

ROLE OF PHYSIOTHERAPIST IN NEURO-REHABILITATION

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Respected Sir,

Specialist Physiotherapy is required for rehabilitation of neurological conditions. These disabling conditions were once treated with the prime aim of regaining/returning the motor function as early as possible at the expense of the affected limbs. One major problem which is associated with stroke is excessive muscle stiffness known as spasticity in the affected limbs. Due to this, spasticity in the affected limbs was often increased with time and movements made more difficult with eventual functional loss and immobility. Management of stroke patients was originally based on the concept that damage to the brain was irreversible and irreparable. Recovery of the affected limb was therefore not possible. Treatment was often directed towards strengthening the unaffected limb to compensate for the loss of function on the affected limb. No attempt was made to influence spasticity as a means of facilitating recovery.

The development of new treatment approaches in 1940's and 1950's saw the management of patients with neurological conditions. This initiated specialization for neuro-rehabilitation of these affected patients called as Neurological Physiotherapy. Among the various approaches in use today the "Bobath" approach¹ has been shown to be very beneficial. The principle of treatment is to restore

'normal movement' of the affected limbs. This involves treating the affected and unaffected sides to improve normal daily functions. Recent evidence and advancement suggests there is considerable potential for recovery of the brain which has been affected by stroke. Patients will have the ability to learn to move more normally and unwanted spasticity can be influenced with appropriate treatment approach. Once it was thought that following a stroke recovery continued for up to two years post injury The present concept says that, rehabilitation in the initial phase post stroke will have the most significant effect. Indeed many long term strokes (1 year+) develop problems as time progresses. This may include pain, functional deterioration, stiffness and often immobility all of which may benefit from treatment².

Physiotherapist aims to restore a person to their optimal functional potential within the limits of his/her abilities and needs. The physical problems associated are paralysis, excessive muscle weakness, pain, sensory loss, balance impairments and eventually functional loss. Physiotherapy approaches include treatment techniques which relax muscles when tight and stimulate muscles when weak. The physiotherapist through his/her handling of specific bodily parts influences the muscles and guides the patient to perform a particular movement. In this time the patient may learn to execute movements with better control and less assistance. Understanding of normal movements is necessary when analysing why abnormal movements present in a stroke patient may cause difficulty with a particular function.

Goals are set by the physiotherapist and patient which include functional routine relevant to lifestyle. Rehabilitation begins on the first day of the stroke. Early mobilization of the patient is encouraged as soon as possible when the medical condition allows. An essential role of the Physiotherapist is to impart appropriate handling skills to family and carers. This ensures that patient carries over into the daily routine. The ultimate aim of rehabilitation is for the patient to experience as normal life as early as possible and rehabilitation does not stop at discharge from the hospital but also continues after the patient has returned to his/her home³.

Many barriers may limit the disabled person. This might be due to lack of confidence to tackle such barriers and eventual avoidance can lead to isolation and

depression. Guidance and encouragement from the physiotherapist is therefore needed to resume community activities. Stroke rehabilitation should therefore take into consideration social and psychological outcome, with physical function when planning a management program enabling a person to return to an active lifestyle and not merely an existence.

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