## Summary

**Rehabilitation is about restoring** and retaining abilities. Through rehabilitation, individuals can train up those abilities and functions that have the ability to be trained. These can be physical as well as behavioural, cognitive and psychological skills. People who undergo rehabilitation can also receive support in the form of compensatory strategies for lost abilities so that they can enjoy a high-functioning everyday life despite persistent symptoms. Finally, individuals undergoing rehabilitation can also receive help to reduce or eliminate obstacles; for example through the use of aids or home adaptations.

Rehabilitative measures are provided by a care team during continuous periods. Such periods are often required on a recurrent basis. Patients will often need to practise certain rehabilitation exercises on an on-going basis, after or between rehabilitation periods in order to retain their abilities and to slow down or prevent any gradual deterioration.

In this report, we take a more in-depth look as to why we advocate for individual rehabilitation plans. We also underscore the value of recurrent periods of so-called continuous team rehabilitation. Finally, we argue that everyone with a neurological diagnosis should be given adequate opportunities to practise rehabilitative exercises on an on-going basis, after and between periods of continuous team rehabilitation.

## CONCLUSIONS

- Too few patients have an individual rehabilitation plan. Only one in five according to our latest membership survey. Organisational support and clear priorities within healthcare management and governance are crucial if everyone with rehabilitation needs is to be offered an individual rehabilitation plan.
- Rehabilitation plans and needs must be followed up on to a greater extent than is the case today. Clarifying who is responsible for following up on a patient's rehabilitation and writing this into their plan can help to ensure that follow-up occurs.
- Continuous team rehabilitation is not offered to everyone with a neurological diagnosis and a need for this. The very possibility to provide this is entirely lacking within some regions. This is the case even despite clear evidence that it yields positive effects and that it has been given a high priority within national guidelines. Geographical differences are considerable and unacceptable.

- Patients are not given sufficient information about the option to seek neurological rehabilitation. Our survey shows that scarcely one in three considers that they have been given this information. There is a clear need for patients to receive better information on their rehabilitation options from healthcare staff. Many patients also need support in applying for rehabilitation.
- It is important that individual rehabilitation plans also encompass continued planning after a period of rehabilitation. This means there is also a need for support mechanisms to help people with a neurological diagnosis to continue practising rehabilitative exercises on an on-going basis in order to retain their regained abilities.
- Regions and municipalities can support the continuous rehabilitation training organised by many of Neuro's associations and county federations; for example by making premises and swimming pools available. Public support could be shifted up a notch through additional support by the Neuro Fund and voluntary work.