

EARLY REHABILITATION – TIMING OR CONCEPT

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Abstract

Starting rehabilitation very early for people following the onset of a neurological health condition has the potential to provide specialist medical interventions during an acute hospital admissions and has been developed in response to the need for hospitals to reduce inpatient stays in acute beds. But, is there more to early rehabilita-

tion than just timing? The point of entry is defined as when “the priority of care has moved from the definitive acute treatment to one of rehabilitation” and it is at this time that the rehabilitation specialist takes the lead for clinical care. In reality, once definitive care or resuscitation has taken place, a patient’s inpatient stay in hospital is primarily for rehabilitation and dedicating facilities, including beds, for this purpose will bear fruit to meet healthcare priorities.

Early rehabilitation describes rehabilitation interventions within the first month of a hospital admission following a disabling health condition. Its value is set out in a paper, which was recently published (1) and this presentation will describe an evidence based care pathway and the results of a study in which the outcomes of brain injured patients were improved by interventions in the intensive care unit. It will also describe the categories of suitable patients within the definition of early rehabilitation.

Below are some examples of how it may be delivered.

1. Transfer of patients to specialist beds in the acute hospital;

2. Establishment of mobile rehabilitation teams while the patient remains in the referring specialist’s bed;
3. Daily visits to the acute wards by specialists from a stand-alone rehabilitation facility;
4. Establishment of rehabilitation centres to take patients in the very short term.

References:

Ward AB, Gutenbrunner C, Damjan H, Giustini A, Delarque A. J Rehabil Med 2010; 42: 417–424.