

Neurology Clinical Pathways

Acute Ischemic Stroke (I63.9, I69.30)

Value Prop: Intensive multi-disciplinary therapy (3 hrs/day) significantly improves functional independence compared to SNF.

Key Talking Points:

- Oasis Point offers 24/7 physician oversight, crucial for managing post-stroke complications.
- Our stroke-specialized PT/OT/SLP team focuses on neuroplasticity and regaining ADLs.
- Higher discharge-to-community rates than local SNFs (78% vs 45%).

Objection: "Why not SNF? It's closer to home."

Rebuttal: While SNF is closer, AHA guidelines recommend IRF for better functional outcomes. We offer 3x more therapy intensity, which is critical in the first 30 days for neuro recovery.

Source: AHA/ASA Guidelines 2016

Intracerebral Hemorrhage (I61.9)

Value Prop: Complex medical management of BP and ICP combined with early mobilization.

Key Talking Points:

- Capable of managing complex medical needs that SNFs cannot support.
- Early mobilization protocols to prevent deconditioning while monitoring stability.
- Family training program to ensure safe transition home.

Objection: "Patient is too tired for 3 hours of therapy."

Rebuttal: We pace the therapy throughout the day. 'Intensive' doesn't mean 'exhausting'—it means focused. Our PM&R doctors manage their energy levels medically.

Source: CMS IRF Criteria

Traumatic Brain Injury (TBI) (S06.9X9A)

Value Prop: Cognitive rehabilitation and behavioral management in a secure, structured environment.

Key Talking Points:

- Specialized cognitive therapy to address memory, attention, and executive function.
- Low-stimulation environment options for agitated patients.
- Neuro-psychology support available for behavioral challenges.

Oasis Point Rehabilitation Hospital

Clinical Pathway Guide

Objection: "They just need time to wake up."

Rebuttal: Active cognitive stimulation is proven to accelerate emergence. Waiting in a SNF can lead to learned non-use and contractures.

Source: MedPAC Report 2021

Parkinson's Disease (Exacerbation) (G20)

Value Prop: LSVT BIG & LOUD certified therapists to address mobility and speech decline.

Key Talking Points:

- Medication management optimization by our PM&R physicians.
- Intensive gait training to reduce fall risk and improve stride length.
- Speech therapy focusing on vocal loudness and swallowing safety.

Objection: "It's a chronic condition, insurance won't pay."

Rebuttal: This is an acute exacerbation with functional decline. We are treating the acute drop in function to restore their prior baseline, which meets medical necessity.

Source: CMS Manual: Neuro Conditions

Guillain-Barré Syndrome (G61.0)

Value Prop: Intensive strengthening program matched to the patient's recovery curve.

Key Talking Points:

- Expertise in managing fatigue while maximizing strength gains.
- Respiratory therapy support for patients weaning from vents or with compromised breathing.
- Adaptive equipment training to maximize independence during recovery.

Objection: "They are too weak for rehab."

Rebuttal: We specialize in GBS. We start with bed-level ADLs and respiratory strengthening. Waiting for strength to return spontaneously delays recovery.

Source: CMS Compliant Condition #10