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PURE
Unity Health

Rehabilitation Done Right: Timing, Quality, and Outcomes in Modern Medico-Legal Care

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What is Rehabilitation?

Rehabilitation is defined as:

> “a set of interventions designed to optimise functioning and reduce disability in individuals with health conditions in interaction with their environment”

World Health Organization

NB. Rehab is not massage, or rest or taking a holiday!

Is Rehabilitation a Good Idea?

PROS	EXPLANATION
RESTORES INDEPENDENCE	Helps individuals regain mobility, strength, and daily living skills
STRUCTURED SUPPORT	Provides routine therapy, education, and recovery-focused activities
PERSONALISED CARE	Treatment plans are tailored to individual needs and conditions
IMPROVES MENTAL HEALTH	Offers counselling, stress management, and emotional support
EDUCATION & SELF-MANAGEMENT	Teaches healthy habits and strategies to prevent future problems

At Pure Unity Health, we believe in restoring potential, empowering lives, and creating healthier futures

Is Rehabilitation a Good Idea?

CONS	EXPLANATION
FINANCIAL BURDEN	Rehabilitation programs can be expensive and not fully covered by insurance
ACCESSIBILITY ISSUES	Limited services in rural/underserved areas and long waiting lists
SOCIAL STIGMA	Some individuals may feel judged for seeking rehabilitation
RISK OF RELAPSE	Recovery, especially from addiction, may involve setbacks
REQUIRES COMMITMENT	Success depends heavily on motivation and active participation

Should Rehab Start Quickly After an RTC?

Reduce pain, improve mobility, prevent long-term complications, supports a quicker return to normal life and work.

EVIDENCE	KEY FINDING	REFERENCE
Early physiotherapy reduces long-term pain and disability	Patients who started rehabilitation early after whiplash injuries had better pain reduction and faster recovery	Rosenfeld et al. (2000), *Spine*
Early mobilisation improves recovery after musculoskeletal injuries	Remaining active and beginning rehabilitation early reduces stiffness, muscle loss, and chronic pain risk	NHS Musculoskeletal Guidance (2025)
Early trauma rehabilitation shortens hospital stay	Trauma patients receiving early rehabilitation had improved functional outcomes and reduced hospitalisation time	Khan et al. (2007), *Archives of Physical Medicine and Rehabilitation*
Early psychological support reduces PTSD symptoms	Early intervention after RTC trauma can lower anxiety, depression, and post-traumatic stress symptoms	Roberts et al. (2019), *Cochrane Review*
Faster return to normal activities and work	Structured rehabilitation soon after RTC injuries improves mobility and supports earlier return to daily activities and employment	British Society of Rehabilitation Medicine (BSRM) Guidelines

Delayed Access to Rehabilitation After a Road Traffic Collision (RTC)

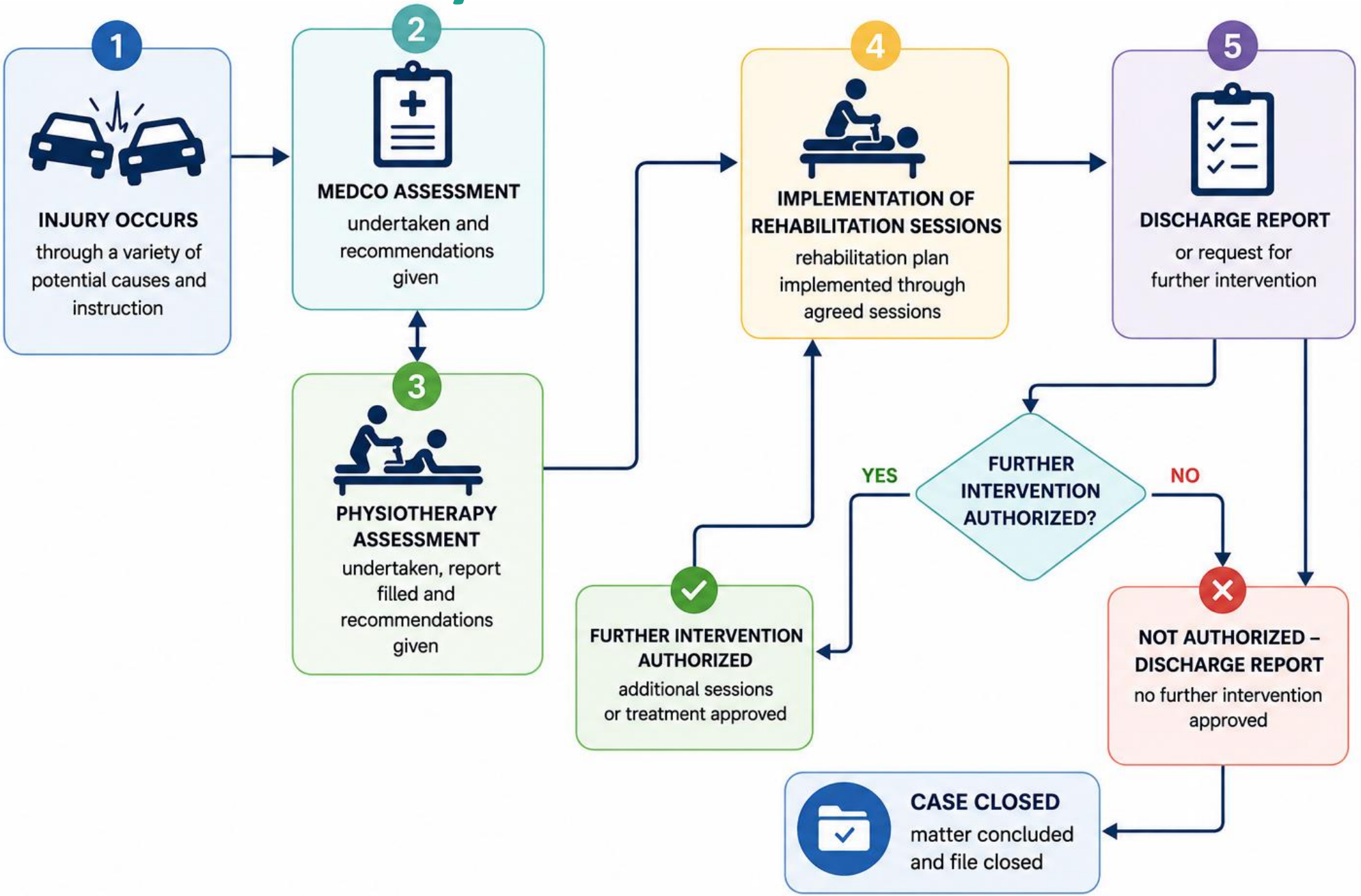
Delaying rehabilitation can worsen physical and psychological outcomes while increasing healthcare, employment, insurance, and legal costs.

ISSUE	IMPACT / ASSOCIATED COSTS
INCREASED PAIN & DISABILITY	Delayed treatment can lead to chronic pain, reduced mobility, and long-term physical limitations
LONGER RECOVERY TIME	Patients may take significantly longer to return to normal activities or employment
HIGHER HEALTHCARE COSTS	More GP visits, hospital appointments, medication use, and possible surgery may be required
LOSS OF EARNINGS	Extended time off work can reduce income and increase compensation claims
MENTAL HEALTH PROBLEMS	Delays can increase anxiety, depression, PTSD, and emotional distress
REDUCED QUALITY OF LIFE	Ongoing symptoms may affect independence, relationships, and daily functioning
INCREASED INSURANCE & LEGAL COSTS	Longer recovery periods can increase rehabilitation claims and legal expenses
MUSCLE WEAKNESS & DECONDITIONING	Lack of early rehabilitation may lead to muscle loss, stiffness, and poorer long-term outcomes

References

- British Society of Rehabilitation Medicine (BSRM) – Early rehabilitation improves functional recovery and reduces long-term costs.
- NHS England Musculoskeletal Guidance – Early intervention reduces chronic pain and healthcare demand.
- Rosenfeld et al. (2000), *Spine* – Delayed treatment after whiplash linked with prolonged symptoms.
- National Institute for Health and Care Excellence (NICE) – Early rehabilitation supports faster recovery and return to work

Patient Journey - Rehabilitation Process



Continuum of Practice Quality



Number of sessions delivered and requested
- Proportionate to clinical need, goals and progress
- Regular review and justification

GOOD PRACTICE

Types of treatment being requested and offered
- Appropriate, targeted and aligned to clinical need
- Based on best practice and patient goals

GOOD PRACTICE

Evidence based treatment?
- Grounded in high-quality research
- Follows clinical guidelines and standards

GOOD PRACTICE

Risk of dependency
- Encourages self-management and independence
- Avoids creating unnecessary reliance

CAUTION AREA

'twisted pelvis' 'one leg shorter than the other' 'dry joints' 'bone on bone' 'crumbling spine'
- Outdated, inaccurate or alarmist explanations
- Lack evidence and may cause harm

POOR PRACTICE

Kill by kindness
- Over-servicing to please the patient
- Not based on clinical need

POOR PRACTICE

Wallet treatments
- Treatments provided mainly for financial gain
- Not in the best interest of the patient

UNACCEPTABLE PRACTICE

Fraud
- Deliberate deception for financial or personal gain
- Illegal, unethical and subject to serious sanctions

FRAUD / ILLEGAL ACTIVITY

Key Differences in Rehabilitation Approaches

	PHYSIOTHERAPY-LED REHABILITATION	OCCUPATIONAL THERAPY-LED REHABILITATION	HOLISTIC, FUNCTION-FIRST PROGRAMMES
PRIMARY FOCUS	Physical recovery, pain, movement, strength and mobility	Daily living, independence and functional participation	Whole-person recovery integrating physical, psychological and social factors
TYPICAL GOALS	Improve function, reduce pain, restore movement and physical capacity	Enable return to work , self-care, driving, home and social activities	Improve overall quality of life and real-world functioning
BEST USED FOR	Musculoskeletal injuries, whiplash, orthopaedic recovery, mobility issues	Complex injuries, cognitive issues, fatigue, neurological or vocational barriers	Persistent pain, trauma recovery, complex or long-term rehabilitation needs
KEY CHARACTERISTICS	• Often exercise and movement focused • Strong evidence base for musculoskeletal recovery • Common first-line rehabilitation following RTC injuries • Typically shorter-term and goal-driven	• Focuses on ”what the patient needs to do” • Assesses barriers within home, work, and lifestyle • Often includes cognitive and behavioural strategies • Valuable in complex or multi-system presentations	• Combines physiotherapy, OT, psychology and coaching approaches • Measures success through meaningful life participation • Encourages self-managements and long-term resilience • Increasingly aligned with modern biopsychosocial rehabilitation models

Rehabilitation protocols

In OIC cases, there are no legal costs, whiplash injuries are governed by tariffs and the Supreme Court has provided clarity on “mixed injuries”. As such, **the only real area of potential dispute** in settling a claim is the cost of rehabilitation.

This represents the **last point of friction** between claimants and compensators which adds unnecessary delay and additional touchpoints in claims handling.

We are seeing some insurers entering into **bilateral agreements** to reduce this outstanding uncertainty with a focus on the fees for initial assessment and for ongoing treatment.

Reducing **friction**, **time** and **unnecessary cost** for all.



Collaborative protocols create clarity, reduce uncertainty and ensure rehabilitation remains focused on what matters most – **the patient’s recovery**

Any **questions?**

REHAB DIRECT

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Thank you!