

Liz Hobbs has 30 years of physiotherapy experience both in Australia with indigenous and non-indigenous people and in other countries. She has also studied community development in India and community-based rehabilitation with David Werner.

As a result of researching community-based rehabilitation projects across the world and running a training programme for rehabilitation workers in a military hospital in Ethiopia she and her co-authors have spent 7 years writing a resource manual for those who wish to help injured people. The resultant book, *Life After Injury* will be published shortly.

**Liz will present a praisee of *Life After Injury*, its underlying philosophy and its contents.**

## **Life After Injury**

**A Manual for Rehabilitation Workers**

**by**

**Liz Hobbs, Sue McDonough and Ann O'Callaghan**

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### **Introduction**

Resources are also needed for victim assistance.

In the early 1990's I, a physiotherapist, and two occupational therapists were asked to run a training course for rehabilitation workers in a military hospital in Tigray, Ethiopia. In the process of writing the course and teaching we couldn't find resources to help the injured with a community-based approach. We decided to write a manual ourselves for rehabilitation workers and their families, anticipating that it might take 6 months. Seven years later it is completed and about to be printed.

### **Philosophy**

Between the authors we had had experience over a range of different cultures and rehabilitation models over a number of years. We had also talked with many injured and disabled people. Drawing on this experience we developed the philosophies that underpin the book. These are:

#### **1. that rehabilitation is most successful if it is holistic and community based with national support**

- holistic in the sense that ...emotional and spiritual needs are as important as the physical ones and that rehabilitation must continue from the time of the injury right up until the person is living fully in her community again.
- community based in the sense that...family and community members must be included for rehabilitation to be successful.
- National support in that policies and funding support the rehabilitation.

2. A rehabilitation manual needs to have **comprehensive information** to be useful. In this case it must give all the information needed to manage most injuries and disabilities. But also it needs to be light weight so it can easily be carried in a knapsack. **This information must be presented in a simple, everyday way.**
3. **the book must teach people how to solve problems, not give recipes.**
4. **injured and disabled people ....and rehabilitation workers and....community members must be empowered** in each stage of rehabilitation.

We tried to embody these philosophies by using a step by step approach....always helping the rehabilitation worker, with the injured and families, to find solutions to problems themselves....and by using stories (mostly based on real situations), many drawings and photos.

The underlying philosophies resulted in the book being set up like this:

### *O/H Contents.*

*Forward*

*Preface*

#### **Introduction**

1. What is rehabilitation
2. Families and friends
3. Bringing rehabilitation to the people
4. Working out what to do

#### **Healing**

##### *Section 1. Early rehabilitation*

5. The first seven days
6. Long term care

##### *Section 2. More problems after injury*

7. Pain and emotional problems
8. Pressure sores
9. Infections of joints and bones
10. Wounds
11. Swelling

##### *Section 3. Rehabilitation of specific injuries*

12. Spinal cord injury
13. Brain injury
14. Nerve injury
15. Burns
16. Amputations

##### *Section 4. healing and rehabilitation of fractures*

17. Care of fractures
18. Plaster casts
19. What to do for people in plaster casts
20. What to do for people in traction
21. What to do for people in slings

#### **Becoming Able**

##### *Section 5. Solving problems with moving and doing activities*

22. How to find solutions
23. Finding the causes of movement problems
24. Weakness
25. Stiffness

##### *Section 6. Splints*

26. Introduction to splints
27. Choosing which arm splints to use
28. Choosing which leg splints to use
29. Using splinting materials
30. Instructions in making splints

*Section 7. Moving around and doing activities*

31. Walking, mobility and equipment

32. Finding ways to do daily activities

**Joining in**

33. Returning to work

34. Encouraging positive community attitudes

35. Making places accessible

**Getting organised**

36. Setting up a rehabilitation programme

37. Your work as a rehabilitation worker

38. Sharing rehabilitation skills

39. Advice for expatriate trainers

**Appendices**

Record forms

Normal movement

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Acknowledgements

**We divided rehabilitation into three parts:....healing, becoming able to do activities ....and rejoining the community.**

**healing...**

Healing includes management from the day after the injury and while the person is in bed, as well as what to do for specific injuries or problems that have arisen since the injury.

**becoming able**

In this part we include help to solve any problems an injured person may have with doing activities.... What exactly is the reason the person cannot do an activity? Is it because of pain, fear, low esteem, stiffness, or that she cannot access help or move around?...Then we give choices of solutions.

**joining in**

For a person to live fully in her community again she will need to

- Find her courage
- Be able to move around and access places and help
- Find work
- Have people accepting her as an equal

Here are some example pages:

*O/H negative and positive cycle (Even in hospital we think it is important that rehabilitation includes emotional and spiritual needs. It is especially important to reduce secondary problems such as contractures, pressure sores, depression, chronic pain and bone infections after an injury.)*

*O/H spinal cord injury. This is a page from spinal cord injury.*

As we move into helping the person to become able again, this is a page on

*O/H how to solve a movement problem.*

*O/H what to do to help a specific problem such as weakness*

*O/H and simple aids for activities of daily living.*

*O/H advice to families are scattered through the book.*

At the end of the book is a section on **getting organised**

In this part is a step by step approach to setting up a community based rehabilitation programme, including how to carry out a community needs analysis and how to plan and evaluate a project, advice to the rehabilitation worker on how to organise her work and tips on training.

*O/H Training*

## **Conclusion**

We are extremely indebted to David Werner and Hans Husum who are both widely known and respected authors in this field for their unstinting advice, support and help over the last seven years. Also to the Norwegian and Australian governments for funding for publication. And to at least 150 people who have given their time and skills, mostly as volunteers.

The book is now ready for printing. It will be published by Third World Network in Penang, Malaysia. It is approx 600 pages long, will be printed on light weight paper, has 1400 drawings and photos, and will cost US\$10 in the south and US\$30 in the north'. The book is non-profit. Please help us to pass on information about the book to those who could use it. There are brochures available which include our addresses for orders.

**Thankyou.**