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Christmas in July: A Case Report of Santa Claus and His New Left Ventricular Assist Device

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This case demonstrates realities for Rehabilitation professionals. Patients admitted to Acute Inpatient Rehabilitation services often combine co-morbidities and complications. Co-morbidities such as non-ischemic cardiomyopathy, cardiac artery disease, morbid obesity, hypertension, hyperlipidemia, and obstructive sleep apnea with use of a CPAP reflect the American health landscape. LVAD placement and related rehabilitation will likely become common destination therapies for congestive heart failure patients. Rehabilitation teams should remain mindful of sternal precautions in post-operative patients, the risks posed by sources of static electrical discharge, ionizing radiation, high electrical treatment, or therapeutic levels of ultrasound, the location and integrity of the LVAD drive-line and its exit site, any physical movements that may disconnect the drive-line from the LVAD, the signals or alarms of the LVAD, and the need for spare fully-charged batteries and controllers.

These realities justify implementation of LVAD specific training related to the care of patients with LVADs. Mr. SC's presenting physical state, medical course, home environment, and eventual return home demonstrate a case-scenario relevant to the field of Physical Medicine and Rehabilitation and offer pertinent lessons for healthcare professionals.