

Delivering Rehabilitation at Home

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- **What is rehabilitation?**
- **Team Member and Roles**
- **Goal Setting in Rehabilitation**
- **Barriers and Facilitators to Rehab**
- **Rehabilitation at Home**
- **Examples- Orthopaedic and Rheumatology**
- **Summary**

Rehabilitation is the process of supporting an individual towards a better level of functioning after/during an illness or injury

Old Normal Vs New Normal

Physiotherapist

Ax: Factors that affect movement

Rx: Passive techniques, electrotherapy and exercise prescription.

Aim: to increase independence and reduce pain by focusing on physical strength, joint mobility and increase endurance

Occupational Therapist

Ax: Factors that reduce ability to engage functional tasks

Rx: Resource provision, adaptations to home/worksites and management strategies

Aim: to increase the independence of an individual by problem solving barriers with the client

Psychologist

Ax; Emotional and cognitive systems that influence thought and perception

Rx; Listening and behavioural correction techniques

Aim: to reduce the burden of psychological barriers that may be limiting the clients ability to engage in normal life

Medical (Doctors/Nurses)

Ax: Biochemical, structural and overview of abnormalities related to an injury of illness

Rx: Prescription of medications, referral for surgical and radiotherapy interventions.

Aims; to reduce or eliminate symptoms or risks that may limit engagement in rehabilitation using medical or surgical interventions

Measuring success and identifying barriers

S: Specific; identifying one problem i.e. R Knee flexion ROM.

M: Measurable; outcome measure (VAS, Borg Scale, Joint angle, Oxford Scale)

A: Achievable; to increase Knee ROM by 10 degrees

R: Realistic?: Yes

T: Timed: in one week.

i.e. To increase right knee flexion by 10 degrees in a week.

Or functional

i.e. can walk 100 meters using walking stick in 2 weeks.

Barriers and Facilitators to Rehabilitation

Barriers

- Poor short-term memory or cognitive impairments
- Associating all pain with tissue damage
- Not willing to experience short term pain for long term gain.
- Poor understanding of injury/condition and expectations of recovery
- Mis-trust of healthcare systems and delays in treatment
- Sense of injustice regarding injury or illness i.e. fault vs responsibility
- Focus towards tangible and financial support rather than independence

Facilitators

- Early and correct diagnosis
- Action orientated approach to recovery
- Tangible or financial investment in recovery
- Good understanding of roles in rehabilitation
- Team focus on same goals

Rehabilitation at Home

Benefits

Costs

Rehabilitate client to their own environment

Reduced “efficiency” and “increased costs” to the service.

Reduce the effects of institutionalisation

Being in a home environment is a risk to the clinician

Clients are more comfortable in their home i.e. better sleep, less distractions more community support

Resources and information may not be readily available

Set more individualised goals

Less support from colleagues in an event of a crisis or emergency

Orthopaedic Injury Example

25 year old female fell off of horse. Femoral shaft # post surgery

Goal: To return to previous level of function within 6 months

Barriers: Pain, fear of weight bearing, nightmares and lives multi-storey without lift

Facilitators: Wants to get back to horse riding asap.

PT: Mobility/Weight Bearing and return to sport. Home exercises and mobility aids

OT: ADLs (cooking, cleaning, accessing community). Equipment, pacing, driving and care.

Psych: Thoughts & emotions re: accident. Behavioural strategies and emotional regulation

Medical: Pain and wound care. Prescription of medications and dressings.

51 y.o male mechanic. Recent Dx of RA in joints

Goal: To manage symptoms to continue in employment for as long as possible

Barriers: Family members suffered greatly, worried about work, inconsistent with appts

Facilitators: Good knowledge of the condition, motivated to move towards alternative work

PT: Assessment of ROM and Pain Levels. Exercise programme to maintain ROM and Hydro

OT: Current ADLs and Workplace tasks. Equipment and strategies to assist in home and work

Psych: Thoughts & emotions re: condition and previous experiences. Strategies regulation techniques to address disruptive thought patterns and behaviours.

Medical: Current medications, effect and compliance. Prescription medication and monitoring

In Summary

Rehabilitation aims to return or readjust the client to an independent lifestyle after injury or manage their chronic illness.

Using appropriate goals setting and an inter-disciplinary approach we can decrease a patient's dependency on more traditional western health care systems

In home rehabilitation has initial high costs but in the long term delivers a more efficient service rather than a "one size fits all"

For more information
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