

THE MODERN CONCEPT OF REHABILITATION

Piesotska I. O.,

Student of the Medical Institute

Sumy State University

Sumy, Ukraine

Liashenko I. V.,

Candidate of Pedagogic Sciences,

Associate Professor of the Department of Foreign Languages

Education and Research Institute for Business Technologies “UAB”

Sumy State University

Sumy, Ukraine

Rehabilitation has long lacked a unifying conceptual framework. Historically, the term has described a range of responses to disability, from interventions to improve body function to more comprehensive measures designed to promote inclusion. The International Classification of Functioning, Disability and Health provides a framework that can be used for all aspects of rehabilitation [1]. For some people with disabilities, rehabilitation is essential to being able to participate in education, the labour market, and civic life. Rehabilitation is always voluntary, and some individuals may require support with decision-making about rehabilitation choices. In all cases rehabilitation should help to empower a person with a disability and his or her family. Article 26, Habilitation and Rehabilitation, of the United Nations Convention on the Rights of Persons with Disabilities calls for: appropriate measures, including through peer support, to enable persons with disabilities to attain and maintain their maximum independence, full physical, mental, social and vocational ability, and full inclusion and participation in all aspects of life”. The Article

further calls on countries to organize, strengthen, and extend comprehensive rehabilitation services and programmes, which should begin as early as possible, based on multidisciplinary assessment of individual needs and strengths, and including the provision of assistive devices and technologies. This chapter examines some typical rehabilitation measures, the need and unmet need for rehabilitation, barriers to accessing rehabilitation, and ways in which these barriers can be addressed [2].

A modern healthcare system must do more than just stop people dying. It needs to equip them to live their lives, fulfil their maximum potential and optimise their contribution to family life, their community and society as a whole. Rehabilitation achieves this by focusing on the impact that the health condition, developmental difficulty or disability has on the person's life, rather than focusing just on their diagnosis. It involves working in partnership with the person and those important to them so that they can maximise their potential and independence and have choice and control over their own lives. It is a philosophy of care that helps to ensure people are included in their communities, employment and education rather than being isolated from the mainstream and pushed through a system with ever-dwindling hopes of leading a fulfilling life. It is increasingly acknowledged that effective rehabilitation delivers better outcomes and improved quality of life and has the potential to reduce health inequalities and make significant cost savings across the health and care system.

Rehabilitation covers an enormous spectrum within our patients' pathways. It includes support to learn basic communication skills; exercise classes to improve or maintain optimum health, wellbeing and occupation; and complex neurological rehabilitation following major trauma or stroke. Rehabilitation may be appropriate at any age as a person's needs change through the course of their life. For example, they may require support to:

- develop skills for the first time;

- recover from unexpected illness;
- manage long-term conditions;
- self-manage conditions;
- recover from major trauma;
- maintain skills and independence;
- access advocacy.

Rehabilitation is “a set of measures that assist individuals who experience, or are likely to experience, disability [resulting from impairment, regardless of when it occurred (congenital, early or late)] to achieve and maintain optimal functioning in interaction with their environments” [5]. This definition corresponds to comprehensive process that contributes to health promotion and determines most Handicap International projects. It is therefore necessary to refine this definition to fit the activities developed as part of Rehabilitation Services Unit-supported projects. The WHO defines the individual in his environment as the centre of the rehabilitation process. “Individuals” should be understood to be not just those “who experience, or are likely to experience, disability,” but also their families, who can be helped to become actors in the rehabilitation process and benefit from the results achieved.

In the WHO report [5], rehabilitation measures take the form of rehabilitation medicine and therapy. “Rehabilitation medicine is concerned with improving functioning through the diagnosis and [medical] treatment of health conditions, reducing impairments, and preventing or treating complications. (...) Can be involved in rehabilitation medicine (...) a broad range of therapists (physiotherapists, occupational therapists, speech and language therapists...)” The therapy that we will call physical and functional rehabilitation “ is concerned with restoring [optimal functioning] and compensating for the loss of functioning, and preventing or slowing deterioration in functioning in every area of a person’s life” [5].

The main aim in the physical disability work of the rehabilitation organizations is to provide physical rehabilitation services for people with disabilities in communities served by community based rehabilitation projects, both with support and otherwise. Prevention and treatment of physical impairments can be divided into four main concept areas:

- prevention of primary physical impairment;
- prevention of secondary physical impairment;
- treatment of physical impairment;
- rehabilitation of physical impairment [4].

In cases where established physical impairment cannot be treated, to limit its effects, and to improve quality of life, by rehabilitation, education and training.

Fulfilment of all areas outlined above involves a collaboration between government and non-governmental organizations, and cannot be fully carried out by one organization [3].

According to WHO statistics, there are more than 400 million people with disabilities in the world. It doesn't matter what caused the disability – congenital abnormalities, trauma or serious illness. Anyone has the right to a full life. And the main goal of rehabilitation for people with disabilities is to help people cope with difficult life situations [5].

The main place in rehabilitation medicine is physical rehabilitation. It involves the integrated use of both physical exercise and exposure, and natural factors. This type of rehabilitation is aimed at restoring the functions of damaged organs, adaptation after injuries, involvement in the usual way of life.

To sum it up, the process of medical rehabilitation is a stage of treatment, the purpose of which is to allow the patient to return to the fullest possible life, as far as possible, physically, socially and morally, and lead an active and healthy lifestyle in the family and in society.

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