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COMPREHENSIVE REHABILITATION SERVICES FOR CHILDREN WITH SPECIAL NEEDS IN HOSPITAL SETUP

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ABSTRACT

A comprehensive intervention strategy should aim to achieve the best possible overall outcome by minimizing disability and maximizing utilization of the persons existing ability and potential, preferably during the first year of life. To achieve this is a challenge which involves multiple disciplines. The members of the multidisciplinary team, the medical and the rehabilitation team with the family and child works together to promote a positive functional adaptation to impairment or disability in the context of the child's developmental progress with appropriate medical and rehabilitation services. Depending on the patient's unique needs interventions are to be planned. Comprehensive intervention strategy focuses all the possible domains of development and functional skills. The planning of rehabilitation services for children is thus complicated and should be set with a long-term perspective. Successful therapy programs are individually tailored to meet the child's functional needs and should be comprehensive, coordinated, and integrated with educational and medical treatment plans, with consideration of the needs of parents and siblings. Therefore, whenever intervention guidelines are used in rehabilitation institutions, it is important to maintain a certain level of flexibility in service delivery, just in order to optimize the outcomes and customize it to the specific needs of the children. Some health conditions are chronic, and therefore, rehabilitation services may be required throughout a child's life. However, the rehabilitation field can vary accordingly. The rehabilitation therapies would be prescribed, emphasizing the evaluation and enhancement of the child's function and abilities and participation in age-appropriate life roles. Children with disabilities typically need many primary and subspecialty services, including various specialized therapies to maintain or improve their functioning. Problems that children with disabilities face include lack of adequate primary and preventive services, barriers to subspecialty care and specialized therapies, limited coordination of services, and uneven access to schools and other direct-service providers. It is essential to incorporate the family as the important role of this successful adaptation to the needs of the child, complementing and reinforcing the treatment in the management of the child at home.

KEYWORDS: *Children with Special Needs, CWSN, Rehabilitation Services in Hospital Setup.*

INTRODUCTION

Comprehensive rehabilitation services for children with special needs in hospital setup According to the World Health Organization (WHO), more than 650 millions of individuals live with disabling conditions worldwide (2010), out of which 200 million are children. In all over the World, during every 100 Children born, 10 Children are born with disabilities. Most of these Children are born in hospitals. Though, there are many reasons for the disabling condition such as poverty, poor nutrition, consanguineous marriage, Rh incompatibility etc, most of the disabled children born every day due to prenatal, postnatal and perinatal conditions.

We have more disabled children born every day, but the treatment for their betterment is a big question mark. Though science plays the major role in all aspects of life, though medical field is in its height of growth, rehabilitation is given a very minimal importance on the whole. Various new trends and strategies such as hydrotherapy, sensory motor integration etc is developed in the field of disability rehabilitation. But when compared with the need, the development is very feeble and scattered.

Children with disabilities can develop and achieve their full potential with assistance from the rehabilitation services. Rehabilitation for children or pediatric rehabilitation includes all the services delivered to minors, from infants to teenagers. Paediatric Rehabilitation is a comprehensive intervention strategy designed to facilitate children with disability to increase participation and become self-sufficient as much as possible. In the treatment of children with special needs, it is essential to early onset of therapeutic intervention, preferably during the first year of life and makes a personalized treatment based on an individualized assessment of the child. Paediatric Rehabilitation approaches used in rehabilitation for children, services need to be accessible, holistic, interdisciplinary, organized and integrated. Concentrating just on Physiotherapy, Speech Therapy and occupational therapy in Isolation, is no better and will not solve the purpose of a complete integrated rehabilitation program as we intend to do. There is for certain a desperate and an invariable requirement of a coordinated effort to actually put the acts together to integrate and consolidate the entire process of Paediatric Rehabilitation. The spectrum of impairments affecting function in children is wide and comprises many congenital and acquired conditions, primarily involving the neurologic and musculoskeletal systems, including but not limited to cerebral palsy, traumatic brain injury, myelomeningocele, spinal cord injury, neuromuscular disease, juvenile rheumatoid arthritis, arthrogryposis, limb deficiencies and other developmental disabilities. There are variations in severity within each of these conditions. Many children with impairments attributable to these conditions will have some degree of disability that may limit their participation in age-appropriate activities at home, in school, and in the community and should benefit from physical, occupational, and/or speech-language therapy services.

Our aim is to achieve the best possible overall outcome by minimizing disability and maximizing utilization of the persons existing ability and potential.

The goal of rehabilitation is to help these individuals reach their highest level of independent function and return to productive living in their homes and communities.

A team with members or professionals from multiple disciplines collaborates and share ideas to create a comprehensive rehabilitation plan that covers all necessary diagnoses and treatment for a child. This could be accomplished by a multidisciplinary team approach (the members use their individual expertise to first develop their own answers to a given problem, and then come together, bringing their individually developed ideas, to formulate a solution) or a intra disciplinary team approach(the members from multiple disciplines collaborate and share ideas from the beginning). No two patient treatment plans are exactly alike, Depending on the patient's unique needs most plans feature a set of rehabilitation goals that use a combination of therapies and activities designed to help patients improve physical mobility, regain daily living skills and prepare for community re-entry. An integrated approach is a coordinated participation of the multidisciplinary team members with a treatment plan to achieve the goal, depending on the patient's unique needs.

The members of the multidisciplinary team may include medical and rehabilitation professionals.
Medical team:

- Pediatricians
- Neurologists- epilepsy
- Orthopedic surgeons- physical deformities
- ENT surgeons- tongue tie,
- Ophthalmologists,
- Psychiatrists
- Clinical Psychologists-Psychological Assessments

Rehabilitation team:

- Rehabilitation Consultants/Case managers
- Occupational therapists
- Prosthetist / orthotist
- Play/Recreational therapists
- Respiratory therapists
- Speech-language pathologists
- Special educators
- Social workers
- Dieticians

The medical team and the rehabilitation team with the family and child works together to promote a positive functional adaptation to impairment or disability in the context of the child's developmental progress with appropriate medical and rehabilitation services.

Comprehensive intervention strategies focus various domains of development and functional skills:

- ADL/adaptive: Activities of daily living and self-care
- Physical/motor: Balance, coordination and mobility Motor control, range of motion, strength, and endurance
- Communication/language skills
- Cognitive Skills
- Social/emotional
- Behavioural modification
- Sensory Integration

This is accomplished through individualized programs of physical and occupational therapy, speech therapy, social and cognitive retraining, group treatment and education. The team would hold weekly meetings to discuss and evaluate each patient's progress and ongoing care. It is essential to incorporate the family as the important role of this successful adaptation to the needs of the child, complementing and reinforcing the treatment in the management of the child at home. It would be made sure that they receive the allowances from Gov. and NGO's (National ID Card, Bus Pass etc). Refer to regular schools or special schools.

Prescribing Therapy Services for Children with Special Needs

Prescribing therapy services for children with Special Needs clearly cannot be based entirely on sound scientific evidence. As the knowledge base is expanded related to the effectiveness of therapy interventions, evidence-based practice described as using the best available evidence, along with clinical judgment, and taking into consideration the priorities and values of the individual patient and family in a shared decision-making process, as outlined by clinical rehabilitation, is advised. The planning of rehabilitation services for children is thus complicated and should be set with a long-term perspective. Besides considering chronological age, people involved in rehabilitation should consider the developmental age of children. Developmental age may vary significantly from one life area to another with a same child. Thus the complexity and duration of long-term care also leaves tremendous financial burden to the family and to the organization providing rehabilitation. The Pediatricians refers the child to the Rehabilitation Consultant/ Case Manager further prescribes physical, occupational, and speech-language therapy services for children with special needs. The rehabilitation therapies would be prescribed, emphasizing the evaluation and enhancement of the child's function and abilities and participation in age-appropriate life roles. Some programs such as patterning have little effect on functional skills and are inappropriate for children with Special Needs.

Rehabilitation Consultation and counseling

The Rehabilitation Specialist's responsibility in writing a prescription for therapy includes providing an accurate diagnosis when possible. In addition to the primary motor disorder, all potential associated problems such as learning disabilities, mental retardation, sensory impairment, speech disorders, emotional difficulties, and seizure disorders must be identified, and a care plan must be recommended.

The prescription for therapy should contain, in addition to the child's diagnosis: age; precautions; type, frequency, and duration of therapy; and designated goals. Goals for physical, occupational, and speech-language therapy do not depend solely on the diagnosis or age of the child, and they are most appropriate when they address the functional capabilities of the individual child and are relevant to the child's age-appropriate life roles (school, play, and work).The rehabilitation consultant should work with the family, child, therapists, school personnel, developmental diagnostic or rehabilitation team, and other physicians to establish realistic functional goals. The rehabilitation consultant can assist families in identifying the short- and long-term goals of treatment, establishing realistic expectations of therapy outcomes, and understanding that therapy will usually help the child adapt to the condition but not change the underlying problem. They should be encouraged to seek and use expert consultation as in any other area of medicine. Helpful resources may include local and regional diagnostic and intervention teams, early intervention and developmental evaluation programs, developmental pediatricians, pediatric physiatrists, pediatric neurologists, pediatric orthopedists and orthotists. Regular communication among parents and other caregivers, therapists, educators, and physicians should be ongoing, with periodic re evaluations to assess the achievement of identified goals, to direct therapy toward new objectives, and to determine when therapy is no longer warranted. Changes in the child's status (eg, surgical intervention, school-to-work transition warranting assistive technology intervention) may indicate resumption of specific short-term, goal-directed services.

Physical therapists focus on gross motor skills and functional mobility, including positioning; sitting; transitional movement such as sitting to standing; walking with or without assistive devices (eg, walkers, crutches) and orthoses (braces) or prostheses (artificial limbs); wheelchair propulsion; transfers between the wheelchair and other surfaces such as a desk chair, toilet, or bath; negotiation of stairs, ramps, curbs, and elevators; and problem-solving skills for accessibility of public buildings. Physical therapists often have responsibilities for procuring adaptive equipment related to ambulation, positioning, and mobility. Occupational therapists focus on fine motor, visual-motor, and sensory processing skills needed for basic activities of daily living such as eating, dressing, grooming, toileting, bathing, and written communication (handwriting, keyboard skills). Occupational therapy services may include training in school-related skills and strategies to help children compensate for specific deficits.

Speech-language pathologists address speech, language, cognitive-communication, and swallowing skills in children with disabilities. Speech therapy is the therapy most commonly prescribed by pediatricians. Improvement is more likely to occur when the goals of therapy are specific and measurable and established in partnership with the child's parents and other caregivers. Intensive amounts of therapy may confer no advantage over routine amounts of therapy, and long-term therapy may confer no advantage over short-term therapy. Provision of a home exercise program, with instruction of family members and caregivers in therapeutic exercises and age-appropriate activities to meet the child's goals, is generally indicated. Parent and caregiver education by all therapists is critical in effective partnerships with families for implementation of therapy programs. The services that can be provided by physical and occupational therapists and speech-language pathologists overlap. For example, a physical or occupational therapist can address motor delay or dysfunction in the very young child. Depending on the community, occupational therapists or speech-language pathologists may address deficits in oral motor skills associated with feeding dysfunction related to motor disability. Occupational therapists and/or speech-language pathologists provide expert consultation related to adaptive equipment, environmental modifications, and assistive technology devices such as environmental control units, augmentative communication systems, adapted computers, and adaptive toys.

Some programs such as patterning have little effect on functional skills and are inappropriate for children with special needs. Scientific legitimacy has also not been established for sensory integration intervention for children.

Special Educators: Special education is an integral part of the total program. Special educators identify children with unusual needs and to aid in the effective fulfilment of those needs in collaboration with the other team members. They help build accommodative learning opportunities for children with exceptionalities in regular educational programs. In the implementation of this goal, special education can serve as a support system, and special educators can assist regular school personnel in managing the education of children with exceptionalities.

Social Workers provide a service to: inpatients; the outpatient clinic; and an outreach service to many of the families attending the Pediatric service. Many parents and children visit the unit prior to admission and are introduced to the service by the social workers and nursing staff.

The Dieticians provide a service to the Pediatric Programme. The main reasons for referral include overweight, malnutrition, enteral tube feeding and other food-related issues.

The Physician's Role

The physician must provide an accurate description of the medical condition and note whether the child has a transient, static, or progressive impairment, when the exact cause of the disability is not apparent. There are some children with special needs whose medical conditions may be affected adversely by movement or other specific therapeutic activities; therapists and caregivers should be advised to take appropriate precautions with these children.

Assessment Process

Screening: Every child will be screened by developmental paediatrician / rehabilitation consultant to see if the child has a developmental delay or disability.

Assessment: If the child is diagnosed with a developmental delay, further specify in-depth assessment would be conducted by developmental Specialists / therapists in respective fields of speciality to determine the child's unique needs and the early intervention services appropriate to address those needs.

Individual Intervention Plan: For each child assessed, an IIP will be developed outlining the early intervention services that the child and family will receive within a stipulated time. It would specify:

- The current functional status of the child (abilities and disabilities)
- Goals or outcomes expected
- Various activities and games for the development in the needed areas
- Number of sessions per day / per week / per month
- Duration and areas of development to be concentrated
- The specialists responsible for the sessions
- Payment for the sessions

Parents will be involved in every step of assessments and developing IIP. In fact they will be the acting specialists for their child. Parents will perform the activities as per the IIP. Specialists will facilitate, guide and support them in every step they do. Keen monitoring and documentation will be done by them. Child will be given individual care by the therapists as per the need.

The steps will be taken to support transition out of early intervention to another program when development takes place.

Rehab Services

- The Rehabilitation consultant meets the child's parents, assesses the child's overall condition, prepares a treatment schedule and a protocol based on the disability and gives counselling to the family members. Often parents do not have an adequate knowledge of the problem and ways to resolve it: this knowledge should be passed on to them in a sensitive way.

- The therapists assess the initial status of the child, respectively in their field.
- The therapists give therapy to the child during the individual therapy sessions. In the group therapy sessions, therapist demonstrates exercises appropriate to that child and watch as the parent practices them.
- The respective therapists write down progress notes now and then in the file.
- The Rehabilitation Consultant notes the child's progress on an every three month cycle. The treatment plan will be reset assessing the rate of improvement in all aspects.

Some of the Problems encountered by a child with Special Needs.....

- Lack of adequate rehabilitation centres
- Access to the appropriate rehabilitation services
- The treatment plan and services provided are directed to the specific disabling condition rather than to the general health-related issues of the person with disabilities
- Limited coordination of service
- Transitions are stressful for children and parents

CONCLUSION

Successful therapy programs are individually tailored to meet the child's functional needs and should be comprehensive, coordinated, and integrated with educational and medical treatment plans, with consideration of the needs of parents and siblings. This can be facilitated by primary care pediatricians and tertiary care centers working cooperatively to provide care coordination in the context of a medical home. An inter-disciplinary approach to therapy for children and their families by providing diagnostic, enrichment and customized intervention programs, with comprehensive evaluations (psycho-educational, developmental, behavioral, gifted testing), music therapy, art therapy, play therapy, social skills groups, tutoring, behavior therapy, life skills training, individual and family psychotherapy, and customized camp programs leads to a successful intervention.

Therefore, whenever intervention guidelines are used in rehabilitation institutions, it is important to maintain a certain level of flexibility in service delivery, just in order to optimize the outcomes and customize it to the specific needs of the children. Some health conditions are chronic, and therefore, rehabilitation services may be required throughout a child's life. However, the rehabilitation field can vary accordingly. Children with disabilities typically need many primary and subspecialty services, including various specialized therapies to maintain or improve their functioning. Problems that children with disabilities face include lack of adequate primary and preventive services, barriers to subspecialty care and specialized therapies, limited coordination of services, and uneven access to schools and other direct-service providers. Indeed, coordinating primary and subspecialty care is difficult, indicating a need to study ways to enhance communication and coordination among clinicians and rehabians. Earlier the intervention, greater is the development.

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