

REHABILITATION

There is convincing evidence that early, intensive and co-ordinated multi-disciplinary rehabilitation significantly reduces the impact of a broad range of health conditions and thus disability.

Access to rehabilitation services in South Africa is **severely limited** and quality of service provision varies considerably.

Experience points to inadequate rehabilitation contributing to:

- Optimal functional recovery not being attained.
- Loss of means of generating an income
- Perpetuation of unnecessary hardship and suffering;
- Additional (avoidable) emotional difficulties in some cases.

These negative outcomes have broad social and financial implications for individuals, families, and communities - and indeed for the country.

Of significant concern is the fact that, in many instances, the Road Accident Fund is paying out large sums in compensation due to inadequate rehabilitation.

There is an urgent need for discussions between the RAF and the Department of Health regarding inadequate rehabilitation services / facilities at all levels of the public health system.

The RAF should also engage with private rehabilitation services / facilities in order to negotiate mutually beneficial public / private partnerships; and ensure access to these facilities for injured individuals with certain conditions / categories of impairment.

Case Managers should be viewed as a **critical** requirement for a variety of road traffic victims, including (but not restricted to) more severely disabled road traffic victims; those living in rural locations; those who do not have the ability to navigate the health system; and direct claimants.

Case Managers, appointed by the RAF, should be experienced in rehabilitation,

A revised definition of MMI should be adopted and stressed i.e. MMI is the point at which an injured person's medical condition has stabilized **and further functional improvement is unlikely, despite continued medical treatment or rehabilitation.**

Return to work should be prioritised and vocational rehabilitation interventions expanded – both in respect of the appointment of suitably experienced practitioners and provision of suitable facilities.

Early and ongoing liaison with employers is most important.

Expert practitioner in multiple disciplines should be available at RAF regional offices as a resource to medical and health care practitioners, as well as case managers

The RAF should forge ties with individuals / organisations / other public sector departments who / which could assist in facilitating independent living of road accident victims.