



2025-2026

Impact Report



Main Line Health®
Bryn Mawr Rehab Hospital



WHY CHOOSE

Bryn Mawr Rehab Hospital

Choosing where to go for rehabilitation is a critical step in recovery. At Bryn Mawr Rehab Hospital, we make that decision easier by offering private tours of our facility and personalized, one-on-one consultations with experienced clinical liaisons for patients and caregivers.

Our patients receive exceptional therapy, nursing and physician care from a multidisciplinary team dedicated to guiding them through every stage of recovery. As one of Pennsylvania's most comprehensive rehabilitation hospitals, we take an innovative and individualized approach to a broad range of rehabilitation services — focused on helping patients regain independence and return to the lives they love.

Every patient's journey is unique, which is why our team designs customized therapy plans that build on each achievement, big or small. We believe that celebrating progress fuels motivation and drives continued improvement every single day. It's this commitment to personalized care and measurable results that makes Bryn Mawr Rehab Hospital a trusted and increasingly chosen destination for recovery.

TO LEARN MORE VISIT [MAINLINEHEALTH.ORG/REHAB](https://www.mainlinehealth.org/rehab)



A MESSAGE

From the Vice President and Executive Director

RECOVERY AFTER A LIFE-ALTERING INJURY OR ILLNESS IS NOT A SINGLE MOMENT.

It is a journey. One that requires unwavering skill, compassion and a deep belief in what is possible. For over 50 years, Bryn Mawr Rehab Hospital has proudly served the Philadelphia region with comprehensive and personalized rehabilitative care. We are privileged to walk alongside individuals and families during some of the most challenging moments of their lives, helping them rediscover strength, independence and hope.

We are pleased to share our 2025-2026 Impact Report, which reflects the incredible work we do every day. It highlights not only the advanced technologies and innovative therapies that define our care, but also the people — our patients and dedicated care teams — who make recovery possible. The stories shared here are powerful reminders that rehabilitation goes beyond regaining physical function. It is also about restoring confidence, dignity and the ability to participate in life again.

As one of the largest inpatient rehabilitation hospitals in southeastern Pennsylvania, our 148-bed facility is supported by a multidisciplinary team of more than 500 full-time professionals spanning a range of specialties, including physicians, therapists, nurses, psychologists and care managers. Together, our teams bring expertise, creativity and an extraordinary commitment to each patient's goals and needs. Combining both traditional and nontraditional modalities, we meet patients where they are and help them move toward where they want to be.

We are honored to serve as a source of healing and possibility for those who entrust us with their care. Helping our patients reclaim their lives and envision what comes next is not only our mission, but also our greatest privilege.

A handwritten signature in black ink that reads "Rosadele Plumari". The script is fluid and cursive.

Rosadele Plumari

VICE PRESIDENT, EXECUTIVE DIRECTOR
BRYN MAWR REHAB HOSPITAL

By the numbers

(FY25: JULY 1, 2024 - JUNE 30, 2025)



536

FULL-TIME EMPLOYEES



270,000

SQUARE-FOOT REHAB CENTER



SPECIALTY INPATIENT AND OUTPATIENT PROGRAMS:

- Amputee Rehab
- Brain Injury
- Spinal Cord Injury
- Stroke Rehab
- Cancer Rehab
- Comprehensive Concussion
- Medical Rehab
- Orthopaedic Rehab
- Pain Management

2,192

INPATIENT DISCHARGES

115,477

OUTPATIENT VISITS

32,390

INPATIENT PATIENT DAYS



88.7
AVERAGE DAILY CENSUS

40
ACRES OF LAND



148
NUMBER OF BEDS

14.8
AVERAGE LENGTH OF STAY



Driven by Determination

RECOVERY FUELED BY GRIT AND RESOLVE

“I WAS DRIVING HOME, AND THE NEXT THING I KNOW, I’M IN THE HOSPITAL,” recalls Celeste Nasuti, the CFO of Summerwood, a Conshohocken-based company that operates more than 200 Taco Bell and KFC franchises across six states.

It was 5:30 p.m. on Dec. 5, 2023. Celeste, then 71, was driving her regular route home from work with her dog Marci in the back seat when, according to the police report, she swerved to avoid something in the road. “That’s an area where you could have had deer coming across the street,” she says. “Anything’s possible. It was night, it was dark.”

Celeste was involved in a collision and suffered major head trauma. Firefighters arrived on the scene to assist the paramedics in extricating her from her car (they rescued Marci as well, who sustained no injuries), and Celeste was transported to Lankenau Medical Center. A CT scan revealed a subdural hematoma — bleeding around the brain that was causing dangerous pressure and swelling — and she was rushed into emergency surgery.

By the time Celeste’s husband Jim arrived at the hospital, she was already in the OR. “They had already started working on me,” she says. “They were trying to relieve the pressure on my brain at that point. I was heavily medicated. I never felt anything.”

Three weeks post-surgery, Celeste was moved to a long-term acute-care facility to recover while her respiratory status improved; she still needed a ventilator to support her breathing.

“I don’t remember a lot from that period,” she says. “I was there over Christmas, and I was told stories about my husband and my sister visiting on Christmas Day, but I have no memories of that. I was lying there at times, thinking about things that had to be done at work. If people came by and I was awake, I knew who they were. When you’re sedated, you don’t necessarily remember everything, but I never felt that I had lost something with my brain.”

After six weeks, she was weaned off the ventilator and her feeding tube was removed before she was admitted to Bryn Mawr Hospital in early February

2024 for a cranioplasty to reattach the bone flap to her head, which had been removed during her first surgery to accommodate the brain swelling. A couple of days later, on February 9, she was transferred to Bryn Mawr Rehab Hospital.

“We wanted to go to Bryn Mawr Rehab Hospital because it has an excellent reputation,” Celeste says. “If you’re going to go somewhere for something like this, that’s the place to go.”

PUTTING IN THE (HARD) WORK

“When Celeste first arrived, her mobility skills were compromised and she still needed a considerable amount of assistance to do some of the things you and I might take for granted,” says Dr. Mithra Maneyapanda, medical director of the brain injury program at Bryn Mawr Rehab Hospital, who oversaw Celeste’s recovery process. “Her cognition was also impaired. She was still having some difficulty with knowing the exact date, and she had a lot of challenges with attention and memory skills.” Her language skills were also not entirely intact, so she had to point to letters or write on a whiteboard to communicate with her family and medical care team.

Celeste embarked on a month-long, intensive inpatient rehab program with grit and perseverance. Whether it was physical, occupational or speech therapy, she approached each challenge with focus and



determination. Celeste entered the facility at a “moderate assist” level: She needed 50 percent help for most daily living activities, including eating, dressing and bathing, and transfers, from the bed to the wheelchair to the walker. She was also struggling with some balance issues and weakness on her left side — her left arm, hand, and leg — due to her right-sided head injury. Celeste was eager to regain her independence and demonstrated a strong work ethic throughout her stay.

“Celeste was very motivated,” says Casey Converse, Celeste’s inpatient occupational therapy advanced clinician. “She liked us to time or score her tasks and return to them periodically so we could track her progress. She would be like, ‘How did I do? I have to do it faster. You have to time it.’ She liked to have the numbers for comparison.



“When you have patients who are high functioning in their regular life, they have higher expectations for themselves,” adds Casey. “A normal score on a task is not indicative of their previous level of function. If you were a top 10 percentile person before, we need to keep working and we don’t just stop because they reached the standard average metric.”

FAMILY FILLED HER CORNER

Celeste’s recovery was strengthened by her family’s support, advocacy and commitment. Jim was a regular visitor, as was her younger sister, a retired anesthesiologist from California, who relocated back East the day after Celeste’s accident to help manage her care. While Celeste was still at Lankenau, her sister was proactive in her recovery and doubled the therapy the staff provided, learning everything they were doing and repeating it on Celeste’s off days or whenever she had some extra energy. Celeste’s other regular visitors included her children and another sister, who lives in Maryland.

“Celeste had a ton of advocates in her corner,” shares Dr. Maneyapanda. “Her sister, who is a doctor, was a strong force and a strong voice throughout the process. Even in the outpatient phase, she was still here overseeing Celeste’s care and making sure she could advocate for her.”

At Bryn Mawr Rehab Hospital, Celeste’s sister had so much confidence in the team and their plan for Celeste’s recovery that she finally felt she no longer needed to manage her day-to-day care. “I could tell that Celeste was in excellent hands,” she shares. “I was incredibly impressed with the staff and program.”

During her stay, Celeste participated in all of the offered therapies, including art, music and recreation. Her favorite activity was going to the greenhouse, where she worked on her balance by managing a watering can while using a walker and practiced fine motor skills by making floral arrangements.

“I liked going to the greenhouse, that was very nice,” recalls Celeste, who refers to Bryn Mawr Rehab Hospital as “the luxury resort” of rehabs.

BACK IN THE DRIVER'S SEAT

Once she was able to perform the basics of self-care, Celeste transitioned to the rehab's outpatient program, where, over the course of three days a week for approximately six months, the focus turned toward relearning and mastering skills that would allow her to live more independently, including walking on her own, improving her balance, returning to work and getting back behind the wheel. Celeste demonstrated the same level of drive and determination that she had during her inpatient stay.

"We worked on many high-level, multistep tasks to support her executive functioning skills," says Jolynn Thomas, Celeste's outpatient speech language pathologist. "She was determined to return to her job and was willing to put in the work to take the 'baby steps' needed to get there. We worked on everyday tasks and those related to her expertise in finance/accounting, which required a high level of attention and problem-solving skills."

"From the day I met Celeste, I knew I admired her," adds Jacki Santillo, one of Celeste's outpatient occupational therapists. "Her motivation, drive and strength showed through even on that first day. She was the type of person who would receive a home exercise program and then ask for more. Her husband also was a big cheerleader for her, encouraging Celeste to perform a huge number of 'sit-to-stands' each day to whip her back into shape." Celeste supplemented her outpatient therapies with twice-weekly personal training sessions, which she coordinated with her therapists at Bryn Mawr Rehab Hospital.

"She wanted to get back to work as soon as possible," confirms Dr. Maneyapanda. "She especially wanted to get back to driving."

In preparation for her return to the road, Celeste completed Bryn Mawr Rehab Hospital's specialized driver's rehab clinic, which involves some pre-driving assessments, such as cognitive reaction times and anticipation of environmental hazards, and uses dual-control vehicles for taking

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- CELESTE NASUTI

patients on the road to safely test their driving capabilities. In November 2024, she passed her driver rehab evaluation and on-road testing.

"I went out with my husband a couple times to practice driving in a cemetery. It's a very good place to practice because the residents don't care," Celeste shares, demonstrating the wry sense of humor that several of her therapists commented on in their reports. "Once I could drive the 10 minutes from my house to the office, I was back at work full time."

Thanks to the excellent care she received at Bryn Mawr Rehab Hospital, Celeste was able to achieve all of her goals. "The crew at Bryn Mawr is amazing. I wanted to be able to get out of there walking on my own without any assistance. I wanted to drive a car and be able to go back to work. I just wanted to live my life the way I had before."

Less than a year after that fateful December evening, Celeste was able to resume what she refers to as her "normal life." One of her doctors highlighted how remarkably well she has recovered compared to others with similar injuries.

"I didn't want this injury to define my life," she says. "It happened, yes, but it's not who I am."

BRYN MAWR REHAB HOSPITAL

Achieves 3-Year CARF Accreditation for Outpatient Concussion Program

BRYN MAWR REHAB HOSPITAL IS PROUD to announce that our outpatient concussion program has been awarded a three-year accreditation from the Commission on Accreditation of Rehabilitation Facilities (CARF) — a distinguished recognition of quality, safety and patient-centered care.

This achievement places Bryn Mawr Rehab Hospital as the first accredited outpatient concussion program for adults, adolescents and children in Pennsylvania, as well as in the broader tri state region. The accreditation reflects CARF's rigorous evaluation standards and confirms that our program delivers innovative, measurable and accountable rehabilitation services that prioritize patient safety and clinical outcomes.

A COMMITMENT TO EXCELLENCE IN CONCUSSION REHABILITATION

CARF accreditation is granted only to programs that demonstrate consistent adherence to internationally recognized standards. Earning this designation underscores the exceptional quality of our interdisciplinary approach to concussion care — one that integrates advanced clinical expertise with individualized, outcome-driven treatment.

For referring physicians, this recognition provides additional assurance that patients will receive comprehensive, evidence-based care aligned with best practices for concussion assessment, treatment and recovery.

RE-ACCREDITATION OF CORE INPATIENT AND OUTPATIENT REHABILITATION PROGRAMS

In addition to the inaugural accreditation for our concussion program, Bryn Mawr Rehab Hospital also received three-year re-accreditation for several hallmark rehabilitation programs, including:

- Comprehensive Integrated Inpatient Rehabilitation Program (Adults)
- Amputation Specialty Program (Adults)
- Brain Injury Specialty Program (Adults, Children, Adolescents)
- Spinal Cord System of Care (Adults)
- Stroke Specialty Program (Adults)
- Cancer Rehabilitation (Adults)
- Interdisciplinary Outpatient Spinal Cord System of Care

These re-accreditations affirm Bryn Mawr Rehab Hospital's longstanding leadership in complex rehabilitation and our unwavering commitment to the highest standards of clinical excellence.

WHAT THIS MEANS FOR YOU AND YOUR PATIENTS

Referring physicians can count on Bryn Mawr Rehab Hospital as a trusted partner in delivering high-quality rehabilitation care across a wide range of specialty programs. This CARF recognition strengthens our shared mission to help patients achieve optimal recovery after injury or illness through reliable, research-informed and patient-focused services.



AWARDS AND ACCOLADES



CARF International
three-year accreditation



Joint Commission
Gold Seal of Approval



Nurses Improving Care for Healthsystem Elders
(NICHE) designation



Pathway to Excellence designation from the
American Nurses Credentialing Center

Donate Life Pennsylvania Hospital Challenge:
Gold recognition

Newsweek Best Rehab Hospital
recognition 2025



2024-2025

Financials

(IN THOUSANDS OF DOLLARS)

Operating Revenue

NET INPATIENT REVENUE

\$74,179

NET OUTPATIENT REVENUE

\$16,845

OTHER REVENUE

\$5,694

TOTAL

\$96,718

Operating Expenses

SALARIES & BENEFITS

\$58,310

SUPPLIES

\$2,842

PROFESSIONAL SERVICES

\$21,038

OTHER

\$9,547

TOTAL

\$91,737

Operating Income

\$4,981

Motivated by Love

HOME IS WHERE HER HEART IS



KAITLIN GREGORY DOESN'T REMEMBER ANYTHING ABOUT THE EVENTS OF DEC. 15, 2023.

In the days leading up to that Friday, she had been nursing a sore throat. She got a rapid strep test; it was negative. But by the end of the week, her condition had worsened severely. Her husband Matt rushed her to the ED at Bryn Mawr Hospital, and within 30 minutes, she coded on the table.

“From the impact of my heart stopping, I had three strokes,” says Kaitlin, who has pieced together the details from Matt and her doctors. “They admitted me to the ICU immediately, and did surgery on my throat to drain the strep infection. I went septic from strep throat.”

Kaitlin, who had no history of chronic sore throats or heart issues, went into Streptococcal Toxic Shock Syndrome (STSS), a life-threatening infection caused by Group A strep bacteria that releases toxins into the body, leading to organ failure and shock. To increase blood flow to her heart and other major organs, she was transferred to Lankenau Medical Center and put on ECMO, a life-support system that acts as an artificial heart and lungs, pumping and oxygenating blood outside the body to remove carbon dioxide. She was also put on high doses of vasopressors, which constrict blood vessels and, combined with ECMO, can obstruct blood flow to the extremities, causing severe infections or gangrene that may necessitate amputation.

Kaitlin was medevaced to Jefferson Hospital, where both of her legs were amputated below the knee, as were the tips of five fingers and both thumbs. She required ventilation, tracheostomy, a feeding tube, and skin grafts on the tops of her thighs and other parts of her body where the vasopressors had caused peeling and blistering. This was the reality she woke up to when she slowly regained consciousness after being in a medically induced coma for almost a month.

“I learned about my trauma after everyone else. Matt, my parents, my in-laws, my brother, my godmother, my uncle — they had already been dealing with the worst of it,” recalls Kaitlin, 40. “I

was told so many different things: that I’d never wake up, that I’d never talk again, that I’d never be able to eat on my own. That I had less than a 10 percent chance of surviving. I was just so thankful that I was alive. I decided that I wasn’t going to just sit around. I was like, ‘Tell me what I have to do.’”

To prepare Kaitlin for what had happened, Matt had downloaded photos from the internet of women who were bilateral amputees, wearing nice clothes and shoes, walking normally, unassisted, generally living their lives. “I was telling her, ‘Hey, you can do this, we can do this,’” Matt shares. “I was trying to help in any way I could.”

A GOAL WORTH CHASING

Throughout her stay in the hospital, Kaitlin had one major motivation: to get home to her children, Declan and Finlay, who were 11 and 7, respectively, at the time. “I missed my daughter’s eighth birthday, I missed Christmas,” she shares. “That was a big realization, to just be in the hospital and not be there with them. I’m a stay-at-home mom, you know, my home is my office, it’s where I work. And to hear about everything I had missed, that was really difficult.”

Matt consulted some child psychiatrists for advice on how to best tell their children about Kaitlin’s condition. The kids weren’t able to see their mom for almost six weeks after she was first admitted to the hospital, while she was still in the ICU. “We try to be as open as we can with them, but thankfully my mom stayed here the entire time I was sick,” says

“I WAS JUST SO THANKFUL THAT I WAS ALIVE. I DECIDED THAT I WASN’T GOING TO JUST SIT AROUND. I WAS LIKE, ‘TELL ME WHAT I HAVE TO DO.’”

- KAITLIN GREGORY



Kaitlin, whose extended family was a huge support system during her illness. “She kind of took over the role of being mom with school, homework, all of their activities, which provided consistency and allowed Matt to visit me pretty much every day.”

After almost two months at Jefferson, Kaitlin was finally stable enough to be transferred to Bryn Mawr Rehab Hospital. “We’d heard great things about Bryn Mawr Rehab, and my surgeon recommended it,” she says.

When she first arrived, Kaitlin still had the tracheostomy and feeding tubes, and her skin grafts and amputation incisions continued to heal. In addition to her multiple amputations, she was still recovering from multiple strokes and a significant cardiac event.

“We see such complex cases,” says Dr. Rajendra S. Padhye, Kaitlin’s attending physician during her first inpatient stay. “We have a fantastic team and a multidisciplinary approach. Physical therapy worked on her mobility and transfers, given her bilateral below-knee amputations, and occupational therapy worked with self-care and fine motor activities, given that she also lost some digits in bilateral hands. Speech therapy worked on her speech and her swallowing, given she had a tracheostomy tube, and the psychologist provided support. We also have very skilled rehab nurses and wound care nurses who attended to her.

“This is a catastrophic event for anyone to go through, but to Kaitlin’s credit, she carried herself very gracefully throughout her inpatient rehab stay and was even brave enough to put up a smile at times. She had a very supportive family, including her husband, parents and in-laws, and young kids, who motivated her to get better.”

GRIT WITH A SMILE

Kaitlin accomplished a lot during her month-long stay. She had to relearn basic functions, such as swallowing and drinking water, as well as new behaviors, like how to use the wheelchair and transfer from the bed to the chair, which was complicated by her missing digits and the fact that her hands were still healing.

“Initially, we spent a lot of time on amputee education, including wound prevention, contracture prevention, desensitization, strength, range of motion and mobility, including transfers and wheelchair propulsion,” explains Ashley Wollman, Kaitlin’s inpatient physical therapist at Bryn Mawr Rehab Hospital. “She had to overcome a lot of pain just to fully participate in therapies. I could see in her face how sensitive her limbs were when she was moving, but she never let it get in the way of putting in her best effort. She never used her pain as an excuse not to try something. She was working on so many things in such a short time to be able to return home to her family.”

Through recreational and occupational therapy, Kaitlin also got to do fun, more creative activities like cooking a meal, baking a cake with her kids for her brother's birthday, making flower crowns or candles in the greenhouse and drawing, which appealed to the artist in her. "I was able to apply the skills I was relearning," says the former mural artist, who worked as a preschool teacher before her children were born.

Kaitlin was discharged from Bryn Mawr Rehab Hospital on March 20 and returned home to convalesce for a few months until her incisions had healed enough for her to begin training with the prostheses. Her house had to be reconfigured to accommodate her new limitations, which included moving her bedroom to the first floor. All the while, she was making preparations to walk again.

"The doctors asked me, 'Do you plan to walk?' And I was like, 'Absolutely!' So I had to make sure that my posture was correct and that my legs were straight when they were healing so that all of the fittings would work."

THESE LEGS WERE MADE FOR WALKING

In June 2024, Kaitlin returned for a second inpatient stint at Bryn Mawr Rehab Hospital for intensive prosthetic training. During her two-week stay, she learned everything from how to put on her new legs and make sure they fit correctly to how to get in and out of a car and walk up and down stairs. "The therapists there were so wonderful," she says. "They would, in this MacGyver-type way, really think about what you needed and they'd be like, 'Okay, I figured out how you can use this to do this.'"

"Kaitlin's prosthetic training stay was almost pure fun," adds Ashley. "It was all so positive. She had high-reaching goals, which she set for herself, and she hit every one of them because of her incredible attitude and unwillingness to let this highly complex medical journey slow her down or stop her from living the life she wanted."

Kaitlin continued outpatient therapy from August through November 2024 and no longer requires

an assistive device to walk. By the time she was discharged, she was moving at a pace where she could keep up with her family and friends. She now wears her prosthetics for up to 12 hours per day, and, in her words, popping them on and off is "like second nature." And she's back to doing the things she loves most: seeing her kids off to school, cooking big meals, hanging out with her dogs, watching TV at night with her husband, spending time outdoors, all of the things that make her feel like she has her life back. In March, she even volunteered to paint sets for a production of "Madagascar Jr." at Declan and Finlay's school.

"It's been great to have a paintbrush in my hands again, and to see my kids be so happy to see that," says Kaitlin, whose spirit and drive are as fiery as her red hair. "I want to live my life to the best of my abilities, and I want to prove my statistics wrong. If you put in the work, it's going to happen, and if it doesn't, it means you've got to find another way to make yourself happy."

"Recently, I got to go to a clinic where they put running blades on my prosthetics, and I got to run around, and that felt amazing," she adds. "I got to bounce up and down and play soccer, I used to be a big soccer player. It felt so good to feel that joy and excitement again. I just want to keep moving, in any way I can."





Main Line Health®
Bryn Mawr Rehab Hospital

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mainlinehealth.org/rehab

Innovative Technology Elevates Neurological Rehabilitation

AT BRYN MAWR REHAB HOSPITAL



The Bertec posturography system delivers precise diagnostics and advanced treatment for concussion and vestibular disorders — made possible by philanthropy.

A severe concussion can be a challenging and potentially dangerous diagnosis due to the complexity of the brain and the influence of factors such as underlying injury, psychological factors, and individual variability. At Bryn Mawr Rehab Hospital, concussion assessment and treatment have become more precise and effective — and, according to some patients, even “enjoyable” — with the donor-funded Bertec Computerized Dynamic Posturography system with Vision Advantage capability.

This advanced system creates an immersive virtual reality environment that enhances both evaluation and rehabilitation of balance and mobility impairments.

The system also provides wireless clinical assessment of the vestibular ocular reflex — another critical component of concussion recovery.

Thanks to generous donor support, the Bryn Mawr Rehab Hospital Foundation funded this cutting-edge technology, significantly advancing care for patients with balance, mobility, and vestibular disorders. With immersive VR, wireless head tracking, and objective, norm based testing, the Bertec system sets a new standard for the rehabilitation of concussion, vestibular conditions, and other neurological impairments. This investment ensures our clinical teams can continue delivering the most effective, evidence based therapies — made possible through the power of philanthropy.