



We are pleased to announce the partnership between Solstice Senior Living and ONR, Inc., a national leader in rehabilitation services. It is our goal to make convenient therapy services available to our residents. The program offered by this partnership will complement our community's commitment to serving the healthcare needs of residents.

The focus of the onsite ONR TOUCH program is to help residents maintain and regain independence to live a high-quality life. In collaboration with ONR, Solstice Senior Living will provide residents access to Physical Therapy, Occupational Therapy, and Speech Therapy services. ONR provides a wide variety of clinical programming to address specific disabling diseases such as arthritis, cardiovascular disease, post surgical, Parkinson's, cognitive changes, pain, diabetes, stroke, and many chronic health conditions. Fitness and Wellness Services are also provided to help seniors achieve their fitness goals.

ONR works with your physician to coordinate care and accepts Medicare and a wide variety of Medicare Advantage PPO/HMO insurance plans. With ONR rehabilitation services, each resident will have an individualized treatment plan to allow for a customized therapy program to address their rehabilitation needs and achieve great outcomes.

We look forward to the opportunity to work collaboratively with the residents and staff at Solstice Senior Living.

# Outpatient Rehabilitation is Now Onsite!

- PHYSICAL THERAPY
- OCCUPATIONAL THERAPY
- SPEECH-LANGUAGE PATHOLOGY

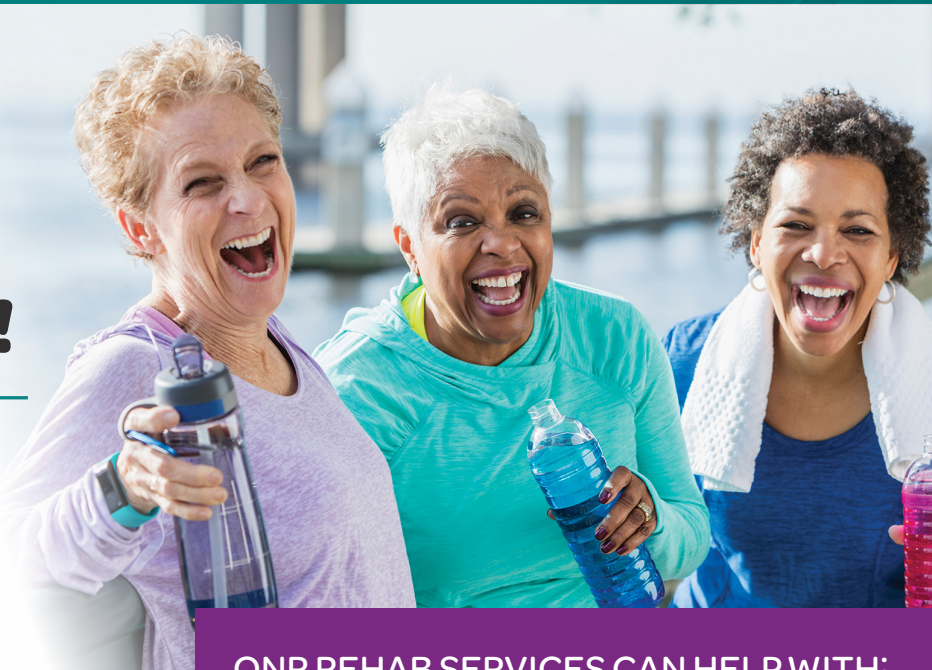
Solstice Senior Living, in collaboration with Orthopaedic and Neurological Rehabilitation (ONR, Inc.), is pleased to announce that outpatient therapy services are now available in your community.

**You can receive quality rehab services in our office just a few steps from your front door, or even in the comfort of your own home.**

Residents seeking enhanced mobility, greater independence and increased success with activities of daily living will enjoy the luxury of these onsite therapy services. With over 30 years' experience providing personalized and specialized therapeutic care, we believe that life should be lived to the fullest at every stage. Pain, weakness, or limited mobility should not prevent you from doing the things you love.

**We cordially invite you to experience rehabilitative care at its finest.**

**For more information, contact the Therapy Department at (833) 584-2805 (toll-free) or [sslavtherapy@onr-inc.com](mailto:sslavtherapy@onr-inc.com).**



### ONR REHAB SERVICES CAN HELP WITH:

- Arthritic Pain
- Back and neck pain
- Balance/walking difficulties
- Cardiac/Respiratory
- Communication and swallowing difficulties
- Fall Reduction
- Neurological
- Orthopedic Injuries
- Osteoporosis
- Parkinson's disease
- Performance of everyday activities
- Posture training
- Pre and Post-Surgical Rehab
- Vestibular

All services are covered by Medicare and most other insurances.

We look forward to partnering with you on our journey toward maintaining optimum health and wellness together!



# HEY PHYSICAL THERAPY,



I may require the attention of a physical therapist and here is why . . .

- Falls in my room, home or in the community
- Difficulty walking, posture problems, and difficulty moving in bed
- Difficulty transferring from my bed into a chair or car, or standing up and sitting down
- Muscle weakness
- Pain
- Problems with balance and strength affecting my safety
- Problems with, or need of, an assistive device such as a cane or walker
- Fine or gross motor problems with my hands, arms and legs
- Contracture problems, stiffness, or tremors
- Difficulty climbing stairs
- Medical diagnosis of Parkinson's, multiple sclerosis, stroke, dementia, ALS, orthopedic problems or traumatic brain injury, or other neurological diseases

For more information on how to receive your therapy services, contact Solstice Senior Living Therapy Department.





# HEY OCCUPATIONAL THERAPY,



I may require the attention of an occupational therapist and here is why . . .

- Problems or concern about caring for myself due to memory or thinking abilities
- Increased confusion
- Difficulty dressing, bathing or toileting
- Difficulty with organization of tasks, cooking, cleaning, shopping, etc.
- Difficulty managing my medications
- Problems with low vision or vision diseases
- Recent falls
- Problems with balance and strength affecting my safety
- Medical diagnosis of Parkinson's, multiple sclerosis, stroke, dementia, ALS, orthopedic problems or traumatic brain injury, or other neurological diseases
- Breathing problems that affect my ability to perform daily activities
- Fine or gross motor problems with my hands, arms and legs
- Contracture problems, stiffness, or tremors

For more information on how to receive your therapy services, contact Solstice Senior Living Therapy Department.



# HEY SPEECH THERAPY,



I may require the attention of a speech therapist and here is why . . .

- Changes in memory or thinking abilities
- Increased confusion
- Difficulty following directions
- Coughing or choking during meals
- Difficulty swallowing medications
- Difficulty speaking
- Changes in voice
- Changes in ability to communicate
- Medical diagnosis of Parkinson's, stroke, dementia, ALS or traumatic brain injury

For more information on how to receive your therapy services, contact Solstice Senior Living Therapy Department.



## SELF-ASSESSMENT

NAME: \_\_\_\_\_ ROOM #: \_\_\_\_\_

Please check off the goals that you would like to work towards and the things you are concerned about from the list below. This will allow our team to help you achieve a healthy and active lifestyle. Please return this form to your therapist at our rehab gym.

MEDICAL ISSUES - I NEED TO BE ABLE TO:	WITH COMMUNICATION, MEMORY AND COGNITION, I NEED TO BE ABLE TO:
<input type="checkbox"/> Take my own medication <input type="checkbox"/> Take care of my skin <input type="checkbox"/> Do blood sugar checks <input type="checkbox"/> Follow diet restrictions <input type="checkbox"/> Monitor my lung condition <input type="checkbox"/> Monitor my blood pressure <input type="checkbox"/> Monitor my heart condition <input type="checkbox"/> Take care of wound or incision <input type="checkbox"/> Other: _____	<input type="checkbox"/> Talk on the phone <input type="checkbox"/> Speak more clearly <input type="checkbox"/> Write better <input type="checkbox"/> Cope/express my feelings <input type="checkbox"/> Read better <input type="checkbox"/> Give directions to others on how to help me <input type="checkbox"/> Use my computer <input type="checkbox"/> Be independent in memory strategies <input type="checkbox"/> Other: _____
PHYSICALLY, I WANT TO:	PERSONAL CARE - I NEED TO BE ABLE TO:
<input type="checkbox"/> Walk better <input type="checkbox"/> Be stronger <input type="checkbox"/> Be more flexible <input type="checkbox"/> Control my pain <input type="checkbox"/> Improve my balance <input type="checkbox"/> Improve my coordination <input type="checkbox"/> Manage my wheelchair <input type="checkbox"/> Indoor leisure: _____ <input type="checkbox"/> Outdoor leisure: _____	<input type="checkbox"/> Feed myself <input type="checkbox"/> Bath myself <input type="checkbox"/> Wash my hair <input type="checkbox"/> Brush my teeth <input type="checkbox"/> Shave <input type="checkbox"/> Style my hair <input type="checkbox"/> Perform toileting <input type="checkbox"/> Apply makeup <input type="checkbox"/> Dress myself <input type="checkbox"/> Make my bed <input type="checkbox"/> Other: _____
IN THE COMMUNITY, I NEED TO BE ABLE TO:	I NEED MORE INFORMATION ON:
<input type="checkbox"/> Get in and out of a car <input type="checkbox"/> Use public transportation <input type="checkbox"/> Drive <input type="checkbox"/> Go shopping by myself <input type="checkbox"/> Go shopping with friends <input type="checkbox"/> Go to doctor's appointments <input type="checkbox"/> Go to church <input type="checkbox"/> Go to the store <input type="checkbox"/> Go to the bank <input type="checkbox"/> Return to my favorite activity of: _____ <input type="checkbox"/> Other: _____	<input type="checkbox"/> My diagnosis <input type="checkbox"/> My medications <input type="checkbox"/> Medical precautions <input type="checkbox"/> Health and fitness classes <input type="checkbox"/> Other: _____