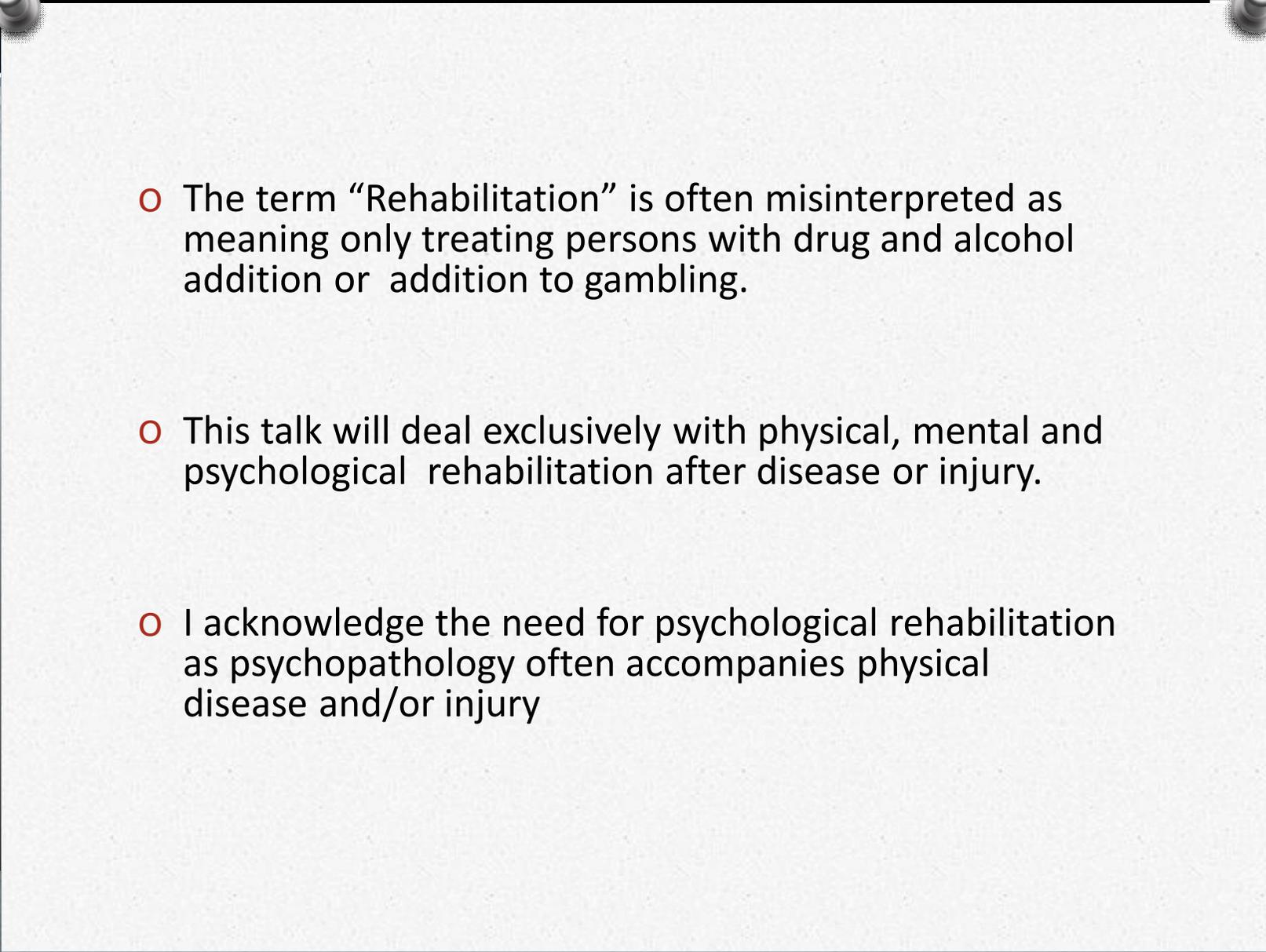




*Physical Rehabilitation –
A Multidisciplinary
Approach*

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- The term “Rehabilitation” is often misinterpreted as meaning only treating persons with drug and alcohol addiction or addiction to gambling.
 - This talk will deal exclusively with physical, mental and psychological rehabilitation after disease or injury.
 - I acknowledge the need for psychological rehabilitation as psychopathology often accompanies physical disease and/or injury

- Rehabilitation as a specialty is relative new
- In the past the value of “Rehab” was not recognised.
- It was always considered an unnecessary extra expense
- Funders lost sight of the person

Impairment and Disability

- Impairment:

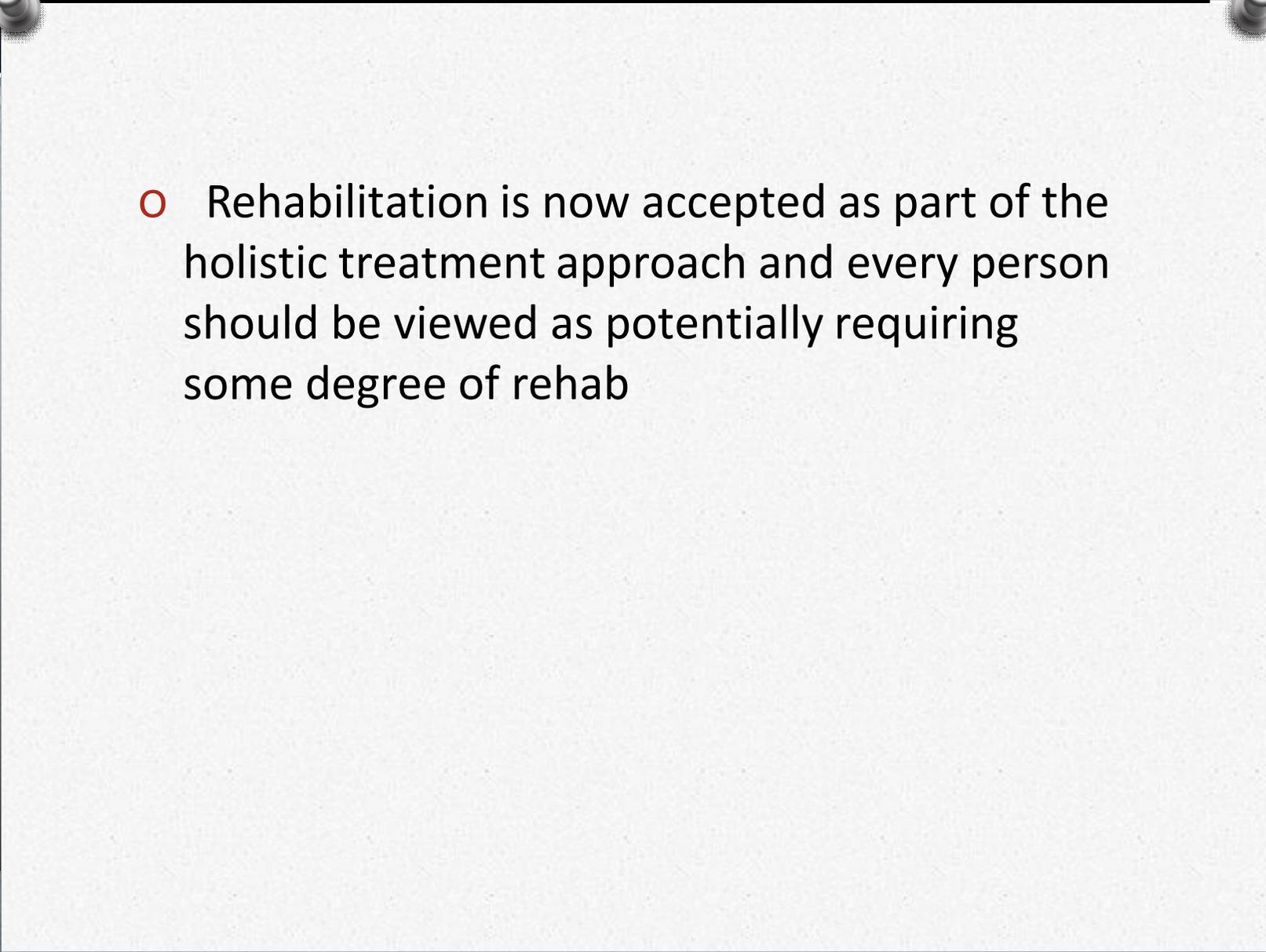
“deterioration in the functioning of a body part, organ, or system that can be temporary or permanent and can result from injury or disease”

- Disability:

“an illness, injury, or condition that makes it difficult for someone to do the things that other persons do”



- You cannot have a Disability if there is no Impairment

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- Rehabilitation is now accepted as part of the holistic treatment approach and every person should be viewed as potentially requiring some degree of rehab

When should rehabilitation start

- As soon as the impairment had developed
 - “ The earlier, the better the chances of success
 - “ Before secondary complication have occurred
 - “ Before psychological issues have developed
 - “ Before Compensitis has become a factor

Rehabilitation is a Multidisciplinary approach – it is not limited to a single person or specialty

○ The participants:

- The rehabilitation physician
- The physiotherapist
- The occupational therapist
- The speech pathologist
- The social worker
- The psychologist, neuropsychologist
- The RN, EN and the carer
- Many medical specialists, and
- The relatives and friends

The Rehabilitation Physician

- The conductor of the orchestra
- The initial assessor
- The program planner in conjunction with the team
- The coordinator
- The one who takes ultimate responsibility
- The one who determines the degree of disability
- The one who should determine the final level of impairment

The physiotherapist

- The physio has to assessment the level of physical ability
- Create the rehab plan
- Introduce the treatment program
- Execute the therapy
- Evaluate progress
- Make changes to the program as required
- Prevent secondary complications developing
- Liaise with other team members
- Continue with therapy after discharge

The Occupational Therapist

- The OT's role is to work with the PT to achieve functional activities that develop from the PT input
- To introduce her scope of the rehab
- Do appropriate tests e.g. Westmead PTA, etc
- Teach the patient skills to assist with independent function
- Perform a needs assessment
- Liaise with PT and SP to ensure the correct equipment is ordered/available
- To assess accommodation is suitable
- Continue with post-discharge treatment and assessments
- Assist with RTW

The Speech Pathologist

- Assess communication needs
- Perform appropriate assessment
- Introduce an appropriate communication plan
- Acquire communication aids
- Teach alternative communication skillscontinue post-admission treatment
- Determine final communication deficits

The Social Worker

- Assess patient/family needs
- Address concerns, eg family, work, finances, accommodation etc
- Communicate with appropriate persons
- Assist in arranging alternative accommodation, work etc

The neuropsychologist

- Assess impact of impairment on neuropsychological/cognitive status
- Initial and subsequent assessments of progress
- Institute appropriate CBT . cognitive behavioural therapy
- When cognitive problems exist assist PT, OT, SP, SW nursing staff and medical staff
- Deal with secondary behavioural issues

The Psychologist

- Assess and treat patient
- Assist spouse/partner and children
- Assist co-workers and employer
- Be there for treating staff

The Nursing Staff

- They have the broadest role – they are everybody!
- They have the most contact with patient
- They have to deal with every aspect of patient care
- When everybody else has departed for the day the Nursing Staff remain behind and are responsible for everything.

Others

- The doctors from other specialties
- The Family
- Friends
- Society
- The Workplace

The modus operandi

- Initial assessments
- Creating the rehab program
- Setting goals and working towards achieving goals
- Assessing progress/lack of progress
- Dealing with the patient, family, employer and everybody else to ensure the best outcome

The Ultimate outcome

- Full recover, but this may not always be possible.
- The next best will be a high functioning person with minimal level of WPI, able to function at home, socially and in the workplace