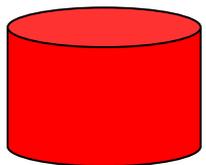


PHASE 2

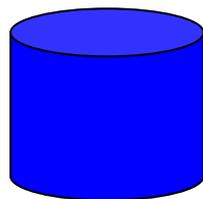
REHABILITATION MILESTONES

The Multidisciplinary Staff of the Spinal Treatment Centre have created a Rehabilitation Milestone guide for all patients admitted to the Centre.

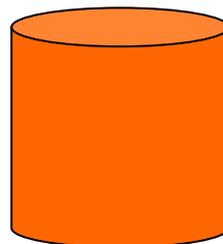
There are 4 Rehabilitation Phases:-



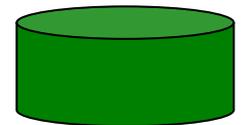
Phase 1
Post -
admission to
mobilisation



Phase 2
Mobilising up
to 4 hours per
day



Phase 3
Up for 4 hours
per day to 2
weeks before
discharge



Phase 4
The 2 weeks
running up to
discharge and
on discharge

Each patient on admission is given a copy of the Rehabilitation Milestones. This informs the patient about the Phases of Rehabilitation and what he/she can expect from the Multidisciplinary Team, within each phase, working towards their discharge. There is also a copy of the Rehabilitation Milestones on each Ward Notice Board. Throughout the patient's stay he/she is encouraged to participate in planning and reviewing his/her goals of rehabilitation. At the patient's Goal Planning Meetings realistic, timely goals are set, in conjunction with the phase of rehabilitation that he/she is in. Goals are set to be worked towards and achieved prior to the next meeting, 4 weeks later.

What can be expected?

Phase 2 On mobilising up to 4 hours a day

The patient has entered Phase 2 of his/her rehabilitation programme when he/she starts to mobilise into a wheelchair. The aim is to work towards managing 4 hours a day up in it. During this time the cushion the patient is sitting on in their wheelchair is reviewed and 'pressure mapped' to ensure it is achieving the pressure relief needed. The patient and their cushion, as well as the patient's weight are monitored by the Pressure Clinic staff.

This phase can be psychologically demanding for the patient and assessment both of the patient's psychological state of mind and cognitive ability may be undertaken with patient consent. The first Goal Planning Assessment is undertaken.

Wheelchair education begins, firstly with basic wheelchair skills and self-assessment of posture. Contact is made with the patient's local Wheelchair Services advising them of the need to shortly supply a wheelchair for the patient.

The patient continues with his/her education plan and attendance at the Patient Education Programme held twice weekly. Weekly nursing assessment and teaching continues throughout this phase with emphasis on ongoing bladder, bowel, skin and medication training.

There is a prognosis meeting with the patient's consultant and weekly reviews by the medical staff continue during this phase. The patient may undergo further investigations such as an X-ray of his/her damaged vertebral column 12 weeks after injury, if appropriate. The patient's medication is reviewed and a decision made as to whether the patient can self-medicate.

If the patient is ventilated (having mechanical assistance with breathing) discussion takes place about the way forward with the patient's ability to maintain their own breathing. A gradual weaning programme is implemented, or if ventilation is to be long-term the patient's family and carers may start training to help the patient.

The patient will start a more in-depth physiotherapy and occupational therapy programme, experiencing work on the plinth (a bench used for exercises such as improving balance). A baseline assessment is undertaken of the patient's functional ability such as voluntary muscles, spasticity, the range of movement he/she has and what sensory appreciation. It is requested that a 'Home Access Visit' is undertaken by the Community Occupational Therapist to assess the patient's home for discharge, and what adaptations may need to be. If the home is not suitable, the need for interim accommodation will be investigated. There is liaison with relevant community agencies and staff to ensure a safe environment when the patient has completed their rehabilitation.