

# Rehabilitation in the Context of HIV: A Conceptual Model

# The next 15 minutes

- Why rehabilitation and HIV?
  - History
- How
  - A new way of conceptualizing HIV/AIDS
  - ICF

# Why HIV and Rehabilitation?

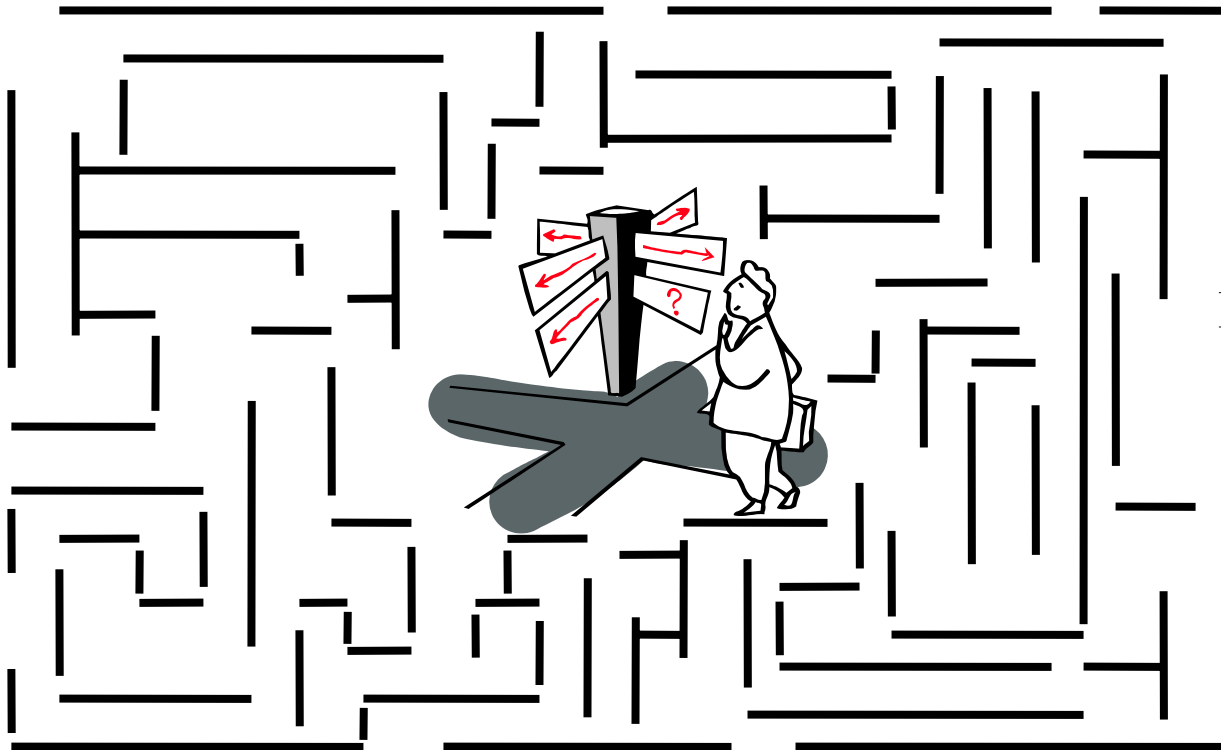
- Advent of protease inhibitors in 1996
- Increased longevity
- Increased HIV-related disability
- Increased role for rehabilitation

# The Maze Of Rehabilitation Services In The Context Of HIV/AIDS

Complementary  
Therapies

Income Support

Education and  
Research



Rehabilitation  
Professionals: PT,  
OT, Speech and  
Language

Spiritual  
Counseling

Mental Health  
Services, Social  
Work, Psychology

Vocational Counseling  
and Rehabilitation

Disability Insurance  
Counseling

# What Rehabilitation Services In The Context Of HIV/AIDS Should Be

Income Support

Education and Research

Complementary Therapies

People living with HIV

Rehabilitation Professionals: PT, OT, Speech and Language



Physicians & Nurses

Disability Insurance Counseling

Spiritual Counseling

Mental Health Services, Social Work, Psychology

Vocational Counseling and Rehabilitation

# Definition of Rehabilitation from Module 7

- A wide range of services that people living with HIV can choose to access to rehabilitate themselves when they experience an impairment or disability caused by their illness

Rehabilitation is...

...about giving people the tools to do  
what is **meaningful** to them

# Why is this important to you?

- To better understand the experience of the client
- To understand how you personally can impact on his/her concerns
- To better understand the diverse wealth of expertise around you that can improve client care

# Why is this important to you?

- To understand how inclusive the concept of rehabilitation can be
- To better understand a range of services that are available to help improve quality of life
- To better understand how you can access these services

How do you wrap your head  
around this concept  
of rehabilitation?

“A conceptual scheme .... Is the  
basic architecture on which  
research, policy, and clinical care  
are built.”

Verbrugge, L. & Jette A. (1994). The disablement process.  
Social Science and Medicine 38(1), p.1.

# Rehabilitation Models

- ICIDH, World Health Organization ('80)
- ICF, World Health Organization ('01)
- Nagi's Scheme, Saad Nagi ('91)
- The Disablement Process, Verbrugge & Jette ('94)
- The Movement Continuum Theory, Cott et al. ('95)

# Continuum of Movement

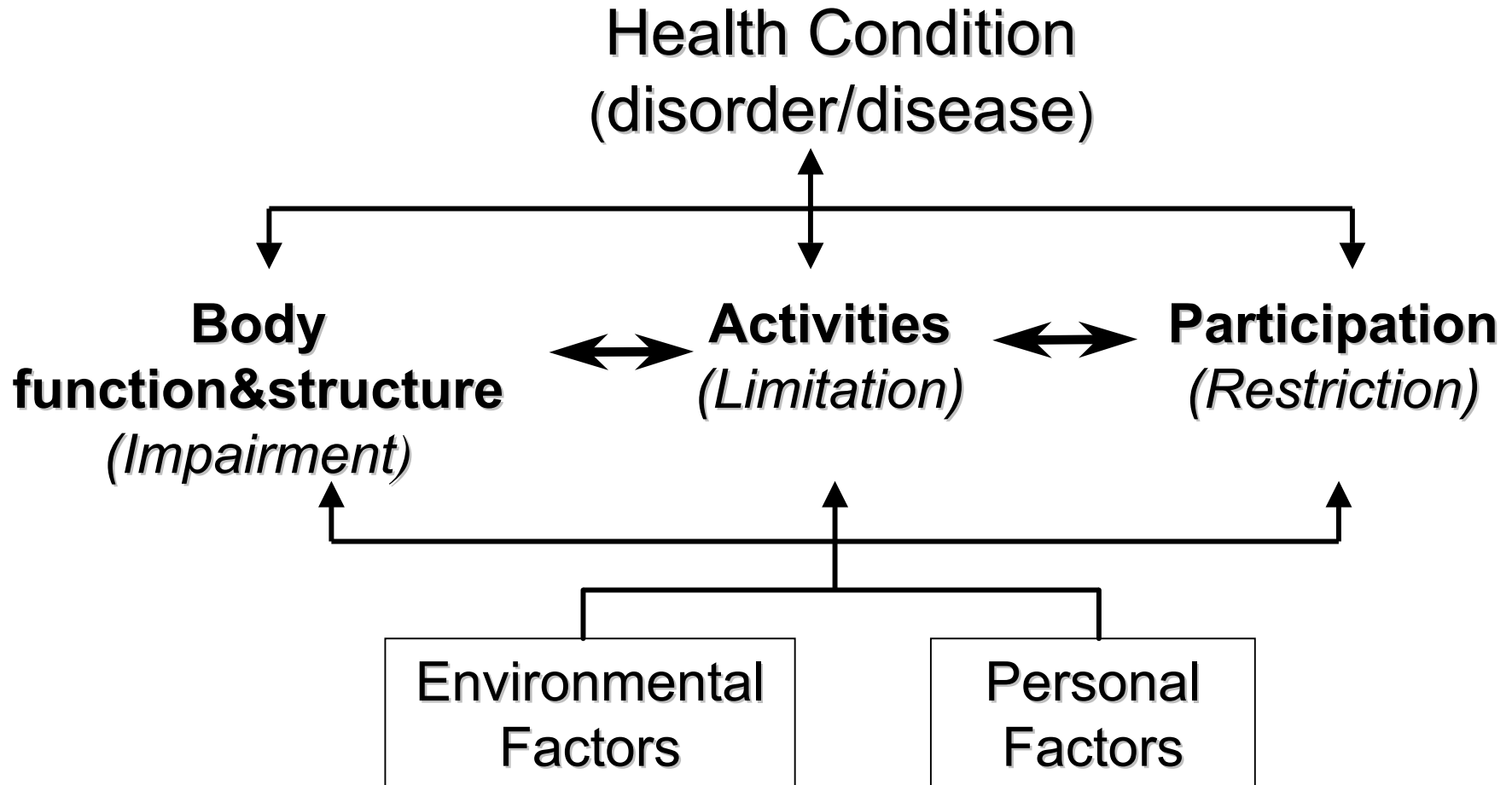
- molecular
- subcellular/cellular
- tissue
- organ system
- body part
- body
- person in environment
- person in society

*Modified from: Cott, C. et al. (1995). The movement continuum theory of physical therapy. Physiotherapy Canada 47(2), p. 90.*

# International Classification of Functioning, Disability and Health (ICF) - 2001

- Developed by the World Health Organization
- Concerned with health-related experience *beyond those covered by 'disease'*
- Update to International Classification of Impairments, Disabilities, and Handicaps (**ICIDH**) first published in 1980

# Interaction of Concepts ICF 2001



# Body Functions or Structures & *Impairments*

- **Impairments:**  
Problems in body function or structure as a significant deviation or loss
  - Cognition
  - Communication
  - Hearing
  - Vision
  - Strength
  - Tone
  - ROM
  - Sensation
  - Pain
  - Respiratory function
  - Endurance
- **Level of body part**

# Activities & *Activity Limitations*

- **Activity Limitations:**  
difficulties an individual may have in executing activities
  - Walking
  - Running
  - Climbing stairs
  - Eating
  - Bathing
  - Dressing
  - Toileting
- **level of the person**

# Participation & *Participation Restrictions*

- **participation restrictions:** problems an individual may experience in involvement in life situations
- the social and environmental consequences of impairments and activity limitations
- **level of the person in the community or society**

# Activities and Participation

- Learning and applying knowledge
- General tasks and demands
- Communication
- Movement
- Self-care
- Domestic life areas
- Interpersonal interactions
- Major life areas
- Community, social and civic life

# Contextual Factors: *Environmental*

- **Environmental Factors:** physical, social and attitudinal environment in which people live and conduct their lives
- **at individual and societal levels**
- Products and technology
- Natural environment and human-made changes to the environment
- Support and relationships
- Attitudes
- Services, systems and policies

# Contextual Factors:

## *Personal*

- **Personal Factors:**  
background of an individual's life and living
- Not classified in ICF but contribute to outcome of interventions
- gender
- race
- age
- other health conditions
- fitness
- lifestyle
- habits
- education
- etc...

# Interaction of Concepts ICF 2001

