

Nurses is an Active Members of the Rehabilitation Teams

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Abstract

An essential component of the multidisciplinary team is the nurse who organizes and carries out health care strategies. The function of nursing within rehabilitation is crucial to comprehensive care and encompasses abilities targeted at prevention, function preservation, and restoration. Considering the distinct requirements of patients, care must be provided at the utmost standard. A significant aspect of the nurse's responsibilities during the rehabilitation journey involves educating both patients and their families. Throughout rehabilitation, it is vital for the patient to familiarize themselves with their body in the altered circumstances following an injury. The primary aims of individual rehabilitation involve minimizing negative effects and enhancing functional skills, reintroducing the patient into everyday life with a renewed sense of value for themselves, their relatives, and the community, while also safeguarding the patient's physical and psychological wellbeing and avoiding complications. Rehabilitation teaches individuals how to navigate living with disabilities in their own surroundings, and to successfully achieve this, those in the multidisciplinary team must possess a thorough understanding of the individual's lifestyle prior to the illness, as well as their family circumstances, financial status, and the community where they reside or will settle post-rehabilitation.

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Introduction

Within the rehabilitation team, nurses represent the most prominent professional group and are crucial for assisting patients' recovery following a medical crisis [1]. Nurses serve as both advocates and educators for patients, ensuring they fully engage in their rehabilitation efforts after facing illness or injury. The pursuit of optimization and enhancement of quality of life are essential objectives, making rehabilitation nursing a fluid and ongoing process aimed at bolstering what an elderly person can do to attain the highest level of independence. A framework outlines eight domains through which rehabilitation nurses can shape care.

Team

Rehabilitation stands out among medical fields as it involves a group of specialists who treat the patient with the intention of enhancing the patient's functional capabilities [2]. The leading member of the team is the physician (physiatrist), who must possess the necessary leadership qualities to synchronize all disciplines and therapies. It is crucial to remember that the most vital team member is the patient.

Typically, the team includes the physiatrist, physical therapist, occupational therapist, nurses, social worker or case manager, recreational therapist, dietitian, psychologist, speech-language pathologist, and any other professionals involved in the patient's treatment. The patient along with their family and support network should be recognized as integral to the team and engaged in conversations regarding care.

Holding a family meeting before the patient is discharged is generally very beneficial to discuss the discharge plan before they leave the facility, as rehabilitation should persist after discharge. This meeting should involve both the patient and their family.

At the start of a hospital stay in an acute rehabilitation facility, each team member assesses the patient. Both long-term and short-term goals are established. It is vital to inquire about the patient's personal goals, as these could significantly diverge from those of the team. Additionally, every team member must formulate achievable objectives for the patient. The team convenes at a minimum once

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a week to review the goals achieved by the patient, the obstacles that may hinder current objectives, and any necessary adjustments to future targets.

Key

Nurses play a crucial role in providing patient-centered care, as they cultivate professional connections with patients in the rehabilitation environment [1]. Patients acknowledge the influence of nurses, especially in meeting their daily necessities. Moreover, nurses also have a significant responsibility in guiding, motivating, and fostering independence in the patient. This is facilitated by frequent nursing interactions, often referred to as the therapeutic relationship. In a rehabilitation hospital context, nurses are available around the clock, every day of the week.

While rehabilitation nursing emphasizes the recovery and enhancement of patients, it is equally important for them to be aware of the potential decline in the health of older individuals. Nurses frequently utilize information obtained from other healthcare providers, families, or caregivers to help identify early signs of deterioration, which may lead to extended hospital stays and hinder rehabilitation efforts. This necessitates collaboration with the therapy team to collectively recognize indicators of functional and cognitive decline, as well as to heed family observations regarding any changes in the patient's health. Timely escalation of concerns requires careful evaluation of information and making decisions that prioritize patient safety. Protocols are typically followed, providing clear paths for escalating issues to physicians or advanced clinical practitioners.

Competences

Nurses who care for older adults must possess a broad array of skills and knowledge to make informed clinical decisions and ensure proper care is delivered [1]. Older individuals often need rehabilitation following various types of healthcare emergencies, and nurses must have in-depth expertise in numerous clinical conditions, many of which can be complicated. Managing uncertainty is an essential skill for nurses assisting with the rehabilitation of older adults, as this demographic often presents with a wide array of healthcare issues. Employing critical thinking is vital for the effective application of knowledge.

It is crucial to recognize the extra dangers faced by seniors, especially those who are frail, after experiencing a health setback. For instance, promptly spotting age-related alterations and factors contributing to falls during the rehabilitation process is vital to avoid further decline in older individuals. The nurse will identify internal elements that could lead to falls and look for methods to lessen these risks while still focusing on the objectives of functional rehabilitation. Long durations of lack of activity, resulting in inevitable reductions in muscle mass, strength, and overall fitness, can heighten the chance of falls; the nurse will collaborate with other professionals in the multidisciplinary team to address and mitigate this risk.

Goals

After the nurse collects details regarding the prior level of functionality, it becomes essential to come to a shared understanding of which objectives would be feasible based on professional assessment and the older individual's dedication to reaching

these objectives [1]. This is frequently done alongside the entire multidisciplinary team. The nurse must maintain honesty and a realistic viewpoint concerning the limitations that arise from specific health issues. Nonetheless, there are instances when the nurse should offer encouragement regarding what might be possible following an illness or injury, drawing from their knowledge. Certain vital aspects of a person's functioning are crucial for any evaluation. How an individual currently manages their activities of daily living serves as a standard for what successful recovery appears to be, which subsequently guides the patient's personalized objectives. This essentially marks the beginning of the nursing intervention and is frequently characterized by an engaged and recurrent process. Essential responsibilities for the nurse in this capacity include offering emotional and psychological support, motivating the patient to achieve the highest degree of independence and functionality through guidance, educating them on important matters such as appropriate fluid intake and the significance of nutrition for recovery and rehabilitation, as well as addressing concerns like pain management.

DOC

Disorders of consciousness arise from medical issues that impede self-awareness and intentional actions [3]. Types of DOC comprise minimally conscious state, vegetative state, and persistent vegetative state. Conditions where individuals have some awareness yet struggle to engage with their surroundings or convey their intentions, such as locked-in syndrome and akinetic mutism, do not fall under the true category of DOC but are often confused with it. While other disorders might lead to moderate cognitive decline or temporary disturbances in consciousness, such as dementia, delirium, grand mal, and petit mal seizures, they are not classified within this group.

To effectively perceive and interact with the surrounding world, an adequately functioning cerebral cortex, especially the frontal lobes, is essential. Additionally, the brainstem reticular activating system is crucial to sustaining consciousness. Composed of acetylcholine-producing neurons, the ascending track, or ascending reticular activating system, facilitates the arousal and stimulation of the brain from the reticular function, passing through the thalamus and ultimately reaching the cerebral cortex. A dysfunction in the ascending reticular activating system could consequently result in a coma. Therefore, it is vital to assess the integrity of both cerebral cortices as well as the reticular activating system in patients who are comatose.

Although various medications that might provide stimulation can be evaluated, there is minimal evidence supporting their efficacy. Such medications include certain antidepressants, amantadine, bromocriptine, and methylphenidate. Until these individuals "wake up" from their persistent vegetative state to a level of minimally conscious state, there is little justification for utilizing any of these treatments.

In addition to enhancing medical care (for instance, checking for conditions like hydrocephalus, seizures, infections, hypoxia, and metabolic or endocrine disorders) to support natural healing following an injury, rehabilitative strategies to aid recovery from a disorder of consciousness (DOC) encompass regulating sleep-wake patterns via suitable sleep habits, removing distract-

ing environmental stimuli (such as televisions, cluttered spaces, and excessive lighting), creating a routine that includes periods of concentrated and appropriate stimulation (for example, a non-distracting atmosphere, specific tasks, and avoiding sedative medications) alongside controlled rest intervals, and discontinuing any medications that may cause sedation or confusion. Exceptional nursing care is essential for both immediate and prolonged recovery from DOC. Although specialized rehabilitation therapists should assist with the initial evaluation, the development of tailored stimulation plans (including regular sitting or standing, tactile interactions, and teaching families to provide consistent verbal encouragement), and ongoing assessments, the continuous physical and mental support provided by nursing and families is a crucial factor in achieving a successful recovery. Early studies in polytrauma groups indicate that there is over a 60% likelihood of regaining consciousness from a persistent vegetative state (PVS), highlighting the importance of vigilant and consistent nursing care in facilitating the rehabilitation of patients who recover from a DOC.

Rehabilitation

The aims of rehabilitation for patients experiencing neoplastic spinal cord compression focus on optimizing their medical, functional, and psychosocial results while educating both the patient and their family [4]. Rehabilitation strategies incorporate managing newly developed neurological issues stemming from spinal cord injury or disease (SCI/D) alongside general cancer rehabilitation practices, particularly concentrating on pain relief and psychological support. The rehabilitation journey should commence as early as possible post-injury to enhance outcomes and minimize complications.

A collaborative team approach is necessary, including a rehabilitation physician, nurses, various therapists (such as physical, occupational, speech, recreational, and vocational), psychologists, nutritionists, and social workers. The healthcare team is responsible for establishing rehabilitation objectives considering the patient's illness, environment, and available social support. These goals should be specific and achievable within a set timeframe. The rehabilitation physician specializing in physical medicine and rehabilitation for SCI/D must be capable of forecasting the possible functional results for individuals with acute conditions. The primary oncologist's insights regarding the overall medical outlook are also vital in this forecasting within the context of cancer treatment. This knowledge aids in providing suitable guidance to the patient and their family while helping to set realistic functional objectives for the team. Educating patients and families is essential to comprehend the unpredictable nature of the clinical course (which may include periods of remission and flare-ups) and underscores the necessity of adhering to the medical and rehabilitation protocols.

Intervention approaches during the rehabilitation of the cancer patient stress aspects of prevention, restoration, support, and palliation. Preventive strategies focus on educating patients, offering mental health support, improving physical fitness, and ensuring overall health status to mitigate the impact of anticipated disabilities. Restorative strategies aim to enhance physical, mental, social, and vocational functioning. Should cancer progression result in decreased functionality, rehabilitation adapts

to provide support, aligning its objectives with the patient's abilities and constraints. Education plays a vital role in helping patients adapt to their disabilities, reduce the risk of complications, and deliver emotional support during their adjustment. As the disease progresses to advanced stages, palliative measures may become essential to address complications such as discomfort, contractures, and bedsores, while also providing reassurance and psychological aid to both the patient and their family.

Holistic Health Assessment

An essential element of the evolving nursing practice is the holistic health evaluation [5]. This comprehensive assessment strives to gather information in an organized and thorough manner, covering all facets of the patient's health, including physical and mental health, psychological condition, social environment, beliefs, and health aspirations. To prevent repetitive assessments, it is crucial for the multidisciplinary team to create a unified assessment document that will be utilized by all team members. It is also vital to designate responsibility for data collection to ensure that important information is neither duplicated nor omitted, thereby maximizing the team's effectiveness. The co-owned assessment document should be a fundamental part of the patient's care and treatment pathway, allowing for continuity of information gathered during the acute stage of the patient's experience. Integrated care pathways provide an optimal structure for ensuring smooth transitions between acute and rehabilitative care, while promoting teamwork across disciplines. Various techniques can be employed to collect data during holistic health evaluations, including:

- Observation – using senses such as sight and smell
- Interviewing – which encompasses gathering patient history
- Active listening
- Consulting with other interdisciplinary team members, family, patient records, and other documents
- Physical examination, which may involve inspection, palpation, percussion, and auscultation
- Evaluating physical capabilities, range of motion, walking ability, and overall mobility
- Careful application of clinical tests
- Patient self-reporting health status and disease experiences

Many patients undergoing rehabilitation face challenges in communication due to speech issues or cognitive impairments. Appropriate assistance from speech and language therapists should be utilized when necessary, and engagement with family can help complement data obtained from the patient. Clinical tests should be requested thoughtfully to prevent unnecessary discomfort for patients and to conserve valuable resources. Tests should only be ordered when they are anticipated to improve diagnostic accuracy or impact treatment choices.

Professional Autonomy

Clearly, advanced nursing positions within rehabilitation demand that practitioners utilize high degrees of professional independence and make informed decisions [6]. The National Health Service plan outlines a definitive strategy to challenge traditional hierarchical structures within the NHS, promoting increased flexibility and independence for healthcare practitioners, including nurses and therapists. The plan indicates that nurses

and therapists should be given more chances for making decisions, particularly concerning patient admissions and discharges. Rehabilitation has adhered to multidisciplinary approaches for admissions and discharges for several years compared to other specialties. It is evident that the patient and their family must be central to the decision-making process and actively engage in choices regarding matters like rehabilitation discharge.

Various terms are employed to articulate the same concept:

- Clinical decision-making
- Clinical judgement
- Clinical inference
- Clinical reasoning
- Diagnostic reasoning

Judgments are made by evaluating various options, while decisions are determined by selecting among those options. Decision-making involves both the method and result, with the process of reaching the decision being just as crucial as the result itself. As we enhance our practice, it is essential to exhibit a clear and methodical process in decision-making. Quality criteria for diagnostic judgments can involve empirical precision or logical consistency and coherence. A highly systematic method for clinical decision-making is the hypothetical–deductive framework, which is also referred to as ‘information processing.’ This approach incorporates two reasoning types: inductive reasoning, where the gathering of data forms hypotheses, and deductive reasoning, in which those hypotheses are employed to predict the presence or absence of data that clinicians subsequently seek to either confirm or disprove the hypotheses. This methodology consists of four phases:

1. Gathering cues
2. Formulating hypotheses
3. Interpreting cues (validating, negating, or not influencing the initial hypotheses)
4. Evaluating hypotheses (assessing the advantages and disadvantages of each potential explanation for the patient’s signs and symptoms, selecting the hypothesis supported by the majority of evidence)

The therapeutic and nursing personnel will be those who notice the nuances of the patient's lack of attention, disinhibition, and lack of motivation, while also listening to the patient's troubling thoughts, among other issues [7]. Additionally, when a doctor initiates a treatment for the patient related to cognitive, emotional, or behavioral challenges, they will gain a broader understanding of how the patient is responding by receiving feedback from other members of the team.

In addressing physical concerns, effective communication among team members regarding their observations and worries is essential. Fluctuations in muscle tone can vary at any moment and can change with positioning. The therapists may observe these variations in a manner that differs from how the doctor perceives them. If the physician is planning to administer medication or undertake procedures, it is crucial for them to comprehend the

functional context surrounding the issue. Once more, the insights from other team members will supply the physician with the necessary information to determine whether to consider medications or evaluate their efficacy.

Medical challenges will also influence the patient in various environments. It is essential that the therapy staff remain informed about the patient’s medical condition, as it may alter their physical, cognitive, and behavioral states. The therapy team may be the first to notice alterations in a patient’s condition that could signal potential medical concerns or adverse effects from medications.

Conclusion

A nurse plays an integral role in the rehabilitation team and is involved in the process right from the patient's entry into the facility until their discharge. The primary duties of a nurse stem from the areas of general and specialized healthcare, but there are also some responsibilities that are unique to rehabilitation procedures. Thus, it is vital to establish a Health Care Plan. A nurse undertakes tasks within the scope of her professional abilities, knowledge, and duties. The Health Care Plan constitutes a structured process that includes accurately identifying current needs along with recognizing potential needs or risks. Care plans also serve as a communication tool among nurses, their patients, and other healthcare professionals to achieve optimal health outcomes. The Health Care Plan encompasses all pertinent details regarding the patient’s nursing diagnosis, objectives, interventions, and assessments. Throughout the patient's rehabilitation period, the plan is revised to include any alterations and new information.

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