POLYTRAUMA REHABILITATION GUIDELINE

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PURPOSE: To establish a guideline for the coordination of care provided to the multiple injury trauma patient who will require rehabilitation and/or patients that may benefit from a consult to the PM&R service prior to and/or post discharge.

Inpatient Rehab (IPR) consult triggers a liaison to get someone to IPR and does not equal PM&R consult. The PM&R consult team (medical providers- MD/DO) can be beneficial early in any trauma case to reduce length of stay and improve outcomes. Not all of these patients will go to IPR, but PM&R involvement early is beneficial regardless to facilitate better pain control, mitigate comorbid/complicating conditions, and establish an outpatient relationship for ongoing coordination of complicated discharges to reduce readmissions.

GUIDELINE:

A. The multiple injury (poly) trauma patient is classified by the following:
    a. Patient with GCS ≥14 and one of the following injuries:
        i. Spinal injury with or without neurologic impairment (i.e. paraplegia, tetraplegia, etc.)
        ii. Isolated abdominal or chest trauma and multiple premorbid comorbidities (DM, CAD, prior stroke, etc.).
        iii. Abdominal or chest trauma and at least one extremity trauma.
        iv. Pelvic fracture &/or pelvic ring injury (with or without abdominal or chest trauma).
        v. Two (2) or more extremity trauma (with or without abdominal or chest trauma).
        vi. One (1) extremity trauma and multiple premorbid comorbidities (DM, CAD, prior stroke, etc.).
        vii. Major lower extremity amputation (ie, below the knee amputation or any level proximal to BKA) or upper extremity amputation (ie, partial hand amputation or any level more proximal)
        viii. Any other injury that will likely require inpatient or outpatient rehabilitation
    b. The patient will be admitted to the trauma surgery service. This service will be responsible for the coordination of the patient's care between multiple services with the primary focus on the patient's recovery. Inclusion of the family/significant other will assist in determining discharge needs including will promote informed and timely discharge. Areas to be identified are:
        i. Discharge destination
        ii. Medication needs
        iii. Wound care needs
        iv. Rehabilitation needs
            1. A consult to the IPR liaison will be in collaboration with PM&R, physical therapy, patient/family, and the surgical service.
    c. Trauma Surgery will initiate an EPIC order for **Polytrauma Rehabilitation Protocol (PRP**).
        i. This protocol will automatically include:
            1. PM&R consult (Trauma Surgery will call PM&R consult service)
            2. Physical Therapy
            3. Occupational Therapy
            4. Nutritional Therapy (i.e., dietary consult, etc.)
            5. Additionally, a Speech Therapy consult may be requested if clinically indicated.

APPROVAL:

Author: David Milia
Reviewer: David Milia, Trauma Medical Director

David Del Toro, Physiatrist, Physical Medicine and Rehabilitation Trauma Liaison
Christopher White, Chair of the Department of Physical Medicine and Rehabilitation.
Approval: Trauma Quality and Operations Committee

REFERENCES

American College of Surgeons. (2022). Resources for Optimal Care of the Injured Patient (2022 Standards). Chicago, IL: American College of Surgeons.

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