Rehabilitative Frame of Reference

The Rehabilitative Frame of Reference was created to assist clients experiencing impairments that are unlikely to remediate. As a bottom-up therapist-directed approach, this FOR focuses more on performance areas rather than deficits. It considers what the client needs to regain or gain to overcome the disability and then directs that focus onto the client's remaining abilities. The physician then identifies the client's strengths and assists them in achieving their highest possible level of function through adaptation, compensation, or environmental modifications.



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Population

All Populations

Pop

All populations or clients that have experienced occupational loss may benefit from the Rehabilitation FOR. Common client disabilities that are seen benefiting from this approach include neuromotor disabilities, sensorimotor disabilities, TBI, MS, SCI, CVA, total hip replacement, and knee replacement.

Goals/Principles

Common Evaluations

Commoner Evaluator

Common evaluations are used to identify rehabilitative needs and help create goals. These evaluations include observations, interviews, and client factors assessments such as MMSE, MVPT, ROM using a goniometer, and Semmes-Weinstein for sensation. Common occupation-based assessments include COPM, FIM, Klein-Bell activities of daily living scale, and KELS.

Objectives

Goals

Physicians use the Rehabilitative FOR to encourage clients to engage in ADL/IADLs in the most natural environment possible, facilitate the client's engagement as an active participant in the rehabilitation team, and maximize the client's independence overall.

Common Interventions

Commoner with Intervention-sign

Common interventions are used to facilitate engagement, functional performance, and task completion to improve a client's health and well-being. Some examples that would help the client achieve their goals using this FOR include energy conservation, work simplification, home modifications, client/family/caregiver education, and advocacy for environmental accessibility.

3 Main Strategies/Techniques

Adaptation Techniques

Adaptation Techniques

The Rehabilitation FOR focuses on three main adaptation techniques: re-establish, restore, and create. Examples of these adaptation techniques include assisted devices, adaptive clothing, voice-activated technology, orthotics/prosthetics training and use, wheelchair modifications, and community transportation.

Compensatory Strategies

Compensation Strategic-game of Chess

Compensatory strategies are either techniques or modifications of task demands that are used to avoid or in place of dysfunction. Examples of these compensatory strategies include dressing the affected leg first or even education on swallowing techniques, such as chin tuck when eating, to avoid choking.

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Environmental Modifications

House Modifications

Environmental modifications are either education for family and/or caregivers or changing the context to promote greater engagement and participation.

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