

BALANCING RISK AND AUTONOMY IN REHAB: A RESOURCE FOR CAREGIVERS

Promoting safety and independence are both priorities at Toronto Rehab. We encourage our patients to practice activities that promote their independence and confidence to better prepare them for life after rehab. In some cases, these activities might feel risky.



WHY MIGHT SOME PATIENTS PRACTICE HIGHER-RISK ACTIVITIES?

By practicing higher risk activities in rehab, we can learn a lot about how to prevent a fall or reduce injury in the event of a fall at home. Not everyone is ready to practice higher-risk activities in the hospital, but those who are close to moving independently and are can understand the risks, may be good candidates.

HERE ARE EXAMPLES OF HIGHER-RISK ACTIVITIES THAT PATIENTS MAY WISH TO PRACTICE IN REHAB:

- Transferring in and out of a wheelchair
- Walking with or without a device, such as a walker or a cane
- Using the bathroom independently
- Exercising independently

**Please see Patient Guide for thoughts on this section.*

After learning about the risks and benefits, patients may choose to practice certain activities that allow them to be more independent in rehab and better prepared for home. The rehab team will have a discussion with your family member about these higher-risk activities.

- One of the benefits may be feeling better prepared for life at home
- One of the risks may be falling and being injured

WHAT YOU CAN EXPECT

Before your family member practices higher-risk activities, their rehab team will:

- 1 Identify their mobility **goals for home/community**
- 2 Identify the **specific activities** to achieve these goals
- 3 Explain the **risks and benefits** to help guide an informed decision about whether they want to practice these activities in rehab
- 4 **Teach** how to reduce their risk of falls and what to do in the event of a fall
- 5 Answer **any questions** you or they may have
- 6 **Monitor** and make changes as needed, including a **temporary pause in the higher-risk activities if they feel unwell** or if they take a **medication** that can increase their risk of falls (such as a sedative).

**Please see Patient Guide for thoughts on this section.*

HERE IS AN EXAMPLE

A patient identifies that her rehab goal is to return to living alone in her apartment. She is currently using the bathroom on her own during the day, but needs some supervision at night. She wishes to practice going to the bathroom on her own at night. She and her rehab team talk about the risks and benefits, as well as strategies to prevent falls and reduce injury, particularly in low lighting and when you have to go to the bathroom urgently. Everything else in her care plan remains the same. Leading up to her discharge, she practices going to the bathroom on her own. At first, her team and family are a bit concerned. At times, she is not entirely steady, but at other times, she is confident. However, everyone agrees that practicing this activity in rehab is better than practicing it at home for the first time, alone. As part of this practice, she commits to wearing her supportive shoes, turning on the night light and using her rollator – just as she would at home.