

Perspectives

2020 Annual Review

Message from the President

Fabian E. Polo, Ph.D., M.B.A.

Like many of you, we at Baylor Scott & White Institute for Rehabilitation (BSWIR) entered 2020 with great optimism, prepared to ambitiously advance patient care, enhance outcomes and drive employee engagement. What we hadn't planned on was a global pandemic that would impact almost every aspect of our work.

Despite the unprecedented challenges of COVID-19, the BSWIR team persevered, adapting to the demands of this virus, continuing to meet our patients' complex needs and learning important lessons along the way.

Rising to the occasion

It's true that while heroes have always worked at BSWIR, at no time was it more evident than in 2020. As the coronavirus spread nationwide, we quickly came to understand both the enormity and the uncertainty of what we were facing. Closely monitoring CDC and state guidelines, we adopted new practices and protocols on what seemed to be an almost daily - or hourly - basis. Our teams proved to be

flexible and resilient, determined to maintain a safe and supportive rehab environment for our patients and each other.

That's not to say our staff didn't have questions and concerns. Whether it was why certain practices were put in place or how to best allay fears, we found as always, that honest, open communication was key. While we may not have had all the answers, we worked together, found creative solutions and continued to provide uninterrupted care.

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As understanding of the virus and its consequences grew, we realized our expertise in medical rehabilitation would benefit COVID survivors.

This also meant, changing or updating our model of care delivery as new information was continuously shared through federal and state agencies, as well as Baylor Scott & White Health and Select Medical.

We implemented new PPE policies, infection control practices, clinical protocols and family visitation guidelines – many of which will likely become our new standards of care. Within this framework, our BSWIR team led the way in establishing a safe care environment at our four hospital campuses, neuro-translational centers, day neuro and other specialty programs and outpatient centers.

Embracing technology

With limitations on in-person encounters, BSWIR physicians and clinicians successfully pivoted to virtual platforms. Our physicians embraced tele-medicine to connect with patients whose care might otherwise have been impacted due to COVID. Similarly, our clinicians leveraged tele-rehab to continue to deliver treatment. This was especially true at our more than 100 outpatient centers where some patients were unwilling or unable to participate in person. By year's end, well over 1,500 tele-visits had been performed and we

continue to use this platform, expecting it will be the new standard of care for certain patient populations going forward.

We also welcomed Zoom and other platforms to host virtual patient and family visits, meetings, education and training sessions and support groups.

When the sequelae of COVID hospitalization – including respiratory, cardiac, cognitive and other deficits – and their long-term impact on survivors came to light, BSWIR, in collaboration with Select Medical's outpatient division, established a rehabilitation program specifically for this patient population. The Recovery and Reconditioning Program provides therapy and education to help individuals restore strengths and skills to resume their lives. Over 2,500 visits have been logged since the program's inception in April, 2020 – with demand for services continuing to grow as more “long-haulers” are identified.





Expanding care

Despite the pandemic or perhaps inspired by it, we continued to explore new avenues of treatment and expanded our programs. That includes our Day Neuro Program in the Austin market, Neuro Transitional Center in the Dallas market and Traumatic Brain Injury Model System efforts across our network. These programs, along with the extensive research being conducted, continue to demonstrate the remarkable potential for recovery when patients choose our care continuum.

Learning important lessons

If this year has taught us anything, it is the power of resiliency, flexibility and collaboration. We worked together, wore our masks, practiced social distancing and did whatever was necessary to help prevent the spread of this disease. We adapted, gaining important knowledge and insight to prepare us to best respond to the next health crisis. Our teams carried on with grace and perseverance, proving once again that together we can weather the storms of change. There has been - and always will be - one constant: our commitment to keeping our patients, staff and communities safe and delivering the highest level of quality rehabilitation services to those who entrust us with their care.

Fabian E. Polo, Ph.D., M.B.A.
President

COVID-19: A Call to Care

The pandemic created an unprecedented demand for acute medical care in 2020, straining our nation's hospital systems. As part of the health continuum, Baylor Scott & White Institute for Rehabilitation (BSWIR) found itself uniquely positioned to answer the call for care. The question was how?

With so much unknown about COVID-19 and its trajectory at the time, we focused on continuing to deliver quality care to patients in need of rehabilitation following a stroke, brain or spinal cord injury, orthopedic trauma or other conditions. Our teams worked closely with Baylor Scott & White Health and Select Medical to monitor the progression of the virus and ensure – to the best of our ability – a safe care environment.

We also prepared to act as a relief valve for acute hospitals on COVID's front lines, strained by the by the influx of affected patients. Contingency plans were readied in the event hospitals across North and Central Texas reached critical capacity and needed to transfer patients. Although these plans never needed to be deployed, we remained on stand-by throughout the year.

A novel virus leads to a novel program

As understanding of the virus and its consequences grew, we realized our expertise in medical rehabilitation would benefit COVID survivors, including those who became known as “long-haulers.” Our call to action was clear: Do what we have always done, helping people recover from a life-changing illness or injury. From that commitment also came our new Recovery and Reconditioning Program.

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As understanding of the virus and its consequences grew, we realized our expertise in medical rehabilitation would benefit COVID survivors.

This outpatient program, developed in collaboration with Select Medical, launched in April, 2020. It draws on the expertise of infectious disease specialists, physiatrists, internal medicine, pulmonologists, therapists and other medical professionals to address the multi-system complications of COVID-19, as well as other complex



illnesses, such as pneumonia and cardiovascular diseases. The Recovery and Reconditioning Program targets the wide range of patient challenges, including weakness, fatigue, shortness of breath, headaches, balance and mobility issues, pain and cognitive deficits – all of which profoundly effect a person’s quality of life and the ability to perform daily activities.

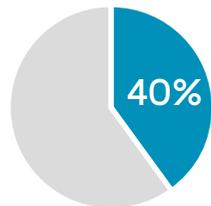
Proof in numbers

Studies show that after battling COVID-19, 55 percent of people experience ongoing fatigue months after their hospital discharge, 42 percent continue to have shortness of breath and 34 percent reported ongoing memory loss. Furthermore, 78 percent of patients developed cardiac involvement following a COVID diagnosis with 60 percent of those developing ongoing myocardial inflammation. This was regardless of pre-existing conditions, severity and overall course of disease.

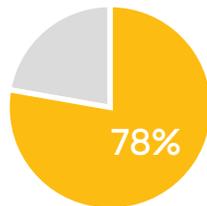
Of more than 170 participants in BSWIR’s Recovery and Reconditioning Program, about 40 percent were never hospitalized for their COVID infection. Overall, the participants demonstrated considerable progress with over 78 percent indicating significant improvement, based on the PROMIS global health survey. They averaged about 15 visits that included a range of physical, occupational, speech and cognitive therapies, along with patient education. To maintain the health and safety of both patients and staff, inpatient and tele-rehab visits were made available.

BSWIR’s Recovery and Reconditioning Program

170 participants



Participants never hospitalized for COVID infection



Demonstrated significant improvement

Lessons learned

Despite the pandemic’s many uncertainties, BSWIR was agile, adapting quickly, safely and effectively to meet the needs of our patients and communities. We leveraged our experience, monitored available data, followed state and federal guidelines and collaborated with our partners across the care continuum. As a result, we gained greater insight on treating individuals with COVID-19 that will help prepare us to successfully address future pandemics and other health crises.

¹ Dr. David Webber, UNC, September 20, 2020 Society for HealthCare Epidemiology Town Hall Meeting

² J Valentina O. Puntmann et al. “Outcomes of Cardiovascular Magnetic Resonance Imaging in Patients Recently Recovered From Coronavirus Disease 2019”. JAMA Cardiology. Doi:10.1001/jamacardio.2020.3557 Published online July 27, 2020.

Bridging the Gap: Neuro Transitional Success



What happens when need and vision align?

A year-long study to assess the post-acute neurorehabilitation needs and support the transition to home for patients following a brain or spinal cord injury, stroke or other neurologic injury led to the creation of an important new neuro-transitional program at Baylor Scott & White Institute for Rehabilitation (BSWIR).

“For quite some time, we had envisioned a highly specialized program designed to facilitate support the the safe transition from acute (or other levels of care) to home in certain complex patient populations. This study confirmed the need for such a program, noting a critical gap in the continuum.

“It was one of those ‘aha’ moments when we recognized our opportunity to change the trajectory of patient recovery,” said Jane Boutte, director of operations.

In August 2019, the Neuro Transitional Center opened in Dallas, adjacent to BSWIR’s rehabilitation hospital and Baylor University Medical Center, part of Baylor Scott & White Health. The location was chosen to allow access to the BSWIR campus’ extensive rehabilitation resources, as well as to emergency services and medical support, if needed.



The 7,000 square-foot center offers a homelike setting, with nine private patient suites and three kitchens. A registered dietitian is onsite to help patients increase independence in performing daily living tasks, as well as a full complement of physical, occupational, speech and cognitive therapies, neuropsychology services, behavioral counseling and community reintegration activities.

According to Boutte, this residential environment, “feels like home and is designed to help patients get back to theirs.”

Turning vision into reality

The Neuro Transitional Center offers a more immersive experience and complements BSWIR’s inpatient rehabilitation and outpatient services, including the Day Neuro and Home Health programs. The center’s transdisciplinary teams draw on best practices in post-acute rehabilitation,

providing the clinically-proven therapies, advanced treatment and robotic technologies to support individual physical and functional recovery. In addition, the center is the first of its kind in the Dallas-Fort Worth Metroplex to be equipped with a specialized ceiling lift that enhances patient safety and mobility, particularly for those with a spinal cord injury.

To qualify for the program, patients must:

- ▲ Be 16 years or older
- ▲ Require a 24-hour, seven days per week structured environment
- ▲ Have the ability to participate in therapy five days per week
- ▲ Be medically stable
- ▲ Be able to be managed safely outside a hospital setting
- ▲ No longer require round-the-clock physician or nursing care



The impact of COVID-19

Prior to the pandemic, the program conducted a range of weekly community outings to promote functional skill development and real-world practice. Family education and training sessions were held and with overnight stays accommodated. However, COVID-19 limited activities and visitation.

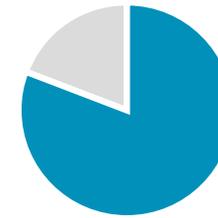
“Our team’s resilience and commitment to care excellence actually led to program improvement and growth,” said Boutte. Additional therapy equipment was moved into the center, virtual platforms were deployed for community skills-building, and family visits and conferences were facilitated using video meeting tools. Essential caregiver visits were maintained in accordance with CDC and state guidelines.

“Despite its many challenges, COVID prompted a deeper bonding of our team, the individuals we serve and their families, which in turn resulted in even stronger outcomes,” she said.

The results are in

Since the Neuro Transitional Center opened, 28 individuals – 16 men and 12 women – have successfully completed the program and returned home. Of these individuals, 17 were dealing with the complex challenges of stroke, seven with traumatic brain injury, three with spinal cord injury and one with other neurologic impairment. The average length of stay was 89 days and more than 81 percent of patients met their goals. Upon discharge, the majority (64 percent) chose to continue rehabilitation in a variety of BSWIR outpatient programs, 25 percent returned to full- or part-time work and 11 percent resumed some or all household responsibilities.

Given the severity of patient impairment upon admission to the Neuro Transitional Center, the number of those able to return to work is particularly significant. In addition, the burden of care on family members following discharge were reduced dramatically. “This is testament to the person-centered, evidence-based approach of our team, the personal determination of our patients and the support of their families and friends,” said Boutte.



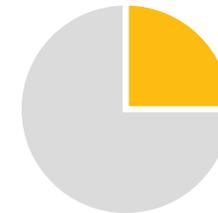
81%

Patients that met their goals



64%

Patients who continued to outpatient programs after discharge



25%

Patients that returned to full- or part-time work



11%

Patients that resumed some or all household responsibilities

Exploring New Frontiers

Rehabilitation research is the engine that drives improvement in patient care, treatment and outcomes. It is a powerful tool that allows us to explore the science of recovery, helping to advance functional restoration and quality of life in individuals with a range of life-changing injuries and diseases. Furthermore, it provides us with greater understanding the human condition and the opportunity to push the boundaries of human potential.

At Baylor Scott and White Institute for Rehabilitation (BSWIR), our team of research scientists, physicians and clinicians are relentless in their pursuit of the discovery, translation and application of new knowledge – and even a pandemic did not change that focus.

“Innovative thinking and flexibility are two critical factors in the research world,” said Katherine Froelich-Grobe, Ph.D., director of rehabilitation research, BSWIR. “Because of that, we were able to adapt quickly to the limitations that COVID-19 presented and continue to work on current studies. In addition, we were awarded new funding, which brings our current grant-funded projects to ten.”

One robust line of funded research is focusing on a theory-based, intensive lifestyle intervention – the Group Lifestyle Balance Program – to improve the overall health of those living with spinal cord injury¹, brain injury² and cerebrovascular disease³ through testing the feasibility and effectiveness of the program to improve health outcomes among those groups.

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“Our research teams and participants all remained nimble and connected throughout the pandemic, allowing us to continue the studies. The teams shifted seamlessly from in-person to virtual delivery and the participants were highly engaged in attending the program meetings. So far, the data confirms the impact of making lifestyle changes in helping individuals achieve weight loss and improve other health determinants,” said Froelich-Grobe.

A second robust line of research is investigating various technological approaches to improving rehabilitation. BSWIR Research Scientist Chad Swank, Ph.D., P.T., is collaborating with the hospital's inpatient and outpatient clinical teams to examine whether robotic gait training can lead to better outcomes than traditional training for neurologic patients and how this technology can feasibly be implemented in these settings.⁴

Research changing lives

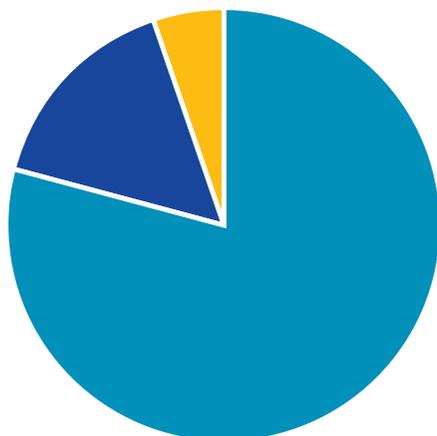
In September of 2020, BSWIR received three grants from the National Institute on Disability, Independent Living and Rehabilitation Research (NIDILRR), which will support our goals of developing evidence-based approaches to improving the health and function of our patient populations.

▲ **Spinal cord injury (SCI):** A randomized, controlled trial to examine outcomes of SCI patients receiving robotic gait training vs. traditional therapies during their inpatient stay will be led by Dr. Swank.

▲ **Spinal cord injury:** A multi-site study on a virtual exercise program for individuals with SCI will be expanded to 16-weeks. Dr. Froelich-Grobe, Mike Jones, Ph.D, FACRM, Shepherd Center and Jeanne Zanca, Ph.D., MPT, Kessler Foundation are collaborating on this study, which will be facilitated by SCI peer counselors who participated in the original NIDILRR-funded trial.

▲ **Traumatic brain injury (TBI):** A five-year, multi-site grant will develop, refine and test the feasibility of a chronic disease model for traumatic brain injury. Simon Driver, Ph.D., director of rehabilitation research and the Ginger Murchison Chair for Traumatic Brain Injury Research at BSWIR, is one of several TBI model system collaborators involved in this study. It is being led by Flora Hammond, M.D., the Indiana University School of Medicine.





2020 BSWIR Research Funding Portfolio

- ▾ **Grants**
\$1,451,318
- ▾ **BSW Foundation**
\$284,717
- ▾ **Operational (BIR/BRI)**
\$94,551

Sharing knowledge

Disseminating findings is a critical component of rehabilitation research. In 2020, that meant moving in-person presentations to virtual platforms at key national conferences, including the American Spinal Cord Injury Professionals (ASCIP), American Heart Association (AHA), American Congress on Rehabilitation Medicine (ACRM), and American Public Health Association. In all, our teams delivered more than 33 presentations.

Two notable presentations were made to the National Institutes of Health (NIH). Dr. Swank presented a poster on the health status at baseline of acquired brain injury participants enrolled in an intensive lifestyle program at the NIH’s “Rehabilitation Research 2020: Envisioning a Functional Future” meeting sponsored by the National Center of Medical Rehabilitation Research and others. Dr. Froehlich-Grobe participated in a panel on “Can Physical Activity Improve the Health of Wheelchair Users?” at the NIH Health Pathways to Prevention Workshop. She discussed the need for investigators to track and report adverse health events that occur during physical activity studies.

The BSWIR research team also shared their finding in key peer-reviewed publications. The team published 13 articles in 2020 focusing on the lifestyle adaptations program for individuals with stroke, improved outcomes for those with mobility impairment and spinal cord injury, and other studies. These articles appeared in Topics in Spinal Cord Injury Rehabilitation, Journal of Spinal Cord Medicine, Journal of Neurotrauma, Brain Injury and the American Journal of Preventive Medicine among others. Additionally, Dr. Froehlich-Grobe co-edited the second edition of a textbook, Public Health Perspectives on Disability including a chapter she co-authored with BSWIR research team members on Social Determinants of Health. It was published in November of 2020.

“Although 2020 had its challenges,” said Dr. Froehlich-Grobe, “it also had its share of rewards in that we continued to find new avenues of care and treatment that will improve the lives – and quality of life – of our patient populations.”

¹ NIDILRR grant #90IFRE0022, PI K. Froehlich-Grobe

² NIDILRR grant #90DPTB0013, PI S. Driver

³ NIDILRR grant #90IFRE0021, PI S. Driver

⁴ NIDILRR grant #90IFRE0043, PI C. Swank

Taking the Lead in Medical Rehabilitation

An interview
with Chief
Medical Officer
Dr. Rita Hamilton



Rita Hamilton, D.O., FAAPMR, was appointed chief medical officer of Baylor Scott & White Institute for Rehabilitation (BSWIR) in August 2019. She previously served as BSWIR's director of spinal cord injury rehabilitation and provided expert leadership in program development, research and academic training. Despite her extensive experience, Dr. Hamilton was soon faced with the challenge of guiding our hospital network, patients and staff through an unprecedented global pandemic.

Dr. Hamilton (RH) recently sat down for a Q&A with *Perspectives'* editor (PE) to share her thoughts.

PE: What were your goals - your vision - when you accepted the position of CMO?

RH: They were three-fold. First, to continue delivering the highest level of safe, quality care to our patients. That meant expanding programs, enhancing outcomes and breaking down barriers, which brings me to number two. BSWIR offers a comprehensive scope of post-acute services, with a tremendous opportunity to facilitate the transition from inpatient to outpatient, as well as Day Neuro, Neuro Transitional, Home Health and other specialized programs. We need to focus on the continuum of care, not segments of care, and even greater teamwork.

Finally, it is incumbent upon us to continue training the next generations of medical and clinical practitioners. My vision for BSWIR is to be THE leading rehabilitation provider in our region and certainly one of the best in the nation.

PE: Six months into your tenure and suddenly you're faced with a pandemic. How did you respond?

RH: I'll admit it was challenging. No one was prepared for COVID-19 and its impact. Guidelines and protocols were changing almost daily. New infection control processes, screening, PPE, masking, visitor restrictions... it was all very stressful. The sense of loss felt overwhelming at times. But our staff was amazing. They never gave up or gave in... they just kept on doing what they do best: caring for our patients.

Another positive was a renewed sense of teamwork. People really pulled together. Our medical directors – Drs. Farh Khan, Asher Light, David Lo and Jason Miller – helped lead the way, working closely with each other and their teams to coordinate care delivery. We're definitely stronger because of this.

PE: Did COVID push you to explore new avenues of care delivery?

RH: Because of the restrictions imposed by COVID and the reluctance or inability of patients to avail themselves of medical and rehabilitation care, we knew we needed to change our way of thinking and take advantage of technology. We became adept at Zoom calls, helped patients and families connect via FaceTime and established virtual support groups. Most of all, I'm proud of how we were able to adapt so quickly and offer tele-health services to our patients across Texas, Oklahoma, Arkansas, Louisiana and Alabama. That was a game-changer.

PE: You've served as BSWIR's residency program director since 2008 and on the faculty at Texas A&M Medical School since 2012, receiving several prestigious teaching awards. How did COVID impact medical education?

RH: There was a huge shift from in-person to online learning platforms and critical hands-on training was limited. Despite gaining experience in tele-health, our nine residents and one brain injury fellow missed the opportunity to examine patients in the outpatient setting, perform certain procedures and master patient-physician relationships. In addition, some courses had to be divided into small sections to maintain social distancing and many research projects were put on hold. This certainly impacted their overall learning experience, but they did gain important insight on dealing with a pandemic that will help to prepare them for other health care crises.



That said, we were able to bring in subject matter experts from all across the country via online platforms, which helped enhance the curriculum. The missing element – and it's a big one – was the personal connection that we typically enjoy, getting to know one another over lunches and gatherings. Hopefully, things will return to normal soon.

PE: As the pandemic becomes history, what do you see as the future of medical rehabilitation?

RH: First, let me say how gratifying it's been to see how everyone, regardless of their role or responsibilities, came together and allowed us to provide the best possible rehabilitation experience under the most difficult of circumstances. I'm proud of the teamwork, commitment and willingness to embrace change we witnessed. All of this bodes well for the future. We will build on the lessons we've learned and continue to explore new avenues of treatment, leverage technology and adapt to every challenge. Together, we'll 'get back to better.'

Putting Technology to the Test



The clinical and research teams at Baylor Scott & White Institute for Rehabilitation (BSWIR) are committed to exploring emerging rehabilitation technologies and improving patient outcomes by integrating the most promising tools into regular practice. Among the projects underway:

Stimulating individual recovery

Functional electrical stimulation cycle ergometry (FES-CE) programming uses an electrical current to stimulate peripheral neuromotor units of paralyzed muscles to perform a functional task. At the right dose, FES has been shown to activate and re-educate the neuromuscular system below the injury level in people with a chronic injury. There are no established clinical practice guidelines, so the BSWIR team is working to collect evidence on the optimal dose of FES-CE programming for individuals during inpatient treatment.

This evolution engages patients earlier and builds on the time-tested benefits of functional electrical stimulation (FES) in people with chronic spinal cord injury (SCI).

“We know FES can improve cardiovascular conditioning and overall health outcomes in people with long-term SCI, but the benefits of this treatment in the early phases of recovery are unknown,” said research scientist Chad Swank, P.T., Ph.D. “We want to tap into the principles of neuroplasticity already at work in this stage of recovery and accelerate the trajectory of functional improvement during inpatient rehabilitation.”



The goal is to optimize inpatient rehabilitation time and improve patient outcomes. Based on our initial findings, we believe RGT is helping us do so.



Rehabilitation Therapy Manager Christina Fazio, P.T., ATP, added, “In 2020, patients with SCI who averaged nine sessions of FES-CE during their stay were observed to improve in daily function and have reduced pain.”

The clinical and research teams are continuing to examine FES-CE dosage parameters and its impact on patient outcomes. That data will help determine when and how to integrate this technology into the rehabilitation process for optimal recovery, creating a clinical practice model for use by programs nationwide.

Opening the “gait” to improved outcomes

For the last four years, the BSWIR clinical and research teams have been evaluating the most effective ways to incorporate robotic exoskeleton technology during inpatient rehabilitation for those with neurological injury-based mobility impairments. A review of 800 completed robotic exoskeleton gait training (RGT) sessions involving more than 200 patients suggest integrating an RGT program is not only feasible, but less physically burdensome on therapists and more engaging to patients. Furthermore, it does not increase the risk of injury.

“Our team’s training and clinical knowledge allowed us to adopt RGT as a safe and beneficial experience for patients during inpatient and outpatient rehabilitation,” said BSWIR’s lead RGT therapist Molly Trammell, P.T., CBIS.

In 2020, the National Institute on Disability, Independent Living and Rehabilitation Research (NIDILRR) awarded the BSWIR research department a three-year grant to develop an SCI patient-centered RGT program and examine its impact on functional outcomes during inpatient rehabilitation.

“This project will allow us to build an evidence base around a ‘first of its kind’ program. We anticipate being able to link RGT session intensity with the functional outcomes achieved by SCI patients,” said principal investigator Dr. Chad Swank.

Initial data suggests this technology may offer better gait-training approaches compared to traditional methods, leading to increased flexibility and earlier mobility. RGT also addresses common clinical obstacles such as muscle tone, incontinence and communication.

“The goal is to optimize inpatient rehabilitation time and improve patient outcomes. Based on our initial findings, we believe RGT is helping us do so,” said Dr. Seema Sikka, director of spinal cord injury research and quality.

“Xciting” approach to muscle activation

While many studies are conducted at BSWIR’s Dallas research hub, all of our rehabilitation hospitals and many outpatient centers are actively involved in a variety of technology projects in an effort to advance patient care. At our Frisco hospital, the use of Functional Electrical Stimulation (FES) systems is moving into a new realm. FES systems are typically two-channel units that use electrical currents to produce a single muscle contraction in a location that may inefficiently contract on its own. This allows patient to work on a myriad of functional tasks, such as neuro-muscular re-education, relaxation of muscle tightness, prevention of disuse atrophy and maintaining or increasing range of motion.

The Frisco clinical team is now using Xcite, a 12-channel battery-powered cyclical stimulator, which allows simultaneous proximal and distal muscle group activation. This increases the number of muscle groups firing at once, improving functional activity effectiveness. Task-specific, pre-programmed motor patterns improve outcomes in stroke, spinal cord injury and neurological patients. The settings also provide proper sequencing of basic motor skills like forward reach, grasp and release, sit to stand, postural correction and daily living activities such as grooming, feeding and brushing teeth. Integration of more complex actions, such as handwriting, toe tapping and lateral stepping, are also possible.

“There has been limited research regarding this type of FES in stroke patients during early rehabilitation,” notes Caitlin Boyd, OTR/L. “However, the research team plans to initiate a study this year to help determine whether the use of multi-channel FES, along with task-specific training, will improve upper extremity function in unilateral stroke patients with hemiplegia versus traditional rehabilitation.”



2020 By the Numbers



3,219 patients discharged from our free-standing rehabilitation hospitals in Dallas, Fort Worth, Frisco and Lakeway.



60,943 individuals – totaling more than 609,644 patient visits – treated at more than 100 BSWIR outpatient centers across North and Central Texas.



12,000 square foot addition to the BSWIR - Frisco campus expanded the hospital's Outpatient and Day Neuro Programs.



\$20,000 grant from the Craig H. Neilsen Foundation to our research department provided financial assistance to former spinal cord injury patients impacted by the pandemic's economic fallout.



23 inpatient clinicians achieved specialized certification in brain injury and stroke rehabilitation care.



9 new outpatient therapy centers opened across Texas, including Aledo, Aubrey, Carrollton, Denton, Liberty Hill, Prosper, Red Oak, Southwest Austin, and Steiner Ranch (Austin).



7 CARF accreditations awarded among our Dallas, Frisco and Lakeway hospitals - as well as our Neuro Transitional Center in Dallas.



4 specially-equipped vehicles are now in use at our Dallas, Frisco and Las Colinas adaptive driving programs to help patients safely return to the road.



1 specialized Day Neuro Program implemented at BSWIR-Lakeway to serve patients in the greater Austin area.



BSWRehab.com

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