

Challenging rehabilitation environment for older persons: a narrative review

Introduction

- After hospitalization, 11% of older patients are referred for rehabilitation
- There is a trend to formalize the rehabilitation process in a Challenging Rehabilitation Environment (CRE)
- CRE involves the comprehensive organization of care, support and the environment on a rehabilitation ward
- Since literature on the principles of CRE is scarce, this review aimed to explore and describe the principles of CRE

Method

- A literature search was made in PubMed
- Articles were hand searched for relevant keywords and references were identified
- Articles were included if they concerned (post) acute rehabilitation, preferably for older persons
- Based on the content, the main topics on CRE were determined

Results

- 1) Therapy time
- 2) Group training
- 3) Patient-regulated exercise
- 4) Family participation
- 5) Task-oriented training
- 6) Enriched environment
- 7) Team dynamics

Discussion and conclusion

This is the first description of CRE based on literature; however, the included studies discussed rehabilitation mainly after stroke and for few other diagnostic groups.

Seven main topics related to CRE were identified that may help patients to improve their rehabilitation outcomes. Further research on the concept and effectivity of CRE is necessary.

References

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Therapy time

- Low level of activity during inpatient rehabilitation - 60% of the day alone and 48% inactive¹
- Amount of therapy time is related to rehabilitation outcomes - return home, functional recovery, length of stay, mobility, ADL and self-care²



Patient-regulated exercise

- Increases practice time without increasing staffing
- Multiple goals (i.e. motor goals and goals related to aphasia)
- Improved active participation in rehabilitation, quality of life and independent living after discharge⁴

Family participation

- Availability of a caregiver at home is predictor of discharge home
- Increases amount of time spent in exercise
- Improvement in body function, activity and participation
- Reduces level of caregiver burden
- Improves quality of life of patients AND caregivers⁵

Task-oriented training

- Involves active practice of task-specific motor activities
- Nurses have an important role in creating practice opportunities outside therapy time
- Improved functional outcomes and quality of life⁸



Group training

- Increases practice time without increasing staffing
- Multiple goals (i.e. mobility and ADL)
- Patients spent more time in active task practice
- Increased independence and confidence³



Enriched environment

- Patients are more active and less alone - cognitive, physical and social activities
- Shorter length of stay⁶
- Communal and individual areas - providing i.e. music, (audio) books, puzzles, games or computers

Team dynamics

- Transdisciplinary teams
- All team members are responsible for shared goals
- Goals are set with the patient
- Professionals cross the border into another team member's professionalism
- Patient and his caregiver are important members of the rehabilitation team⁷