

REHABILITATION AND DEMENTIA

Growing evidence is making it clear that an early range of rehabilitation therapy is crucial for people living with any form of dementia. Rehabilitation is personalised, goal-oriented therapies (physical, occupational, speech, cognitive).

It can improve everyday functioning, maintain independence longer, and improve quality of life for people living with dementia. Work closely with your rehabilitation therapist to tailor to your goals, involve caregivers and friends, and adapt services for different settings.

Comprehensive information is available in this [recent report](#) from Alzheimer Disease International and this [webinar](#) by the World Health Organization which has been used to create the following list of practical recommendations.

Below are some practical recommendations to get started:

✓ **Set small, meaningful goals (start here).**

- What to do: Choose 1–3 specific activities you want to keep doing (e.g., make morning coffee, walk to the mailbox, call a friend).
- Why it helps: Rehab works best when it's targeted at real life goals rather than abstract exercises.
- Quick example: "I want to make my own breakfast twice a week." Break it down (open jar, pour cereal, use kettle) and practise those steps.

✓ **Ask for a rehabilitation referral (don't wait).**

- What to do: At your next appointment ask your doctor for "a referral to occupational therapy, physiotherapy or speech & language therapy to help me stay independent."
- Why: Early access is crucial and rehab is beneficial even after diagnosis. If your system doesn't automatically offer it, request it.

✓ **Use occupational therapy to keep doing daily tasks.**

- What to do: OT can analyse tasks and teach compensatory strategies, simplify steps, suggest adaptive equipment (e.g., plate guards, easy-grip utensils), or subtle environment changes.

- OT can also be helpful in learning different techniques to read and write
- How to start: Ask for a short home assessment or clinic visit focused on the exact task you care about.

✓ **Keep moving — adapt physical activity to your level.**

- What to do: Aim for regular, safe activity you enjoy (short walks, chair-based exercises, balance practice). Rehab professionals will tailor intensity to your abilities.
- Why: Physical rehab can preserve strength, balance and mobility — reducing falls and preserving independence. Even brief, regular sessions help.
- For those who are mobile, regular exercise and going to the gym are highly recommended in growing core strength, compensating if at risk of falls and supporting mental health

✓ **Use communication strategies / speech therapy when needed.**

- What to do: If language or swallowing is changing, ask for speech and language therapy (SLT). SLT helps with strategies to support conversation, memory aids, and safe eating.
- Example strategies: one idea at a time, visual cues, short choices instead of open questions.

✓ **Simplify and adapt the environment.**

- What to do: Reduce visual clutter, label cupboards/drawers, place frequently used items where they're easy to reach, increase lighting in task areas.
- How it helps: Small environment changes make tasks easier and safer — a standard part of dementia rehabilitation.

✓ **Use assistive technologies and simple aids.**

- What to do: Consider reminders (phone alarms), large-face clocks, pill boxes with alarms, or easy remote controls. Occupational therapists can match tools to needs.
- Tip: Start with a single tool and check whether it actually reduces stress before adding more.

✓ **Train carers and involve them in therapy.**

- What to do: Invite family/carers to at least one rehab session so they learn the strategies and how to cue or support tasks without taking over.
- Why: Consistent cues and strategies from carers help transfer skills from sessions into daily life. [Patient Safety Learning - the hub](#)

✓ **Keep social and purposeful activities in your plan.**

- What to do: Include activities that provide meaning (gardening, music, community groups, religious activities) in your rehab plan. Rehab is not just physical — it's about participation.
- How: Rehab teams can adapt activities to skill level so you can keep participating safely. [Journal of Dementia Care](#)

✓ **Request regular review and adapt goals over time.**

- What to do: Ask for short review appointments (even 6–12 weekly) to adapt goals as needs change. Rehab is dynamic — goals and strategies should change too.

For additional references:

1. WHO Package of interventions for rehabilitation: module 3: neurological conditions
<https://www.who.int/publications/i/item/9789240071131>
2. Rehabilitation Workbooks provided by Dr Jennifer Bute
<https://www.gloriousopportunity.org/japanese-memory-groups.php>
3. Scottish Dementia Working Group Rehab video
<https://www.youtube.com/watch?v=EFnT8MEzahU>
4. Effectiveness of the Interdisciplinary Home-based Reablement Programme (I-HARP) on improving functional independence of people living with dementia: a multicentre, pragmatic, randomised, open-label, controlled trial <https://jnnp.bmj.com/content/jnnp/early/2025/01/16/jnnp-2024-334514.full.pdf>
5. A Systematic Review of Quality Dementia Clinical Guidelines for the Development of WHO's Package of Interventions for Rehabilitation <https://academic.oup.com/gerontologist/article/63/9/1536/6679398>
6. A Biobehavioral Home-Based Intervention and the Well-being of Patients With Dementia and Their Caregivers. The COPE Randomized Trial
<https://jamanetwork.com/journals/jama/fullarticle/186512>
7. Community based occupational therapy for patients with dementia and their care givers: randomised controlled trial <https://pubmed.ncbi.nlm.nih.gov/17114212/>
8. Individual goal-oriented cognitive rehabilitation to improve everyday functioning for people with early-stage dementia: A multicentre randomised controlled trial (the GREAT trial)
<https://pubmed.ncbi.nlm.nih.gov/30724405/>
9. Feasibility and potential effects of interdisciplinary home-based reablement program (I-HARP) for people with cognitive and functional decline: a pilot trial
<https://pubmed.ncbi.nlm.nih.gov/31345051/>
10. Dissemination and Implementation of Function Focused Care for Assisted Living
<https://pubmed.ncbi.nlm.nih.gov/27178495/>
11. Chapter 13 - Improving functional independence: Dementia rehabilitation programs
<https://www.sciencedirect.com/science/article/pii/B9780128186855000131>
12. Occupational Therapy and Dementia – Book <https://us.jkp.com/products/occupational-therapy-and-dementia>