

Burn Patient Rehabilitation

Goal: maximally regain baseline function/ return to work/ gain independence.

- What we do for burn patients post hospitalization, indeed what they can do for themselves, has an incredible impact on functional outcomes.
- Scar and grafting management over time must be done parallel with functional gains:
 - activities of daily living (ADLs)
 - return to work
 - return to previous level of activity
- It is critical to teach the patient their responsibilities and resources and promote compliance and independence in their recovery.

Physical / Occupational Therapy:	Industrial / Occupational Medicine:	Home Health & Wound Care:	Burn Team:	Rehabilitation / Skill Nursing Facilities:
<p>Establish with outpatient/ home health care- PT/ OT for those with impaired mobility. Look out for those that have been grafted/ burns over joints for continued outpatient therapy.</p>	<p>POC Robert Ross (Occ. Med) -Can collaborate with Workers -Facilitate return to work, MMI status etc. in patients who are either injured at work or have anticipated challenging return to work</p>	<p>Establish home health care for continued daily wound care once discharged if needed. -May benefit from this if large TBSA/ lack of family support/ can't follow up often in wound care.</p>	<p>As wounds close, aid patient navigation through functional milestones (see scar management guideline) Alert to dysfunction / problems with hypertrophic scar FU: 2, 4 week, 3/6/12 month</p>	<p>-Some patients may benefit from SNF/ LTACH/ Rehab placement at discharge. If baseline functioning prior to burn injury is poor then anticipate discharge to facility. May still require continued outpatient therapy/ home health etc once at home.</p>