

# Functional Rehabilitation – Making it Work!



**Presented by  
Lee Gardiner**

Dip.Phys. PGDip.Rehab. (Dist.) (Otago), Adv Pract  
(Occ Health) MNZCP, MPNZ



# Keys To Success

Get yourself in a good space first



# Success=Understand

Seek first to understand  
then to be understood

Stephen Covey



# How I Understand What is Going On

## Assess:

- pain & functional questionnaires
- functional / physical performance
- O2 sats and HR
- Key questions
- Key words



# How Important is it for you to return to work?

## How Confident are you about returning to work?

<b>Not Important Not Confident</b>	<b>Very Important Not Confident</b>
<b>Not Important Very Confident</b>	<b>Very Important Very Confident</b>



# Analyse

- What am I seeing and hearing here?
- Does it make sense?
- What do they want to happen?
- What do they want out of the programme?
- How do they want to achieve it?



# Empathise and Mindfully Communicate

Be Kind.. everyone is carrying a heavy burden



Bring your empathy to every communication



# Empathise and Mindfully Communicate

- How did that make you feel?
- I can totally understand why/how...
- What is your biggest fears about...?
- What has been / will be the biggest barrier..?
- How have you overcome that before?
- How will your life change if you..?





# Let them plan the programme



# Every Day Life Exercise/Activity

- Advise what “fit for life “looks like
- Think big and go for gold!



A poster for a 30-day squat challenge. The title '30 DAY SQUAT CHALLENGE' is at the top in white and green. Below it is the website 'www.30dayfitnesschallenges.com'. The challenge details are listed in two columns, with rest days highlighted in pink. A woman in a red sports bra and black leggings is shown in a squatting position in the center. At the bottom, there are social media icons for Twitter and Instagram, and the website URL.

Day	Activity	Day	Activity
DAY 1	50 SQUATS	DAY 16	REST DAY
DAY 2	55 SQUATS	DAY 17	150 SQUATS
DAY 3	60 SQUATS	DAY 18	155 SQUATS
DAY 4	REST DAY	DAY 19	160 SQUATS
DAY 5	70 SQUATS	DAY 20	REST DAY
DAY 6	75 SQUATS	DAY 21	180 SQUATS
DAY 7	80 SQUATS	DAY 22	185 SQUATS
DAY 8	REST DAY	DAY 23	190 SQUATS
DAY 9	100 SQUATS	DAY 24	REST DAY
DAY 10	105 SQUATS	DAY 25	220 SQUATS
DAY 11	110 SQUATS	DAY 26	225 SQUATS
DAY 12	REST DAY	DAY 27	230 SQUATS
DAY 13	130 SQUATS	DAY 28	REST DAY
DAY 14	135 SQUATS	DAY 29	240 SQUATS
DAY 15	140 SQUATS	DAY 30	250 SQUATS

#30dayfitness www.30dayfitnesschallenges.com #30dayfitness



# Empower

- Encouragement
- Enthusiasm
- Excitement
- Fun
- Celebrate success
- Celebrate the lows



# Case Study 1

- “Bill” 40 year old man
- Shoulder injury-11 months prior
- Acromioplasty 4 months prior to assesst
- 130 kgs
- Type 2 diabetes, altered liver function, high BP, depressed
- Had just started Nortryp and had prev exercise sessions which had not gone well



# Results

	Initial	End
<b>Pain Levels</b>	4-9/10	4-7/10
<b>Pain Disability Index</b>	51 which is in the 83rd percentile (high)	35 which is in the 45th percentile (ave)
<b>McGill Pain Questionnaire</b>	Not tested	11 which is in the 7th percentile (low)
<b>Pain Catastrophizing Scale-</b>	46 which is in the 91st percentile (very high)	14 which is in the 33rd percentile (low to ave)
<b>Tampa Scale of Kinesiophobia</b>	44 which is in the 68 <sup>th</sup> percentile(mod-high)	37 which is in the 38 <sup>th</sup> percentile (low to ave)
<b>Modified Zung Score:</b>	40 (high for distress)	22 (at risk)
<b>Modified Somatic Perception Questionnaire:</b>	18 (high)	2 (normal)
<b>Hospital Anxiety Depression (HAD) score:8-10 borderline for anxiety or depression</b>	not tested	5 for depression 4 for anxiety (>10 considered distress)
<b>&gt;10 is probable indicator for anxiety or depression</b>		
<b>DASH</b>	75	73
<b>Weight</b>	130 kgs	115.5 kgs
<b>Size loss</b>	12 cm off waist, 8cm off hips, 3 cm off neck, 6cm off chest	
<b>Blood sugars</b>	back to normal	



# Feedback from Bill

- Feels better, looks better, more positive
- doesn't want to die anymore
- Big moment-when the guy on Attitude died
- treated like family
- Spent the time and listened, felt we were interested in him
- Talked with others when plateaued



# Case Study 2

- 32 year old woman with treatment injury-  
small central to left C5-6 disc prolapse
- Lots of yellow flags
- 2 years post injury (2014)
- Lots of co-morbidities
- Hesitant at the start



# Results

	Initial	End
<b>Pain Levels</b>	2-9/10	4-10/10 (increased)
<b>Pain Disability Index</b>	51 which is in the 83rd percentile (high)	32 which is in the 39 <sup>th</sup> percentile (low to ave)
<b>McGill Pain Questionnaire</b>	13 which is in the 10 <sup>th</sup> percentile (very low)	28 which is in the 44 <sup>th</sup> percentile (ave)
<b>Pain Catastrophizing Scale-</b>	4 which is in the 9 <sup>th</sup> percentile (very low)	1 which is in the 2 <sup>nd</sup> percentile (very low)
<b>Tampa Scale of Kinesiophobia</b>	21 which is in the 2 <sup>nd</sup> percentile (very low)	21 which is in the 2 <sup>nd</sup> percentile (very low)
<b>Modified Zung Score:</b>	19 (at risk for distress)	9 (normal levels)
<b>Modified Somatic Perception Questionnaire:</b>	5 (normal)	4 (normal)
<b>Hospital Anxiety Depression (HAD) score:8-10 borderline for anxiety or depression</b>  >10 is probable indicator for anxiety or depression	not tested	4 for low mood 6 for anxiety (>10 considered distress)
<b>Neck Disability Index</b>	56% (severe disability)	60% (severe rating)
<b>Weight</b>	118 kgs	119 kgs (117)
<b>Size loss</b>	5.5 cm off waist, 4.5cm off hips, 1.5cm off neck, 9cm off chest	





# Feedback from Shelley

- I think the conflicting opinions of different specialists and Drs I've had to see for ACC has been confusing and exhausting.
- Also most of the previous advice, regimens given to me haven't been put together specifically for me, my injury or my lifestyle etc. Because it wasn't created for me, it was unattainable.
- Also lack of follow up care.



# Feedback

- I felt as though this was a plan mapped out to work with me.
- My condition wasn't being treated, I as an entire being was being given treatment. Mind, body, spirit and condition.
- For me it was coming to terms with the fact that the minimal amount of function I currently have coupled with the minimal ability to exercise felt incredibly pathetic and pointless for me pre-injury.
- I had to work really hard to flip that and realise that the minimal amount of function I currently have, coupled with the minimal ability to exercise, feels like an incredible success for the “me” I am at this point in time post-injury.



# Feedback contd

- Success within the plan made for me which grew such a feeling of empowerment.
- There is a fine balance between being honest and giving hope, and being brutal and stripping ones hope away. I deal in black and white no grey, knowing this you were able to give me the facts about my condition, and also support me in realising my expectations were unrealistic, but at the same time helped me to not only learn new expectations and goals but to reach them and succeed. This is powerful.



# Finally

- Accept your perceptions are always limited, your mindfulness task is to open your mind and start to see more.
- Talk to people mindfully with awareness and give them the attention they deserve
- Accept that you never arrive, you never master “it,” and there is always something new to learn and see.
- These realisations can transform the most mundane of “human transactions” into gratifying moments of connection. (The 5 Practices for Mindful Communication)

