

Family Support in Stroke Rehabilitation

Shinichiro Maeshima*

Department of Rehabilitation Medicine II, School of Medicine, Fujita Health University, Japan

As rehabilitation medicine has become more widespread, rehabilitation intervention has become a standard treatment that is provided from the early stages of a stroke. Thus, disuse syndrome caused by excessive rest, which had been frequently encountered in the recent past, has become rare. However, it is common to observe patients becoming bedridden when they return home from a rehabilitation hospital. Because patients are provided with rehabilitation in well-equipped hospital wards during their hospitalization, they are able to engage in sufficient physical and cognitive activity; however, at home they are unable to maintain the same level of activity, which gradually leads to disuse and an inability to move.

How can this be Possible?

Is this a problem with the medical staff who place patients in a situation where they are unable to continue therapy at home because they received specialized rehabilitation at the hospital? or is this a problem with the patients and their families who maintain a passive attitude toward rehabilitation?

Regardless of the cause, if patients do not practice the rehabilitation they conducted while in the hospital at home, in the long-term they would be wasting both their time and money.

To avoid this, rehabilitation specialists must create training programs that are based on the home lifestyle of the patient while the patient is still in hospital. Because rehabilitation works toward re-integration into society, it must include the creation of a lifestyle that will allow the patient to return to society even if the patient is left with a disability. The rehabilitation plan should not be based on the patient visiting a hospital or facility to participate in training.

Family members also have an important role to play in the re-integration of the patient into society. Therefore, both the patient and his or her family members must be provided with guidance while the patient is still in the hospital. Family members must understand the illness and learn techniques to assist the patient. When family members are engaged in rehabilitation with the patient, the duration of training sessions often lengthens and functionality improves. However, the types of training selected for family members to engage in with the patients must be simple and safe, and it must be possible to practice the activities continually. These activities must be simple yet important actions that can be repeated such as practicing standing up,

maintaining a standing position, and walking with the aid of handrails or around tables. If patients do not spend their time in bed when they are not practicing rehabilitation, but rather engage in self-training with the help of family members, clear changes in the recovery process can be observed after 2 to 3 weeks. Most importantly, family members can easily observe that the patient is making a progress toward recovery, and an early discharge from the hospital becomes possible.

Patients and family members who receive appropriate training and guidance while the patient is still in the hospital, and who put those skills into practice as part of their daily lives, can experience improvements in functionality that can be maintained even after the patient has been discharged, without the need to visit the hospital regularly to engage in rehabilitation training. The results of our study show that family member intervention results in a notable improvement in general motion and movement from one place to another [1], improvements in hemispatial neglect [2], and a reduction in the number of days spent in the hospital and in the home return rate [3]. A randomized controlled trial (RCT) that compared a family intervention group with a non-family intervention group found that starting a support service for family members within 6 weeks of the onset of the disease, while having little effect on the patients themselves, resulted in an increased social participation of the caregiver and improved quality of life for the patient [4]. Rehabilitation specialists must not overlook the essence of rehabilitation, i.e., "treatment for the purpose of re-integration."

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*Corresponding author: Shinichiro Maeshima, Department of Rehabilitation Medicine II, School of Medicine, Fujita Health University, Japan, E-mail: shinichiromaeshima@gmail.com

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