



# BROOKS<sup>®</sup> Rehabilitation

HOSPITAL CARE SETTINGS



# WHY CHOOSE BROOKS®



# We Go Beyond Expectations



## EXPERIENCE AND EXPERTISE

A nonprofit organization, Brooks Rehabilitation has more than 50 years of experience in treating the most complex and medically challenging rehabilitation cases across a wide range of issues: stroke, brain injury, spinal cord injury, neurological disorders, orthopedics, pain, trauma and more. At Brooks, you will find the experts for the individualized medical care you need, and each year thousands of patients from our region and across the country do just that.

## WORLD-CLASS MEDICAL TEAMS

You will receive care, compassion and hope from clinical teams that are among the highest trained and educated in the profession. Our physicians are board certified in physical medicine and rehabilitation, many of our nurses are rehabilitation certified and many of our therapists have received doctorate level degrees. Our programmatic approach means that each area, such as stroke, brain injury or spinal cord injury, has a medical director and a comprehensive care team of dedicated professionals.

## CONDITIONS TREATED AT BROOKS

- Stroke
- Brain Injury (including our unique Disorders of Consciousness Program)
- Spinal Cord Injury
- Major Medical Trauma
- Amputation
- Neurological (including Guillain-Barré, Parkinson's, ALS, etc.)
- Orthopedic conditions
- Pediatrics
- Transplant
- Burns
- Cardiac

## INPATIENT CARF-ACCREDITED PROGRAMS

Inpatient Rehabilitation Programs (Adults, Children, Adolescents)	Brain Injury
	Spinal Cord Injury
	Stroke
	Pediatrics
	General Medical Rehabilitation



## INNOVATIVE TECHNOLOGY FOR BETTER OUTCOMES

Brooks Rehabilitation is committed to offering the latest equipment, technologies and research-based treatments. Many times, our expertise in evidence-based rehabilitation helps develop these emerging technologies and gets them into wide-spread use sooner. Whether the technology is part of our community programs to promote socialization or in our rehabilitation settings to promote greater function, we know that ultimately the latest technologies will help drive better outcomes for our patients. We're dedicated to always being on the forefront of "what's next." Some of the latest resources our clinicians are using include:



### Robotics

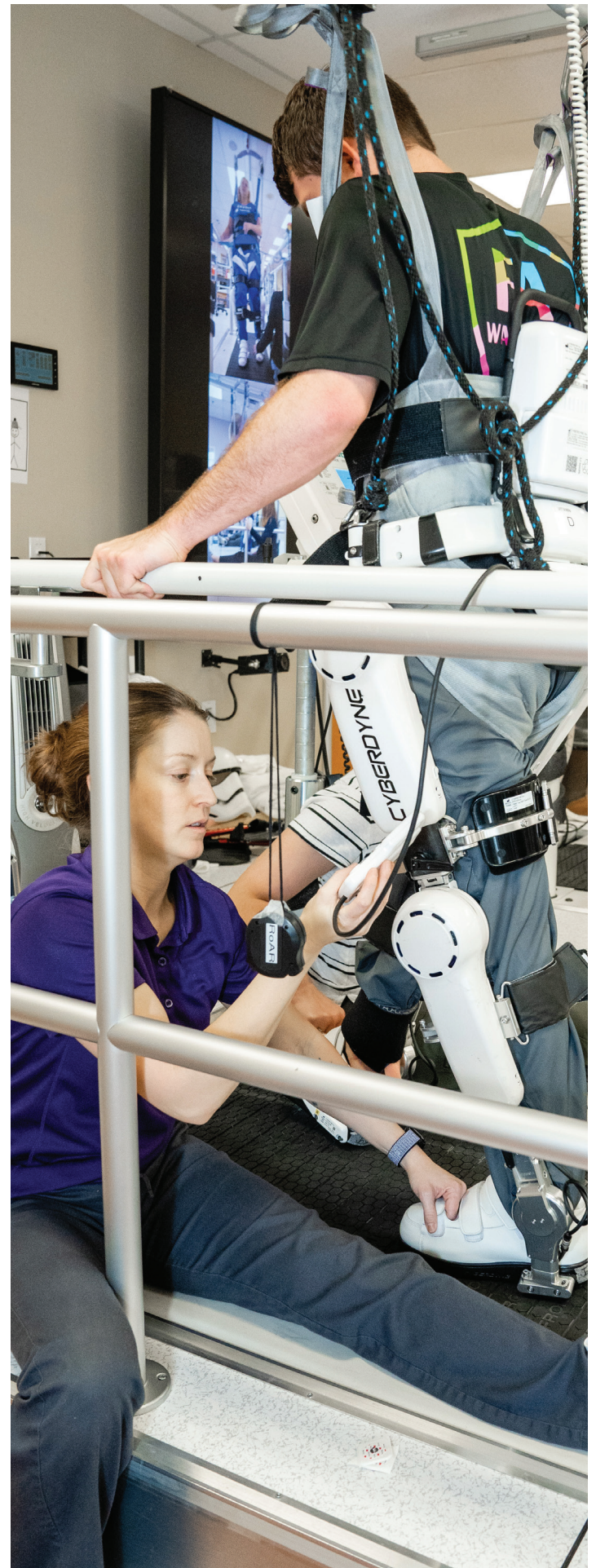
Exoskeletons such as Indego and the Cyberdyne Hybrid Assisted Limb (HAL) help patients exercise in ways that they otherwise would not be able to. These two devices not only help patients, but they also assist our clinicians in better understanding a patient's recovery and progress. HAL, in particular, provides real time data so therapists can see and adjust settings and movements to produce the desired result.

### Virtual Reality (VR)

VR is an area we are growing rapidly. We use an immersive environment to assess a patient's function and then provide appropriate activities to enhance their recovery. VR uses include balance, visual and mobility issues. We are currently developing our own VR applications, which our therapists will control to provide functional tasks for each patient.

### Assistive Technology

As the name implies, this covers a broad spectrum of new ways to give patients more functional independence in their lives. We train patients and caregivers to use new innovations to help with everyday activities – even simple tasks like eating a meal or getting in the front door. Assistive technology can move a patient from very dependent to more self-sufficient, creating a better quality of life.



# Story of Recovery



## **TYLER WOODARD: TRAUMATIC BRAIN INJURY**

After driving a friend to a job interview, Tyler Woodard was hit broadside leaving the parking lot. An MRI showed a severe brain injury. After intense surgery and other procedures, Tyler did not wake up, and it wasn't clear he ever would. Juliette, his mother, asked the doctors to do everything to sustain his life. There was not much change in his condition for 18 days until Tyler's nurse randomly asked him to give her a thumbs up. And he did. The nurse ran to tell Juliette the exciting news.

A week later, Tyler was transferred to the Disorders of Consciousness (DoC) Program at Brooks Rehabilitation Hospital. This highly specialized program was specifically designed for patients in a reduced or minimally conscious state following a neurological injury or illness. The purpose of the DoC Program is to provide an accurate clinical diagnosis through comprehensive evaluations by specially trained doctors and professionals. Each week, patients participate in 5 - 6 days of physical, occupational, speech and cognitive therapies.

"Once we got to Brooks I was just like, oh, thank God, because everybody was so upbeat. So positive, no one ever said a negative thing," said Juliette.

"Once we got to Brooks I was just like, oh, thank God, because everybody was so upbeat. So positive, no one ever said a negative thing."

**-Juliette Woodard**

There weren't drastic changes at first, but Tyler was slowly coming back. After a month, Tyler spoke for the first time. Tyler made steady progress from that point forward. When Tyler was admitted, he couldn't have any food by mouth. He was eating double portions by the time he was discharged.

In addition to his cognitive challenges, Tyler also broke his pelvis in the accident and wasn't able to put any weight on his right side. But three months after his accident, Tyler was discharged home and was able to walk through his front door.

Tyler continued his recovery in the Brooks Brain Injury Day Treatment (BIDT) program before moving to outpatient therapy. An intensive rehabilitation offering, BIDT combines group-based cognitive therapy services with individual therapy services, such as physical, occupational, speech-language, and psychotherapy. It helps ease the transition from hospital to home.

BROOKS REHABILITATION HOSPITAL, UNIVERSITY CAMPUS

# By The Numbers

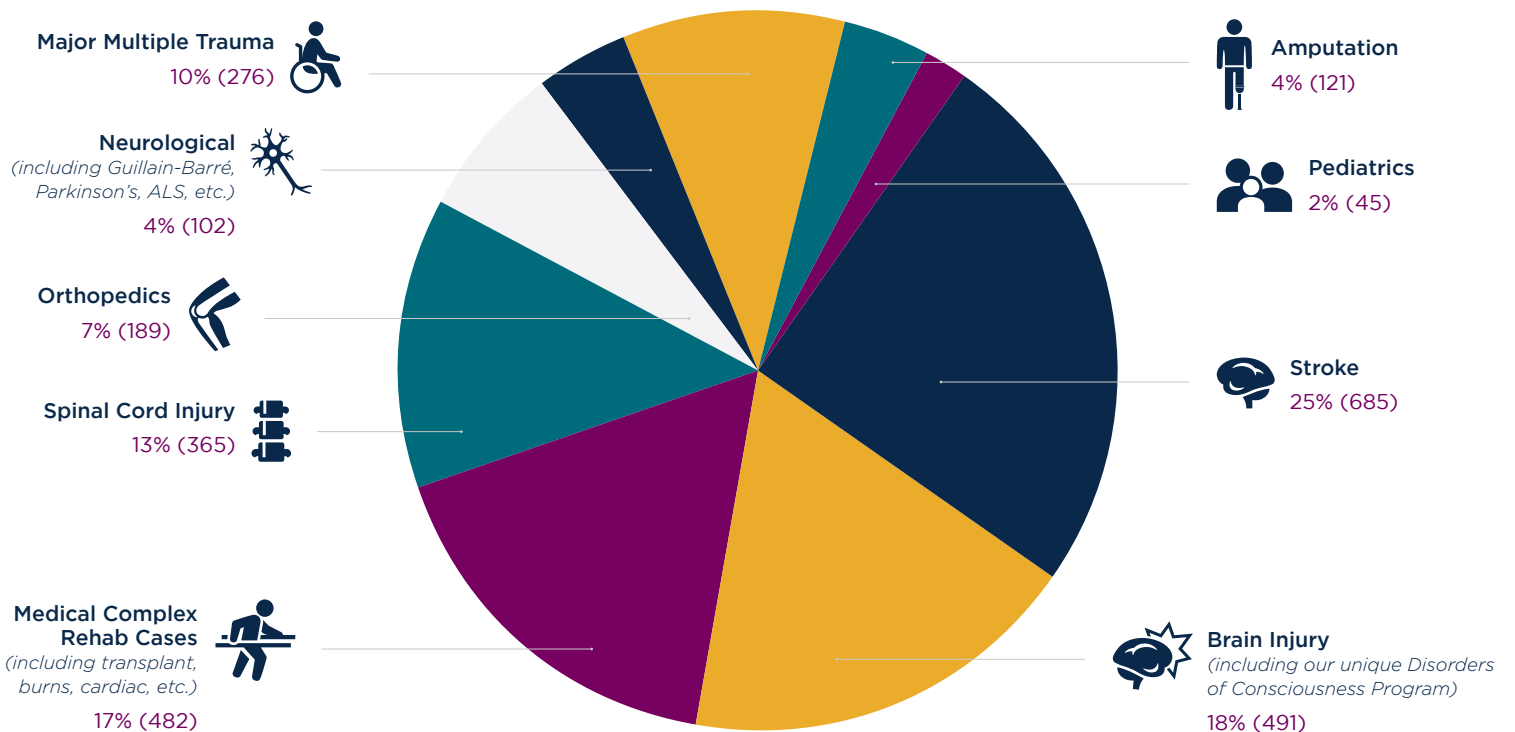


By linking the best minds in rehabilitation with the latest treatments and technology, we enable our patients to achieve the highest quality of life possible.

- ▶ Providing care for more than **50 years**
- ▶ According to **U.S. News & World Report**, Brooks is the only nationally ranked rehabilitation hospital in Northeast Florida and 1 of only 3 in Florida. Brooks ranked as “excellent” for patient services and “very high” for number of patients treated for stroke, traumatic brain injury and traumatic spinal cord injury.
- ▶ **CARF-accredited** in stroke, spinal cord injury, brain injury, pediatrics and general medical rehabilitation
- ▶ **Magnet® designated** as a reflection of nursing professionalism, teamwork and superiority in patient care. Brooks was the first in Florida and one of only five freestanding inpatient rehabilitation facilities in the country to achieve designation.
- ▶ **Joint Commission accredited**, demonstrating a commitment to performance standards and patient care.
- ▶ Hospital readmission rates are lower than the national average.

**DISCHARGED TO COMMUNITY** 69.4% (Brooks) vs. 66.9% (National Average) | **TOTAL PATIENT DISCHARGES IN 2020** | **2,756**

## DIAGNOSIS MIX



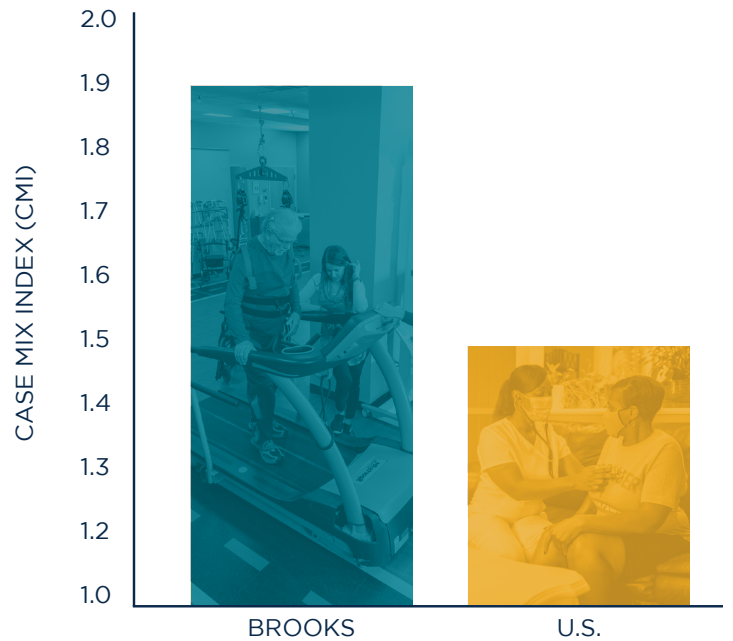
# Exceeding Patient Expectations



Likelihood of recommending Brooks hospital:  
**95**

Overall rating of care received at Brooks hospital:  
**94**

## EXPERTISE IN TREATING THE MOST COMPLEX PATIENTS



Brooks clinicians are skilled in providing care for patients with the most complex illnesses and injuries compared to other facilities in the U.S.

## COMMUNITY HEALTH AND WELLNESS PROGRAMS PROVIDE ONGOING RECOVERY SUPPORT AT LITTLE OR NO COST

**BROOKS INVESTS MORE THAN \$10 MILLION ANNUALLY IN THESE PROGRAMS**

- ▶ One of the most comprehensive adaptive sports and recreation programs in the country providing fun and fitness for individuals living with disabilities.
- ▶ The Neuro Recovery Centers offer cutting-edge rehabilitation equipment and technology unmatched by other rehabilitation providers. These specialized gyms are available to our hospital patients, outpatients and community members.
- ▶ The Aphasia Center offers both a social language community group and an Intensive Comprehensive Aphasia Program.
- ▶ The Brain Injury Clubhouse provides a bridge between medical rehabilitation and community and vocational reintegration for individuals with an acquired brain injury.
- ▶ A Clinical Research Center conducting innovative research studies to expand the knowledge and science of recovery.

SERVING PATIENTS FROM **48 STATES AND INTERNATIONALLY**

# Meet Your Rehabilitation Team

At Brooks, you are cared for by a designated team of experts in physical rehabilitation. Depending on your needs, your customized team may include:



## PHYSIATRISTS

are doctors who specialize in physical medicine and rehabilitation, to oversee your recovery



## NEUROPSYCHOLOGISTS

perform evaluations to determine if there are any deficits in concentration, memory, reasoning and problem solving



## REHAB NURSING

provides hands-on nursing care 24 hours a day, coordinated with other members of your healthcare team



## REGISTERED DIETITIANS

develop individualized nutritional assessments, interventions, nutrition support and diet education



## PHYSICAL THERAPISTS/ ASSISTANTS

help strengthen your muscles for increased balance, walking and coordination



## CASE MANAGERS

coordinate your inpatient stay and help plan your continued care



## OCCUPATIONAL THERAPISTS/ASSISTANTS

focus on muscle strength for increased hand and arm use with daily living activities such as bathing and dressing



## RECREATIONAL THERAPISTS

help you find enjoyment in returning to leisure activities and introducing activities adapted to your new abilities



## SPEECH-LANGUAGE PATHOLOGISTS

help you regain the ability to communicate, swallow safely and understand information



## MUSIC THERAPISTS

use elements of music such as rhythm, dynamics, pitch and harmony to optimize movement and elicit verbal expression



# Stories of Recovery

## PUSCHEL SORENSEN: GUILLAIN-BARRÉ SYNDROME



“I would 100 percent, anytime, anybody needs any kind of rehab, I’m like, I got your place, I know where you need to go and it’s Brooks, it’s always going to be Brooks for me.”

Puschel Sorensen came to Brooks Rehabilitation Hospital (BRH) after suffering with Guillain-Barré Syndrome (GBS) for 54 days in a hospital’s intensive-care unit. Guillain-Barré syndrome (GBS) is a rare neurological disorder in which the body’s immune system mistakenly attacks part of its peripheral nervous system — the network of nerves located outside of the brain and spinal cord. GBS can range from a very mild case with brief weakness to nearly devastating paralysis, leaving the person unable to breathe independently.

Geneva Tonuzi, MD, serves as Medical Director of Brooks Rehabilitation Spinal Cord Injury Program. “Puschel arrived to us in on a ventilator and she had a feeding tube. She had no movement in her legs and a little bit of movement in her arms at the time, but not enough to even to be able to lift her arm off the bed.”

Within a week of being at BRH, Brooks respiratory therapists weaned Puschel off the ventilator. For her family, who had been at her side since the GBS first came on, being off the ventilator was a game changer. Soon after, she began to sit up, even if just for 10 seconds at a time.

Puschel spent a total of five weeks at BRH. She then progressed in her recovery enough to receive Brooks’ home health care and outpatient rehabilitation services, including the use of the specialized technology in the Brooks Neuro Recovery Center.

Today, Puschel will say that she’s almost fully recovered, and everything is pretty much back to normal. “I feel like I would not have been able to get through what I went through – the recovery, all of that stuff – had it not been for Brooks,” said Puschel. “All of the people there, they were just like part of my family, because they helped me so much get through all of this. I can’t thank them enough.

How do you thank someone for giving you back the ability to walk, the ability to live your life again? And that’s what they did for me and my family. So, I would 100 percent, anytime, anybody needs any kind of rehab, I’m like, I got your place, I know where you need to go and it’s Brooks, it’s always going to be Brooks for me.”



## WYATT PITTS: PEDIATRIC REHABILITATION

When Brittany Pitts' son Wyatt was admitted to the hospital for suspected pancreatitis, it was her motherly instinct that may have saved his life. While CT scans were inconclusive, Wyatt began suffering from slurred speech, hallucinations, seizures and right-side paralysis. Brittany insisted on an MRI, which showed two possible infarctions (tissue death due to inadequate blood supply). Wyatt was life-flighted to a hospital in Gainesville, Fla. In the air, he slipped into a coma and was intubated.

After many tests and guidance from experts across the country, it was determined that Wyatt had a severe auto-immune response to the Coxsackie virus, a common childhood ailment known as Hand, Foot and Mouth Disease. A steroid regimen brought him out of the coma.

Wyatt was then transferred as an inpatient to Brooks Rehabilitation Hospital to help him regain his ability to walk and speak. Steve Walczak, PT, DPT, PCS, was Wyatt's physical therapist. "Wyatt did great at Brooks. He arrived quiet and shy but really got his personality back while he was here. On day one, he could not take a full step without collapsing. We decided to try using the Cyberdyne Hybrid Assisted Limb (HAL) robot with him."

HAL is designed to read the electrical impulses sent from the brain to the muscles, enabling the patient to carry out the desired movement. It allows the patient to learn how to better communicate with specific muscles by utilizing HAL to amplify weaker muscles in order to perform the desired movement.

Saige Frazier, PT, DPT, works with HAL. "Wyatt was the youngest and smallest patient that I've treated in HAL. Initially, he was very timid and reluctant; however, by the end of the first session – he was excited and enthusiastic because he better understood how to activate the correct muscles to prevent his knees from collapsing. Cyberdyne not only improved his understanding of which muscles to turn on/off, but also helped give him more confidence in his abilities by seeing that he actually could perform squats and walk when he knew which muscles to use."

By the time Wyatt was discharged, he was chatting with the staff and able to walk more than 1,000 feet. Both Brittany and Wyatt were eager to return home to Panama City, Fla., to be reunited with Wyatt's younger brothers and sister – a reunion two months in the making.

# Meet Our Medical Group



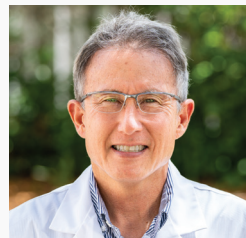
**Rebecca Andrew, MD**  
Internal Medicine



**Natalya Bulaeva, MD**  
Staff Physiatrist



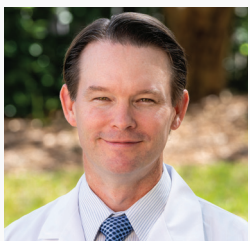
**Mabel Caban, MD**  
Staff Physiatrist



**Charles Dempsey, MD**  
Medical Director  
Rehabilitation Services at  
Bartram Crossing



**Virgilio de Padua, MD**  
Internal Medicine



**Jantzen Fowler, MD**  
Internal Medicine



**Pierre Galea, MD**  
Staff Physiatrist



**Ivy Garcia, MD**  
Staff Physiatrist



**Brian Higdon, MD**  
Associate Medical Director of  
the Spinal Cord Injury Program,  
Brooks Rehabilitation Hospital  
at University Campus



**Katelyn Jordan, OD**  
Low Vision Optometrist  
and Center Manager



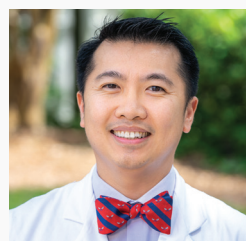
**Cassandra List, MD**  
Medical Director, Stroke  
Program and Spasticity  
Management Program



**Jorge Perez Lopez, MD**  
Medical Director, Halifax Health  
| Brooks Rehabilitation Center  
for Inpatient Rehabilitation



**Kerry Maher, MD**  
Senior Vice President,  
Physical Medicine and  
Rehabilitation (PM&R)  
Consulting and Education



**Kenneth Ngo, MD**  
Medical Director, Brooks  
Rehabilitation Hospital -  
University Campus & Brain  
Injury Day Treatment Program



**Trevor Paris, MD**  
System Chief Medical Officer



**Parag Shah, MD**  
Medical Director, Brooks  
Rehabilitation Hospital -  
Bartram Campus and  
Data Solutions



**Keisha Smith, MD**  
Staff Physiatrist



**Sarala Srinivasa, MD**  
Staff Physiatrist



**Geneva Tonuzi, MD**  
Medical Director, Spinal Cord  
Injury Program & Spinal Cord  
Injury & Related Disorders Day  
Treatment Program, Medical  
Director, Cyberdyne HAL Therapy



**Marla Trapp, MD**  
Family Medicine Physician



**Howard Weiss, DO**  
Medical Director,  
Orthopedic/Trauma Program  
and Amputee Program

## BROOKS OFFERS COMPREHENSIVE REHABILITATIVE CARE

Rehabilitation Hospitals · Skilled Nursing Facilities · Home Health · Physician Practice · Outpatient Therapy & Services · Assisted Living & Memory Care

# What to Expect at Brooks Rehabilitation

## PHYSICIAN & ADVANCED PRACTICE PROVIDER OR CLINICAL CARE TEAM

- On the day of admission, you will meet some of your nursing team and a member of your medical team. You can expect to meet your rehab physician on your first full day at Brooks.
- Your attending physician is a physiatrist, a doctor who specializes in physical medicine and rehabilitation – he or she will lead your medical care during your stay.
- You can expect to see your rehab doctor and other members of your medical team, consisting of physician assistants and nurse practitioners, on a daily basis.

## EXCELLENCE IN NURSING

- During your stay you will have 24-hour nursing care, you can expect your nurse and nurse assistant to check on you every hour to make sure you have everything that you need.
- As our nurses and nurse assistants change shifts, they will discuss your care and progress with your next nurse at your bedside.
- We want you to be an active participant in your care, so please ask questions during hourly rounds as well.

## WORLD-RENOWNED THERAPY

- Generally, you can expect to begin therapy the day after your arrival. In general, therapy sessions can begin as early as 7 a.m. and end as late as 7 p.m. seven days a week. However, your personal therapy schedule will be available on your TV screen under “My therapy schedule” the day after admission.
- You can expect to have at least three hours of therapy every weekday and a modified therapy schedule on the weekends. If your treatment team feels you would benefit, you will also be set up for our inpatient hybrid program in addition to your regularly scheduled sessions, which gives you access to more treatment through our advanced rehabilitation technology.
- On your first day of full therapy you can expect to meet the members of your therapy team consisting of a physical therapist, occupational therapy and a speech therapist.



- If you are in need of more specialty care, you may also receive visits from our assistive technology, exoskeleton, and seating and positioning specialists.

## ITEMS TO BRING

- One of our goals at Brooks is to help you regain your strength and maximize your independence. To achieve this, you will be getting dressed daily in regular clothing. Bring comfortable pants, shorts, shirts, lace or Velcro tennis shoes.



### **FAMILY LODGING OPTIONS**

- Our Brooks hospitality house, Helen's House, located on our University campus, offers affordable temporary lodging to out-of-town families and caregivers. Our rooms can accommodate a maximum of 3 adults or 2 adults and 2 children. Each room has one queen-sized bed, a pull-out sofa, and a private, handicapped accessible bathroom. Helen's House provides daily transportation to locations around the campus. Helen's House is based on availability, so please ask a member of your rehab team for more information.
- We allow one overnight visitor, should your caregiver prefer to stay with you. We ask that they check in daily at the security desk. Sleeping

options in private rooms include a single sleeper. Please be aware that nursing staff will be making hourly rounds to check on you throughout the night.

### **CAREGIVERS & VISITORS**

- We strongly encourage your caregiver to participate in your rehabilitation throughout your stay - especially if they will be your primary caregiver upon discharge.
- Caregivers who are participating in your care are welcome to stay overnight with you in your private room. However, please be aware that our nursing staff will make hourly rounds throughout the night. Please be sure that your overnight guest checks in at the security desk daily for an overnight pass.
- Any guests that will not be a caregiver, after discharge should visit between 4-8 p.m. to avoid interrupting your therapy schedule.

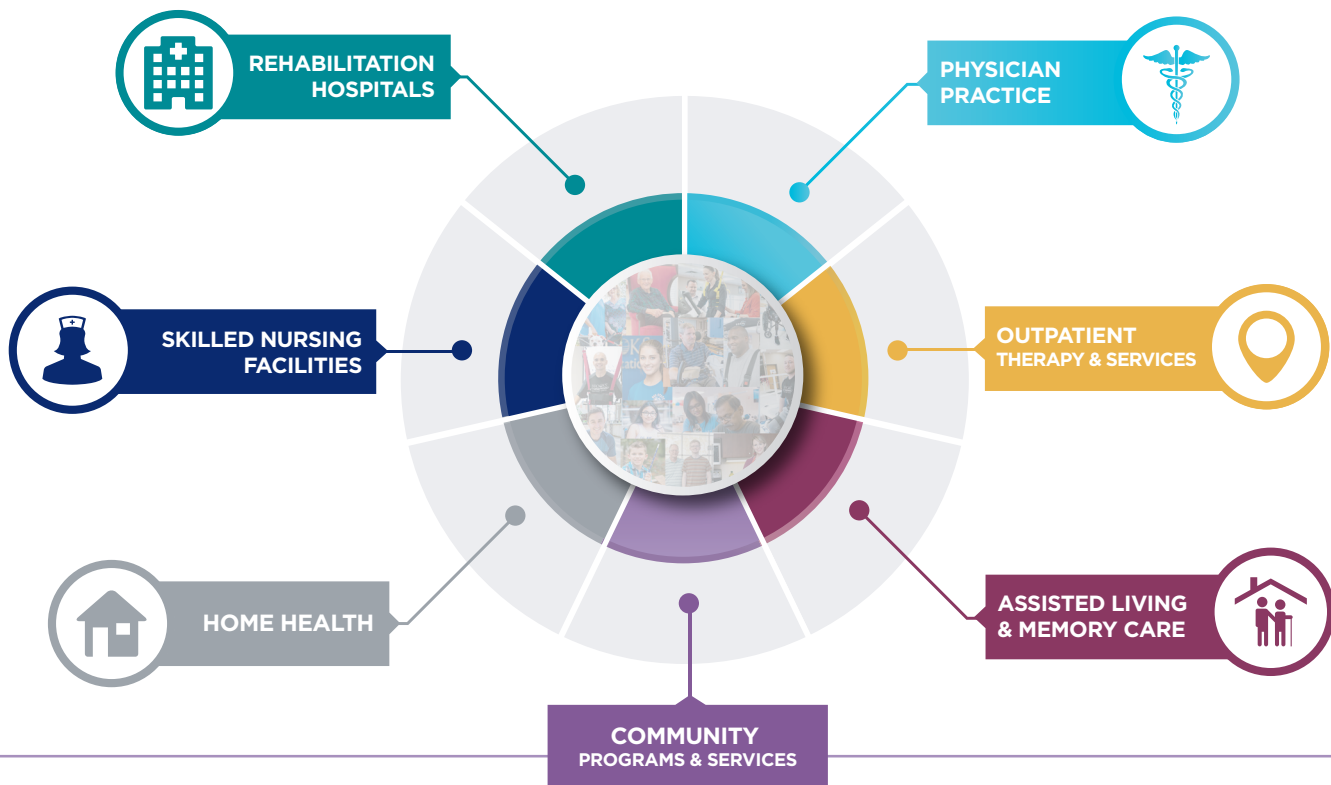


### **DISCHARGE**

- One of our goals at Brooks is to prepare you for home or your next care setting. We will begin working with you and your caregiver immediately to prepare you for success.
- While your entire care team plays a role in your discharge, your case manager will help plan your continued care - including setting up doctors' appointments or outpatient services. You can expect your first visit from a case manager within your first three days of admission.
- Weekly, your rehab physician and case manager will receive feedback from your therapy and nursing team on your progress and continued needs. This will help your rehab doctor plan for your discharge needs.

# System of Care

Multiple care settings and community programs are what makes Brooks the best choice for rehabilitative care and beyond. After the hospital, you'll have access to everything the Brooks system has to offer: more than 40 outpatient therapy clinics; skilled nursing facilities; assisted living and memory care facilities; home health and home care services; research; day treatment programs; and community programs. We provide care in the right setting for your individual needs, resulting in the best outcomes.



- ADAPTIVE SPORTS & RECREATION • APHASIA CENTERS • BRAIN INJURY DAY TREATMENT PROGRAM • BRAIN INJURY CLUBHOUSE  
 CONTRACT THERAPY SERVICES • HELEN'S HOUSE • INSTITUTE OF HIGHER LEARNING • NEURO RECOVERY CENTERS • PEDIATRIC RECREATION  
 RESEARCH • SCHOOL RE-ENTRY PROGRAM • SPINAL CORD INJURY DAY TREATMENT PROGRAM • SUPPORT GROUPS • WELLNESS

# Stories of Recovery



## **CHRIS STREIFF: SPINAL CORD INJURY**

Brevard County Sheriff's Deputy Chris Streiff was enjoying a typical day of boating with his brother at the Sebastian Inlet, something they did on a weekly basis. Toward the end of the trip, Streiff had an accident that he can't completely recall. "Either I fell, slipped or dove into the water and it was very shallow," said Chris.

Chris's wife, Wyndy, said, "With him being in law enforcement, I was always so nervous. I would worry so much that he'd get hurt on the job. But he got injured doing something that we do weekly." Wyndy soon learned that her husband had sustained a spinal cord injury. He quickly underwent surgical stabilization of his spine. He required a ventilator to breathe and a tracheostomy tube, as well as a feeding tube for medications and nutrition.

After a two-week hospital stay at Holmes Regional Medical Center, Chris began rehabilitation at Brooks Rehabilitation Hospital in the Spinal Cord Injury (SCI) Program. While an inpatient at Brooks Rehabilitation Hospital, Chris was able to quickly make progress with both his medical stability and in therapy. By the time he was discharged, he was able to have both his tracheostomy tube and his feeding tubes removed – he was eating and breathing completely on his own.

With Brooks' interdisciplinary teamwork approach, Chris was able to safely transfer from the inpatient to the outpatient setting in just over a month.

With Chris and Wyndy residing in South Florida, local housing accommodations played a critical role in his continued recovery. Helen's House is Brooks' nonprofit hospitality house for patients and their families. "Being at Helen's House is great because everyone's experience may not be the same, but everyone is going through something similar. You definitely have support here. The setting was definitely well thought out," said Wyndy.

Staying at Helen's House allowed Chris to attend Brooks' outpatient Spinal Cord Injury & Related Disorders Day Treatment Program (SCI/D). This interdisciplinary rehabilitation program focuses on managing ongoing medical needs, with special attention towards home and community reintegration for those impacted by a SCI.

While in the SCI-D program, Chris progressed to complete all of his basic care activities independently, completed transfers to his wheelchair with only supervision for safety. His abilities at the end of program had improved beyond the best expectations for someone with his level of injury.

**DR. JAYESH RAMTEKE: DIAGNOSING HIS OWN STROKE**

As most people were preparing to go to church on Easter morning, Jayesh Ramteke, his wife Raviprabha and son Abhishekh were headed to the emergency room. As a physician, Dr. Ramteke recognized he was having a stroke when his speech began to slur, and he had weakness on his right side. After three days in the hospital, several tests and an unfortunate fall, it was clear Dr. Ramteke’s self-diagnosis had been correct.

When Dr. Ramteke transferred to Brooks Rehabilitation Hospital, he was completely paralyzed on his right side. “I started very earnestly with physical, occupational and speech therapy. My therapists worked hard, and they made me work hard. No matter what, I was going to get better,” he said.

His family was a tremendous source of support and encouragement. As soon as they heard of their father’s stroke, daughters Vasantika and Arundhati rushed down from Charleston, S.C. to be by his side. They each took turns being with him.

Dr. Ramteke’s goal was to walk out of Brooks. One month later, on the day of his discharge, he was wheeled to the front door and then walked out with a cane. “Since then, I have not sat on a wheelchair,” said Dr. Ramteke.



As with his inpatient care, Dr. Ramteke was very diligent with his outpatient therapies. By late summer, Dr. Ramteke was able to return to work. “If you didn’t know I had a stroke, you wouldn’t be able to tell. My leg is back to 90 percent normal.

**ADRIANA FIORILO: A STROKE AT 23**



Adriana Fiorilo knew from an early age that she wanted to be a veterinarian. She graduated from the University of Florida with a biology degree and had work experience as a veterinary technician. She was on her way.

However, the 23-year-old, who was perfectly healthy at her graduation a day earlier, was now paralyzed on the left side of her body and had limited communication abilities. A CT scan at the ER revealed a stroke.

Adriana spent an uncertain and precarious month in ICU before she was moved to a regular room. She was barely able to give thumbs up, squeeze her parents’ hands and wiggle her toes. “Her neurologist

recommended Brooks Rehabilitation because he said it was the best in Florida. But we live in Miami and thought surely there would be some place closer to home. The more we researched and asked others, the more Brooks came up,” said Ileana and Ronald Fiorilo, Adriana’s parents.

Adriana arrived at Brooks Rehabilitation Hospital (BRH) hardly able to lift her head. She initially needed three people to assist her to walk. However, in the six weeks at BRH that followed, her fighting spirit and hard work, paired with the expertise of her Brooks team, made for tremendous improvement. By discharge, she was able to walk 200 feet with someone just holding onto her for safety. She also progressed significantly in all aspects of her self-care tasks.

Once discharged, Adriana immediately started at the Brooks Brain Injury Day Treatment Program (BIDT) to assist with her transition from an inpatient setting to home.



# Our Inpatient Hospital Care Settings



Brooks Rehabilitation Hospital:  
**UNIVERSITY CAMPUS**

3599 University Blvd S | Jacksonville, FL 32216  
(904) 345-7600

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The original 160-bed rehabilitation hospital on University Blvd. in Jacksonville, Fla., provides expert care for more than 3,000 patients annually.

The hospital features almost all private rooms with dedicated therapy areas on each floor with equipment and technology supporting your specific illness or injury.

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Brooks Rehabilitation Hospital:  
**BARTRAM CAMPUS (COMING 2022)**

6400 Brooks Bartram Drive | Jacksonville, FL 32258

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A new 60-bed rehabilitation hospital will open in 2022 on Brooks' existing 115-acre Bartram campus.

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**HALIFAX HEALTH | BROOKS CENTER  
FOR INPATIENT REHABILITATION**

303 N Clyde Morris Blvd | Daytona Beach, FL 32114  
(386) 425-4000

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Located within Halifax Health - Medical Center of Daytona Beach, this 40-bed inpatient rehabilitation hospital specializes in treating stroke, spinal cord injury, brain injury and complex orthopedic conditions. A full spectrum of physical and neuro rehabilitation services are provided.