RKU – University and Rehabilitation Clinics Ulm

About us

The RKU—University and Rehabilitation Clinics of Ulm—are maximum care hospitals specializing in orthopaedics and neurology. They unite acute patient care and subsequent medical and occupational rehabilitation in these specialties under a single roof.

The University Orthopaedics Clinic with Paralysis Centre and the University Neurological Clinic with Stroke Unit comprise the Clinic for Anaesthesia and Intensive Care of the Acute Care Unit of the RKU. We offer 12 interdisciplinary locations and outpatient office hours to treat orthopaedic pain patients (multimodal pain treatment). The Orthopaedic and Neurological Clinics fulfil the University of Ulm’s teaching and research requirements.

In addition to acute care, the facility also offers a second pillar of patient care: the Integrated Rehabilitation Centre (ZIR). Here, both inpatient and outpatient medical rehabilitation procedures are performed, 24 hours a day. In addition to the Medical Rehabilitation Clinic, this centre also encompasses a medical occupational rehabilitation unit and vocational training with residencies, continuing education, and qualifications in medical
and technical areas, all united under one roof. These units also offer commercial and vocational training for disabled adolescents, as well as traditional occupational rehabilitation measures of federal association phase II facilities.

Providing support for our patients does not end with primary care—instead, medical rehabilitation treatments and measures for re-integration into work or home environments are also offered.

Since opening its doors in September of 1984, the RKU has boasted an orthopaedic unit with paralysis centre, a neurological unit, an anaesthesiology and intensive care unit, and a medical occupational rehabilitation unit.

Attached to our facility is an orthopaedic workshop equipped with wheelchairs for wheelchair-bound patients. A residential area is also available to occupational rehabilitation patients. In accordance with the RKU’s classification as a speciality hospital in the disciplines of orthopaedics and neurology, we treat all congenital and acquired diseases, from primary care to late-stage recovery.

**Quality management**

Since 2007, the RKU University and Rehabilitation Clinics of Ulm have been KTQ-certified, and were recertified in 2010 and 2014 (cooperation for transparency and quality in healthcare). The hospital can only earn this certification if patients and employees are satisfied, safety is guaranteed, information flows appropriately, business matters are regulated, and a quality management plan is in place. While preparing for certification, numerous procedures were examined, while always keeping our patients’ well-being in mind.

The endoCert certification committee certified the clinic on behalf of the German Society of Orthopaedics and Orthopaedic Surgery (DGOCC) in January of 2014—since that time, the RKU has been permitted to use the title ‘maximum care endoprosthetics centre’. With this distinction, the hospital belongs to an exclusive group of just a few exceptional hospitals in Germany that also bear this title. The University Orthopaedic Hospital successfully achieved DIN ISO certification in 2014.

The news magazine ‘Focus’ regularly and independently recognizes medical specialists based on speciality. In addition to recommendations from societies of experts, patient groups, hospital management, chief physicians, and resident physicians, the assessment of data from clinical studies and scientific publications also plays a role. Prof. Heiko Reichel, MD, is among the top physicians in hip and knee surgery in all of Germany in 2016, as in previous years. In addition, the
University Orthopaedic Hospital at the RKU was once again listed among the top orthopaedic hospitals in Germany in 2016. Three of our physicians are among the top physicians in the field of neurology: Dr. Christine von Arnim, MD, chief physician of neurogeriatrics and neurological rehabilitation at the RKU, is recognized as a top Alzheimer’s specialist. Dr. Jan Kassubek, MD, leading senior physician of the University Neurology Clinic at the RKU, was listed as a top specialist for Parkinson’s disease. Dr. Hayrettin Tumani, MD, is listed as a specialist in multiple sclerosis in the Focus ranking.

A stroke unit was opened in the RKU in 1999. The goal was and remains providing rapid acute care for acute stroke patients, diagnosing the cause of stroke, and introducing appropriate secondary preventative measures. Crucial components of treatment in the stroke unit are early mobilization and physiotherapeutic, logopaedic, and ergotherapeutic treatments. This has caused the number of patients treated since 1999 to double—this number increased from about 500 patients annually to about 1200 patients in 2014. Thus, the RKU is the central care centre for new stroke patients in the greater Ulm/Neu-Ulm area.

**International office**

The international office of the RKU was opened on 1 June 2015 and treats patients from Saudi Arabia and Kuwait with whose embassies we have cooperation agreements or accords.

Our employees speak Arabic, German, French and English.

The office is on the ground floor, building block B, room 0.167.

Your contact person is Mr. Tarek Belhabib, phone: +0049-731-177-5020. The department is affiliated with the finance and billing department, and is overseen by department head Hardi Schumny, phone: +0049-731-177-1020.
Office hours

Please contact patient services to make an individual appointment. Thank you.
You can reach our patient services personnel at: **0731 177-2000**
Monday - Thursday: 8:00-17:00
Friday: 8:00-16:00

How to reach us...

Address: Oberer Eselsberg 45, 89081 Ulm, Germany
GPS coordinates: 48.424583,9.944055

...by car:

**From highway A8 Stuttgart - Ulm - Munich:**
- Ulm-West exit
- Take B10 toward Ulm
- Universität/Kliniken Eselsberg exit
- turn left 200m after the 1st stoplight

**From highway A7 Würzburg - Ulm:**
- After the Ulm-Elchingen interchange, take A8 toward Stuttgart
- Ulm-West exit
- Take B10 toward Ulm
- Universität/Kliniken Eselsberg exit
- turn left 200m after the 1st stoplight

**From highway A7 Kempten - Ulm:**
- At the Hittisstetten junction, head toward Ulm/Neu-Ulm
- Continue on B10 toward Stuttgart
- Universität/Kliniken Eselsberg exit
- turn left 200m after the 1st stoplight
...by public transportation:

- From the Ulm central bus station (ZOB)/Hauptbahnhof (main station), take line 3 or 5 toward Universität and exit at ‘Kliniken Wissenschaftsstadt’
- From the bus stop, the RKU is toward the right, located behind the parking structure.
University Orthopaedic Clinic of Ulm with Paralysis Centre

Fon: +49-731-177-1101
Fax: +49-731-177-1103

Medical Director: Prof. Heiko Reichel, MD

As a maximum care hospital, the University Orthopaedic Clinic of Ulm with Paralysis Centre at the RKU treats all patients with congenital or acquired illnesses of the musculoskeletal system. To this end, we offer the full spectrum of diagnostic and treatment options currently available in orthopaedics to retain, regain, and improve function of the musculoskeletal system. The Orthopaedic Clinic covers the full scope of traditional and surgical orthopaedics, including special orthopaedic pain treatment and acute and long-term care for patients with paralysis.

The specialities of the University Orthopaedic Clinic include:

• Endoprostheses for all joints (hip, knee, shoulder, elbow, ankle)
• Traditional and surgical treatment for disorders of the spinal column
• Paediatric orthopaedics
• Sport orthopaedics
• Hip preservation surgery
• Foot surgery
• Tumour orthopaedics
• Technical orthopaedics
• Treating patients with paralysis.

Our hospital actively contributes to development in the field of orthopaedics. We implement and develop minimally invasive and computer-assisted surgical procedures as well as modern osteosynthesis procedures. Our hospital is dedicated to scientific and clinical research, as well as clinical studies for developing new treatment methods. The Centre for Musculoskeletal Research of Ulm (ZMFU) was founded in 2007, in conjunction with the Trauma Surgery Clinic and the Institute for Trauma Surgery Research and Biomechanics of the University Hospital. This allowed us to create a network of experts with diverse methodologies in the fields of cellular and molecular biology, animal experiments, biomechanics, and clinical research. Diverse research projects, such as implant functionalisation, biomechanical testing for new types of endoprostheses, and the further development and clinical testing of computer-assisted surgical procedures, are completed in close cooperation. These projects are supported by the DFG, the BMBR, and partners in our industry.

**About the orthopaedic clinic**

With 158 beds, the Orthopaedic clinic covers the full scope of traditional and surgical orthopaedics, including special orthopaedic pain treatment (multimodal pain treatment), orthopaedic technical care, and acute and long-term care for patients with paralysis.

In the field of surgical treatment, we implement minimally invasive and computer-assisted surgical procedures as well as modern endoprosthetic and osteosynthetic procedures. Each year, we perform about 3,500 surgeries in four operating rooms equipped with the most cutting-edge technology. In addition, we treat more than 3,500 patients in a traditional inpatient setting and in the day clinic for special orthopaedic pain treatment. Our outpatient unit consults with and provides outpatient treatment to about 12,000 patients each year.

We cooperate closely with other units in the University Hospital of Ulm in the fields of oncology, rheumatology, geriatrics, paediatrics, and social paediatrics.
Range of diagnostic services

- Modern, well-equipped operation rooms, including navigation and neuro-monitoring
- X-ray diagnostics
- Computer tomography
- Magnetic resonance imaging
- Sonograms
- Bone density tests
- CT-guided punctures
- Diagnostic infusion tests

Range of treatment services:

Endoprosthetic joint replacement, including exchanging prostheses of the

- Hip
- Knee
- Shoulder
- Elbow
- Ankle

Spinal surgery

- Disc surgery and prostheses
- Degenerative illnesses
- Deformities (scoliosis, kyphosis, olisthesis)
- Fractures
- Tumours and inflammation

Joint-retaining hip and knee surgeries

- Pelvic osteotomy
- Impingement treatment
- Surgical revisions
- Arthroscopic and minimally invasive joint surgeries
- Cartilage and bone transplants
Shoulder surgery

- Impingement treatment
- Rotator cuff
- Shoulder instabilities

Foot and ankle surgery

- Forefoot surgery
- Corrective osteotomy and arthrodesis
- Cartilage and bone transplants
- Diabetic foot surgeries

Paediatric orthopaedics

- Paediatric hip diseases
- Foot deformities
- Patella luxation
- Axial correction
- Leg-lengthening surgery

Orthopaedic oncology

- CT-assisted biopsies
- Bone and soft tissue tumours
- Tumour endoprostheses

Paralysis centre

- Special rehabilitation centre for spinal cord injuries (50 beds) in two units
Special offerings / services / rooms

- Modern equipped single- and double-occupancy rooms with special internal architectural design in the addition opened in 2011
- Generously sized VIP rooms, some equipped with balconies and their own kitchen
- Free internet and TV access
- In-room safe and refrigerator
- Laundry and cleaning service
- Special dietary requests
- Accommodations for a companion (if desired)
- Integrated Rehabilitation Centre (Subsequent treatment can be accommodated in our facility)

Certifications

The endoCert certification committee certified the clinic on behalf of the German Society of Orthopaedics and Orthopaedic Surgery (DGOCC) in January of 2014—since that time, the RKU has been permitted to use the title ‘maximum care endoprosthetics centre’. With this distinction, the hospital belongs to an exclusive group of just a few exceptional hospitals in Germany that also bear this title.

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Prof. Heiko Reichel, MD, has been among the most distinguished physicians in Germany in the areas of hip and knee surgery for previous years, as well as for 2015. In addition, the University Orthopaedic Hospital at the RKU was once again listed among the top orthopaedic hospitals in Germany in 2015.
University Neurology Clinic of Ulm

Fon: +49-731-177-1201
Fax: +49-731-177-1202

Medical Director: Prof. Albert C. Ludolph, MD
Physician in neurology and psychiatry

The scope of services of the University Neurology Clinic, whose inpatient unit is located in the RKU, encompasses the full spectrum of neurology, including the observation unit for stroke patients (stroke unit) and an epilepsy monitoring unit. The following areas are the main focus of patient care and research:

- Motor system disorders such as ALS, spinal muscular atrophy, Kennedy disease
- Extrapyramidal motor disorders such as Parkinson’s disease, atypical Parkinson syndrome, Huntington’s disease
- Stroke
- Dementia illnesses such as Alzheimer’s disease
- Inflammatory illnesses of the nervous system, such as multiple sclerosis, Guillain-Barré syndrome, meningitis, and encephalitis
- Epilepsy
- Neuromuscular illnesses
- Neurofibromatosis and other tumour disorders of the nervous system
- Neurological pain syndrome
We use accompanying treatment strategies such as home respiration, PEG tube placement, and communication to treat motor system disorders such as amyotrophic lateral sclerosis (ALS).

The University Neurology Clinic, with more than 93 beds in acute neurology, offers a varied treatment concept specialized toward our patients' needs, from the acute care unit to preliminary rehabilitation and subsequent medical treatment. In addition, there are intensive care beds in the interdisciplinary ICU and a stroke unit (special stroke unit with 27 observation beds) which allow quick, comprehensive diagnostics, treatment, and the provision of intensive medical care. In addition, our three video monitoring areas allow continuous monitoring of our epilepsy patients. The full range of instrumental examination procedures including complete imaging diagnostics, magnetic resonance tomography (MRT) and computer tomography (CT), is available to the clinic.

We work in close cooperation with the vascular and neurosurgery units of the University Hospital of Ulm for any necessary additional surgical treatment for our patients. Thanks to our cooperation with the nuclear medicine unit of the University of Ulm, we also have the option to use positron emission tomography (PET). This examination method allows clinical diagnosis of various neurodegenerative illnesses, which is often relevant to treatment.

After their inpatient stays, patients receive follow-up medical care in the Outpatient Neurology Department of the University of Ulm, primarily during special office hours. For more information about the University Neurology Clinic, incl. special office hours:

http://www.uniklinik-ulm.de/struktur/kliniken/neurologie.html

The University Neurology Clinic is always eager to participate in many promising treatment studies in order to be able to offer potentially efficacious treatments to patients with chronic or non-curable disorders as early as possible.

**Treatment process**

Timely neurological care begins with daily care, especially for acute patients with severe impairments. Preventing spasticity, avoiding joint contracture or bed sores by using correct positioning, favouring single-use intermittent catheterisation to avoid chronic urinary tract infections and regain normal bladder function for patients with bladder disorders, and preventing lung inflammation and vein thrombosis are only possible with trained staff.

Our intensive physical therapy is based on these care measures and trains patients' bodies using specific exercises adapted to patients' movement disorder caused by paralysis or neural processing disorders. These measures are supported by physiotherapy. Speech therapy (logopaedics) benefits patients whose speech is
limited by health issues and improves their ability to communicate. Neurological disorders, from impaired movement to drive or neural processing disorders, are treating using specialized ergotherapeutic exercises.

The goal of these treatment measures is to:

- Regain (restore) limited functionality, and
- Use any retained function (compensation)
- Provide care with external assistance (substitution)
- Adapt the environment to the patient’s injury (adaptation)
- Re-integrate the affected patient into his or her daily life

In addition, our inpatient neurological rehabilitation unit (phases B and C) offers a comprehensive selection of well-established, tested and proven neuropsychological treatment options, including logopaedic and ergotherapeutic services (such as diagnosing and treating memory, attention, and perception disorders; treating speaking, speech, swallowing, and voice disorders; advising patients and their relatives).

Cooperation

The Neurology Clinic works in close cooperation with other medical disciplines within the University Hospital of Ulm, predominantly in interdisciplinary areas in which many specialties need to cooperate in order to create a shared treatment plan. Examples include cooperation with colleagues in cardiology, vascular surgery, and neurosurgery for stroke patients, or our epilepsy surgery case conferences with colleagues from neurosurgery, radiology, and nuclear medicine.
Stroke (Stroke Unit)

Of patients with a cerebrovascular event, about 75% are caused by ischemic stroke (or retinal ischemia), 18% by a TIA or Amaurosis fugax, and about 7% by intracerebral haemorrhaging, subarachnoid haemorrhaging, or subdural haematoma. These patients are generally treated in the stroke unit, which was recertified in 2015 by the German Stroke Society.

Fibrinolysis treatment with rtPA for patients with acute ischemic stroke, first implemented in 2000, begins in a treatment window of 3 hours after symptoms begin, and was previously only possible with smaller groups of patients. The use and implementation of this treatment was built upon and optimized over the years, and can now be utilised within a treatment window of 4.5 hours after symptoms begin for circa 35% of all ischemic stroke patients. This increased lysis time is based on multiple factors: one key factor is close cooperation with emergency services, which refers acute patients with the goal of achieving the shortest possible pre-hospital wait. In this regard, our emergency services plan was further optimised under the guidance of University of Ulm Professor Dr. Klaus Muth, MD. The ‘stroke assessment questionnaire’, which is now regularly completed by emergency services, helps to streamline patient admissions and transfers. In addition, our ability to use magnetic resonance imaging 24 hours a day, 7 days a week has been a decisive factor in determining medical indication for rtPA treatment in recent years, and also allows us to create individualized treatment plans with high diagnostic certainty even beyond the treatment windows listed above. We also cannot overlook the importance of our specialised, trained, and motivated team of physicians and nursing staff in increasing the treatment window.

After a long planning phase, as of April of 2015, the RKU has been outfitted with its own angiogram equipment in order to treat stroke patients with proximal vascular occlusions more quickly and effectively by means of thrombectomy.
**Apheresis Unit**

Our apheresis unit at the RKU has been operated by our neurology department since June of 2014. 6 nurses and 3 physicians currently see to our patients’ well-being. We have 6 apheresis treatment beds and 4 observation beds for patients to allow intravenous medication administration.

At this time, we offer the following apheresis methods:

- Immunoadsorption with regenerating adsorbers
- Immunoadsorption with single-use adsorbers
- Plasma replacement therapy
Immunoadsorption

Clinical indications:

The effectiveness of immunoadsorption is based on the medical understanding that some diseases cause antibodies (immunoglobulins) created by the patient’s own body to have a pathogenic effect. These antibodies attack tissues and cause inflammation and tissue damage. Potentially affected tissues can include the brain, spinal cord, nerves, or muscles, as is the case with autoimmune disorders including:

- Myasthenia gravis
- Guillain-Barré syndrome (GBS)
- Multiple sclerosis (MS)
- Neuromyelitis optica (Devic’s disease, NMO)
- Chronic inflammatory demyelinating polyneuropathy (CIDP)
- Stiff person syndrome
- Limbic encephalitis
- Anti-NMDA receptor encephalitis.

Symptoms may improve if we are able to remove the pathogenic immunoglobulins from the patient’s plasma. For certain disorders, the body regenerates the pathogenic immunoglobulins, meaning treatment must be repeated. Response to treatment can vary greatly from patient to patient.

Methodology and process:

A central intravenous access line is placed in the patient’s neck for this treatment.

Immunoadsorption is a very gentle treatment process that usually occurs without complications. A cardiac monitor is attached to the patient to avoid any risks. The central catheter is attached to the treatment device using a tube system which separates plasma and platelets from one another using a filtration process. The platelets are immediately reintroduced into the body using the hose system, and the plasma is transported to a second device in which it is stripped of immunoglobulins and then reintroduced into the patient’s body.

A treatment normally lasts 3 to 5 hours. In order to make the treatment pass by faster, patients may bring reading materials or music, and may eat and drink during treatment. Our treatment room is also equipped with a television. Treatment cannot,
however, be interrupted to allow patients to use the bathroom. During treatment, patients must use a bedpan or portable urinal. The patient is brought back to his or her unit after the treatment is complete.

Patients do not feel pain during treatment, though some patients grow cold because the plasma cools in the tube system before it is reintroduced into the body. We make heating pads and blankets available to patients as needed. Anticoagulants can cause calcium levels in the blood to sink, which can manifest in a tingling sensation in the mouth and hands. Consequently, we regularly monitor calcium levels.

This treatment makes patients more prone to infection. They should avoid groups of people or people with acute infections.

**Home respiration:**

**Indication for home respiration with a breathing mask**

**When is intermittent home respiration with a mask necessary?**

For patients with neuromuscular disorders such as amyotrophic lateral sclerosis, the respiratory and auxiliary respiratory musculature (diaphragm, intercostal muscles, abdominal muscles, shoulder girdle muscles) can lead to a restrictive respiratory disorder in the sense of respiratory muscle pump deficiency (DA deficiency).

Respiratory disorders of this type manifest in reduced breathing volume (vital capacity, forced one-second capacity) and reduced blood oxygenation levels (hypoxia), and can progress to cause reduced exhalation of carbon dioxide (hypercapnia). Changes to these parameters can be determined using a respiratory function test and blood gas analysis.

In addition to apparative diagnostics, there are also sensitive clinical signs indicating the onset of respiratory muscle pump deficiency. These signs include headaches and vertigo first thing in the morning, increased fatigue with a tendency to fall asleep, increased shortness of breath and infection, sleep disorders (narcolepsy, nightmares, waking frequently during the night), memory and attention disorders, depression, anxiety, tachycardia, nervousness, and increased sweating.

If these symptoms occur in conjunction with changes to the parameters listed above, then there is an indication for non-invasive intermittent home respiration with a mask, which must generally be initiated under inpatient conditions.
Diagnostic procedures

Magnetic resonance imaging (MRI) and Computer tomography (CT):

- Immediate diagnosis for acute neurological disorders (such as stroke) using imaging methods
- This allows us to immediately begin optimal treatment measures
- MRI is a standard primary diagnostic procedure for emergency admissions in neurology

Ultrasound:

- Pain- and risk-free measurements of the arteries in the neck and head
- Important for common circulatory disorders of the brain in order to adapt treatment to the needs of individual patients
- Standard examination for all stroke patients

Electroencephalography (EEG):

- Helps read brain waves to recognize epileptic disorders and other functional disorders of the brain
- Determines the area of the brain from which epilepsy originates
- EEG examinations are performed at regular intervals for epileptic patients
- EEG monitoring during sleep, during sleep deprivation, or continuous 24-hour EEG monitoring increase the chance of identifying EEG activity typical in epileptic patients

Video EEG monitoring:

- Records episodes using video and EEG (monitoring unit), ensuring continuous monitoring, day and night.
- Solves issues with differential diagnoses (does the patient have epilepsy or some other disorder?)
- Records epileptic episodes and, by analysing the episodes and EEG, determines in which region of the brain the episodes originate
The goal is to surgically remove the region of the brain that triggers episodes without inhibiting important brain functions for patients who cannot be adequately treated using medication.

Cerebrospinal fluid laboratory tests:
- In addition to proving or ruling out inflammatory pathogenic or autoimmune processes, examining the cerebrospinal fluid provides important indications of neoplastic disorders of the meninges and the CNS (central nervous system) as well as CT-negative subarachnoid haemorrhage
- The choice and proper dosage of special treatment agents for inflammatory or neoplastic neurological disorders is largely determined by the results of cerebrospinal fluid tests

Electroneurography (ENG) and electromyography (EMG):
- Measures muscular and neural signals to diagnose the natural electrical properties of nerve tissues and musculature and any pathological changes
- Important tool for treating disorders of the peripheral nerves and skeletal muscles

Evoked potential tests:
- Pathways in the brain and spinal cord can be measured using electrophysiological methods by stimulating certain peripheral nerves or the ocular or auditory nerves according to a certain pattern, and then measuring the subsequent central processing responses
- Typical examples of the use of these methods include disorders of the ocular nerves or a vitamin deficiency that could significantly impact the response time of central neural pathways

Electrooculography (EOG):
- For non-invasive evaluation of vertigo
- A method for examining vestibular nerves independently on each side of the body
- Differentiates central vertigo (occurring in the brain) from peripheral vertigo (occurring in the inner ear or along the vestibular nerves)
Neuropsychology:
- Measures, describes, and treats cognitive and behavioural disorders caused by disorders of the brain
- These include disorders concerning concentration, memory, and problem-solving
- Speech disorders and speaking difficulties, cerebral visual disorders, and behavioural changes

Research and teaching
The Medical Director of the Neurology Clinic at the RKU, Prof. A. C. Ludolph, MD, is also a professor of neurology at the University of Ulm. The University Neurology Clinic is conducting research to improve the understanding and treatment of diseases. These include broad areas of fundamental research in the field of neuroscience and trials with new medications.

You can find all of our scientific projects and courses on the University Neurology Clinic homepage, accessible via the University of Ulm Neurology homepage: http://www.uniklinik-ulm.de/struktur/kliniken/neurologie.html
Certifications

Certified stroke unit

A stroke unit was opened in the RKU in 1999. Our goal was and remains to quickly provide acute therapy for patients with acute stroke, diagnose the cause of stroke, and begin appropriate secondary preventative measures. Crucial components of treatment in the stroke unit are early mobilization and physiotherapeutic, logopaedic, and ergotherapeutic treatments.

This has caused the number of patients treated since 1999 to double—this number increased from about 500 patients annually to about 1200 patients in 2014. Thus, the RKU is the central care centre for new stroke patients in the greater Ulm/Neu-Ulm area.

Laboratory for cerebrospinal fluid diagnostics and clin. neurochemistry of the University Neurology Clinic at the RKU

Since 1999, our unit has had a cerebrospinal fluid diagnostics laboratory that now has an annual sample volume of more than 2,500 cerebrospinal fluid samples. The availability of a standardised sample bank focusing on neurodegenerative disorders and multiple sclerosis allows us to immediately evaluate the clinical relevance of new methods. Our sample bank also allows opportunities for national and international cooperation.

Based on the range of treatment methods offered and our proven quality standards, the laboratory is among only a few training laboratories in Germany certified by the German Society of Cerebrospinal Fluid Diagnostics and Clinical Neurochemistry (DGLN) and accredited by Deutsche Akkreditierungsstelle GmbH (DAkkS). In addition to routine diagnostics, in the future, the cerebrospinal fluid laboratory will be able to offer the training and education necessary to obtain the cerebrospinal fluid diagnostic professional certification.

Each year we offer a cerebrospinal fluid diagnostic course for physicians and medical-technical assistants, which provides interactive training on fundamental knowledge and clinical case studies. The cerebrospinal fluid diagnostic course offered at Ulm is recognized by the DGLN as necessary for obtaining the cerebrospinal fluid diagnostic professional certification.
Integrated Rehabilitation Centre

Fon: +49-731-177-1801
Fax: +49-731-177-1805

Medical Director Dr. Dipl. Instr. Rainer Eckhardt, MD

Specialist in Orthopaedics and Trauma Surgery
Specialist in Physical and Rehabilitative Medicine, Chirotherapy,
Sports Medicine, Physical Therapy, Social Medicine.

Medical Rehabilitation Clinic

The acute care unit of the RKU - University and Rehabilitation Clinics of Ulm is a part of the medical rehabilitation unit in the Integrated Rehabilitation Centre for optimal and comprehensive treatment plans—with many benefits:

Our patients get to know their physicians, therapists, and surroundings.

We know these patients from acute care—along with all of their individual questions and concerns. Medical rehabilitation can begin immediately, without an accommodation period or delay.

In addition to inpatient rehabilitation, round-the-clock outpatient rehabilitation is also an option. This allows us to find a solution to any medical or personal issues.

Naturally, you may also seek rehabilitation treatment with us even if you received previous care at another facility.
The Medical Rehabilitation Clinic, with its many years of experience in follow-up care (AHB), as well as all of our other rehabilitative measures offer you comprehensive inpatient and outpatient treatment options according to the most modern standards, as well as scientifically proven treatment plans with extensive diagnostics, rehabilitative treatments, and comprehensive follow-up care.

**Musculoskeletal rehabilitation**

Orthopaedics, traumatology, rheumatology, sports medicine, and stage C (early rehabilitation) and D (AHB) neurological rehabilitation.

Since the University Orthopaedic Clinic of Ulm, the University Neurological Clinic of Ulm, and the Integrated Rehabilitation Centre (ZIR) are all found under the same RKU roof, medical and scientific advantages can be used to achieve top-notch results in medical treatment, rehabilitation, and prevention.

Our rehabilitation team of experts includes:

Specialists in orthopaedics and trauma surgery, neurology, general medicine, and physical and rehabilitative medicine

- Sports medicine physicians
- Social medicine physicians
- Physiotherapists (physical therapists)
- Qualified physical education instructors and sport therapists
- Physical therapists
- Rehabilitation nursing staff
- Psychologists and neuropsychologists
- Ergotherapists / occupational therapists / EFL
- Logopaedists
- Social workers / social educators
- Rehabilitation consultants
- Nutritionists and dieticians
- Vocational educators
Our facility includes an orthopaedic-technical workshop and an orthopaedic shoemaker.

**Medical-occupational rehabilitation**

The goals of medical-occupational rehabilitation are regaining and improving a patient’s earning capacity and ability to work, re-integrating the patient into his or her career, and determining alternative occupational suitability if the previous occupation can no longer be practiced for health reasons. Examples: Medical-occupational rehabilitation measures (MBOR levels B and C), endurance tests, evaluating functional performance (EFP).

In light of physical and mental disorders caused by disease, we develop and test requirements and individualised plans for integration into the professional world. Young adults can even complete their initial vocational training.

**Vocational training**

As a part of RKU - Universitäts- und Rehabilitationskliniken Ulm gGmbH (RKU), the vocational training department is one of the pillars supporting the Integrated Rehabilitation Centre (ZIR). Our newly developed vocational training department unites vocational training, continuing education, and qualification with various traditions and foci under one roof.

We enable unemployed patients to re-enter the workforce, help businesses maintain their competitive positions, and help private customers improve their own qualifications. In addition to effective school authorities, it is primarily interdisciplinarity—linking vocational training with our extensive know-how in clinical environments—that sets us apart from others in the field. It is important to us that our facility remain a place of learning.
Overview of course offerings:

**Vocational training in healthcare**
- RKU nurse assistant vocational training school
- RKU nursing care assistant vocational training school
- RKU nursing care vocational training school
- Our vocational schools can receive Bafög grants

**Vocational retraining**
- Healthcare management

**Rehab-specific assessment and occupational training**
- Evaluating the patient’s ability to work
- Pre-vocational education measures (BVB)
- Rehabilitation preparatory course of study, administrative and commercial-technical management (RVL)
- Technician - RVL

**Rehab-specific training**
- Office management
- Office communication specialist
- Precision engineering specialist

**Continuing education**
- Practical trainers for nursing careers with the additional intercultural competence module
- Hygiene manager in nursing and functional areas