

PHYSICAL AND OCCUPATIONAL THERAPY-The Rehabilitation Team

A physical and/or occupational therapist may be involved in the burn survivor's care. These rehabilitation therapists work with the patient through the complete recovery phase. The goal of the rehabilitation team is to facilitate the patient's return to the highest possible functional level of independence. Therapy starts on the day of admission and continues throughout the hospital stay. The focus of therapy during the acute care stage is to prevent a loss of range of motion, initiate scar management, assist with edema reduction, and to educate the patient and family about possible burn-related problems. Scar management will be addressed in the early stages by range of motion exercises, soft tissue massage, and the use of pressure wraps as the burns and grafts are healing. Positioning devices may be necessary to immobilize or place an extremity in a more functional position following surgery for grafting. A custom thermoplastic splint may be created for the patient's specific needs to maintain joint range of motion and/or tendon integrity. All custom splints are fabricated at UCSD by the occupational therapist and are adjusted as needed during the recovery process. During the early stages of recovery, the physical therapist manages the lower body and the occupational therapist manages the upper body. These therapists often work together to mobilize the patient once he or she is ready to get up for the first time.

As the patient becomes a more active participant in the therapy sessions, the occupational therapist will begin preparing the patient to resume the daily living skills of bathing, dressing, hygiene and grooming. The physical therapist will assist the patient in regaining the endurance, strength and balance needed for activities such as getting into a chair, standing and walking. It is imperative that the patient and family follow the rehabilitation programs provided by the therapists in order to obtain the highest level of recovery. Tissue that has been grafted has the potential to become very tight, and can severely restrict the range of motion needed for functional activities. Range of motion and stretching exercises must be done hourly in some cases to avoid skin tightness and joint contractures. Scar massage and range of motion exercises may continue for up to one year after sustaining a burn. In addition, it is best for the patient to do as many normal activities as possible to facilitate return of the strength and flexibility needed for day to day tasks.

After discharge from the hospital, it is **critical** that the patient adhere to the home exercise program provided by the rehabilitation therapists. In addition, the patient may need to attend outpatient therapy sessions with the physical and/or occupational therapist. The goals in this setting may involve preparing the patient to return to work or school, and treatment can consist of continued scar management, splinting, strengthening, and practicing daily activities or work related tasks. Visits to the multidisciplinary burn clinic on a regular basis will help to identify problems that may occur during the often difficult adjustment period after discharge from the hospital.

The patient and burn team can make any necessary adjustments to the home program or outpatient therapy schedule.

Full participation of the patient and their family in the rehabilitation process is essential. Recovery from a severe burn can be a lifetime process, and by working together, the patient, family and rehabilitation team can make the outcome a success.

