

Understanding the Basics of Rehabilitation Programs

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Designed as a quick-reference guide for students, health-care professionals, and anyone interested in the fundamentals of rehabilitation.

1. What Is Rehabilitation?

Aspect	Description
Definition	A coordinated set of interventions aimed at restoring or improving functional abilities, reducing disability, and enhancing quality of life after illness, injury, or chronic disease.
Primary Goals	• Maximize independence • Reduce pain and complications • Promote safe return to daily activities, work, or sport
Key Settings	• Hospitals (acute & sub-acute) • Outpatient clinics • Community-based centers • Home-based programs • Long-term care facilities

2. Core Components of a Rehabilitation Program

Component	Typical Activities	Professionals Involved
Assessment & Goal Setting	Functional assessments, outcome measures, patient-centered goal formulation	PT, OT, SLP, RN, physician, psychologist
Physical Therapy (PT)	Strengthening, gait training, balance, cardiovascular conditioning, manual therapy	Physical therapist
Occupational Therapy (OT)	ADL (activities of daily living) training, adaptive equipment, fine motor skills, home-environment modification	Occupational therapist
Speech-Language Pathology (SLP)	Swallowing therapy, speech articulation, cognitive-communication training	Speech-language pathologist

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Component	Typical Activities	Professionals Involved
Medical Management	Pain control, medication review, disease-specific treatment (e.g., cardiac rehab)	Physician, pharmacist, nurse
Psychosocial Support	Counseling, coping strategies, stress management, family education	Psychologist, social worker, counselor
Nutrition & Lifestyle Counseling	Dietary planning, weight management, smoking cessation, activity pacing	Dietitian, health coach
Assistive Technology & Orthotics	Prosthetics, wheelchairs, braces, adaptive devices	Orthotist, assistive technology specialist
Education & Self-Management	Patient & caregiver training, goal tracking, relapse prevention	All team members (as needed)

3. Phases of Rehabilitation

Phase	Objectives	Typical Duration
Acute Phase	Stabilize medical condition, prevent secondary complications (e.g., contractures, pressure injuries)	0–7 days (hospital)
Subacute / Early Rehabilitation	Initiate functional movement, begin low-intensity exercise, educate patient/family	1–4 weeks
Intermediate / Restorative Phase	Build strength, endurance, and skill; focus on task-specific training	4–12 weeks
Community / Long-Term Phase	Maintain gains, promote independence, prevent recurrence, integrate into community activities	Ongoing (months–years)

4. Common Outcome Measures

Domain	Example Tools
Mobility & Balance	Timed Up and Go (TUG), Berg Balance Scale, 6-Minute Walk Test
Strength	Manual Muscle Testing, Hand-Held Dynamometer
ADL Function	Barthel Index, Functional Independence Measure (FIM)

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Domain	Example Tools
Pain	Visual Analog Scale (VAS), Numeric Rating Scale (NRS)
Quality of Life	SF-36, WHOQOL-BREF
Cognitive/Communication	Montreal Cognitive Assessment (MoCA), Western Aphasia Battery

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