

The Importance of Multidisciplinary Team Care (MTC) Including Rehabilitation

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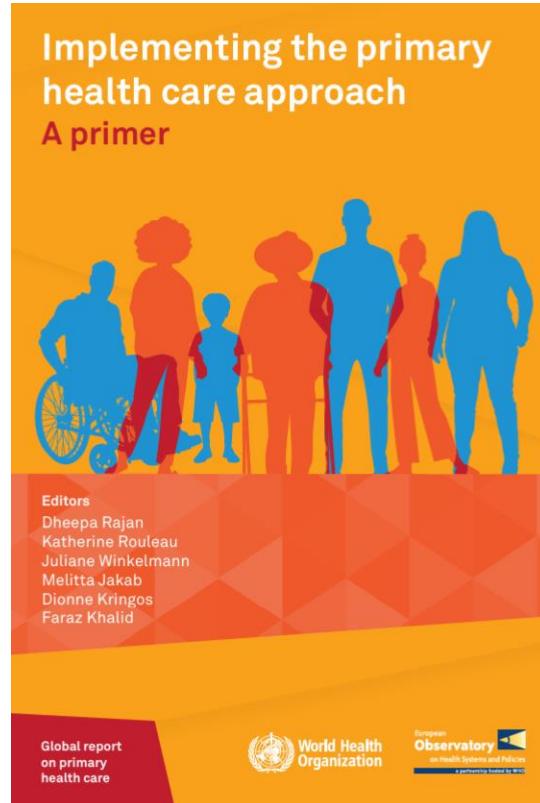


What is Multidisciplinary Team Care?

- Multidisciplinary team care (MTC) is a collaborative model where professionals from different healthcare fields work together to provide optimal patient-centered care.
多職種連携とは、異なる医療専門職が協力して、患者中心の最適なケアを提供する協働モデル
- The goal is to combine diverse expertise to meet the complex medical and social needs of patients.
目的は、多様な専門性を組み合わせて、患者の複雑な医療的・社会的ニーズに対応すること
- Each team member contributes from their area of expertise and shares responsibility for assessment, planning, and intervention.
それぞれの職種が専門性を活かして、アセスメント、計画、介入に共同で責任を持ちます
- Regular team meetings and open communication are essential to ensure coordinated and high-quality care.
継続的なチームミーティングと開かれたコミュニケーションは、連携のとれた質の高いケアを実現する鍵です。



Team-Based Care Recommendations in International Guidelines 国際診療ガイドラインにおける多職種連携の推奨



- The WHO emphasizes in primary healthcare and elder care contexts that collaboration among multidisciplinary teams is essential for providing continuous, comprehensive care and improving patient outcomes

世界保健機関はプライマリ・ヘルスケアや高齢者ケアの文脈で、多職種チームによる協働が継続性・包括性のあるケア提供や患者転帰の改善に不可欠であると強調している

- For example, integrated community care models recommend teams comprising diverse professionals (doctors, nurses, midwives, pharmacists, nutritionists, physiotherapists, public health experts, etc.) sharing responsibility for care

例えば地域包括ケアでは、医師、看護師、助産師、薬剤師、栄養士、理学療法士、公衆衛生専門家など多様な職種がチームとして責任を分担し合う体制が推奨されている

Does Multidisciplinary Team Management Improve Clinical Outcomes in NSCLC? A Systematic Review With Meta-Analysis.

多職種チーム管理は非小細胞肺癌の臨床転帰を改善するか？メタ解析を伴う系統的レビュー

de Castro G Jr et al; Grupo Brasileiro de Oncologia Torácica (GBOT). JTO Clin Res Rep. 2023 Sep 22;4(12):100580.

A total of 22 studies were included in the systematic review.

<Team Member>

- Specialists Physicians (surgeons, radiologists, pulmonologists, pathologists, radiation oncologists)
- Other diverse specialists in MDTs include nurse navigators, dietitians, molecular biologists, psychologists, and palliative care specialists

医師（外科医、放射線科医、呼吸器内科医、病理医、放射線腫瘍医）

その他の多様な専門家 MDTには、ナースナビゲーター、栄養士、分子生物学者、心理学者、緩和ケア専門家

<Content of MDTs>

- Hold conferences at least once every two weeks
- Develop optimal management strategies for individual patients
- Formulate treatment plans based on pathological diagnoses and reports

毎週、少なくとも2週間に1回カンファレンスを開催

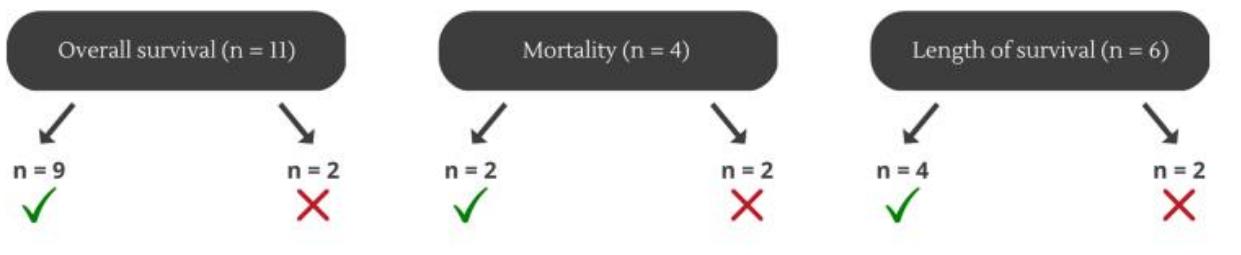
個々の患者に対する最適な管理戦略を策定

病理学的診断とレポートに基づいて治療計画の策定

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✓ Number of studies that showed benefit in the MDT group
✗ Number of studies that showed no benefit in the MDT group

Effect of MDTs

- better overall survival, shorter treatment time compared with patients in the non-MDT
- higher proportion of complete staging

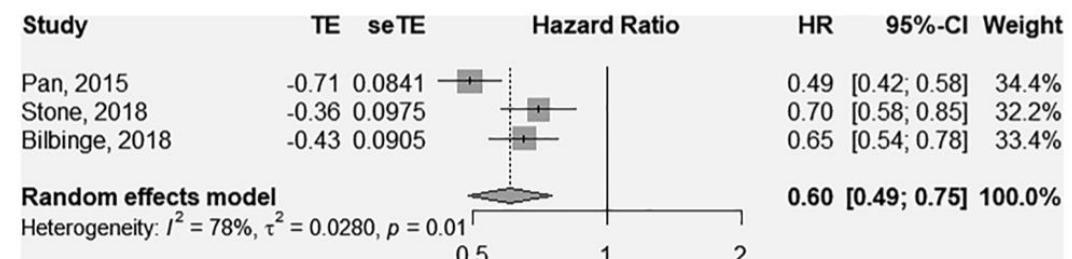


Figure 3. Forest plot of impact of MDT on overall survival. CI, confidence interval; HR, hazard ratio; MDT, multidisciplinary team; seTE, standard error of treatment estimate; TE, estimate of treatment effect.

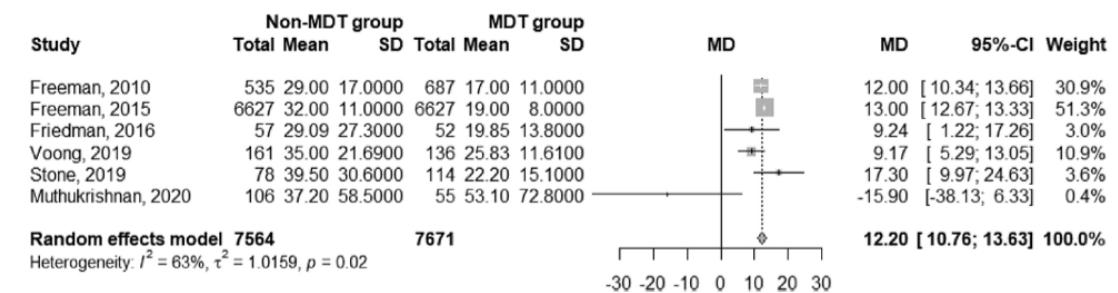


Figure 4. Forest plot of pooled mean difference of time from diagnosis to first treatment in non-MDT group compared with MDT group. CI, confidence interval; MD, mean difference; MDT, multidisciplinary team.

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- **Improved staging accuracy:** Involvement in MDT contributes to higher rates of complete staging by pooling expertise from multiple diagnostic tests (bronchoscopy, esophageal ultrasound, mediastinoscopy, etc.

病期分類の精度向上：MDTへの関与は、複数の診断テスト（気管支鏡検査、食道超音波検査、縦隔鏡検査など）の専門知識を結集させることで、完全な病期分類（complete staging）の割合を高める

- **Improving Quality of Care:** MDT enhances case management effectiveness, improves care coordination, and reduces variability in care. Specifically, the nurse navigator role functions as a care coordinator throughout the diagnostic and treatment process, ensuring continuity of care quality and more predictable patient outcomes. ケアの質の向上：MDTは、ケース管理の有効性の向上、ケアの調整の改善、およびケアにおけるばらつきの減少をもたらします。特に、ナースナビゲーターの役割は、診断および治療プロセスを通じてケアコーディネーターとして機能し、ケアの継続性の質を保証することで、より予測可能な患者の経過を保証します。

- **Guideline Adherence:** MDT management improves adherence rates to treatment guidelines such as the NCCN guidelines. ガイドライン遵守：MDT管理は、NCCNガイドラインなど治療ガイドラインへの遵守率の向

Impact of multidisciplinary chronic disease collaboration management on self-management of hypertension patients: A cohort study.

多職種による慢性疾患連携管理が高血圧患者の自己管理に及ぼす影響：コホート研究

Huang J, et al. Medicine (Baltimore). 2022 Jul 15;101(28):e29797.

<Team member>

- Hypertension Specialist, Nursing Administrator, Clinical Nurse, Certified Diabetes Nurse Specialist, Clinical Pharmacist, Public Health Nutritionist, Psychological Counselor

高血圧専門医、看護管理者、臨床看護師、糖尿病専門看護師、臨床薬剤師、公衆栄養士、心理カウンセラー

<Content of MDTs>

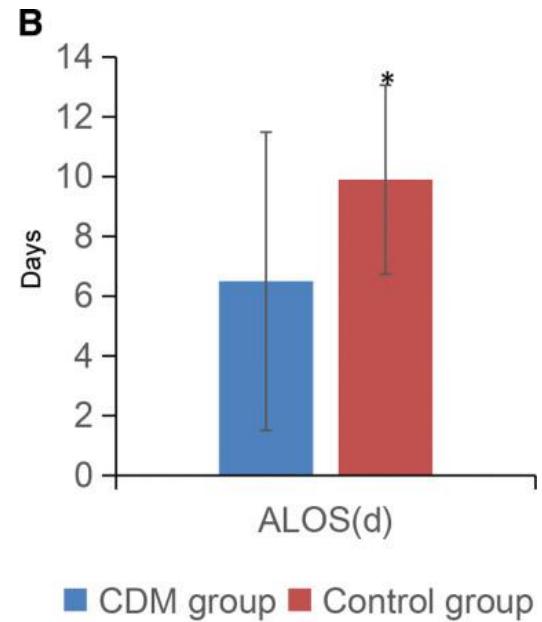
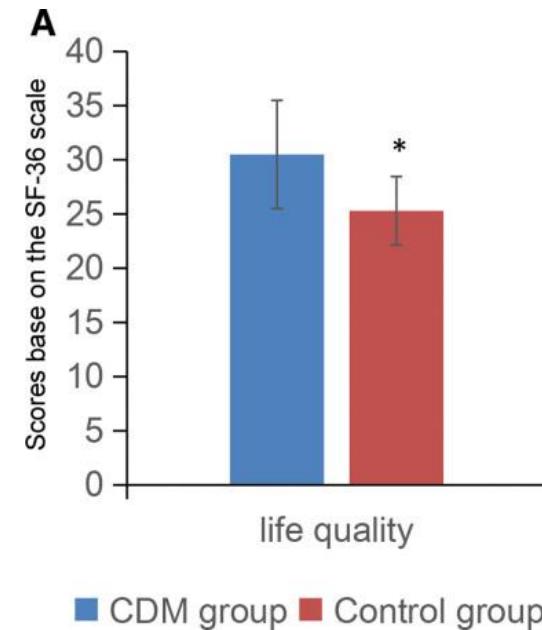
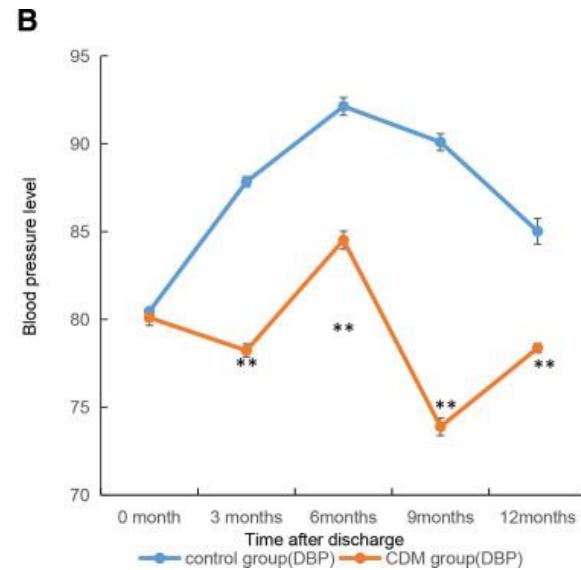
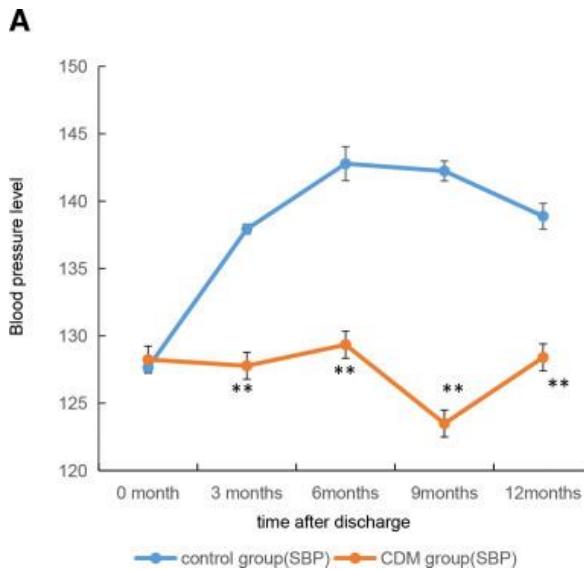
- Each team member assumed distinct roles in the intervention process, with clear division of labor, collaboration, and assignment of responsibilities.
- In addition to routine nursing care, participants received verbal and written medical advice regarding adherence to regular medication schedules, follow-up appointment times, and lifestyle interventions (such as dietary recommendations, exercise guidance, weight loss, and smoking cessation).

各チームメンバーは介入作業において異なる役割を担い、明確な分業と協力、責任の割り当てが行われました

通常の看護ケアに加え、定期的服薬の遵守、再診の時間、およびライフスタイル介入（食事の提案、運動指導、減量、禁煙など）に関する
口頭および書面による医学的アドバイスを受けました

Impact of multidisciplinary chronic disease collaboration management on self-management of hypertension patients: A cohort study.

多職種による慢性疾患連携管理が高血圧患者の自己管理に及ぼす影響：コホート研究
Huang J, et al. Medicine (Baltimore). 2022 Jul 15;101(28):e29797.



- Compared to usual care, the multidisciplinary CDM group had lower unplanned readmissions, fewer complications, and shorter hospital stays, highlighting the importance of team-based care in improving outcomes for hypertensive patients

非介入群に比べ、CDM介入群では予期せぬ再入院率や合併症発生率、平均入院期間が低減しており、多職種連携モデルが高血圧患者の転帰改善に寄与することが示された

What benefits can be gained by including rehabilitation professionals in multidisciplinary collaboration?



Multidisciplinary team care in rehabilitation: an overview of reviews

Momse AM, Rasmussen JO, Nielsen CV, Iversen MD, Lund H.. J Rehabil Med. 2012 Nov;44(11):901-12.

Improved functional outcomes was found in 10 of 12 patient populations studied (including stroke, acquired brain injury, chronic pain, elderly hip fracture patients, etc.)

リハビリ医療における多職種チームの効果に関するレビューによれば、対象とした12分野中10分野（脳卒中、脳外傷、慢性疼痛、骨折後高齢者など）で多職種リハ介入後の機能改善エビデンスが認められた

Multidisciplinary rehabilitation team care effectively improves patient functioning, underlining the importance of including rehabilitation professionals (physiotherapists, occupational therapists, etc.) in the care team

多職種リハビリチームによる介入は患者のADL・機能回復を効果的に促進し、理学療法士や作業療法士などリハビリ職種を含むチームアプローチの重要性が強調されている

Table III. Summation of the reviews' results on multidisciplinary rehabilitation team care, graded after level of evidence

Outcomes, ICF-levels	Results, review(s), level of evidence
	A: based on meta-analysis, RCTs; B: based on RCTs, OCTs and observational studies
Body functioning	More effect on functional status (18) A, (14) B Faster recovery of functional status (18) A Less reduction of function and health (14) B Better mental status (14) B Less psychiatric symptoms (32) A Increased well being and satisfaction with life (14) A, (23) B
Activity	Increased level of ADL and performance of ADL (14) B Less falling and fear of falling (14) B
Participation	Less dependence on help from others (23) A, (21) B More self-efficacy (21) A, (14) B Increased social participation (1) B Faster return to work (24) A Less sickness absence (25) A
Other outcomes	Better survival (21) A, (14) B Fewer admissions to hospitals (32) A Shorter stay in hospital (18) A, (14) B Fewer post-operative complications (18) A Later readmission to hospitals or moving to residential homes (14) B

ICF: International Classification of Functioning, Disability and Health;
RCT: randomized controlled trials(s); ADL: activities of daily living;
OCT(s): observational controlled trial(s).

身体機能 (Body functioning)

- ・機能状態へのより大きな効果
- ・機能状態のより早い回復
- ・機能および健康の低下が少ない
- ・精神状態の改善
- ・精神症状の軽減
- ・ウェルビーイングおよび生活満足度の向上

活動 (Activity)

- ・ADL 水準および ADL パフォーマンスの向上
- ・転倒および転倒への恐怖の減少

参加 (Participation)

- ・他者からの援助への依存の減少
- ・自己効力感の向上
- ・社会参加の増加
- ・職場復帰の早期化
- ・病欠の減少

その他のアウトカム (Other outcomes)

- ・生存率の改善
- ・病院入院の減少
- ・入院期間の短縮
- ・術後合併症の減少
- ・病院再入院または介護施設への移行の遅延

Intradialytic resistance exercise for hemodialysis patients in JAPAN



Intradialytic aerobic exercise for hemodialysis patients in JAPAN



The Role of Physical Therapists in Exercise During Dialysis

Parker M, Bennett PN, et al. Reasons for Nonparticipation in a Sustained Hemodialysis Intradialytic Exercise Program. J Ren Nutr. 2021

- Exercise Implementation Rate Surveyed at Two Hemodialysis Centers Over Four Weeks

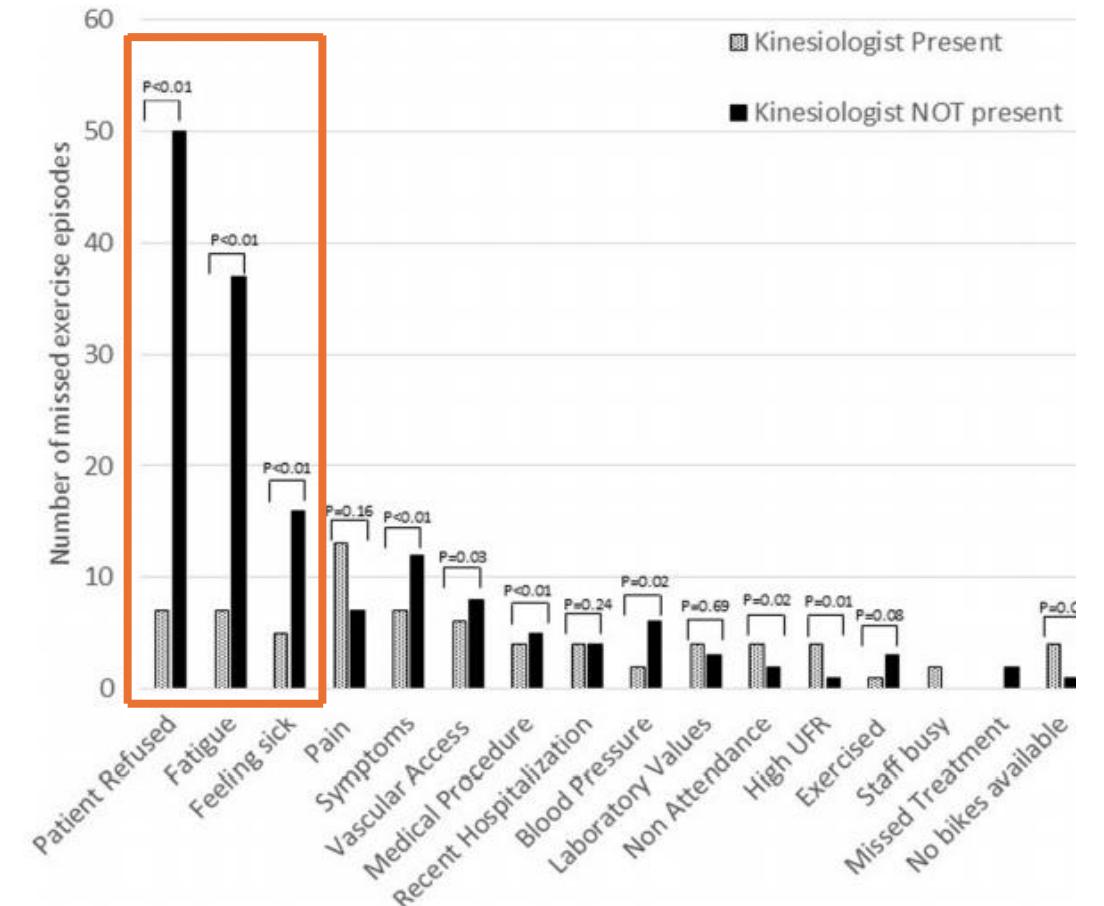
対象施設：2つの血液透析センター

解析期間：4週間

運動実施率を調査

- Exercise Implementation Rate
Facilities with Exercise Specialists: 72%
Facilities without Exercise Specialists: 51%

The presence of an exercise specialist more than doubled the likelihood of exercise participation.
運動の専門家の同席は、運動参加の可能性が2倍以上高かった



Intervention by exercise specialists (physical therapists) can lead to optimal exercise prescriptions and sustained motivation, potentially improving exercise adherence rates.

運動の専門家（理学療法士）の介入は、最適な運動処方やモチベーションの維持に繋がり、運動継続率向上する可能性がある

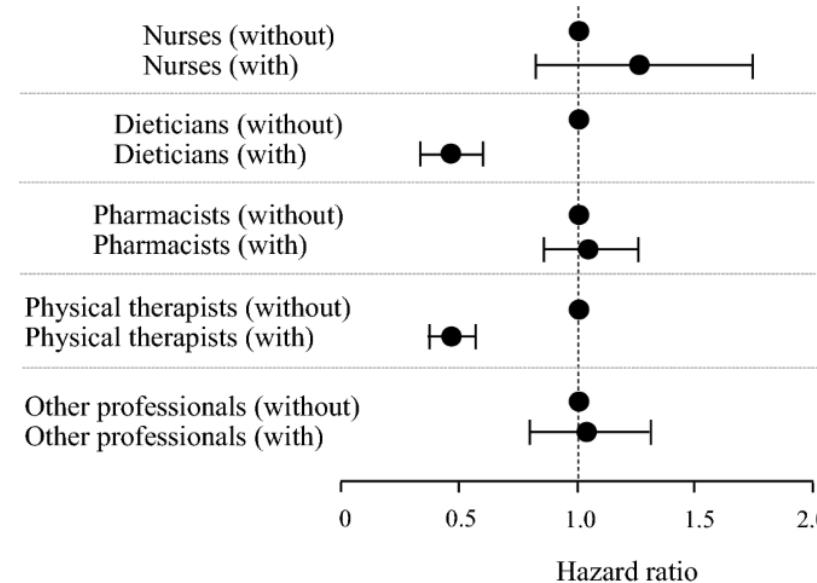
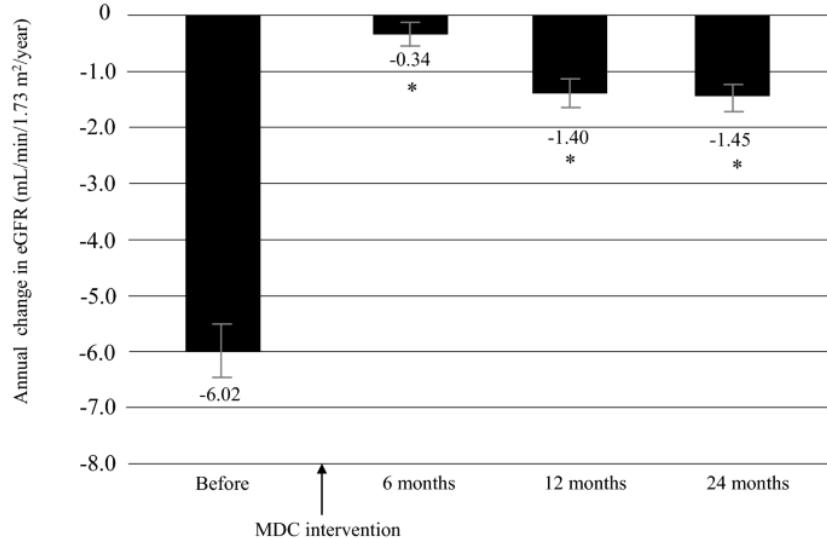
Effectiveness of Multidisciplinary Collaborative Care for CKD Patients: A Nationwide Multicenter Cohort Study

CKD患者に対する多職種連携医療の有効性：全国多施設コホート研究

Abe M, et al. Effectiveness and current status of multidisciplinary care for patients with chronic kidney disease in Japan: a nationwide multicenter cohort study. *Clin Exp Nephrol*. 2023 Jun;27(6):528-541.

- Design: Multicenter (24 facilities) retrospective cohort study of 12 months before MDC implementation and 24 months after implementation
- Subjects: 3,015 patients with CKD stages 3–5

多施設（24施設）後ろ向きコホート研究 MDC導入前12か月と導入後24か月を比較 対象：CKD stage 3–5 3,015例



- The change in residual kidney function (Δ eGFR) showed significant improvement at 6, 12, and 24 months after the introduction of multidisciplinary team intervention, compared to before the intervention.
- The involvement of a multidisciplinary team, including dietitians and physical therapists, contributes to preserving kidney function.

Δ eGFRは多職種連携の介入前より、導入後6、12、24か月で有意に改善 栄養士・理学療法士を含む多職種チームの関与は、腎機能保持に寄与する

Adherence to multidisciplinary care in a prospective chronic kidney disease cohort is associated with better outcomes

多職種連携ケアの遵守は良好な転機と関連している
Rios P, et al. PLoS One. 2022 Oct 14;17(10):e0266617.

- Subject patients: 14,659 cases Patients with reduced renal function (eGFR <60 mL/min/1.73 m² or proteinuria ≥150 mg/day) persisting for 3 months or longer

対象患者 14,659例 eGFR <60 mL/min/1.73 m² あるいは蛋白尿 ≥150 mg/day (糖尿病患者ではアルブミン尿 ≥30 mg/day) が3か月以上持続する患者

- Nephrocare group: at least one multidisciplinary outpatient clinic visit and subsequently received follow-up care
- Non-adherent group: only initial registration data, who did not subsequently receive multidisciplinary outpatient follow-up care

Nephrocare group : 少なくとも1回以上、多職種外来を受診し、その後もフォローアップされている群

Non-adherent group : 初回登録時のデータのみで、その後は多職種外来フォローを受けなかった群

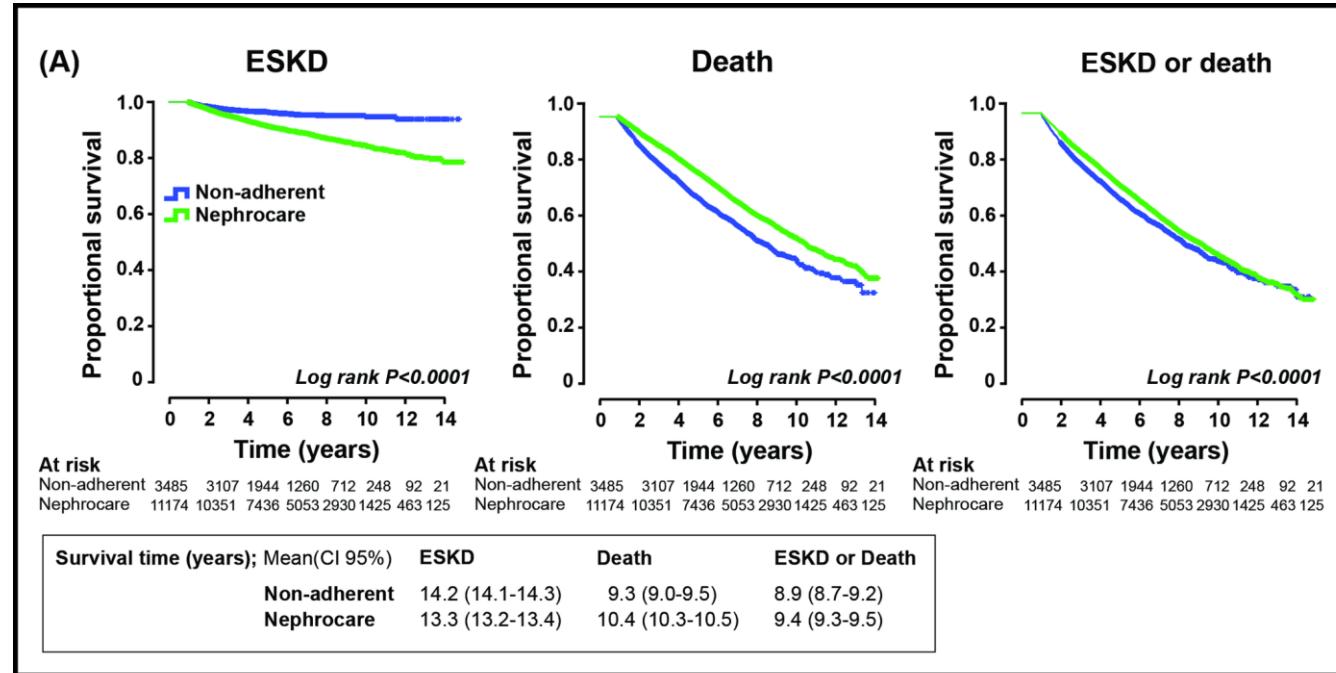
<Team Member>

- Nephrologist, Nutritionist, Nurse, Social worker, Psychologist (equivalent to a clinical psychologist

腎臓内科医 — 全ての外来診療に関与栄養士看護師ソーシャルワーカー心理士 (臨床心理士に相当)

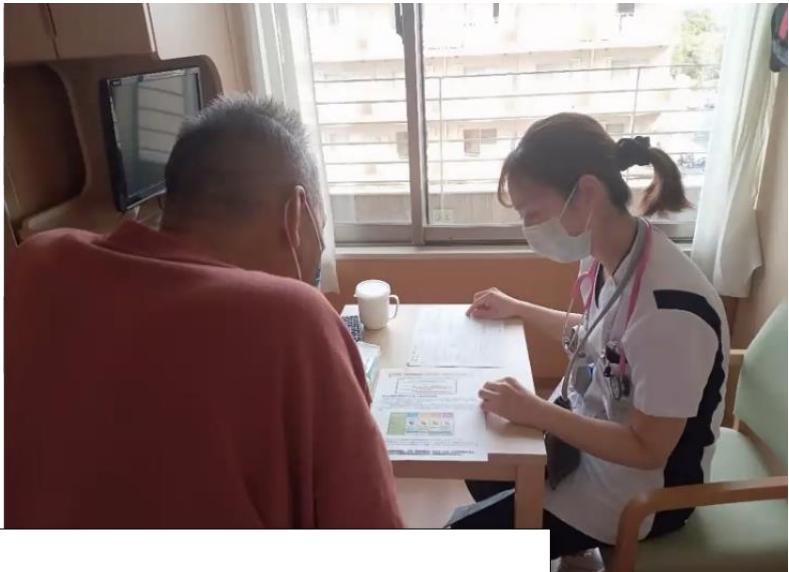
Adherence to multidisciplinary care in a prospective chronic kidney disease cohort is associated with better outcomes

多職種連携ケアの遵守は良好な転機と関連している
Rios P, et al. PLoS One. 2022 Oct 14;17(10):e0266617.



- In a national CKD cohort in Uruguay, consistent participation in a multidisciplinary renal care program (team including nephrologists, nurses, dietitians, etc.) was directly associated with improved outcomes
多職種腎ケアプログラム（腎臓専門医、看護師、栄養士等のチーム）への受診継続が予後改善に直結
- Patients adhering to the multidisciplinary CKD program had a significantly higher rate of planned dialysis initiation and a markedly lower five-year mortality
プログラムに積極的に参加した群では、腎代替療法（透析）の計画的開始率が有意に高く、5年間の死亡率が有意に低下

Collaboration with Nurses and Physiotherapist / 看護師との連携



Mr./Ms. ○○ has relatively high exercise tolerance, and mountain climbing seems to be his/her passion. On mountains with gentle slopes, the adverse effects on kidney function appear to be minimal.

○○さんの運動耐容能は比較的高く、山登りがいきがいみたいです。勾配がゆるやかな山であれば、腎機能への悪影響は少ない印象です。

PT



Nurse

Vital signs
Daily living activities at home
Self-care abilities
Psychosocial status
Acceptance of disability
バイタルサイン 自宅での日常生活の様子 自己管理能力 心理社会的状況 障害受容

Physiotherapist

Exercise habits
Physical activity
Fluid intake during exercise
運動習慣 身体活動量 運動時の飲水状況

Depression
Cognitive function
抑うつ認知機能

Social Frailty
Social Isolation
社会的フレイル 社会的孤立

Choice of Renal Replacement Therapy
腎代替療法選択

Based on the physical therapy evaluation, education is provided to the patient and family.

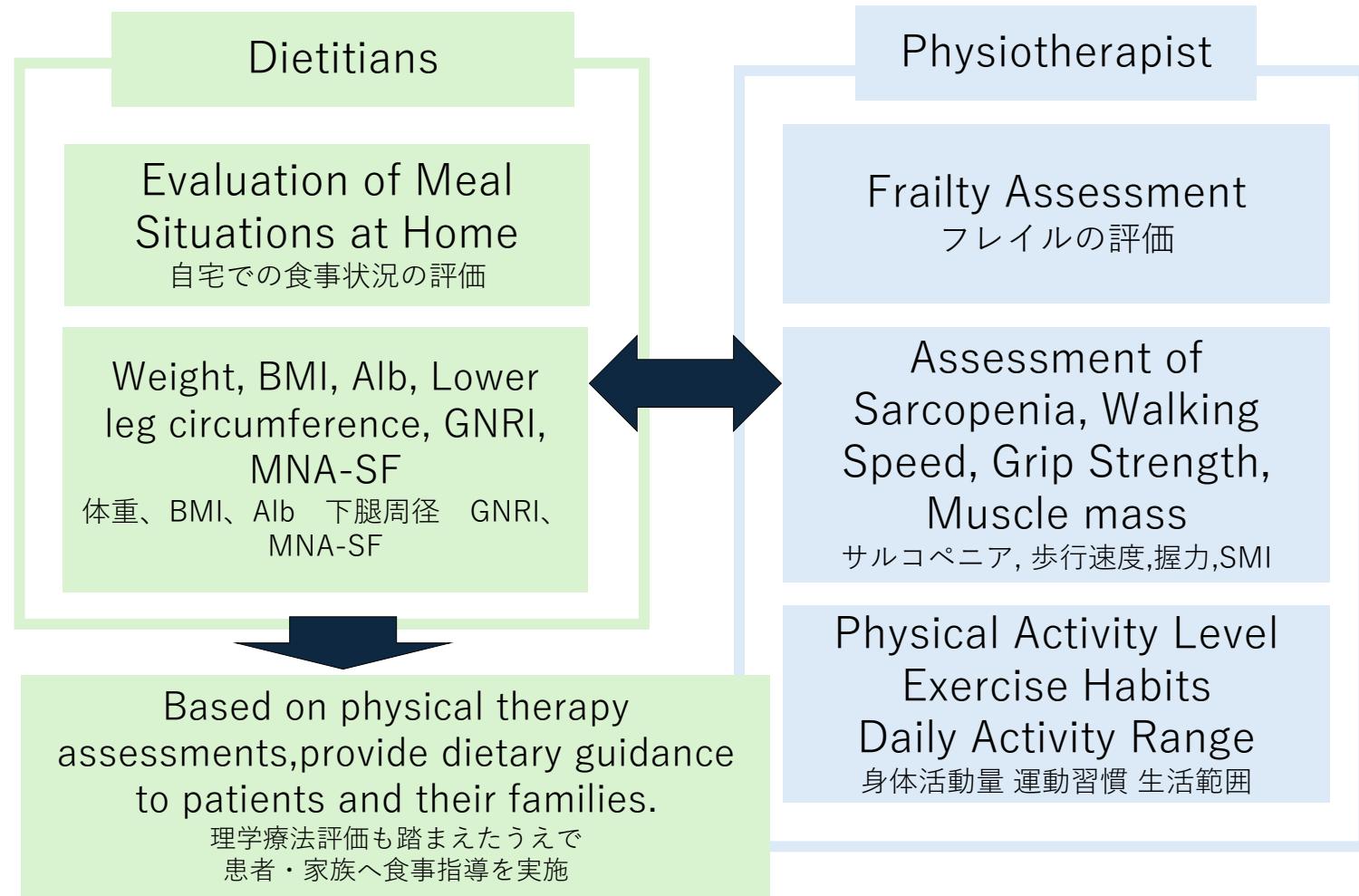
理学療法評価も踏まえたうえで 患者・家族へ教育を実施

Share with nurses the physical activity levels, cognitive function, and mental, psychological, and social status of CKD patients, as well as their concerns regarding the choice of renal replacement therapy.
CKD患者の身体活動量や認知機能、精神・心理・社会的状況、腎代替療法選択に対する訴えを看護師と共有

Collaboration with Dietitians and Physiotherapist / 栄養士との連携



Mr./Ms. ○○ has been diagnosed with sarcopenia. Even before admission, he/she had no appetite, and his/her weight appears to have decreased by over 2 kg compared to six months ago. His/her activity level at home also seems low, with outings occurring only about once a week. ○さんサルコペニアを認めました。 入院の前から食欲もなく、体重も半年前より2kg以上減っているみたいで、自宅での活動量も低い印象で週1回程度しか外出しないみたいです。



Assessing frailty, sarcopenia, and physical activity levels, while collaborating with registered dietitians to consider easing protein restrictions and reviewing dietary content is also important.

フレイルやサルコペニア、身体活動量を評価し管理栄養士と連携しながら、たんぱく制限の緩和や食事内容の検討を行っても重要

Collaboration with Pharmacist and Physiotherapist / 薬剤師との連携

Polypharmacy 多剤併用

Loop diuretics
ループ利尿薬

Statin
スタチン

Sleeping pills
Anti-anxiety medication
睡眠薬 抗不安薬



Protein catabolism
蛋白異化亢進

Fatigue
倦怠感

Appetites
食欲

Renal dysfunction
腎機能障害

Mitochondrial dysfunction
ミトコンドリア機能障害

Fall
転倒

Sarcopenia
サルコペニア

Physical activity
活動量 ↓



Decline in physical function 身体機能の低下

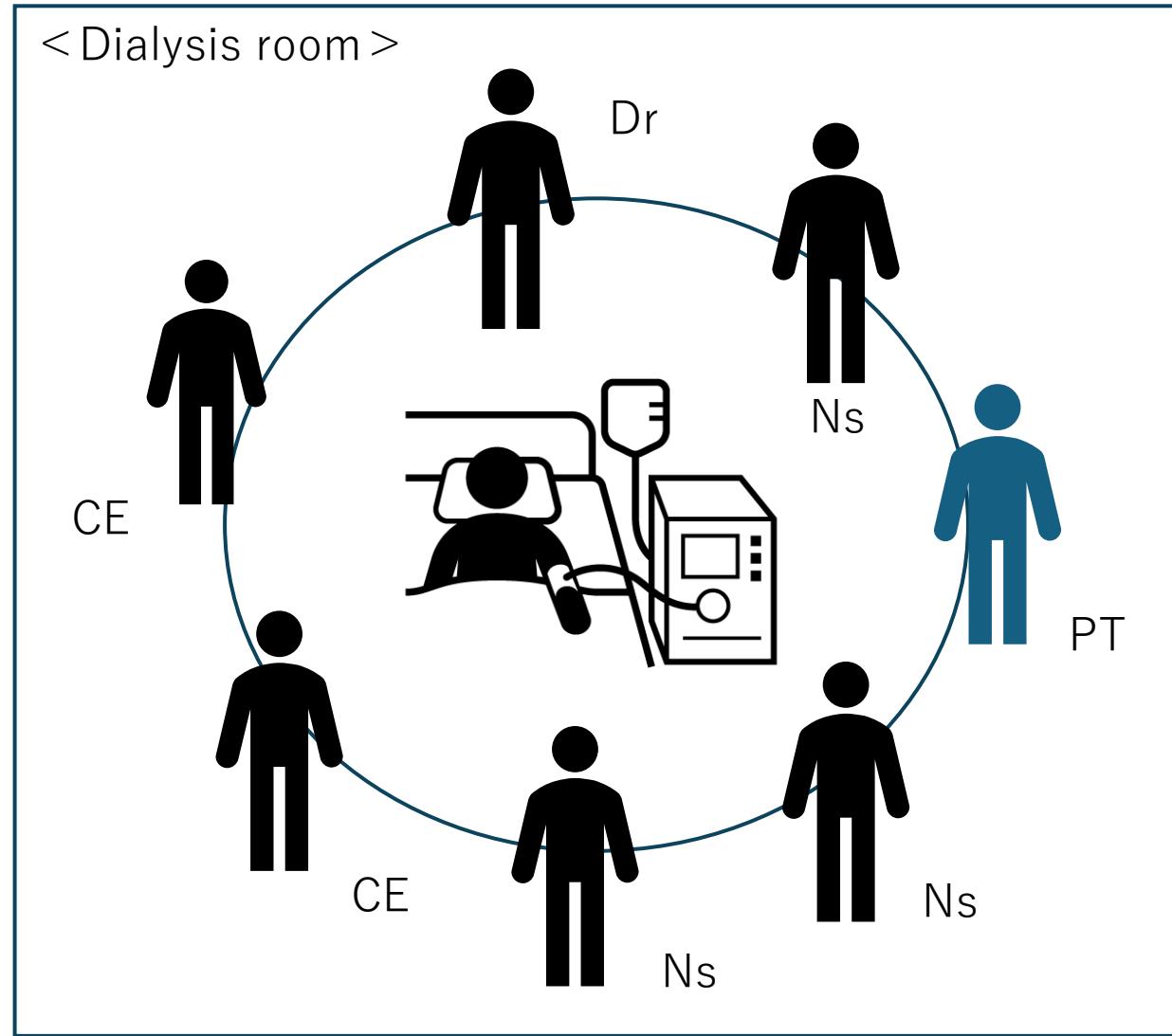
Proportion of CKD Patients on Polypharmacy

- ✓ Polypharmacy : **41%**
- ✓ High Polypharmacy : **20%** (Kimura 2023)

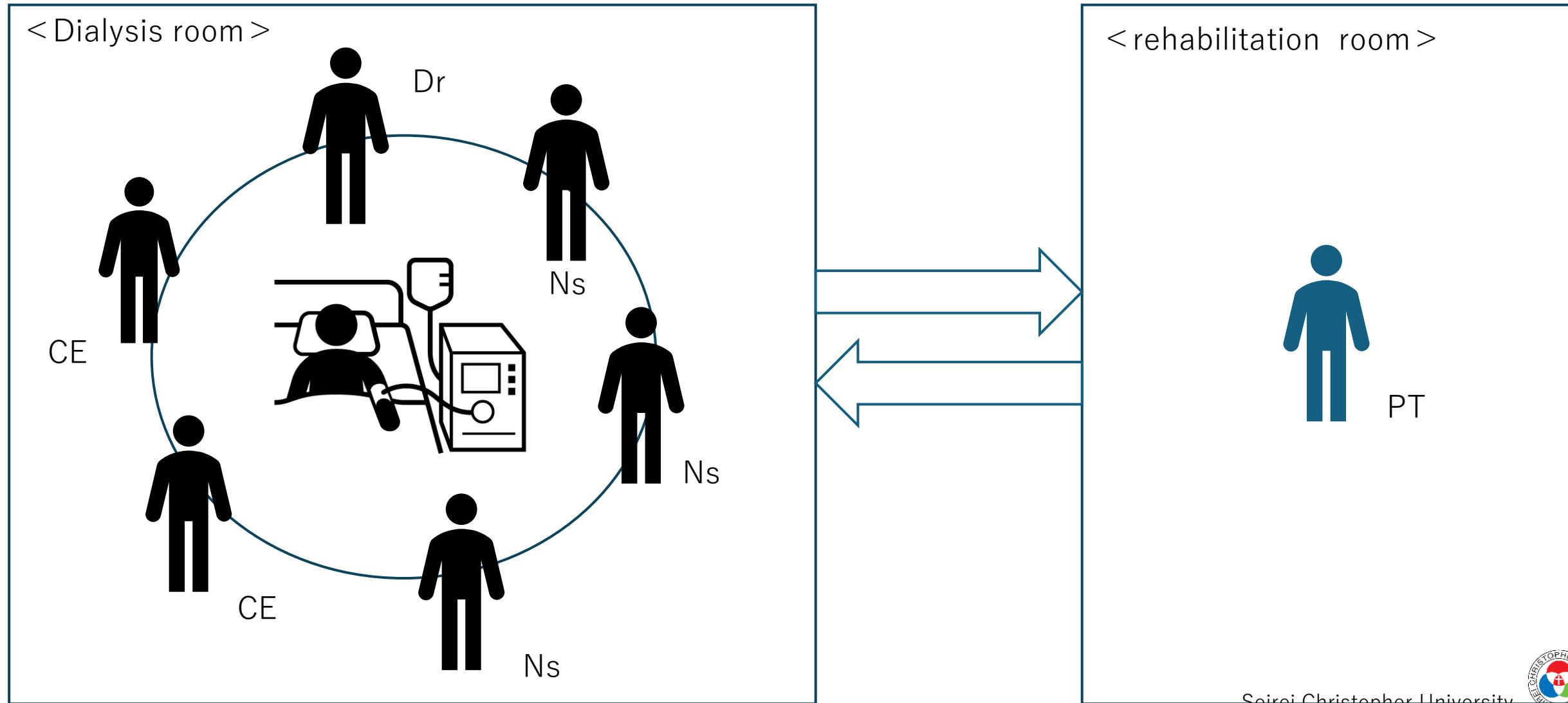
- ✓ Concomitant use of NSAIDs, diuretics, and RA inhibitors is associated with AKI risk (Lapi F 2013) NSAIDs、利尿剤、RA系阻害薬の併用はAKIのリスクに関連
- ✓ Loop diuretics in CKD patients are associated with sarcopenia (Ishikawa 2018) CKD患者のループ利尿薬はサルコペニアと関連
- ✓ Number of medications in elderly stable-stage CKD patients is associated with physical function (Tabata 2024) 高齢保存期CKD患者の服薬数は身体機能に関連

- ✓ It is important to identify suspected medication-related effects such as muscle weakness, unsteadiness, increased fall risk, and heightened fatigue from the perspective of physical function and activities of daily living during rehabilitation sessions, and to provide feedback to physicians and pharmacists. 身体機能・日常生活機能の視点からの薬物の影響が疑われる筋力低下、ふらつき、転倒リスク、疲労感の増大などをリハビリ場面で把握し、医師・薬剤師にフィードバックすることが重要
- ✓ The physical therapist's perspective is particularly effective for identifying side effects from antidepressants, sleep medications, antihypertensive drugs, analgesics, and diuretics (such as fatigue, orthostatic hypotension, and impaired attention). 特に抗うつ薬・睡眠薬・降圧薬・鎮痛薬・利尿薬による副作用（倦怠感、起立性低血圧、注意力低下など）はPTの視点が有効

The Ideal of Exercise Therapy and Multidisciplinary Collaboration in Dialysis Clinics



The Reality of Exercise Therapy and Multidisciplinary Collaboration in Dialysis Clinics



What are the barriers to multidisciplinary collaboration?



Barriers to interprofessional collaboration with the number of reviews reporting them, by type of collaboration.

An Overview of Reviews on Interprofessional Collaboration in Primary Care: Barriers and Facilitators.
Rawlinson C, et al. Int J Integr Care. 2021 Jun 22;21(2):32.

- This overview of reviews examined IPC in primary care settings and identified numerous challenges and enabling factors

本レビューではプライマリ・ケア領域における多職種連携の文献を総括し、多くの課題と促進要因を明らかにしました

System	Financial constraints Inadequate reimbursement policies/payment mechanisms Lack of political support/unfavorable legislation No multidisciplinary approach in training Fragmentation of care
Organizational	Human resources limitations (lack of time, lack of professionals) Lack of training related to intervention implementation Lack of organizational support & leadership Inefficient/lack of shared data system/IT systems Space and access constraints Inefficient organization (including referral system)
Inter-individual	Lack of clarity regarding role boundaries/responsibilities Poor communication Desire to protect its territory/professional identity Imbalance of power due to traditional hierarchies between disciplines Depreciation of other professional contribution/skills Lack of common goals Different culture/Ideology/work styles
Individual	Doubts regarding the benefits of IPC Resistance to change (IPC too burdensome, lack of motivation) Concerns about patient confidentiality

System (システム)

- 財政的制約
- 不十分な償還制度／支払いメカニズム
- 政治的支援の不足／不利な法制度
- 研修における多職種アプローチの欠如
- ケアの分断

Organizational (組織)

- 人的資源の制約（時間不足、専門職不足）
- 介入実施に関連した研修の不足
- 組織的支援およびリーダーシップの欠如
- 共有データシステム／ITシステムの非効率性・欠如
- 空間およびアクセスの制約
- 非効率的な組織体制（紹介システムを含む）

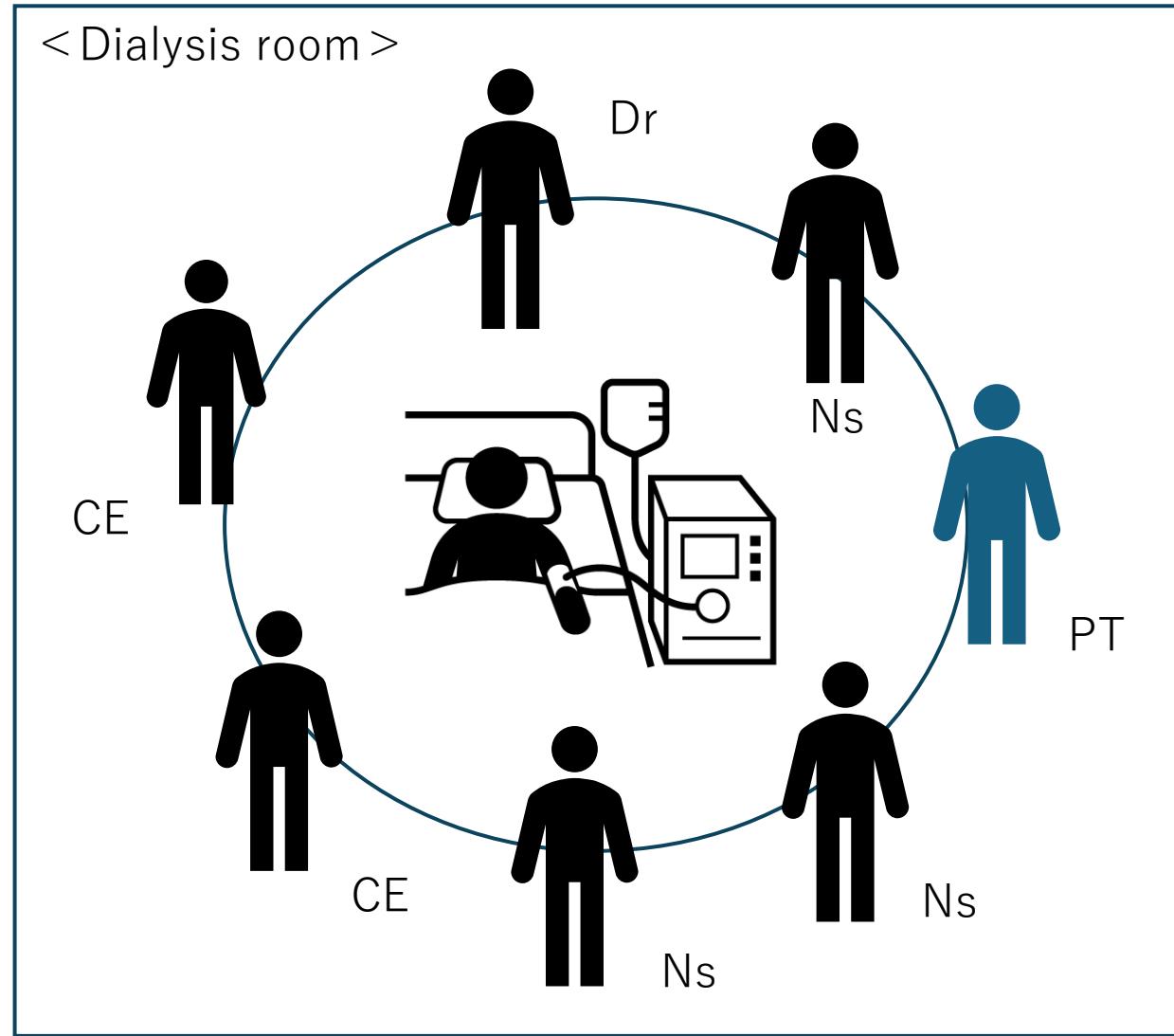
Inter-individual (個人間)

- 役割の境界／責任に関する不明確さ
- 不十分なコミュニケーション
- 自らの領域／専門性を守ろうとする姿勢
- 職種間の伝統的な階層構造による権力の不均衡
- 他職種の貢献／技能の過小評価
- 共通目標の欠如
- 異なる文化／イデオロギー／働き方

Individual (個人)

- IPC（多職種連携）の利点に関する疑惑
- 変化への抵抗（IPCが負担である、動機づけの欠如）
- 患者の機密保持に関する懸念

The Ideal of Exercise Therapy and Multidisciplinary Collaboration in Dialysis Clinics



What are the factors promoting
multidisciplinary collaboration?

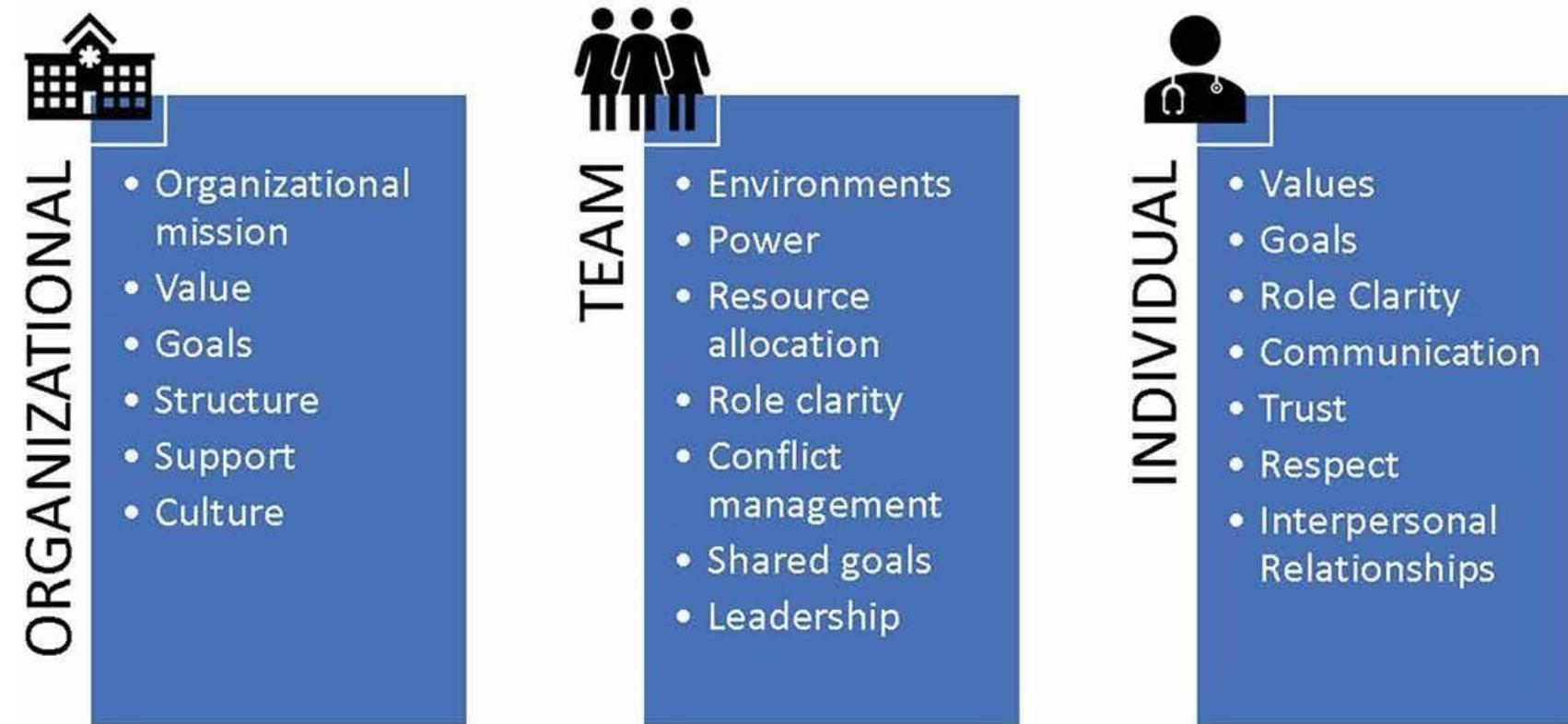


A systematic meta-review of systematic reviews about interprofessional collaboration:

Wei H, et al. facilitators, barriers, and outcomes. J Interprof Care. 2022 Sep-Oct;36(5):735-749.

- This meta-review of 36 systematic reviews (2010–2020)
- Categorized interprofessional collaboration (IPC) facilitators and barriers into organizational, team, and individual.

2010年から2020年に発表された36件の系統的レビューを対象に、多職種連携 (IPC) の促進要因と阻害要因が組織レベル、チームレベル、個人レベルに分類されました



- It emphasized that successful collaboration evolves from relationship-building to working jointly, and improving IPC requires combined efforts by organizations, teams, and individuals

効果的な協働は関係構築から共同作業へと発展するプロセスであり、IPCを改善するには組織・チーム・個人が一体となって取り組む必要があることを強調

Seirei Christopher University

Factors Promoting Multidisciplinary Collaboration

Implementation of cross-disciplinary study sessions in hospital

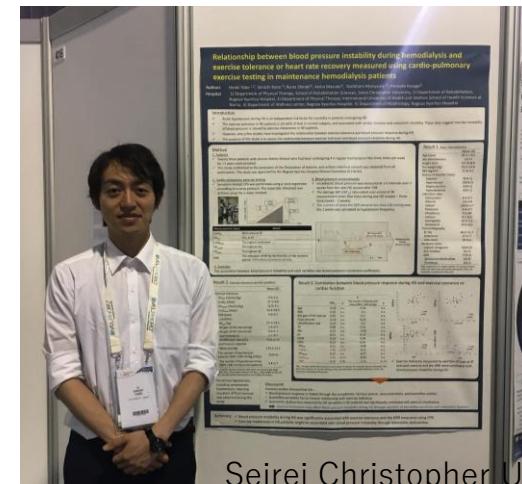
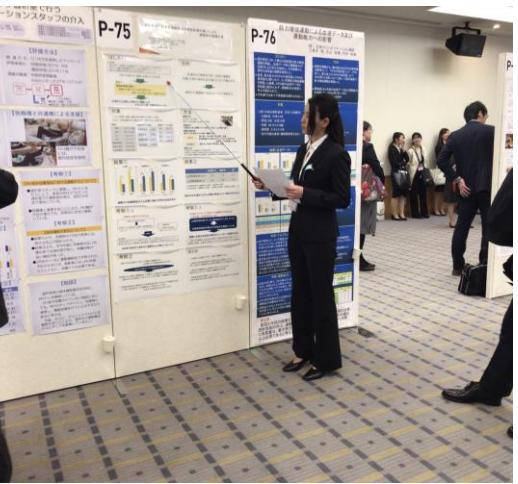


Factors Promoting Multidisciplinary Collaboration

Regular multidisciplinary conferences

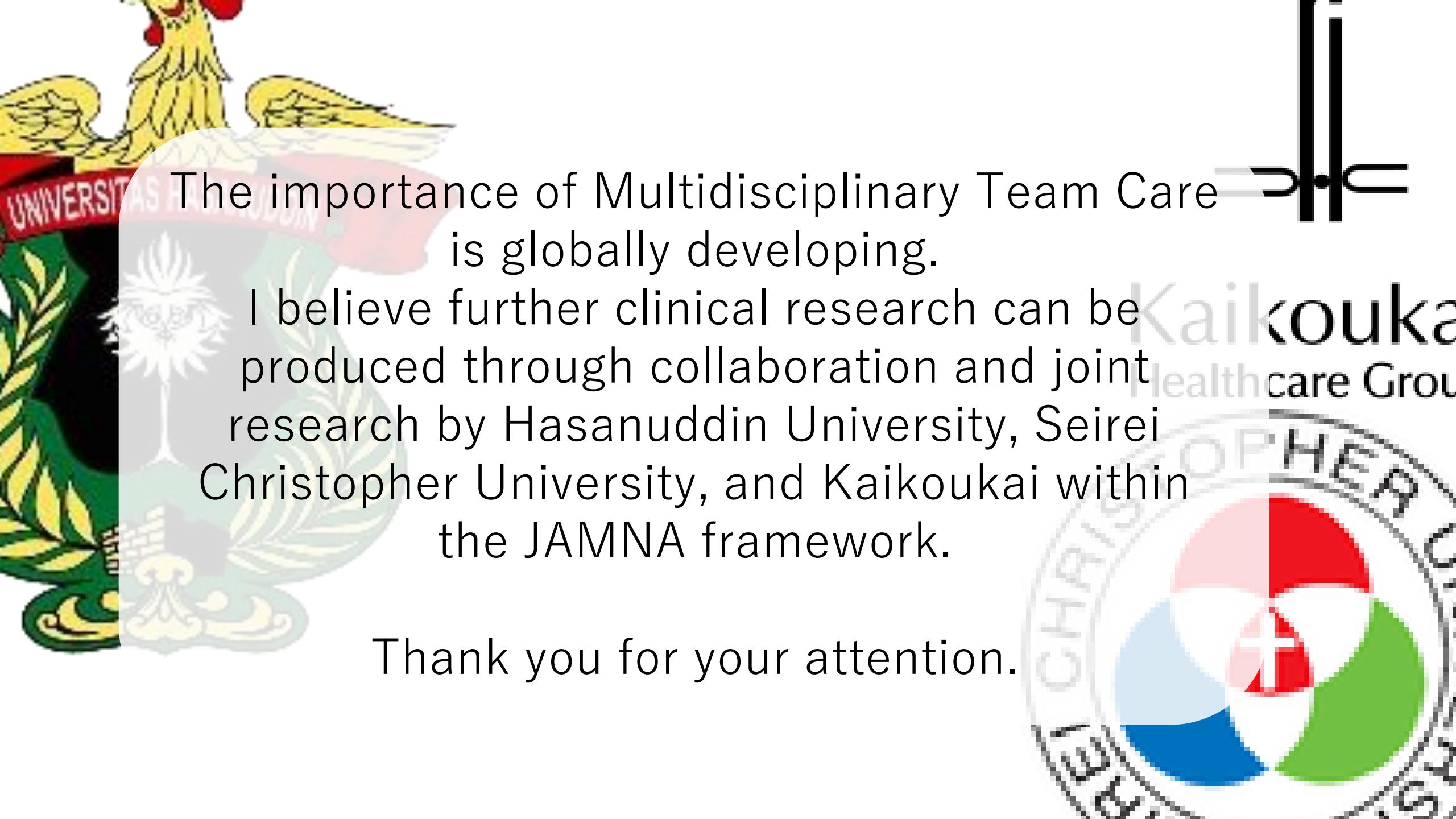


Factors Promoting Multidisciplinary Collaboration Participation in and Presentation at Academic Conferences



The strongest factors promoting multidisciplinary collaboration





The importance of Multidisciplinary Team Care
is globally developing.

I believe further clinical research can be produced through collaboration and joint research by Hasanuddin University, Seirei Christopher University, and Kaikoukai within the JAMNA framework.

Thank you for your attention.

Beyond Physical Recovery: The Role of Occupational Therapy

Taeko Iida (OTR)

School of Rehabilitation Sciences,
Saitama University

Introduction

- Occupational Therapist (OT)

Specialties

- Mental Health Support
- Child and adolescent mental health (including developmental and psychiatric disorders)
- Community-based rehabilitation



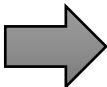
What are the Aims of Occupational Therapy (OT) ?

Physical Recovery

- Physical health is good!
- My body is healthy again.

Mental / Social Problem

- My heart feels empty.
- I have lost motivation to live my life.



Where is the OT's Focus?

Problem

- Illness broke this balance.

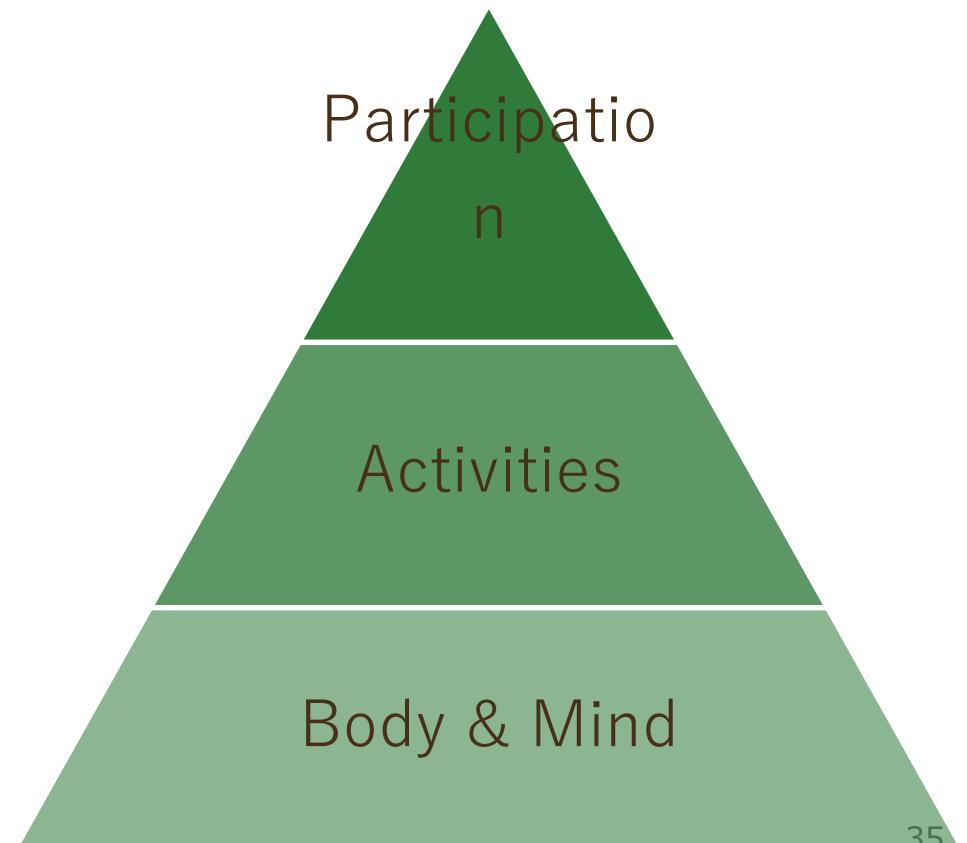
PT's Approach

- Body (Walking, Strength, Moving...)

OT's Approach

- Mind
- Activities (Self-Care, Cooking, Family Role ...)
- Participation (Work/Study, Hobbies...)

Regaining the Daily Life they want.



How We Find the "Important Activities" (The OT Process)

EVALUATION

- **The Person: What do you WANT to do?**
Life before illness? Current Ability? Health status (Body & Mind)
- **The Environment:** Home? Family? Community?
- OT looks **not only at problems, but also at strengths**

ANALYSIS & PLAN

- Analyze (Subjective + Objective → Assessment)
- Set a goal together.

ACTION

- We use real life activities as therapy.



Case : Stroke, Left hemiplegia

EVALUATION

- **Role:** Housewife
- **Meaningful activity:** Cooking for her family
- **Difficulty:** Limited use of left hand
- **Strength:** Positive attitude toward trying new things

ACTION

- OT focused not only on body recovery, but also on **cooking practice in the hospital kitchen.**

OUTCOME

- Motivation regained through reconnecting with her role
- **The recovery of roles** in daily life.



Connecting Hospital to Home : The OT's Support After Discharge

Case; Depression

The Patient's Fear

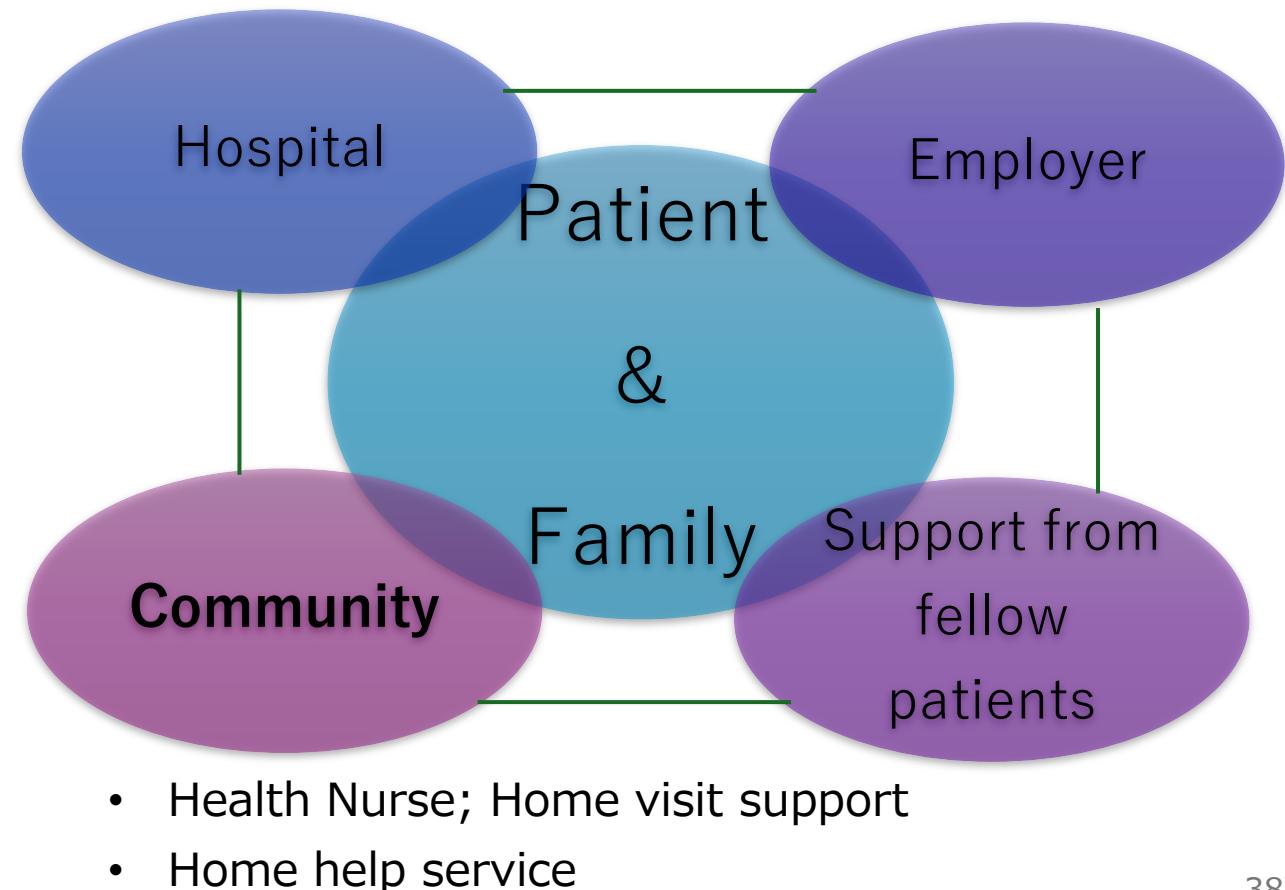
- I feel better in the hospital.
- But if I go home, I will get stressed (work, childcare) and **Relapse**.

The OT's Solution

Propose Environmental Support

Such as…

- Share patient information
- Adjusting some roles
- Provide information on "Social Resources"





Conclusion

OT connects "**Hospital**" to "**Home**".

Support for "**Life After Discharge**"
helps to improve Patient's **Motivation**.
helps to **Prevent Relapse**.

We support the patient's "**Meaningful Life**" together.

Thank You