

WHAT IS THE REHABILITATION PROCESS?

The rehabilitation process is different for everyone. Rehabilitation programs should be individualized, catering to each person's unique needs. Just as no two people are exactly alike, no two brain injuries are exactly alike. The person with a brain injury and their family should always be the most important members of the treatment team. Cultural, religious, social, and economic backgrounds must always be considered when planning a person's rehabilitation program.

Rehabilitation channels the body's natural healing abilities and the brain's relearning processes so that an individual recovers as quickly and efficiently as possible. Rehabilitation also involves learning new ways to compensate for abilities that have permanently changed due to brain injury. There is much that is still unknown about the brain and brain injury rehabilitation. Treatment methods and technology are rapidly advancing as knowledge of the brain and its functions increases.

The goal of rehabilitation is to help people regain the most independent level of functioning possible.

MODELS OF REHABILITATION

In the past, rehabilitation services for people with brain injury were largely provided in a "medical model," located in a medical facility with a cadre of physicians, nurses, and trained professionals providing services. While this model still predominates, today's trend is toward more community-based rehabilitation models, and more options are available than ever. Rehabilitation service delivery and funding are changing rapidly as managed care continues to replace the traditional fee-for-service and indemnity insurance plans.

Medically Based Rehabilitation:

Early intervention is crucial. Rehabilitation should ideally start in the Intensive Care Unit. At this point, rehabilitation is generally preventive. Range of motion, bowel and bladder hygiene (i.e., initiation of regular bowel program and removal of indwelling catheters), prevention of pressure sores, and orientation are all very important right from the beginning. Rehabilitation activities initiated in the ICU can frequently reduce complications and, sometimes, the length of hospitalization.

Acute Rehabilitation: Once a person is medically stable, transfer to an acute rehabilitation facility often occurs. There, they will spend several hours a day in a structured rehabilitation program. This program usually includes a team of professionals with training and experience in brain injury rehabilitation, such as Physical Therapists (P.T.), Occupational Therapists (O.T.), Speech-Language Pathologists (SLP), and Neuropsychologists. Additional staff support the brain injury rehabilitation team's efforts, often including case management, respiratory therapy, pharmacy, lab, nuclear medicine, radiology, and dietary. A doctor specializing in Physical Medicine and Rehabilitation (PM&R), also known as a "physiatrist," may head up the team.

"Subacute" Rehabilitation: People who are minimally aroused for a prolonged period often have limited attention and stamina and need a less intensive level of rehabilitation services over a longer period of time. Subacute rehabilitation may be provided in a variety of settings, but it is often in a skilled nursing facility or nursing home. It is important to note that the services

provided by subacute programs vary widely, as there is no generally accepted definition of subacute services at this time.

It is important to recognize that "more therapy" does not make a person "better" but that "appropriate" therapy does. Some sub-acute rehabilitation programs require the same appropriately trained professionals as acute rehabilitation programs. The goals of sub-acute rehabilitation should include minimizing morbidity, maintaining functional positioning, hygiene, nutrition, and medication management, as well as providing support for the person with a brain injury and their family. Sub-acute rehabilitation programs may also be designed for persons who have made progress in the acute rehabilitation setting and are still progressing but are not making rapid functional gains.

Day Treatment/Day Rehab: Day rehab (sometimes called "Day Hospital") provides intensive rehabilitation in a structured setting during the day and allows the person with a brain injury to return home to their family at night. The treatment team is often made up of a variety of the same sort of rehabilitation professionals found in acute rehabilitation. *[This option has become less available in Virginia]*

Community - Based Rehabilitation

Outpatient Facilities: Following acute rehabilitation or sub-acute rehabilitation, a person with a brain injury may continue to receive outpatient treatment in specific areas (e.g., ongoing speech pathology to continue to work on cognition, or occupational therapy to work on driving, etc.). This treatment may be provided in a clinic that a person attends a few times per week or in the home by a home health agency.

Home-based Rehabilitation: There are a few rehabilitation companies that focus on providing acute rehabilitation within the home or community setting. Once medically stable, some persons with a brain injury may be able to participate in such a program if there is such a program in their community.

Community Re-entry: Community re-entry programs generally focus on developing higher-level motor and cognitive skills to prepare the person with a brain injury to return to independent living and potentially to work. Treatment may focus on safety in the community, interacting with others, initiation and goal setting, and money management skills. Vocational evaluation and training may also be a component of this type of program. Community Re-entry programs generally run for part or all of the day, with participants returning home to sleep and be with their families. The availability of this type of program can be limited.

Transitional Living Programs: Transitional Living programs provide housing for persons with brain injury, to regain the ability to live as independently as possible. Sometimes, programs will have several different levels, depending on the individual's level of need. In addition to physical, occupational, speech, and recreation therapists, these programs usually have life skills technicians who assist the person with a brain injury in acquiring skills and learn compensatory techniques so they can live in the most independent setting. *[Availability of this type of program is very limited in Virginia.]*