MEDICAL REHABILITATION

D.P. Doraisamy

SYNOPSIS

1981 has been proclaimed the International Year of Disabled Persons by the General Assembly of the United Nations. Attention has been focussed on the rights of the disabled person in order to ensure his full participation and integration into society.

This paper outlines the structure and aims of a Medical Rehabilitation Unit and the work responsibilities of the various members of the rehabilitation team. The role of medical rehabilitation in restoring a disabled person to his fullest physical mental, economic and social well-being is discussed.

INTRODUCTION

Rehabilitation signifies the whole process of restoring a disabled person to a condition in which he is able, as early as possible, to resume a normal life (1). It restores a patient, to his fullest mental, social and physical well-being and describes the many physical, social, psychological and organisational aspects of the care of patients, who require more than acute short term definitive treatment.

Thus the effects of rehabilitation derive from a wide variety of people, doctors, physiotherapists, occupational therapists, nurses, social workers, psychologists, orthotists, prosthetists, speech therapists, counsellors and workshop instructors. It involves clinical, functional, social and welfare assessment and a coordinated approach to the patient's total management.

The foundations of good rehabilitation lie in good medicine, accurate diagnosis, careful prognosis and early appropriate and adequate definitive care. The superstructure of rehabilitation depends considerably upon the bricks of physical therapy: Physiotherapy (including remedial exercises); occupational therapy; industrial rehabilitation; and the various aspects of the social services (2).

Department of Rehabilitation Medicine
Tan Tock Seng Hospital
Moulmein Road
Singapore 1130

D.P. Doraisamy, MBBS, D Med Rehab (UK)
Registrar

THE MEDICAL REHABILITATION UNIT

The medical rehabilitation unit is a centre which is structurally and functionally orientated towards recovery; where a purposive atmosphere instils confidence; and where the individual skills of a rehabilitation team are integrated and coordinated to assist each patient to achieve maximal functional efficiency (2). The emphasis in such a centre, whether outpatient or residential, is on active restoration of function, and rapid resettlement, at home and at work.

The Aims of a Medical Rehabilitation Unit

1. The assessment of the potential of the severely disabled person in terms of functional ability.
2. Provision of appropriate aids, appliances and equipment.
3. Training of the disabled person to use his residual ability to take him to maximum independence.
4. Assistance and support of the family in the care of and the acceptance of the disabled member.
5. The resettlement of the patient into the community, if practical, in the social and economic aspects (3).

Patients needing these special rehabilitation facilities are those with Multiple Injuries, Head Injuries, Spinal Injuries, Amputations and Medical Conditions such as Strokes, Rheumatic disorders, diseases of the nervous system which cause locomotor dysfunction, and patients with cardio-pulmonary disease.

THE REHABILITATION TEAM

Each member of the team, although having specific work responsibilities, must understand what the other is trying to do, and what the problems are. The patient must understand what each member of the team is attempting to do. Each patient needs to have one person to whom he can turn to for explanations and discussion. It is often confusing to explain and re-explain his difficulties at different times. Therefore the members of the team must communicate freely with each other and work together to understand and deal with each patient's individual needs and problems.

Work Responsibilities of the team are as follows:

The Consultant

He must understand the Physical disorders of the locomotor system, whether neurological, rheumatological, orthopaedic or psychological. The Consultant leads the team. He gives an accurate diagnosis and clear indications of the aims of therapy. He prescribes the treatment - whether it be physical therapy, aids and appliances or drugs. He should be able to predict the likely outcome of rehabilitation and must specify where drug therapy or disease characteristics may necessitate particular care in the administration of various forms of therapy. He counsels the patient and the family, explaining the nature and prognosis of the injury or disease.

The Physiotherapist

The Physiotherapist does the physical assessment of the patient. She has a detailed knowledge of all available techniques of physiotherapy such as the use of ice, heat, short wave diathermy, ultrasound, electrotherapy, hydrotherapy and manipulative procedures. She looks after the mobility of the patient whether it be walking re-education with the use of walking aids or management of wheelchairs. The physical problems of transferring e.g. from bed to chair to toilet etc. are dealt with by the physiotherapist, and transfer techniques taught. She also advises in the use of hoists, lifts, and other appliances.

The Occupational Therapist

The occupational therapist does the functional and perceptual assessment of each patient. She deals with the physical problems of dressing, feeding, washing and toilet management. She attends to problems of housing, both in design and in alterations in toilets, baths, kitchens and living areas, and assesses accessability. Training for work, limited activities and hobbies are also carried out by the occupational therapist. She assesses and prescribes the wheelchair.

The Nursing Sister

The nurses look after the total nursing care of the patient. They are responsible for the prevention of pressure sores in paralysed patients with sensory loss and management of urinary incontinence, and bowel care in patients who have difficulty in defaecation.

The Medical Social Worker

The medical social worker does a full social and domestic assessment of the patient. She discusses the problems with the patient and his family and finds out what the individual wants himself. She plans the final resettlement of the patient - to return the patient to his home and useful employment, or placement in Old Age Homes and the Chronic Sick Unit.

The Orthotist and Prosthetist

His role is to design and provide aids, appliances and equipment prescribed for the patient e.g. calipers, collars, feeding and dressing aids and wheelchairs. He should also be able to adapt standard equipment for the special needs of the patient. The prosthetist measures and provides the amputee with good, fitting, artificial limbs when prescribed.

The Speech Therapist

The speech therapist deals with all types of speech and language disorders, both organic and functional. She also teaches, swallowing and feeding in patients with cerebral palsy, pseudobulbar palsy and cleft lips and palates. She is often called upon to help wean a patient off Ryles Tube Feeding.

The Psychologist

A psychological assessment should be done in all brain-damaged patients. It can determine whether a patient is suffering from any impairment which may affect his ability to benefit from the rehabilitation programme e.g. memory problems and visuo-spatial

and perceptual abilities. Intellectual abilities are assessed and are used to predict their likely success in vocational training or return to work. Serial Testing or repeated assessments over a period of time are done to assess the effects of recovery or treatment, or for monitoring deterioration. Personality assessments and vocational tests can be carried out where necessary.

The Disabled Resettlement Officer

He works as a link between the patient and the employer. He assesses the requirements of the patient's previous job and if the patient is unable to return to the same job, other job possibilities are looked into. He works closely with the medical social worker and tries to find suitable employment for the patient when possible.

CONCLUSION

Good rehabilitation requires careful organising, and the coordinated efforts of each member of the team in conducting a programme of rehabilitation which is tailored to meet the individual abilities and disabilities of each patient.

Rehabilitation must be a single continuous process, beginning with the onset of the disease or injury, and continuing throughout treatment until final resettlement is achieved.

REFERENCES

1. Piercy, Lord: Ministry of Labour. Report of the Inquiry on the Rehabilitation Housing and Resettlement of Disabled Persons HMSO, 1956.
2. Nichols, PJR: Rehabilitation Medicine. The Management of Physical Disabilities. 2nd Edition. Butterworths 1980.
3. Nichols, PJR and Goble REA: Evaluation of a Disabled Living Unit. Butterworths. 1971.
4. Nichols, PJR: Physical Medicine. Br. J. Hosp. Med. 1969; 2: 1150.
5. Editorial, International Rehabilitation Medicine Vol 1. 1978 No. 1.