The Spaulding Rehabilitation Network is anchored by Spaulding Rehabilitation Hospital Boston, which is nationally ranked by U.S. News & World Report, and is the official teaching hospital of the Harvard Medical School Department of Physical Medicine and Rehabilitation (PM&R). It offers a full continuum of rehabilitative care, with inpatient facilities and 23 outpatient centers, from Cape Ann to Cape Cod. Our mission is to provide exceptional clinical care, promote medical education and advance research.

The Spaulding Network’s facilities are members of Partners HealthCare, founded by Massachusetts General Hospital and Brigham and Women’s Hospital. As part of Partners HealthCare, the knowledge and expertise of the entire system will be available to you and your caregivers. This continuum of superb healthcare ensures that you will always find the exact care you need throughout your journey and the strength you need to live your life to the fullest.

Learn more about our Disorders of Consciousness program. Visit www.spauldingnetwork.org or call 617.573.2020.

Determine level of consciousness using evidence-based assessment protocols.

• Identify physical and cognitive barriers preventing effective communication and environmental control.

• Establish prognosis and monitor rate of recovery.

• Delineate long-term care needs.

• Implement data-driven treatment protocols.

• Prevent secondary complications (e.g., contractures, skin breakdown, infection).

• Maximize arousal, alertness and response consistency through the use of medications and assistive technologies to promote recovery of communication.

• Maximize capacity to independently perform self-care activities.

• Provide education, support and informational resources for patients, family and other supportive personnel.

• Provide opportunities for participation in cutting edge research on novel evaluation and treatment techniques that may not yet be available in clinical settings.

Level I – focuses on individuals who have not yet recovered consciousness.

Level II – focuses on those who have recovered consciousness but are unable to communicate reliably.

Level III – focuses on individuals who can communicate but require assistance for self-care activities.

Program Objectives:

Level I – focuses on individuals who have not yet recovered consciousness.

Level II – focuses on those who have recovered consciousness but are unable to communicate reliably.

Level III – focuses on individuals who can communicate but require assistance for self-care activities.

Program Structure:

The Spaulding DOC Program is organized into three levels of care, each designed to address specific clinical needs associated with a different phase of recovery.

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Disorders of Consciousness Program

A measured approach providing immeasurable results. Big and small.

Find your strength.
Neurorehabilitation Team

Family members are integral to the plan, assisting in the development of rehabilitation goals and implementation of treatment interventions. Patients admitted to our DOC Program are evaluated and treated by an interdisciplinary team composed of specialists in the following disciplines: physics, neurology, internal medicine, nursing, neuropsychology, behavioral psychology, speech-language pathology, physical therapy, occupational therapy, recreational therapy, social work, case management and neuromuscular medicine. On-site medical consultation services are also available through neurology, pulmonology, infectious disease and psychiatry.

Following initial assessment, an integrated treatment plan is developed consisting of both common goals and any discipline-specific goals requiring particular therapeutic expertise. Interdisciplinary Team Conferences (ITCs) are held weekly. Treatment plans are revised. Recovery rates are determined. Progress, treatment objectives and decisions regarding program changes are evaluated based on standardized assessment techniques and outcomes measures tailored to individuals with DOC.

All the clinicians on our interdisciplinary teams have specialized education and training in assessment and treatment of patients with DOC. They engage in continuous learning through neurology, pulmonology, infectious disease and psychiatry.

Dylan’s Story

Dylan Rizzo, a 19-year-old college student, suffered a traumatic brain injury in a motor vehicle accident. He developed a large hematoma inside his brain, unable to open his eyes, respond to commands or communicate. He remained in a coma, unconscious of his surroundings until his eyes slowly opened. It was clear Dylan had sustained a severe brain injury likely resulting in long-lasting changes in mental and physical abilities. He would need intensive rehabilitative therapy and care.

Eight weeks after the accident, Dylan had become medically stable, allowing an interdisciplinary neurorehabilitation team to begin evaluating his level of alertness, movements and other behaviors. Dylan was monitored continuously to detect subtle signs of consciousness. The results of the initial evaluation provided a “baseline” for monitoring speed of recovery and the effects of planned treatments. Medications with sedative and sleep-inducing effects were discontinued and rehabilitation therapies were initiated to increase alertness and sensory awareness.

Over the next few weeks, Dylan showed slow, steady gains in his ability to follow simple commands. He occasionally seemed to follow simple commands. His right arm and leg started moving. He occasionally appeared restless. He began to look at and follow people entering his room. He turned his head when his name was called and occasionally seemed to follow simple commands. Was he really responding to questions concerning his needs and preferences? The rehabilitation team could now use more sophisticated evaluations of his mental abilities (e.g., attention, memory). Dylan’s reliable answers indicated that he was no longer minimally conscious, paving the way for additional medication trials and more advanced training regimens to improve his cognitive and motor abilities.

After six weeks of gradual, progressive improvement, Dylan’s treatment plan was revised to set more challenging goals. Dylan was more alert and following commands, yet remained unable to speak. A simple communication system became a rehabilitation priority. Systematic evaluations demonstrated that he could consistently recognize “yes” and “no” cards. Our Assistive Technology and Environmental Control Center then identified assistive devices to help Dylan more effectively communicate. The solution? A customized computer-based communication system was set up to help Dylan communicate “yes” and “no” answers to questions concerning his needs and preferences. The rehabilitation team could now use more sophisticated evaluations of his mental abilities (e.g., attention, memory). Dylan’s reliable answers indicated that he was no longer minimally conscious, paving the way for additional medication trials and more advanced training regimens to improve his cognitive and motor abilities.

Throughout the rehabilitation process, the treatment team maintained close communication with Dylan’s family. Formal family meetings were held to discuss progress and proposed changes in the rehab program—a specific team member was designated to serve as the point person to relay questions and concerns. Dylan’s Spaulding case manager was also vital in the process, she ensured that the family and other caregivers fully understood treatment goals and methods. In week 1 of the program, the initiated development of a discharge plan with Dylan’s family, reviewing his short- and long-term medical and rehabilitation needs as well as their available resources and preferences. She then communicated with key personnel about the discharge location selected (e.g., home, sub-acute rehabilitation program, skilled nursing facility) to facilitate a fluid transition.

It is now 1 year later, and Dylan has regained independence in many activities of daily living, reestablished regular social interactions with his friends and reassumed control over many decisions that impact his daily life. It has been a long road, but Dylan continues working hard and is enjoying life.

Spaulding Strength

The Disorders of Consciousness Program is led by Dr. Joseph Giacino, PhD, internationally recognized for his work on coma and vegetative states. He directs a comprehensive interdisciplinary team dedicated to the assessment and treatment of patients with disorders of consciousness.