IRAN AND ISRAEL: COMMUNITY-BASED REHABILITATION DURING WAR

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TO THE EDITOR:

The long-standing Iran–Israel conflict escalated sharply in April 2024, with Iran's attack on Israeli territory (13–14 April) and Israel's retaliation in Isfahan (19 April) [1]. As predicted, a full-scale war erupted between 13–24 June 2025 involving direct strikes on sovereign land and vital infrastructure.

Community-based rehabilitation is cost-effective. It often leads to better outcomes and ensures high patient satisfaction. Its success relies on strong teamwork and smooth transitions from hospital to community care [2]. During the war, many hospitals and day rehabilitation centers were closed due to a lack of shelters. However, community-based rehabilitation centers with protected spaces remained open, continuing care under emergency conditions. As a result, they experienced a surge in referrals from closed facilities and recently discharged hospital patients. Active rehabilitation services in the community include home-based care, treatment at outpatient institutes (e.g., physiotherapy and occupational therapy), and day rehabilitation for patients needing multidisciplinary care. These patients typically presented with severe injuries requiring at least three types of therapy. The patients included amputees, patients reliant on assistive devices, and those with limited mobility. In addition, day rehabilitation centers also served as follow-up clinics, ensuring treatment continuity. Multidisciplinary teams were fully mobilized to provide essential care to complex cases, making these centers a crucial part of the rehabilitation system during the war.

Several major challenges emerged during the war, notably the difficulty of transporting patients to rehabilitation centers due to frequent alarms and limited public transit. These conditions increased safety risks, especially for patients unable to quickly reach protected areas. Despite these obstacles, services continued due to operational flexibility. Patient volumes and treatment frequencies were maintained. Staff operated under significant psychological pressure. To support them, teams implemented regular coordination, situational briefings, and internal stress-relief initiatives. Strong professional commitment and adaptable scheduling helped ensure care continuity. Emotional support, teamwork, and dedication were critical to maintaining services during the crisis.

Despite the difficult circumstances, rehabilitation outcomes were positive. Some patients did not need to return to hospital-based rehabilitation at all, while others returned with improved function, allowing for shorter rehabilitation periods. These outcomes highlight the need to expand remote and hybrid rehabilitation services across multiple disciplines using existing digital platforms and telemedicine.

Remote sessions should be available in at least three therapy areas per day, and the authority to implement such services should extend beyond physiotherapy to all rehabilitation professions. Reducing bureaucratic barriers is essential for the rapid rollout of these services. Although the Israeli Ministry of Health's recent report on Israel's rehabilitation strategy notes that community-based rehabilitation is still limited, some health funds operate rehabilitation centers that are unevenly and unintentionally distributed [3]. Nevertheless, the centers that continued to function provided essential services and played a key role in monitoring patients.

In conclusion, community-based rehabilitation is a vital part of the overall rehabilitation system. It requires greater support including the establishment of more high-quality, well-equipped, and accessible shelters with clinical spaces to ensure continuity of care in such emergencies.

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References

1. Raine J, Barry B, Childs N, Hinz F, Voo J. Iran and Israel: Everything Short of War. *Survival (Lond)* 2024; 66: 79-90.
2. Kosto A, Vadas D, Lutsky L, Kalichman L, Treger I. Community-based rehabilitation: importance, principles and advancement in Israel. *Harefuah* 2024; 163: 589-93.
3. Ministry of Health (Israel). Rehabilitation Strategy Report: Strategy for Rehabilitation Services in Israel. Jerusalem: Ministry of Health: 2024. [Available from https://www.gov.il/he/pages/rehabilitation-strategy]. [Hebrew].