
ACUTE MEDICAL REHABILITATION; AN INTRODUCTION

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Acute Medical Rehabilitation (AMR) can be defined as the intervention by a specialist (and his team) in Physical and Rehabilitation Medicine (PRM) starting in the first hours or days after an injury, operation, or acute illness. It is a multidisciplinary effort involving intensive cooperation and interaction with other medical specialists. In this introduction, the "Ten Commandments of AMR" will be presented and illustrated with examples. Prevention of complications is the key factor in AMR. The most common complications will be discussed. Early mobilisation is a risky but necessary intervention.

Other medical doctors may not always consider an early start of rehabilitation interventions necessary. Nevertheless, it is one of the main factors contributing to a better long-term outcome. PRM specialists have to be not only visible in the acute hospital, but they also need to be available daily for early consultation. Other professionals involved in the acute phase need to be educated in the principles of AMR. This will contribute to a better and more efficient cooperation between specialists in the acute phase. Patients and their relatives require information about current and future options and the patient's long-term functioning. A PRM specialist can best provide a functional prognosis. Following the acute phase, the patient needs post-acute rehabilitation, and the PRM physician is responsible for deciding with the patient about the next step. A PRM specialist can best undertake the discharge and transfer to a post-acute facility because he is aware of the patient's needs and potential and knows what can be offered in the post-acute facility. The last commandment is that we need to develop strategies for rehabilitation, for instance, before major surgeries, elective amputations and organ transplantations.

References

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