



Physical and functional rehabilitation

June 2013

HANDICAP INTERNATIONAL

About Handicap International

"Handicap International is an independent and impartial international aid organisation working in situations of poverty and exclusion, conflict and disaster.

We work alongside people with disabilities and vulnerable populations, taking action and bearing witness in order to respond to their essential needs, improve their living conditions and promote respect for their dignity and fundamental rights."

www.handicap-international.org

About this policy brief

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This policy brief is an introduction to the policy paper which presents the physical and functional rehabilitation-specific challenges, principles and recommendations for Handicap International.

The full version of this policy paper is available on Skillweb:

http://www.hiproweb.org/uploads/tx_hidrtdocs/PP10Rehabilitation.pdf



Key messages

Most of the projects implemented over Handicap International's more than thirty-year history have included physical and functional rehabilitation activities:

- there are activities aimed at creating public and private mainstream, specific or support **services** able to deliver a wide variety of physical and functional rehabilitation services to people with temporary or permanent congenital or acquired impairments or disabilities (due to accident, communicable or non-communicable diseases, chronic or non-chronic diseases, etc.);
- the services require a wide variety of trained, competent **professionals**;
- activities are deployed at **different levels**, from the local to the national to the regional, in **different intervention contexts** (Emergency - Reconstruction - Development).

There is a huge need and demand...

- The WHO¹ estimates that "more than one billion people in the world live with some form of disability," i.e., about 15% of the world's population.
- In developing countries, an estimated 0.5% of any given population needs prosthetics/orthotics and related rehabilitation services². The WHO estimates that 10% of people with disabilities worldwide need a wheelchair³, or 1.5% of any population.
- It is widely acknowledged that the needs of these 105 million people are not being adequately met. The World Health Organisation's CBR guidelines point out that "in many low-income and middle-income countries, only 5-15% of people who require assistive devices and technologies have access to them. In these countries, production is low and often of limited quality, there are very few trained personnel and costs may be prohibitive"⁴.
- In Africa, there are on average two million people for every orthopaedic device production unit⁵.

1. WHO, World Report on Disability, Preface, 2011

2. WHO/ISPO, Guidelines for training personnel in developing countries for prosthetics and orthotics services, 2005, p. 6

3. WHO/ISPO/USAID, Guidelines on the provision of manual wheelchairs in less resourced settings, 2008, p. 21

4. WHO, Community-Based Rehabilitation, CBR Guidelines, Health component, 2010, p. 57

5. WHO, The world health report 2003: shaping the future



Definitions

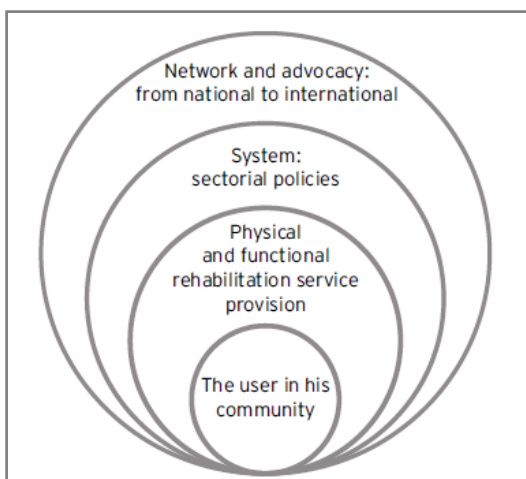
The goal of **rehabilitation medicine** is to improve an individual's level of functioning via medical diagnosis and treatment of his health problems.

The goal of **physical and functional rehabilitation**, a process for people with temporary or long-lasting impairments and disabilities (and their families), is to: restore or compensate for functional loss to allow optimal functioning in interaction with the environment; and to prevent or slow functional deterioration. To achieve this, the person is given exercises, advice, and recommendations for educational measures, and technical aids and environmental adjustments may be made.

The analysis models

To ensure that the rehabilitation process is appropriate to people's needs, their situation should be analysed using a disability comprehension model. Handicap International recommends the Disability Creation Process (DCP) model. For communications outside the association, however, the Rehabilitation Services Unit recommends using the International Classification of Functioning, Disability and Health (ICF), particularly in research contexts.

Intervention modality: The different levels of intervention



The rehabilitation process and its different phases

Using an analysis model allows construction of a well-argued and justified intervention strategy. The strategy is formalised by a series of actions, starting with identifying and analysing the problems, then planning an intervention and evaluating it so that the initial strategy can, if necessary, be adjusted.

Using an analysis model, listening to the person and his family and identifying their explicit wants and implicit needs:

- The personal factors, environmental factors, facilitating factors, resources and barriers are analysed and evaluated.
- A multidisciplinary team puts together an intervention plan with the person and his family.
- The plan is implemented in the form of care and advice by one or more rehabilitation professionals and, depending on the situation, training for self-care or family care. It is important to note that "rehabilitation that begins early produces better functional outcomes" (Source: WHO, World Report on Disability, Chapter 4: Rehabilitation, 2011, p. 96).
- Results are monitored and evaluated in terms of life habits and social participation (optimal functioning).
- If necessary, adjustments are made (continuum of care).

From the individual to the system: The project development process

Any action aimed at developing quality physical and functional rehabilitation activities centred on the needs of people (the direct beneficiaries) must first analyse each aspect of the identification-to-follow-up cycle.

That analysis should help determine the type of intervention and the appropriate level of service provision, depending on whether: there is an existing service whose practices, technologies and accessibility have to be studied; there are rehabilitation professionals.

Given that we want the service provided by the rehabilitation process to be sustainable, the rehabilitation system into which it will fit must be considered.

That sectoral approach must be applied to other related sectors as well, and the actors comprising that (those) system(s) (i.e., the indirect beneficiaries) - both decision-makers and service providers - given support and guidance.

Ultimately, the preliminary situation analysis should identify the prerequisites to setting up a physical and functional rehabilitation project, as well as any existing helps and hindrances.

Lastly, in order to achieve our goal of pertinence and maximum positive impact, a time-limited **physical and functional rehabilitation project** must be part of a broader, longer-term strategy in the form of a **national rehabilitation programme or plan**.

The creation and formalisation of such a programmatic plan can itself be the subject of a project between Handicap International and its institutional partners.

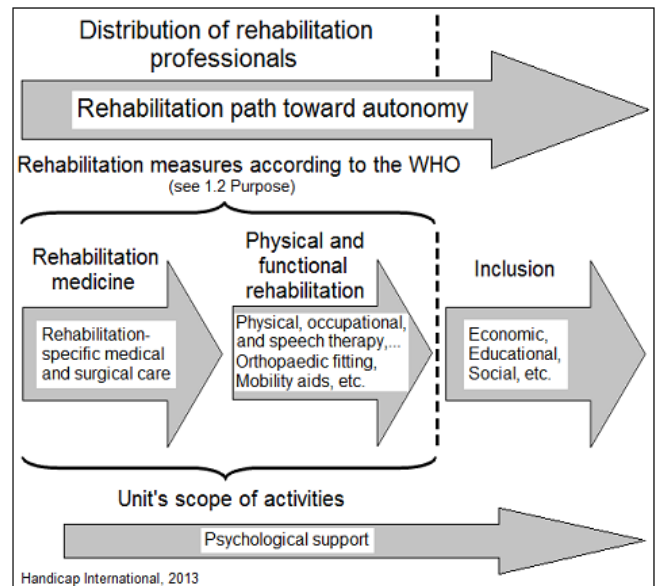
Intervention modality: Physical and functional rehabilitation professionals

Priority occupations

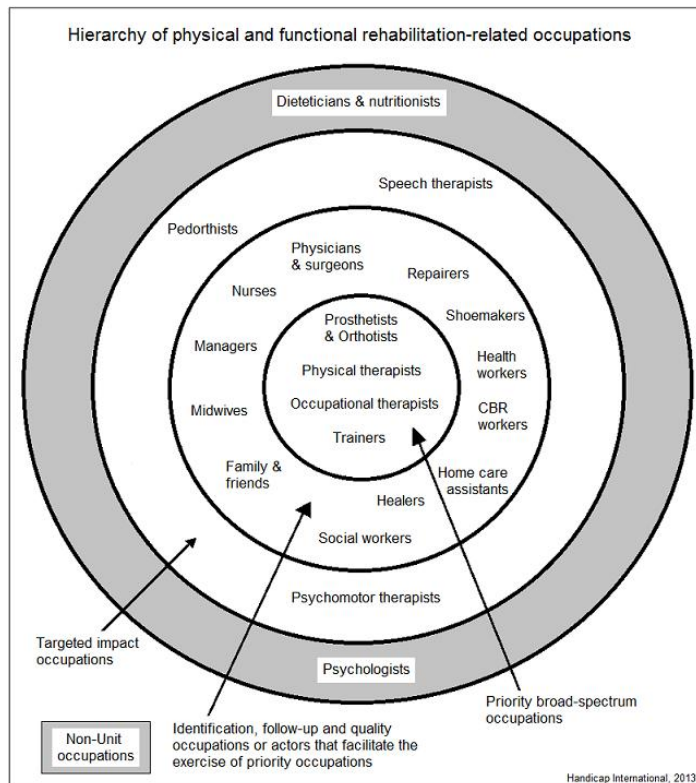
The Unit considers it a priority to promote occupations that enable Handicap International to meet the needs of the greatest number of people (impact). The Unit lists these as "core target" occupations, support occupations and targeted impact occupations.

The priority "core target" occupations include not just physical therapists, occupational therapists and Prosthetic & Orthotic fitting occupations, but also **trainers**, who are essential to creating rehabilitation practitioners, replacing them and maintaining and improving their skill level (Refer to reference standards for the competencies of some physical and functional rehabilitation professions and, where there are no such standards, the reflection on "Professional standards and contextual reality" developed in the Policy Paper).

Promotion of any other rehabilitation occupation must be justified by a situation analysis that validates its pertinence, and the so-called priority occupations and quality training courses for them must already exist. The support occupations facilitate the work of the "core target" occupations and improve the quality and impact of their provision (pertinence and continuity of care, etc.); the targeted impact occupations work with a limited number of impairments and disabilities.



"Core target" occupations



Working in the areas of promotion, prevention, treatment and rehabilitation, **physical therapists** are concerned with identifying and maximising people's quality of life and potential for movement, looking at their physical, psychological, emotional and social well-being. As physical therapists work with all types of conditions, from acute to chronic, they are essential to physical and functional rehabilitation.

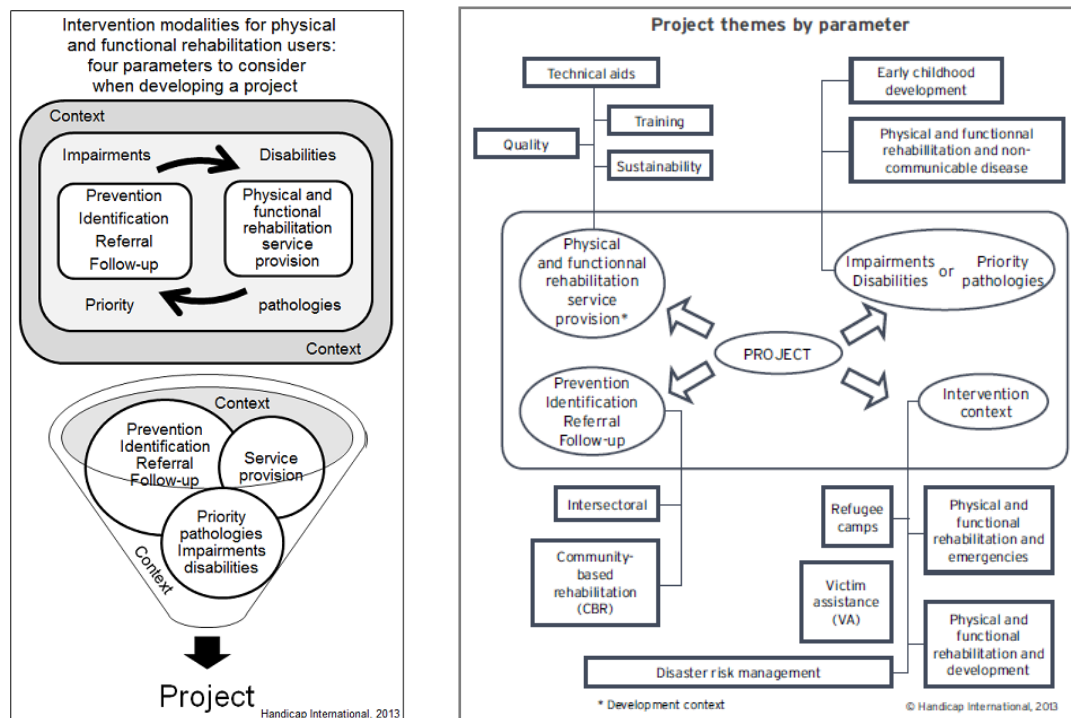
Occupational therapists are concerned with the therapeutic use of activities of daily living with individuals or groups to enable them to participate in roles and situations at home, school, work, in their community, and in leisure activities. In this wide range of contexts, occupational therapist looks at physical, cognitive, psychosocial and sensory functioning and other performance-related aspects in order to support participation in activities of everyday life.

Considering the rehabilitation process and its view of disability that is necessarily broader than that focused solely on physical capacities, promotion of occupation therapy is fundamental in our projects.

Prosthetists and Orthotists (P&O) help compensate for disability and correct functional problems and impairments by making devices to replace (prosthesis) a limb segment or assist (orthosis) an impaired part of the body (limbs and trunk). Depending on the context, they may call upon people from other occupations (worker, carpenter or welder). As P&O make all types of orthopaedic fittings, they are essential to physical and functional rehabilitation.

Intervention modality: Physical and functional rehabilitation-related themes

The provision of rehabilitation is the Unit's core concern; rehabilitation focuses on a condition causing impairments and disabilities in a given context, and depends on preventive actions and those related to the identification-to-follow-up cycle. We will look at four parameters that must be considered when designing a physical and functional rehabilitation project, taking the WHO recommendations (see World Report on Disability, Chapter 4: Rehabilitation, 2011, p. 103-104) for overcoming the obstacles to physical and functional rehabilitation (**intervention modality**) into account as well.



Perspectives 2011-2015

Influencing policies and practices

We structure our research efforts (scientific themes and collaborations) to promote appropriate practices and lobby institutions and funding bodies to take responsibility for providing the resources essential to creating sustainable systems and sectors.

Quality and sustainability of rehabilitation services

- We are finalising the testing phase and implementation of the "rehabilitation services management system" from Handicap International's South Asia programmes for distribution to other programmes, in order to promote a complete, continuous quality management process for the physical and functional rehabilitation system and services in our projects.
- The results of the rehabilitation services sustainability study are being put to use, in the form of lessons learned, to design a national-level sectoral approach, analysis and planning methodology.

Rehabilitation professions

We are bolstering our support tools for improving the quality and relevance of initial training, continuing education and refresher courses for physical and functional rehabilitation professionals.

Post-trauma care and rehabilitation

In collaboration with the Emergency Response Division, we are creating tools to facilitate implementation of a quality assurance process in accordance with recommended protocols and techniques (emergency orthopaedic fitting).

Future plans

- **Financial access to rehabilitation services:** We will propose action research and field actions on financial access to physical and functional rehabilitation services for the disadvantaged.
- **Orthopaedic and reconstructive surgery:** We will conduct a review of our experiences in order to use the lessons learned to create a framework for our actions and mobilise international networks of specialists.