

CLINICAL REHABILITATION TERMS

CLINICAL REHABILITATION TERMS: A COMPREHENSIVE GLOSSARY FOR UNDERSTANDING PATIENT RECOVERY

CLINICAL REHABILITATION TERMS FORM THE BEDROCK OF EFFECTIVE COMMUNICATION AND UNDERSTANDING WITHIN THE HEALTHCARE SYSTEM, PARTICULARLY WHEN DISCUSSING PATIENT RECOVERY AND THERAPEUTIC INTERVENTIONS. NAVIGATING THE LANDSCAPE OF PHYSICAL, OCCUPATIONAL, AND SPEECH THERAPY REQUIRES A FIRM GRASP OF SPECIALIZED VOCABULARY. THIS ARTICLE SERVES AS A COMPREHENSIVE GUIDE, DEMYSTIFYING THESE ESSENTIAL TERMS. WE WILL EXPLORE THE CORE CONCEPTS, DELVE INTO COMMON ASSESSMENT TOOLS AND TECHNIQUES, EXPLAIN KEY TREATMENT MODALITIES, AND CLARIFY THE OUTCOMES AND GOALS ASSOCIATED WITH REHABILITATION. UNDERSTANDING THESE TERMS IS CRUCIAL FOR PATIENTS, CAREGIVERS, AND HEALTHCARE PROFESSIONALS ALIKE, FOSTERING COLLABORATION AND ENSURING THE BEST POSSIBLE RECOVERY TRAJECTORY.

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UNDERSTANDING CORE CONCEPTS IN CLINICAL REHABILITATION

AT ITS HEART, CLINICAL REHABILITATION IS A PROCESS DESIGNED TO RESTORE LOST FUNCTION OR IMPROVE EXISTING FUNCTION FOLLOWING ILLNESS, INJURY, OR SURGERY. IT IS A MULTIDISCIPLINARY APPROACH THAT AIMS TO ENHANCE A PATIENT'S INDEPENDENCE, QUALITY OF LIFE, AND PARTICIPATION IN DAILY ACTIVITIES. THIS PROCESS OFTEN INVOLVES A COLLABORATIVE EFFORT BETWEEN THE PATIENT AND A TEAM OF HEALTHCARE PROFESSIONALS, EACH BRINGING THEIR UNIQUE EXPERTISE TO BEAR ON THE RECOVERY JOURNEY.

DEFINITION OF REHABILITATION

REHABILITATION, IN A CLINICAL CONTEXT, REFERS TO THE RESTORATION OF AN INDIVIDUAL TO A STATE OF OPTIMAL PHYSICAL, MENTAL, EMOTIONAL, SOCIAL, AND VOCATIONAL FUNCTIONING. IT IS NOT MERELY ABOUT HEALING A WOUND OR RECOVERING FROM SURGERY, BUT ABOUT ENABLING THE INDIVIDUAL TO REGAIN AS MUCH INDEPENDENCE AND AS HIGH A QUALITY OF LIFE AS POSSIBLE. THIS CAN INVOLVE ADAPTING TO A DISABILITY, LEARNING NEW SKILLS, OR MODIFYING EXISTING ONES.

SCOPE OF REHABILITATION

THE SCOPE OF CLINICAL REHABILITATION IS BROAD, ENCOMPASSING A WIDE RANGE OF CONDITIONS AND PATIENT POPULATIONS. IT CAN ADDRESS ACUTE INJURIES, CHRONIC DISEASES, DEVELOPMENTAL DISORDERS, AND AGE-RELATED FUNCTIONAL DECLINE. THE ULTIMATE GOAL IS TO MAXIMIZE A PERSON'S POTENTIAL AND MINIMIZE THE IMPACT OF THEIR CONDITION ON THEIR OVERALL WELL-BEING AND ABILITY TO ENGAGE IN MEANINGFUL ACTIVITIES.

PATIENT-CENTERED CARE

A FUNDAMENTAL PRINCIPLE IN MODERN REHABILITATION IS PATIENT-CENTERED CARE. THIS PHILOSOPHY EMPHASIZES THE INDIVIDUAL'S ACTIVE INVOLVEMENT IN THEIR TREATMENT PLAN. THEIR GOALS, PREFERENCES, AND VALUES ARE CONSIDERED

PARAMOUNT IN DEVELOPING AND IMPLEMENTING THERAPEUTIC STRATEGIES. THIS COLLABORATIVE APPROACH FOSTERS ADHERENCE, MOTIVATION, AND ULTIMATELY, BETTER OUTCOMES.

FUNCTIONAL INDEPENDENCE

FUNCTIONAL INDEPENDENCE IS A CORNERSTONE CONCEPT. IT REFERS TO A PERSON'S ABILITY TO PERFORM DAILY LIVING ACTIVITIES (ADLs) AND INSTRUMENTAL ACTIVITIES OF DAILY LIVING (IADLs) WITHOUT ASSISTANCE. REHABILITATION AIMS TO IMPROVE OR RESTORE THIS INDEPENDENCE, ALLOWING INDIVIDUALS TO CARE FOR THEMSELVES, MANAGE THEIR HOMES, AND PARTICIPATE IN THEIR COMMUNITIES.

KEY ASSESSMENT AND MEASUREMENT TERMS

ACCURATE ASSESSMENT IS VITAL FOR DEVELOPING AN EFFECTIVE REHABILITATION PLAN AND TRACKING PROGRESS. A VARIETY OF TOOLS AND METHODOLOGIES ARE EMPLOYED TO QUANTIFY A PATIENT'S FUNCTIONAL STATUS, IDENTIFY LIMITATIONS, AND MEASURE THE IMPACT OF INTERVENTIONS. THESE ASSESSMENTS PROVIDE OBJECTIVE DATA THAT GUIDES CLINICAL DECISION-MAKING.

RANGE OF MOTION (ROM)

RANGE OF MOTION REFERS TO THE EXTENT OF MOVEMENT POSSIBLE AT A JOINT. IT IS TYPICALLY MEASURED IN DEGREES AND CAN BE ASSESSED PASSIVELY (BY A THERAPIST) OR ACTIVELY (BY THE PATIENT THEMSELVES). LIMITATIONS IN ROM CAN RESULT FROM STIFFNESS, PAIN, MUSCLE WEAKNESS, OR JOINT PATHOLOGY, AND IMPROVING ROM IS A COMMON GOAL IN MANY REHABILITATION PROGRAMS.

STRENGTH TESTING

MUSCLE STRENGTH IS ASSESSED TO DETERMINE THE ABILITY OF A MUSCLE OR GROUP OF MUSCLES TO EXERT FORCE. THIS CAN BE DONE MANUALLY BY A THERAPIST GRADING THE MUSCLE'S RESISTANCE, OR USING SPECIALIZED EQUIPMENT LIKE DYNAMOMETERS. STRENGTH DEFICITS ARE COMMON AFTER INJURY OR PROLONGED IMMOBILITY AND ARE A PRIMARY TARGET FOR EXERCISE-BASED REHABILITATION.

GAIT ANALYSIS

GAIT ANALYSIS IS THE SYSTEMATIC STUDY OF HUMAN LOCOMOTION. IT INVOLVES OBSERVING AND MEASURING A PERSON'S WALKING PATTERN TO IDENTIFY ABNORMALITIES, SUCH AS DEVIATIONS IN STRIDE LENGTH, SPEED, SYMMETRY, OR BALANCE. THIS IS PARTICULARLY IMPORTANT IN NEUROLOGICAL AND ORTHOPEDIC REHABILITATION WHERE MOBILITY IS COMPROMISED.

FUNCTIONAL OUTCOME MEASURES

FUNCTIONAL OUTCOME MEASURES ARE STANDARDIZED QUESTIONNAIRES OR TESTS USED TO ASSESS A PATIENT'S ABILITY TO PERFORM SPECIFIC TASKS OR ACTIVITIES. EXAMPLES INCLUDE THE TIMED UP AND GO TEST, THE BERG BALANCE SCALE, AND THE DISABILITIES OF THE ARM, SHOULDER, AND HAND (DASH) QUESTIONNAIRE. THESE MEASURES PROVIDE QUANTIFIABLE DATA ON FUNCTIONAL IMPROVEMENT OVER TIME.

PAIN SCALES

PAIN IS A SUBJECTIVE EXPERIENCE, BUT STANDARDIZED PAIN SCALES, SUCH AS THE NUMERICAL RATING SCALE (NRS) OR THE VISUAL ANALOG SCALE (VAS), ARE USED TO QUANTIFY ITS INTENSITY. THESE TOOLS HELP THERAPISTS UNDERSTAND THE PATIENT'S PAIN EXPERIENCE AND MONITOR ITS RESPONSE TO TREATMENT. EFFECTIVE PAIN MANAGEMENT IS OFTEN A PREREQUISITE FOR SUCCESSFUL REHABILITATION.

COMMON REHABILITATION INTERVENTIONS AND MODALITIES

REHABILITATION EMPLOYS A DIVERSE ARRAY OF INTERVENTIONS AND MODALITIES TAILORED TO THE INDIVIDUAL'S NEEDS. THESE TREATMENTS ARE DESIGNED TO REDUCE PAIN, IMPROVE MOBILITY, ENHANCE STRENGTH, RESTORE COORDINATION, AND PROMOTE FUNCTIONAL RECOVERY. THE SELECTION OF MODALITIES IS BASED ON A THOROUGH ASSESSMENT AND THE SPECIFIC GOALS OF THE REHABILITATION PROGRAM.

PHYSICAL THERAPY (PT)

PHYSICAL THERAPY FOCUSES ON RESTORING MOVEMENT AND FUNCTION THROUGH EXERCISE, MANUAL THERAPY, AND EDUCATION. PHYSICAL THERAPISTS ADDRESS ISSUES RELATED TO MUSCULOSKELETAL INJURIES, NEUROLOGICAL CONDITIONS, CARDIOPULMONARY DISORDERS, AND MORE. THEIR INTERVENTIONS AIM TO REDUCE PAIN, INCREASE STRENGTH AND FLEXIBILITY, AND IMPROVE BALANCE AND COORDINATION.

OCCUPATIONAL THERAPY (OT)

OCCUPATIONAL THERAPY HELPS INDIVIDUALS REGAIN INDEPENDENCE IN DAILY LIFE ACTIVITIES. OTs WORK WITH PATIENTS TO DEVELOP OR REDEVELOP SKILLS NEEDED FOR WORK, SCHOOL, AND LEISURE. THIS CAN INVOLVE ADAPTIVE EQUIPMENT TRAINING, HOME MODIFICATIONS, COGNITIVE RETRAINING, AND STRATEGIES TO MANAGE FATIGUE AND ENERGY CONSERVATION.

SPEECH-LANGUAGE PATHOLOGY (SLP)

SPEECH-LANGUAGE PATHOLOGISTS ADDRESS COMMUNICATION AND SWALLOWING DISORDERS. THEY WORK WITH INDIVIDUALS WHO HAVE DIFFICULTIES SPEAKING, UNDERSTANDING LANGUAGE, READING, WRITING, OR SWALLOWING DUE TO STROKE, BRAIN INJURY, DEVELOPMENTAL DISORDERS, OR OTHER CONDITIONS. INTERVENTIONS MAY INCLUDE SPEECH EXERCISES, COGNITIVE REHABILITATION, AND SWALLOWING STRATEGIES.

THERAPEUTIC EXERCISE

THERAPEUTIC EXERCISE IS A CORNERSTONE OF REHABILITATION. IT INVOLVES THE SYSTEMATIC APPLICATION OF PHYSICAL ACTIVITY TO IMPROVE STRENGTH, ENDURANCE, FLEXIBILITY, BALANCE, COORDINATION, AND RANGE OF MOTION. EXERCISES ARE PRESCRIBED BASED ON THE INDIVIDUAL'S CONDITION AND ABILITIES, PROGRESSING AS THEIR FUNCTION IMPROVES.

MANUAL THERAPY

MANUAL THERAPY ENCOMPASSES HANDS-ON TECHNIQUES PERFORMED BY THERAPISTS, SUCH AS JOINT MOBILIZATION, SOFT

TISSUE MASSAGE, AND STRETCHING. THESE TECHNIQUES ARE USED TO IMPROVE JOINT MOBILITY, REDUCE MUSCLE TENSION, DECREASE PAIN, AND ENHANCE TISSUE HEALING.

MODALITIES

MODALITIES ARE THERAPEUTIC AGENTS USED TO FACILITATE HEALING AND REDUCE SYMPTOMS. THESE CAN INCLUDE HEAT THERAPY, COLD THERAPY, ULTRASOUND, ELECTRICAL STIMULATION, AND LIGHT THERAPY. EACH MODALITY HAS SPECIFIC INDICATIONS AND CONTRAINDICATIONS, AND THEY ARE TYPICALLY USED IN CONJUNCTION WITH ACTIVE THERAPEUTIC EXERCISES.

GOALS AND OUTCOMES IN CLINICAL REHABILITATION

DEFINING CLEAR GOALS AND MEASURING OUTCOMES ARE ESSENTIAL FOR GUIDING THE REHABILITATION PROCESS AND DEMONSTRATING ITS EFFECTIVENESS. GOALS ARE TYPICALLY SET COLLABORATIVELY BETWEEN THE PATIENT AND THE REHABILITATION TEAM, FOCUSING ON MEASURABLE IMPROVEMENTS IN FUNCTION AND QUALITY OF LIFE.

SHORT-TERM GOALS

SHORT-TERM GOALS ARE IMMEDIATE OR NEAR-FUTURE OBJECTIVES THAT CONTRIBUTE TO THE OVERALL REHABILITATION PLAN. EXAMPLES INCLUDE REDUCING PAIN BY A CERTAIN PERCENTAGE, ACHIEVING A SPECIFIC RANGE OF MOTION IN A JOINT, OR BEING ABLE TO WALK A SHORT DISTANCE WITH AN ASSISTIVE DEVICE. THESE PROVIDE STEPPING STONES TOWARD LARGER RECOVERY MILESTONES.

LONG-TERM GOALS

LONG-TERM GOALS REPRESENT THE ULTIMATE ASPIRATIONS OF THE REHABILITATION PROCESS. THESE MIGHT INCLUDE RETURNING TO WORK, PARTICIPATING IN A SPORT, LIVING INDEPENDENTLY, OR ACHIEVING A DESIRED LEVEL OF COMMUNITY INTEGRATION. THESE GOALS ARE OFTEN MORE COMPLEX AND MAY REQUIRE SUSTAINED EFFORT AND ADAPTATION.

PROGRESS MONITORING

PROGRESS MONITORING INVOLVES REGULARLY ASSESSING THE PATIENT'S STATUS AGAINST THE ESTABLISHED GOALS. THIS INCLUDES REPEATING FUNCTIONAL ASSESSMENTS, EVALUATING PAIN LEVELS, AND OBSERVING CHANGES IN MOBILITY AND STRENGTH. REGULAR MONITORING ALLOWS FOR ADJUSTMENTS TO THE TREATMENT PLAN AS NEEDED.

DISCHARGE PLANNING

DISCHARGE PLANNING BEGINS EARLY IN THE REHABILITATION PROCESS. IT INVOLVES PREPARING THE PATIENT AND THEIR FAMILY FOR THE TRANSITION FROM FORMAL REHABILITATION SERVICES TO HOME OR ANOTHER CARE SETTING. THIS INCLUDES PROVIDING EDUCATION ON HOME EXERCISE PROGRAMS, NECESSARY EQUIPMENT, AND COMMUNITY RESOURCES TO SUPPORT ONGOING RECOVERY AND PREVENT RE-INJURY.

QUALITY OF LIFE

ULTIMATELY, THE SUCCESS OF REHABILITATION IS OFTEN MEASURED BY IMPROVEMENTS IN THE PATIENT'S QUALITY OF LIFE. THIS ENCOMPASSES THEIR PHYSICAL WELL-BEING, PSYCHOLOGICAL STATE, SOCIAL ENGAGEMENT, AND OVERALL SENSE OF SATISFACTION WITH THEIR LIFE CIRCUMSTANCES. REHABILITATION AIMS TO EMPOWER INDIVIDUALS TO LIVE FULFILLING LIVES DESPITE ANY RESIDUAL FUNCTIONAL LIMITATIONS.

SPECIALIZED AREAS OF CLINICAL REHABILITATION

CLINICAL REHABILITATION IS A VAST FIELD, WITH MANY SPECIALIZED AREAS FOCUSING ON SPECIFIC PATIENT POPULATIONS OR CONDITIONS. THESE SUB-DISCIPLINES LEVERAGE TAILORED KNOWLEDGE AND TECHNIQUES TO ADDRESS UNIQUE CHALLENGES AND OPTIMIZE RECOVERY FOR DIVERSE NEEDS.

NEUROLOGICAL REHABILITATION

NEUROLOGICAL REHABILITATION FOCUSES ON INDIVIDUALS WITH CONDITIONS AFFECTING THE BRAIN, SPINAL CORD, OR PERIPHERAL NERVES. THIS INCLUDES STROKE, TRAUMATIC BRAIN INJURY, SPINAL CORD INJURY, PARKINSON'S DISEASE, AND MULTIPLE SCLEROSIS. INTERVENTIONS OFTEN EMPHASIZE MOTOR CONTROL, BALANCE, COGNITIVE FUNCTION, AND ADAPTIVE STRATEGIES.

CARDIOPULMONARY REHABILITATION

CARDIOPULMONARY REHABILITATION IS DESIGNED FOR INDIVIDUALS WITH HEART AND LUNG CONDITIONS, SUCH AS HEART ATTACK, HEART FAILURE, OR CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD). IT INVOLVES SUPERVISED EXERCISE PROGRAMS, EDUCATION ON RISK FACTOR MODIFICATION, AND STRATEGIES FOR MANAGING SYMPTOMS AND IMPROVING EXERCISE TOLERANCE.

ORTHOPEDIC REHABILITATION

ORTHOPEDIC REHABILITATION ADDRESSES INJURIES AND CONDITIONS AFFECTING BONES, JOINTS, MUSCLES, LIGAMENTS, AND TENDONS. THIS INCLUDES POST-SURGICAL RECOVERY (E.G., JOINT REPLACEMENTS, ACL REPAIRS), FRACTURES, SPRAINS, AND STRAINS. THE FOCUS IS ON RESTORING STRENGTH, FLEXIBILITY, AND FULL FUNCTIONAL USE OF THE AFFECTED BODY PART.

PEDIATRIC REHABILITATION

PEDIATRIC REHABILITATION CATERS TO INFANTS, CHILDREN, AND ADOLESCENTS WITH CONGENITAL CONDITIONS, DEVELOPMENTAL DELAYS, OR ACQUIRED DISABILITIES. THIS CAN INVOLVE CONDITIONS LIKE CEREBRAL PALSY, AUTISM SPECTRUM DISORDER, OR INJURIES. THERAPY IS TAILORED TO THE CHILD'S DEVELOPMENTAL STAGE AND INVOLVES PLAY-BASED ACTIVITIES TO PROMOTE MOTOR, COGNITIVE, AND SOCIAL SKILLS.

GERIATRIC REHABILITATION

GERIATRIC REHABILITATION FOCUSES ON THE UNIQUE NEEDS OF OLDER ADULTS. IT ADDRESSES AGE-RELATED CHANGES, CHRONIC

CONDITIONS, AND THE RECOVERY FROM ACUTE ILLNESSES OR SURGERIES. THE EMPHASIS IS ON MAINTAINING INDEPENDENCE, PREVENTING FALLS, MANAGING MULTIPLE HEALTH ISSUES, AND ENHANCING OVERALL WELL-BEING IN LATER LIFE.

SPORTS REHABILITATION

SPORTS REHABILITATION IS SPECIFICALLY DESIGNED FOR ATHLETES OF ALL LEVELS, AIMING TO SAFELY RETURN THEM TO THEIR SPORT AFTER INJURY. IT INVOLVES A PROGRESSIVE PROGRAM OF EXERCISES TO RESTORE STRENGTH, POWER, AGILITY, AND SPORT-SPECIFIC SKILLS, WHILE ALSO FOCUSING ON INJURY PREVENTION STRATEGIES.

FREQUENTLY ASKED QUESTIONS ABOUT CLINICAL REHABILITATION TERMS

Q: WHAT IS THE DIFFERENCE BETWEEN PHYSICAL THERAPY AND OCCUPATIONAL THERAPY?

A: PHYSICAL THERAPY (PT) PRIMARILY FOCUSES ON RESTORING GROSS MOTOR SKILLS, STRENGTH, FLEXIBILITY, AND MOBILITY. OCCUPATIONAL THERAPY (OT) FOCUSES ON HELPING INDIVIDUALS REGAIN INDEPENDENCE IN DAILY LIFE ACTIVITIES, INCLUDING SELF-CARE, WORK, AND LEISURE, OFTEN BY ADAPTING TASKS OR ENVIRONMENTS OR TEACHING COMPENSATORY STRATEGIES.

Q: WHAT DOES "FUNCTIONAL MOBILITY" MEAN IN A REHABILITATION SETTING?

A: FUNCTIONAL MOBILITY REFERS TO A PERSON'S ABILITY TO MOVE AROUND SAFELY AND EFFICIENTLY IN THEIR ENVIRONMENT. THIS INCLUDES WALKING, TRANSFERRING FROM A BED TO A CHAIR, CLIMBING STAIRS, AND NAVIGATING UNEVEN SURFACES. IT IS A KEY AREA OF FOCUS IN MOST REHABILITATION PROGRAMS.

Q: WHAT IS MEANT BY "ASSISTIVE DEVICE" IN REHABILITATION?

A: AN ASSISTIVE DEVICE IS ANY TOOL OR PIECE OF EQUIPMENT THAT HELPS AN INDIVIDUAL PERFORM A TASK OR IMPROVE THEIR FUNCTIONAL MOBILITY. EXAMPLES INCLUDE CANES, WALKERS, WHEELCHAIRS, BRACES, ADAPTIVE UTENSILS, AND SPECIALIZED COMPUTER HARDWARE.

Q: HOW ARE PAIN LEVELS TYPICALLY MEASURED DURING REHABILITATION?

A: PAIN IS USUALLY MEASURED USING SELF-REPORT SCALES, SUCH AS THE NUMERICAL RATING SCALE (NRS) WHERE PATIENTS RATE THEIR PAIN FROM 0 (NO PAIN) TO 10 (WORST POSSIBLE PAIN), OR THE VISUAL ANALOG SCALE (VAS), WHICH IS A LINE ON WHICH PATIENTS MARK THEIR PAIN INTENSITY.

Q: WHAT IS THE ROLE OF A REHABILITATION TEAM?

A: A REHABILITATION TEAM IS A MULTIDISCIPLINARY GROUP OF HEALTHCARE PROFESSIONALS WHO WORK COLLABORATIVELY TO HELP A PATIENT ACHIEVE THEIR RECOVERY GOALS. THIS TEAM CAN INCLUDE PHYSICIANS, PHYSICAL THERAPISTS, OCCUPATIONAL THERAPISTS, SPEECH-LANGUAGE PATHOLOGISTS, NURSES, SOCIAL WORKERS, AND PSYCHOLOGISTS, AMONG OTHERS.

Q: WHAT ARE "ACTIVITIES OF DAILY LIVING" (ADLs)?

A: ACTIVITIES OF DAILY LIVING (ADLs) ARE BASIC SELF-CARE TASKS ESSENTIAL FOR INDEPENDENT LIVING. THESE TYPICALLY INCLUDE EATING, BATHING, DRESSING, GROOMING, TOILETING, AND TRANSFERRING (E.G., MOVING FROM BED TO CHAIR).

Q: WHAT ARE "INSTRUMENTAL ACTIVITIES OF DAILY LIVING" (IADLs)?

A: INSTRUMENTAL ACTIVITIES OF DAILY LIVING (IADLs) ARE MORE COMPLEX TASKS REQUIRED FOR INDEPENDENT COMMUNITY LIVING. THESE INCLUDE MANAGING FINANCES, PREPARING MEALS, DOING LAUNDRY, USING THE TELEPHONE, GROCERY SHOPPING, MANAGING MEDICATIONS, AND TRANSPORTATION.

Q: WHAT IS "PROPRIOCEPTION" AND WHY IS IT IMPORTANT IN REHABILITATION?

A: PROPRIOCEPTION IS THE SENSE OF THE RELATIVE POSITION OF ONE'S OWN PARTS OF THE BODY AND STRENGTH OF EFFORT BEING EMPLOYED IN MOVEMENT. IT IS CRUCIAL FOR BALANCE, COORDINATION, AND SMOOTH, CONTROLLED MOVEMENTS. REHABILITATION OFTEN INCLUDES EXERCISES TO RETRAIN AND IMPROVE PROPRIOCEPTION, ESPECIALLY AFTER INJURIES AFFECTING JOINTS OR THE NERVOUS SYSTEM.

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