

Rehabilitation

- Rehabilitation was introduced about sixty years ago around the 1940's by Marjorie Warren

- Rehabilitation focuses elderly people to regain their best possible functional independence.

- Rehabilitation concerns the restoration of the individual to his or her the fullest physical mental and social capabilities.

World Health Organisation 1970

- It is a process aiming to restore personal autonomy in those aspects of Daily Living (A.D.L.), considered most relevant by patients or service users and their family carers.

- Rehabilitation is a complete process, usually involving several professional disciplines. It is aimed at improving the quality of life of older people, facing daily living difficulties, caused by chronic disease.

Young J., B.M.J. 1996

- Geriatrics is that branch of general medicine which concerns with the clinical, preventive, remedial and social aspects of illness of older people.
- Their morbidity rates, different patterns of disease, presentation, slow response to treatment and requirements.

Rehabilitation Objective

- **The main purpose is to restore an ill and disabled old person to a level of maximum ability and possible return the person to community. (British Geriatric Society)**

Rehabilitation Involves a Process of:

- **Impairment**
- **Disability**
- **Handicapped**

Impairment is loss or abnormality of anatomical, physiological structure or function.

Disability (Activity) is the restriction or lack of ability to perform a task.

Handicap (Participation) concerns the disadvantage resulting from an impairment / disability that limits or prevents the fulfilment of a Role which is normality for that age.

Rehabilitation is about the following

- Intervening between impairments and disabilities and handicaps
- Is concerned with lessening the impact of disabling conditions
- Is central to the management of old persons
- Those involved in their care is to maximise the assets and minimise the deficits of old people to promote independent community living.

Process of rehabilitation

- Is active, problem – solving and educational
- Focus is on disabilities
- Consist of the identification of problems (assessment), goal setting
- Intervention, i.e. improve and maintain
- Evaluation, i.e. effects of intervention

BED IS BAD

- Bedsores
- Joint stiffness
- Foot drop
- Contractures
- Muscle wasting
- Constipation
- Faecal impaction and incontinence
- Urine incontinence
- Loss of balance
- Potential hypotension
- Chest infection
- Deep vein thromboses
- Pulmonary embolism
- Dehydration
- Undernutrition
- Osteoporoses
- Demoralisation

IT IS OF UTMOST IMPORTANCE TO GET OLDER PERSONS OUT OF BED.

The issue of rehabilitation is Holistic

WHY?

- By general definition an entire criterion is greater than the sum of its parts.
- In the medical field: Consideration of the complete person in the treatment or disease.

Factors required for successful rehabilitation

- Holistic approach
- Team working
- Positive attitude and approach
- Individual assessment of patients and carers
- Involvement of patients and carers
- Promote independence by special and general therapeutic techniques optimizing the environment.

Barriers to the rehabilitation process

- Unidentified medical problems such as side effects of drugs (postural hypotension and fatigue due to heart failure).
- Depression (unrecognised)
- Dementia (unrecognised)
- Communication problems (unrecognised)
- Teamwork problems
- Patient problems. Prefers to remain dependant because the person is afraid.

Type of practice - Inter disciplinary team

- Multi and different disciplines
- Each discipline provides specific assessment and intervention
- Formal commitment to sharing of information and assessments, common goal setting, problem solving, decision done together, coordination of approach, planning, implementing, evaluating together.
- Shared accountability for actions
- Clients usually active members

Advantages

- Diverse skills brought together
- Quality care improved
- Record for each patient
- One team leader
- Agreed set of objectives and priorities
- Operational practices and procedures govern all team members

Dilemmas

- Preparation for such interaction and practice
- Loss of freedom to make unilateral decisions and to take unilateral action
- Potential conflicts between long established disciplines and emerging disciplines
- Inexperienced or new team members 'not fitting in'
- Learning to work 'with' rather 'for' the old person and carers

Team definition

- Group of workers, with agreed aims and objectives
- Collaborate together
- Work in a formulized manner
- Have a clear understanding of each other's roles and expectations.

Each member will have

- Different aims/objectives
- Different members
- Different mix of assessment, treatment, advice

Structure of members

- Should have relevant skills and knowledge
- Can resolve most of the problems found by the old persons
- Involve and educate common goals for each old person

Pool of Active Members

- Nurse
- Doctor
- Physiotherapist
- Occupational therapist
- Social worker
- Pharmacist
- Carer
- Patient
- Priest

Other members

- Speech therapist
- Foot care
- Psychiatrist
- Tissue viability service
- Continence advisor

MUSTS for MEMBERS

- Must understand, accept, value and respect each other as discipline representative, as professional and as individual.
- Must trust each other
- Must communicate with each other
- Must compliment each other

Other qualities

- Be accessible
- Continually maintain morale
- Be enthusiastic
- Be interesting
- Good humoured
- LEAD BY EXAMPLE

**Aims of Geriatric Services such
as Hospital Based**

- Improve diagnoses and treatment
- Increase patient's functional level
- Increased quality care
- Achieve appropriate placement
- Reduce use of institutions

**SUCCESSFUL
REHABILITATION EQUATES TO
BEST DISCHARGE AND
PATIENTS LEAVE BETTER.**