FOR FAMILIES · SKILLED NURSING REHAB

KG

Questions that get *real answers.*

Ask for a number, a date, or a change. In practice, one specific question per conversation tends to get further than five general ones.

INSTEAD OF THIS, ASK THIS

How is he or she doing?	*What was different about today compared with yesterday?*
Is therapy going well?	*How far did they walk today, and what was it on Monday?*
Are they eating?	*About how much of each meal did they finish yesterday?*
Are they in pain?	*When did they last ask for pain medicine, and did it help enough to do therapy?*
Will they be able to go home?	*What specifically has to change before home is safe?*
When are they going home?	*What is the current target discharge date, and what would move it?*
Are they confused?	*Are they more confused than when they arrived, and at what time of day?*
Is everything covered?	*What day does the current coverage authorization run through?*

ONE QUESTION FOR EACH MOMENT

STILL IN THE HOSPITAL

Are they admitted as an inpatient, or under observation?

CHOOSING A SETTING

Which settings did you consider, and why were the others ruled out?

FIRST 48 HOURS

May I have the written summary of the baseline care plan?

UNSURE WHO TO ASK

Who handles this, and who is the attending?

WHEN COVERAGE IS ENDING

What is the appeal deadline printed on this notice?

IF YOU HEAR "I'LL PASS THAT ALONG"

"***Who would be the right person to ask?***" turns a dead end into a referral.

"***When would be a good time to catch them?***" turns a vague promise into a time.

"***Could you note that in the chart so it's there for the next shift?***" for observations that should survive a handover.

"***Can we schedule a care plan meeting?***" for anything that needs more than a hallway.

KEEP A RUNNING NOTE

DATE	WHO YOU ASKED	WHAT THEY SAID

Kevin E. Groh, PA-C Physician assistant, physical medicine & rehabilitation

Scan or visit · kevineugenegroh.com/rehab/questions-to-ask-the-rehab-team/

General education, not medical or legal advice. It does not create a patient–provider relationship. Practices vary by facility.
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