The Occupational Therapist in a Rehabilitation Centre

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REHABILITATION is a restorative process of various measures directed towards minimising the consequences of adverse results of disability.

Normal functions of a person become difficult or far from possible due to disability. The disability may be due to physical or psychological dysfunctions. An effective restoration to an active life of an individual in a society can best be achieved if all the measures which influence a person's capacities to function are provided. This means a regiment of rehabilitation team members is required, which includes nurses and occupational therapists as well.

Occupational Therapy (O.T.) provides purposeful activity that requires physical and mental involvement of the patient with a definite thereapeutic goal which differs with each patient. The goal must be determined by the therapist in consulation with rehabilitation team.

O.T. helps the person to achieve mastery of the tasks demanded in life to live usefully and the ability to cope up with expectations of life in the given socio-economic enviroment. It may act as a catalytic agent to promote health by suggesting and teaching suitable activities.

Functions of Occupational Therapy are :

(*i*) to evaluate the patient's abilities and disabilities including biomechanical data, sensory perceptual and cognitive functions, kinectic functional evaluation, psychological attitude towards his ability, disability and environment.

(*ii*) to restore a sense of achievement and confidence by developing his insight and to build up a realistic attitude towards himself, his environment and people around him. Occupational therapy can assist a patient to overcome fear aroused by surgery and help in evaluating the functional status of the patient before and after surgery.

(*iii*) to train the patient in activities of daily living such as eating, dressing, writing, use of adapted gadget and prostheses.

(*iv*) to test the practical use of various upper extremity orthotics, including braces, splints, supports, slings and externally powered devices.

(*v*) to assess the home situation, if necessary, by visiting home, suggesting necessary changes required in furniture, working position, use of adapted equipments, and training in simplifying the work as to achieve efficient household routine.

(*vi*) to provide provocational exploration to determine the patient's physical and mental capacities, social adjustment interest, work habits, skills and potential employment.

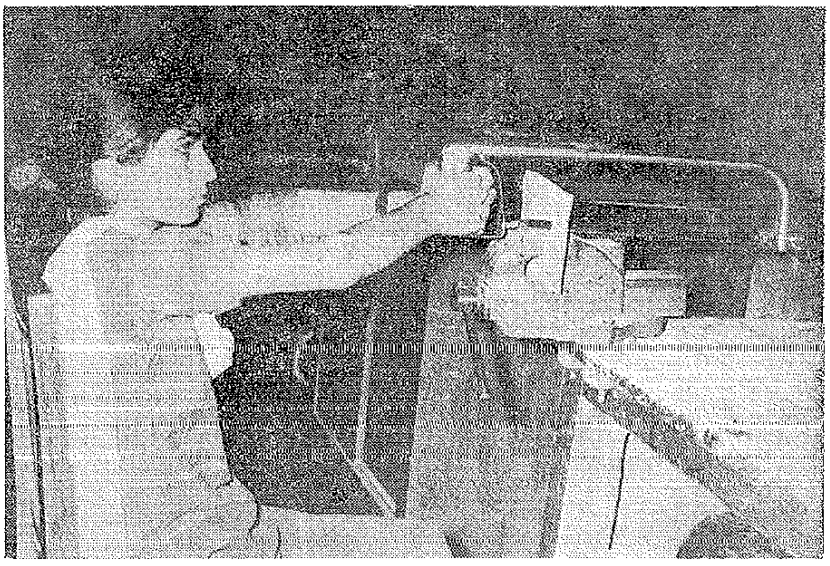
(*vii*) to suggest and plan out adapted machinery, furniture and adapted equipment, and devices needed to meet the patient's functional needs in the hospital, school, office, home, factory or in places of public utility.

(*viii*) to work with the medical board to ascertain the functional status of a patient on whom a fitness report is needed.

(*ix*) to advise and instruct parents on home activities which will help the handicapped child's development and growth.

(*x*) to instruct and demonstrate the importance of proper posture and methods during work and rest in avoiding undue strain on the body activities and help relaxation.

(*xi*) to guide the patient in recreational activities and hobbies.



An exercise to improve the functions of the elbow for the restoration of movements and strength at a Rehabilitation Centre.

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(*xii*) to collaborate with the rest of the rehabilitation team in the continuous assessment of the patient and appropriate modification of his rehabilitation programme.

The Nurse and the Occupational Therapist

When the load of the patients is too much to take care by the nursing staff rehabilitation treatment is prolonged. In such situtions one cannot afford to do all the tasks for the patients in a rehabilitation programme. Instead the patient must be encouraged and directed to accomplish maximum of self-care. This is the task which demonstrates team work approach with occupational and physiotherapist. Techniques to achieve independence in activities of daily living such as dressing, feeding, grooming, writing and transfer activities are gainfully demonstrated and accomplished in the O.T. Section.

The nurse is present 24 hours a day while all other team members may not be available for more than 8 hours. Apart from positioning of the patient, maintaining passive range of motion of the joints and absolute prevention of bed sores, the nurse is ideally suited to assume the responsibility to allot and arrange the patient's routine for various rehabilitation services. While planning the patient's day programme, the nurse needs to understand the need of occupational therapy service ; when it is required, whether immediately on admission or after an acute stage is over after a certain period, how much time is required by the patients to spend in O.T., what instructions are required to be followed by the Nurse and O. T., and what observations will be helpful to be communicated to the therapist regarding the patient ? The chart showing various items of communication between the nurse and O. T. is given in the Chart below.

Essentials of team approach

(*i*) Co-ordination is the first essential in a team. The most important aspect is the establishment of satisfactory inter-personal relationship between members of the team in a world of specialisation.

(*ii*) The specialist in the team is not only supposed to possess the complete familiarity with his own subject but he should also have a basic knowledge and broad outline of the scope of those of other team members, more particular of those who are closely working and their functions are overlapping. The team member, must know at what stage their service is required and when it is necessary to hand over the case to other services.

(*iii*) It is always advisable to safeguard one's own field and show respect to that of others. Each member has to genuinely accept the importance of different professionals in the team. On the other hand there is always a danger of being tempted to interfere and encroach unwittingly in the areas of another person's speciality. This

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Communication Between the Nurse and the Occupational Therapist in a Rehabilitation Team

NURSE	OCCUPATIONAL THERAPIST
1. Bed rest, because of fever, skin problems special medication.	1. Functional ability on admission, instructions for ward follow up regarding self care problems, such as feeding, grooming, dressing. Any equipment or assistance required.
2. Sitting tolerance for patients who have pressure sores or medical problems.	2. Construction of simple splints, modification in the P.O.P. cast.
3. Resume treatment programme after surgery.	3. Use of appliances, splints, devices, including wearing time and fixation. This includes slings, hand splint, plaster splint and A.D.L. devices, pulleys.
4. Turning, positioning and exercise to prevent deformity and pressure sores.	4. Instructions for post operative patients : (a) Special positioning (b) Use of splints-braces. (c) Exercises to be carried out in holidays.
5. Bowel and bladder training programme.	5. Special instructions to prepare patient for treatment e.g. time, duration, equipment required, positioning, back rest, pillows etc.
6. Use of elastic bandage for stump wrapping.	6. Restretion in functional activity e.g. patient not to dress self at present or feed himself only at breakfast.
7. Treat oedema of exterimities by elevation, elastic bandage etc.	7. Recreational and social activities for the patients.
8. Special diets.	8. Participation of patients in suitable ward work during festival celebration etc.
9. Isolation.	
10. Orders for consultations, diagnostic tests, X-rays, lab work.	
11. Attitude of patient towards hospitalisation, staff, treatment. co-patients and relatives.	
12. Date of discharge, transfer etc.	