About Holland Bloorview Kids Rehabilitation Hospital

Holland Bloorview Kids Rehabilitation Hospital is Canada’s largest children’s rehabilitation hospital.

Our vision is to create a world of possibility for kids with disability. We pioneer treatments, technologies, therapies and real-world programs that give children with disabilities the tools to participate fully in life.

Holland Bloorview serves about 7,000 children each year, with about 600 inpatient admissions and 58,000 outpatient visits. Holland Bloorview is a world-class teaching hospital fully affiliated with the University of Toronto. We train future health-care specialists in the field of childhood disability. The Bloorview Research Institute is located onsite, allowing us to integrate cutting-edge research and teaching with frontline care to improve children’s quality of life.

Pre-surgery orientation

We know that most children have a better health care experience if they know what to expect.

Holland Bloorview encourages you and your child to have a pre-surgery orientation with our inpatient social worker. The orientation will help you better understand exactly what will happen during your child’s stay post-surgery. It is also an opportunity to meet different team members who will be involved in your child’s care and possibly start developing your post-surgery care plan.

Measurements for a wheelchair may be taken at this appointment.

Please contact the intake coordinator at 416-753-6030 to set up your orientation.

Welcome to Holland Bloorview

Information about inpatient admission after orthopedic surgery
General information

Goals of surgery
Please talk to your child’s surgeon about the goals of the surgery. Ask about post-surgery restrictions that might affect your child’s functional abilities and/or your ability to care for your child.

Your child’s Holland Bloorview rehab team will assess your child’s needs. This will help them to decide the length of stay in the program. It will also assist with discharge planning to make sure that the right community and school supports are available when your child goes home.

Therapists may ask you to bring your child’s personal equipment to the hospital (such as wheelchair, walker) to make sure they can be used for the transition to home.

The rehab program
• Children are expected to take part in all areas of the rehab program (Monday to Friday), including therapy, school and recreation.

• Children and their families may access other services such as Child Life, Therapeutic Recreation and Snoezelen (sensory environments).

• Family participation is an important part of your child’s rehabilitation. When possible, weekend visits home are strongly encouraged.

Back surgery

Goals of surgery can include:
• Working on being able to sit longer
• Ease of pain
• Improved breathing
• Maintenance of function

On admission, rehab goals will depend (in part) on the post-surgery restrictions identified by your child’s surgeon. This may mean:
• No bending or twisting
• Partial or no weight bearing
• Special transfer options (no use of hoyer lift, etc.)

Your child’s rehab will include:
• Assisting with return to home and school
• Parent/caregiver education

Your child’s rehab may include:
• Working on being able to sit longer in their wheelchair
• Transfer training: moving from their bed to their wheelchair
• Mobility with a goal of working toward regaining previous level of function

Leg surgery

Goals of surgery can include:
• Being able to sit longer
• Ease of pain
• Ease of care
• Better range of motion
• Better positioning
• Better or maintenance of function
• Better walking and quality of movement

On admission, rehab goals will depend (in part) on the post-surgery restrictions identified by your child’s surgeon. This may mean:
• Partial or no weight bearing (often for 4 to 6 weeks post surgery)
• Range of motion activities
• Use of casts, splints or hip abduction devices

Your child’s rehab will include:
• Assisting with return to home and school
• Parent/caregiver education

Your child’s rehab may include:
• Working on being able to sit longer in their wheelchair
• Transfer training: moving from their bed to their wheelchair
• Improving range of motion and strength
• Use of standing or walking devices as appropriate