

Sample Daily Program Schedule

- Morning physical, occupational and speech-language therapy
- Rest periods, school instruction and family time
- Afternoon therapy and recreational or creative therapies
- Ongoing care team coordination

Daily schedules are individualized based on each child's needs and tolerance.



How to Refer or Begin Care

Referring providers, California Children's Services (CCS) Medical Therapy Units, care teams and families may contact us directly.

Pediatric Access Center: (877) UC-CHILD (877-822-4453)

A rehabilitation coordinator will guide you through the process.



Learn more:
ucsfbenioffchildrens.org/inpatient-rehab



Inpatient Pediatric Rehabilitation

Compassionate, coordinated care for children and families

UCSF Benioff Children's Hospitals offer the largest dedicated pediatric inpatient rehabilitation program in Northern California, delivering comprehensive, hospital-based care for children recovering from illness, injury or surgery.

Our program provides:

- One of the region's largest teams of pediatric-trained rehabilitation specialists
- Evidence-based therapies in a family-centered setting
- Private patient rooms, including ventilator-capable beds
- 24-hour medical coverage within a full-service children's hospital

Together, these elements help each child build strength, confidence and functional independence.



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Specialized Inpatient Rehabilitation for Children with Complex Needs

UCSF Benioff Children's Hospitals have a long history of caring for children whose conditions affect function and daily life. Our inpatient pediatric rehabilitation program supports some of the highest patient volumes in Northern California.

We offer:

- A highly specialized pediatric rehabilitation care team
- Newly renovated private patient rooms
- Advanced rehabilitation technology, including the Tyromotion suite, EksoNR and ZeroG body-weight support systems
- Individualized, goal-driven therapy plans
- Therapy up to six days a week to support steady progress
- Active family involvement, including regular updates and discharge planning
- Coordinated transitions to outpatient therapy and community-based services

Measurable Progress for Children and Families

Our goal is to minimize the impact of a child's disability and maximize participation in daily activities and play. We collaborate closely with families to tailor rehabilitation goals and treatment to each child's age, baseline level of function and medical, psychological and cultural needs.

Children in our program make measurable gains in mobility, communication and daily living skills—supporting greater independence and readiness to return home, to school and to community life.

Outcomes are measured using standardized tools such as the WeeFIM (Functional Independence Measure for Children).

2025 Inpatient Rehabilitation Outcomes



4.5
Average number of therapeutic intervention* hours per scheduled therapy day

*Therapeutic intervention is defined as physical therapy, occupational therapy, speech therapy, recreational therapies (child life services, art therapy, music therapy), psychology and spiritual care.

Ages served
9 months to 20 years old

24.9
Average number of days in rehab program

0% Unplanned transfers to acute medical floor



86.7%*
Percent of patients discharged to home

*13.3% of patients not discharged to home include patients who completed rehabilitation program, then discharged to acute medical service to complete remaining tracheostomy/ventilator teaching or discharged to surgical service for planned surgical procedure.

Intensive Pediatric Rehabilitation for Recovery and Functional Progress

We provide intensive inpatient rehabilitation for children and adolescents who have experienced a sudden change in function due to conditions such as:

- Brain and spinal cord injuries and related neurotrauma
- Stroke
- Neuroimmunological conditions, including Guillain-Barré syndrome, acute disseminated encephalomyelitis (ADEM) and transverse myelitis
- Brain and spinal cord tumors
- Polytrauma
- Complex post-surgical needs, including amputations, selective dorsal rhizotomy (SDR), lower limb reconstruction and single-event multilevel (SEML) surgery
- Severe deconditioning following prolonged critical illness

Therapies and Care Team

Treatment is guided by each child's ongoing assessments, anticipated outcomes and medical and rehabilitation goals. Care is delivered by a multidisciplinary pediatric rehabilitation team that may include:

- Pediatric physiatrists overseeing each child's rehabilitation care
- Pediatric hospital medicine physicians co-managing complex medical conditions
- Physical, occupational and speech-language therapists
- Rehabilitation nurses
- Psychology, social work and child life services
- Music and art therapy
- School program teachers supporting educational continuity
- Pet therapy with a facility dog

