

## Traumatic Brain Injury Community Rehabilitation in the Canterbury Region (ACC Funded)

### What to expect:

During the inpatient rehabilitation stay, the team will refer your family/whānau member/friend to a **Community Team** who cover the area where you live.

This will ensure the Community Team **knows about your family/whānau member/friend** in plenty of time and be on board before they come home.

The Community Team **will keep in touch** with the Rehab Unit team and know what stage the rehabilitation is at, how things are progressing, with potential discharge dates in mind.

A **visit to your home** in the Canterbury region can be made **before** weekend leave or discharge home so it can be checked to ensure there are no safety issues (steps/stairs etc.)

**Equipment** can be organised before you get home.

**Home & Community Support Services (HCSS) can provide personal care packages** to assist as required, for example, to support with personal cares and feeding. Your hospital team can refer to an agency before discharge home.

You can **meet the new team/keyworker** before your family/whānau member/friend is discharged if appropriate.

You will hear about a **Training for Independence Plan (TI)** – this is just the name for ACC's rehabilitation contract that will outline goals and plans for the next 6 months.



## Your team may consist of the following:

Profession	What they will help with	Name/Number
<b>Occupational Therapist</b>	Planning the day, managing tiredness, activities of daily living, washing, dressing, cooking, visual assessment and quipment.	
<b>Physiotherapist</b>	Any physical rehab required such as strengthening, balance and mobility. As well as appropriate mobility equipment.	
<b>Speech Language Therapist</b>	Concentrating, following conversations, remembering information, managing brain energy, speech, reading/writing, social interactions. Also support with any swallowing difficulties.	
<b>Clinical Psychologist</b>	Adjusting to the injury, helping with mood and confidence, reviewing any anger or behavioural changes. Helping family/friends with supporting the person with the TBI.	
<b>Neuropsychologist</b>	Provides an assessment that looks at all cognitive areas and will provide a baseline to show the improvements being made.	
<b>Rehabilitation Coach</b>	Supports all the goals by being there in between therapist visits to help with exercise programmes, social visits, shopping, cooking, study, whatever is required.	
<b>Nurse</b>	Wound care, bladder and bowel management, medications and PEG feeds.	
<b>Social Worker</b>	Help with benefits, finance, budgeting, housing needs, Power of Attorney/welfare guardianship, any legal/police/lawyer issues, child welfare.	

**N.B. If further specialist appointments are required this can be arranged locally**  
(follow up scans, eye/ear checks etc)

Your providers in the community will be

Contact details of  
Training for Independence Key Worker

Your ACC Rehabilitation Partner is