COMMUNITY BASED REHABILITATION

Subject Description

The subject serves to integrate the knowledge gained by the students in community medicine and other areas with skills to apply these in clinical situations of health and disease and its prevention. The objective of the course is that after the specified hours of lectures and demonstrations the student will be able to identify rehabilitation methods to prevent disabilities and dysfunctions due to various disease conditions and plan and set treatment goals and apply the skills gained in rehabilitating and restoring functions.

Subject Title Duration Total Hours Theory Practical	: COMMUNITY BASED REHABILTATION : 25 – 36 Months : 150 : 90 Hours : 60 Hours
Total Hours / Week Lecture Practicals	: 5 Hrs : 3 Hours / Week : 2 Hours / Week
Method of Assessment	: Written, Oral, Practical

1. Rehabilitation: Definition, Types [1 hour]

2. Community: Definition of Community, Multiplicity of Communities, The Community based approach, Community Entry strategies, CBR and Community development, Community initiated versus community oriented programme, Community participation and mobilization [5 hours]

3. Introduction to Community Based Rehabilitation: Definition, Historical review, Concept of CBR, Need for CBR, Difference between Institution based and Community based Rehabilitation, Objectives of CBR, Scope of CBR, Members of CBR team, Models of CBR [6 hours]

4. Principles of Community based Rehabilitation. W.H.O.`s policies-about rural health care-concept of primary /tertiary health centers-district hospitals etc-Role of P.T.-Principles of a team work of Medical person/P.T./O.T. audiologist/speech therapist /P.&O./vocational guide in C.B.R. of physically handicapped person , Agencies involved in rehabilitation of physical handicapped - Legislation for physically handicapped. Concept of multipurpose health worker. Role of family members in the rehabilitation of a physically handicapped. [10 hours]

5. Planning and management of CBR Programmes, CBR Programmed planning and management, Ownership and Governance, Decentralization and CBR, Management of CBR, Programmed sustainability, Communication and Coordination, Community participation, mobilization and awareness, CBR programme influence on promoting and developing public policies [6 hours]

6. Disability: Definition of Impairment, Handicap and Disability, Difference between impairment, handicap and disability, Causes of disability, Types of disability, Prevention of disability, Disability in developed countries, Disability in developing countries.Disability Surveys: Demography. Screening: Early detection of disabilities and developmental disorders, Prevention
of disabilities- Types and levels [6 hours]

7. Disability Evaluation: Introduction, What, Why and How to evaluate, Quantitative versus Qualitative data, Uses of evaluation findings [5 hours]

8. Role of Government in CBR: Laws, Policies, Programmes, Human Rights Policy, Present rehabilitation services, Legal aspects of rehabilitation [5 hours]

9. Role of Social work in CBR: Definition of social work, Methods of social work, History of social work, Role of social worker in rehabilitation [4 hours]

10. Role of voluntary Organizations in CBR: Charitable Organizations, Voluntary health agencies – National level and International NGO's, Multilateral and Bilateral agencies. International Health Organizations: WHO, UNICEF, UNDP, UNFPA, FAO, ILO, World bank, USAID, SIDA, DANIDA, Rockfeller, Ford foundation, CARE, RED CROSS. [4 hours]

11. National District Level Rehabilitation Programme: Primary rehabilitation unit, Regional training center, District rehabilitation center, Primary Health center, Village rehabilitation worker, Anganwadi worker [5 hours]

12. Role of Physiotherapy in CBR: Screening for disabilities, Prescribing exercise programme, Prescribing and devising low cost locally available assisstive aids, Modifications physical and architectural barriers for disabled, Disability prevention, Strategies to improve ADL, Rehabilitation programmes for various neuromusculoskeletal and cardiothoracic disabilities. [5 hours]

13. Screening and rehabilitation of paediatric disorders in the community: Early detection of high risk babies, Maternal nutrition and education, Rehabilitation of Cerebral Palsy, Polio, Downs Syndrome, Muscular Dystrophies etc., Prevention and rehabilitation of mental retardation and Behavioural disorders, Immunization programmes, Early intervention in high risk babies, Genetic counselling [5 hours]

14. Extension services and mobile units: Introduction, Need, Camp approach [2 hours]

15. Vocational training in rehabilitation: Introduction, Need, Vocational evaluation, Vocational rehabilitation services [2 hours]

16. Geriatrics - Physiology of Aging /degenerative changes-Musculoskeletal /Neuromotor /cardio – respiratory-/Metabolic, Endocrine, Cognitive, Immune systems. Role of Physio Therapy in Hospital based care, Half-way homes, Residential homes, Meals on wheels etc. Home for the aged, Institution based Geriatric Rehabilitation. Few conditions:- Alzheimer's disease, Dementia, Parkinson's Disease, Incontinence, Iatrogenic drug reactions, etc. Ethics of Geriatric Rehabilitation. [9 hours]

17. Industrial Health & Ergonomics [10 hours] - Occupational Hazards in the industrial area -- Accidents due to

1. Physical agents-e.g.-Heat/cold, light, noise, Vibration, U.V. radiation, Ionizing radiation,
2. Chemical agents-Inhalation, local action, ingestion,
3. Mechanical hazards-overuse/fatigue injuries due to ergonomic alteration & ergonomic evaluation of work place-mechanical stresses per hierarchy – i. sedentary table work – executives, clerk, ii. inappropriate seating arrangement- vehicle drivers iii. constant standing- watchman- Defense forces, surgeons,
   iv. Over-exertion in laborers,-common accidents –Role of P.T.-Stress management,
4. Psychological hazards- e.g.-executives, monotonicity & dissatisfaction in job, anxiety of work completion with quality, Role of P.T. in Industrial setup & Stress managementrelaxation modes.
5. Biological Hazards

Practical: 60 Hours

This will consist of Field visits to urban and rural PHC's., Visits to regional rehabilitation training center, Regular mobile camps, Disability surveys in villages, Disability screening, Demonstration of Evaluation and Physiotherapy prescription techniques for musculoskeletal, neuromuscular, cardio-respiratory, paediatric, gynecological and geriatric problems in community, Demonstration of evaluation and prescription techniques for ambulatory and assistive devices, Fabrication of low cost assistive devices with locally available materials.

Recommended books:

1. Rehabilitation Medicine by Howard A Rusk.
2. Rehabilitation Medicine by Joel A De lisa