



REHABILITATIVE THERAPIES



MADD
VICTIM
SERVICES®

REHABILITATIVE THERAPIES

In 2003, it was estimated that over a half a million people were injured in alcohol related crashes. Sustaining bruises, broken bones, burns, spinal cord injuries and/or traumatic brain injuries, victims/survivors of drunk driving crashes are frequently faced with months or years of recovery. Many victims/survivors endure pain and suffering long after a crash as their primary injuries evolve into further problems.

An injury is damage or harm done to a structure or function of the body and can seriously impede a victim/survivor's independence and quality of life. Fortunately there are many rehabilitative therapies designed to address the physical, cognitive and emotional issues that follow a crash. With the help of rehabilitation experts, victims/survivors can hope to reach their greatest potential.

Rehabilitation

Rehabilitation is the process of helping an individual to achieve the highest level of functioning, independence and quality of life following an injury. While rehabilitation does not fix the damage, it can help an injured victim/survivor work toward recovery and adjustment to any physical changes that may occur. Many victims/survivors of drunk driving crashes experience major physical changes that produce real challenges. As a victim/survivor, you

may find that you need to learn how to do things a little differently, or change your daily activities all together.

After a crash, injured victims/survivors are often admitted to acute care facilities before transferring to sub-acute facilities for continued rehabilitation. Rehabilitation may begin in the hospital and can continue for years following a crash. The best outcomes occur when acute care and rehabilitation are initiated as early as possible.

An interdisciplinary team consisting of physicians, nurses, physical therapists, occupational therapists, speech therapists, dietitians and social workers coordinate a victim/survivor's medical treatment. Although the attending physician writes orders for any rehabilitative therapy, the doctor may rely upon the assessments of individual therapists to determine the course of a particular therapeutic intervention.

Following treatment in an acute-care setting, a victim/survivor is transferred to one of four sub-acute treatment programs based upon recommendations from the interdisciplinary team: inpatient rehabilitation, sub-acute rehabilitation, outpatient rehabilitation or home rehabilitation. When a victim/survivor begins sub-acute rehabilitation, a new team assumes responsibility for the victim/survivor's treatment plan.

Each victim/survivor has different needs and these different needs are reflected in a plan of care or treatment plan. The success of rehabilitation is dependent upon many variables, including: the nature of the injury, the severity of any resulting impairments and disabilities, the overall health of the victim/survivor and the victim/survivor's support system. It is essential for family members and caregivers to be aware of treatment goals and objectives so that they can provide adequate support.

Of equal importance is to understand how medical insurance plays a role in continued rehabilitation treatments. Although most insurance companies cover some rehabilitation costs, the coverage is limited in type of treatment (approved therapies, such as physical therapy, occupational therapy or speech therapy) and duration (which is often calculated in number of visits). Family members and caregivers can often advocate for injured victims/survivors to maintain continuity of care if they understand what insurance covers and what the treatment plan is.

There are many types of rehabilitative therapies, all of which employ a variety of methods to achieve specific goals. Traditional therapeutic approaches include physical therapy, occupational therapy, speech therapy and recreational therapy. Less traditional therapies include music therapy, art therapy, massage therapy, acupuncture, etc. If you are a victim/survivor of a drunk driving crash, you have

an opportunity to take part in your rehabilitative plan of care. Work closely with your rehabilitative team to enhance your healing experience.

Physical Therapy

Physical therapy (PT) is a skilled intervention that focuses upon the assessment, diagnosis and treatment of disabilities that limit motion and the ability to perform activities of daily life. Physical therapy is also implemented to prevent illness or disease associated with loss of mobility through fitness and wellness training. Sometimes referred to as physiotherapy, physical therapy is practiced by physical therapists.

As a general rule, physical therapists complete a four-year accredited undergraduate degree program in physical therapy. All states require physical therapists to pass a licensure exam in order to practice. A number of states require physical therapists to complete continuing education each year to maintain licensure. Some graduates continue their education by attending graduate programs in physical therapy, which might enable them to become board certified specialists in one of seven sub-specialties.

Physical therapists provide services in acute-care settings, nursing homes or rehabilitation facilities, with home care agencies, or even as independent contractors. Furthermore, they may work with a variety of clientele managing a wide variety of conditions, or they may specialize in a

particular field. The three primary areas of expertise include musculoskeletal, cardiopulmonary and neurological physiotherapy.

As with most medical interventions, physical therapy begins with an assessment process. Initially the physical therapist speaks with the victim/survivor to document medical history. The second portion of the assessment involves a physical examination. During the physical examination, the physical therapist may test range of motion, balance and muscle strength, motor function and muscle performance. The assessment process is intended to identify potential problems, establish functional limitations, refine the diagnosis and establish a baseline for monitoring progress.

Following the assessment, the physical therapist develops a treatment plan. A treatment plan identifies goals and specific interventions to meet each goal. Treatment plan goals might include enhanced mobility, pain reduction, function restoration and prevention of further injury. The objectives might include the use of adaptive equipment and completion of prescribed exercises.

Once a treatment plan is established, the physical therapist schedules a certain number of visits per week depending upon the needs of the victim/survivor. For example, a victim/survivor may engage in five hours of physical therapy a day in an acute-care setting, while averaging one hour every three days at home. During the visits, the physical

therapist may use a variety of modalities to deliver therapy, such as using heat, cold, electricity or sound to decrease pain and improve mobility. Additionally, a physical therapist may use adaptive equipment in therapy sessions, equipment that a victim/survivor may continue to use indefinitely.

Treatment plans are reviewed on a regular basis to maintain the integrity of each plan. The hope is that physical therapy continues until the goals of the treatment plan are achieved. However, there are times that insurance impedes this process by denying coverage.

Occupational Therapy

Occupational therapy (OT) is a skilled intervention focused upon the assessment, diagnosis and treatment of disabilities limiting fine motor skills, those that specifically make it difficult for individuals to achieve independence in all activities of daily living.

Occupational therapy is designed to help injured victims/survivors by modifying the environment so that they have the opportunity for independence.

Occupational therapists are skilled practitioners. In their studies, occupational therapists learn about the social, emotional and physiological effects of injury. They receive a degree from an accredited occupational therapy program and by the year 2007, most occupational therapists will enter the field with a master's or doctoral degree. Practitioners must complete supervised

clinical internships and pass a standardized test in order to practice. Once they receive their license, occupational therapists practice in a variety of settings, including hospitals, nursing homes, rehabilitation facilities, schools and private homes.

Like its therapeutic counterparts, occupational therapy is framed around a process of assessment, treatment planning and intervention. During the assessment phase, an occupational therapist interviews the victim/survivor to develop an accurate history. They also assess a victim/survivor's abilities and problems related to activities of daily living, such as grooming, dressing, bathing and eating.

Results of the assessment define the short-term and long-term goals of intervention. The goals are driven by the needs of the victim/survivor and may change over the course of treatment. Occupational therapists may conduct visits to the victim/survivor's home and place of work to see if interventions need to be implemented in the two different environments. Interventions may include teaching techniques for using adaptive equipment for personal care, reducing environmental barriers and providing resources to reduce stress. When a skill or ability cannot be improved through standard therapy, an occupational therapist uses creative alternatives to foster independence.

Speech Therapy

Speech therapy (ST or SLT) is the third skilled intervention of the three most widely offered rehabilitation treatments, along with physical therapy and occupational therapy. Just as its name implies, speech therapy aids in a victim/survivor's ability to communicate through speech and language. What a lot people do not know is that speech therapy also addresses issues with swallowing.

Speech-language pathologists, as they are commonly referred to as, are skilled practitioners who most likely hold a master's degree in speech-language pathology. Most states require that a speech-language therapist be licensed and require continuing education in order to maintain licensure. As part of their training, speech-language pathologists study anatomy and physiology of the areas of the body involved in speech, language, swallowing and hearing. Additionally, they learn about development and the nature of speech-language disorders. A large percentage of practicing speech-language therapists work in schools or nursing homes, but also can be found in hospitals, rehabilitation facilities, child day care facilities and other outpatient care centers.

When a victim/survivor meets with a speech-language pathologist for the first time, it is likely that the victim/survivor will be evaluated with written and oral tests for assessment purposes. Speech-language therapists may also use special

instruments to diagnose and analyze specific disorders. From these test results, they develop a plan of care tailored to the victim/survivor's individual needs.

Speech-language problems can be a result of a variety of causes, including traumatic brain injury and stroke. Victims/survivors may have difficulty speaking, understanding language or hearing, or they may have difficulty processing information due to cognitive impairments. Whatever the issue, speech-language therapists work with victims/survivors by teaching alternative communications methods, helping victims/survivors to develop or recover communication skills or assisting victims/survivors with swallowing disorders.

Recreational Therapy

Yet another type of rehabilitative therapy is recreational therapy (TR for therapeutic recreation). Recreational therapy is designed to improve the physical, cognitive, emotional, social and leisure aspects of a victim/survivor's life. Recreational therapists achieve this by helping victims/survivors to develop skills that enhance their every day lives. The goal of recreational therapy is very much like the goals of other rehabilitative therapies, to improve functioning and the quality of life, although the ways in which they achieve the goals differ from other therapies.

Recreational therapists are professionals who hold a bachelor's degree in therapeutic recreation or recreation with an emphasis on therapeutic recreation. While certification is not required, most employers prefer it. Hospitals, rehabilitation facilities, mental health centers, nursing homes, school systems, community parks, recreation centers and correctional institutions employ recreational therapists.

Using activities like sports, gardening, arts and crafts, social interaction, nature study, games, aquatics, and expressive arts, recreational therapists meet the victim/survivor's needs, capabilities and interests. Family members and caregivers are also an integral part of the treatment planning process. Recreational therapists tailor treatment plans based upon a victim/survivor's past, present and future interests and lifestyle.

Music Therapy

Music therapy has been present in the United States for over fifty years and has received growing support from the medical community. Music therapy is a clinically based intervention designed to help individuals with motor skill development, social/interpersonal development, cognitive development, personal growth and spiritual enhancement. Professional music therapists, who receive training through a certified music therapy degree program, practice music therapy.

Music therapists frequently hold a bachelor's degree or master's degree in music therapy and may also hold a degree in another clinical field, such as social work, psychology or counseling. In the United States, a music therapist must complete 1200 hours of clinical training and must pass a national certification exam. In their course of study, music therapists are subject to learning how to play various instruments with proficiency. Additionally, music therapists learn about therapeutic modalities as well as receive training in assessment, treatment planning and evaluation.

Using music as a healing therapy dates back to ancient times. Music therapists provide therapy by teaching music technique and history, listening to music and reminiscing, encouraging relaxation and providing creative outlets, such as music performance and song writing.

Art Therapy

Another type of therapeutic intervention that is growing in popularity is art therapy. Art therapy finds its roots in psychodynamic theory with the purpose of helping victims/survivors to achieve developmental, emotional and cognitive growth. Art therapists believe that the process of creating and talking about art provides victims/survivors with tools for self-awareness, coping and stress management.

Typically, practicing art therapists enter the field after completing an accredited master's level

degree program. Additionally, they are required to complete clinical hours and pass a certification exam. Art therapists can be found in hospitals, schools, mental health facilities and rehabilitation facilities, just to name a few.

Victims/survivors do not need to be trained artists in order to undergo art therapy. Art therapists look to the process of creating as the most important component of the therapy. They tend to use simple materials and techniques and approach therapy without a lot of structure. Victims/survivors are encouraged to explore the medium(s) in order to lose inhibitions. The therapist and the victim/survivor understand that in the end, there might not be a product. Destruction of the artwork may also be viewed as a part of the process.

Vocational Therapy

Following a crash, victims/survivors may find themselves unable to work. Financial stressors can feel overwhelming to victims/survivors and their families. As part of the rehabilitative regimen, many rehabilitation facilities offer vocational therapy or vocational counseling. Many people mistakenly identify occupational therapy as the type of therapy indicated to assist victims/survivors in re-entry to the workforce. Although occupational therapists may offer some vocational oriented interventions, vocational counselors are key to assisting injured victims/survivors to re-enter the workforce.

Vocational therapists or counselors attend accredited degree programs in counseling. They are skilled in career planning and job reintegration. Sometimes vocational counseling involves training and planning with the pre-injury employer. They may teach the victim/survivor necessary job skills while working with the pre-injury employer to accommodate the new needs of the victim/survivor.

Sometimes job integration is not an option. At this point, vocational counselors can assist the victim/survivor in training for viable job opportunities. They explore interests with victims/survivors, test victims/survivors, identify possible financial assistance for retraining and provide referrals to supportive community resources, which may include disability benefits.

COMPLIMENTARY AND ALTERNATIVE MEDICINE IN REHABILITATION

Generally, complimentary and alternative medicine (CAM) refers to those medical interventions that are not recognized by traditional schools of medicine. Many alternative therapies are not taught in medical schools, nor are they used to treat injury or illness. Frequently they are not reimbursed by insurance companies. However, recent trends indicate that this may be changing.

Complimentary and alternative therapies include a wide range of healing approaches, therapies and philosophies. *Complimentary therapies* are those

interventions that are implemented to compliment more traditional interventions. *Alternative therapies* are those treatments that are implemented when traditional interventions do not seem to be working.

CAM rehabilitative therapies incorporate the concept that wellness is dependent upon the interplay between the mind, body and spirit. Mind/body therapies include meditation and biofeedback, body-oriented therapies include chiropractic care and yoga and energy-based therapies include acupuncture and shamanic healing. Victims/survivors might use one or more of these therapies to improve overall wellness, to manage symptoms related to their injury or to treat their injury.

Victims/survivors who choose CAM therapies often rely on their experiences rather than scientific evidence that a particular intervention works or does not work. Many physicians see the benefits of alternative and complimentary therapies and therefore offer their patients an integrative approach to medicine. In other words, these physicians use a combination of both traditional medical interventions in coordination with CAM therapies. The most important consideration for most victims/survivors may be whether or not these types of therapies are covered by insurance. Most are not, but this could change in the future.

Tips for Successful Rehabilitation

Rehabilitation does not “fix” an injury, per say, but the hope is that rehabilitation offers a victim/survivor

tools that will help them to either recover fully or adjust to their new circumstances. There are ways you can enhance your rehabilitation experience. Here are a few tips:

- **Create your treatment plan with your rehabilitative team.** Rehabilitation treatment plans are goal focused. While a rehabilitation specialist develops and implements a plan of care, the plan should include your valuable input as the victim/survivor. After all, no one knows your body better than you, and no one fully understands your lifestyle better than you. Be prepared to answer questions regarding your physical condition, and have a list of questions ready for your therapists. Set realistic short-term and long-term goals.
- **Follow the treatment plan.** Frequently, rehabilitation therapists will provide you with exercises or “homework” that you can do in the evenings, mornings or any free time. The treatment is only as good as the goals and objectives set forth. If you do not follow the treatment plan by practicing or completing exercises, your progress may be slow. Additionally, it is important to keep in mind that insurance companies keep an eye on treatment plans and expect to see results. Set a regular schedule for completing exercises and other therapeutic tasks, and ask your family to help you with your treatment plan.
- **Understand your injury.** Ask a lot of questions of your treating physician and rehabilitative therapists. Knowledge is power. The more you know about your injuries and physical limitations, the better prepared you can be in the rehabilitation process. Sometimes it helps to speak with other victims/survivors who are coping with the same or similar injuries.

- **Don't give up hope.** Rehabilitation can be a long, arduous process. Sometimes it can be painful. There are certain to be days when you feel down or defeated. Keep a journal to reflect on your progress, so when you experience a difficult day or week, you can read about how far you have come. Talk with family or friends about how you are feeling. Some victims/survivors seek the help of professional social workers, counselors or therapists if feelings of sadness, helplessness or hopelessness persist.

For more information about rehabilitative therapies, please refer to www.madd.org for links to websites and other resources.

*For more information or assistance
visit MADD's website at www.madd.org
or call 1-877-MADD-HELP (1-877-623-3435).*



This project was supported by Grant No. 2004-DD-BX-K008 awarded by the Office of Justice Programs, U.S. Department of Justice. Points of view in this document are those of the author and do not necessarily represent the official position or policies of the U.S. Department of Justice.



1-877-MADD-HELP | 1-877-623-3435 | www.madd.org

40004003