Rehabilitation from the first admission

Connect acute decisions with participation and independence.

RECOVERY & COMPLICATIONS / ADULT TRAUMA

Assess rehabilitation needs from admission and build the plan around the person's own goals.

01 Ask what matters

Establish baseline function, work, caring responsibilities and priorities. Assess physical, cognitive, psychological and communication needs. Involve family or carers with the person's agreement.

02 Write a shared plan

Agree measurable short- and long-term goals across disciplines. Address pain and barriers to engagement. Clarify equipment, therapy, specialist referrals and the clinician coordinating the next phase.

03 Make movement safe

The surgical team should document weight-bearing and movement restrictions, their reasons and duration. Begin personalised activity as soon as appropriate and progress according to injuries, stability and individual tolerance.

04 Plan participation

Prepare for home, work, education and community life. Reassess goals as recovery develops. Communicate the rehabilitation prescription, outstanding needs and follow-up arrangements across care settings.

WATCH POINT Radiographic healing, survival and discharge destination do not fully describe recovery or quality of life.

DISCUSS WITH THE TEAM

Which patient-defined goal is missing from today's treatment discussion?

READ THE SOURCES

[1] NICE NG211: Rehabilitation after traumatic injury (2022), sections 1.1-1.5, 1.11.