



Gillette Children's Pediatric Inpatient Rehabilitation Program Description and Scope of Services

Last Reviewed September 2025

Welcome to Gillette Children's Pediatric Inpatient Rehabilitation Program

Our Mission

In collaboration with patients, families, and partners, we redefine what is possible for children with brain, bone and movement conditions through clinical leadership, research, and global advocacy.

Our History

In 1897, Gillette Children's became the nation's first hospital for children who have disabilities. At the time, people living with disabilities encountered severely limited options for health care, education, employment, and other fundamental needs.

Our founder, Arthur Gillette, M.D., then a young orthopedic surgeon, saw a tremendous need to provide care for children who had disabilities caused by bone and muscle deformities. Together with Jessie Haskins, a Carleton College student who had a spinal condition, he persuaded the Minnesota Legislature to publicly fund a hospital dedicated to the treatment of children with disabilities.

Since our founding, the world has changed dramatically. Gillette Children's has played a leading role for people who have disabilities by providing expert medical care, engaging in advocacy efforts, and conducting extensive education and research initiatives. We are proud of our history and committed to building an even brighter future for the patients and families we serve.

Our programs allow us to provide a wide range of services to patients with many different diagnoses, in both inpatient and outpatient settings.

Pediatric Inpatient Rehabilitation Program

Gillette Children's pediatric inpatient rehabilitation program provides comprehensive integrated inpatient rehabilitation services to children who experience brain injuries, spinal cord injuries or complex medical conditions. Our program is the region's premier pediatric rehabilitation program and one of a short list of pediatric family-centered programs in the Upper Midwest accredited by the Commission for Accreditation of Rehabilitation Facilities (CARF).

Our pediatric inpatient rehabilitation services include:

- Rehabilitation Post Complex Orthopedic Surgery - SEMLS
- Cerebral Palsy Program-Selective Dorsal Rhizotomy Service
- Acquired Brain Injury Services
- Spinal Cord Injury Services
- Other Complex Medical Rehabilitation services (e.g., amputation & limb deficiency, functional neurological disorder, Guillain-Barre syndrome).

Patient and Family Centered Care

A cornerstone of our philosophy of care is the patient and family centered care model. This model is made up of several elements that are crucial to the most optimal care for the patient:

- Recognition that the family is the constant in the child's life.
- Treating children and families with respect and dignity and honoring diversity of culture, ethnicity, language, and spirituality.
- Encouraging families to participate as fully as they are able while acknowledging differences in families' strengths.
- Understanding and incorporating the developmental needs of children and adolescents into our assessments and interventions.
- Encouraging children, who are able to, participate in decision making regarding care.
- Providing a complete and clear review of the options and respecting the patient's/family's decision

Our family focus extends throughout the program, and we encourage families to take a central role in treatment planning and rehabilitation. We work closely with families to help patients maximize their abilities and return to their homes, schools, and communities as soon as possible.

Our Team Approach

Our medical providers and allied healthcare professionals use a team approach when developing personalized care plans for patients. The entire team partners with the patient and family to develop personalized goals. Care teams, led by physical medicine and rehabilitation specialists (PM&R), meet regularly to discuss a child's progress, update care plans, and begin discharge planning. Our diverse team of professionals includes, but is not limited to: care managers, psychologists, physical therapists, occupational therapists, speech language pathologists, recreational therapists, child life specialists, music therapists, social workers, schoolteachers, rehabilitation nurses, respiratory therapists, and orthotic, prosthetic, and seating professionals.

Hours of Service

Rehabilitation nursing, physicians, social work, respiratory therapists, and spiritual care services are available 24 hours a day, seven days a week. Occupational therapy, physical therapy and speech language pathology are available from 8:00 a.m. to 4:30 p.m. Monday through Friday and 8:00 a.m. to 12:00 p.m. on Saturdays and some holidays. Physical therapy, occupational therapy, and speech language pathology are not available on Thanksgiving Day or Christmas Day. All other services are available from 8:00 a.m. to 4:30 p.m. Monday through Friday.

General Admission Criteria for Pediatric Inpatient Rehabilitation Program

Children and adolescents with complex disorders resulting in impaired physical, cognitive, or developmental status, who medically qualify, will be accepted for admission to Gillette Children's inpatient rehabilitation services based upon the following admission criteria:

- Need intense comprehensive and coordinated services of a rehabilitation team.
- Have reasonable expectations of improvement in functional status or can benefit from services available.
- Are medically stable and/or have medical needs that can reasonably be accommodated.
- Are eighteen years of age or under, or still in high school.
- If a referring physician determines Gillette Children's inpatient rehab program is the best option for a patient that does not meet age criteria, a team including a rehab physician, and at least two members of the rehab team, will review the case and make a final decision regarding appropriateness for admission.
- Can physically and psychologically tolerate the intensive rehabilitation program, which includes up to 900 minutes/15 hours of rehabilitation services per seven days or at the discretion of the admitting provider.

Continuing Stay Criteria

During weekly interdisciplinary rehabilitation rounds, the team determines whether the patient continues to meet admission criteria and is making progress toward goals of discharge. A recommendation for transition or discharge will be made if necessary.

Transition Criteria from Pediatric Inpatient Rehabilitation Program

Patients may be transferred off the pediatric inpatient rehabilitation program or to another unit or facility if their medical status requires it.

Discharge Criteria from Pediatric Inpatient Rehabilitation Program

Discharge planning begins immediately after admission to the program. The rehabilitation team collaborates closely with the patient's family throughout the inpatient stay to ensure that they are prepared to effectively complete all necessary cares to ensure a seamless transition. Criteria for discharge include:

- Discharge disposition is identified and available.
- Admission goals are achieved or determined to be unattainable.
- Ongoing goals can be achieved on an outpatient basis.
- Progress towards short-term goals is slowing or plateauing.
- Family/community training is completed for safe continuing care after discharge.
- Successful completion of a therapeutic pass or comparable training.
- Medical need(s) can be met in the community.

Inpatient Rehabilitation Services Provided:

Services provided are tailored to the individual patient's needs.

Services included in the program are provided through:

- Academic Educational Services
- Care Coordination
- Spiritual Care Services
- Child Life
- Music Therapy
- Occupational Therapy
- Orthotics, Prosthetics, and Seating
- Pediatrics
- Pediatric Rehabilitation Medicine
- Physical Therapy
- Psychology
- Rehabilitation Nursing
- Respiratory Care
- Social Work
- Speech Language Pathology
- Therapeutic Recreation

Referrals can also be made to the following services:

- Audiology
- Child Psychiatry
- Neuropsychology
- Nutrition Services
- Pediatric Subspecialties

Patients and their families will be referred to community resources when needed. These may include:

- Chemical Dependency
- Vocational Rehabilitation
- Driver Assessment
- Grief and Loss Counseling

- Other Specialty Programs in the Rehabilitation Continuum of Care

Payer Sources

We work with multiple payer sources including:

- Government
- Commercial
- Self-Pay

Fees

The price for services provided is based on many factors that vary from hospital to hospital, including the costs of developing and maintaining physical infrastructure, payment of salaries and benefits for highly trained healthcare professionals, purchasing and maintaining up-to-date medical technology, medications, and specialized medical supplies. Gillette Children's has a disproportionately high percentage of patients whose care is covered by government programs, primarily Medicaid. The reimbursement from these programs is significantly less than the cost of care. Gillette Children's prices reflect the additional charges needed to cover the underpayments from government-sponsored programs. The charges for Gillette Children's services are the same for all patients, but the patient's share of the payment will vary depending on the type of insurance coverage they have and the characteristics of their insurance policy, including the amounts of co-payments and deductibles.

Referral Sources

We accept referrals from a wide variety of sources per Gillette's admission criteria.

Addendum Section

Acquired Brain Injury Services

Gillette Children's is a CARF-accredited Inpatient Rehabilitation Program – Hospital: Brain Injury Specialty Program (Pediatric Specialty Program). The content on pages one to page six of this document applies to the Gillette Children's CARF-accredited Inpatient Rehabilitation Program – Hospital: Brain Injury Specialty Program (Pediatric Specialty Program). The Gillette Children's CARF-accredited Inpatient Rehabilitation Program – Hospital: Brain Injury Specialty Program (Pediatric Specialty Program) is uniquely personalized to each patient's plan of care, functional level, and goals.

Spinal Cord Injury Services

The scope of the Gillette Children's Spinal Cord Injury (SCI) services addresses the etiology, levels, completeness, and comorbidities of spinal cord injuries. For a comprehensive explanation of spinal cord injuries, please refer to the spinal cord injury content on the National Institute of Neurological Disorders and Stroke website listed [here](#).

The scope also includes addressing unique aspects such as the medical/physiological, functional, psychosocial, and educational needs of delivering care to person with spinal cord dysfunction.

Medical/physiological needs include, but are not limited to; abnormal tone, autonomic dysfunction, bladder function, body composition, bowel function, circulation, developmentally appropriate gender

health issues, sexual function, dysphagia, fertility, infection management, medication, musculoskeletal complications, neurological changes, nutrition, pain, respiration, ventilation support, and skin integrity.

Functional needs include but are not limited to: activities of daily living, assistive technology, behavior, cognition, communication, community integration, driving, durable medical equipment, emergency preparedness, environmental modifications, leisure and recreation, mobility, occupation, orthoses, personal care assistants, prostheses, and seating.

Psychosocial needs include but are not limited to: adjustment to disability, behavioral health, family/support system counseling, peer support services, and sexual adjustment.

Education and training needs included, but are not limited to: persons served, families/support systems, the community, and the professional community.

Additional considerations include: research capability, transitions across the lifespan, case management, resource management, follow-up, health promotion and wellness, independent living and community integration, prevention related to potential risks and secondary health conditions due to impairments, activity limitations, participation restrictions, and the safety for persons served in the environments in which they participate.