

Admissions Criteria

Acquired brain injury diagnosis including:

- Traumatic brain injury
- Stroke
- Aneurysm
- Post-concussion syndrome (PCS)
- Hypoxia/anoxia
- Infection
- Brain tumor
- Other acquired brain injury

Services Provided

- Day neuro
- Transitional living
- Supported living
- Neuropsychological evaluations

Funding Sources

Accepted

- Group health insurance
- Affordable Care Act plans
- Workers' compensation
- DARS
- Private pay

We Treat the Whole Person, Not Just the Injury

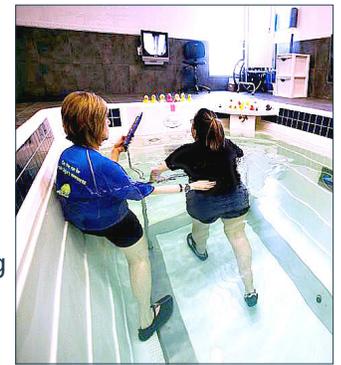
Since 1988, our programs have helped patients successfully function in the real world, not just in the clinical setting. The foundation of patient success is:

- A compassionate environment
- Results oriented programs
- Neuropsychological evaluation
- Evidence based treatments
- Real-world simulations
- In-house research by behavioral & rehabilitation psychologists & neuropsychologists
- Holistic individualized therapies



Available Therapies

- Physical
- Occupational
- Speech
- Cognitive
- Aquatic
- Vocational
- Biofeedback
- Equine-Assisted Learning
- Equine-Assisted Therapy
- Canine
- Counseling



PROGRAMS INCLUDE

Transportation

Pate provides comfort and convenience for patients by offering transportation to and from appointments. We want the focus to be on treatment and recovery, not the logistical hassles that might come along with it.

Spanish Services

Fluent in Spanish, Pate incorporates culturally diverse professionals into our team of providers to offer personalized brain injury rehabilitation programs tailored to those who speak Spanish as their preferred language.

Driver Rehabilitation

Pate's certified driver rehabilitation specialists help participants regain skills and independence through on the road training.

Training and evaluation is included with rehabilitation for people who meet the criteria.



Contact us to make a referral or schedule a tour.

Email: admissions@paterehab.com

Phone: 972-241-9334 or 1-800-992-1149

TOWNE LAKE · IRVING, TEXAS



Transitional Living Community

Patients receive treatment at Villa Creek

VILLA CREEK · DALLAS, TEXAS



Treatment Center & Corporate Offices

SAVANNA OAKS RANCH · FT. WORTH, TEXAS



Transitional Living Community

Patients receive treatment at Whitley Place

WHITLEY PLACE · WATAUGA, TEXAS



Treatment Center

All treatment centers serve both day neuro and transitional living patients. For more information or to schedule a tour, contact us.

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BRINLEE CREEK RANCH · ANNA, TEXAS



Treatment Center & Transitional Living Community

West and Hilltop Transitional Living Communities are located on the same property as our Brinlee Creek Ranch Treatment Center. Patients in both of these communities receive treatment at this location.



West · Hilltop



As you make this important decision, we're here to help answer your questions.

Email:
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If possible, please have the following information:

- Patient's current location
- Date of birth
- Desired date of admission
- Date of injury
- Name and phone number of family member
- Name of case manager or discharge planner
- Medical/insurance coverage
- Referring physician



Patients Across the Spectrum of Predicted Outcomes

- 16 years of age or older
- Medically stable (does not require 24-hour medical care but may have impairments in physical movement, continence, speech and language functioning, cognition, behavior, or other medical issues)
- Level 4 or higher on the 10-level Rancho Los Amigos Scale of post-injury cognitive function

We Provide Funding and Insurance Claim Assistance

Referrals from:

- Physicians
- Hospital discharge planners or social workers
- Insurance company case managers
- Clinical neuropsychologists
- Therapists
- Family members

Admissions from:

- Home
- Acute-care hospitals
- Acute-rehabilitation hospitals
- Long-term acute-care hospitals
- Outpatient clinics
- Nursing homes

Mental Health

We admit patients who have previous and/or co-occurring mental health diagnoses in addition to their brain injury. If serious, the patient is admitted on a conditional basis with guidelines for program participation and goals for progress. Patients with behavioral difficulties must not be a danger to themselves or others when working independently.

Substance Abuse

Patients with a history of substance abuse must be abstinent upon admission and must remain so during the course of treatment.

Accepted Funding

- Group health insurance & private pay
- Affordable Care Act plans
- Workers' compensation
- Department of Assistive & Rehabilitative Services (DARS) financial aid



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Programs

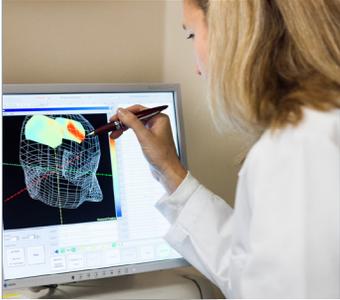
- Day neuro - outpatient
- Transitional living - residential during treatment
- Supported living - long term specialized care

Therapies

- Physical
- Occupational
- Speech/language
- Cognitive
- Behavioral
- Vocational
- Equine-assisted
- Counseling
- Biofeedback
- Neuropsychological evaluations
- Driver rehabilitation program

The Pate Difference

- 6 hours of therapy per day vs. the industry standard of 4 hours
- Clinical & research psychologists and neuropsychologists
- Innovative programs
- Transdisciplinary personalized approach
- Proprietary assessment tool PERPOS
- Transportation to and from treatment
- Neuropsychological assessments
- Over 30 years of experience



Let us answer your questions about neuropsychological evaluation referrals, procedures or results.

Email:
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Clinical Assessment of Brain Function, Skills and Abilities

- Intellect and academics
- Attention and concentration
- Mental speed and flexibility
- Speech and language
- Verbal and visual memory
- Visuospatial function
- Problem solving and judgment
- Sequencing, prioritizing, and reasoning
- Sensory and motor function
- Emotion, personality, and motivation

Evaluation May be Indicated for People Who Have Experienced:

- Concussion
- Traumatic brain injury
- Stroke
- Aneurysm
- Anoxia/hypoxia
- Change in mental/cognitive status causing suspicion of insult to the brain

About the Evaluation

The assessment will take about 6 hours and begins with an interview with the neuropsychologist. Usually completed within one day, it may be broken up between two days if fatigue is a factor. Breaks are provided. Other than being well rested, no preparation is required. Family members and friends may also be interviewed either in person or remotely. One-on-one testing activities will follow the interview.

Getting Results

The neuropsychologist will analyze the assessment data and compile the results, and usually provide a report within seven days.

Our Story

In October 1974, I was studying for my doctoral exams in neuropsychology when I received news that my 12-year-old son, Ben, had been hit by a car while riding his bicycle. He was rushed to the hospital with a severe head injury. At the time, it was very difficult to save the lives of people who had suffered traumatic brain injuries and despite the doctors' best efforts Ben passed away that evening.

Brain injury rehabilitation programs were in their infancy when my son died, and research on brain injuries had just begun. I became committed to improving the success of brain injury rehabilitation and outcomes. After I earned my doctorate in neuropsychology, I began conducting research in the field.

Improving Outcomes

After studying the latest innovations in brain function analysis, I partnered with Dr. Dan Morrison, a physician specializing in rehabilitation. We launched an inpatient brain injury rehabilitation program at Del Oro Hospital in Houston, where we were aided by research from Dr. Roger Sperry, the 1981 Nobel Prize winner in medicine for split brain research. Dr. Sperry provided great insight into how people think, reason, remember and make decisions. Our program adopted a team-centered approach with professionals from traditional medical disciplines including physical medicine and rehabilitation; nursing; social work; and physical, occupational, speech and language therapies.

While we were realizing successful outcomes, there was a void in outpatient therapy. In response, an outpatient program was launched that mirrored the Del Oro inpatient model. I soon noticed, however, that though patients continued to improve in the clinical setting, they seemed to struggle in other environments.

Why would patients appear to improve in the clinical setting but not be able to maintain their outcomes in the real world? We discovered that the treatment environment should mirror the one the patient will return to. For example, speech therapy and physical therapy needed to be integrated, rather than conducted in separate sessions, because in the real world, people often talk and communicate while doing physical activities. The program was adjusted and honed to achieve the proven approach still utilized today. The hallmark of this approach is the customization of treatment to each patient's ability level and tolerance of distractions. As progress is made, therapists introduce greater complexity into the treatments while reducing structure - a model that helps assimilate individuals to the outside world.

Not Just a Job at Pate

For more than 30 years, Pate Rehabilitation has been dedicated to improving brain injury rehabilitation and enabling patients to thrive in the real world. With an emotional tie and a deep interest, Pate's mission is to ensure successful treatment and the best possible outcomes for those with acquired brain injuries. Throughout our history, we have been committed to treating the people we serve with compassion, dignity, hope and respect. I know how important it is to live by these values since it is what I would have wanted for Ben and the rest of my family.



Mary Ellen Hayden Ph.D., ABPP, Retired
Founder, Pate Rehabilitation





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Patients at Admission

- Majority are at functionally dependent level and require moderate to maximal assistance with daily living activities
- 68% from inpatient hospitals
- 26% from their homes

Level of Independence at Discharge

- Majority reach functional independence level
- 63% of these ready to return to work, school, productive activities
- 81.7% independent in some areas or functionally independent
- Functionally dependent reduced from 40.7% to 18.2%
- 5.5% with severe deficits require additional care
- 3.9% with severe deficits require long term nursing care

The Pate Difference

- 6 hours of therapy per day vs. the industry standard of 4 hours
- Clinical & research psychologists and neuropsychologists
- Innovative programs
- Integrative medicine like biofeedback
- Proprietary assessment tool PERPOS
- Transportation to and from treatment
- Neuropsychological assessments
- Driver rehabilitation program included

*Patient outcomes vary according to the severity of the injury. Data for general information only.



Contact us in Spanish or English for more information about our brain injury rehabilitation services.

Email:

admissions@paterehab.com

Phone:

972-241-9334 or 1-800-992-1149



Traumatic and Acquired Brain Injury Rehabilitation

Fluent in English and Spanish, Pate provides care in the language you prefer, with culturally diverse, bilingual professionals:

- Behavioral & rehabilitation psychologists
- Neuropsychologists
- Speech language pathologists
- Physical therapists
- Occupational therapists
- Case managers
- Nurses
- Rehabilitation technicians
- Admissions personnel
- Administrative staff

Peer Support

Through culturally focused group gatherings and community reintegration outings, Spanish speaking participants discover support from peers in the Pate community.

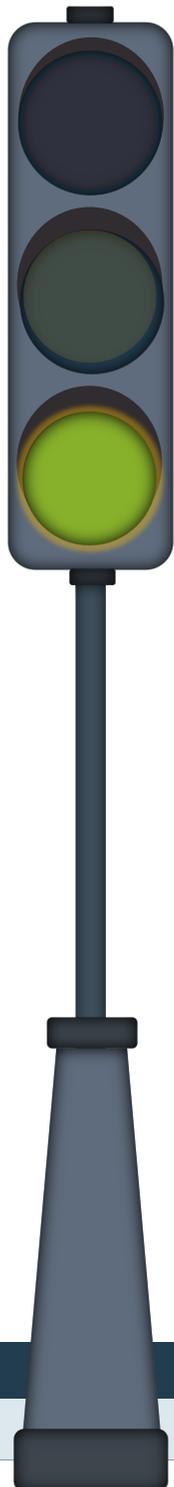
Interpretation & Translation Services

To facilitate treatment and improve communication, Pate provides interpreters and written translation of documents.

Additional Services

Neuropsychological evaluations, individual counseling, family counseling, brain injury education, and health education are all culturally adapted and personalized to meet the needs of each participant.

For more visit paterehab.com/programa-en-espanol



Driving Means Independence

The ability to drive is a strong component of self-sufficiency. We help qualified individuals get back on the road after a brain injury with our driver evaluation and training. It's included with our rehabilitation programs.

Real World Road Training, Not Simulations

Pate is among a small number of organizations who employ trainers certified by ADED, the Association for Driver Rehabilitation Specialists. The program does **not** utilize a simulator. Research indicates that on the road training provides better preparation for the unpredictability of actual driving scenarios.

Program Cost

Pate participants are included in our certified driver assessment and training program so there is no additional fee. Pate accepts external referrals at an affordable cost.

Program Eligibility

Our program is designed for those who have experienced traumatic brain injury, post-concussion syndrome, stroke, other acquired brain injuries and have:

- Valid driver's license
- Physician's order for a driving evaluation
- Ability to use only low-tech adaptive equipment to drive, such as hand controls, spinner knobs, or other equipment that can be mechanically added*

Driver Education

Rebuilds physical abilities and functioning skills like reaction time, vision, visual perception, hearing; also cognitive function including attention, judgment, executive functioning, mental processing speed, sequencing, memory, and knowledge of road rules.



*Pate's driving program is not designed for individuals who require high-tech adaptive equipment such as voice activated systems or head controlled units.

Email admissions@paterehab.com or call 1-800-992-1149 for more information.

paterehab.com



Contact Us

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What programs does Pate offer?

- Day neuro - for people who live at home but need therapy Monday through Friday
- Transitional living - for people who require a 24-hour rehabilitation program
- Supported living - for people who need specialized care and lifelong support

What therapies are available?

Physical, occupational, speech/language, cognitive, behavioral, psychological, vocational, aquatic, biofeedback, equine-assisted learning and equine-assisted psychotherapy. We also provide driver rehabilitation and counseling for patients and families.

Why is Pate different?

- Over 30 years of rehabilitation experience in Texas
- Individualized therapy tailored to specific environments, personalities and goals
- 6 hours of therapy per day vs. the industry standard of 4 hours
- Transdisciplinary collaborative approach
- Clinical and research staff psychologists and neuropsychologists
- Our own assessment tool PERPOS to measure distraction / structure tolerances
- Innovative programs like equine-assisted therapies and biofeedback
- Transportation to and from treatment provided
- Program includes driver's rehabilitation evaluation and training

Will insurance cover rehabilitation?

We work hard to ensure that brain injury rehabilitation is covered by the patient's insurance. We'll do everything we can to secure coverage for your loved one, including filing appeals if treatment is denied.

What if my loved one doesn't have insurance?

We can help you apply for financial assistance for rehabilitation from places like the Texas Department of Assistive and Rehabilitative Services (DARS). We'll also help you explore Affordable Care Act insurance.

Do you have bilingual services?

Yes, we care for many patients who speak Spanish only or are bilingual.



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What is the admissions process?

Family and/or the potential patient meet with a clinical evaluator first. Our clinical teams will perform an assessment and then develop a treatment plan. Admission timing varies, but can happen very quickly. In general the sooner treatment begins, the better.

What outcome can we expect?

At discharge, the majority of our patients have reached the level of functional independence and are ready to return to work or school. Specific outcomes depend on many factors. A small number of patients with severe deficits require additional medical or long term nursing care. Consult with your team to learn about your specific case.

What is your patient satisfaction rate?

In surveys, 98% report they were treated with dignity and respect and were highly satisfied. 93% of patients (five year average) said they would use Pate again if they or someone in their family needed our services.

How long do patients stay in the program?

The length of stay is determined by individual goals and projected outcomes. The average length is about 3 months.

When can I visit?

Visiting hours for transitional living patients are from 4:00 p.m. to 9:00 p.m. Treatment is from 9:30 a.m. to 3:30 p.m.

Are nurses available around the clock?

Nurses are available on campus Monday through Friday during regular business hours and some overnight hours. Each facility has a designated nurse on-call at all times, 24/7. Medical direction for many patients is provided by physiatrists (specialists in rehabilitation medicine) from UT Southwestern Medical Center.

How do you keep families informed?

A case manager oversees each case and facilitates communication between family, therapists and clinical staff. This person has the bird's eye view of the patient's rehabilitation, keeps everyone updated and is there to assist at all levels. We believe a single point of contact prevents stress for families.

Why is it important to have six hours of therapy per day, not four like other centers?

We believe that patients deserve more therapy. We are committed to the best possible outcome for every patient. If the patient is physically able to complete six hours per day, making the most of rehabilitation with extra time is a good idea.

Why do patients continue rehabilitation after leaving the hospital?

After a patient is medically stabilized, it's important to continue working with a specialized team. An acquired brain injury affects many aspects of a person's life and our therapists help bridge the gap between being in the hospital and returning to home, community, work or school life.