

Rehabilitation plan

The rehabilitation plan is compiled individually for each patient due to age, diagnosis, possibilities and associated diseases. It consists of taking an anamnesis (often taken by the doctor himself), self-examination and finding out the patient's options. This is followed by the compilation of a short-term and long-term rehabilitation plan.

KRP Short-Term Rehabilitation Plan

The KRP is compiled for a shorter period of time, usually for the duration of a stay in a rehabilitation facility. It is a series of goals that will be pursued and should be achieved at a given time. It mostly consists of restoring (or at least improving) lost movement possibilities, self-care training, prevention of immobilization syndrome (in lying patients), strengthening of weakened muscles, stretching of shortened ones and restoration of the correct walking stereotype. The exercise unit is not complicated, we progress from simple movements to more complex ones.

KRP example

KRP for a patient 50 years after surgery TEP hip for arthrosis IV. degree, without complications with a normal postoperative course.

- breathing gymnastics;
- vascular gymnastics;
- restoring hip mobility (mainly flexion, abduction);
- prevention of immobilization syndrome
- strengthening of weakened muscles;
- stretching of shortened muscles;
- sitting exercise;
- standing exercise;
- practice walking with underarm crutches (from the second day);
- training for walking up stairs (from the fifth day);
- self-care training;
- instructions on handling TEP, prohibited movements, modification of the home environment.

DRP Long Term Rehabilitation Plan

The DRP is compiled as a plan for the future (months, years), which must have a clearly defined goal. It is governed by the age and capabilities of the patient. This includes provision of a home environment and regular home measures, spa treatment, outpatient treatment.

DRP example

DRP for a patient 50 years after TEP hip surgery for IV arthrosis. degree, without complications with a normal postoperative course.

- modification of the home environment;
- learning the correct walking stereotype (main goal);
- outpatient treatment (if full load possible);
- spa treatment (if possible fully loaded);
- resumption of work activity;
- restoration of social life;
- restoration of sports and recreational activities.

Links

References

- HALADOVÁ, Eva. *Léčebná tělesná výchova : cvičení*. 3. edition. Národní centrum ošetrovatelství a nelékařských zdravotnických oborů, 2007. ISBN 9788070134603.
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