

Rehabilitation services

In our college in rehabilitation area we have two sections.

1. Institution based rehabilitation
2. Community based rehabilitation

Institution based rehabilitation

The PMR (Institution based rehabilitation) has been established with the objective of providing comprehensive rehabilitation to physically disabled individuals, a hitherto unavailable service in this area. The centre has the capacity to cater to 24 in patients and also has an outpatient wing.

Here we have integrated rehabilitation team consisting of members including

- The Deputy Director of PMRC
- Duty medical officer
- Physiotherapist
- Occupational therapist
- Clinical Psychologist
- Speech language pathologist
- Medico socio worker
- Staff nurse

- Therapy attenders

Role of each team members

Medical officer

- To ensure suitability of the patient for rehabilitation.
- To supervise the medical needs of the patient.
- To lead the rehabilitation team.

Medico social worker

Medico social work is a sub discipline of social work, also known as hospital social work. Medical social workers typically work in a hospital, out Patient clinic, community health agency, long term care facility or they work with patients and their families in need of psychological help. Their major roles include:

1. Initial evaluation;
 - ✓ Socio economic assessment of patient and family
 - ✓ Case work counseling, short term and long term with special reference to disability, both individual and family depending on the type/severity and the treatment advice.
2. Assistance (community reintegrate)
 - ✓ Educational assistance, school and institutional placement, family services.
 - ✓ Coordination with community resources for the integration of PWD in the community.
3. Assistance (PWD card)
 - ✓ Coordination in respective Govt hospitals to avail PWD card
 - ✓ Facilitating Govt benefits from respective local authorities
4. Family conference
 - ✓ Participation in interdisciplinary case conferences and conduct family conference for

each patients and conference will be conduct based on patient and family members.

Physical therapists

Provide services that develop, maintain and restore people's maximum movement and functional ability. They treat patients at any stage of life, when movement and function are affected by ageing, injury, diseases, disorders, environmental factors. Physical therapists help people maximize their quality of life, by increasing mobility.

Role &Responsibilities of physiotherapist

1. Undertake examination/assessment of the patient.
2. Evaluate the findings from the examination/assessment to make clinical judgments regarding patients/clients.
3. Formulate a diagnosis and plan.
4. Determine when patients/clients need to be referred to another health care professional.
5. Implement a physical therapist intervention/treatment.
6. Determine the outcomes of the interventions/treatments.
Make recommendations for self-management and educate patient & care giver in safe management of mobility.

Speech language pathologist

Are health care professionals, trained to evaluate and treat individuals of all ages with communication, cognitive or swallowing problems.

Provide therapeutic program based on an individualized assessment of oromotor function, comprehension, speech and language. Mainly they work on;

1. Receptive language-understanding spoken or written language

2. Expressive language-ability to communicate wants, needs, thoughts through words, sentences, gestures and writing
3. Feeding/swallowing-the process of food entering the mouth, chewing and swallowing
4. Social language-understanding and appropriate use of language in social situation
4. Voice and resonance-quality, loudness and pitch of voice
5. Augmentative-alternative communication-verbal communication is

Supplemented or replaced by other methods.

Occupational therapy

1. Preventive health literacy assessment and interventions in activities of daily living, work and productive activities, play, leisure.
2. Functional capacity analysis, prescription, designing and training in the use of assistive technology, adaptive equipment and splints, and environmental modifications to enhance functional performance.
3. Develop and improvise ADLs .this includes taking self care activities like dressing activities buttoning /unbuttoning, writing skill development, skills training viz. calculations and handling money.
4. Demonstrate on use of adaptive devices at home, school or work place.
5. Demonstration to parents/care givers regarding execution of strategies at home along with home programme.
6. Group therapy sessions to improve social interaction and inter personal skills.

Responsibilities of rehabilitation nurse

1. Undertake examination/assessment of the health needs of patient
2. Evaluate the findings from the examination/assessment to make clinical judgments regarding hygiene, nutrition, skin, excretory functions

3. Determine when patients/clients need to be referred to another health care professional.
4. Implement a training program in self-care, bladder training, bowel training
5. Coordinate with other member of the team to assess needs and potential complications before they arise
6. Make recommendations for self-management and educate patient & care giver in safe management of health

Students also work with this team in rotatory manner and they understand the role of each member.

As part of part of PMR program we have given disability card to the eligible patient to avail government benefits and economic balance. From the year of 2016 almost 10 patients are benefitted in that way .Same way 10 patients are back to education. We have placed 10 patients back to employment.

Prior to the admission of a new patients to the PMR all team members along with the patient and family members will go for a family conference to address the patients problems, pt goals and the potential of recovery. Along with that weekly once team members will conduct case conference to ensure that patients multidisciplinary care needs are met through a planned and coordinated approach.

Before patients gets discharge any of the team member will go to the patient's house and perform a home evaluation to ensure the home environment favors' for the functional activities and it is barrier free. If the home environment is not up to that will suggest some modifications where individual can improve their quality of life

Team members will also conduct cognitive rehabilitation and self care training for the patients.

In the PMR we have facilities like

- Adaptive kitchen: where patients get trained to use many adaptive utensils as well as accessories and devices that make it easier to use common utensil.

- Adaptive play ground: adapted in such a way that accessible surfacing can make play ground equipment navigable for wheel chair. Through this patient have a feeling that they belong, are engaged and connected.
- Therapeutic recreation and outing: once in a month all team members along with patients and their attenders will have outing to some recreation location which will help for community reintegration and advocacy.

CBR

In CBR programs we will conduct regular surveys and identify the needs of that particular community. Then we will conduct camps or regular programs depending on what is necessary.

Regular programs

Main objective is health promotion and we are focusing on

Children

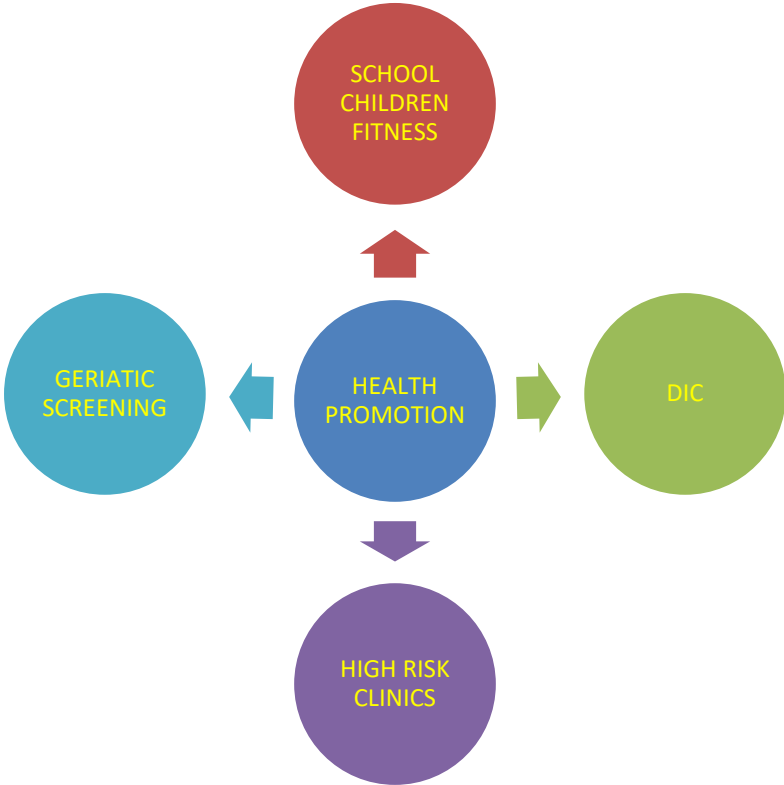
Senior citizen

Occupational health.

Apart from this we do conduct camps and awareness programmes time to time and create public awareness.

CBR MATRIX

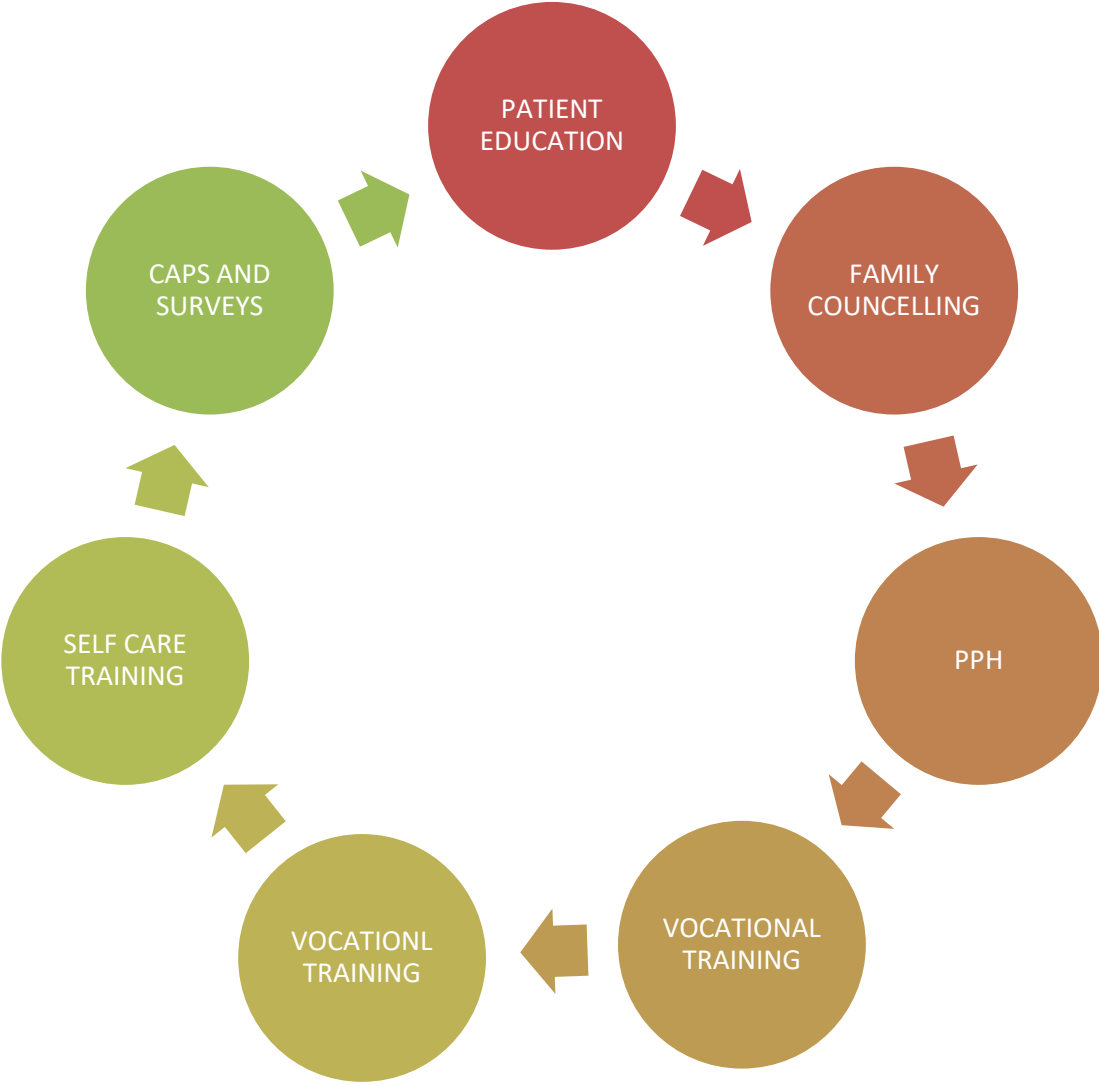
HEALTH PROMOTION



PREVENTION



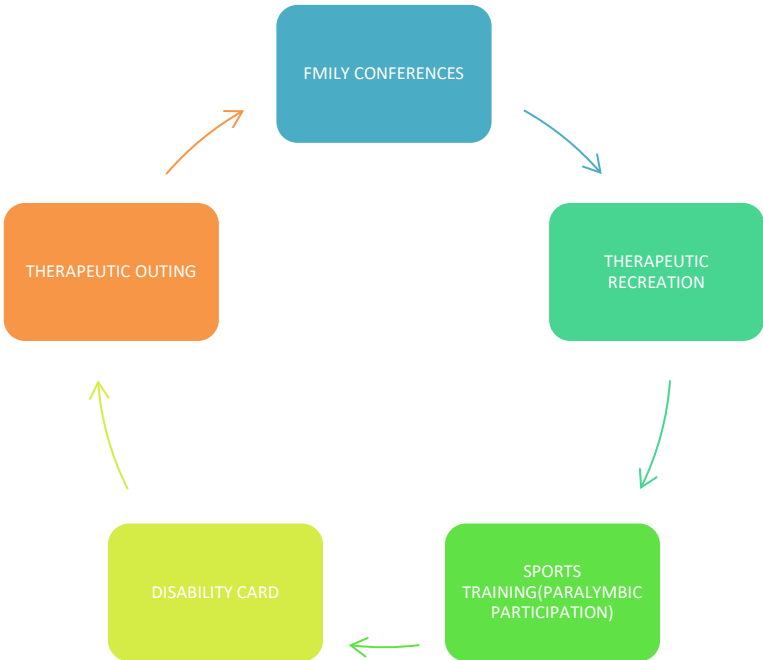
EDUCATION



LIVELIHOOD



SOCIAL



EMPOWERMENT

