



A Comprehensive Approach to Ambulatory Rehabilitation

Never Stand Still

Faculty of Medicine

School of Public Health and Community Medicine

A/Prof Chris Poulos
Hammond Chair of Positive Ageing and Care
University of NSW
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Presentation Overview

- Defining rehabilitation
- Re-defining rehabilitation
 - This presentation is **not** focusing on rehabilitation in low and middle income countries
 - Changing disease patterns
 - Population ageing
 - Emerging roles for rehabilitation – esp suited to ambulatory settings
- Rehabilitation in ageing populations
 - Progressive versus catastrophic disability
- Rehabilitation, Restorative Care and Reablement – what’s the difference?
 - Common principles
 - Driven by intensity, cost and complexity
- Defining ambulatory rehabilitation
- Benefits of rehabilitation in the ambulatory setting
- Which model of ambulatory rehabilitation?
 - Purpose
 - Content
 - Setting

Definition of Rehabilitation

- Australasian Faculty of Rehabilitation Medicine

(<https://www.racp.edu.au/index.cfm?objectid=42582DB5-E141-60C4-139C7374BE04BA2A>)

*“Rehabilitation Medicine is the medical speciality concerned with the diagnosis, evaluation and treatment of adults and children with **limited function** as a consequence of disease, injury, impairment and/or disability.”*

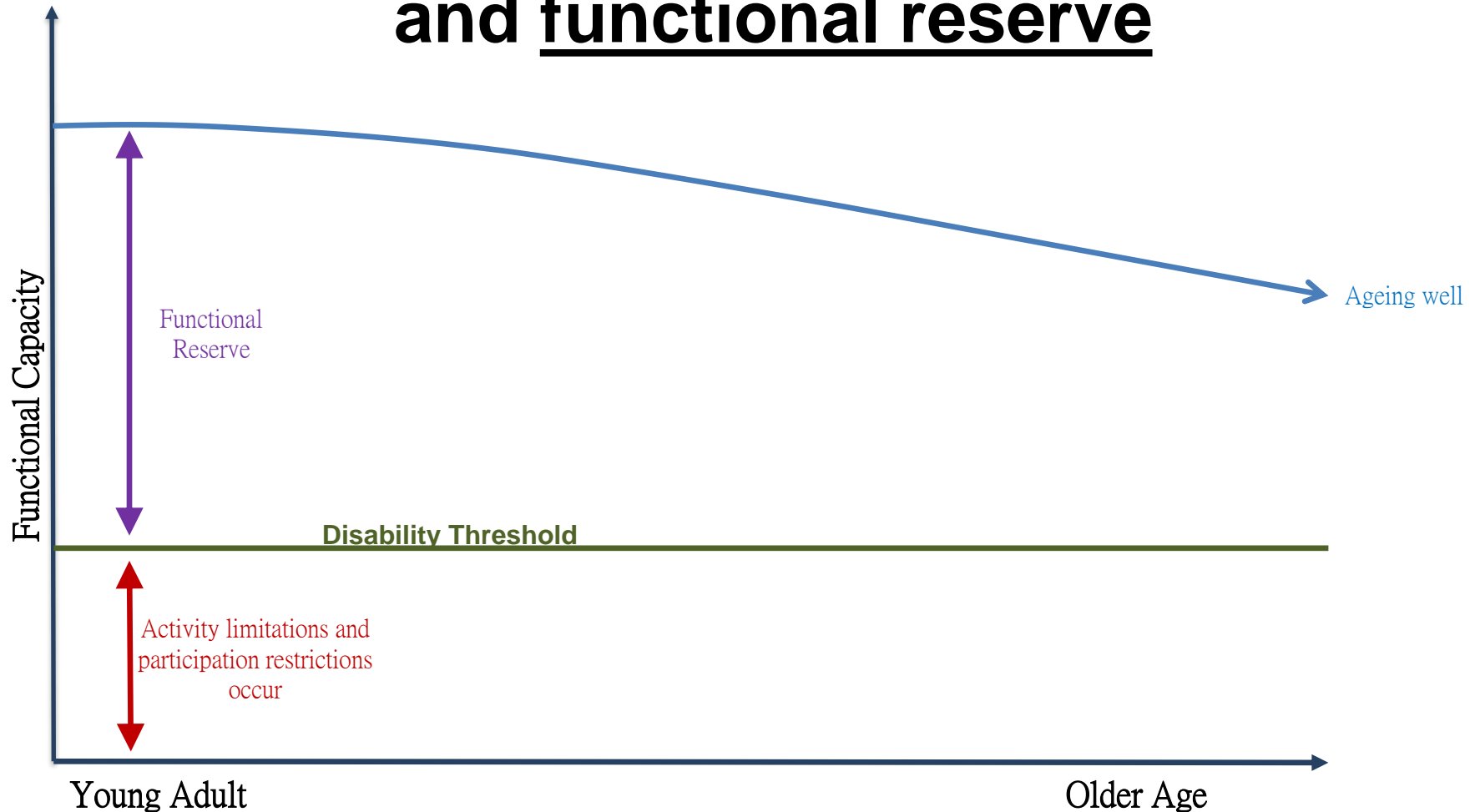
- World Health Organisation (<http://www.who.int/topics/rehabilitation/en/>)

*“Rehabilitation of people with disabilities is a process aimed at enabling them to reach and maintain their optimal physical, sensory, intellectual, psychological and social **functional levels**. Rehabilitation provides disabled people with the tools they need to attain independence and self-determination.”*

- Spectrum of Rehabilitation:

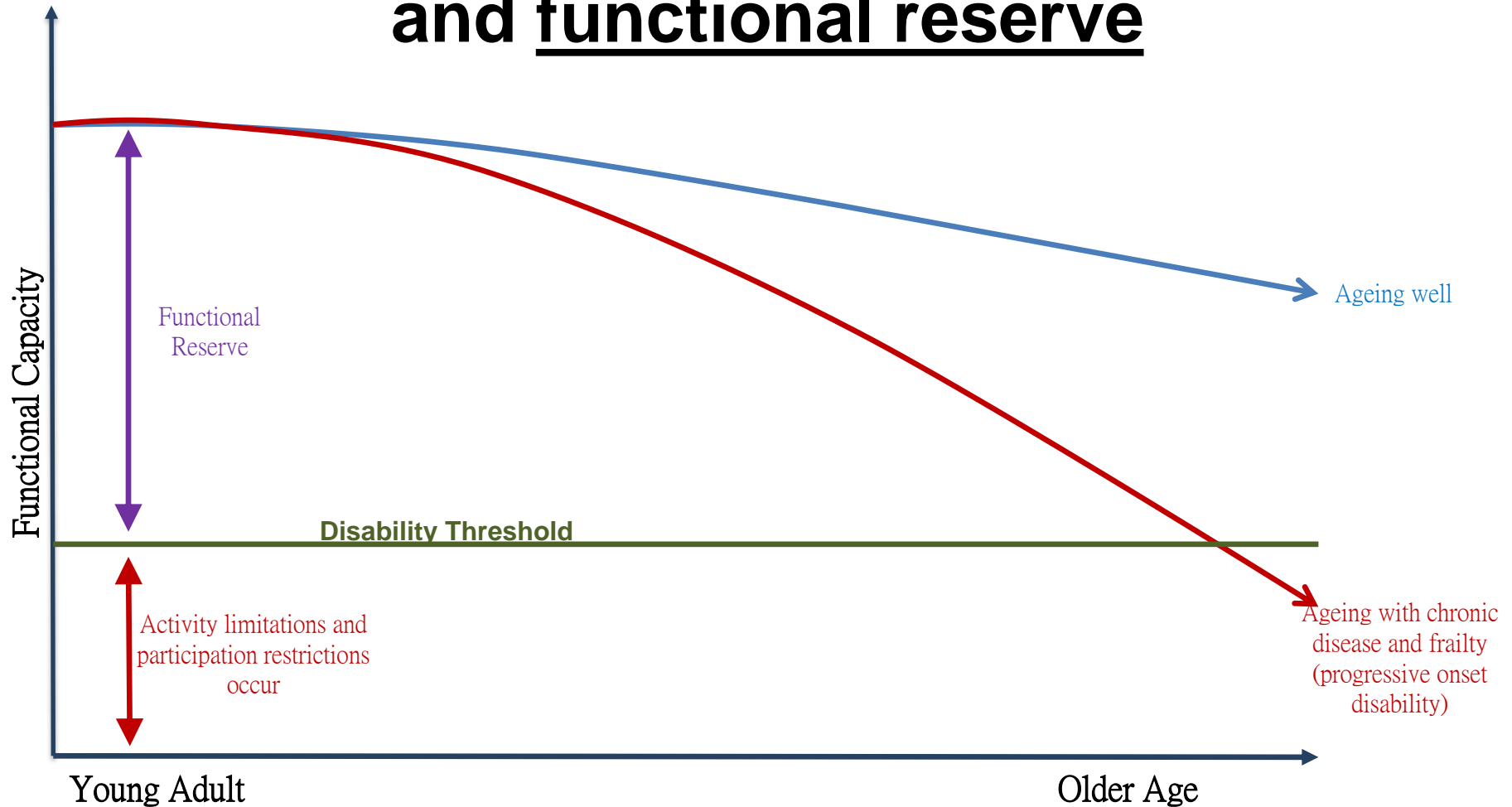
- Severity of the condition
- Intensity of service required / preferred
- Place or level of care

The importance of rehabilitation and functional reserve



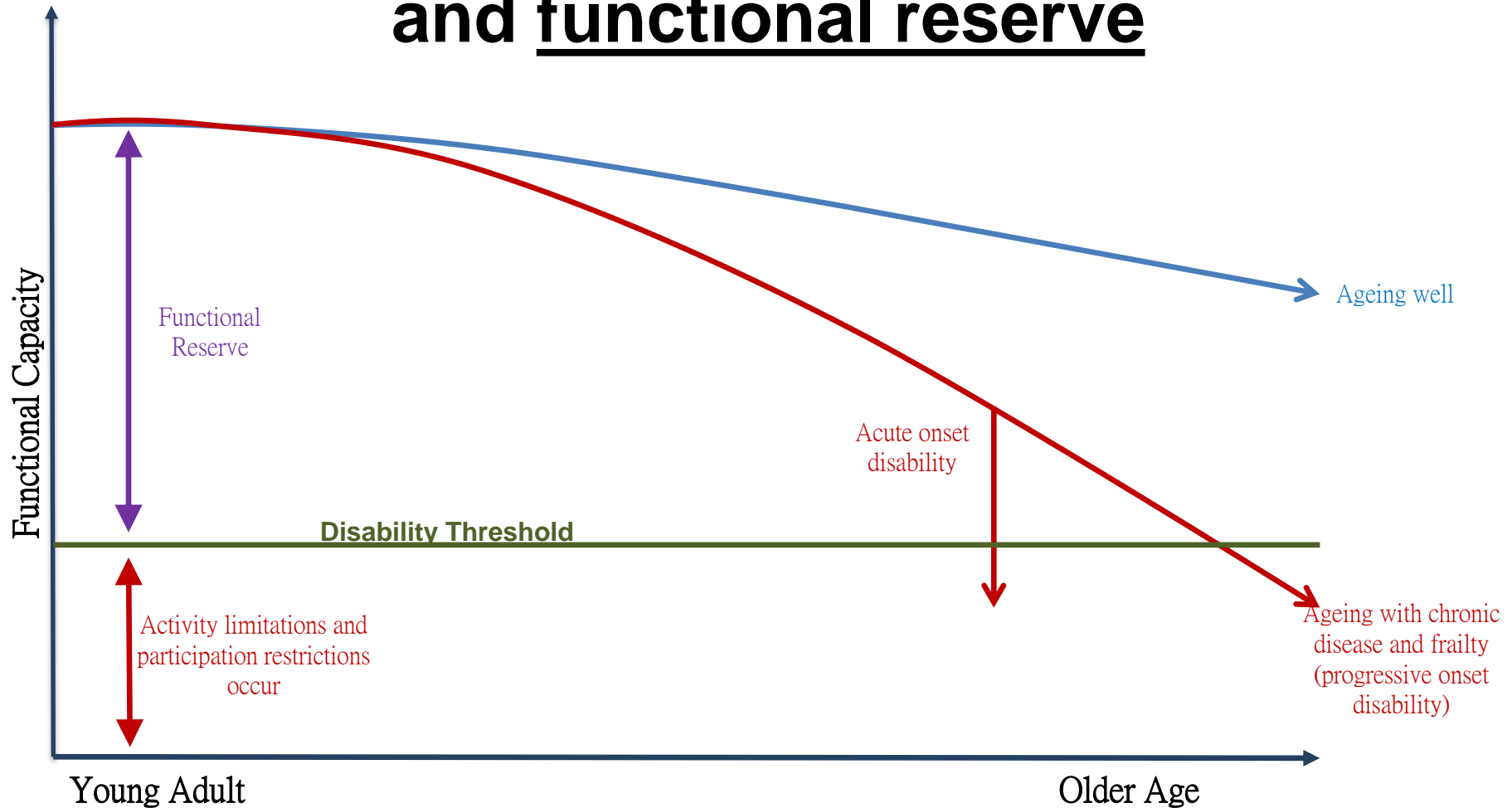
- NOTES:
1. The 'Disability Threshold' is the point at which there is insufficient functional capacity with which to undertake a particular task.
 2. The level at which the 'Disability Threshold' occurs varies depending on the nature of the task.
 3. Modified from: *Functional Capacity over the Life Course*, WHO/NMH/HPS, 2000, by A/Prof Chris Poulos, June 2014

The importance of rehabilitation and functional reserve



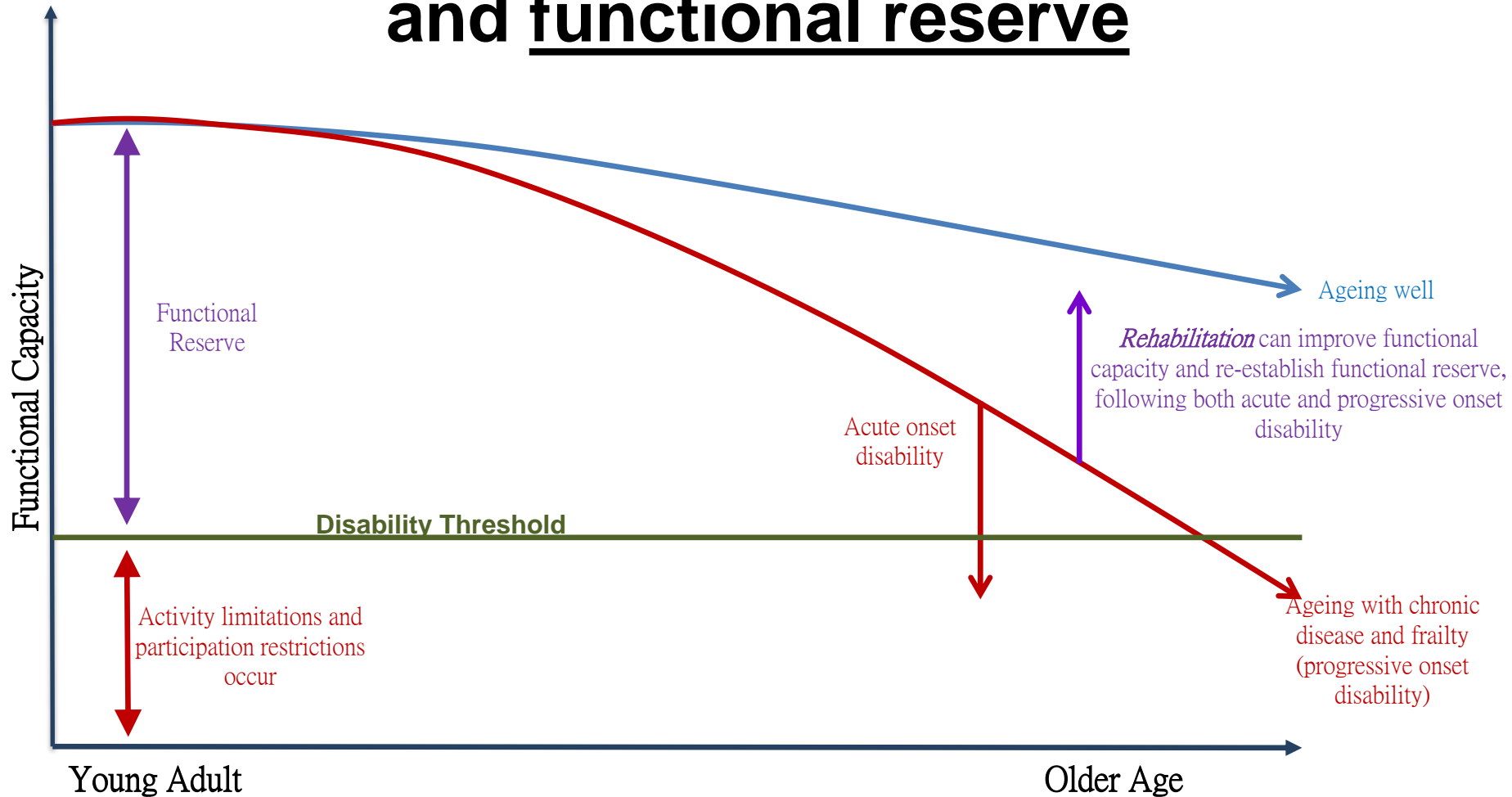
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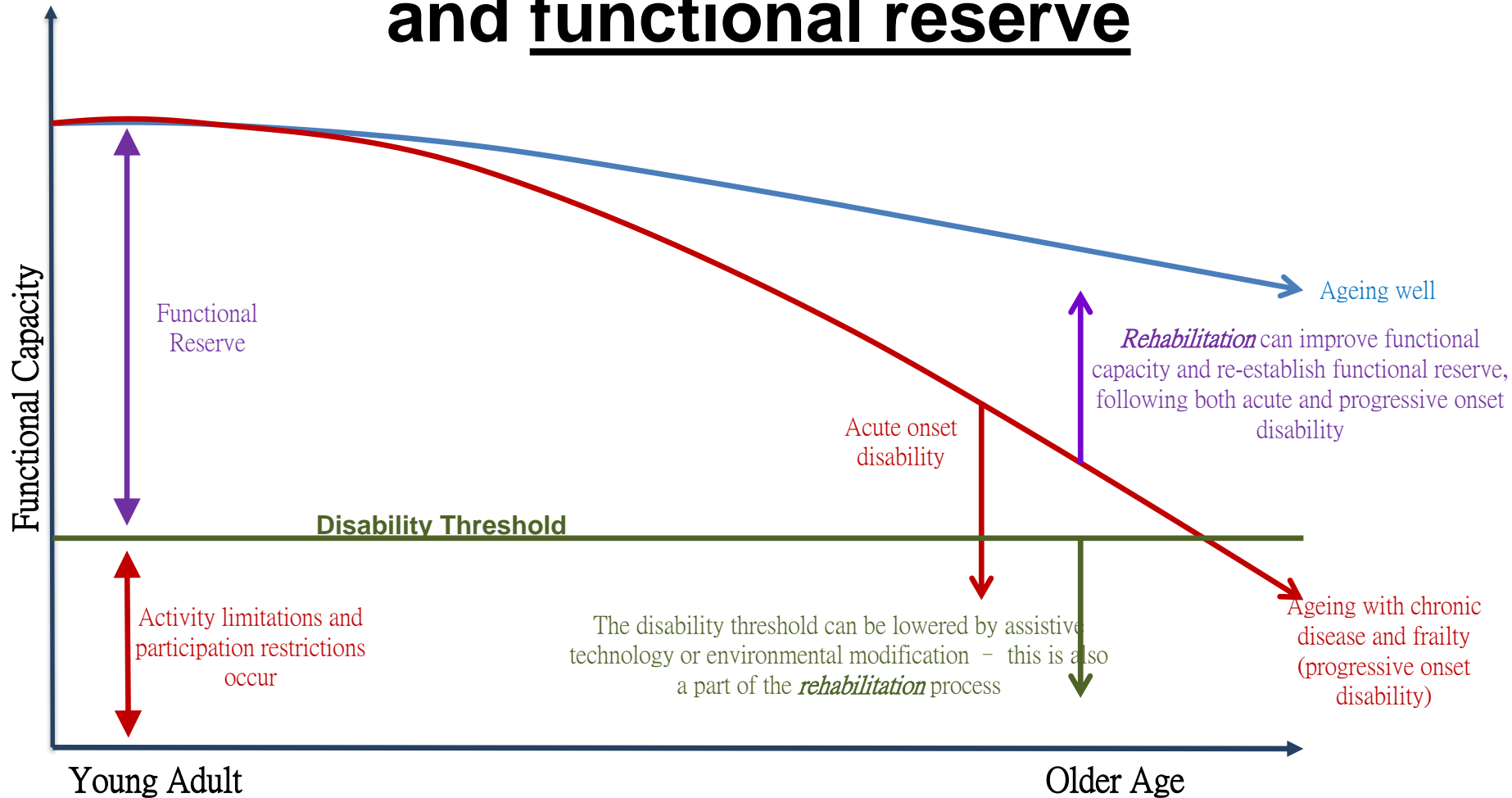
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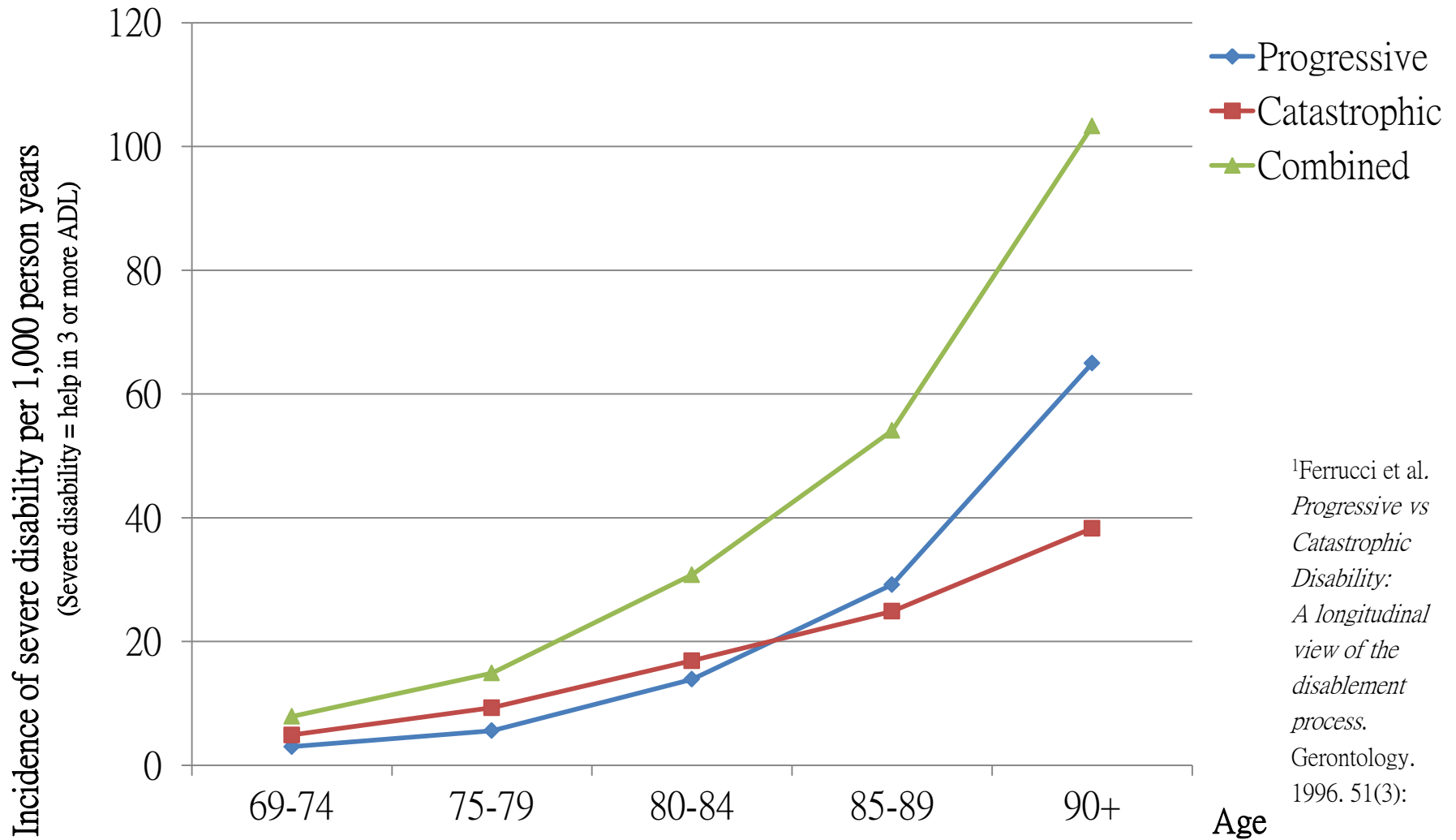


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Re-defining rehabilitation

- **Traditional role in:**
 - Stroke
 - TBI
 - Amputation
 - Trauma
 - Neurology
- **Emerging roles in:**
 - Chronic disease
 - Frailty
 - Reconditioning post serious illness / surgery
 - Cancer
 - Dementia
 - Older workers
- **Most traditional rehabilitation models target catastrophic onset of disability**

Onset of disability and age¹



¹Ferrucci et al.
*Progressive vs
Catastrophic
Disability:
A longitudinal
view of the
disablement
process.*
Gerontology.
1996. 51(3):

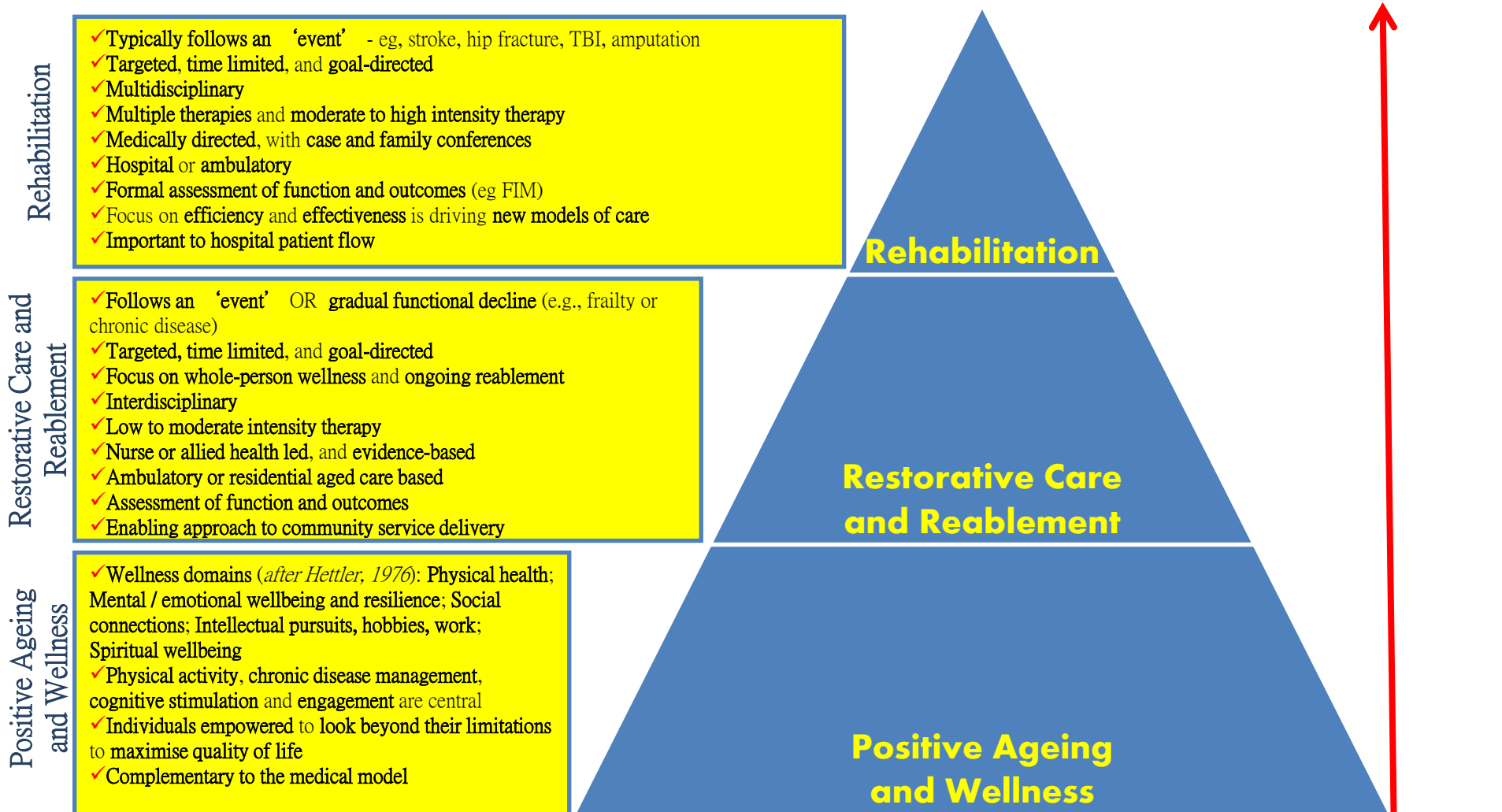
6,640 persons followed for 6–7 years with no reported severe disability at baseline. Catastrophic: no previous help in ADL; Progressive: some previous help in ADL

Rehabilitation, Restorative Care and Reablement - what's the difference?

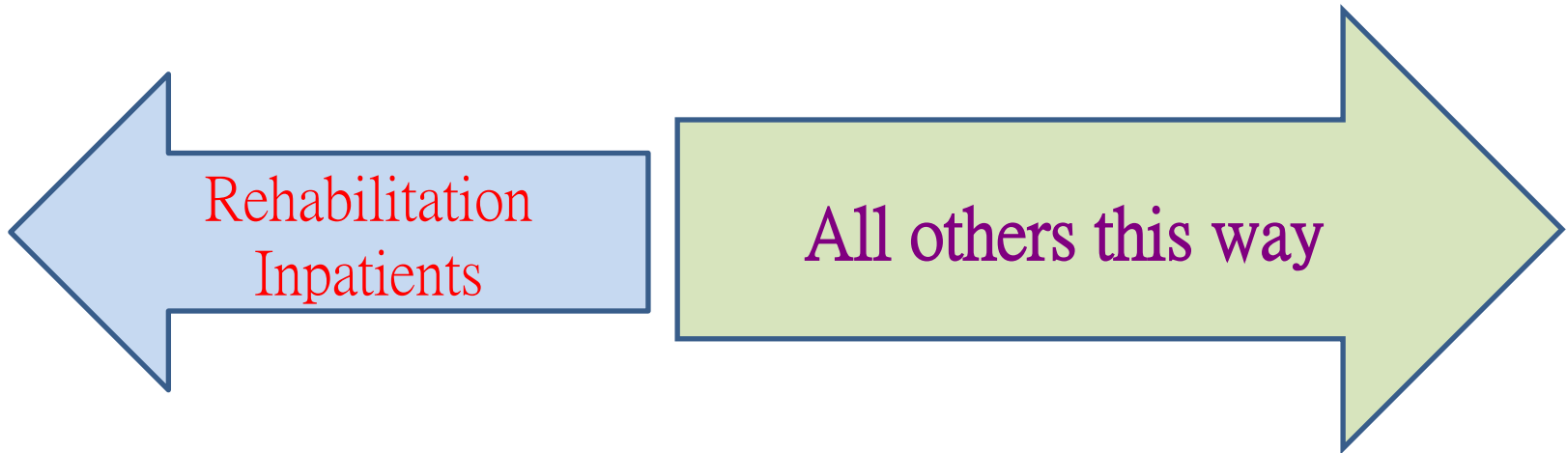
Rehabilitation, Reablement and Restorative Care in Context

Philosophy, aims, content and workforce

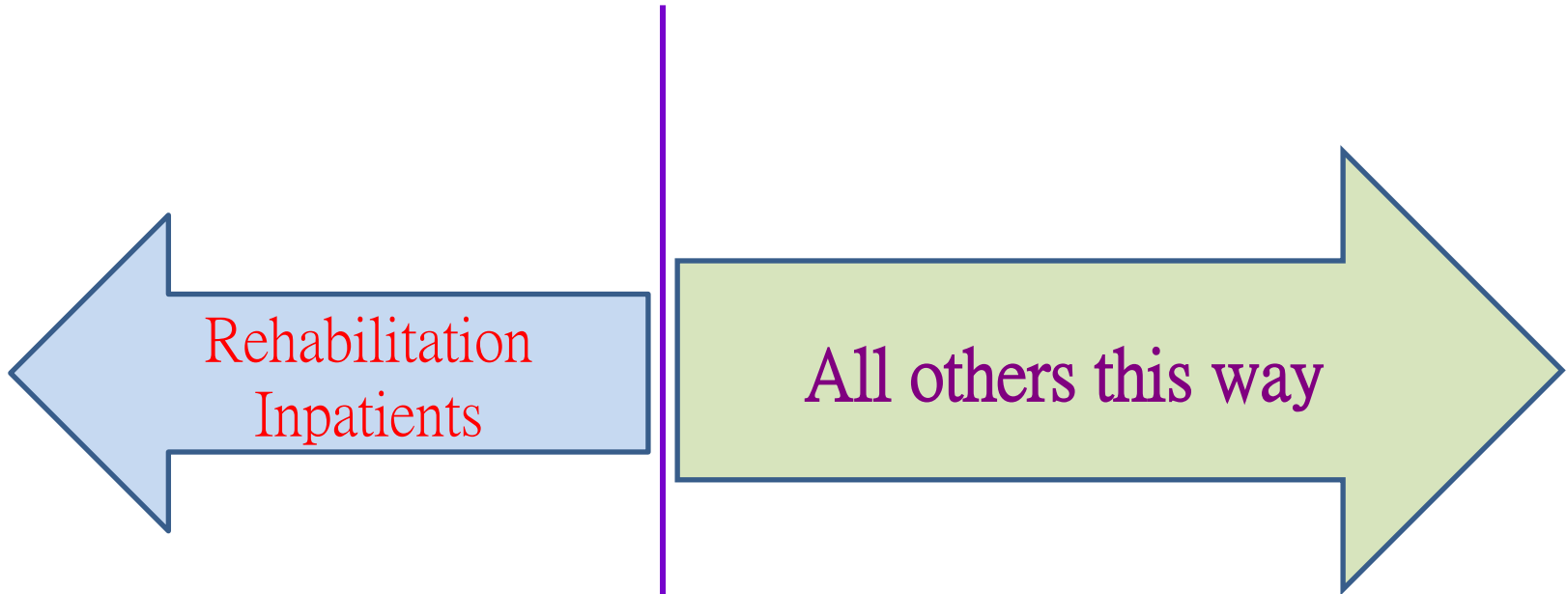
Cost and complexity per client increases



Defining Ambulatory Rehabilitation



Defining Ambulatory Rehabilitation



Ambulatory Rehabilitation is everything that is not overnight inpatient care

Benefits of rehabilitation in the ambulatory setting

- Population ageing and rising hospital costs are driving hospital alternatives
- Less iatrogenic risk compared with hospital care
- More contextually relevant for patients
- Generally less costly than hospital care

Which Model of Ambulatory Rehabilitation?

- The *purpose* of the ambulatory rehabilitation program
- The *content* required
- The best (or available) *setting*

Purpose drives the content and the setting

- Is this Hospital substitution?
 - If so, is it 'front end' or 'back end' ?
 - *Front end:*
 - Admission avoidance
 - Patients in acute care avoiding the need for inpatient rehabilitation
 - *Back end:*
 - Earlier discharge from rehabilitation
- Is it for an identified target group?
 - eg, spinal, TBI, amputee, occupational?
 - Is it a tertiary or region-wide service, or a local service
- Is this an ambulatory rehabilitation program as part of another disease management program, or a standalone program?
 - eg chronic disease, frailty, cancer?
- Is it for a defined aim or ongoing maintenance of function for people with disabling conditions?

Questions?

c.poulos@unsw.edu.au