APPENDIX G

REHABILITATION SUPPORT IN LOW INTENSITY CONFLICT

G-1. General

At all levels of conflict, temporary physical and mental incapacitation and medical conditions are not the only human prices to be paid. Potential lifelong reminders (such as loss of limb, disfigurement, paralysis, and chronic intestinal conditions) must also be dealt with. Rehabilitation support is a resource that can—

- Contribute to maximizing the return-to-duty potential of soldiers (US, allied, and HN or US-backed group).
- Participate in disaster relief and HCA programs.
- Enhance HN stability through the growth potential of the HN medical infrastructure.

G-2. Allied Health Fields

The allied health fields of occupational therapy (OT), physical therapy (PT), and dietetics are not established in some Third World countries. In those countries where these fields do exist, they continue to practice at a technician level and are underused. The US Army's rehabilitative support programs have grown out of necessity due to reduced physician staffing levels in the 1970's. These support personnel have developed a level of practice which permits evaluation and treatment of patients upon referral from nonphysicians.

a. Based on clinical experience, physical and mental recovery from injuries is most successful with early treatment. Rehabilitation refers to restoring an individual to his former level of activity through training and therapy; in the past, this has required long-term care and sophisticated equipment; therefore, these resources have been avoided due to perceived logistical problems. However, most physical and occupational therapies can be done manually. Most orthopedic injuries also recover faster when treated early and with active measures.

b. Dietitians serve as consultants to commanders and recommend the use of locally available foodstuffs and their nutritional value.

G-3. Occupational Therapy

a. The planning considerations include—

- Participation on combat stress control teams, when these teams are deployed.
- Upper extremity sprains, strains, and fracture injuries being managed as far forward as practical.
- Upper extremity artificial limbs (prosthetics) or splinting (orthotics) expertise in fitting or training:
- Capabilities of the HN medical system.

b. Direct assistance can be given to host nations by contributing to the rehabilitation of military and civilian casualties. If full recovery is not possible (as with head injuries, strokes, amputations, or contractures caused by burns), Third World nations usually do not have the OT resources to teach the casualty alternative skills for daily living. On HCA operations, OT personnel can screen and treat children with developmental delays.

c. Indirect assistance (which has long-term health care and economic benefits) is provided by serving as a consultant to the HN medical educational system in developing OT practices and protocols.

G-4. Physical Therapy

Although PT personnel work with all diagnoses (surgical, medical, thoracic, and neurological), minor and moderate orthopedic injuries (bone, joint, and soft tissue) are numerous. These orthopedic injuries can overwhelm the medical assets better used to care for major injuries. Physical therapists provide primary evaluation and treatment of musculoskeletal injuries. This skill reduces the need for orthopedic surgeons to become involved in routine cases. The planning considerations include—

- Lower extremity artificial limbs (prosthetics) or splinting (orthotics) expertise in fitting and training.
- Burn care requirements.
- Capabilities of the HN medical infrastructure. Direct assistance can be given, for example, by—
  - Working with US or HN physicians in evaluating military and civilian casualties.
  - Providing, instructing, or supervising physical rehabilitation using equipment at hand or improvised.
  - Number of children affected by developmental delays caused by poor nutrition or disease.

G-5. Nutrition Care

a. Combat casualties are treated as far forward as possible. If held for more than 72 hours, patients may require special diets (soft, liquid, or forced fluids).

b. Humanitarian and civic assistance operations and enhancing the capabilities of the HN medical infrastructure can be accomplished. Refeeding a basically healthy population or working with an indigenous malnourished population are two common LIC scenarios. An example of direct assistance is the planning for and providing of special diets to the HN military and civilian casualties or advising HN care providers on nutrition support for wounds, injuries, and disease. Assistance can also be provided in assessing the nutritional status of the general population and recommending ways to achieve optimum nutritional levels with the local available foodstuffs. An example of indirect assistance is achieved by serving as a consultant to the HN medical education system in developing nutritional care specialists and nutritional programs for children.