

Self-care Rehabilitation Model for Cerebro-functional Disabilities

Thesis

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To

My Husband

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List of Abbreviations

ADLs	Activities of Daily Livings.
CFDs	Cerebro Functional Disabilities.
CNS	Central Nervous System.
CVA	Cerebro Vascular Accident.
CVSs	Cerebro Vascular Strokes.
IADLs	Instrumental Activities of Daily living
SCIs	Spinal Cord Injuries.
TBIs	Traumatic Brain Injuries.
WHO	World Health Organization.

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Abstracts

Community health services are set up to support patients and their families, helping them in decision-making and achieving optimal independency and quality of life. The aim of this study was to evaluate the effect of rehabilitation Self-care Model on clients with cerebro- functional disabilities. The study was carried out at Agouza and Maadi Military Rehabilitation Centers on a total sample of 176 CFD clients. Half of this sample 88 were chosen from Agouza Rehabilitation Center for the experimental study and the other half (88) were chosen from Maadi Rehabilitation Center for the control study. The following tools were used for data collection: (1) An interviewing questionnaire for assessing socio-demographic characteristics, cognitive status, health problems and psychological condition. Care givers were assessed for personal data, knowledge regarding the problems and stresses. (2) Review of clients record. (3) Physical examination for monitoring client's functional abilities. (4) An observation checklist for assessing client self-care, care givers practical skills and home modification.

The results revealed that self-care rehabilitation model improves the self-care dependency of the clients with CFD and improves their psychological condition, as well as it decreases the stresses among their care givers. The study recommended the delivery of this self-care rehabilitation model for all clients with cerebro-functional disabilities.

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Introduction

Introduction

Cerebrovascular disorder or stroke is probably the first disorder that comes to mind where its clinical manifestation is severe paralysis in few hours or days, they include hemiplegia, transient loss of speech and parenthesis involving half of the body. The second disorder is traumatic brain injury (TBI), which includes open and closed head injuries, it is the major cause of CFDs for persons under the age of 40 years. The third neurological deficits associated with spinal cord injuries (SCIs) is one of the most devastating injuries a person can sustain CFDs. It affects all aspects of the physical, emotional and social being (Chin et al., 1998).

A disability is physical or mental impairment that substantially limits one or more major life activities. The value a society places on physical and mental integrity will greatly affect societal acceptance of people who are disabled and the scope of services offered to them. Adaptation to a disability is a complex process and is influenced by individual, family and community (Swanson & Nies, 1997).

In Egypt the striking increase is in all ages. The most important risk factor for stroke development is hypertension (Kaplen, 1998). From the Statistical Records (2001) at Agouza

and Maadi Military Rehabilitation Centers which are the biggest places in the whole military forces to receive and treat spinal cord injured clients and cerebral stroke, the number of cases ranges between 1400 to 1500 cases per year.

In the United States it is estimated that about 550,000 people have strokes and about one third of them die, and other two thirds of them will have some degree of permanent disability (Martinson et al., 2002). Spinal cord injury fact sheet 1998, found that 10,000 new spinal cord injury cases per year 15.9% sustain tetraplegia and 46.8% sustain paraplegia each year (Schmerzler et al., 1999). Findings were obtained as result of a twenty years follow up of stroke survivors aged between 45 to 74 years, thirty-one percent of stroke people needed assistance with self-care. Twenty percent required assistance with ambulating, seventy one percent had some impairment in vocational ability up to seven years following the stroke, and sixteen percent were institutionalized (Black & Matassarini- Jacobs, 1997).

The complex integration, coordination and regulation of body systems and ultimately all body function are achieved through the mechanics of nervous system. The intricate nature of the nervous system permits the individual to perform all physiologic functions, perform all activities of daily living function in society and maintain a degree of independence (Taylor et al., 2001).

• **Significance of the study:**

As a result of advances in scientific knowledge and technology, the number of people living with chronic conditions continuous to rise, and as 21st century approaches, one very important issue for nursing is the increased prevalence of chronic conditions (Clemen-Stone et al., 1995). Today the need for patient teaching is greater than ever before, because of shrinking health care budget, shorter hospital stays, growing consumer awareness of health care issues and service (Green, 1998).

The focus of education in rehabilitation is helping individuals learn to live with disability in their own environment. The education process fosters self care by helping the individual or family acquire new information, develop new skills to manage the illness or impairment and prevent further disability (Hoeman, 2002).

Self-care is the practice of activities that individuals initiate and perform on their behalf in maintaining life, health and well being. In Orem's theory of self-care, people are viewed as having the human power, called self-care agency, to develop and exercise the capabilities necessary to take action. Self-care measures are utilized to regulate and prevent effects of the disease complication and prolonged disability or to adapt functioning to compensate for the adverse effects of permanent dysfunction (Kathryn & Burks, 1999).