a trained Speech, Occupational or Physical Therapist in conjunction with a physician referral. Hippotherapy means "treatment with the help of the horse" from the Greek word "hippos". The rhythmic, repetitive movement of the horse helps improve muscle tone, balance, posture, coordination, strength, flexibility, and cognitive skills to the rider in order to achieve functional goals. A horse's gait is similar to the mechanics of a human's walking pattern with the horse's movements translating to the rider, therefore simulating the pelvic movements needed during walking. Therapists address various therapeutic goals by having a client ride in different positions such as: sitting or lying forwards, backwards or sideways, standing in the stirrups, and riding without holding on. In addition, the therapist may have the client stretch, reach, or play games while on the horse to achieve both physical and cognitive goals. Clients who are successful with Hippotherapy often progress to therapeutic riding.

Therapeutic Riding is a supervised riding activity for the purpose of contributing to the cognitive, physical, emotional, and social well-being of people with disabilities. The goals of therapeutic riding are recreation, sport, and overall well-being. Sessions could be led by a licensed therapist or by a certified therapeutic riding instructor.

The Equine Facilitated Therapy program is offered to residents all year long in Caro. This unique opportunity allows residents to learn about and perform equine care while creating a special, therapeutic bond.

Tai Chi (Caro)

Tai Chi is a non-impact exercise that helps to improve strength, flexibility, coordination, dynamic balance, postural alignment, body awareness, and neuropsychological functions (memory and attention), with minimal stress to the joints. Tai Chi also facilitates mindfulness and a state of relaxation. Both Physical and Occupational Therapists in Caro have attended courses and are trained in practicing Tai Chi in the clinical setting.

Zero-G (Caro)

The implementation of the Zero-G into the Caro Physical Therapy practice has provided therapists with the opportunity to advance the treatment of patients with various conditions including but not limited to TBI, stroke, orthopedic, balance or walking deficits. This system allows the therapist to unweight the resident to reduce the pressure in the lower extremities, while providing a "catching" mechanism to completely unweight the client in the event of a fall. Therefore, it provides a safe and controlled environment for progressing the client's gait pattern, standing tolerance, and balance.

Trauma and EMDR Therapy (Caro)

Eye Movement Desensitization and Reprocessing (EMDR) therapy is an extensively researched, effective psychotherapy method proven to help people recover from trauma and other distressing life experiences, including PTSD, anxiety, depression, and panic disorders. The Caro Lighthouse psychology department employs a Level 2 EMDR therapist for additional therapeutic services.

Orthotics, Prosthetics, and Pedorthic Services

Orthotics is the assessment, production, and custom fitting of orthopedic braces, while Prosthetics is the assessment, production, and custom fitting of artificial limbs. Pedorthotic is a further extension of these services but includes prevention of alleviation of foot and ankle problems caused by congenital defects or injury.

The Physical and Occupational Therapists at The Lighthouse work in collaboration with either an off-campus Orthotist or Prosthetist to improve continuum of care. Initially, the therapist may perform assessments to determine a resident's needs, and then consult with the Orthotist or Prosthetist to obtain the brace, artificial limb or pedorthics. After the resident obtains the orthotic, artificial limb, or pedorthic, the therapist will provide comprehensive training and education for proper usage, fit, wear, and form/manage an exercise treatment plan to increase stabilization, fit, and function.

Substance Abuse Group Therapy (Caro)

Group therapy sessions are provided to assist those individuals who have been diagnosed with a Traumatic Brain Injury and substance abuse disorder, including but not limited to alcohol, marijuana, narcotics, or other substances. At The Lighthouse, substance abuse groups are led by trained psychologists or social workers and are designed to provide positive peer support to reduce isolation that may people with substance disorders experience. The group therapy goals are to enrich members with insight and guidance, while also allowing members to witness the recovery of others.

In accordance with the Substance Abuse and Mental Health Services Administration (SAMHSA) guidelines, there are several models of treatment incorporated in the substance abuse groups:

- Psychoeducational groups teach about substance abuse.
- Skills development groups help members develop skills necessary to break free of addiction.

- Cognitive–behavioral groups encourage members to rearrange patterns of thinking and action that lead to addiction.
- Support groups which provide a forum where members can debunk excuses and support constructive change.
- Interpersonal process groups enable members to recreate their past, and rethink problems and solutions that led to their substance abuse.

Dry Needling (Caro)

Caro therapists who have completed continuing education in Dry Needling provide this as a case-based service for clients who may benefit from this technique as a treatment option. Dry needling utilizes integration of systemic, segmental, and symptomatic needling techniques in order to help with pain physiology of the nervous system and soft tissue dysfunction that are often interconnected. Dry needling can be done at homeostatic neuro-trigger points, to muscle bellies, and to tendons to help decrease tension as well as to areas of swelling to decrease the prevalence of edema. Dry needling creates small micro lesions to pathological tissue to help by breaking up shortened tissue, inhibiting reflex arcs involving the nervous system, and normalizing the inflammatory response and results in pain reduction.

Trauma and EMDR Therapy (Eye Movement Desensitization and Reprocessing) (Caro)

EMDR therapy is an extensively researched, effective psychotherapy method proven to help people recover from trauma and other distressing life experiences, including PTSD, anxiety, depression, and panic disorders. The Lighthouse psychology department employs a Level 2 EMDR therapist for additional therapeutic services.

Brain Injury Support and Education Group Families, Caregivers, and Friends (Caro)

The Lighthouse offers a free support group, open to the public, for families and friends whose loved one was affected by a traumatic brain injury. The support group provides the opportunity to make connections with people undergoing similar challenges and also the opportunity to learn more about traumatic brain injury and how to cope with it. The well-being of both the patient and their support system, including family, friends and caregivers is very important as they learn to navigate the new "norm."

The Lighthouse TBI support group offers presentations by specialty speakers, referrals to local resources, and emotional support from others in similar circumstances. This support group enables individuals to exchange ideas in a confidential atmosphere where both positive and negative views can be expressed without being judged.

Other Services

With the convenience of an on-site phlebotomist, residents can follow doctor orders for lab work efficiently since services are provided on campus.

Continuum of Care

To improve the continuity of care while also meeting the needs of each individual, The Lighthouse may refer to a wide network of outside providers to include Orthotists, Prosthetists, Urology, Dietician, Palliative Care, wound care, durable medical equipment companies, and others. The therapists may work in collaboration with these healthcare professionals to empower the client to execute their recommendations, such as implementing wear schedules for orthotics or prosthetics, monitoring wound healing, or identifying the most appropriate assistive device, etc.

Communication Technology for Delivery of Services

Depending on each client's individual needs, The Lighthouse utilizes audio/video conferencing technologies including, but not limited to Zoom, FaceTime, and audio conferences, as well as phone calls to deliver services and ensure the best quality of care.

OUR TREATMENT TEAM

Founder

Our Founder has over 30 years of experience with brain injury, initially as the mother and primary caregiver of a behaviorally challenged brain injured son. She oversees the treatment team and is ultimately responsible for ensuring each resident receives proper treatment.

Clinical Director

Our Clinical Directors oversee the clinical therapeutic environment and consult on various professional issues. The Director works in conjunction with other team members on developing and maintaining treatment plans and assists in the decision-making processes of The Lighthouse.

Medical Director

The Medical Directors provide leadership while establishing and overseeing all clients' medical treatments/services. They provide guidance and recommendations in the development of a client's comprehensive medication regimen, with the least number of medications possible. The medical director can provide guidance for medical management, psychiatric consult, advocate for client's needs, and provide education to client and family. They also help The Lighthouse adhere to ethical conduct by assisting the Clinical Director, nurses, psychologists, social workers and counselors as needed.

Rehabilitation Director

The Rehabilitation Directors provide consultation with the treatment team and defines the composition and duration of the individual's treatment program. They ensure the plan of service is consistent with individual predicted outcomes.

Psychologist/Social Worker/Licensed Professional Counselor

Mental health professionals provide supportive therapies, including individual and group, to the client and family to facilitate social and emotional adjustment. They can also help clients address and improve their social-emotional adjustment, frustration tolerance, anger management, injury education, coping skills, and deficit awareness These therapists formulate, coordinate, and implement plans of service as prescribed by physicians, as well as designed and monitor individual behavior programs. Education is provided to family members or responsible parties as needed.

Registered Nurses

The Registered Nurses are responsible for all administration and supervision of the medical aspects of The Lighthouse program. They provide nursing assessment and care, participate in treatment planning, and work directly with residents. The Nurses provide and coordinate the medical and psychiatric services for the residents by consulting with the Executive Director, Clinical Director, Medical and Rehabilitation Directors, and the Psychologists/Social Workers/Counselors. They oversee the administration of daily medications as well as manage the medical services for residents by administering and/or supervising special medical procedures as directed by the physician.

Physical Therapy

Physical Therapy can address a variety of deficits including increased pain, balance difficulties, decreased function, increased weakness, and poor quality of movement. These deficits can be a result of a chronic disease such as arthritis, an orthopedic injury, or a neurological diagnosis such as a brain injury or stroke, to name a few.

Our Physical Therapists evaluate each client using a variety of tests and measures, designing an individualized treatment program with appropriate treatment techniques. Physical Therapists (PT) may work closely with a Physical Therapist Assistant (PTA) to execute the client's treatment program. Some of the treatments executed by the PT or PTA may include the following: aquatic therapy, manual therapy (mobilization or myofascial techniques), therapeutic exercises, modalities, equipment management, gait training, posture, dynamic and static balance. Therapists might also recommend adaptive equipment to aid with function, independence, and increased safety.

Occupational Therapy

Occupational Therapists work closely with clients to increase independence in activities of daily living, including personal hygiene, bathing, dressing, cooking, feeding, and use of adaptive equipment. Skills such as money and time management, work skills and behaviors, problem solving, community safety issues, and memory are also addressed to help the clients obtain maximum potential.

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 retraining, visual-motor exercises, activities of daily living, sensory integration, strength and functional abilities.

Speech Language Pathology (SLP)

Speech Pathologists work with clients with impaired cognitive and communication skills impaired by brain injury or other diagnoses. They help restore or compensate for an individual's lost speech, language, cognition, and swallow functioning. When oral communication is unattainable, the SLP helps the client learn to use alternative communication methods. The Speech Pathologist may also use various treatment exercises to assist with improving client function: oral motor, verbal expression, receptive language, executive functioning, memory or problem reasoning.

Recreational Therapy

Recreational Therapists utilize a wide range of activity and community-based interventions and techniques to improve or maintain the physical, cognitive, emotional, social, and leisure needs of their clients. Recreational Therapists assist clients to develop skills, knowledge, and behaviors for daily living and community involvement. The therapist works with the client and their family to incorporate their specific interests and community resources into therapy to achieve optimal outcomes. Some examples of activities that Recreational Therapists provide include but are not limited to: fishing, kayaking, cycling, hunting, skiing, equestrian riding, bowling, aquatics, volunteering, yoga, stress management through leisure participation, dining out, and various activities to work on cognition.

Massage Therapy

A Massage Therapist is someone who is trained and skilled in massage therapy for medicinal benefits. Massage therapy is the manipulation of the soft-tissue and muscles of the body and it is used to relax overworked and tired muscles, to treat pain that results from any number of ailments, to aid in the rehabilitation of athletic injuries, and to support overall good health.

Music Therapy

Music therapy, an allied health profession, is the clinical and evidence-based use of music interventions to accomplish individualized therapeutic goals. The credentialed music therapist addresses client goals in all domains: physical, emotional, cognitive, communication, and social. Music therapists use various interventions to include therapeutic singing, therapeutic instrument playing, movement to music, song writing, music performance, and music listening. Since music is a versatile tool, it allows the therapist to empower the client to achieve their therapeutic goals at any stage of their recovery.

Vocational/Workshop Directors

Vocational and Workshop Directors are specially trained in vocational and pre-vocational development, supportive employment, and job coaching. Clients are individually evaluated for strengths, weaknesses, and abilities, as related to their employment potential. The Directors participate with the interdisciplinary team to provide insight into the functional work skills of each client, with goal of each client achieving their highest level of work.

Program Directors

Program Directors facilitate communication across the continuum of care and are instrumental in planning and training services.

Home Managers

The Home Managers not only oversee the day-to-day operations of the entire home, but they also work with the interdisciplinary team to effectively manage and provide each resident's care needs. They ensure the provision of quality personal care, implement behavior plans, oversee activity schedules, attend medical appointments, manage medication administration, assist in the completion of therapeutic activities, and provide ongoing supervision and support to both clients and staff.

Medication Technicians

The Medication Technicians work with the interdisciplinary team and follow all doctor orders to effectively administer medications appropriately and accurately. They oversee all relevant documentation of medication distribution to each resident. Based on the resident's medical needs, the Medication Technicians will receive additional training to provide extra care for trachea, IV antibiotics, bowel and bladder training, as well as dietary and dysphasia guidelines. They also assist the Home Managers in the day-to-day operations of the home.

Rehab Specialists

Our Rehab Specialists provide leadership in coordinating the complex rehabilitation services of each resident. They assist with identifying a resident's rehabilitation needs and educating the individual on their prognosis and discharge goals. They work in collaboration with the treatment team in defining the duration of the individual's treatment program to help ensure the plan of service is consistent with the individual's predicted outcomes. The Rehab Specialists also provide medical care directly or through arrangements with other physicians. This includes care for continuing, unstable or complex medical conditions.

Rehabilitation Aides

The Rehabilitation Aides provide quality personal care, implement behavior plans, structure activities, attend medical appointments, assist in the completion of therapeutic activities, and provide ongoing supervision and support. Based on the resident's medical acuity, the Rehabilitation Aides will receive additional training to provide extra care for trachea, IV antibiotics, bowel and bladder training, and dysphasia guidelines for a resident's diet.

Community-Based Services

Community-based services aid our aging individuals, with physical and cognitive deficits, to remain as independent as possible. Maintaining one's independence may mean remaining in the comfort of one's own home or residing in a semi-independent living arrangement. Community-based services may be provided by several service providers, including but not limited to: Meals on Wheels, Area Agency on Aging, public transportation, Disability Network, and other resources. For more information, contact the Front Desk at either Caro or Traverse City for community-based services in that area.

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