



REHABILITATION SERVICES

A whole of person approach to rehabilitation is widely recognised as the best method to achieve maximum potential physically, vocationally and psychosocially for recovery of our injured veterans, former and serving ADF members. DVA must continue to strive to deliver services in line with this approach.

Major General Mark Kelly AO, DSC, Repatriation Commissioner, 2011

WHY IS REHABILITATION IMPORTANT?

- Assists to re-focus towards a new career and improved levels of health and wellbeing.
- Builds the tools and skills for resilience – strong relationships, managed health interventions, meaningful activity, rewarding work.
- Programs address both physical and mental health conditions and psychosocial issues relevant to the client as part of a rehabilitation plan.
- Research confirms younger clients want to rehabilitate and return to maximum possible functioning, whether in Australian Defence Force (ADF) service or civilian settings.
- Contributes towards successful transition from defence to civilian life.

Aim of Rehabilitation

REHABILITATION – *Restoration of an injured person to at least the same physical, social, vocational and educational status as prior to their injury or disease.*

REHABILITATION under the *Military Rehabilitation and Compensation Act 2004 (MRCA)* – *'The aim is to maximise the potential to restore a person who has an impairment, or an incapacity for service or work, as a result of a service injury or disease to at least the same physical and psychological state, and at least the same social, vocational and educational status, as he or she had before the injury or disease'.*

Who is entitled to DVA Rehabilitation program?

Rehabilitation services are provided to those veterans, former and serving members eligible under the *Veterans Entitlements Act 1986 (VEA)*, *Safety, Rehabilitation and Compensation Act 1988 (SRCA)* and *Military Rehabilitation and Compensation Act 2004 (MRCA)*. They are provided by Comcare approved rehabilitation providers around Australia.

Aims

- Delivering a comprehensive 'holistic' rehabilitation service for all veterans, former and serving members of the ADF.
- Holistic rehabilitation addresses a client's medical, psychosocial and vocational rehabilitation needs.
- Working together to promote and implement an individual-centred rehabilitation model of military injury management that considers the person, their health problems and their social context.
- Rehabilitation is more than, but should include where possible, a successful return to work outcome.



To discuss your rehabilitation needs with DVA please phone **133 254** or (in regional areas) **1800 555 254**.



PROCESSES AND TOOLS USED IN DVA REHABILITATION

- Rehabilitation reporting documents have been developed to reflect the biopsychosocial rehabilitation approach.
- Providers trained in delivering DVA’s holistic approach.
- Rehabilitation Policy and Procedures Manual developed to promote understanding of ‘whole of person’ rehabilitation.
- ‘DVA Rehabilitation Services Provider Pack’ published as a commitment to continuous improvement of rehabilitation services; and equips providers with an understanding of DVA’s clients and approach to rehabilitation.
- DVA is moving to adopt a broader range of outcome measures and incorporate a new process to measure whole of person goals and define outcomes in consultation with clients. Known as Goal Attainment Scaling (GAS), it was successfully trialed during 2009–10 and will be implemented in 2011–12 financial year.

DVA REHABILITATION – BEST PRACTICE PRINCIPLES

DVA Best Practice Principles	Actions/ What is being done to achieve this?
Care and respect for the client is paramount	<ul style="list-style-type: none"> • Philosophy progressed in Rehabilitation training with DVA staff, on the DVA Website, for providers in the Rehabilitation Manual and the ‘DVA rehabilitation Services Provider Pack’
Early intervention processes and practices must operate	<ul style="list-style-type: none"> • Needs Assessment Tool in place • Specific timelines included within Rehabilitation Reporting Documents to encourage early intervention and timeliness in program progression
Whole of person rehabilitation needs must be addressed	<ul style="list-style-type: none"> • Rehabilitation documents developed and used by rehabilitation providers
Client and significant other involved actively in the development of a rehabilitation plan with realistic goals	<ul style="list-style-type: none"> • Increased level of case conferencing in rehabilitation being undertaken by DVA and provider; and staff communication training
Key stakeholders actively involved in an effectively coordinated program	<ul style="list-style-type: none"> • Providers and DVA Rehabilitation Coordinators ensuring this is the case
Rehabilitation plans must be focused on outcomes	<ul style="list-style-type: none"> • Managing medical needs so as to maximise the rehabilitation program outcomes also a focus • Seek to have psychosocial rehabilitation goals that are well integrated with other rehabilitation needs • Achieving a vocational outcome remains a priority • Adoption of Goal Attainment Scaling will assist DVA to ensure that plans are outcomes focused

To download a copy of this brochure, any of the documents listed above or to learn more about rehabilitation in DVA go to: www.dva.gov.au/rehabilitation

OUR REHABILITATION CLIENTS

The following are two typical scenarios DVA Rehabilitation Coordinator staff deal with in terms of the person, the injury and their social context. DVA manages a range of 'complex need' persons with a variety of injury and disease profiles, personal circumstances, transferable skills, family and social situations that are located all over Australia. Services are managed in a partnership between DVA and its contracted rehabilitation provider community.

CLIENT SCENARIO 1 – DISCHARGED MEMBER

John, 36, former Army Sergeant (Infantry) married, two children (2 & 6yrs), medically discharged May 2010.

- 15 years service including East Timor, Solomon Islands, Iraq.
- Skilled in field craft, leadership, administration, management and computing (self taught).
- Accepted physical and psychological injuries.
- Health Profile: lumbar disc prolapse, chondromalacia patellae and depression and anxiety (IRAQ).

DVA FIRST CONTACT APRIL 2010

Symptoms

- Chronic lower back pain.
- Limited mobility from acute knee pain.
- Difficulty maintaining healthy weight.
- Unable to participate in any team sports.
- Experiencing bouts of anxiety and depression since MEC process resolved and discharge confirmed.

Diagnosis/Prognosis

- Keyhole knee surgery January 2010 (ADFRP).
- ADFRP pain management program including medication, physiotherapy and counselling to manage lower back pain.
- Orthopaedic specialist stated lower back pain should reduce post surgery.
- Mental health stable although client "prickly and irritable".

DVA REHABILITATION ASSESSMENT

Needs/Issues Identified

- Vocational activities being considered but pain and mobility issues impacting on options.
- Current use of pain killers for lower back above healthy levels.
- Supplementing pain killers with alcohol.
- Angry at his situation and unable to consider future until anger issues resolved.
- Hydrotherapy program to be arranged by rehabilitation provider to manage pain.

Broad Psychosocial Issues

- Lack of social interaction whilst awaiting knee surgery.
- Frustrated and angry with current inability to play with children.
- Binge drinking impacting on partner, using alcohol all the time.
- Mental health issues limiting contact with friends and family.

Capacity to Work/ Retrain

- Transferable skills and qualifications, especially middle management and organisational skills have been investigated and range of possible options identified (security, emergency/community services, etc).
- Pain and mobility issues require management and medical clearance to progress training, retraining and work trial possibilities.

DVA HAS OFFERED

Medical Treatment

- Surgery for knee.
- Mental health treatment (medication).

Counselling Services

- Weekly visits to psychologist.
- Accessing group program.

Rehabilitation Program

- Allied health services – physiotherapy services and hydrotherapy program arranged post surgery.
- Psychosocial services to address social isolation, relationships, anger and alcohol issues.



The Results/Outcomes to date?

- Improved pain levels and functioning.
- Walking three times weekly post knee surgery.
- Measurable gains in physical and psychological wellbeing.
- Considering future career prospects.
- Less reported anger and happy with progress made in terms of engagement with family and social supports.

CLIENT SCENARIO 2 – RESERVIST

Sandra, 34, Reservist Army Corporal (Combat Medical Assistant) Civilian – medical records manager. Single but in a relationship, one child (7yrs) Townsville QLD, medically discharged December 2010.

- 8 years service including deployments to Indonesia, New Guinea and Solomon Islands.
- Skilled in medical administration and paramedical qualifications.
- Liability accepted for right knee and psychological conditions.
- Health Profile: right knee ligament damage including fracture of patellae and depression.

DVA FIRST CONTACT AUGUST 2010

Symptoms

- Chronic pain/swelling from severe ligament and patella damage to right knee following a fall down the stairs transporting a patient.
- Mobility problems and minimal weight-bearing capacity.

Diagnosis/Prognosis:

- Diagnostic surgery undertaken December 2009.
- Mental health symptoms developed following injury and enforced subsequent separation from Unit and return to Townsville.
- Depression diagnosed and treated by GP.
- Anti inflammatory drugs and other painkillers used to manage pain and swelling.
- Partial knee replacement surgery recommended by specialist, despite client's age.

DVA REHABILITATION ASSESSMENT

Needs/Issues Identified

- Treatment of conditions – ongoing delays experienced around possible surgery.
- Referral for immediate household and attendant care services to be investigated.
- GP recommending use of elbow crutches, a walking stick or walking frame – referral made to an OT to undertake a full rehabilitation assessment.

Broad Psychosocial Issues

- Physical incapacity and mental health issues impacting on family members, in particular 7 year old daughter and new partner.
- Civilian employer reluctant to respond to client's phone calls or answer client's future employment concerns.

Capacity to work/retrain

- Dependent on results of knee surgery and management of depression.
- Current skills and qualifications highly transferable (especially in the mining communities of QLD, community health units, on-site work health units in private sector or ambulance or emergency service work – administration) if civilian employer unwilling to reemploy client.

DVA HAS OFFERED

Medical Treatment

- Knee replacement surgery and post operative management (physiotherapy and medical rehabilitation).
- Specialist indicated client will be able to undertake normal household activities within 2 months, driving in 3 months, considering return to work in 4 months.

Counselling Services

- Weekly session with psychologist organised to assist with adjustment to injury and work situation.

Rehabilitation Program and Services

- Household and attendant care services and walking aid approved, to be reviewed post surgery.
- OT to advise on managing daily living activities in the home and community.
- Rehabilitation program provided to focus on researching options to upgrade skills and/or consider new related areas, such as OHS training. Investigation of work future with client's civilian employer to be undertaken and provider to negotiate and manage process to minimise stress and risk for client.



The Results/Outcomes to date?

- Recovery from knee surgery progressing well, with less pain and greater mobility.
- Depression management also progressing well.
- Continued support with household services required – to be reviewed.
- Civilian employer unable to negotiate reemployment of client. Business has closed. Alternate employment sought.
- Upgrading of skills being undertaken through TAFE Certificate IV Health Care externally while client recovering from surgery. Recognition of ADF qualifications accepted by TAFE.