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Short Communication

Health Promotion in Neurology and Rehabilitation: A New Paradigm Treat, Care, Guide, Re Discuss Goals and Ponder

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The health promotion paradigm presented by 'Ottawa Charter' is that health must be understood in its broadest sense, and in that sense, proposes to guide the discussion on quality of life, working with the principle of autonomy of individuals and communities. Health promotion is strongly related with the multiple aspects of lifestyles, proposing to seek ways of allowing productive lives to citizens. No one can thus, limit the promotion of health to primary care forgetting that, within a perspective of full attention to health, secondary and tertiary levels can also be scenarios of health promotion [1-3].

It proposes five fields of action which are related to the implementation of public health policies, establishing supportive environments for health, strengthening community action, and personal skills development and refocusing of health systems [4]. From this definition, the concept of health promotion has been prepared in different situations and social formations.

With regard to the discussion of the promotion of health at the tertiary level / rehabilitation, a demand for integrative approaches stands out, which seek to make the tertiary area of attention to health, a space for the prevention of future associated comorbidities, or the promotion of health in general translated into parallel actions or after rehabilitation. Dean e Good gold consider that, in most cases, the rehabilitative processes are long and require great time availability for their implementation, so they could be an important tool for the beginning of a health education program, aimed at the future well-being of individuals [5,6].

One of the main pillars of health promotion is the full participation of the population in all stages of planning, development and implementation of these programs, being one of the basic axes to strengthen the idea of autonomy of individuals and social groups. In this way, the active participation of both the family and the user, promotes empowerment, which strategies seek to work with information, emotion / motivation, skills development and social action [7,8].

From this perspective, users can receive guidance as of educational processes, seeking lifestyle changes. Such guidelines could occur along the rehabilitation intervention. At the time of the reevaluations, their functional goals in the short, medium and long term could participate in related discussions, including its high process as well as in the discussion about the use of adapted devices and technology [9,10]. It is therefore considered that it would be able to understand and perform basic care aimed at a new lifestyle from the completion of the rehabilitation treatment, being accompanied by professionals of primary care referred to his residence. This way, the work rehabilitation team would work as a matrix support.

Therefore, it is important that the health professionals involved in neurological rehabilitation can build theoretical and epidemiological references, which allows the use of the perspective of promoting health in a broad way, beyond the absence of disease-base, also reflecting on future strategies aimed at minimizing data and reducing morbidity. To effectively meet the health needs nowadays, professionals need to have a clear understanding of factors that influence the integration of model and promotion of health in their practices. It is observed that the production of knowledge on a particular subject lies advanced enough by the grounding in field research. Thus, it can be inferred that such theoretical and methodological model shall be constituted as a reference that enables these field researches.

It is therefore necessary that these professionals have clinical and technical skills but also expertise in primary care, with a transdisciplinary vision, aimed to recognize and meet the needs in the extended health care space. This health promotion encompasses measures of educational, motivational, environmental and political aspects that empower individuals, organizations and communities by promoting healthy behaviors and health improvement.

The big mistake commonly committed, even instinctively, is not to transform the language of the information found in the literature, making them accessible to all segments of society, regardless of the education level of patients. This is also a step of utmost importance to the team, because we often do not notice that we are using technical language, which only professionals understand, leaving an open gap on what to do after discharge or between follow-up visits.

We cannot accept a formation different from the organization of sectorial management and critical debate about the care structuring systems, being impervious to social control over the sector and

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"deaf" to\with patients. Training institutions should not perpetuate essentially conservative models, focusing on devices and organic systems and highly specialized technologies, dependent on procedures and diagnostic and therapeutic support equipment. We must remember that many patients will not be able to keep them during the course of their lives, and especially after the discharge process. We should always remember, before any decision-making process, the socio-economic conditions of those who are being guided.

To sum up, patients with neurological disorders are subject to functional losses, cognitive, sensory and neuromuscular function beyond the emotional commitment. Therefore, we must develop a therapeutic and supportive relationship. It is necessary, however, to emphasize the remaining capacity, help to develop them and determine new targets depending on the illness and, of course, the clinical conditions of the patients.

From this perspective, the barriers experienced by families facing the challenge of taking care of neurological patients is significant and therefore, the need to carry out post-discharge home visits as a way of continuing treatment is essential, minimizing the ignorance and family insecurity in handling devices and conducts to be employed. Guiding is capacitating. Training cannot take as a reference only the efficient search for evidence to diagnosis, care, treatment, prognosis, etiology and prevention of diseases. The technical and scientific update is only one aspect of the assessment of the practices and not its central focus. The group of agents involved constitutes as a permanent interlocutor in the dialogs needed for the construction of proposals and corrections of guidelines for the patients. So we must remember that we are all part of this team.

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