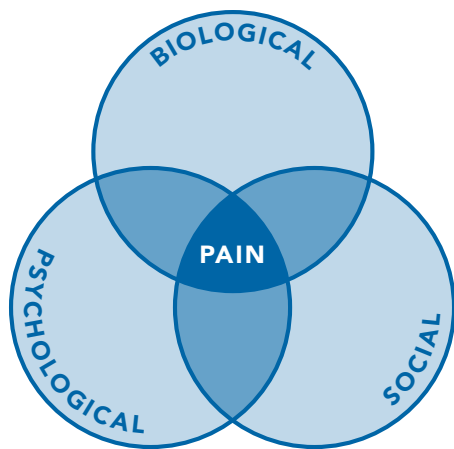


APPROPRIATE REFERRALS

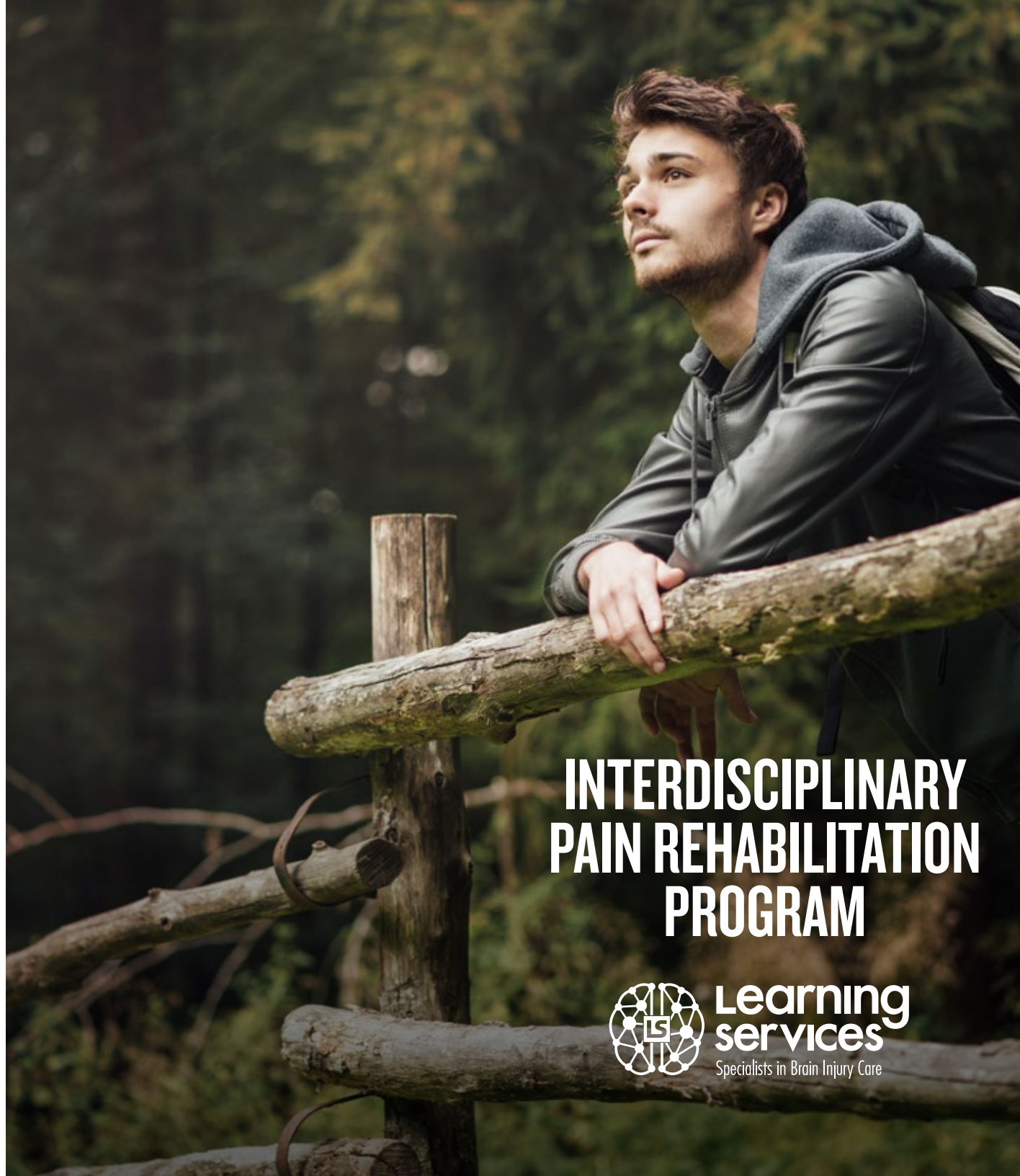
Our pain rehabilitation programs are designed to serve medically stable individuals who have been suffering with chronic pain for more than six months. To qualify for treatment, the individual's pain must be of sufficient severity to interfere with daily social, vocational, and/or personal activities. Program participants must be willing to discontinue narcotic medications and/or substance abuse and must not be an imminent danger to self or others.



REFER A PROGRAM PARTICIPANT

Learning Services offers complimentary in-person screenings completed by licensed clinical psychologist to determine readiness for our pain rehabilitation programs.

Please call (888) 419-9955 or visit our website www.learningservices.com.



INTERDISCIPLINARY PAIN REHABILITATION PROGRAM



**Learning
services**
Specialists in Brain Injury Care

LEARNING SERVICES AND PAIN REHABILITATION

For over 30 years Learning Services has partnered with healthcare and insurance groups to provide post-acute rehabilitation for adults with traumatic brain injury using an interdisciplinary, physiatrist lead, rehabilitation model. As a leading provider of post-acute rehabilitation, our team of rehabilitation experts has been treating chronic pain in the context of catastrophic injuries for years. That expertise has allowed us to develop a new innovative pain rehabilitation program that we are now proud to offer to individuals in need of effective rehabilitation for all types of chronic pain, regardless of etiology.

A FOCUS ON POSITIVE OUTCOMES

Our primary goal is to help individuals to function as independently as possible as quickly as possible and to reduce reliance on pain medications through restorative programs. Our team understands the importance of outcome-driven care and gathers data to track the following detailed outcomes:

- Morphine Equiv. Dose (MED)
- West Haven—Yale Multidimensional Pain Inventory (WHYMPI) (Self Report and Collateral Report)
- Patient Health Questionnaire (PHQ-9)—depression measure
- Short Form 36 (SF-36)—perception of health on functioning
- Pain Catastrophizing Scale (PCS)
- World Health Organization Quality of Life Scale (WHOQOL-Brief)
- Working Alliance Inventory—end of week 2 and at discharge

(Nampiaparampil DE. Prevalence of chronic pain after traumatic brain injury. JAMA. 2008;300(6):771-719.)



OUR REHABILITATION MODEL

The Learning Services Pain Rehabilitation Program is an intensive 5-week program comprised of individual and group therapies, on-campus and in the community. Maintenance planning and family education occur across all weeks.



Assessment and Goal Setting



Skills Training



Skill Implementation



*Supported Functional
Community Integration*



Functional Community Integration

Post-discharge follow up plans include a formal maintenance plan, on-call access to team members, formal follow-ups, and booster sessions.

We employ a coordinated biopsychosocial approach to improve quality of life through the following methods:

- Biopsychosocial model of IDT treatment
- Cognitive Behavioral Therapy
- Behavioral activation
- Therapeutic Rest and Pacing
- Cognitive strategies and coping
- Relaxation and mindfulness
- Sleep hygiene and healthy meals
- Aquatics and physical therapy
- Physical activity and endurance
- Stress management
- Reducing behaviors that contribute to pain disability
- Recreational and leisure activity
- Family and relationship training

OUR TEAMS

Our pain rehabilitation program is carried out by an in-house interdisciplinary team through a single individualized treatment plan at each of our seven locations. Our team members include:

- Physician (Physiatrist, Neuropsychiatrist)
- Nurse
- Psychologists
- Behavioral analyst
- Physical therapists
- Occupational therapists
- Recreational therapists
- Other disciplines as indicated, including speech therapists, dietician, etc.