

Pharmacology for the Rehab Professional

Medication Awareness and Clinical Decision-Making

Learner Toolkit & Clinical Reference Guide

How to use this toolkit

Use this guide after completing the course to refresh key pharmacology concepts, review common medication classes and rehabilitation considerations, recognize medication-related safety concerns, and support objective clinical decision-making and communication.

1	Pharmacology Foundations at a Glance
2	Common Medications & Rehabilitation Implications
3	Polypharmacy, Interactions & Care Transitions
4	Notice, Assess, Act & Communicate
5	Objective Documentation & Care-Team Communication
6	Quick Clinical Reference & Practice Planning

Scope reminder: This toolkit is educational and does not direct prescribing, dosing, medication discontinuation, or independent alteration of a medication regimen. Follow organizational policy and applicable professional scope of practice.

1. Pharmacology Foundations at a Glance

Medication awareness helps rehabilitation professionals interpret what they observe during treatment within the broader clinical picture. Foundational pharmacology concepts can help explain why medication effects may vary across patients and across the day.

Concept	Practical meaning	Rehabilitation connection
Pharmacokinetics (PK)	What the body does to a medication through absorption, distribution, metabolism, and excretion.	Helps place medication timing and changing exposure in context when performance varies.
Pharmacodynamics (PD)	What a medication does to the body, including intended and other physiologic effects.	May help explain observations involving vital signs, alertness, pain, balance, or activity tolerance.
Medication timing	The relationship between when a medication is taken and when its effects may be observed.	Treatment response may differ depending on time since dose, medication characteristics, and the patient's overall status.

ADME: The Medication Journey

A	D	M	E
Absorption Medication enters the bloodstream.	Distribution Medication travels to tissues and organs.	Metabolism The body chemically processes the medication; the liver is important for many drugs.	Excretion Medication and metabolites are removed; the kidneys are important for many drugs.

Clinical reasoning reminder: A recent dose or medication change may be relevant, but symptoms and functional changes should be interpreted alongside objective findings, patient report, diagnoses, hydration, sleep, illness, pain, and other clinical factors.

2. Common Medications & Rehabilitation Implications

Medication class / examples	What may matter during rehabilitation	Clinical considerations
Beta blockers (e.g., metoprolol)	Lower heart rate and blood pressure; fatigue or dizziness may occur.	Heart-rate response to activity may be blunted. Use the overall clinical response rather than heart rate alone.
ACE inhibitors / ARBs (e.g., lisinopril, losartan, valsartan)	Lower blood pressure; dizziness may occur, particularly with position change.	Monitor symptoms and hemodynamic response when clinically indicated.
Calcium channel blockers	May lower blood pressure and/or heart rate depending on the medication.	Consider dizziness, fatigue, and exercise response within the full clinical picture.
Diuretics	Increase fluid excretion; may contribute to volume or electrolyte-related concerns.	Consider hydration status, orthostatic symptoms, weakness, and fall risk when relevant.
Antiplatelets / anticoagulants	Reduce clot formation through different mechanisms.	Bleeding and bruising risk may affect safety considerations following falls, trauma, or high-risk activities.
Lipid-lowering medications	Used to reduce lipid-related cardiovascular risk.	New or unusual muscle symptoms may warrant documentation and communication.

Remember: Medication effects vary by drug, dose, indication, patient characteristics, comorbidities, and concurrent medications. Avoid assuming that a symptom is medication-caused solely because it is a known adverse effect.

Common Medications & Rehabilitation Implications — Continued

Medication group / examples	Potential observations	Rehabilitation focus
Non-opioid pain medications	Pain relief may improve participation; medication-specific adverse effects may still affect safety.	Consider pain response, function, and the patient's overall presentation.
Opioids	Sedation, dizziness, impaired attention, nausea, or respiratory concerns may occur.	Observe alertness, balance, respiratory status when indicated, and safe participation in mobility or exercise.
Diabetes medications Metformin, insulin, glipizide, semaglutide	Medication effects and food/activity patterns may influence glucose-related symptoms; GI symptoms or reduced appetite may occur with some agents.	Recognize symptoms consistent with hypoglycemia or other concerning changes and follow appropriate protocol.
Psychotropic medications Antidepressants; anti-anxiety/sedative agents; antipsychotics	May affect alertness, balance, cognition, blood pressure, or motor performance depending on the medication.	Consider fall risk, attention, participation, and change from baseline.
Anticonvulsant / neurologic medications	May influence dizziness, coordination, alertness, or motor performance depending on the agent.	Consider safety, gait, balance, cognition, and functional change.
Corticosteroids and other common medications	Effects vary by class and duration of therapy.	Connect the medication history to relevant objective findings rather than relying on a medication list alone.

Medication Review Questions

- What medication or medication class is relevant to today's presentation?
- Was there a recent start, stop, dose change, or transition of care?
- When was the medication taken relative to treatment?
- What has changed from the patient's usual presentation or baseline?
- What objective findings support the concern?
- Does the current presentation require monitoring, modification, pausing treatment, or escalation?

3. Polypharmacy, Interactions & Care Transitions

Polypharmacy can increase clinical complexity because medication effects may add together, interact, or become harder to distinguish from disease-related or functional changes. Risk may be especially important during transitions of care, when medication regimens can change.

Look for	Why it matters	Questions to consider
Multiple medications with overlapping effects	Sedation, dizziness, hypotension, or other effects may compound.	Is the patient's presentation different from baseline? Are several medications relevant to the same observation?
Recent medication change	A new medication, dose change, discontinuation, or substitution may provide important context.	What changed, when did it change, and what has the patient noticed since?
Transition of care	Hospital discharge, rehabilitation transfer, or specialist visits may introduce medication changes or discrepancies.	Has the current medication list been reconciled? Does the patient understand the current regimen?
New functional decline	Falls, confusion, reduced activity tolerance, or mobility change may have multiple causes.	What objective findings are present? What other clinical explanations should be considered?

Do not jump to causation: A medication change may provide important clinical context, but it does not establish that the medication caused the change in status.

Care Transition Check

- Confirm the medication information available to you is current when possible.
- Ask about recent additions, discontinuations, or dose changes when clinically relevant.
- Clarify discrepancies rather than independently resolving them.
- Document objective findings and patient-reported information.
- Communicate concerns through the appropriate care-team pathway.

4. Notice, Assess, Act & Communicate

Use this course framework when a medication-related concern may be relevant to treatment. It supports a structured response without assuming causation or stepping outside rehabilitation scope.

NOTICE	ASSESS	ACT	COMMUNICATE
What changed? Notice symptoms, vital signs, alertness, balance, pain, activity tolerance, cognition, or functional performance.	What does the full clinical picture show? Consider objective findings, patient report, medication timing or recent changes, diagnoses, and other plausible contributors.	What is the safest treatment response? Continue and monitor, modify, pause, or follow urgent/emergency procedures as indicated by the presentation and policy.	What information needs to be shared? Document objective findings and communicate relevant concerns to the appropriate provider or care-team member.

Quick Clinical Pause

- 1. WHAT AM I NOTICING?** What is different from baseline?
- 2. WHAT DO I KNOW?** What did I observe, measure, or learn from the patient?
- 3. WHAT MEDICATION INFORMATION IS RELEVANT?** Timing, recent change, class, or possible overlapping effects?
- 4. WHAT ELSE COULD EXPLAIN THE CHANGE?** Consider the broader clinical picture.
- 5. WHAT IS THE APPROPRIATE NEXT ACTION?** Monitor, modify, pause, document, communicate, or escalate?

Safety first: Serious or rapidly changing findings require the appropriate clinical response and organizational protocol. Medication review should never delay urgent assessment or escalation.

Objective Documentation & Care-Team Communication

Document what is known, observed, measured, and reported. Avoid stating or implying medication causation when it has not been established.

Avoid unsupported attribution	More objective documentation
"Patient is dizzy because of the new medication."	"Patient reports dizziness beginning this morning. New medication started yesterday per patient report. BP changed from ___ to ___ with position change. Treatment modified and provider notified."
"Medication made the patient too sleepy for therapy."	"Patient demonstrated increased drowsiness compared with prior visits and required repeated verbal cues to maintain alertness. Patient reports taking prescribed medication at ___."
"Blood pressure is low from medication."	"BP measured ___/___ in sitting and ___/___ in standing. Patient reports lightheadedness with standing. Medication list reviewed; findings communicated to ___."

Communication Checklist

- State the specific change or concern.
- Provide relevant objective findings and comparison with baseline when available.
- Include pertinent patient-reported information.
- Identify relevant medication timing or recent regimen changes without assigning causation.
- Describe the treatment response or safety action taken.
- Follow the appropriate communication and escalation pathway.

Putting It into Practice

One medication class I want to refresh more often is:

One medication-related observation I will pay closer attention to during treatment is:

One documentation habit I want to strengthen is:

One question I can ask when a patient's presentation changes is:

Quick Clinical Reference & Practice Planning

Medication-Aware Treatment Checklist

- Review relevant medication information when it may affect safety or function.
- Consider time since dose and recent medication changes as clinical context.
- Compare today's presentation with the patient's baseline.
- Use objective findings, patient report, and functional performance together.
- Consider other plausible clinical contributors before attributing a change to medication.
- Select the safest treatment response based on the presentation.
- Document what you know, not what you assume.
- Communicate significant concerns to the appropriate care-team member.

Course Takeaways

- Pharmacokinetics describes what the body does to a medication; pharmacodynamics describes what the medication does to the body.
- Medication timing can influence what is observed during rehabilitation, but timing alone does not establish causation.
- Common medication classes may affect vital signs, alertness, balance, pain, cognition, activity tolerance, and functional performance.
- Polypharmacy and care transitions can increase medication-related complexity and the risk of discrepancies or overlapping effects.
- Notice, Assess, Act, and Communicate provides a practical approach to responding to a change in patient status.
- Objective documentation and interdisciplinary communication support safe, informed rehabilitation care.

Bottom line: Medication awareness is part of safe practice: recognize what may be relevant, assess the whole clinical picture, respond within scope, and communicate clearly.

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