



Education and Culture DG

Lifelong Learning Programme

Leonardo da Vinci

Community Rehabilitation in Neurology Rationale and Evidence

www.leonardo.org.pl

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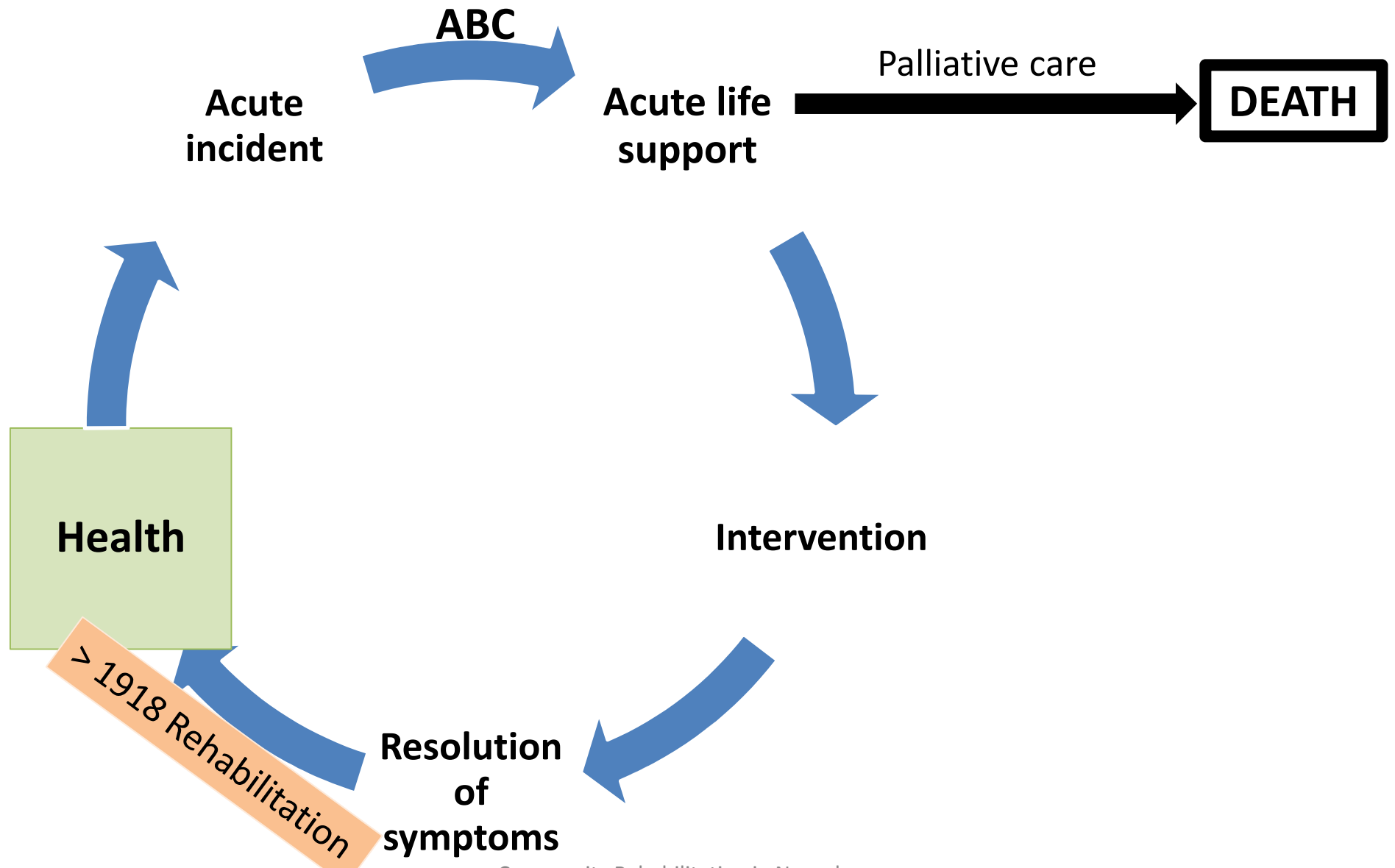
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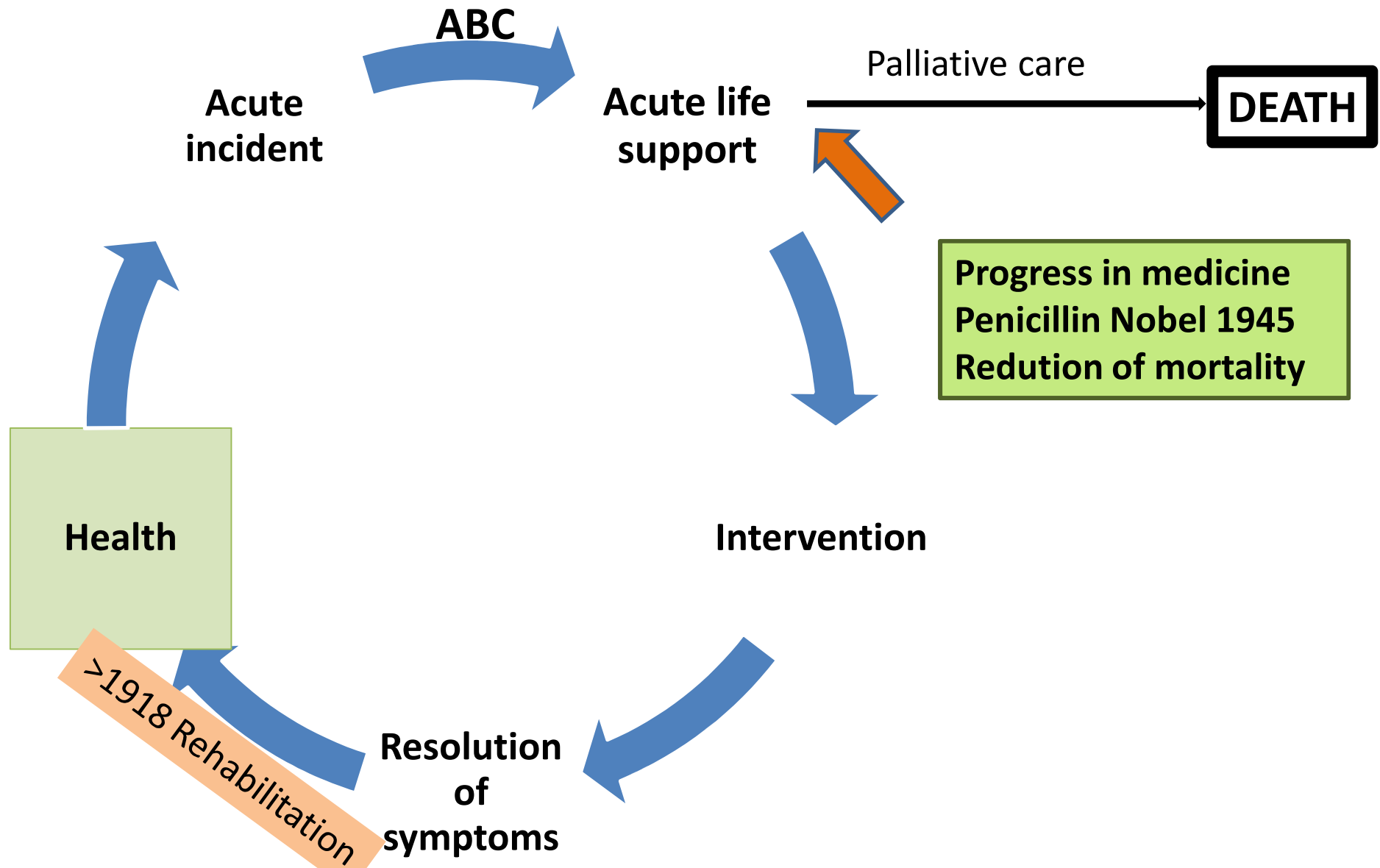
TRANGO Foundation for Accessible Rehabilitation

Community Rehabilitation in Neurology Training Programme

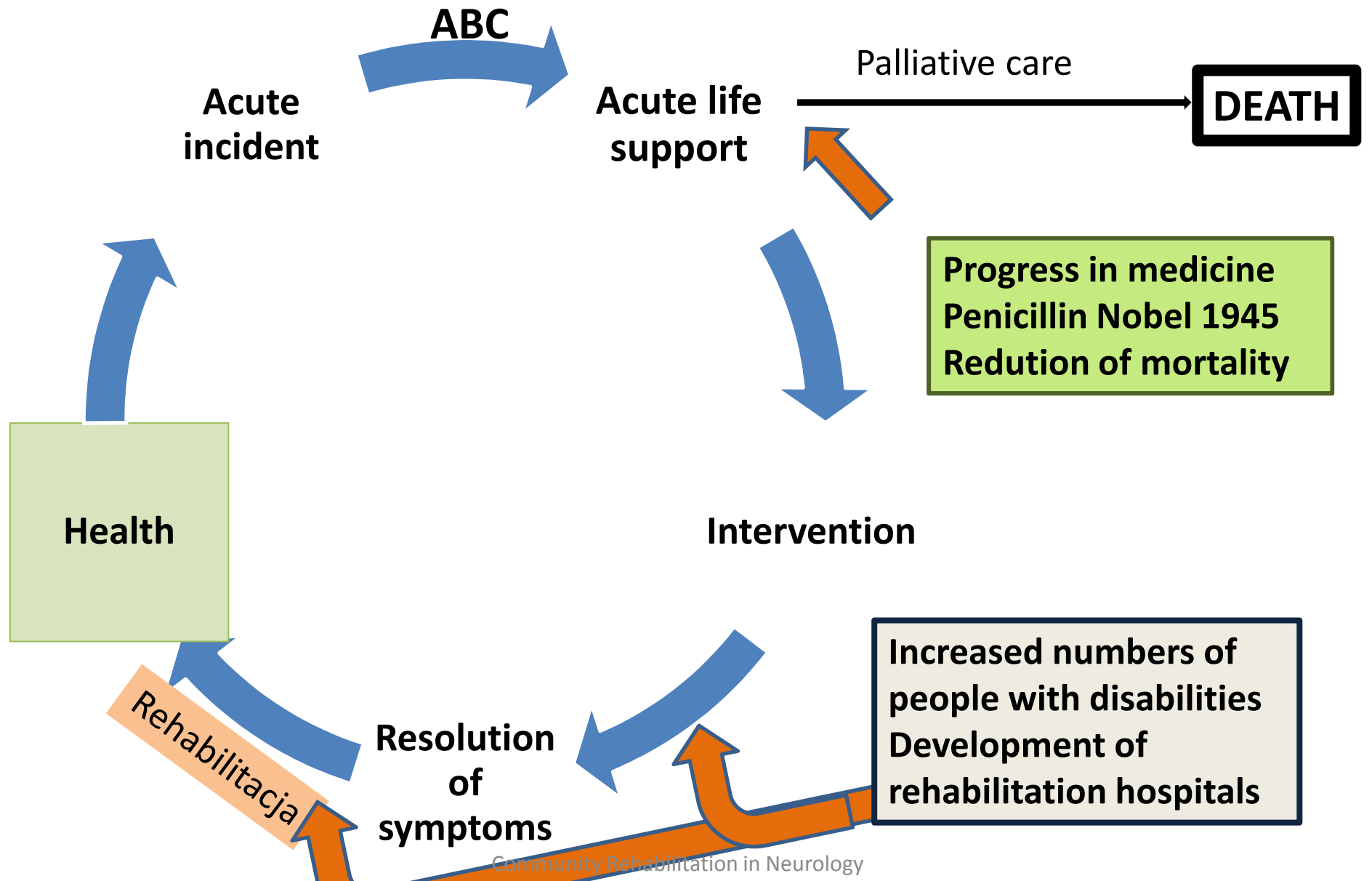
Rehabilitation - medical model



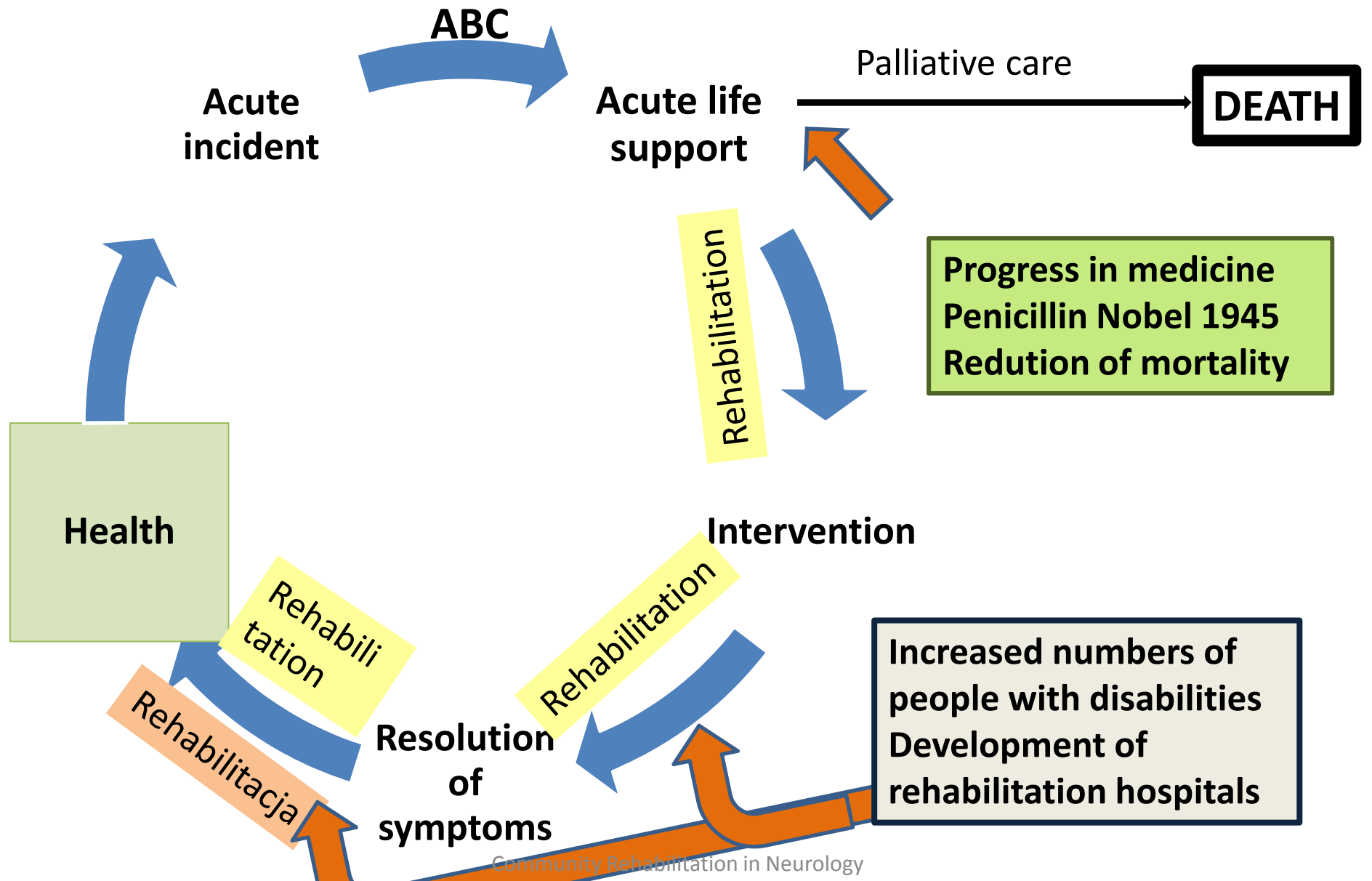
Rehabilitation – medical model > 1940



Rehabilitation – medical model ~1950



Rehabilitation – medical model ~1960





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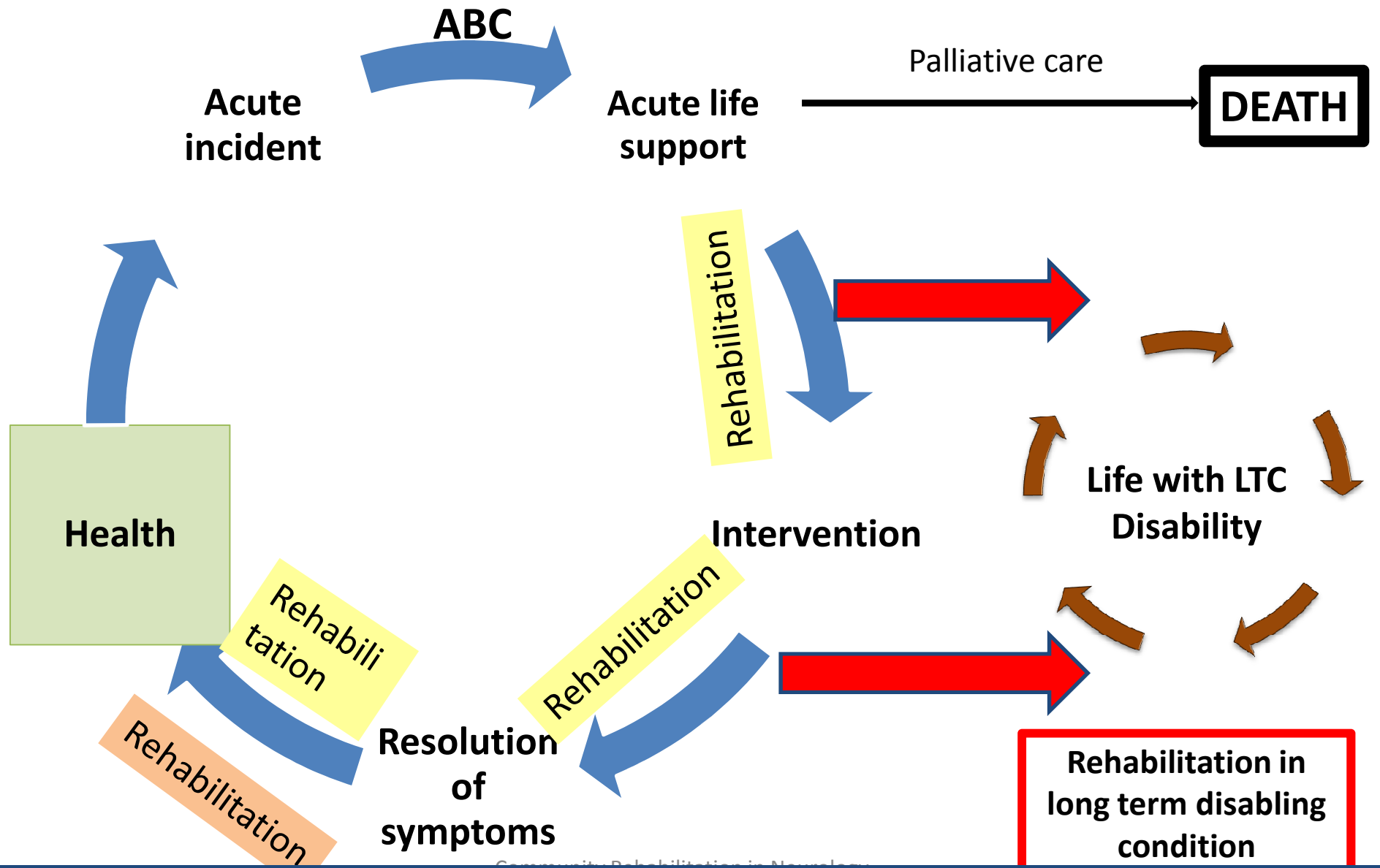
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Destabilisation of medical model ~ 1960/70

- Increased number of people requiring rehabilitation
- Increased expenses on inpatient rehabilitation services
- Long term disability phenomenon – lack of come back to perfect health despite of sustained rehabilitation

- Crisis of hospital based medicine WHO Declaration from Alma-Ata 1978
- Initiatives for deinstitutionalisation – disabled persons organisations
- Fight for respecting human rights of people with disabilities

Community Rehabilitation and Deinstitutionalisation





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Crisis of early initiatives for community rehabilitation ~ 1980

- Early community rehabilitation initiatives were duplicating medical model of treatment.
- In theory they included ideas of social participation
- They offered solutions which didn't include service users' voice.
- Development of Community rehabilitation in Poland
- CBR introduction in developing countries (WHO)

- Increased dissatisfaction of disabled people with current rehabilitation services.

Paradigm Shift in Rehabilitation approach

Medical Model Institution Based

- Approach like in a sickness
- Symptoms focused
- Full dependency on the competent professional/institution

Social Model Community Rehabilitation

- Respecting autonomy of disabled person
- Person centeredness
- Goal – independency from professional care; QOL
- Support, overgiving of competences, inclusion

More about the subject: Medical and Social Models of Disability Neil Brownlee



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Community Rehabilitation Definition

„strategy within community development for the rehabilitation, equalization of opportunities, and social integration of all people with disabilities. It is implemented through the **combined efforts of disabled people themselves, their families and communities and the appropriate health education, vocational and social services.**”

(ILO, UNESCO & WHO, 1994)

<http://www.who.int/disabilities/cbr/en>



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Community Rehabilitation After Stroke - Early Supported Discharge

Langhorne et. al , *Cochrane Database of Systematic Reviews 2005*

- Reduced number of hospital days by 8,
- Reduced risk of death and institutionalisation,
- Improved extended ADL

Best effects where care provided by coordinated interdisciplinary team



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Community Rehabilitation in MS

Khan et.al. *Cochrane Database of Systematic Reviews* 2007

Multidisciplinary outpatient/home rehabilitation – high intensity

- Strong evidence: improvement in participation and QOL
- Limited evidence: short term improvement of symptoms

Multidisciplinary outpatient/home rehabilitation – low intensity

- Strong evidence: long term improvement in QOL



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Community Rehabilitation in Patients with ABI

Turner-Stokes J Rehabil Med 2008; 40: 691–701

Class A evidence:

- Increased productivity and payed employment
- Decreased supervision
- Increased social participation; stable over 3 years

Class A evidence of effectiveness of supported employment programmes

Turner-Stokes *Cochrane Database of Systematic Reviews* 2005 Limited evidence:

- Additional functional gains and reduction of carrers distress
- Rehab might be effective over one year after injury



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Thank You

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