



adelante

haal het beste uit jezelf

Health Rehabilitation Adults in Hoensbroek



Chronic Pain



"I feel better, can handle my situation better and I am the one controlling my life and not the pain." Ben Bos

Spinal cord injury



“I wanted to believe that I’ would be one of the few that could walk again.”

Robert Kastrop

amputation



“As fanatical sportsman I couldn’t say no when Adelante invited me for a clinic sitting Volleyball.”

Mitch Valize

Multiple trauma



"Life is precious, cherish it."

Dymph Korse

Stroke



“Sometimes it seems Adelante is a Magic factory.”

Annemie Gootzen

Traumatic Brain injury



*“Mentally I came to rest at Adelante, but
Physicaly the hard work on my way to recovery started.”* Willy Quinten

Cardiac rehabilitation



"I found myself again" Guido Verkerk

Post cancer treatment rehabilitation



“Don’t think about the things you don’t have, but enjoy the things you do have”

Petra Heerings



Health Rehabilitation and School for children and youngsters with special needs in Valkenburg



School

primary and secondary education



“The open learning area is a nice place to study and a meet your friends during the breaks.”

Jill Haas

Chronic illness, incl. school



“Everything changed from the moment Monique came in my life.” Noortje van Maldegem

Neuromuscular diseases



for example Duchenne and HMSN

Training independent living for youngsters in Heerlen or Geleen



"I would love to achieve my goals: learn to cook and wash my laundry" Aron Coolen

5-week program for youngsters with diabetes, chronic pain or obesity



“Adelante gave me my life back”
Evie Bruggenwert



hearing, speech & language problems
in Hoensbroek, Maastricht, Geleen, Blerick, Roermond,
Eindhoven

tinnitus



“The fear I had and the stress caused by the noise in my head made room for acceptance.” Harrie Huveneers

Sport



Sport





www.adelante-zorggroep.nl



Innovation & eHealth

Lisa Morsink

Innovation coordinator

Centre of Expertise in Rehabilitation and
Audiology

Innovation within in Adelante

"Innovation is the process of seeking out, finding and – above all - implementing and evaluating new and valuable products, services and processes that lead to improvement of rehabilitation care."

Bottom-up procedure

- Innovation procedure: easy accessible way for all employees to share innovative ideas with the innovation coordinators.
- Coordinators guide the process from idea to implementation

Central innovation projects

- eHealth projects
- Establishment of a multi-disciplinary care innovation centre
- Reviewing & improving existing health-care programs
- Establishment of a clinical test center for complex revalidation technologies
- Personal Health Record (REPD)

Future innovation challenges for Adelante

- Closing the gap between the center of excellence and primary care
 - Establishment of innovation teams within health care programs
- Patient participation in innovation
 - Doctor and patient are becoming partners. More autonomy.
 - What the doctor thinks his patient wants, is often not what the patient really wants..
- Exploring the market (outside-in)
 - What is available and how can it solve our 'problems'?
 - More collaboration with external partners

eHealth vision

- Adelante vision on eHealth:

Adelante primarily focuses on eHealth interventions that contribute to a higher level of self-management of the client.

- Definition of eHealth within Adelante:

“eHealth is the use of new information and communication technologies, particularly Internet technology as a means to promote self-management of the client of Adelante. The client has a role as a user of the eHealth application and the intervention has a place in the primary care process or in prevention and education.”

- Strategic framework: early adopter or early majority (no innovator/developer)

eHealth projects

- In general:
 - Start fast and experiment, learning from experiences
- eConsults
 - Pilot video communication completed
 - Consults between psychologists and patients (chronic pain)
 - Conclusion: do not underestimate the IT component
- Tele rehabilitation
 - Pilot rehabilitation at home will be started
 - Portal with training exercises at home to support rehabilitation process

A photograph in the top right corner shows a woman with dark hair, wearing a light-colored top, assisting a man in a wheelchair. The man is wearing a teal shirt and glasses, and is looking down. The woman is leaning over him, supporting him from behind. The background is slightly blurred, suggesting an indoor setting.

Arm and hand rehabilitation treatment in post-stroke phase

Challenges from a clinical, research and educational perspective

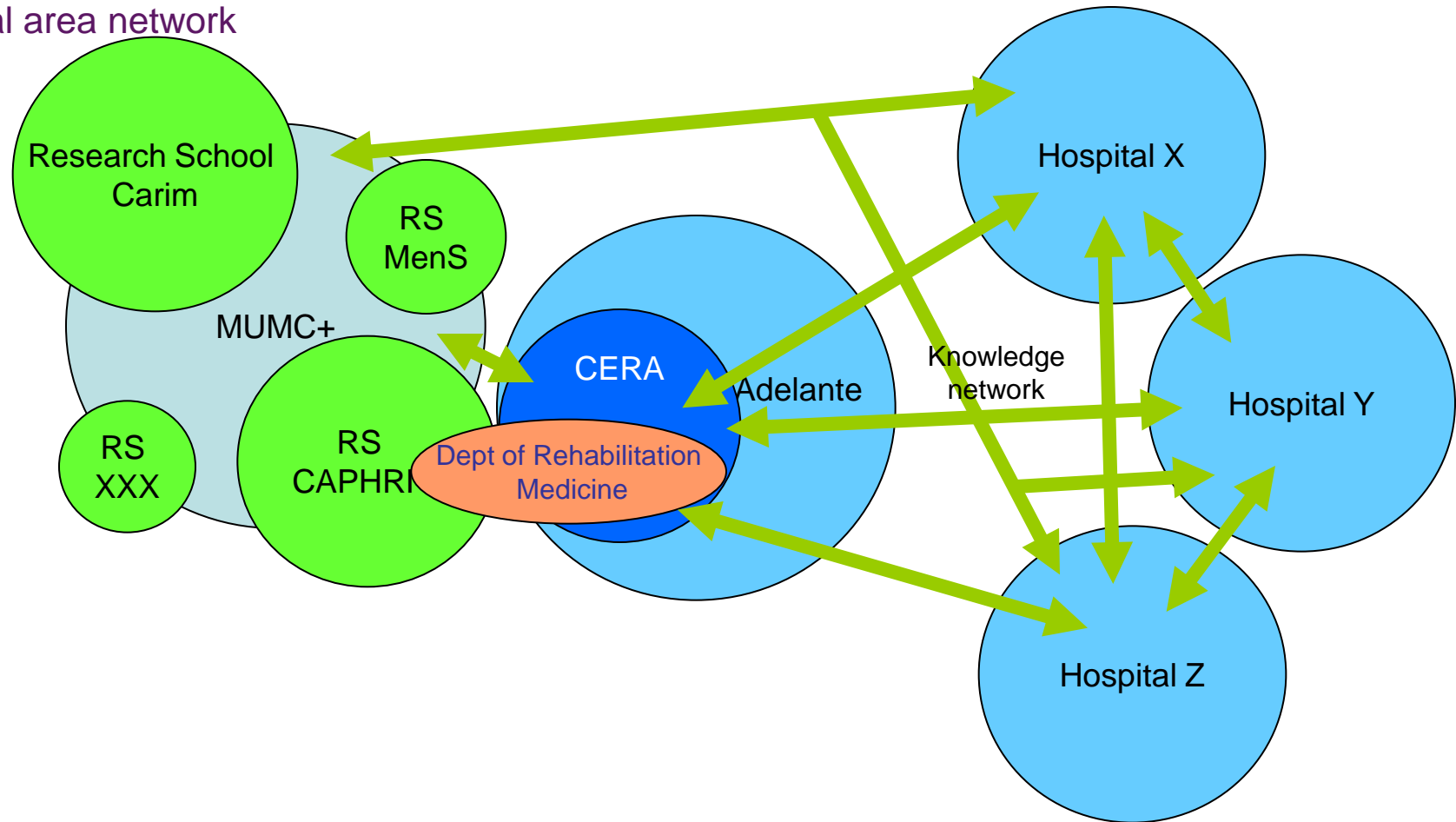
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Centre of Expertise in Rehabilitation and Audiology (CERA)

Local area network

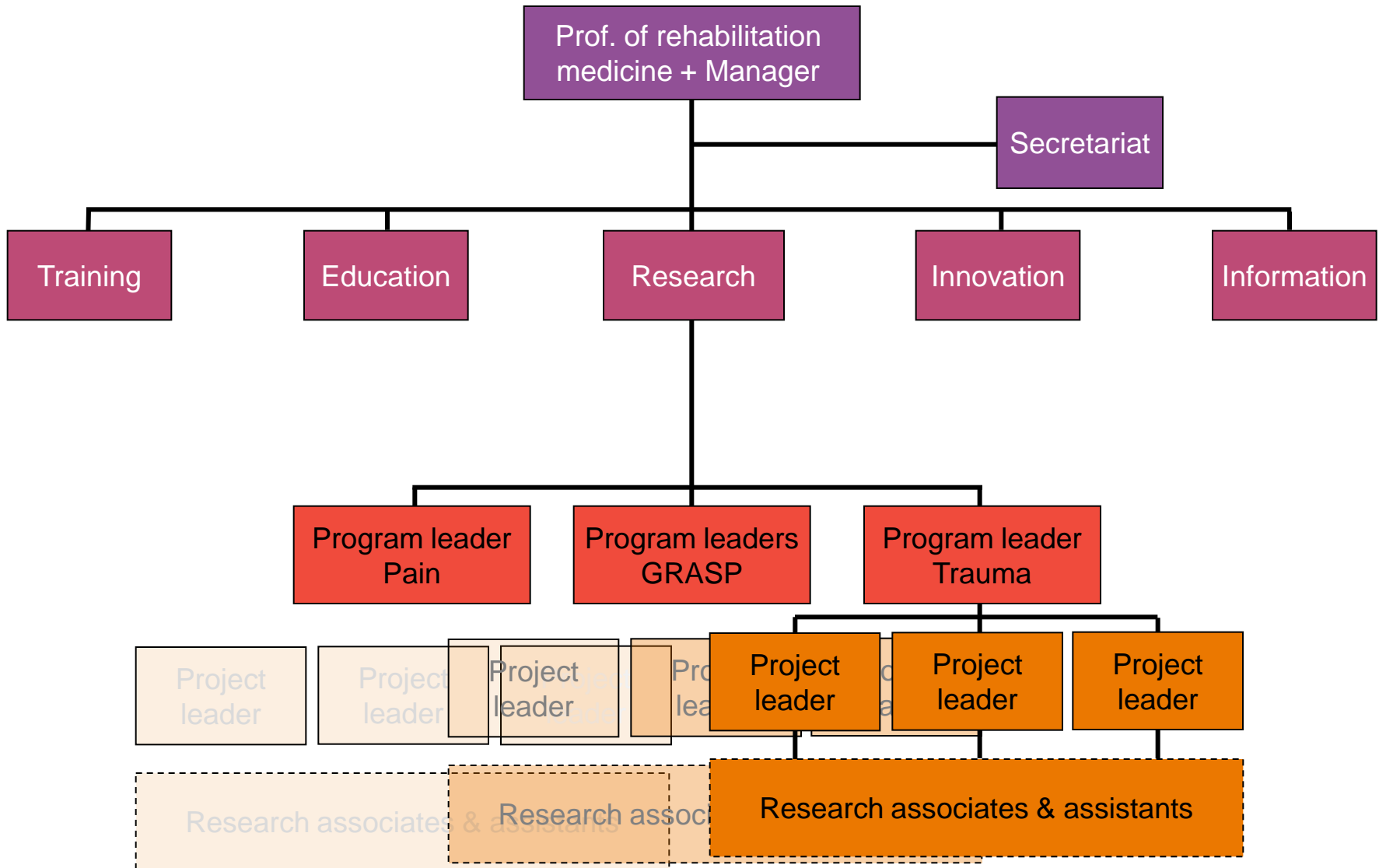


Mission statement

The goal of the centre of expertise is to **establish and improve the link between scientific knowledge and professional health care practice**. This process is also known as '**academic transfer**'. To achieve this, we are active in five key areas:

- scientific research,
- innovation,
- education,
- training
- professional development

CERA



GRASP

General re-acquisition of arm-hand skill performance

Research line
complex arm-hand skill performance (AHSP) problems
(adults & children)

GRASP

General re-acquisition of arm-hand skill performance

- Stroke
- Cerebral palsy
- Spinal cord injury
- Brachial plexus lesion
- Complex muscle/tendon lesions of the arm/hand
- (Arm amputation)

Common basis and statements

- Problems from rehabilitation care process fuel our research
- Drive to continuously improve the quality of services in rehabilitation medicine
- Drive to continuously improve the quality of professionals in rehabilitation medicine
- **focussing on:** Rehabilitation care chain as a guideline for research
 - Innovation of care
 - Technology-assisted therapy
 - Basic and applied research
 - Education and knowledge transfer

Practical considerations

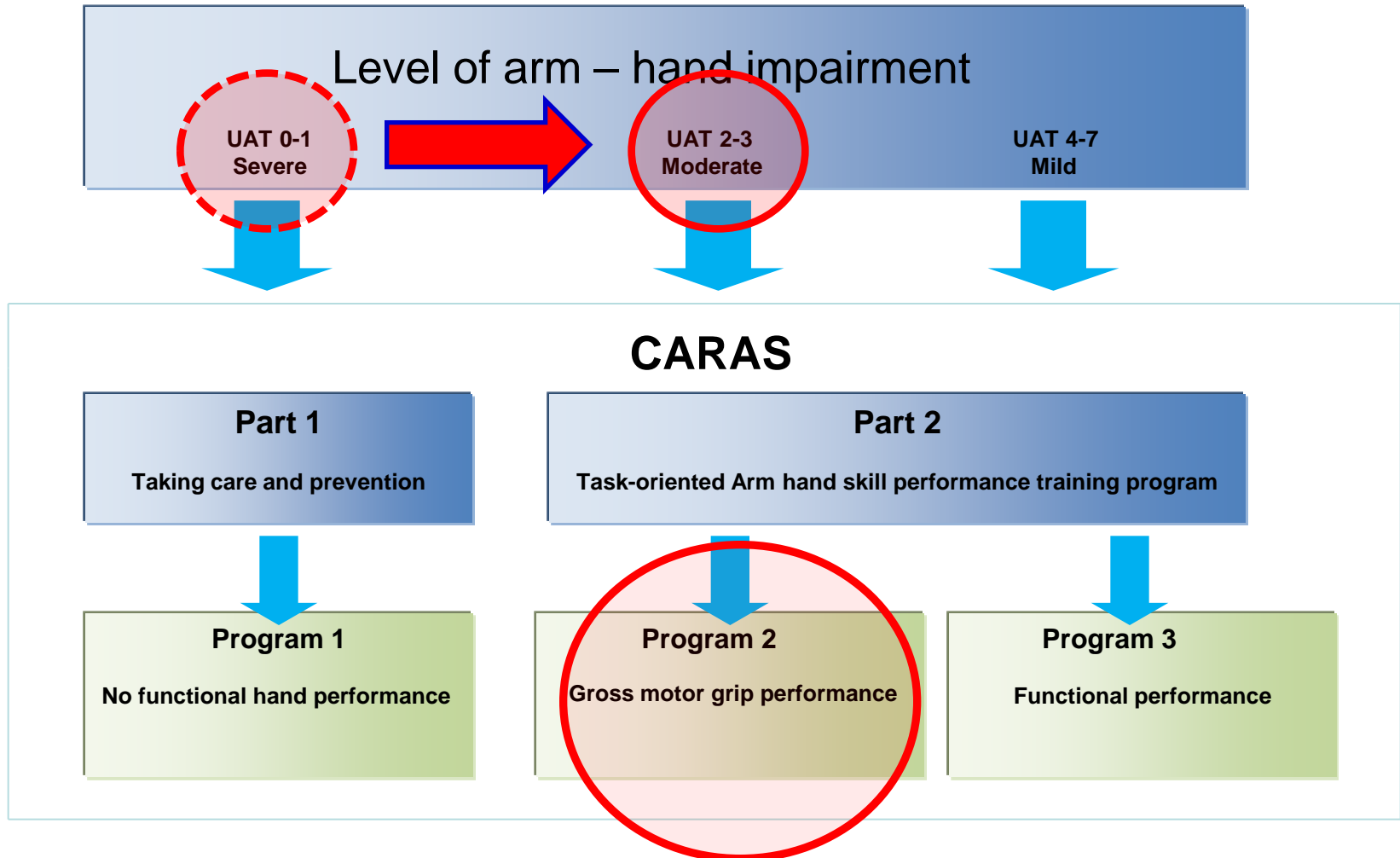
1. Heterogeneity population and associated patterns of recovery of arm-hand skill performance
2. The lack of adequate description and adaptation of treatment protocols for stroke survivors experiencing a broad variety of problems in daily life related to an impaired arm-hand;
3. Lack of the patient's involvement in arm and hand training
4. Difficulties to implement new developments swiftly in daily practice

4 solutions

1. Stratify patients with an impaired arm and hand into different levels of dexterity
2. Well-described program containing stepwise, comprehensible procedures fitting 80% of the stroke rehabilitation population
3. Lack of the patient's engagement towards arm-hand treatment may be overcome by using self-efficacy principles
4. Easy to replace modularly-built trainings schedules fitted in time blocks

CARAS

Concise Arm and hand Rehabilitation Approach in Stroke



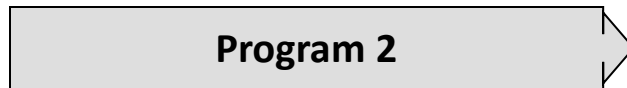
CARAS

Theoretical background

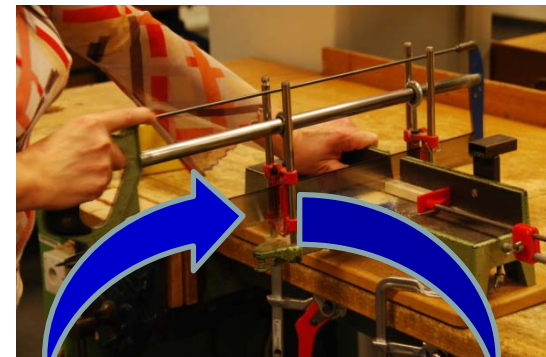
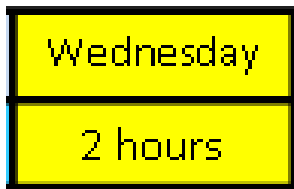
Principles of self-efficacy

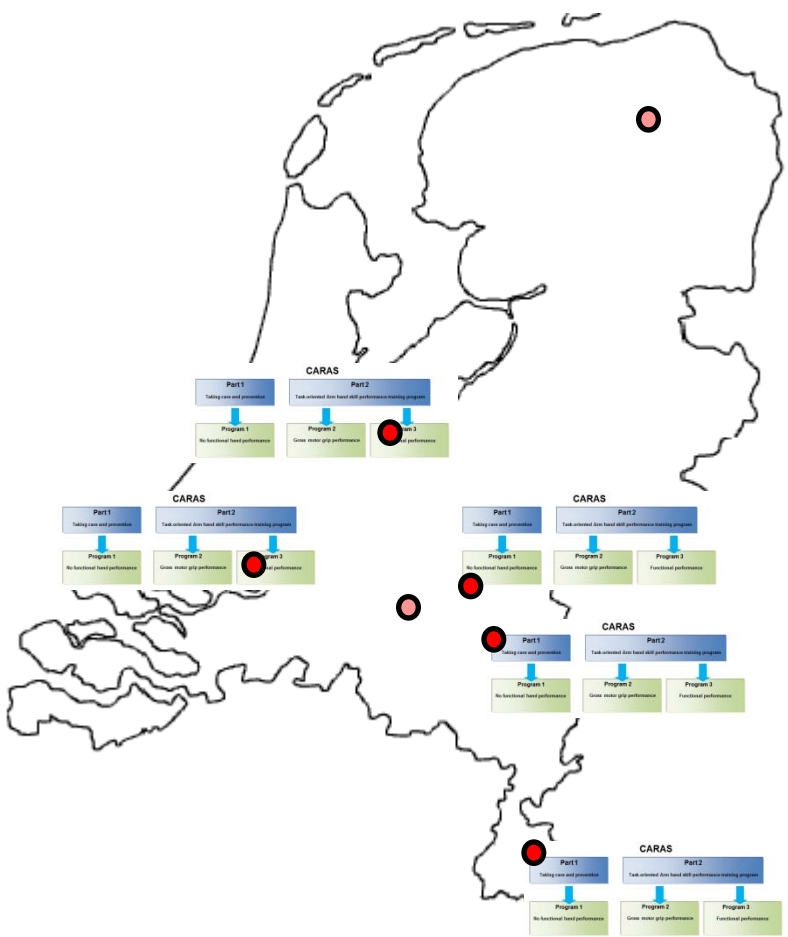
- **Mastery experience**
 - Provide positive experiences during training
- **Vicarious experience**
 - Observe and learn from each other during training
- **Verbal persuasion**
 - Emphasize successful performance and ignore less successful performance
- **Physiological feedback**
 - Improve confidence in physical possibilities

Implementation of new developments



Monday	Tuesday	Wednesday	Thursday	Friday
2 hours	1 hour	2 hours	1 hour	2 hours





Live Well rehabilitation Institute
Poovanthi, India

Santa Corona Hospital
Pietra ligure, Italy

Test	Time phase	Subgroups		
		Gr1	Gr2	Gr3
FM	deterioration	16.0%	8.7%	0%
	equal or improvement	84.0%	91.3%	100%
Grip Strength	deterioration	0%	4.3%	3.3%
	equal or improvement	100%	95.7%	96.7%
ARAT	deterioration	0%	4.3%	3.3%
	equal or improvement	100%	95.7%	96.7%
ABILHAND	deterioration	52.0%	21.7%	30.0%
	equal or improvement	48.0%	78.3%	70.0%

