Northwestern Medicine®

Marianjoy Rehabilitation Hospital

Stroke Program Services

Fiscal Year 2026

The Stroke Program at Northwestern Medicine Marianjoy Rehabilitation Hospital provides comprehensive rehabilitation care to people with activity limitations due to stroke.

Our program aims to:

- Restore health.
- Decrease the effects of an injury.
- Reduce activity limitations.
- Improve patients' abilities.
- Help patients, their family and caregivers learn how to meet daily needs.
- Support patients in their return to their community.

We help patients maximize their physical, social, cognitive (thinking) and communication abilities. Daily medical management is a key part of the program. It helps address existing health problems and prevent complications.

The average age of patients treated at Northwestern Medicine Marianjoy Rehabilitation Hospital for stroke is 71 years. The average length of stay is 16 days.

Program costs

Our staff talks with each potential patient about fees, costs and paying for our services. Payer sources may include Medicare, Medicaid and private insurance plans.

Where we provide care

Our program has 40 inpatient beds in the 1 East and 1 West Units. Sometimes, we may need to place patients in another unit. When that happens, we offer the same level of services that we provide in the 1 East and 1 West Units.

When we provide care

Our nurses provide care all day, every day. We will closely monitor and adjust your therapy schedule as needed to help you meet your goals. Therapy is typically provided during daytime hours on weekdays. Therapy schedules are closely monitored and adjusted.

If needed, you may receive therapy on weekends to promote progress toward your goals. This may include:

- Physical therapy
- Occupational therapy
- Speech therapy

One of our physicians will be on call all the time, and a resident physician will be on-site 24/7.

We offer psychology services and spiritual care to all patients. These services are available during normal business hours.

Referrals

We accept referrals from many different sources, including:

- Social workers or discharge planners
- Physicians
- Community health agencies
- Independent healthcare facilities and agencies
- Residential living facilities
- Vocational guidance centers
- Insurance representatives, such as:
  - Workers' compensation specialists
  - Health management organization (HMO) representatives
- Patients, their families and loved ones

Admission

Marianjoy Rehabilitation Hospital will admit and assign you to the appropriate clinical program based on your diagnoses and medical needs.

We provide services to patients who can participate in and benefit from treatment, regardless of race, creed, color, sex, age, religion, disability, marital status, military status, sexual orientation, national origin or any other basis protected by law.

We offer interpreter services and educational materials in many languages. We will work with you to determine how we can best meet your cultural needs.

Admission criteria

This program is only for adults who are 18 and older.

We will only admit people who have had a stroke and have 1 of the following conditions:

- Left body involvement (right brain involvement)
- Right body involvement (left brain involvement)
- Bilateral involvement
- No paresis, with other neurological conditions such as:
  - Cognition issues
  - Swallowing issues
  - Balance issues

Acute inpatient rehabilitation must be a medical necessity. This type of medical need is outlined below.

All of the following must apply to you:

- You need close medical management that requires a physician and nurse to be available for 24 hours a day in a hospital setting.
- You can participate in and benefit from 3 hours of therapy at least 5 days per week.
- You need a coordinated multidisciplinary team approach for your care.
- You have realistic rehabilitation goals and can benefit significantly from therapy.

In addition, you must meet these other criteria:

- Your condition is medically stable, but still needs close medical management. If needed, the program medical director can review your situation to help determine if inpatient rehabilitation is right for you.
- You do not have any limitations that keep you from actively participating in an intense level of rehabilitation.
- Your mental and emotional status is stable enough for you to:
  - Fully participate in therapy.
  - Be safe with the supervision this program provides.

Our services

Education

We will set up education appointments for you and your loved ones during your stay. This will help you and your family and caregivers (support system):

- Experience everyday activities and movement.
- Learn about your rehabilitation plan and goals.

You will get a patient and family education program binder. Your care team will review educational material and instructions with you, and then put it in the binder.

Our caregiver support group is open to your support system members.

Direct services

Marianjoy employees provide these services:

- Case management and social work
- Laboratory services
- Assistive technology
- Nursing
- Nutrition services
- Occupational therapy
- Pharmacy
- Physical therapy
- Psychology
- Radiology (X-ray and CT)
- Respiratory therapy
- Speech therapy
- Spiritual care
- Swallowing Center at Marianjoy
- Tellabs Center for Neurorehabilitation and Neuroplasticity
- Physical medicine and rehabilitation (physiatry)
- Wheelchair and Positioning Center at Marianjoy
- Wound care

Services provided by Marianjoy contractors

- Hemodialysis
- Peripherally inserted central catheter (PICC) services

Specialty physician services

These specialty services are available with a referral.

Consulting physicians provide these services:

- Cardiology
- Hospitalist care
- Infectious disease care
- Nephrology
- Optometry
- Orthotics and prosthetics
- Podiatry
- Psychiatry
- Pulmonary medicine
- Radiology

Program team

Attending physician

- Leads your care team
- Manages your care
- Writes orders (prescriptions) for services such as:
  - Therapies
  - Medication
  - Family training
  - Special procedures

Resident physician (physician in training)

- Manages medical care under the attending physician's supervision
- Available on-site 24/7

Nurse

- Assesses and treats you
- Helps you and your loved ones learn about:
  - Medication
  - Pain
  - Skin care
  - Care planning
  - Bowel and bladder function
  - Safety and staying healthy
- Encourages you to use skills you learned in therapy

Case manager

- Coordinates your care
- Helps the team communicate with your family
- Creates a discharge (leaving) plan, including referrals and information on equipment and community resources

Physical therapist

- Helps you improve your functional mobility skills related to:
  - Bed mobility
  - Transfers to and from chair and wheelchair (if needed)
  - Stairs
  - Walking
  - Balance
  - Pain management
  - Endurance
  - Strength
- Updates you and your family on skills you learned

Occupational therapist

- Helps you perform everyday activities, such as:
  - Dressing
  - Bathing
  - Toileting
  - Bathroom transfers
- Recommends equipment to help you care for yourself
- Updates you and your family on skills you learned

Speech therapist

- Assesses and treats communication, cognitive-communication and swallowing disorders
  - Offers education and counseling for patients and families regarding these disorders
  - Recommends food and liquid consistencies for safe and efficient eating

Psychologist

- Assesses emotional and cognitive functioning
- Provides treatment as needed
- Addresses concerns around adjustment to your situation
- Offers referral information for counseling for drug or alcohol use disorders, if needed

Hospital chaplain (non-denominational spiritual care)

- Supports your well-being and that of your family
- Provides well-being services (such as hand massage, aromatherapy, meditation groups and pain management groups)

Discharge plan

When we discharge patients from the program, they often go to:

- Home (with or without additional services)
- Extended care
- Assisted living facility
- Subacute or skilled nursing facility
- Acute care hospital
- Long-term acute care hospital

Discharge criteria

You must meet our program requirements and make meaningful improvements to stay in our program. If you do not need daily hospital medical management, we will help you plan a transfer to another level of care, such as outpatient rehabilitation.

We consider patients to be ready for discharge when they do 1 or more of the following.

The patient:

- Has met their goals
- Needs a different level of care because their status changed
- Is not making progress toward their goals
- Behaves in ways that keep them from fully participating in therapy
- Needs acute care in a hospital
- Asks for discharge or transfer to another care facility (Their family may also ask for this.)

Your discharge plan will include your goals (and the goals of your support system) so you can go home or to another place as you are able.

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