

# Rehab and your GP

## What is Rehabilitation?

Rehabilitation services exist in various forms, whether they are **hospital-based**, based in the **community**, or require patients to attend **day therapy** or **outpatient services**.

Regardless of the location, rehabilitation services strive to improve the function, increase independence and reduce the burden of care for all patients.

## Rehabilitation teams often (but not always) consist of:

- Medical specialists
- Nursing staff
- Physiotherapists
- Occupational Therapists
- Speech Pathologists
- Dietitians
- Social workers
- Music therapists
- Psychologists & Neuropsychologists
- Music therapists
- Therapy assistants
- Recreational officers

## Inpatient Rehabilitation:

Inpatient Rehabilitation teams provide a coordinated multidisciplinary service with **high-intensity intervention** and target **patient-related** goals. Following a new insult (e.g., Traumatic brain injury, stroke or fall) or other medical conditions (e.g., deconditioning, orthopedic retraining), patients will often have access to these services following transfer to the inpatient rehabilitation unit. During their admission to the inpatient rehabilitation unit, patients will complete a variety of comprehensive assessments and intervention tasks to work towards suitability to return to the community. Once suitable (and if appropriate), the multidisciplinary team will arrange for ongoing services to support them in the community on discharge. The General Practitioner (GP) should be informed of the ongoing service providers and involved with this transfer of care.

## Community Rehabilitation:

Community-based services continue to have a restorative focus, however, generally focus on returning to activities of daily living (e.g., returning to swimming / driving) through less-intensive functional intervention tasks. Patients will continue to receive targeted therapy; however, it may be less frequent. Community-based services can be provided in conjunction with National Disability Insurance Scheme (NDIS) services.

Across Queensland, various **community rehabilitation services** exist to promote functional independence and to continue the rehabilitation journey once a patient returns to community-dwelling. As discharge planning is often a complex and lengthy process, the team will generally begin the process as soon as possible. There are various services that the rehabilitation team will consider when planning for ongoing rehabilitation intervention. Please refer to the **Queensland Rehabilitation Services Directory** (below) for additional rehabilitation service options:

## Service Directories:

QFinder:

<https://qfinder2.health.qld.gov.au/>

Queensland Rehabilitation Service Directory (Accessible on QHEPS for QH staff only):

<https://gheps.health.qld.gov.au/car/networks/rehab/service-directories>

## Day Therapy / Outpatient Services:

Outpatient services allow for patients to continue to access specialist appointments and attend lower-intensity therapy sessions to target their goals. Intervention models and eligibility criteria will depend on the service provider and should be arranged by the treating team as required.

## National Disability Insurance Agency:

The **National Disability Insurance Agency (NDIA)** is an independent statutory agency. The role of the NDIA is to implement the **National Disability Insurance Scheme (NDIS)**. Following discharge from a rehabilitation service if a patient is accessing, or is recommended to access support from the NDIS, the GP will be informed.

Understandably, the rehabilitation needs and services provided will vary across health services and patient cohorts.

## For Further Information:

Please see our 'Rehab and your GP' webpage <https://clinicaexcellence.qld.gov.au/resources/rehab-and-your-gp>