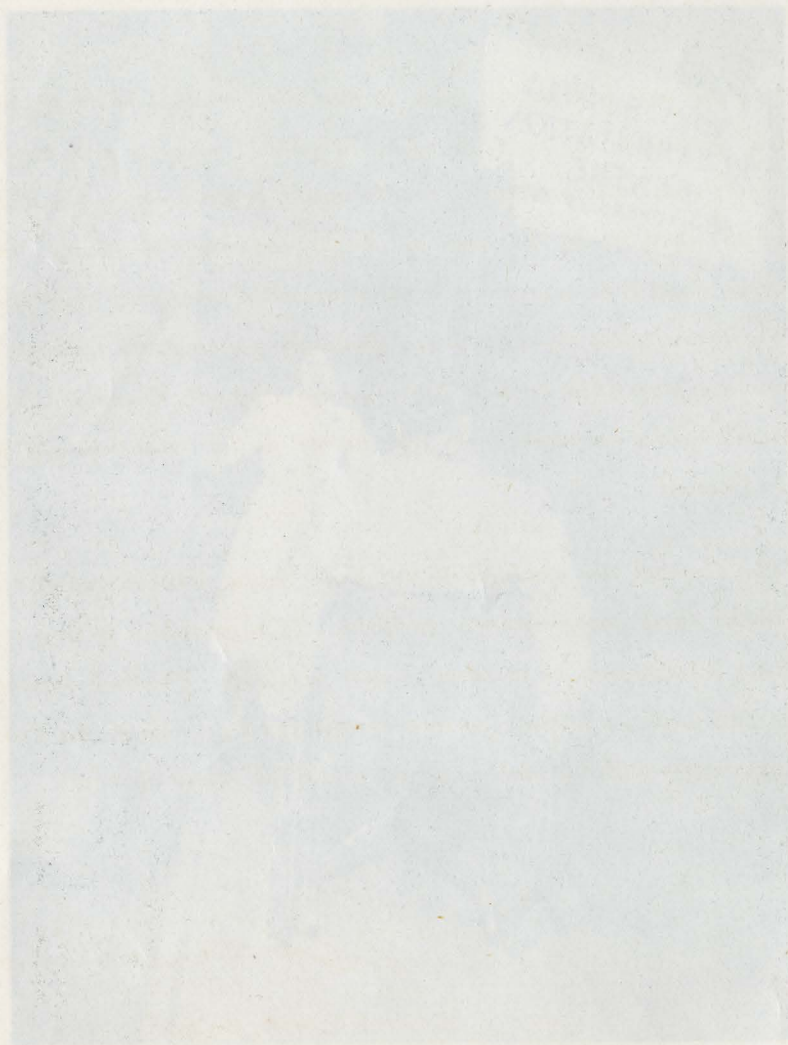


THE NOVA SCOTIA REHABILITATION CENTRE



98A University Avenue
HALIFAX, NOVA SCOTIA

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REHABILITATION CENTRE

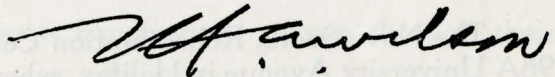


384 University Avenue
HALIFAX, NOVA SCOTIA

FOREWORD

For the past five or six years it has been obvious to many of the medical profession, to large numbers of private citizens and organized lay groups, that a comprehensive rehabilitation centre to serve the disabled or handicapped in the Province of Nova Scotia was necessary. In the last three years representatives of these specially interested organizations and medical-surgical representatives gradually got together to form basic co-operative aims. The union of these groups gradually developed into the organization of a corporate body now known as the Nova Scotia Rehabilitation Council.

The Council has established the Nova Scotia Rehabilitation Centre to provide these comprehensive facilities. This pamphlet is sent to you for your information as to what is now available. We look forward to expanding facilities in time, so that handicapped persons in the Province of Nova Scotia will not have to go far afield for rehabilitation.



M. A. WILSON, President

Nova Scotia Rehabilitation Council.

What . . .

is the Nova Scotia Rehabilitation Centre ?



**FRONT ROW (left to right)—Miss A. Parker, Miss G. Isaacs, Miss C. Weld,
Mr. L. Henwood.**

**BACK ROW (left to right)—A. C. Sparks, Miss M. Rudd, Miss M. Hill,
Dr. A. H. Shears.**

The Nova Scotia Rehabilitation Centre is a clinic located at 98A University Avenue in Halifax, where disabled and/or handicapped persons may receive complete rehabilitation services. The main gymnasia are used for children's and adult's physiotherapy treatment sections respectively, while the solaria are used for occupational therapy for children and adults.

Who . . .

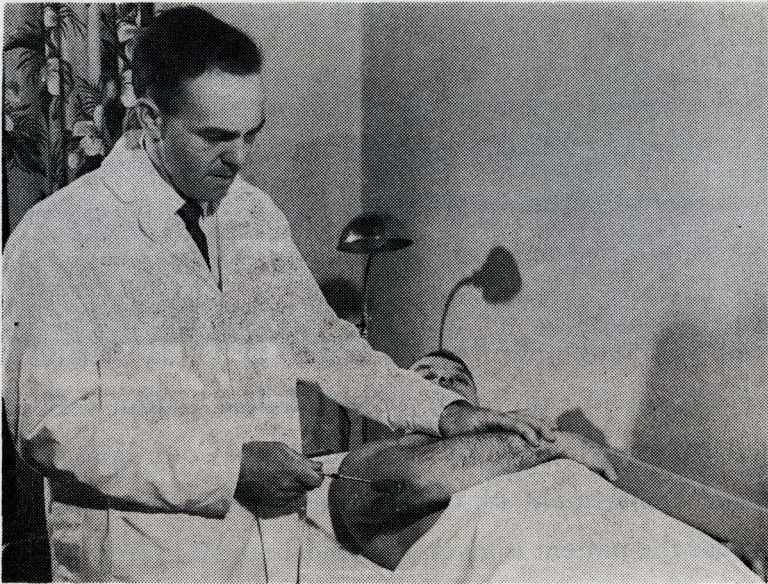
may receive Rehabilitation Services at the Centre ?

Any disabled or handicapped person living in the Province of Nova Scotia may receive the benefit of the rehabilitation services on referral. Patients from other Provinces, particularly the Atlantic Provinces, are also accepted on referral as space and facilities permit. Basically the patients must be referred by a physician who may refer the patient directly to the Rehabilitation Centre. A patient can, however, seek rehabilitation services on his own by applying to the Rehabilitation Co-ordinator of the Provincial Department of Health for rehabilitation services. In such a case the patient is given a medical referral form to be filled out by his physician, so that this also is a referral by a physician. Other agencies may refer a handicapped person through their family physician or clinic to the Centre.

How . . .

**does the Centre carry out the Re-
habilitation process ?**

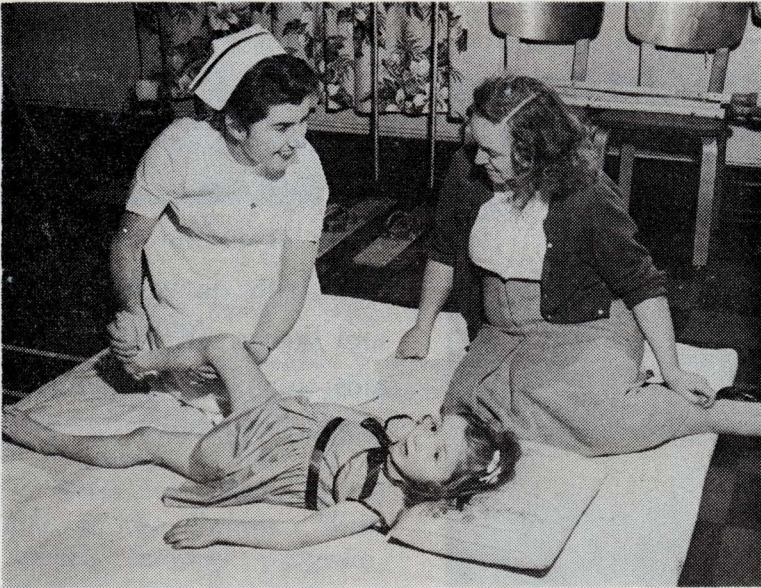
1. Medical Assessment and Evaluation of Handicap, including Psychological Assessment where indicated.



Basically this medical assessment is to evaluate a patient's physical and mental assets and to make a plan for their maximum development. That is, to establish a goal for the patient, and to indicate a possible vocational goal.

2. Physical and Emotional Restoration of Function to the Maximum attainable by—

(a) Physio Therapy

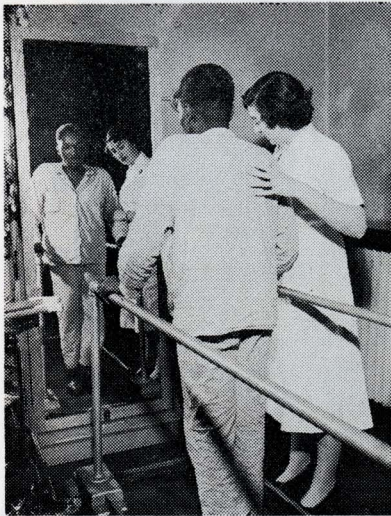


Individual physio therapy treatment and instruction of family may be indicated.



Individual or class remedial gymnastics, to a degree indicated by the total condition of the patient is supervised by the therapist.

Training in self care and activities leading to future independence of daily living, and treatments given by electrotherapy and hydrotherapy may enter into the physio therapy treatment program.



Physio therapy provides training in locomotion, either ambulatory with or without crutches and braces, or with mechanical aids such as wheel chairs, walkers, etc.

(b) Occupational therapy



Occupational therapy at the Centre will be as functional and practical as possible. The goals set for the patient's accomplishment with this means of treatment indicate a choice of various activities, often used progressively to increase skill or endurance. Training of the handicapped housewife in use of kitchen equipment, for example, will be available.



Such practical activities will give us, as closely as possible, a prevocational analysis of the patient in order to determine his ability to do a particular job for a full day or part of a day.

(c) Speech therapy

Speech therapy for those where speech impairment is the whole handicap or part of a more extensive disability, is available at the Centre. With the speech therapy program, "Carry-over" into the home and daily situation is important. Parents or relatives, therefore, receive instructions in how to carry over the basic principles.



3. Vocational Assessment and Guidance

When the goal has been set for the patient and he is on the way to achieving (or has achieved) maximum recovery, physically and emotionally relative to his handicap, a vocational assessment will be done. This, preceded by psychometric and aptitude testing where necessary, will be carried out to assist the patient in determining the extent of his vocational possibilities with his reduced handicap.

Vocational guidance, whether it be in the selection of special placement directly, or arrangement for vocational retraining for the patient, is instituted. When the patient has been placed either in active competitive employment or has begun vocational retraining, a close follow-up and contact will be maintained with the patient, the employer and/or the institution at which he is receiving his vocational training. This follow-up will continue for at least one year until it has been determined that the



person is satisfactorily employed and that the employer is satisfied with his services for the particular job.

4. Placement and Follow-up

Special placement officers and local rehabilitation officers will round out the rehabilitation team. The National Employment Service special placement section will assist in placement and continue follow up.

5. Social Service

Social service will provide contact with the patient's home environment and social support for the patient while he receives treatment and/or training. A social worker will assist in working out economic and social problems which may be handicapping the patient's total rehabilitation.

6. The Family Physician

The referring physician, who subsequently follows the patient for a long time, in most cases, will receive a comprehensive report from the Centre covering the patient's goal, his accomplishments at time of writing and what may be expected of him in the future.

STAFF

A. H. Sheare, M.D., C.M.

MEDICAL DIRECTOR

A. C. Spinks, B.A.

ADMINISTRATOR

Miss C. Weld, C.P.A.

PHYSIOTHERAPIST

Miss M. Hill, M.G.S.P.

OCCUPATIONAL THERAPIST

Miss A. Parker, O.T.R.

Miss M. Rudd, L.C.S.T.

SPEECH THERAPIST

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MEDICAL DIRECTOR..... A. H. Shears, M.D., C.M.
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