

## CHAPTER 40

### REHABILITATION PROCESS OF PERSONS WITH DISABILITY - PWDS

**Ukwa Precious Chidimma M.Ed**

**Beth Nnenne Oluka Ph.D**

*Department of Special Needs Education and Rehabilitation Science  
Faculty of Education, Ebonyi State University, Abakaliki*

#### **Introduction**

Disability is the consequence of an impairment that may be physical, cognitive, mental, sensory, emotional, developmental, or some combination of these. According to World Health Organisation (WHO, 2012), disability is an umbrella term, covering impairments, activity limitations, and participation restrictions. A person with disability is defined as a person with an impairment. Impairment is a problem in body function or structure; an activity limitation, difficulty encountered by an individual in executing a task or action. In line with the above, Ladd and Paddy (2003), stated that disability is a condition or function judged to be significantly impaired relative to the usual standard of an individual or group. Also, Funnell, Gabby and Lawrence (2008), opined that the term "disability" broadly describes an impairment in a person's ability to function, caused by changes in various subsystems of the body, or to mental health. The degree of disability may range from mild to moderate, severe, or profound. A person may also have multiple disabilities.

The loss of any ability results in a sudden restriction in function, sensation and appearance. This can even lead to high levels of frustration due to unmet needs of the person with disability. Most limb amputees have historically been poorly served by rehabilitation service providers in many ways, because of lack of expertise and reliable technology. Most persons with disability have either had no access to rehabilitation or have experience a poor rehabilitation service process. However, there has been an emergence of improved services, technology and accessibility to international products that can help in rehabilitating person with disability (PWDs), and help provide accurate rehabilitation process to persons with disability when faced with difficult situations.

Rehabilitation is the process of helping an individual achieve the highest level of function, independence, and quality of life possible. Rehabilitation means to bring back something to an earlier level of structure or function that is better than the present level. Provision of rehabilitation for PWDs requires different rehabilitation process. Physical rehabilitation in this context refers to the process aimed at enabling persons with functional limitations because of physical impairment, to reach a level of optimal function. Rehabilitation may include



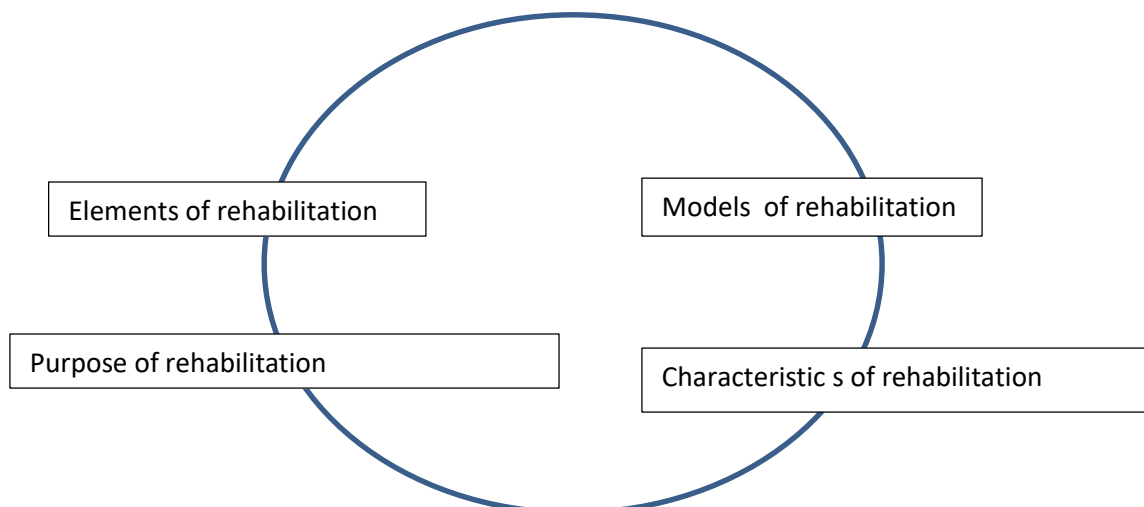
---

measures to provide and/or restore physical functions, or compensate for the loss or absence of a function or for performance. According to Azubuike (2018), rehabilitation is defined as “a set of interventions designed to optimize functioning and reduce disability in individuals with health conditions in interaction with their environment. Rehabilitation does not reverse or undo the damage caused by disease or trauma, but rather helps restore the individual to optimal health, functioning, and well-being. It can be seen that without rehabilitation, education of person with special needs may likely be affected in negative ways and Persons with disability cannot fully participate in society. The rehabilitation process is different for everyone depending on the impairment and the needs of the individual with disability. Rehabilitation programmes should be individualized, catering to each person's unique needs because no two persons with disability are exactly alike (Ihenacho, 2010).Nanjwan and Plang (2014),suggested that provision of services to PWDs can be done by different categories of people such as: the government, community, private organization and individuals. The authors further stated that it embraces the view that any of the categories should be allowed the opportunities to participate in a given rehabilitation programme to PWDs.

1. Rehabilitation channels the body to natural healing abilities and the brain's relearning processes so that an individual gets relieved as quickly and efficiently as possible.
2. Rehabilitation also involves learning new ways to compensate for abilities that have permanently changed.
3. Treatment methods and Technology are rapidly advancing as knowledge of the affected body part and its functions increases (Physical Medicine and Rehabilitation (2010) the goal of rehabilitation is to help people regain the most independent level of functioning. Rearrange these diagram very well

#### Thesis statement

This chapter focuses in the rehabilitation process of persons with disability (PWDs). This will be discussed on under the following subheadings; Concept of rehabilitations, types of rehabilitation Characteristics of rehabilitation, Models of rehabilitation, Process of rehabilitation, Implications of rehabilitation  
Rehabilitation fields



## Concept of Rehabilitation

### What is this about?

Rehabilitation is a set of interventions designed to optimize functioning and reduce disability in individual and enhance their healthy interaction with their environment. Anybody may need rehabilitation at some point in their lives, following an injury, surgery, disease or illness, or because their functioning has decline because of disability. Rehabilitation is a concept that is widely discussed globally. This is by no means unexpected since over a billion people live with a form of disability or the other, accounting for over 15% of the world population. Furthermore, according to a recent report, 2.41 billion individuals worldwide live with the conditions that impact their functions in daily life and would benefit from rehabilitation services, which equates to 1 in 3 individuals requiring rehabilitation services throughout the course of their illness or injury (Duttine, et al, 2016.)

The proportion of the worldwide population over 60 will double in the next 30 years, the majority of whom will live with chronic diseases, particularly non-communicable diseases. These changing health and demographic trends are contributing to rapid global increases in the number of people experiencing decline in functioning, resulting in enormous unmet rehabilitation needs. According to the World Health Organisation (WHO, 2021), rehabilitation is one of the essential components of Universal Health Coverage (UHC), which features alongside “promotion of good health, prevention of diseases, treatment and palliative care”. Thus, rehabilitation focuses on achieving functional independence in activities of daily living (ADL), participation in work, recreation and education, with individuals being able to achieve meaningful roles in daily life. Clearly, rehabilitation is pivotal in achieving not only individual health benefits, but an overall universal health goal that permits the building of a healthy and functional global population.



---

## Elements of Rehabilitation

Dietz in Azubuike (2019), described four elements of rehabilitation in relation to people with cancer, which has now been utilised and applied across rehabilitation for a wide range of conditions: preventive, restorative, supportive, palliative:

- i. Preventive Rehabilitation. This occurs shortly after a new diagnosis or onset of new impairments. The aim is to provide education, advice and interventions to prevent or slow onset of further impairments and maintain a person's level of ability. This is a common form of rehabilitation in long-term conditions, such as Cancer, Chronic Obstructive Pulmonary Disease (COPD), Diabetes and many neurological conditions. It also underpins supported self-management and can include interventions aimed at maintaining function for as long as possible.
- ii. Restorative Rehabilitation: This is a type of rehabilitation that focuses on interventions that improve impairments such as muscle strength or respiratory function and cognitive impairment to get maximal recovery of function. This is a common form of rehabilitation after surgery, illness or acute events such as a major trauma or a stroke in order to maximise function.
- iii. Supportive Rehabilitation: This increases a person's self-care ability and mobility using methods such as providing self-help devices and teaching people compensatory strategies or alternative ways of doing things. This may include the provision of assistive equipment or environmental modifications. This is sometimes referred to as adaptive rehabilitation.
- iv. Palliative Rehabilitation: This type enables people with life limiting conditions to lead a high quality of life physically, psychologically and socially, while respecting their wishes. It often focusses on relieving symptoms, such as pain, dyspnoea and oedema, preventing contractures, breathing assistance, psychological wellbeing, relaxation or the use of assistive device, in order to maximise functional independence and support comfort, dignity and quality of life.

## Purpose of Rehabilitation

The main focus of rehabilitation is on:

1. achieving as full a physical and psychological recovery as possible;
2. improving quality of life through gaining life management skills, a sense of direction for the future and resilience;
3. rebuilding social connectedness to family and community;
4. finding a new valued role within the community;
5. learning to understand and self-manage physical and mental health conditions to the best of the person's ability;
6. assisting the person to return to safe and meaningful work at the earliest possible time to minimise further harm to physical and mental health and wellbeing through long term absence from employment; and
7. reducing the human and economic cost of disability for ADF members, former members, their families and the broader community.



- 
8. prevention of the loss of function
  9. slowing the rate of loss of function
  10. improvement or restoration of function
  11. compensation for loss of function (compensatory strategies)
  12. maintenance of current function

### **Characteristics of Good Rehabilitation**

#### **A good rehabilitation program should:**

- focus on good outcomes that are set by the people we treat and driven by their goals
- centre on people's needs, not their diagnosis
- aim high and includes vocational outcomes
- is an active and enabling process – not passive care
- rely on interdisciplinary team working
- respond to changes in people's needs
- integrate specialist and generalist services
- require leadership for transformational change
- give hope

### **Models of Rehabilitation**

There are three major models of rehabilitations. They are as follows

i. Moral model: In the moral model, disability is seen as having meaning about the person's or the family's character, deeds, thoughts, and karma. From this perspective, disability can carry stigma, shame and blame, particularly if the disability is seen as a mark of wrongdoing. Alternatively, disability can be seen as a sign of honour, faith or strength. For example, someone who is religious may believe they (or their family member) were chosen to have a disability due to God's faith in them. Disability may also be perceived as a positive reminder of having survived a life challenge (for example:., a polio epidemic, or stepping on a land mine). The moral model is very prevalent worldwide and is often depicted in the media. For example, some movies use a physical disability to show evil. In contrast some movies portray the a person with disability person as one who goes beyond usual human levels to achieve unique goals, such as a wheelchair user who climbs El Capitan in Yosemite.

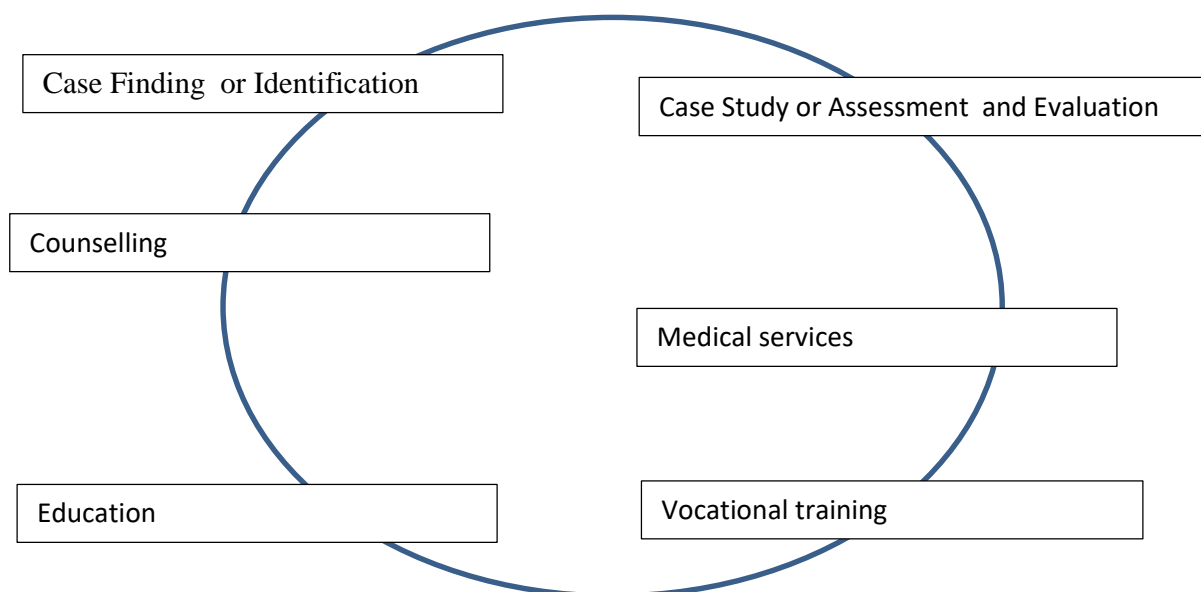
ii. Medical model: In the medical model, disability is perceived as an impairment in a body system or function that is inherently pathological. From this perspective, the goal is to return the system or function to as close to "normal" as possible. The medical model suggests that professionals with specialized training are the "experts" in disability. Persons with disability are expected to follow the advice of these "experts." The language of the medical model is clinical and medical (e.g., left hemiplegia; partial lesion at the T4 level). This view is one that can sometimes be seen within the fields of health, mental health, and education. The medical model of disability often is depicted in movies through a plot in which a a person with



disability person is depressed and hopeless, but through friendship with an able-bodied person the a person with disability person learns to embrace life. A reverse twist on this is the idea that a person with disability people show able-bodied characters how to be better people.

iii. Social model: In the social model, disability is seen as one aspect of a person's identity, much like race/ethnicity, gender, etc. From this perspective, disability is believed to result from a mismatch between the a person with disability person and the environment (both physical and social). It is this environment that creates the handicaps and barriers, not the disability. From this perspective, the way to address disability is to change the environment and society, rather than people with disabilities. Negative stereotypes, discrimination and oppression serve as barriers to environmental change and full inclusion. Movies depicting disability from a social model are more apt to have multiple a person with disability characters who form bonds, learn, and grow, without dependence on an able-bodied character. Other films show a person with disability characters more realistically: in the context of loving families who are not 'burdened' by the disability; in a society that discriminates; as activist trying to change laws.

Rehabilitation Process fields



The following are the rehabilitation process Directions or flow should be indicated

- Case Finding or Identification: A system of compulsory registration and regular referral of the handicapped persons by the registering agency to the rehabilitation centre or an appropriate body is very essential both for planning<sup>5</sup> and executing rehabilitation services in any community.
- Case Study or Assessment & Evaluation: The purpose of such a study is to ascertain the nature and extent of disability, measure of residual ability, chances of recovery, cure and improvement in the physical condition. It should also diagnose aptitudes, interests, motives, emotional balance, and other



---

characteristics of the a person with disability person which facilitate or inhibit his satisfactory adjustment to rehabilitation programmes.

- **Counselling:** Counselling is not a single act but a continuing process that binds all of the other services into an organized co-ordinated plan in terms of the needs and characteristics of each a person with disability individual. The main objective of counselling in rehabilitation of the a person with disability is to clarify and explain to the rehabilitee the logic or process of going about the selection of a suitable programme.
- **Medical Services:** The definition of a sound rehabilitation plan for any a person with disability individual is largely derived from the physical restoration, both immediate and potential, that can best result from the inclusion of adequate medical services in the rehabilitation programme and from the strict adherence to the safe guards against incurring additional disabilities or aggravating existing disabilities that may be indicated through proper physical examination and follow up.
- **Education:** Physical disability combined with social and cultural impediments exert limitations on the normal development and functioning of the psychic life of the individual. The primary task of education for a handicapped child is to prepare him for adjustment to a socio-cultural environment designed to meet the needs of the normal. Therefore, it is essential, that the education of handicapped children should be an inseparable part of the general educational system.
- **Vocational Training:** Vocational training may be defined as any course of training, the objective of which is the attainment of a skill or a body of knowledge required by an occupation. It includes proper selection of candidates, proper investigation of jobs and proper training. For the a person with disability, who has to compete in the open labour market against the prejudices of the employer and co-workers, equipment with a specific skill is the only alternative.
- **Employment:** The rehabilitation process is complete only when a a person with disability person has been placed in remunerative and congenial employment. Education and training lead nowhere, unless they are followed by employment.
- **Social Integration /Social Inclusion:** Integration of handicapped persons in the community as normal and full-fledged members is the ultimate goal and most desired result of rehabilitation. It involves mutual adjustment, participation and acceptance by both the handicapped and non handicapped sections of the society.
- **Follow up:.** The main aim of follow-up is to discuss and manage any problems that may arise during social Integration. Follow-up rehabilitation should always be arranged this will help to ascertain or find out whether the person with disability has other concerns.



---

## Importance of Rehabilitation Process

Rehabilitation may adopt various forms in handling the individual with physical dysfunctions. These areas may include treatment, education and employment. Treatment may be in the area of therapeutic activities by different professionals such as: physical, occupational and speech therapists (Carte, Nigg & Hinshaw (1996).

Rehabilitation facilitates more participation in workplace activities in the following ways:

1. It also allows more people with disabilities to achieve gainful employment opportunities.
2. Stage of recovery: Developmental levels and goals will vary with the nature of the illness or injury. Moreover, people would not have the same progress results from the several therapies they would be undergoing.

Punwar (1994), stated that the goals of rehabilitation programmes may include: restoration or improvement of functional abilities, maintenance of client's abilities at an acceptable level, the prevention of further disability. Improvement of the client to function in the home and work environment, appropriate environmental adaptations, adjustment of the client to temporary or permanent limitations and resumption of a work or school programme. Treatments, on the other hand, are given according to needs of the person with disability, but despite the condition of the client, therapies would be needed. This would be one aim of the rehabilitation process and that would get back to the person's normal healthy life (Andrews & Herrelson (1991). Without rehabilitation provision, many persons with special needs will be denied their rights.

It helps in developing economic status and employment opportunities that can enhance their daily living. It enables the individual learn to adjust to be socially mature and face the realities of life. It minimizes the effects of handicaps so that the individual can function well in his or her level. The rehabilitation process requires lots of courage in addition to solving other problems. Be it an actual accident or possibly an issue, the process may indeed concentrate on its goal that might assist the person body get through to the normal functions in the ultimate outcome such as: provision of adequate treatment and education for person special needs based on their unique needs. It maintains self-realization for better human relationships. It assists handicapped individual have clear perception of the problems and arrive at a realistic adjustment.

### Implications of rehabilitation process

In an inclusive world, there is need for everyone to be carried along. One of the ways of ensuring inclusivity is rehabilitation. the implication of this chapter is that rehabilitation process enhances a person with disability self-confidence and ability to deal psychologically with their illness or injury that resulted to their disability.

Provides a person with disability greater independence that helps them returns to their pre-injury state of mental wellbeing.



---

Rehabilitation process also allows a person with disability to get back to work more quickly and to begin to earn again and lessen their financial concerns.

### Conclusion

Rehabilitation is aimed at enhancing and restoring the functional ability and quality of life to people with physical impairments or disabilities. This can include conditions such as spinal cord injuries, brain injuries, strokes, as well as pain or disability due to muscle, ligament or nerve damage. Rehabilitation is very important in human restoration and integration in the society.

### Suggestions

1. There is need for rehabilitation for every person with disability irrespective of their gender, race and religious affiliation.
2. It is suggested that government, World Health Organization (WHO) and United Nations (UN) are to build rehabilitation centres for PWDs at least in every local government.
3. It is suggested that creation of education institutions for effective rehabilitation and integration of person with disability is required in every local government areas of the country

### Reference

- Andrews, B. E. & Herrelson, T. E. (1991). Non-Communicable Diseases in Nigeria: The Emerging Epidemics", *Nigerian Health Review* (2010), Health Reform Foundation of Nigeria (HERFON). Page??? 1991 and 2010 ???
- Duttine, A, Battello, J. Beaujolais, A. Hailemariam, M. Mac-Seing, M. Mukangwije P, et al. Introduction to Rehabilitation Factsheet. *Handicap International*. 2016. Available from: [https://humanity-inclusion.org.uk/sn\\_uploads/document/2017-02-factsheet-rehabilitation-introduction-web\\_1.pdf](https://humanity-inclusion.org.uk/sn_uploads/document/2017-02-factsheet-rehabilitation-introduction-web_1.pdf) [Accessed on 8 January, 2021].
- Dietz, Jr. J. H. Adaptive rehabilitation in cancer: a program to improve quality of survival. *Postgraduate medicine*. 1980 Jul 1;68(1):145-53.
- Carte, U. R., Nigg, O & Hinshaw, S. (1996). *Stigma and Social Exclusion in Healthcare*". Routledge, London and New York.
- Centre for Disease Control and Prevention (2014). Wheel-Chair Accessibility of Public Buildings in Ibadan, Nigeria". *Asia Pacific Disability Rehabilitation Journal*, Vol. 16 N0.5, 2005. 115-124. 2014 and 2005 ??
- Charlton, E (2013). Legal and Ethical Issues in Persons with Special Needs in Nigeria", *Academic Journals Vol. 9 (15)*, pp. 516-522, 10<sup>th</sup> August, 2014. 2013 and 2014???
- Dunlop, E. (2005). Camping Condition and Casual Status of Insurgency Survivors Living with Disability in Internally Displaced Persons Camp in North



- 
- Eastern Nigeria: a Case Series", *Bayero University Journal of Evidence-Based Physiotherapy*, Volume 3, Number 1, pp 28-32. June, 2017.
- Gabby, I. E and Lawrence, R.E (2008). Trainees' perceptions of Inclusive Education in Nigeria: A preliminary report." In Barga, U. (eds), *Contemporary Issues in the education of persons with visual Impairment*. Ibadan, Nigeria. Glory-land publishing Co. 6-24.
- Hull, B R (2003). Non-Communicable Diseases in Nigeria: The Emerging Epidemics", *Nigerian Health Review* (2010), Published by Health Reform Foundation of Nigeria (HERFON).
- Ihenacho, G (2010). Psychosocial Health Consequences on Vesico Vaginal Fistula patients". *Bayero Sociologist: A Journal of Sociological studies*, Vol. 1, NO 4, pp. 28-38, July, 2013.
- Ladd, Y. I and Paddy, T (2003). Career Opportunity for the A person with disability in Nigeria" in Azinge, P.E. and Ani, C. *The Rights of Persons with Disabilities*, 2011. *Nigerian Institute of Advanced Legal studies*, Lagos.
- Nanjwan, Josephine Dasel&Plang, Janet Punyit (2014); Rehabilitation Process and Persons with Physical Dysfunctions, *OSR Journal of Sports and Physical Education (IOSR-JSPE)*, Volume 1, Issue 3
- National Disability Survey in Nigeria (NDSN, 2017) UNDP Implements Empowerment Programme for Persons with Disabilities", Accessed on 6/10/2022
- Punwar, M (1994). "The Social System", Glancoe, Ill. The free Press.
- Punwar, R. E. (2014) The Senate: National Assembly Federal Republic of Nigeria", 2, 5, Retrieved from <http://www.nassnig.org/nass/news>, 06/04/2014.
- Shivers, U. W.& Fait, R (1985). *Stigma-notes on the Management of Spoiled Identity*", 3<sup>rd</sup> ed. London, Penguin.
- World Health Organization (WHO, 2001). "International Classification of functioning, Disability and health", Geneva, WHO.Centre
- World Health Organization (WHO, 2012). "Disabilities" <http://www.who.int/topics/disabilities/en/> Accessed 25/11/12.
- The references need heavy rework. Please follow APA format for referencing.*