

REHABILITATION — RESTORE TO EFFECTIVENESS OR NORMAL LIFE BY TRAINING.

Concise Oxford Dictionary 7th Ed 1982

In this issue there is a review of a new book by Pat Davies dealing with the treatment of adult hemiplegia. In it she states that the relearning of walking after an insult to the brain takes many months if not years. "Rehabilitation should, therefore, be regarded as an ongoing process if optimal results are to be attained and then maintained".

And where do we stand in this country with regard to rehabilitation? Do we manage to rehabilitate our patients fully? Do we even try?

In the hospitals a patient who has sustained a cerebro-vascular accident is discharged once his cerebral condition is stable. If he is lucky treatment will be arranged, but transport is the problem. In order to save money all hospital transport has been drastically reduced.

There has been much talk of treatment in the "community". But what facilities exist in the community? We have no rehabilitation centres and there are very few community physiotherapy posts to cope with domiciliary physiotherapy. There is in fact no structure in the Health Service for the rehabilitation of adult patients.

We are fortunate in having special schools which can cope with physically handicapped and brain damaged children. But there are not enough of them. And facilities for the adults

barely exist. There are some convalescent hospitals which were never planned for rehabilitation and there are too few physiotherapy posts. The private practitioners do not have the space, staff or time to cope with general rehabilitation.

Rehabilitation is no longer the mainstay of physiotherapy practice. There is a tendency to specialise and the poor lady with a fractured neck of femur is sent home unable to even move in the bed, let alone get up and walk!

It is time that the profession has a long hard look at the rehabilitation scene. As a profession we have a very low priority in the Health Service. That is our fault. We must be seen to succeed. Patients who were incapacitated must walk out of our departments independently, able to care for themselves. We need to show the authorities that this is what we can achieve and that this is essential for a health community.

It costs less for an elderly lady to care for herself in the community than for her to be institutionalised. The physically handicapped must be accepted in the workplace and reduce the need for sheltered employment. They should be physically independent. But we must get them there.

Independence is the name of the game!

L M DAVIDS

Reference:

Davies PM. *Right in the Middle*. Berlin: Springer-Verlag, 1990:266 ♥

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