

# Weaning off a community-based Rehabilitation Program from the School System

Lohindren V. Adorable

adorablelohindren@yahoo.com

Dean, School of Health & Allied Health Sciences, Chairman, Dept Of Rehabilitation Medicine Southwest

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## ABSTRACT

In the turn of the 21st century, governments were mandated by the WHO to create community-based rehabilitation programs (CBRP) in support of the Millennium Development Goals and the Biwako Millenium Framework for Action with the goal of strengthening community-based approaches to the prevention of disability, rehabilitation and empowerment of persons with disabilities. WHO CBR guidelines recommended any of the five components in the matrix as entry point. In heeding to this mandate, the health offices of Cebu province identified the municipality of Argao as the venue for CBRP and agreed to start with the health component. It tapped Southwestern University (SWU) to spearhead the medical rehabilitation. Argao has 45 barangays, an area of 20,753 hectares and population of 62,943. SWU offers physical therapy program which is required to establish a CBRP where students and faculty participate. The CBRP started with 6 barangays in 2001 and covered all in 2010. The primary goal was the transfer of basic skills in assessment and intervention of impairments, activity limitations and participation restrictions in patients with common neurological, orthopedic and cardiopulmonary conditions from physical and occupational therapy (PT/OT) staff and students to barangay health workers-turned CBR workers (CBRW). The daily activities include the immersion of PT/OTs in the patients' households, assessment, and treatment and return demonstration to the CBRWs and family members, documentation, monitoring and networking with other services. Endorsements and community education are done weekly, medical consultation monthly, and retooling and socializations annually. Transdisciplinary approach has been employed. The program initially served an average of 107 to 250 monthly in the recent years with 85% discharged back to their premorbid functions and the remaining either died or became partially dependent. The PT/OT to CBRW to patient average monthly ratio started at 5:6:20 and rose to 12:18:250. The participation of SWU PT/OTs was shortened to 5 months after the pandemic and change in academic curriculum. The municipal government hired two PTs and one OT to operate the CBRP. With the decrease in the PT/OT in seven months each year post pandemic, the number of patients served and the functional discharge level have significantly remained unchanged. This shows that the Argao CBRP can become self-reliant in the health component and ready to be weaned off from the school system. They can start already venturing full scale in other components.