

Table 13-4

REHABILITATION APPROACH**FOCUS**

- Top-down approach
- Evaluation of the performance areas of work, play, and self-care
- Identify environmental demands and resources
- Focus on the client's strengths and ability to participate in areas of occupation
- Little or no expectation for change or improvement in impairments
- Focus on context, activity demands, performance patterns, activity limitations, and participation restrictions

ASSUMPTIONS

- The ability to function is essential to well-being.
- Motivation is based on the client's values, roles, and context.
- There are secondary benefits to improving performance.
- Humans can adapt to their limitations and capitalize on their strengths.
- Through adaptation and compensation, clients can regain meaning, resumption of roles, and a sense of purpose.

FUNCTION

- To maintain oneself, take care of others and the home
- The ability to advance oneself through work, learning, and financial management
- To enhance the self through self-actualizing activities

EXPECTED OUTCOMES

- Learning new skills or use of devices to resume life roles
- Maintaining or improving quality of life
- Prevention of disability
- Enhanced self-efficacy and satisfaction with performance
- Improved adaptation to occupational challenges

METHODS

- Changing the task via:
 - Adapted task methods or procedures
 - Adapting the task objects, adaptive devices, or orthotics
- Changing the context via:
 - Environmental modification
 - Training the caregiver or family
 - Mobility adaptations
 - Disability prevention

Table 13-5

STRENGTHS AND LIMITATIONS OF THE REHABILITATION APPROACH**STRENGTHS**

- Widely documented
- Extensively used
- Concepts easy to explain
- Intervention often visual, concrete
- Range of options available; can be easily matched to the needs of the individual
- Intervention results may be rapid

LIMITATIONS

- May have the tendency to be reductionistic
- Needs full analysis of need of device or method matched with person, environment, and occupation
- Not appropriate for clients with impaired cognition
- Seen as conflicting with other types of intervention
- Need to understand what the changes mean to the client (psychologically, socially, culturally, etc.)
- Transfer and generalization may not occur