

It's not all sunshine and roses: Closing the rehab gap

Have you ever considered that your current treatment of drug therapies is not working for you? If you have, you aren't alone. In fact, the top-ten highest grossing drugs in the United States only benefit 4-33% of the people who take them¹. Unfortunately, research suggests that motor rehabilitation therapies are no different².

Rehabilitation is the action of restoring someone to health or normal life through therapy after an injury, illness, or disease process. Generally speaking, we know that rehab works. For example, an individual who gets therapy following an injury (e.g., fractured hip, stroke, etc.) is more likely to improve faster, and to a greater extent, than someone who does not get therapy. This is good news for those getting therapy and those in the rehab field. However, a closer, *individualized* look at the process shows that it's not all sunshine and roses. Some individuals have very good results after rehabilitation, while others show little to no improvement². This problem is made worse by the fact that the rehab clinician (i.e., physical therapist, occupational therapist, and/or other allied healthcare provider) is unable to predict who might or might not respond to therapy.

The problem is clear; the solution is not. Science has yet to develop a process that predicts who will respond to therapy and who will not respond. We do know that age is a factor. The older the patient, the less they respond to the given therapies³⁻⁵.

There is good news, though. Just because an individual does not respond to *one* intervention does not mean he/she will not respond to *all* interventions. To put this into perspective, consider the following example. If a medication prescribed by your doctor to lower your cholesterol does not have the desired effect, your doctor could 1) prescribe a larger dose of that medication, or 2) choose a different drug all together. The goal to lower cholesterol is the same only the method has changed. Rehabilitation is no different.

There are steps that rehab therapists and professionals can take to ensure that therapy is successful for as many people as possible. First, our treatments should only be selected after thoughtful examination of the patient's *individual* characteristics. Further, it is important that our interventions are evidence based with documented effectiveness. This is where we need your help. You can help by signing up to be a participant in rehab research trials. Reach out to the local university to see if there is an open study for people like yourself. Additionally, ARresearch.org is a secure website that allows the community a first-hand look at the research being conducted at UAMS. Volunteers can provide their information if interested in participating in research. The researchers are then able to contact potential volunteers for their studies.

The goal of rehabilitation is to restore health and quality of life following an injury. To meet this goal, rehab professionals must work to identify characteristics that separate those who will respond to therapy from those who will not. With passionate professionals and an enthusiastic community willing to volunteer, we can close the gap on rehab success.

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