Rehabilitation Nursing
Rehabilitation Defined

- The process of restoring the individual to the fullest physical, mental, social, vocational, and economic capacity of which he or she is capable
- Relearning of former skills; learning new skills necessary to adapt and live fully in an altered lifestyle
- Must begin from the very onset of a traumatic event or diagnosis of a chronic illness
- Every aspect of the individual’s needs and care assessed and addressed
Issues in Rehabilitation

- Quality of Life versus Quantity of Life
  - Rehabilitation focuses on continually improving the quality of the person’s life, not merely maintaining life itself.

- Care versus Cure
  - Many conditions are irreversible; therefore, the focus of care is related to adaptation and acceptance of an altered life rather than to resolving an illness.

- High cost of care
Need for Rehabilitation

• Need for Rehabilitation Precipitated by
  ▪ Impairment
    • Any loss or abnormality of psychologic, physical, or anatomic structure or function
  ▪ Disability
    • Any restriction or lack of an ability to perform an activity in the manner or within the range considered normal for a human being
Need for Rehabilitation

• Handicap
  ▪ A disadvantage for a given individual resulting from an impairment or disability that limits or prevents fulfillment of a role that is normal for that particular individual

• Functional limitation
  ▪ Any loss of ability to perform tasks and obligations of usual roles and normal daily life

• Chronic illness
  ▪ An irreversible presence, accumulation, or latency of disease states or impairments that involves the total human environment
Goals of Rehabilitation

• All Rehabilitation Goals Shall
  ▪ Maximize the quality of life of the individual
  ▪ Address the individual’s specific needs
  ▪ Assist the individual with adjusting to an altered lifestyle
  ▪ Be directed toward promoting wellness and minimizing complications
  ▪ Assist the individual in attaining the highest degree of function and self-sufficiency possible
  ▪ Assist the individual to return to home and community
The cornerstones of rehabilitation may be seen as stepping stones on the “road to recovery”

- Individually centered
- Community reentry
- Independence
- Functional ability
- Team approach
- Quality of life
- Prevention and wellness
- Change process
- Adaptation
- Patient/family education
Rehabilitation Team

• Models of Team Functioning
  ▪ Multidisciplinary rehabilitation team
    • Characterized by discipline-specific goals, clear boundaries between disciplines, and outcomes that are the sum of each discipline’s efforts
  ▪ Interdisciplinary rehabilitation team
    • Collaborates to identify individuals’ goals and is characterized by a combination of expanded problem solving beyond discipline boundaries and discipline-specific work toward goal attainment
  ▪ Transdisciplinary rehabilitation team
    • Characterized by the blurring of boundaries between disciplines, as well as by cross-training and flexibility to minimize duplication of effort toward individual goal attainment
Rehabilitation Team

• Rehabilitation Nurse
  ▪ Must have a broad knowledge base of pathophysiology of a wide range of medical-surgical conditions and a body of highly specialized knowledge and skills regarding rehabilitation
  ▪ Must believe that individuals with functional disabilities have an intrinsic worth that transcends their disabilities
  ▪ Specialized training necessary for the rehabilitation nurse to become an effective team member
  ▪ Practices in a variety of settings
Rehabilitation Team

• Comprehensive Rehabilitation Plan
  ▪ This is an overall individualized comprehensive rehabilitation plan of care.
  ▪ It is initiated within 24 hours of admission and ready for review and revision by the team within 3 days of admission for each individual.
  ▪ The plan is developed based on the results of the interdisciplinary admission assessment.
  ▪ All clinicians treating the patient will use this comprehensive plan of care.
Patient Education

• Crucial for the rehabilitation process to be comprehensive
• An ongoing and integral process by which patients and families build knowledge, skills, and confidence to regain physical and psychosocial functioning following an illness or injury
Patient Education

• The following five-step process may be used.
  ▪ Assess the patient's and family's needs, abilities, and concerns.
  ▪ Plan interventions based on these needs, abilities, and concerns.
  ▪ Implement the educational plan.
  ▪ Evaluate the educational plan.
  ▪ Review the educational plan.
Scope of Individuals Requiring Rehabilitation

- Rehabilitation is a bridge for the patient, spanning the gap between
  - Uselessness and usefulness
  - Hopelessness and hopefulness
  - Despair and happiness
- The scope of conditions requiring rehabilitation is broad and spans the life continuum.
Family and Family-Centered Care

• A philosophy that recognized the pivotal role of the family in the lives of children with disabilities and other chronic conditions
• Strives to support families in their natural caregiving roles by building on their unique strengths as individual parents
• Promotes normal patterns of living at home and in the community and views families and professionals as equals in a partnership committed to excellence at all levels of health care
Pediatric Rehabilitation Nursing

• This has evolved over the past 20 years from a mere combination of pediatrics and rehabilitation into a true specialty committed to the care of children with disabilities or other chronic conditions and their families.

• Nurses in this field provide a continuum of care so those children can become contributing members of society and function at their maximum potential.

• Pediatric rehabilitation nurses in their roles as leaders, advocates, and educators can have a very positive influence on the lives of children with disabilities and chronic conditions and on their families.
Gerontologic Rehabilitation Nursing

• This specialty practice focuses on the unique requirements of older adult rehabilitation patients.

• The gerontologic rehabilitation nurse is knowledgeable about both techniques of caring for the aged and rehabilitation concepts and principles.

• The main goal is to assist older adult patients in achieving their personal optimal level of health and well-being by providing holistic care in a therapeutic environment.
Rehabilitation and the Older Adult

- Goal of Care: Assist the older adult to the highest level of health possible
- CVA
- Deformity from arthritis or surgery associated with severe arthritis
- Trauma associated with falls
Nursing Roles

- Bedside Caregiver
- Educator
- Counselor
- Advocate
- Case manager
- Researcher
Implementation of Goals

• 1. Maintenance of joint function
• 2. Active Exercise
• 3. Bladder continence
• 4. Bowel continence
• 5. Appropriate sexual expression
• 6. Psychosocial and Spiritual well-being
Goal Assessment

• Regular intervals
• Goals stated in observable, measurable terms
• Goals specific to older adults
  ▪ Improvement of function
  ▪ Delay of deterioration
  ▪ Accommodation to dysfunction
  ▪ Comfort in the dying process
Polytrauma

• New health care challenge
• Soldiers wounded in conflicts
• Also known as polytrauma-blast related injury (PT/BRI)
• Four categories
  ▪ Primary
  ▪ Secondary
  ▪ Tertiary
  ▪ Quaternary
Posttraumatic Stress Disorder (PTSD)

- First identified in 1980
- No definitive treatment modality
- Therapeutic goal is patient empowerment and regaining control over symptoms
- Previously known as “shell shock” or “war neurosis”
- Now applies to various forms of traumas
  - Natural disasters
  - Rape
Disabling Disorders

• Spinal Cord Injuries
  ▪ These injuries occur mainly as a result of traumatic accident, and the individuals paralyzed are primarily young males.
  ▪ Functional abilities are related to injury level and extent of damage to the spinal cord; the higher the injury point, the higher the level and loss of function.
  ▪ Injury to the spinal cord is irreversible in that the cord is unable to repair itself.
Disabling Disorders

• Spinal Cord Injuries (continued)
  ▪ Postural hypotension
    • Some individuals may have a marked drop in blood pressure while sitting.
  ▪ Autonomic dysreflexia
    • Patients with spinal cord lesions above T5 may experience sudden and extreme elevations in blood pressure caused by a reflex action of the autonomic nervous system.
    • It is produced by stimulation of the body below the level of injury, usually by a distended bladder.
Disabling Disorders

- Spinal Cord Injuries (continued)
  - Heterotopic ossification
    - This is the abnormal formation of bone cells in joints.
    - It is commonly seen in people with spinal cord injuries, and it occurs below the level of the lesion.
  - Deep vein thrombosis
    - This is clotting of blood within vessels of the legs caused by slowing of the circulation or an alteration in the blood vessel wall.
Disabling Disorders

• Traumatic Brain Injuries
  ▪ Most brain-related disabilities, including physical, cognitive, and psychosocial difficulties, require 5 to 10 years of difficult and painful rehabilitation; many require lifelong treatment and attention.
  ▪ The primary goal of the rehabilitation professional treating the survivor of brain injury is to restore the person to the highest possible level of independent functioning.
  ▪ Head injuries are classified as either penetrating or closed head injuries.
Disabling Disorders

• Traumatic Brain Injuries (continued)
  ▪ Classified as mild, moderate, severe, or catastrophic
    • Mild: Brief or no loss of consciousness; neurologic examinations often normal
    • Moderate: Unconsciousness ranging from 1 to 24 hours; usually cognitive impairments
    • Severe: Unconsciousness or post trauma amnesia in excess of 8 days; cognitive, psychosocial, and behavioral disabilities
    • Catastrophic: Coma lasting several months or longer; generally never regains significant meaningful communication