

Package of interventions for  
**Rehabilitation**  
Module 3  
**Neurological conditions**



World Health  
Organization

# **Package of interventions for rehabilitation**

## **Module 3 Neurological conditions**

Package of interventions for rehabilitation. Module 3. Neurological conditions

(Package of interventions for rehabilitation. Module 1. Introduction – Module 2. Musculoskeletal conditions – Module 3. Neurological conditions – Module 4. Cardiopulmonary conditions – Module 5. Neurodevelopmental disorders – Module 6. Sensory conditions – Module 7. Malignant neoplasm – Module 8. Mental health conditions)

ISBN 978-92-4-007113-1 (electronic version)

ISBN 978-92-4-007114-8 (print version)

© World Health Organization 2023

Some rights reserved. This work is available under the Creative Commons Attribution-NonCommercial-ShareAlike 3.0 IGO licence (CC BY-NC-SA 3.0 IGO; <https://creativecommons.org/licenses/by-nc-sa/3.0/igo>).

Under the terms of this licence, you may copy, redistribute and adapt the work for non-commercial purposes, provided the work is appropriately cited, as indicated below. In any use of this work, there should be no suggestion that WHO endorses any specific organization, products or services. The use of the WHO logo is not permitted. If you adapt the work, then you must license your work under the same or equivalent Creative Commons licence. If you create a translation of this work, you should add the following disclaimer along with the suggested citation: “This translation was not created by the World Health Organization (WHO). WHO is not responsible for the content or accuracy of this translation. The original English edition shall be the binding and authentic edition”.

Any mediation relating to disputes arising under the licence shall be conducted in accordance with the mediation rules of the World Intellectual Property Organization (<http://www.wipo.int/amc/en/mediation/rules/>).

**Suggested citation.** Package of interventions for rehabilitation. Module 3. Neurological conditions. Geneva: World Health Organization; 2023 (Package of interventions for rehabilitation). Licence: CC BY-NC-SA 3.0 IGO.

**Cataloguing-in-Publication (CIP) data.** CIP data are available at <http://apps.who.int/iris>.

**Sales, rights and licensing.** To purchase WHO publications, see <https://www.who.int/publications/book-orders>. To submit requests for commercial use and queries on rights and licensing, see <https://www.who.int/copyright>.

**Third-party materials.** If you wish to reuse material from this work that is attributed to a third party, such as tables, figures or images, it is your responsibility to determine whether permission is needed for that reuse and to obtain permission from the copyright holder. The risk of claims resulting from infringement of any third-party-owned component in the work rests solely with the user.

**General disclaimers.** The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of WHO concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement.

The mention of specific companies or of certain manufacturers' products does not imply that they are endorsed or recommended by WHO in preference to others of a similar nature that are not mentioned. Errors and omissions excepted, the names of proprietary products are distinguished by initial capital letters.

All reasonable precautions have been taken by WHO to verify the information contained in this publication. However, the published material is being distributed without warranty of any kind, either expressed or implied. The responsibility for the interpretation and use of the material lies with the reader. In no event shall WHO be liable for damages arising from its use.

# Contents

<b>1 Package of interventions for rehabilitation for stroke</b>	<b>1</b>
1.1 About stroke	1
1.2 Content of the Package of interventions for rehabilitation for stroke	3
1.3 Members of the working groups	24
1.4 References	25
<b>2 Package of interventions for rehabilitation for Parkinson disease</b>	<b>27</b>
2.1 About Parkinson disease	27
2.2 Content of the Package of interventions for rehabilitation for Parkinson disease	29
2.3 Members of the working groups	45
2.4 References	46
<b>3 Package of interventions for rehabilitation for traumatic brain injury</b>	<b>47</b>
3.1 About traumatic brain injury	47
3.2 Content of the Package of interventions for rehabilitation for traumatic brain injury	49
3.3 Members of the working groups	75
3.4 References	76
<b>4 Package of interventions for rehabilitation for spinal cord injury</b>	<b>77</b>
4.1 About spinal cord injury	77
4.2 Content of the Package of interventions for rehabilitation for spinal cord injury	79
4.3 Members of the working groups	102
4.4 References	103
<b>5 Package of interventions for rehabilitation for cerebral palsy</b>	<b>105</b>
5.1 About cerebral palsy	105
5.2 Content of the Package of interventions for rehabilitation for cerebral palsy	107
5.3 Members of the working groups	127
5.4 References	128
<b>6 Package of interventions for rehabilitation for dementia</b>	<b>129</b>
6.1 About dementia	129
6.2 Content of the Package of interventions for rehabilitation for dementia	131
6.3 Members of the working groups	146
6.4 References	147
<b>Annex 1. Glossary of assessments and interventions</b>	<b>149</b>
<b>Annex 2. Summary of declarations of interest and how these were managed</b>	<b>171</b>
<b>Web Annex: Literature reviews and evidence tables</b>	
<a href="https://apps.who.int/iris/bitstream/handle/10665/370394/9789240071155-eng.pdf">https://apps.who.int/iris/bitstream/handle/10665/370394/9789240071155-eng.pdf</a>	

# 6 Package of interventions for rehabilitation for dementia

## 6.1 About dementia

Dementia is a chronic and progressive syndrome caused by changes in the brain that lead to deterioration in cognitive function (i.e. the ability to process thought) beyond what may be expected from the usual consequences of biological ageing. Although dementia can occur at any age, it is more common in older people; dementia is not part of normal ageing. While Alzheimer's disease is the most common form, dementia can be caused by a variety of diseases and injuries to the brain (1). Assuming that there will be no change in the age-specific prevalence rates during the next decades, and applying United Nations population forecasts, it is estimated that there will be around 78 million people with dementia worldwide in 2030 and about 139 million in 2050 (2).

The conditions that cause dementia produce changes in a person's mental ability, personality, and behaviour. Dementia results in progressive decline in cognitive functioning and thus people living with the disease commonly experience problems with memory and the skills needed to carry out everyday activities of living, such as washing, dressing, eating, personal hygiene, and toilet activities. People with dementia often present with forgetfulness or difficulties with respect to orientation to time and place as well as in decision-making. Other common symptoms include deterioration in emotional control, social behaviour, or motivation. Due to the progressive nature of the disease, dementia causes significant loss of functioning and leads to disability and dependency among older people worldwide; it has a physical, psychological, social, and economic impact on carers, families, and society at large (1).

People living with dementia may be unaware of these changes and may not seek help. Family members may notice memory problems, changes in personality or behaviour, confusion, wandering, or incontinence. However, some people with dementia and their carers may deny or minimize the severity of memory loss and associated problems (1).

### **Role of rehabilitation in dementia**

It is estimated that in 2019, 52 million people worldwide were living with dementia and associated problems in functioning that could benefit from rehabilitation (3). Although there is no cure, with early recognition, supportive treatment and rehabilitation, the lives of people with dementia and their carers can be significantly improved, and the physical health, cognition, activity, and well-being of the person with the condition can be optimized (1). Rehabilitation plays an essential role in supporting people in achieving and maintaining optimal levels of functioning and independence as long as possible. All people living with dementia can benefit from rehabilitation; the type of interventions to be delivered depends on the individual's

preferences and the level of severity of the condition. Interventions for rehabilitation in dementia target cognitive, psychological, physical and social aspects of functioning which all help, not only to maintain independence and well-being, but also to be engaged in a meaningful life as long as possible.

### **Target population for the Package of interventions for rehabilitation for dementia**

This *Package of interventions of rehabilitation for dementia* is intended to be used for adults with dementia due to Alzheimer's disease (ICD-11: 6D80 Dementia due to Alzheimer disease) and other diseases (ICD-11: 6D81 Dementia due to cerebrovascular disease; 6D82 Dementia due to Lewy body disease; 6D83 Frontotemporal dementia; 6D84 Dementia due to psychoactive substances including medications; 6D85 Dementia due to diseases classified elsewhere) at all levels of severity.

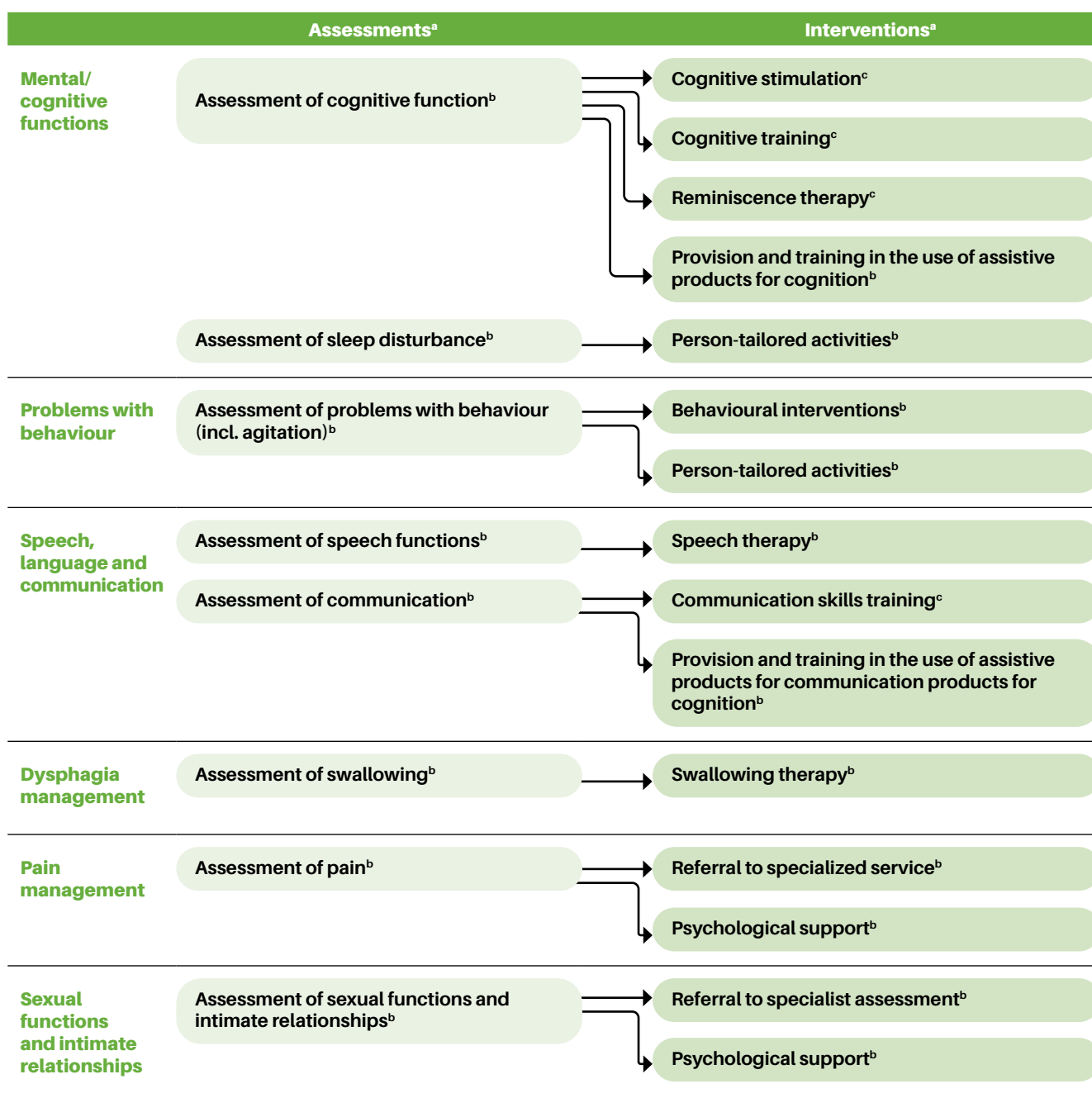
#### **Important links to other WHO products relevant for the care of people with dementia:**

- *Global status report on the public health response to dementia (2).*
- *Global action plan on the public health response to dementia 2017–2025 (4).*
- *Risk reduction of cognitive decline and dementia (5).*
- *iSupport for Dementia (6).*
- *mhGAP Intervention guide for mental, neurological and substance use disorders - version 2.0 (1).*
- *Integrated care for older people: guidelines on community-level interventions to manage declines in intrinsic capacity (ICOPE) (7).*
- *Dementia toolkit for community workers in low-and middle-income countries: guide for community-based management and care of people with dementia (8).*
- *WHO Model List of Essential Medicines (9).*

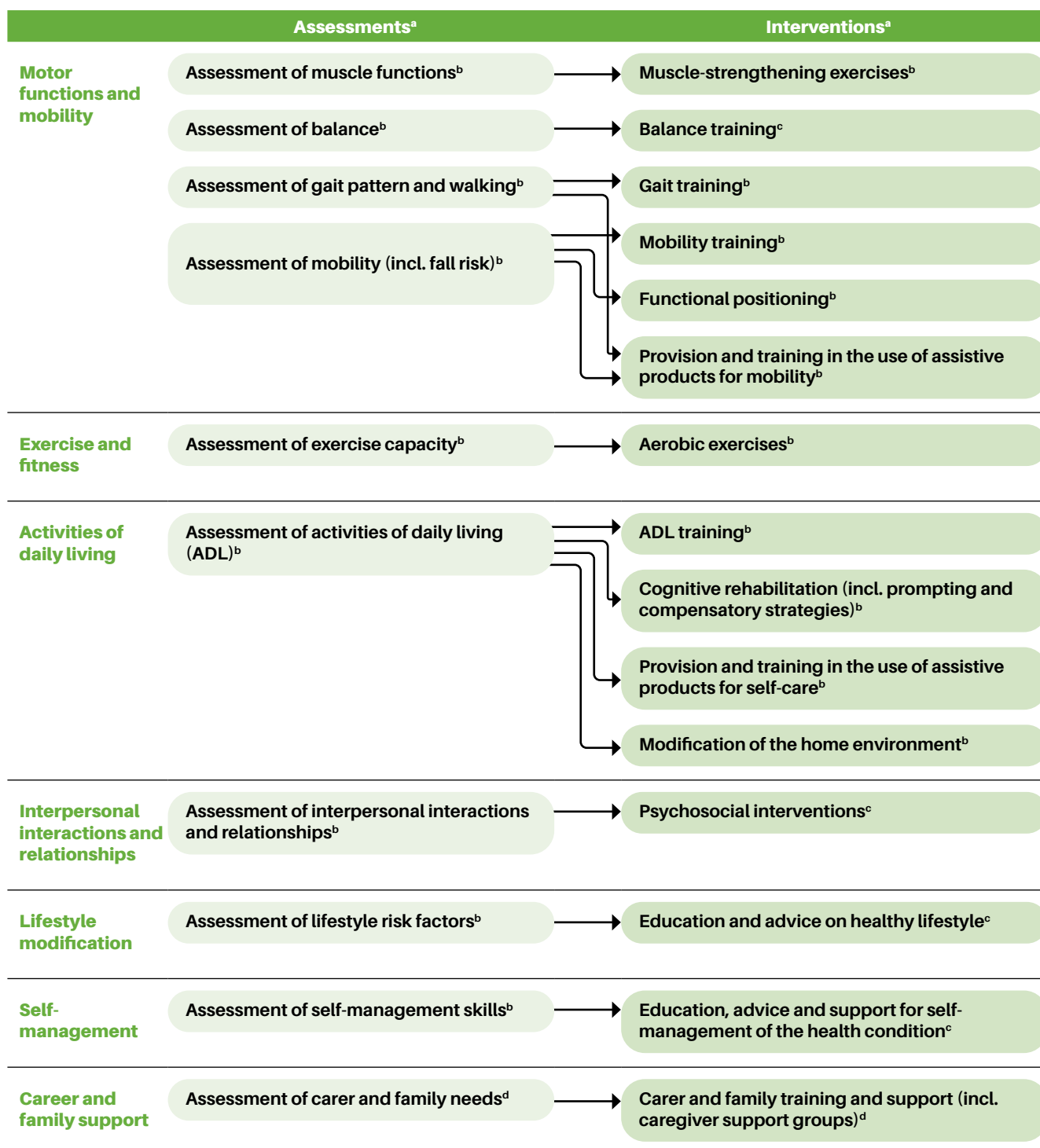
## 6.2 Content of the Package of interventions for rehabilitation for dementia

### Overview of the interventions for rehabilitation in dementia

#### Functioning interventions



[cont.]



<sup>a</sup> See Annex 1 for definitions of assessments and interventions.

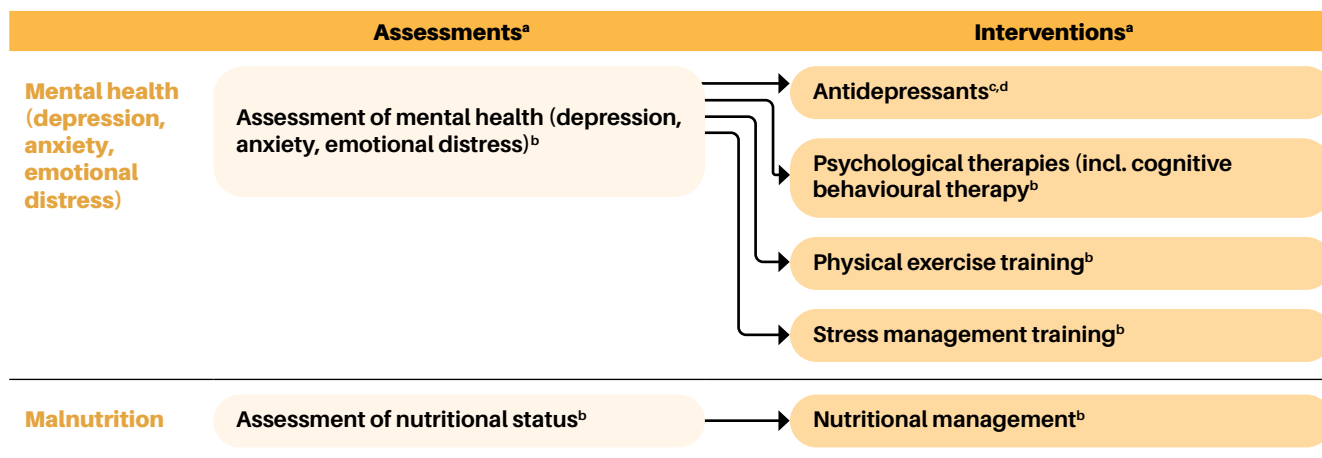
<sup>b</sup> People with dementia at all levels of severity.

<sup>c</sup> People with mild and moderate dementia.

<sup>d</sup> Carers and family members of people with dementia at all levels of severity.



## Interventions for the prevention and treatment of secondary conditions related to dementia



<sup>a</sup> See Annex 1 for definitions of assessments and interventions.

<sup>b</sup> People with dementia at all levels of severity.

<sup>c</sup> People with dementia and moderate to severe depression.

<sup>d</sup> Medicines are included in WHO Model List of Essential Medicines (9).

## Overview of the resources required for rehabilitation in dementia

### Functioning interventions

Intervention	Session time (mins)	Material resources			Occupations (rehabilitation specialists)
		Assistive products	Equipment	Consumables	
<b>Target: Cognitive functions</b>					
<b>Assessment of cognitive functions</b>	60	-	<ul style="list-style-type: none"> <li>• Computer/tablets with software</li> <li>• Cognitive test equipment</li> <li>• Timer</li> </ul>	-	<ul style="list-style-type: none"> <li>• Nursing professional</li> <li>• Occupational therapist</li> <li>• Psychologist</li> <li>• Specialist medical practitioner/ PRM physician</li> </ul>
<b>Cognitive stimulation</b>	30	-	<ul style="list-style-type: none"> <li>• Reading materials</li> <li>• Media (incl. television, music player)</li> <li>• Everyday objects</li> </ul>	-	<ul style="list-style-type: none"> <li>• Nursing professional</li> <li>• Occupational therapist</li> <li>• Psychologist</li> </ul>
<b>Cognitive training</b>	30	-	<ul style="list-style-type: none"> <li>• Computer/tablets with software</li> <li>• Workbooks</li> <li>• Everyday objects</li> <li>• Timer</li> </ul>	-	<ul style="list-style-type: none"> <li>• Occupational therapist</li> <li>• Psychologist</li> </ul>
<b>Reminiscence therapy</b>	45	-	<ul style="list-style-type: none"> <li>• Reading materials</li> <li>• Media (incl. television, music player)</li> <li>• Everyday objects</li> </ul>	-	<ul style="list-style-type: none"> <li>• Nursing professional</li> <li>• Occupational therapist</li> <li>• Psychologist</li> </ul>
<b>Provision and training in the use of assistive products for cognition</b>	30	<ul style="list-style-type: none"> <li>• Global positioning system (GPS) locators</li> <li>• Personal digital assistant (PDA)</li> <li>• Personal emergency alarm systems</li> <li>• Pill organizers</li> <li>• Memory aids</li> <li>• Time management products</li> </ul>	-	-	<ul style="list-style-type: none"> <li>• Nursing professional</li> <li>• Occupational therapist</li> </ul>
<b>Target: Sleep functions</b>					
<b>Assessment of sleep disturbances</b>	15	-	-	-	<ul style="list-style-type: none"> <li>• Psychologist</li> <li>• Specialist medical practitioner/ PRM physician</li> </ul>

	Intervention	Session time (mins)	Material resources			Occupations (rehabilitation specialists)
			Assistive products	Equipment	Consumables	
	Person-tailored activities	60	-	-	-	<ul style="list-style-type: none"> <li>• Nursing professional</li> <li>• Occupational therapist</li> <li>• Social work and counselling professional</li> </ul>
Problems with behaviours	<b>Target: Behaviours</b>					
	Assessment of problems with behaviour (incl. agitation)	60	-	-	-	<ul style="list-style-type: none"> <li>• Nursing professional</li> <li>• Occupational therapist</li> <li>• Psychologist</li> <li>• Specialist medical practitioner/ PRM physician</li> </ul>
	<b>Target: Agitation</b>					
	Behavioural interventions	45	-	-	-	<ul style="list-style-type: none"> <li>• Nursing professional</li> <li>• Occupational therapist</li> <li>• Psychologist</li> </ul>
	Person-tailored activities	60	-	-	-	<ul style="list-style-type: none"> <li>• Nursing professional</li> <li>• Occupational therapist</li> <li>• Social work and counselling professional</li> </ul>
Speech, language and communication	<b>Target: Speech functions</b>					
	Assessment of speech functions	45	-	<ul style="list-style-type: none"> <li>• Computer/tablets with (communication) software</li> <li>• Recorders (video and audio)</li> <li>• Timer</li> <li>• Mirror</li> <li>• Reading materials and pictures</li> <li>• Everyday objects/toys</li> </ul>	<ul style="list-style-type: none"> <li>• Gloves</li> <li>• Straws</li> <li>• Tongue depressor</li> <li>• Tissues</li> <li>• Face masks</li> </ul>	<ul style="list-style-type: none"> <li>• Specialist medical practitioner/ PRM physician</li> <li>• Speech and language therapist/pathologist</li> </ul>
	Speech therapy	45	-	<ul style="list-style-type: none"> <li>• Computer/tablets with (communication) software</li> <li>• Recorders (video and audio)</li> <li>• Timer</li> <li>• Mirror</li> <li>• Metronome</li> <li>• Reading materials and pictures</li> <li>• Everyday objects</li> </ul>	<ul style="list-style-type: none"> <li>• Gloves</li> <li>• Straws</li> <li>• Tongue depressor</li> <li>• Tissues</li> <li>• Face masks</li> </ul>	<ul style="list-style-type: none"> <li>• Speech and language therapist/pathologist</li> </ul>

Intervention	Session time (mins)	Material resources			Occupations (rehabilitation specialists)
		Assistive products	Equipment	Consumables	
<b>Target: Communication</b>					
<b>Assessment of communication</b>	30	-	<ul style="list-style-type: none"> <li>• Computer/tablets with (communication) software</li> <li>• Communication boards/books/cards</li> <li>• Recorders (video and audio)</li> <li>• Reading materials and pictures</li> <li>• Pointers</li> </ul>	-	<ul style="list-style-type: none"> <li>• Nursing professional</li> <li>• Occupational therapist</li> <li>• Speech and language therapist/pathologist</li> </ul>
<b>Communication skills training</b>	45	-	<ul style="list-style-type: none"> <li>• Computer/tablets with (communication) software</li> <li>• Communication boards/books/cards</li> <li>• Recorders (video and audio)</li> <li>• Simplified mobile phones</li> <li>• Reading materials and pictures, toys</li> <li>• Whiteboard</li> <li>• Pointers</li> </ul>	-	<ul style="list-style-type: none"> <li>• Occupational therapist</li> <li>• Speech and language therapist/pathologist</li> </ul>
<b>Provision and training in the use of assistive products for communication</b>	45	<ul style="list-style-type: none"> <li>• Communication boards/books/cards</li> <li>• Simplified mobile phones</li> <li>• Communication software</li> <li>• Recorders</li> </ul>	-	-	<ul style="list-style-type: none"> <li>• Occupational therapist</li> <li>• Speech and language therapist/pathologist</li> </ul>

	Intervention	Session time (mins)	Material resources			Occupations (rehabilitation specialists)
			Assistive products	Equipment	Consumables	
Dysphagia management	<b>Target: Swallowing functions</b>					
	Assessment of swallowing	45	-	• Eating and drinking utensils	• Food dye • Food and liquids with different consistencies	• Nursing professional • Occupational therapist • Specialist medical practitioner/ PRM physician • Speech and language therapist/pathologist
	Swallowing therapy	30	-	• Spit basin • Suction machine • (Adapted) eating and drinking products • Blender • Pillows • Foam rollers/wedges	• Food thickeners • Modified liquids and solids • Straws • Dropper • Oral swabs • Gloves • Apron	• Nursing professional • Occupational therapist • Speech and language therapist/pathologist
Sensation of pain	<b>Target: Sensation of pain</b>					
	Assessment of pain	30	-	-	-	• Nursing professional • Physiotherapist • Specialist medical practitioner/ PRM physician
	Referral to specialized service	5	-	-	-	• Specialist medical practitioner/ PRM physician
	Analgesics	5	-	-	• Analgesics (not specified, depending on the cause for pain)	• Specialist medical practitioner/ PRM physician

	Intervention	Session time (mins)	Material resources			Occupations (rehabilitation specialists)
			Assistive products	Equipment	Consumables	
Sexual functions and intimate relationships	<b>Target: Sexual functions and intimate relationships</b>					
	Assessment of sexual functions and intimate relationships	45	-	-	-	<ul style="list-style-type: none"> <li>• Psychologist</li> <li>• Specialist medical practitioner/ PRM physician</li> </ul>
	Psychological support	45	-	-	-	<ul style="list-style-type: none"> <li>• Psychologist</li> </ul>
	<b>Target: Sexual functions</b>					
	Referral to specialist assessment	5	-	-	-	<ul style="list-style-type: none"> <li>• Specialist medical practitioner/ PRM physician</li> </ul>
Motor functions and mobility	<b>Target: Muscle power functions</b>					
	Assessment of muscle functions	20	-	<ul style="list-style-type: none"> <li>• Treatment table</li> <li>• Handheld dynamometer</li> </ul>	-	<ul style="list-style-type: none"> <li>• Occupational therapist</li> <li>• Physiotherapist</li> <li>• Specialist medical practitioner/ PRM physician</li> </ul>
	Muscle-strengthening exercises	20	-	<ul style="list-style-type: none"> <li>• Treatment table</li> <li>• Exercise mat</li> <li>• Weights</li> <li>• Resistance bands</li> <li>• Resistive exercise putty</li> </ul>	-	<ul style="list-style-type: none"> <li>• Occupational therapist</li> <li>• Physiotherapist</li> </ul>
	<b>Target: Involuntary movement reaction functions (balance)</b>					
	Assessment of balance	20	-	<ul style="list-style-type: none"> <li>• Timer</li> <li>• Measuring tape</li> </ul>	-	<ul style="list-style-type: none"> <li>• Occupational therapist</li> <li>• Physiotherapist</li> <li>• Specialist medical practitioner/ PRM physician</li> </ul>
	Balance training	20	-	<ul style="list-style-type: none"> <li>• Balance board/cushion</li> <li>• Exercise mat</li> <li>• Timer</li> </ul>	-	<ul style="list-style-type: none"> <li>• Occupational therapist</li> <li>• Physiotherapist</li> </ul>

	Intervention	Session time (mins)	Material resources			Occupations (rehabilitation specialists)
			Assistive products	Equipment	Consumables	
Motor functions and mobility	<b>Target: Gait pattern and walking</b>					
	Assessment of gait pattern and walking	30	-	<ul style="list-style-type: none"> <li>• Timer</li> <li>• Measuring tape</li> </ul>	-	<ul style="list-style-type: none"> <li>• Physiotherapist</li> </ul>
	Gait training	30	-	<ul style="list-style-type: none"> <li>• Canes/sticks/tetrapod</li> <li>• Rollators</li> <li>• Walking frames/walkers</li> <li>• Metronome</li> <li>• Mobile mirror</li> <li>• Training stairs</li> </ul>	-	<ul style="list-style-type: none"> <li>• Physiotherapist</li> </ul>
	<b>Target: Mobility</b>					
	Assessment of mobility	30	-	<ul style="list-style-type: none"> <li>• Timer</li> </ul>	-	<ul style="list-style-type: none"> <li>• Nursing professional</li> <li>• Occupational therapist</li> <li>• Physiotherapist</li> </ul>
	Mobility training	30	-	<ul style="list-style-type: none"> <li>• Exercise mat</li> </ul>	-	<ul style="list-style-type: none"> <li>• Nursing professional</li> <li>• Occupational therapist</li> <li>• Physiotherapist</li> </ul>
Functional positioning	10	<ul style="list-style-type: none"> <li>• Adapted seating</li> <li>• Adaptive wheelchair seating (front table, hand plate, tray table)</li> </ul>	<ul style="list-style-type: none"> <li>• Pillows</li> <li>• Foam rollers/wedges</li> </ul>	-	<ul style="list-style-type: none"> <li>• Nursing professional</li> <li>• Occupational therapist</li> <li>• Physiotherapist</li> </ul>	
Provision and training in the use of assistive products for mobility	30	<ul style="list-style-type: none"> <li>• Canes/sticks/tetrapod</li> <li>• Rollators</li> <li>• Walking frames/walkers</li> </ul>	<ul style="list-style-type: none"> <li>• Measuring tape</li> </ul>	-	<ul style="list-style-type: none"> <li>• Nursing professional</li> <li>• Occupational therapist</li> <li>• Physiotherapist</li> </ul>	
Exercise and fitness	<b>Target: Exercise tolerance functions</b>					
	Assessment of exercise capacity	30	-	<ul style="list-style-type: none"> <li>• Timer</li> <li>• Cycle ergometer (arm or leg)</li> <li>• Heart rate monitor</li> </ul>	-	<ul style="list-style-type: none"> <li>• Physiotherapist</li> <li>• Specialist medical practitioner/ PRM physician</li> </ul>
	Aerobic exercises	30	-	<ul style="list-style-type: none"> <li>• Timer</li> <li>• Cycle ergometer (arm or leg)</li> <li>• Heart rate monitor</li> </ul>	-	<ul style="list-style-type: none"> <li>• Physiotherapist</li> </ul>

	Intervention	Session time (mins)	Material resources			Occupations (rehabilitation specialists)
			Assistive products	Equipment	Consumables	
Activities of daily living	<b>Target: Activities of daily living (ADL)</b>					
	Assessment of ADL	30	-	• Utensils for activities of daily living	-	• Nursing professional • Occupational therapist • Physiotherapist
	ADL training	30	-	• Utensils for activities of daily living • Assistive products for toileting • Adapted eating and drinking products • Assistive products for dressing	-	• Nursing professional • Occupational therapist • Physiotherapist
	Cognitive rehabilitation (incl. prompting strategies, compensatory strategies for memory, time management)	60	-	• Simplified mobile phone • Memory aids • Time management products • White board	-	• Occupational therapist • Psychologist
	Provision and training in the use of assistive products for self-care	30	• Assistive products for toileting • Adapted eating and drinking products • Assistive products for dressing	-	-	• Nursing professional • Occupational therapist • Physiotherapist
	Modification of the home environment	60	• Handrail/grab bars • Ramps, portable	• Measuring tape	• Signage	• Physiotherapist • Occupational therapist
Interpersonal interactions and relationships	<b>Target: Interpersonal interactions and relationships</b>					
	Assessment of interpersonal interactions and relationships	30	-	-	-	• Nursing professional • Occupational therapist • Psychologist • Specialist medical practitioner/ PRM physician
	Psychosocial interventions	60	-	-	-	• Nursing professional • Occupational therapist • Psychologist • Social work and counselling professional



	Intervention	Session time (mins)	Material resources			Occupations (rehabilitation specialists)
			Assistive products	Equipment	Consumables	
Lifestyle modification	<b>Target: Healthy lifestyle</b>					
	Assessment of lifestyle risk factors	20	-	<ul style="list-style-type: none"> <li>• Measuring tape</li> <li>• Scale weight</li> </ul>	-	<ul style="list-style-type: none"> <li>• Dietitian and nutritionist</li> <li>• Nursing professional</li> <li>• Occupational therapist</li> <li>• Physiotherapist</li> <li>• Psychologist</li> <li>• Specialist medical practitioner/ PRM physician</li> </ul>
	Education, advice and support for healthy lifestyle	45	-	-	<ul style="list-style-type: none"> <li>• Information materials (e.g. flyers, brochures)</li> </ul>	<ul style="list-style-type: none"> <li>• Dietitian and nutritionist</li> <li>• Nursing professional</li> <li>• Occupational therapist</li> <li>• Physiotherapist</li> <li>• Psychologist</li> <li>• Specialist medical practitioner/ PRM physician</li> </ul>
Self-management	<b>Target: Self-management</b>					
	Assessment of self-management skills	30	-	-	-	<ul style="list-style-type: none"> <li>• Nursing professional</li> <li>• Occupational therapist</li> <li>• Psychologist</li> <li>• Specialist medical practitioner/PRM physician</li> </ul>
	Education, advice and support for the self-management of the health condition	45	-	-	<ul style="list-style-type: none"> <li>• Information materials (e.g. flyers, brochures)</li> </ul>	<ul style="list-style-type: none"> <li>• Dietitian and nutritionist</li> <li>• Nursing professional</li> <li>• Occupational therapist</li> <li>• Peer counsellor</li> <li>• Physiotherapist</li> <li>• Psychologist</li> <li>• Specialist medical practitioner/ PRM physician</li> </ul>

	Intervention	Session time (mins)	Material resources			Occupations (rehabilitation specialists)
			Assistive products	Equipment	Consumables	
Carer and family support	<b>Target: Carer and family support</b>					
	<b>Assessment of carer and family needs</b>	30	-	-	-	<ul style="list-style-type: none"> <li>• Nursing professional</li> <li>• Occupational therapist</li> <li>• Psychologist</li> <li>• Social work and counselling professional</li> </ul>
	<b>Carer and family training and support</b> (incl. caregiver support groups)	45	-	-	<ul style="list-style-type: none"> <li>• Information materials (e.g. flyers, brochures)</li> </ul>	<ul style="list-style-type: none"> <li>• Occupational therapist</li> <li>• Nursing professional</li> <li>• Psychologist</li> <li>• Social work and counselling professional</li> </ul>

ADL: activity of daily living; PRM: physical and rehabilitation medicine.

## Interventions for the prevention and treatment of secondary conditions related to dementia

	Intervention	Session time (mins)	Material resources			Occupations (rehabilitation specialists)
			Assistive products	Equipment	Consumables	
Mental health	<b>Target: Mental health (in particular depression, anxiety, emotional distress)</b>					
	<b>Assessment of mental health</b>	60	-	-	-	<ul style="list-style-type: none"> <li>• Psychologist</li> <li>• Specialist medical practitioner/ PRM physician</li> </ul>
	<b>Antidepressants</b>	5	-	-	• Antidepressants	• Specialist medical practitioner/ PRM physician
	<b>Psychological therapies</b> (incl. cognitive behavioural therapy)	60	-	-	-	• Psychologist
	<b>Physical exercise training</b>	30	-	<ul style="list-style-type: none"> <li>• Timer</li> <li>• Exercise mats</li> <li>• Resistance bands</li> <li>• Weights</li> <li>• Cycle ergometer (arm or leg)</li> </ul>	-	• Physiotherapist
	<b>Stress management training</b>	30	-	-	-	• Psychologist
Malnutrition	<b>Target: Malnutrition</b>					
	<b>Assessment of nutritional status</b>	20	-	<ul style="list-style-type: none"> <li>• Scale weight (wheelchair accessible)</li> <li>• Measuring tape</li> </ul>	-	<ul style="list-style-type: none"> <li>• Dietitian and nutritionist</li> <li>• Nursing professional</li> <li>• Specialist medical practitioner/ PRM physician</li> </ul>
	<b>Nutritional management</b> (incl. monitoring of hydration)	30	-	-	<ul style="list-style-type: none"> <li>• Nutritional supplements</li> <li>• Nutritional diary</li> </ul>	<ul style="list-style-type: none"> <li>• Dietitian and nutritionist</li> <li>• Nursing professional</li> <li>• Specialist medical practitioner/ PRM physician</li> </ul>

PRM: physical and rehabilitation medicine.

## Summary of the required material resources and workforce

### Material resources

Assistive products (for prescription)	Equipment (for service facilities)	Consumables (for service facilities)
<p><b>Products for cognition</b></p> <ul style="list-style-type: none"> <li>• Global positioning system (GPS) locators</li> <li>• Memory aids</li> <li>• Personal digital assistant (PDA)</li> <li>• Personal emergency alarm systems</li> <li>• Pill organizers</li> <li>• Simplified mobile phones</li> <li>• Time management products</li> </ul> <p><b>Products for communication</b></p> <ul style="list-style-type: none"> <li>• Communication boards/books/cards</li> <li>• Communication software</li> </ul> <p><b>Products for self-care</b></p> <ul style="list-style-type: none"> <li>• Adapted eating and drinking products</li> <li>• Assistive products for toileting</li> <li>• Assistive products for dressing</li> </ul> <p><b>Products for mobility</b></p> <ul style="list-style-type: none"> <li>• Adapted seating</li> <li>• Adaptive wheelchair seating</li> <li>• Canes/sticks/tetrapod</li> <li>• Handrail/grab bars</li> <li>• Ramps, portable</li> <li>• Recorders</li> <li>• Rollators</li> <li>• Walking frames/walkers</li> </ul>	<p><b>Specific for assessment</b></p> <ul style="list-style-type: none"> <li>• Cognitive test equipment</li> <li>• Hand-held dynamometer</li> <li>• Heart rate monitor</li> <li>• Measuring tape</li> <li>• Scale weight (wheelchair accessible)</li> </ul> <p><b>For interventions</b></p> <ul style="list-style-type: none"> <li>• Communication boards/books/cards</li> <li>• Computer/tablets with (communication) software</li> <li>• Reading materials and pictures</li> <li>• Recorders (video and audio)</li> <li>• Media (incl. television, music player)</li> <li>• White board</li> <li>• Pointers</li> <li>• Workbooks</li> <li>• (Adapted) eating and drinking products</li> <li>• Assistive products for dressing</li> <li>• Assistive products for toileting</li> <li>• Utensils for activities of daily living</li> <li>• Everyday objects</li> <li>• Memory aids</li> <li>• Time management products</li> <li>• Simplified mobile phones</li> <li>• Spit basin</li> <li>• Suction machine</li> <li>• Blender</li> <li>• Canes/sticks/tetrapod</li> <li>• Rollators</li> <li>• Walking frames/walkers</li> <li>• Foam rollers/wedges</li> <li>• Pillows</li> <li>• Treatment table</li> <li>• Resistance bands</li> <li>• Resistive exercise putty</li> <li>• Weights</li> <li>• Exercise mat</li> <li>• Balance board/cushion</li> <li>• Cycle ergometer (arm or leg)</li> <li>• Metronome</li> <li>• Mobile mirror</li> <li>• Training stairs</li> <li>• Timer</li> </ul>	<ul style="list-style-type: none"> <li>• Antidepressants</li> <li>• Apron</li> <li>• Dropper</li> <li>• Face masks</li> <li>• Food dye</li> <li>• Food thickeners</li> <li>• Food/drink with different consistencies</li> <li>• Gloves</li> <li>• Information materials (e.g. flyers, brochures)</li> <li>• Modified liquids and solids</li> <li>• Nutritional diary</li> <li>• Nutritional supplements</li> <li>• Oral swabs</li> <li>• Signage</li> <li>• Straws</li> <li>• Tissues</li> <li>• Tongue depressor</li> </ul> <p><b>Medicines</b></p> <ul style="list-style-type: none"> <li>• Analgesics (not specified, depending on the cause for pain)</li> </ul>

## Workforce

### Overview of rehabilitation specialists qualified to deliver interventions for rehabilitation for dementia (in alphabetical order)

- Dietitians and nutritionists
- Nursing professionals
- Occupational therapists
- Physiotherapists
- Psychologists
- Social work and counselling professionals
- Specialist medical practitioners/PRM physicians
- Speech and language therapists/pathologists

---

PRM: physical and rehabilitation medicine.

## 6.3 Members of the working groups

The following experts have contributed to the development of the *Package of interventions for rehabilitation for dementia* along the different development steps and using the listed clinical practice guidelines and Cochrane systematic reviews. See Annex 2 for a summary of declarations of interest.

### Members of the technical working group

Shantel DUFFY (Exercise physiologist, Australia); Yun-Hee JEON (Registered nurse, Australia); Luisa KREIN (Speech and language pathologist, Australia); Loren MOWSZOWSKI (Neuropsychologist, Australia); Claire O'CONNOR (Occupational therapist, Australia).

### Members of the development group

Hamed AL SINAWI (Psychiatrist, Oman); Angela ALLEN (Nurse, USA); Filiz CAN (Physiotherapist, the Republic of Türkiye); Linda CLARE (Neuropsychologist, United Kingdom); Sebestina DSOUZA (Occupational therapist, India); Lesley GARCIA (Occupational therapist, Trinidad and Tobago); Susan HUNTER (Physiotherapist, Canada); Yun-Hee JEON (Nurse, Australia); Kate LAVER (Occupational therapist, Australia); Carlos Augusto de Mendonca LIMA (Medical doctor, Italy); Lee-Fay LOW (Psychologist, Australia); Martin ORRELL (Psychiatrist, United Kingdom); Dua QUTISHAT (Speech and language pathologist, Jordan); Mysore S Renuka PRASAD (Psychiatrist, Canada); Arseny SOKOLOV (Neurologist, Germany/Russian Federation); Kate SWAFFER (Nurse, Consumer representative, Australia); Hamza Ben TAIEB (Physiotherapist, Morocco); VP VANDANA (Speech and language pathologist, Audiologist, India); Mathew VARGHESE (Psychiatrist, India).

### Members of the peer review group

Hanadi Khamis AL HAMAD (Geriatrician, Qatar); Ricardo ALLEGRI (Neurologist, Argentina); Kasia BAIL (Nurse, Australia); Patricia BELCHIOR (Occupational therapist, Brazil/Canada); Michele CALLISAYA (Physiotherapist, Australia); Vanina DAL BELLO-HAAS (Physiotherapist, Canada); Sue EVANS (Occupational therapist, United Kingdom); Hans HOBBELEN (Physiotherapist/Movement scientist, Netherlands (Kingdom of the)); Den-Ching Angel LEE (Physiotherapist, Australia); Caitlin McARTHUR (Physiotherapist, Canada); Jane MEARS (Consumer representative, Australia); Elizabeth MUTUNGA (Consumer representative, Kenya); Yaser NATOUR (Speech and language pathologist, Jordan); Mayowa OWOLABI (Neurologist, Nigeria); Jackie POOL (Occupational therapist, United Kingdom); Plaiwan SUTTANON (Physiotherapist, Thailand); Morag TAYLOR (Physiotherapist, Australia); Robert WOODS (Psychologist, United Kingdom).

Katrin SEEHER (Technical officer, Brain Health Unit, WHO Mental Health and Substance Use Department) provided valuable support and feedback throughout the development of the *Package of interventions for rehabilitation for dementia*.

## 6.4 References

1. mhGAP Intervention guide for mental, neurological and substance use disorders in non-specialized health settings: mental health GAP Action Programme (mhGAP) – version 2.0. Geneva; World Health Organization, 2016 (<https://apps.who.int/iris/handle/10665/250239>, accessed December 2022).
2. Global status report on the public health response to dementia. Geneva: World Health Organization; 2021 (<https://apps.who.int/iris/handle/10665/344701>, accessed November 2022).
3. Cieza A, Causey K, Kamenov K, Wulf Hansons S, Chatterji S, Vos T. Global estimates of the need for rehabilitation based on the Global Burden of Disease study 2019: a systematic analysis for the Global Burden of Disease Study 2019. *Lancet*. 2021;396:2006–17.
4. Global action plan on the public health response to dementia 2017–2025. Geneva: World Health Organization; 2017 (<https://apps.who.int/iris/handle/10665/259615>, accessed November 2022).
5. Risk reduction of cognitive decline and dementia. Geneva: World Health Organization; 2019 (<https://apps.who.int/iris/handle/10665/312180>, accessed November 2022).
6. iSupport for Dementia. Geneva: World Health Organization; 2019 (<https://apps.who.int/iris/handle/10665/324794>, accessed November 2022).
7. Integrated care for older people: guidelines on community-level interventions to manage declines in intrinsic capacity (ICOPE). Geneva: World Health Organization; 2017 (<https://apps.who.int/iris/handle/10665/258981>, accessed November 2022).
8. Dementia toolkit for community workers in low-and middle-income countries: guide for community-based management and care of people with dementia. Manila, Philippines. World Health Organization Regional Office for the Western Pacific. 2018 (<https://apps.who.int/iris/handle/10665/260405>, accessed November 2022).
9. WHO Model List of Essential Medicines. Geneva: World Health Organization; 2021 (<https://apps.who.int/iris/handle/10665/345533>, accessed November 2022).





# Annex 1. Glossary of assessments and interventions

For each assessment and intervention included in the *Package of interventions for rehabilitation*, short descriptions are provided to help to understand each specific action.

## A1.1 Assessments

Assessment	Description of the assessment
<b>Assessment of activities of daily living</b>	Activities of daily living (ADL) are tasks regularly performed as part of self-care activities (e.g. washing, caring for body parts, toileting, dressing, eating and drinking, and looking after one's health), or instrumental activities (e.g. household tasks, acquisition of goods and services, and managing communication, relationships and finances). The assessment of ADL (including initial screening to determine the need for comprehensive assessment) uses interviewing, observation and standardized self-reported questionnaires to determine the presence and/or severity of the limitations in ADL, ascertain their impact on functioning, and inform care planning, including the need for referral or follow-up.
<b>Assessment of balance</b>	For balance or postural control, sensory (vestibular, somatosensory and visual) information is processed to inform a muscular response that allows maintenance of a body position. The assessment of balance (including initial screening to determine the need for comprehensive assessment) uses observation and standardized balance tests to determine the presence and/or severity of impairments in balance and related risk of falls, ascertain their impact on functioning, and inform care planning, including the need for referral or follow-up.
<b>Assessment of blood pressure functions</b>	Blood pressure describes the pressure of the blood within the arteries, determined by the contraction of the left ventricle, the resistance of the arterioles and capillaries, the elasticity of the arterial walls, and the viscosity and volume of the blood. The assessment of blood pressure functions uses interviewing for symptoms related to impairments in blood pressure functions (e.g. dizziness) and measurement (e.g. use of analogue or digital blood pressure monitor) to determine the presence and/or severity of impairment, ascertain their impact on functioning, and inform care planning, including the need for referral or follow-up.
<b>Assessment of cardiovascular system functions</b>	Cardiovascular functions comprise the functions of the heart and blood vessels (e.g. heart rate and rhythm, blood pressure functions). The assessment of cardiovascular system functions uses interviewing for symptoms related to impairments in heart and blood vessel functions, and measurement to determine the presence and/or severity of impairment in the functions, ascertain their impact on functioning, and inform care planning, including the need for referral or follow-up.
<b>Assessment of carer and family needs</b>	The role of carer often presents a huge burden that may result in overstrain and health issues. The assessment of carer and family needs uses interviewing and standardized self-reported questionnaires to determine the physical, mental and emotional needs, and the person's knowledge and skills to provide care. It also assesses the need for referral to comprehensive assessment and treatment if required.

Assessment	Description of the assessment
<b>Assessment of cognitive functions</b>	Cognitive functions comprise mental functions such as consciousness, orientation, attention, memory, sensory perception, language, abstraction, organization, planning, insight, judgment, calculation and problem-solving. The assessment of cognitive functions (including initial screening to determine the need for comprehensive assessment) uses observation, interviewing, standardized self-reported questionnaires or standardized cognitive tests to determine the presence and/or severity of impairment in mental functions, ascertain their impact on functioning, and inform care planning, including the need for referral or follow-up.
<b>Assessment of communication</b>	Communication is performed by using words, sounds, signs or behaviours to express or exchange information, and is learned from early childhood. Difficulties in communication can relate to problems with understanding and expressing language, impairments in hearing, speech or vocal functions, and also to psychological issues. The assessment of communication (including initial screening to determine the need for comprehensive assessment) uses observation, interviewing, standardized self-reported questionnaires or communication tests to determine the presence and/or severity of impairment in communication functions, ascertain their impact on functioning, and inform care planning, including the need for referral or follow-up.
<b>Assessment of defecation functions</b>	Defecation is the physiological process to eliminate wastes and undigested food as faeces. The assessment of defecation (including initial screening to determine the need for comprehensive assessment) uses interviewing, physical examination and diagnostic test such as barium enema, to determine the presence and/or severity of impairment in defecation functions, ascertain their impact on functioning, and inform care planning, including the need for a referral or follow-up.
<b>Assessment of exercise capacity</b>	Exercise capacity is the ability to increase oxygen uptake above that at rest. Exercise tolerance relates to an individual's exercise capacity to endure exercise or to achieve a maximum workload. The assessment of exercise capacity (including initial screening to determine the need for comprehensive assessment) uses self-reported questionnaires and rating scales and standardized maximal exercise tests (e.g. walking, ergometer or treadmill testing) to determine the presence and/or severity of reduced exercise capacity, ascertain their impact on functioning, and inform care planning, including the need for referral or follow-up.
<b>Assessment of fatigue</b>	Fatigue describes extreme and prolonged feelings of tiredness, triggered by physical or mental activities, which extend beyond normal tiredness. Fatigue often relates to the experience of stress, sleep disturbances, use of medication, or physical or mental disorders. The assessment of fatigue (including initial screening to determine the need for comprehensive assessment) uses interviewing, standardized self-reported questionnaires and rating scales to determine the presence and/or severity of fatigue, ascertain their impact on functioning, and inform care planning, including the need for referral or follow-up.
<b>Assessment of gait pattern and walking</b>	Walking is the ability to move along different surfaces for short or long distances and at different speeds. Unrestricted and safe walking requires, among other factors, an intact gait pattern, which describes the specific sequences of limb and joint movements during walking. The assessment of gait pattern and walking (including initial screening to determine the need for comprehensive assessment) uses observational gait analysis and the measurement of walking speed and walking distance to determine the presence and/or severity of limitations in gait and walking, ascertain their impact on functioning, and inform care planning, including the need for referral or follow-up.
<b>Assessment of hand and arm use</b>	Hand and arm use comprises several specific activities, such as lifting, carrying, moving or manipulating objects, which require intact fine and gross motor functions. For the assessment of hand and arm use, activities most relevant to the individual are selected. The assessment of hand and arm use (including initial screening to determine the need for comprehensive assessment) uses interviewing, observation and standardized tests to determine the presence and/or severity of limitations in hand and arm use, ascertain their impact on functioning, and inform care planning, including the need for referral or follow-up.

Assessment	Description of the assessment
<b>Assessment of heart functions</b>	Heart functions are determined by heart rate, rhythm, contraction force of ventricular muscles, and the blood supply to the heart. The assessment of heart functions (including initial screening and monitoring) uses interviewing on symptoms related to impairments in heart functions (e.g. tightness of chest, dyspnoea, dizziness), physical examination (including inspection, palpation and auscultation) and diagnostic tests (e.g. electrocardiogram, imaging, specialized cardiovascular test) to determine the presence and/or severity of impairments in heart functions, ascertain their impact on functioning, and inform care planning, including the need for referral or follow-up.
<b>Assessment of heterotopic ossification</b>	Heterotopic ossification is the presence of bone in soft tissue where bone normally does not exist; it is most often a secondary consequence of musculoskeletal trauma, spinal cord injury or central nervous system injury. The assessment of heterotopic ossification uses imaging procedures to determine the presence and/or severity of the existence of bone in soft tissue, ascertain their impact on functioning, and inform care planning, including the need for referral or follow-up.
<b>Assessment of interpersonal interactions and relationships</b>	Maintaining basic and complex interpersonal interactions and relationships depends on the level of physical and mental functioning, social skills and specific situation of the individual and the people who relate to the individual. The assessment (including initial screening) can be conducted by observation, interviewing or using standardized self-reported questionnaires.
<b>Assessment of joint integrity</b>	Joint integrity describes the soundness of the anatomical and kinematic properties of a joint. Joint integrity is determined through the intactness of bones and the surrounding soft tissue (capsule, ligaments and muscles). The assessment of joint integrity (including initial screening to determine the need for comprehensive assessment) uses clinical tests or imaging to determine the presence and/or severity of impairments in joint integrity, ascertain their impact on functioning, and inform care planning, including the need for referral or follow-up.
<b>Assessment of joint mobility</b>	Joint mobility is the range through which a joint can be moved actively or passively. Joint mobility is determined by motor functions, structures of the joint and flexibility of soft tissue. The assessment of joint mobility (including initial screening to determine the need for comprehensive assessment) uses observation and standardized measurements using equipment (e.g. goniometer, inclinometer, tape measures) to determine the presence and/or severity of impairments in joint mobility, ascertain their impact on functioning, and inform care planning, including the need for referral or follow-up.
<b>Assessment of language</b>	Using language comprises the capacity to understand and express spoken, written or other forms of language. This capacity is developed in the early ages of development. Problems with using language include, amongst others, the lack of development of oral language due to hearing loss, for example, but also different types of impairments due to brain damage (e.g. aphasia). The assessment of language (including initial screening to determine the need for comprehensive assessment) uses observation, interviewing, standardized self-reported questionnaires or standardized tests to determine the presence and/or severity of problems with using language, ascertain their impact on functioning, and inform care planning, including the need for referral or follow-up.
<b>Assessment of lifestyle risk factors</b>	Lifestyle risk factors relate to health behaviours that are associated with an increased risk of morbidity and mortality (tobacco use, excessive intake of alcohol, physical inactivity and unhealthy nutrition). The assessment of lifestyle risk factors (including initial screening to determine the need for comprehensive assessment) uses interviewing and standardized self-reported questionnaires to determine the health risks related to lifestyle, ascertain their impact on health and functioning, and inform care planning, including the need for referral or follow-up.

Assessment	Description of the assessment
<b>Assessment of mental health</b>	Mental health has intrinsic and instrumental value, helping people to connect (e.g. having positive relationships, sense of belonging), function (e.g. applying cognitive skills, learn new skills), cope (e.g. deal with stress, understanding and managing emotions) and thrive (e.g. feeling good, finding purpose in life). The assessment of mental health (using initial screening to determine the need for comprehensive assessment) uses interviewing and standardized self-reported questionnaires to determine the presence and/or severity of psychosocial health issues, ascertain their impact on functioning, and inform care planning, including the need for referral or follow-up.
<b>Assessment of mobility</b>	Mobility comprises several activities, such as transferring, or changing body position, and moving around indoors and outdoors either by walking, with the help of an assistive product (e.g. a wheelchair), or by using different means of transportation. Thus, for the assessment (including initial screening) of mobility, the activities most relevant for the individual are selected. The assessment of mobility (including initial screening to determine the need for comprehensive assessment) uses interviewing, observation and standardized tests to determine the presence and/or severity of limitations in mobility and related fall risk, ascertain their impact on functioning, and inform care planning, including the need for referral or follow-up.
<b>Assessment of movement functions</b>	Movement functions comprise functions such as motor reflex functions, voluntary and involuntary movement functions or gait pattern. The assessment of movement functions (including initial screening to determine the need for comprehensive assessment) uses observation, physical examination and standardized tests to determine the presence and/or severity of impairments in movement functions, ascertain their impact on functioning, and inform care planning, including the need for a referral or follow-up.
<b>Assessment of muscle functions</b>	Muscle functions refer to the force (maximal force = strength, force x velocity = power) generated by the contraction of a muscle or muscle groups. The assessment of the function of specific muscles or muscle groups (including initial screening to determine the need for comprehensive assessment) uses standardized tests either with the use of equipment (e.g. handheld dynamometry, isokinetic devices), or without (e.g. manual muscle testing), to determine the presence and/or severity of muscle weakness, ascertain their impact on functioning, and inform care planning, including the need for referral or follow-up.
<b>Assessment of muscle tone functions</b>	Muscle tone functions refer to the tension present in resting muscles, and the resistance offered when trying to move the muscles passively. Impairments include hypotonia, hypertonia, spasticity, myotonia and paramyotonia. Assessment of muscle tone functions (including initial screening to determine the need for comprehensive assessment) uses observation, interviewing and physical examination to determine the presence and/or severity of impairments in muscle tone functions, ascertain their impact on functioning, and inform care planning, including the need for a referral or follow-up.
<b>Assessment of nutritional status</b>	Nutritional status describes the state of the body in relation to the consumption and utilization of nutrients, and can be classified as well-nourished or malnourished (under- or over-nourished). The assessment of nutritional status uses anthropometric measures to assess body composition (measurement of weight, height, body mass index, body circumferences and skinfold thickness), laboratory tests to assess biochemical parameters, clinical assessment of comorbid conditions, and interviewing to assess dietary practices. Assessment aims to ascertain the impact of the nutritional status on health and functioning, and inform care planning, including the need for referral or follow-up.
<b>Assessment of oedema</b>	Oedema (e.g. peripheral or lymphoedema) describes an abnormal fluid volume in the circulatory system or in the interstitial space. The assessment of oedema (including initial screening to determine the need for comprehensive assessment) uses a physical examination (including inspection, palpation, circumference measurements) to determine the presence and/or severity of oedema, ascertain their impact on functioning, and inform care planning, including the need for referral or follow-up.

Assessment	Description of the assessment
<b>Assessment of pain</b>	Pain is an unpleasant sensory or emotional experience associated with, or resembling that associated with, actual or potential tissue damage. Pain can be differentiated into nociceptive or neuropathic pain (including phantom limb pain), and into acute (short-term) or chronic (longer than 3 months) pain. The experience of pain often relates to specific physical activities as well as to psychological factors. The assessment of pain (including initial screening to determine the need for comprehensive assessment) needs to integrate a biopsychosocial perspective, including the assessment of the location, nature and intensity of pain, aggravating and easing factors, pain-related coping, and interference with activities and social determinants. The assessment of pain uses interviewing, standardized self-reported questionnaires, rating scales and physical examination (e.g. pain provoking tests) to determine the presence and/or severity of pain, ascertain their impact on functioning, and inform care planning, including the need for referral or follow-up.
<b>Assessment of participation in community and social life</b>	Community and social life performance refers to the person's level of participation in various social and community life activities (e.g. sport, recreation and leisure, religion and spirituality, or political life). The assessment of participation in community and social life uses interviewing and standardized self-reported questionnaires to determine the presence and/or severity of restrictions in participation and inform care planning, including the need for referral or follow-up.
<b>Assessment of perceptual functions</b>	Perceptual functions are the specific mental functions of recognizing, processing and interpreting sensory stimuli; they cover auditory, visual, olfactory, gustatory, tactile and visuospatial perception. Impairments in sensory perception and processing can impact vision, hearing or movement, and can also contribute to problems with behaviour. Assessment of perceptual functions uses interviewing, observation or clinical tests to determine the presence and/or severity of impairment in perceptual functions, ascertain their impact on functioning, and inform care planning, including the need for referral or follow-up.
<b>Assessment of problems with behaviour</b>	Problems with behaviour (also called "challenging", "problematic", or "inappropriate" behaviours, or "behavioural and psychological symptoms") comprise symptoms such as, for example, agitation, aggression, inattention, or over-activity. Problems with behaviour can be caused or triggered by factors that are biological (e.g. pain), social (e.g. boredom, insensitivity of others), environmental (e.g. noise and lighting) or psychological (e.g. emotional problems), which may endanger the physical safety of the person or others, limit interpersonal interactions, or deny access to community facilities. The assessment of problems with behaviour uses interviewing, observation and standardized instruments to determine the presence and/or severity of the problems and their impact on functioning, as well as to inform care planning, including the need for referral or follow-up.
<b>Assessment of respiratory functions</b>	Respiratory functions comprise inhaling air into the lungs, exchanging gases between air and blood, and exhaling air. Respiration rate, rhythm and depth determine oxygen uptake and output. The assessment of respiratory functions (including initial screening to determine the need for comprehensive assessment) uses physical examination (including observation, measurement of respiration rate and rhythm) and lung function tests (e.g. spirometry) to determine the presence and/or severity of impairments in respiratory functions, ascertain their impact on functioning, and inform care planning, including the need for referral or follow-up.
<b>Assessment of self-management skills</b>	Good self-management skills help people to take care of their own health and functioning. They are based on a person's knowledge about their health condition and functioning and on their confidence in applying appropriate measures that they can apply independently. Assessment uses interviewing and standardized self-reported questionnaires to inform the planning of education, advice and support to improve the person's self-management skills.
<b>Assessment of sensory functions</b>	Sensory functions comprise taste, smell, proprioceptive and touch functions, as well as functions related to sensing temperature, vibration, pressure and noxious stimuli. The assessment of sensory functions (including initial screening to determine the need for comprehensive assessment) uses interviewing or standardized clinical or diagnostic tests to determine the presence and/or severity of impairments in sensory functions, ascertain their impact on functioning, and inform care planning, including the need for referral or follow-up.

Assessment	Description of the assessment
<b>Assessment of sexual functions and intimate relationships</b>	Sexual functions refer to the mental and physical functions related to the sexual act, including the arousal, preparatory, orgasmic and resolution stages. Intimate relationship functions refer to the person's ability to create and maintain close or romantic relationships with another person, such as husband, wife or sexual partners. The assessment (including initial screening) uses interviewing, physical examination or standardized self-reported questionnaires to determine the presence and/or severity of problems related to sexual functions and intimate relationships, and inform care planning, including the need for referral or follow-up. The romantic partner may be involved in the assessment.
<b>Assessment of sexual reproductive functions</b>	Sexual reproductive functions refer to male and female functions related to reproduction, such as the production of both gametes and sex hormones. The assessment (including initial screening) uses interviewing, physical examination and specimen collection to determine the presence and/or severity of problems related to sexual functions and intimate relationships, and inform care planning, including the need for referral or follow-up.
<b>Assessment of sleep disturbances</b>	Sleep disturbances can relate to the experience of stress, existence of health conditions (e.g. mental health disorders), or presence of independent disorders such as insomnia, sleep apnoea, narcolepsy, restless legs syndrome and rapid eye movement (REM) sleep behaviour disorder. The assessment of sleep functions uses interviewing and brief standardized self-reported questionnaires to identify the potential presence of sleep disturbances, ascertain their impact on functioning, and inform rehabilitation planning, including the referral to specialist services if needed.
<b>Assessment of speech functions</b>	Speech impairments may include problems with speech fluency and rhythm, articulation and coordination of speech due to brain damage (e.g. stuttering, dysarthria or speech apraxia), hearing loss or developmental disorders. The assessment of speech functions (including initial screening to determine the need for comprehensive assessment) uses observation, interviewing, standardized self-reported questionnaires or standardized tests to determine the presence and/or severity of impairments in speech functions, ascertain their impact on functioning, and inform care planning, including the need for referral or follow-up.
<b>Assessment of swallowing</b>	Difficulties in swallowing (dysphagia) comprise problems occurring during the passage of solids or liquids from the mouth to the stomach, including sucking, chewing and biting, manipulating food in the mouth, salivation and swallowing. Severe complications in swallowing may include aspiration, dehydration or weight loss. The assessment of swallowing (including initial screening to determine the need for comprehensive assessment) uses observation, interviewing, physical examination and diagnostic test to determine the presence and/or severity of impairment in functions related to swallowing, ascertain their impact on functioning, and inform care planning, including the need for a referral or follow-up.
<b>Assessment of the skin</b>	The integrity of the skin is determined by its intact surface and the capacity to heal if wounds occur. Poor skin integrity increases the risk for pressure ulcers or infections and poor wound healing. The assessment of the skin (including initial screening to determine the need for comprehensive assessment) generally uses physical examination (including observation and palpation) to determine the presence and/or severity of impairments in the structure of the skin. Additionally, it includes the identification of risks for skin damage. Assessments of the skin and risk for skin damage ascertain impact on functioning, and inform care planning, including the need for referral or follow-up.
<b>Assessment of urination functions</b>	Urination is the process of discharging urine from the urinary bladder. The assessment of urination functions (including initial screening to determine the need for comprehensive assessment) uses interviewing, physical examination and specific diagnostic tests to determine the presence and/or severity of impairment in urination functions, ascertain their impact on functioning, and inform care planning, including the need for a referral or follow-up.

Assessment	Description of the assessment
<b>Assessment of vestibular functions</b>	Vestibular functions are specific sensory functions of the inner ear related to position, balance and movement. The assessment of vestibular functions (including initial screening and monitoring) uses interviewing on symptoms related to impairments in vestibular functions (e.g. nausea, vertigo, intolerance to movement, postural instability) and diagnostic tests to determine the presence and/or severity of impairments in vestibular functions, ascertain their impact on functioning, and inform care planning, including the need for a referral or follow-up.
<b>Assessment of voice functions</b>	Voice functions comprise the production of sounds by the passage of air through the larynx. This requires coordination between the larynx and surrounding muscles with the respiratory system. Impairments in voice functions lead to reduced quality of voice (e.g. aphonia, dysphonia or hoarseness). The assessment of voice functions (including initial screening to determine the need for comprehensive assessment) uses observation, physical examination or diagnostic tests to determine the presence and/or severity of impairments in voice functions, ascertain their impact on functioning, and inform care planning, including the need for referral or follow-up.
<b>Assessment of voluntary movement</b>	Voluntary movements comprise functions associated with control over, and coordination of, voluntary movements. The assessment of voluntary movements (including initial screening to determine the need for comprehensive assessment) uses observation, physical examination and standardized tests to determine the presence and/or severity of impairment in the voluntary movements, ascertain their impact on functioning, and inform care planning, including the need for a referral or follow-up.
<b>Educational assessment</b>	Educational assessment aims to describe a person's capacity to participate in educational activities (school readiness, skills and competencies related to learning and applying knowledge) and/or a person's performance at school or university. During the educational assessment, information is collected on the individual's capacity and/or performance to complete expected or assigned tasks, organize themselves, work cooperatively with classmates, and take directions from teachers. The educational assessment (including initial screening to determine the need for comprehensive assessment) uses interviewing, standardized self-reported questionnaires, observation or specific tests to determine the capacity to participate in educational activities and/or the presence and/or severity of difficulties at kindergarten/school/university, ascertain their impact on functioning, and inform care planning, including the need for referral or follow-up.
<b>Screening for cognitive impairment</b>	Cognitive functions comprise mental functions such as consciousness, orientation, attention, memory, sensory perception, language, abstraction, organization, planning, insight, judgment, calculation and problem-solving. Screening for cognitive impairment uses observation, interviewing, standardized self-reported questionnaires or standardized cognitive tests to determine the presence and/or severity of impairment in mental functions, ascertain their impact on functioning, and inform care planning, including the need for comprehensive assessment or follow-up.
<b>Screening for hearing impairment</b>	Hearing loss (mild, moderate, severe or profound) can affect one ear or both ears, and leads to difficulty in hearing conversational speech or loud sounds. Screening for hearing impairment is commonly undertaken using a quick test with a pass/refer result. A "refer" result requires further detailed audiological assessment to determine the type and severity of hearing loss.
<b>Screening for osteoporosis</b>	The integrity of a bone is determined by its continuity, density and regular form. Osteoporosis is characterized by reduced bone density. Bone density is determined by appropriate loading of the bone, nutrition and diseases. The screening for osteoporosis uses imaging procedures to determine the presence and/or severity of impairments of the bone (e.g. fractures, osteoporosis), ascertain their impact on functioning, and inform care planning, including the need for referral or follow-up.

Assessment	Description of the assessment
<b>Screening for sleep disturbances</b>	Sleep disturbances can relate to the experience of stress, existence of health conditions (e.g. mental health disorders), or presence of independent disorders such as insomnia, sleep apnoea, narcolepsy, restless legs syndrome and rapid eye movement (REM) sleep behaviour disorder. Screening for sleep disturbances uses interviewing and brief standardized self-reported questionnaires to identify the potential presence of sleep disturbances, ascertain their impact on functioning, and inform rehabilitation planning, including the referral to specialist assessment if needed.
<b>Screening for vision impairment</b>	A vision impairment occurs when a health condition affects the visual system and one or more of its vision functions (e.g. visual acuity, visual field, colour vision, contrast sensitivity). The screening for vision impairment involves simple testing of visual distance, visual field and/or eye movement to detect impairments, ascertain their impact on functioning, and inform rehabilitation planning, including the referral to specialist services if needed.
<b>Vocational assessment</b>	Vocational assessment aims to describe a person's vocational goals, capacity to work (general work readiness, skills and competencies for specific rehabilitation specialists) and/or a person's occupational performance at the current workplace. During the vocational assessment, information is collected on the individual's capacity and/or performance to complete expected or assigned tasks, organize themselves, work cooperatively with colleagues, take directions from supervisors, or supervise others. The vocational assessment (including initial screening to determine the need for comprehensive assessment) uses interviewing, standardized self-reported questionnaires, observation or specific tests to determine the capacity to work and/or the presence and/or severity of difficulties at work, ascertain their impact on functioning, and inform care planning, including the need for referral or follow-up.

## A1.2 Interventions

Intervention	Description of the intervention
<b>ADL training</b>	Activities of daily living (ADL) are tasks regularly performed as part of self-care activities (e.g. washing, caring for body parts, toileting, dressing, eating and drinking, and looking after one's health) or instrumental activities (e.g. household tasks, acquisition of goods and services, and managing communication, relationships and finances). The training is directed towards an individual's goal to improve independence in daily living and consists of education, advice and training techniques in the context of functional tasks. These techniques are practised repetitively under the guidance or assistance of a health worker and, if feasible, self-directed by the patient following education and advice on the appropriate exercises.
<b>Aerobic exercises</b>	Aerobic exercises (also called cardio or cardiorespiratory exercises) use oxygen from the blood to meet the energy needs of the exercise. The exercises (e.g. walking, jogging, cycling or swimming) aim to improve exercise capacity, and therefore need to be performed regularly (e.g. at least 3 x week) with a certain dosage (low to high intensity, for 30 minutes, for example) as tolerated. Aerobic exercises are guided or assisted by a health worker and, if feasible, performed self-directed following education and advice on the appropriate exercises.
<b>Airway clearance techniques</b>	Airway clearance techniques aim to loosen mucus from airway walls through, for example, applying percussion, vibration, or other techniques, and to improve the clearance of the mucus out of the lungs through, for example, deep or huff coughing, postural or self-drainage, or using specific breathing devices. Airway clearance techniques can be combined with inhaling medications during the exercises. The clearance of the airways can help to prevent inflammation and infection of the respiratory system. The exercises are guided or assisted by a health worker and, if feasible, performed self-directed following education and advice on the appropriate techniques.
<b>Alpha-1-blockers</b>	Prescription and/or administration (if injection) of the medicine and providing education and advice on the safe intake or administration (if self-directed) and potential adverse effects of the medicine.



<b>Intervention</b>	<b>Description of the intervention</b>
<b>Amantadine</b>	Prescription and/or administration (if injection) of the medicine and providing education and advice on the safe intake or administration (if self-directed) and potential adverse effects of the medicine.
<b>Analgesics</b>	Prescription and/or administration (if injection) of the medicine and providing education and advice on the safe intake or administration (if self-directed) and potential adverse effects of the medicine.
<b>Anticholinergic agents</b>	Prescription and/or administration (if injection) of the medicine and providing education and advice on the safe intake or administration (if self-directed) and potential adverse effects of the medicine.
<b>Anticoagulants</b>	Prescription and/or administration (if injection) of the medicine and providing education and advice on the safe intake or administration (if self-directed) and potential adverse effects of the medicine.
<b>Antidepressants</b>	Prescription and/or administration (if injection) of the medicine and providing education and advice on the safe intake or administration (if self-directed) and potential adverse effects of the medicine.
<b>Antihypertensive agents</b>	Prescription and/or administration (if injection) of the medicine and providing education and advice on the safe intake or administration (if self-directed) and potential adverse effects of the medicine.
<b>Antispastic pattern positioning</b>	Antispastic pattern positioning aims to modulate spasticity and to prevent contractures and limitations in joint mobility by placing the body or body parts in defined positions for as long as possible. The antispastic pattern positioning is applied by a trained health worker, or the patient or caregiver after receiving education and training in the appropriate technique.
<b>Balance training</b>	For balance or postural control, sensory (vestibular, somatosensory and visual) information is processed to inform muscular responses that allow maintenance of a body position. Balance training aims to improve balance, motor control and coordination in order to improve movement-related activities (e.g. sitting, walking) and to reduce risk of falling. Balance exercises utilize different strategies (e.g. dual tasking, cueing) and are performed repetitively, with a specific level of difficulty (e.g. one-leg standing), for a specific period of time (e.g. 60 seconds). Balance training is guided or assisted by a health worker and, if feasible, performed self-directed following education and advice on the appropriate exercises.
<b>Behavioural interventions</b>	Problems with behaviour (“challenging”, “problematic” or “inappropriate” behaviours, or “behavioural and psychological symptoms”) comprise, for example, agitation, aggression, inattention or over-activity. Problems with behaviour can be caused or triggered by factors that are biological (e.g. pain), social (e.g. boredom, insensitivity of others), environmental (e.g. noise and lighting) or psychological (e.g. emotional problems); they may endanger the physical safety of the person or others or may limit interpersonal interactions or prevent access to community facilities. Behavioural interventions are tailored to an individual’s needs and aim to reduce the intensity, frequency and duration of problematic behaviour or replace the problematic behaviour by behaviours that are appropriate, through providing skills training, using positive or negative reinforcement strategies, or modifying the social or physical environment to reduce external triggers. Behavioural interventions may involve caregivers and family members.
<b>Bimanual therapy</b>	Bimanual therapy uses planned, repeated practice of two-handed activities, tasks or games, to improve a person’s ability to use their hands together. Different functional tasks that require using both hands are practised repetitively under the guidance and assistance of a health worker and, if feasible, performed self-directed by the patient following education and advice on the appropriate techniques.

Intervention	Description of the intervention
<b>Biofeedback</b>	Biofeedback is a method that uses different sensor modalities to provide feedback (signals) on different physiological functions (e.g. body temperature, muscle action, skin electrical activity, blood flow). The feedback is used to teach and train the user to act or behave according to the existing problem (e.g. incontinence, pain, motor problems). Biofeedback is applied (together with specific exercises) repetitively and, if feasible, performed self-directed by the patient following education and advice on the appropriate exercises.
<b>Bisphosphonates</b>	Prescription and/or administration (if injection) of the medicine and providing education and advice on the safe intake or administration (if self-directed) and potential adverse effects of the medicine.
<b>Bowel and bladder management skills training</b>	Problems with bladder and bowel functions (e.g. incontinence, constipation) present a huge burden to affected individuals. Training in bladder and bowel management skills aims to equip individuals with manual skills (e.g. self-catheterization, manual stool evacuation) to control bladder and bowel emptying independently, and also to educate them on behaviours that help to improve bladder and bowel functions (e.g. bladder and bowel management routines, appropriate nutrition and hydration, regular physical activity).
<b>Breathing exercises</b>	Breathing exercises (e.g. active cycle of breathing techniques) aim to enhance the efficiency of the respiratory system by improving gas exchange and ventilation through the improvement of breathing patterns and mobilization of secretions. They are also applied for the prevention of pneumonia in people at risk, or to achieve physical and mental relaxation. The exercises are guided or assisted by a health worker and, if feasible, performed self-directed following education and advice on the appropriate exercises.
<b>Carer and family training and support</b>	Carer and family training and support entail providing education and advice about the health condition, strategies and tasks relevant for the care and support of the person in the rehabilitation process. Training and support also aim to equip carers and families with the knowledge, skills and resources to cope with their role successfully without developing health issues themselves. Carer and family training and support during the rehabilitation of the person in need comprise provision of information, resources, individual counselling, or support groups also involving peer counsellors.
<b>Chemodenervation</b>	Prescription and/or administration (if injection) of the medicine and providing education and advice on the safe intake or administration (if self-directed) and potential adverse effects of the medicine.
<b>Cognitive behavioural therapy</b>	Cognitive behavioural therapy (CBT) is a psychological therapy that combines cognitive components (aimed at thinking differently, for example through identifying and challenging unrealistic negative thoughts) and behavioural components (aimed at doing things differently, for example by helping the person to do more rewarding activities). During CBT sessions, exercises help the person to develop appropriate coping skills. CBT includes exercises, education and advice to help the person to develop appropriate coping skills to be applied in challenging situations.
<b>Cognitive rehabilitation</b>	Cognitive rehabilitation is a person-centred approach that aims to achieve optimal functioning and independence in daily life in patients with cognitive impairments, such as problems with memory or executive functions or problem-solving skills. Rehabilitation includes approaches that are restorative (e.g. training cognitive functions while performing activities) and compensatory (e.g. using assistive technologies or self-cueing strategies), to train, for example, the performance of activities of daily living.
<b>Cognitive remediation therapy</b>	Cognitive remediation therapy is behavioural training-based and aims to improve cognitive processes and psychosocial functioning. In individual or group sessions, participants perform series of tasks (e.g. memory exercises, motor dexterity tasks, visual reading exercises), from basic to difficult levels, based on principles of errorless learning and targeted reinforcement. The repetitive tasks promote the capacity in individuals to problem-solve and be aware of their own difficulties.

Intervention	Description of the intervention
<b>Cognitive stimulation</b>	Cognitive stimulation aims to improve cognition and psychosocial functioning in people with difficulties in cognitive functions (e.g. memory, thinking, attention and perception deficits). Cognitive stimulation may include both the enrichment of the environment to stimulate cognition, and therapeutic sessions. During cognitive stimulation therapy sessions, participants are exposed to, and tasked with, exercises that are mentally challenging to improve their ability to think and interact effectively with their environment and with other people.
<b>Cognitive training</b>	Cognitive functions include orientation, attention, memory, abstraction, organization, planning, calculation and problem-solving. Cognitive training includes exercises and tasks designed to restore, retrain or compensate for impaired cognition. It consists of education, advice, and training techniques in the context of functional tasks. Under the guidance or assistance of a health worker, techniques are practised repetitively and, if feasible, performed self-directed by the patient following education and advice on the appropriate exercises.
<b>Communication skills training</b>	Difficulties in communication can relate to problems with understanding and expressing language, impairments in hearing, speech or vocal functions, and also to psychological issues. Training in communication skills aims to enable a person to communicate with others via spoken, written or other forms of language through, for example, communication partner training. Communication skills training includes advice on appropriate communication strategies and is practised in one-to-one or group format.
<b>Constraint-induced movement therapy</b>	Constraint-induced movement therapy (CIMT) aims to increase the use of the affected arm by restraining the less affected arm for most of the waking hours. Restraint is combined with repeated practice of specific tasks of the affected arm. The functional tasks are practised repetitively under the guidance and assistance of a health worker and, if feasible, performed self-directed by the patient following education and advice on the appropriate technique.
<b>Dual task training</b>	Everyday life involves situations in which a person needs to do two or more things simultaneously. Problems with the simultaneous execution of motor and/or cognitive tasks, called dual tasking, can reduce performance in either one or both tasks. Dual task training uses exercises in which people practise two tasks (e.g. one cognitive and one motor) simultaneously. Dual task training is guided or assisted by a health worker and, if feasible, performed self-directed following education and advice on the appropriate exercises.
<b>Education and advice on self-directed exercises</b>	Education on self-directed exercises entails providing information on exercises relevant for the improvement or maintenance of functioning and the prevention of health conditions. The individual advice aims to identify and discuss those exercises that best address the existing impairments, limitations or risks, and to develop an exercise programme that is appropriate to facilitate adherence, and a regular schedule to be maintained.
<b>Education, advice and support for healthy lifestyle</b>	Education on healthy lifestyle entails providing information on behaviours that aim to promote health and prevent disease, such as regular physical activity, healthy nutrition and avoiding substance use (alcohol, tobacco, drugs). The individual advice aims to identify and discuss strategies that best address the existing needs to achieve and maintain a healthy lifestyle. Support is provided to help the person in the rehabilitation process to change behaviours (e.g. increase health behaviours, stop risk behaviours) to achieve and maintain a healthy lifestyle. The education, advice and support for a healthy lifestyle can be performed in one-to-one or group sessions.

Intervention	Description of the intervention
<b>Education, advice and support for the self-management of the health condition</b>	Education on self-management entails providing information about tasks relevant for the self-management of medical, emotional and social aspects related to the prevention of, or coping with, a health condition. The individual advice aims to identify and discuss strategies which help to enhance the self-management skills that best suit the needs and capabilities of the individual to maintain or achieve independence and optimal participation in daily life. Support is provided whenever a person is not able to self-manage the issues related to the health condition. Support may also be provided by peers through sharing the same experiences or challenges as the person in the rehabilitation process, and supporting the person in the rehabilitation process in the development of self-management skills and coping strategies to achieve and maintain optimal functioning and well-being. The education, advice and support for self-management can be performed in one-to-one or group sessions.
<b>Educational counselling, training, and support</b>	Educational activities are activities that are accomplished in the context of education (kindergarten, school, university). Educational counselling supports an individual during school enrolment or return to school, or to identify new educational goals and opportunities. Educational training is directed to achieve school enrolment, the return to, or maintenance at, school or university through learning (compensatory) strategies to perform the required tasks, taking into consideration functioning limitations or potential health risks. The training consists of education, advice and practising functional tasks, and is guided or assisted by a health or social worker or (special) educator. Educational support (also sometimes referred to as “supported education”) provides individual support to an individual at kindergarten, school or university to sustain long-term participation at school or university, usually involving the school, (special) educators or social workers.
<b>Energy conservation techniques</b>	Energy conservation techniques aim to reduce energy consumption during physical exertion in order to prevent dyspnoea and physical exhaustion. Energy conservation techniques comprise the planning and prioritization of day-to-day activities, adjusting the activities according to physical capacity or using equipment when necessary, and applying techniques (e.g. breathing control) during performance of activities. The energy conservation techniques are taught and guided in order to be performed self-directed following education and advice on the appropriate techniques.
<b>Enteral nutrition</b>	Enteral nutrition (or tube feeding) is defined as the delivery of nutrients beyond the oesophagus via feeding tubes placed in the nose, the stomach or the small intestine. Enteral nutrition is applied to ensure sufficient intake of nutrients and, thus, to prevent malnutrition.
<b>Environmental enrichment</b>	Environmental enrichment is an approach for stimulating an individual’s cognitive, motor, sensory functions and social interactions by enhancing the physical environment of the individual. Specific approaches include, for example, therapist/parent–infant interaction, or auditory/tactile/visual stimulations. The environmental enrichment is guided by a health worker and, if feasible, provided by family and caregivers following education and advice.
<b>Fast-acting antihypertensive agents</b>	Prescription and/or administration (if injection) of the medicine and providing education and advice on the safe intake or administration (if self-directed) and potential adverse effects of the medicine.
<b>Fitness training</b>	Fitness training includes aerobic (e.g. walking, cycling) and anaerobic exercises (e.g. muscle-strengthening exercises) with the sufficient amount of intensity, duration and frequency to improve exercise capacity and strength. Exercises to improve flexibility and coordination (e.g. stretching, balance exercises) complete a fitness programme. The fitness training is guided by a health worker and, if feasible, performed self-directed by the patient following education and advice.
<b>Functional positioning</b>	Functional positioning aims to place the body in a position that supports distinct functions and activities (e.g. swallowing, breathing, hand and arm use) or that prevents long-term damage of body structures due to bad posture whenever the person is not able to make and maintain the position independently. Functional positioning is applied by a trained health worker, or the patient, caregiver, or family member after receiving education and training in the appropriate positioning.

Intervention	Description of the intervention
<b>Functional training</b>	Functional training attempts to train muscles in coordinated, multiplanar movement patterns and incorporates multiple joints, dynamic tasks, and consistent alterations in the base of support with the goal of making it easier for patients to perform their everyday activities. The training is practised repetitively under guidance of or assisted by a health worker and, if feasible, self-directed by the person following education and advice.
<b>Gait training</b>	Gait patterns are characterized by the specific sequences of limb and joint movements during a gait cycle. Gait training aims to normalize gait patterns but also to improve safe walking, walking speed and distance. It is based on task repetition, includes different strategies (e.g. cueing, dual tasking, attentional strategies) and is performed on varying surfaces or treadmills. Gait training is guided or assisted by a health worker and, if feasible, performed self-directed following education and advice on the appropriate exercises.
<b>Graded sitting and standing training</b>	Graded sitting and standing training aims to improve the ability of getting into and out of sitting and standing positions, but also to train the orthostatic system. Training consists of education, advice and techniques required for correct and safe changing of body position. The techniques are practised repetitively under guidance of or assisted by a health worker and, if feasible, self-directed by the person following education and advice.
<b>Intra-articular corticosteroid injections</b>	Prescription and/or administration (if injection) of the medicine and providing education and advice on the safe intake or administration (if self-directed) and potential adverse effects of the medicine.
<b>Invasive ventilation</b>	Mechanical or invasive ventilation compensates for severe respiratory insufficiency by delivering positive pressure air to the patient's lungs via an endotracheal tube or tracheostomy tube.
<b>Language therapy</b>	Problems with using language comprise difficulties to understand and express spoken, written or other forms of language, which exist in, for example, people with limited language development (e.g. in people with hearing loss), or due to different types of impairments following, for example, brain damage (e.g. aphasia). Language therapy aims to promote and restore understanding and expression of language through structured conversational practice and language stimulation (including early and family interventions) or, if full restoration is not possible, by developing compensatory strategies (e.g. using language cues) to allow a person to understand language and to express themselves. These techniques are practised repetitively and, if feasible, performed self-directed by the patient following education and advice on the appropriate techniques.
<b>Laxatives</b>	Prescription and/or administration (if injection) of the medicine and providing education and advice on the safe intake or administration (if self-directed) and potential adverse effects of the medicine.
<b>Manual therapy</b>	Manual therapy is an approach that uses "hands-on" techniques (e.g. joint mobilization and manipulation, soft tissue techniques, passive movements, stretching) to improve tissue extensibility, increase joint mobility, optimize muscle function, modulate pain and reduce soft tissue swelling and inflammation.
<b>Massage</b>	Massage comprises a variety of different techniques applied, for example, to release tension and restrictions in muscles, fascia, tendons or ligaments and thereby reduce pain, and also to increase blood and lymphatic fluid flow and, as a result, the transport of metabolic products.
<b>Mirror therapy</b>	Mirror therapy is a therapy for the management of pain and the improvement of movement functions when the impairment affects one limb more than the other. A mirror or mirror box is used to produce visual feedback of movement of the unaffected/less affected limb to give the illusion to the brain of normal and painless movement in the affected limb. This helps to increase cortical and spinal motor excitability. Under the guidance or assistance of a health worker, mirror therapy is practised repetitively and, if feasible, self-directed by the patient following education and advice on the appropriate exercises.

Intervention	Description of the intervention
<b>Mobility training</b>	<p>Mobility comprises several activities, such as transferring, or changing, the body position and moving around indoors and outdoors either walking, with the help of an assistive product (e.g. a wheelchair), or using different means of transportation. Mobility training involves teaching and practising repetitive tasks and goal-directed exercises, along with, when necessary, compensatory strategies and training in the use of assistive products for mobility (e.g. training in wheelchair skills) to achieve the best possible mobility that is independent and safe. Mobility training is usually guided or assisted by a health worker and, if feasible, performed self-directed following education and advice on the appropriate exercises.</p>
<b>Modification of the home environment</b>	<p>The structure, layout, furniture and lighting of a home can facilitate or hinder functioning. Modification of the home environment may involve varying degrees of intervention that address environmental barriers and maximize safety, independence and performance of activities of daily living. These may include:</p> <ul style="list-style-type: none"> <li>· providing general advice and guidance on home modifications (including without seeing the home);</li> <li>· assessment of the home environment (i.e. visiting the home);</li> <li>· documenting/reporting structural and non-structural changes that are recommended, which may include drafting construction plans when relevant;</li> <li>· making environmental changes in the home, such as removing fall hazards, inserting visual cues, or moving items to make them more readily accessible; and/or</li> <li>· referring to appropriate service providers to conduct work beyond the scope of the health worker.</li> </ul>
<b>Modification of the school environment</b>	<p>The structure, layout, furniture and lighting of a school environment can facilitate or hinder functioning. Modification of the school environment may involve varying degrees of intervention that address environmental barriers and maximize safety, independence and participation in learning and play. These may include:</p> <ul style="list-style-type: none"> <li>· providing advice and guidance on modifications to the school environment (including without seeing the school or classroom);</li> <li>· assessment of the school environment (i.e. visiting the school);</li> <li>· documenting/reporting structural and non-structural changes that are recommended, which may include drafting construction plans when relevant; and/or</li> <li>· referring to appropriate service providers to conduct work beyond the scope of the health worker.</li> </ul>
<b>Modification of the workplace environment</b>	<p>The structure, layout, furniture and lighting of a workplace can facilitate or hinder functioning. Modification of the workplace environment may involve varying degrees of intervention that address environmental barriers and maximize safety, independence and performance of work-related tasks. These may include:</p> <ul style="list-style-type: none"> <li>· providing advice and guidance on workplace modifications (including without seeing the workplace);</li> <li>· assessment of the workplace environment (i.e. visiting the workplace);</li> <li>· documenting/reporting structural and non-structural changes that are recommended, which may include drafting construction plans when relevant; and/or</li> <li>· referring to appropriate service providers to conduct work beyond the scope of the health worker.</li> </ul>
<b>Movement strategy training</b>	<p>Impairments in voluntary movements can be caused by deficits in the automatic generation of movements. Movement strategy training is an approach that utilizes visual, auditory, cognitive or proprioceptive cues and attentional strategies to initiate and improve simple or complex voluntary movements. Movement strategy training is guided or assisted by a health worker and, if feasible, performed self-directed following education and advice on the appropriate exercises.</p>
<b>Muscle-strengthening exercises</b>	<p>Muscle-strengthening exercises aim to improve maximal muscle strength, muscle endurance and muscle mass. The exercises are performed regularly (e.g. 3 x week), at a certain dosage (e.g. with up to 80% of maximal power, 3 x 12 repetitions). The exercises (isometric or dynamic) are performed against gravity or resistance (e.g. body weight, weights, resistance bands) and guided or assisted by a health worker and, if feasible, performed self-directed following education and advice on the appropriate exercises.</p>

Intervention	Description of the intervention
<b>Neuromuscular electrical stimulation (including functional electrical stimulation)</b>	Neuromuscular electrical stimulation (NMES) uses electrical impulses to generate a muscle contraction. It can be used for multiple purposes, such as reducing urinary dysfunction, increasing muscle power functions and improving gait pattern. Functional electrical stimulation (FES) uses electrical impulses to generate a functional movement to supplement lost functions in paralysed muscles. FES is used to train lost movement patterns, where active participation of the patient is essential. NMES and FES are applied by a trained health worker and, if feasible, performed self-directed by the patient following education and advice on the appropriate method.
<b>Non-invasive ventilation</b>	Non-mechanical or non-invasive ventilation supports respiration functions by delivering air to the patient's upper airway through a sealed mask placed over the mouth, nose or entire face.
<b>Nonsteroidal anti-inflammatory drugs (NSAIDs)</b>	Prescription and/or administration (if injection) of the medicine and providing education and advice on the safe intake or administration (if self-directed) and potential adverse effects of the medicine.
<b>Nutritional management</b>	Nutritional (or dietary) management aims to achieve and maintain an appropriate nutritional status and supply of necessary nutrients in people with (or at risk for) malnutrition. Malnutrition refers to undernutrition, overweight or micronutrient-related malnutrition. Nutritional management includes diet modification, provision of adequate nutritional supplements (oral or enteral feeding) or modification of food and fluid consistency to ensure safe food intake. Nutritional management includes education and advice on appropriate diet.
<b>Nutritional supplementation</b>	Nutritional supplementation aims to achieve and maintain an appropriate nutritional status and supply of necessary nutrients in people with (or at risk for) malnutrition. Malnutrition refers to undernutrition, overweight or micronutrient-related malnutrition. The provision of adequate nutritional supplements (e.g. vitamins, minerals) includes education and advice on the appropriate intake of nutritional supplements.
<b>Oral muscle relaxants</b>	Prescription and/or administration (if injection) of the medicine and providing education and advice on the safe intake or administration (if self-directed) and potential adverse effects of the medicine.
<b>Pain-relieving positioning</b>	Pain-relieving positioning aims to reduce pain by placing the body or body parts in positions that help to relieve specific body structures that may cause pain, for example, to reduce tension or pressure on muscles, tissues or organs. Pain-relieving positioning is performed by a trained health worker or, if feasible, by the patient or caregiver after receiving training in the appropriate technique.
<b>Participation-focused interventions</b>	A variety of activities (e.g. recreational or sports activities) present important opportunities to participate in communities and social life. Participation-focused interventions utilize such activities and integrate approaches that help to improve a person's skills to perform the activities with the overall goal to achieve optimal (re)integration and participation. Under guidance or assistance, different types of activities are offered and tried out (often as structured group activities), if feasible, with the participation of family members or friends.
<b>Peer support</b>	Peer support is an approach in which people, sharing the same experiences or challenges as the person in the rehabilitation process, support the person in the rehabilitation process in the development of self-management skills and coping strategies to achieve and maintain optimal functioning and well-being. Peer support in rehabilitation is organized by the rehabilitation team by bringing together peers, persons receiving rehabilitation and their families. It can be performed in one-to-one or group sessions.
<b>Person-tailored activities</b>	Person-tailored activities present activities that are meaningful and joyful to an individual. Person-tailored activities are used to encourage and help a person to, for example, train for specific tasks, maintain a daily routine, or be engaged in joyful (social) activities with the overall goal to achieve and maintain optimal functioning and well-being. Under guidance or assistance, different types of person-tailored activities are offered and tried out, if feasible, with the participation of family members or friends.

Intervention	Description of the intervention
<b>Phosphodiesterase-5 inhibitors</b>	Prescription and/or administration (if injection) of the medicine and providing education and advice on the safe intake or administration (if self-directed) and potential adverse effects of the medicine.
<b>Physical exercise training</b>	A variety of physical exercises (e.g. aerobic or strengthening exercises, balance or coordination exercises, mind-body exercises), with or without weight-bearing, are suitable to improve exercise capacity, muscle strength, joint mobility, voluntary movement, balance, gait and walking, as well as helping to reduce pain and fatigue. Regular physical exercise training (including education and advice on exercises) is planned according to an individual's needs, guided or assisted and, if feasible, performed self-directed following education and advice on the appropriate exercises.
<b>Positioning for oedema control</b>	Elevated positioning is one approach to oedema management. The swollen limb should be positioned above the level of the heart. Devices (pillows, rollers) may help to keep the limb in a stable position. Elevated positioning can be combined with other means, such as compression bandages or range of motion exercises. Education and advice are provided to the person to facilitate the self-directed positioning. Positioning is performed by a health worker and, if feasible, performed self-directed following education and advice on the appropriate positioning.
<b>Positioning for pressure relief</b>	Positioning for pressure relief aims to prevent damage of the skin and tissue by placing the body, or parts of the body, in positions where they are not, or only slightly, exposed to pressure. Pressure-relief positioning is applied by a health worker and, if feasible, by the patient or caregiver after receiving training in the appropriate technique.
<b>Positioning for the prevention of contractures</b>	Positioning for the prevention of contractures places parts of the body, or joints, in positions that reduce the risk for contractures that may occur due to lack of active movement. Positioning for the prevention of contractures may utilize orthosis, splint, or castings, or use standing frames for applying prolonged stretching through a standing position. The positioning is applied by a trained health worker and, if feasible, by the patient or caregiver following education and advice on the appropriate techniques.
<b>Proton pump inhibitor</b>	Prescription and/or administration (if injection) of the medicine and providing education and advice on the safe intake or administration (if self-directed) and potential adverse effects of the medicine.
<b>Provision and training in the use of adapted seating equipment</b>	Provision of adapted seating equipment supports a person to maintain an appropriate sitting position whenever the person is able to both achieve and maintain this position independently. Provision includes the identification of the specific needs, selection, manufacturing or modification, and adjustment of the appropriate device. Following provision, the patient will be trained in the use and care of the products.
<b>Provision and training in the use of assistive products for cognition</b>	The provision of assistive products (e.g. pill organizers, time management products, global positioning system locators, simplified mobile phones, personal emergency alarm systems) to support people's cognitive functions. Provision includes identification of the specific needs of the individual, as well as the selection, manufacture or modification, and adjustment of the appropriate product. Following provision, the patient will be trained in the use and care of the products.
<b>Provision and training in the use of assistive products for communication</b>	The provision of assistive products (e.g. communication boards/books/cards, electronic device and communication software, augmentative and alternative communication devices) to support communication. Provision includes identification of the specific needs of the individual, as well as the selection, manufacture or modification, and adjustment of the appropriate product. Following provision, the patient will be trained in the use and care of the products.
<b>Provision and training in the use of assistive products for compression therapy</b>	Assistive products for compression therapy comprise stockings (pieces of clothes that fit tightly around a body part), garments or bandages. Compression therapy supports blood vessel functions (e.g. to maintain blood pressure), and also helps to reduce oedema and scarring. Provision includes identification of the specific needs of the individual, as well as the selection, manufacture or modification, and adjustment of the compression garment. Following provision, the user will be trained in the garment's use and care.



Intervention	Description of the intervention
<b>Provision and training in the use of assistive products for mobility</b>	The provision of assistive mobility devices (e.g. walking aids, transfer aids, manual or electrical wheelchairs with pressure cushions) supports people to mobilize in different environments. Provision includes identification of the specific needs of the individual, as well as the selection, manufacture or modification, and adjustment of the appropriate device. Following provision, the patient will be trained in the use and care of the products.
<b>Provision and training in the use of assistive products for pressure relief</b>	The provision of pressure relief assistive products (mattress and cushions) to prevent, reduce the risk of, and allow the healing of, pressure injuries. Provision includes identification of the specific needs of the individual, as well as the selection, manufacture or modification, and adjustment of the appropriate product. Following provision, the patient will be trained in the use and care of the products.
<b>Provision and training in the use of assistive products for self-care</b>	The provision of assistive products for self-care (e.g. products for toileting, washing, grooming, dressing, eating) that support people to improve and maintain their level of functioning and independence in daily living. Provision includes identification of the specific needs of the individual, as well as the selection, manufacture or modification, and adjustment of the appropriate product. Following provision, the patient will be trained in the use and care of the products.
<b>Provision and training in the use of assistive products for work and employment</b>	The provision of assistive products (e.g. products to adapt the workstation) that support people to improve and maintain their level of functioning and independence in work and employment. Provision includes identification of the specific needs of the individual, as well as the selection, manufacture or modification, and adjustment of the appropriate product. Following provision, the patient will be trained in the use and care of the products.
<b>Provision and training in the use of incontinence products</b>	The provision of assistive products (e.g. incontinence products, absorbent pads/diapers, catheters, catheter bags) to support people with bladder and bowel management. Provision includes the identification of the specific needs of the individual, as well as the selection of the appropriate product. Following provision, the patient will be trained in the use and care of the products.
<b>Provision and training in the use of orthoses</b>	Orthoses comprise assistive products such as orthotics, braces or splints. Orthoses support the stability of joints or bones by providing external stability to the body region. They may also help to reduce pain caused by movement of a body part and prevent contractures. The provision and training in the use of orthoses includes identification of the specific needs of the individual, as well as the selection, manufacture or modification, and adjustment of the orthoses. Following provision, the person will be trained in the use and care of the orthoses.
<b>Psychological support</b>	Psychological support aims to help people to manage the psychosocial problems that may have arisen with their main health condition and, consequently, to decrease the risk of developing mental health difficulties (e.g. anxiety and depression). In addition, psychological support contributes to the building of resilience which is important in the face of a new crisis or other challenging life circumstances that may develop in relation to a health condition. Psychological support is accomplished through empathy, active listening, problem-solving, education and the development of coping strategies. These are skills that contribute to a culture of psychological care and are provided by all health-care professionals. Psychological support can be provided in formal counselling sessions or in conjunction with other interventions (e.g. nursing, physical or occupational therapy) also involving peer counsellors.
<b>Psychological therapies</b>	Psychological therapy uses different psychological approaches (e.g. psychoanalytical or psychodynamic therapies, behavioural or cognitive therapies, and integrative or holistic approaches) that help the client to eliminate or control symptoms and, thus, to improve psychosocial functioning in people with mental illnesses (e.g. depression, anxiety, stress disorders) or emotional difficulties (e.g. difficulties in coping with daily life). Psychological therapy is conducted in an individual, family, couple or group setting and is applied through conversation between health worker and client(s).

<b>Intervention</b>	<b>Description of the intervention</b>
<b>Psychosocial interventions</b>	Psychosocial interventions aim to achieve and maintain optimal psychosocial functioning using person-centred approaches that address psychological, social, personal, relational and vocational problems. Psychosocial interventions consider both the primary symptoms (e.g. distress) and the related limitations and problems in performing activities or participating in community and social life (e.g. restrictions at the workplace) and thus comprise, for example, cognitive behavioural therapy, mindfulness-based cognitive therapy, peer support or family interventions).
<b>Range of motion exercises</b>	Range of motion exercises are active, assisted, or passive movements applied to a joint or limb, which can reduce muscle stiffness, pain, and swelling. Range of motion exercises also reduce the risk for deep venous thromboembolism through activating the muscle pump, and improve joint mobility by reducing the shortening of capsules and ligaments. The exercises are guided or assisted by a health worker and, if feasible, performed self-directed by the person following education and advice on the appropriate exercises.
<b>Referral for assessment of bone health (DEXA)</b>	Selecting the appropriate service, preparing relevant information and organizing the referral of the person to, and requesting feedback from, the required specialist services.
<b>Referral for specialist assessment</b>	Selecting the appropriate service, preparing relevant information and organizing the referral of the person to, and requesting feedback from, the required specialist services.
<b>Referral to botulinum toxin injections</b>	Selecting the appropriate service, preparing relevant information and organizing the referral of the person to, and requesting feedback from, the required specialist services.
<b>Referral to deep brain stimulation surgery</b>	Selecting the appropriate service, preparing relevant information and organizing the referral of the person to, and requesting feedback from, the required specialist services.
<b>Referral to gastrostomy</b>	Selecting the appropriate service, preparing relevant information and organizing the referral of the person to, and requesting feedback from, the required specialist services.
<b>Referral to orthopaedic surgery</b>	Selecting the appropriate service, preparing relevant information and organizing the referral of the person to, and requesting feedback from, the required specialist services.
<b>Referral to pressure ulcer surgery</b>	Selecting the appropriate service, preparing relevant information and organizing the referral of the person to, and requesting feedback from, the required specialist services.
<b>Referral to selective dorsal rhizotomy</b>	Selecting the appropriate service, preparing relevant information and organizing the referral of the person to, and requesting feedback from, the required specialist services.
<b>Referral to specialist for assessment of hearing functions</b>	Selecting the appropriate service, preparing relevant information and organizing the referral of the person to, and requesting feedback from, the required specialist services.
<b>Referral to specialized service</b>	Selecting the appropriate service, preparing relevant information and organizing the referral of the person to, and requesting feedback from, the required specialist services.
<b>Relaxation training</b>	Relaxation training targets subjective experiences of pain, stress and anxiety but also body functions such as muscle tension or heart functions (blood pressure, heart rate). Relaxation training comprises a variety of approaches such as progressive muscle relaxation, guided imagery, biofeedback, or deep breathing exercises. The training is guided by a health worker and, if feasible, performed self-directed following education and advice on the appropriate exercises.

Intervention	Description of the intervention
<b>Reminiscence therapy</b>	Reminiscence therapy is a psychosocial intervention that aims to improve cognition and mood, usually in older people with memory loss or dementia. During group meetings or in sessions with the individual, participants are encouraged to talk about past activities, events and experiences with another person or a group of people, using tangible prompts such as photographs, familiar items from the past, or music. Family members and caregivers may be involved in the therapy sessions.
<b>Respiratory muscle-strengthening exercises</b>	Respiratory muscles play an essential role in breathing and are essential for the overall respiratory functions. Training in respiratory muscle-strengthening consists of exercises with or without equipment for inspiratory and/or expiratory muscles. Strengthening can help to reduce dyspnoea on exertion through improving, among other symptoms, breathing patterns and effort, respiratory muscle fatigue, and also the removal of secretions through effective cough. The exercises are guided or assisted by a health worker and, if feasible, performed self-directed following education and advice on the appropriate exercises.
<b>Retrograde massage</b>	Retrograde massage is a specific massage technique that aims to reduce oedema. The technique stimulates lymphatic flow and reabsorption of the lymphatic fluid into the bloodstream.
<b>Second generation antipsychotics</b>	Prescription and/or administration (if injection) of the medicine and providing education and advice on the safe intake or administration (if self-directed) and potential adverse effects of the medicine.
<b>Sensory stimulation</b>	Sensory stimulation is the use of external environmental stimuli to promote arousal and adequate behavioural responsiveness, so that by gradually providing the nervous system with sensory information, the patient is able to perform adequate action depending on their level of responsiveness. Sensory stimulation programmes use different smells and flavours of moderate-to-high intensity, verbal and non-verbal sounds (e.g. white noise or music), visual stimuli (e.g. objects, photographs) and tactile stimuli (e.g. physical contact, feeling one's body, feeling objects of different textures, moving objects) to promote arousal and adequate behavioural responsiveness. Sensory stimulation is guided by a health worker and, if feasible, also provided by carers following education and advice on the appropriate exercises.
<b>Skin/wound care</b>	Skin/wound care comprises a range of measures to prevent damage of the skin, or to support wound healing, such as the cleaning of wounds and application of wound dressings, with regular monitoring of the progress of the wound healing along with education and advice. Skin/wound care is performed by a health worker and, if feasible, supported by the patient, caregiver, or family member after receiving training in the appropriate methods.
<b>Social skills training</b>	Social skills involve different aspects of cognition, emotion and behaviour. Social skills training aims to improve, for example, problem-solving skills, control of emotions, and verbal and non-verbal communication through exercises, tasks and activities during individual or group activities. The training is guided and assisted by a health worker and, if feasible, applied self-directed by the patient with the support of caregivers or family members following education and advice on the appropriate activities.
<b>Speech therapy</b>	Problems with speech functions include impairments with fluency and rhythm of speech, articulation, and coordination of speech, due to impairments related to brain damage (e.g. stuttering, dysarthria or speech apraxia) or to hearing loss or development disorders. Speech therapy aims to improve the fluency and rhythm of speech, articulation and coordination of speech through, for example, phonological exercises or, if full restoration is not possible, by developing compensatory strategies (e.g. cued speech) to increase speech intelligibility and allow a person to express themselves well through speech. These techniques are practised repetitively and, if feasible, performed self-directed by the patient following education and advice on the appropriate exercises.

Intervention	Description of the intervention
<b>Stress management training</b>	Stress management refers to the ability to cope with the physical, psychological and emotional effects of pressure, emergencies or other stressors. Stress management training uses different approaches (e.g. psychological, relaxation or mindfulness exercises) that aim to develop or improve skills to successfully cope with stressful situations. Stress management training commonly includes education, advice and training in specific exercises and the use of specific techniques.
<b>Stretching</b>	Stretching can help to improve the flexibility of muscles through reducing muscle stiffness or muscle tone. Consequently, it may help to reduce pain related to muscle stiffness and increase the range of motion in joints. Different types of stretching (static, dynamic) are guided or assisted by a health worker and, if feasible, performed self-directed following education and advice on the appropriate exercises.
<b>Swallowing therapy</b>	Swallowing therapy comprises the instruction and training in different techniques and exercises (e.g. postural techniques, supraglottic swallowing, oral sensory-motor exercises, expiratory muscle-strengthening exercises) to improve food sucking, chewing and biting, manipulating food in the mouth, salivation and swallowing; or the use of, and advice on, compensatory strategies (e.g. functional positioning, modification of food consistency), thereby ensuring appropriate food and liquid intake, and reducing the risk of aspiration. Therapy also covers exercises and peripheral stimulation that focus on improving the strength of muscles relevant to swallowing (oral motor exercises). These techniques are practised repetitively and, if feasible, performed self-directed by the patient following the instruction.
<b>Transcutaneous electrical nerve stimulation (TENS)</b>	Transcutaneous electrical nerve stimulation (TENS) is the therapeutic application of pulsed electrical nerve stimulation through the skin. It is primarily used for pain control in people across a range of acute and chronic pain conditions.
<b>Urinary catheterization</b>	Urinary catheterization (intermittent or indwelling) is the insertion of a urinary catheter into the bladder through the urethra and is applied to compensate for urinary retention or incontinence. Urinary catheterization is applied by a health worker, the patient, caregiver, or family member after receiving training in the appropriate technique.
<b>Vestibular training</b>	Vestibular functions are specific sensory functions of the inner ear related to position, balance and movement. Vestibular therapy includes exercises and techniques to address symptoms of vestibular dysfunction, such as dizziness, visual or gaze disturbances and balance disorders. The exercises and techniques are practised repetitively and, if feasible, performed self-directed by the patient following education and advice on the appropriate exercises.
<b>Vision skills training</b>	Central visual impairments include visual field loss (hemianopia) or eye movement disorders (e.g. strabismus, gaze deficits and nystagmus). Training aims to improve and strengthen visual skills and abilities through aligning the visual axes and improving the ability to focus and track objects. Vision therapy comprises restitutive techniques (e.g. convergence, pursuit, saccade exercises) and compensatory techniques (e.g. training of eye movements for reading, compensatory head posture). These techniques are practised repetitively under the guidance and assistance of a health worker and, if feasible, performed self-directed by the patient following education and advice on the appropriate exercises.
<b>Vocal training</b>	Impairments in voice functions include problems with the production of sounds that lead to reduced quality of voice (e.g. aphonia, dysphonia or hoarseness). Vocal training aims to improve the quality of the voice through respiratory support and vocal exercises or, if full restoration is not possible, to develop compensatory strategies (e.g. a voice hygiene programme or amplification) to allow a person to express themselves through speaking. These techniques are practiced repetitively and, if feasible, performed self-directed by the patient following education and advice on the appropriate exercises.

Intervention	Description of the intervention
<b>Vocational counselling, training and support</b>	Vocational activities are activities that are accomplished in the context of the specific occupation of an individual. Vocational counselling supports an individual during return to work or to identify new vocational goals and opportunities. Vocational training is directed towards achieving a return to, or maintenance at, work through learning (compensatory) strategies to perform the required tasks, taking into consideration functioning limitations or potential health risks. Training consists of education, advice and practising functional tasks, and is guided or assisted by a health or social worker. Vocational support provides individual support to an individual at the workplace to sustain long-term employment, usually involving the employer, supervisors or co-workers.
<b>Weight-bearing exercises</b>	Weight-bearing describes the amount of weight a person puts on a body part. Dosed weight load (partial, complete or with additional weights) stimulates bone growth and the proprioceptive system (including muscular response). Regular and prolonged weight-bearing can also contribute to the prevention of contractures and loss of bone density. Weight-bearing exercises are activities performed by putting weight on a body part and are guided or assisted by a health worker and, if feasible, performed self-directed following education and advice on the appropriate exercises.
<b>Zolpidem, Zopiclone</b>	Prescription and/or administration (if injection) of the medicine and providing education and advice on the safe intake or administration (if self-directed) and potential adverse effects of the medicine.