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Objectives and tasks of occupational therapy in systemic rehabilitation departments among patients from the RPSO1 group - chronic rehabilitation

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Abstract

The main objective of this study is to present the goals and role of occupational therapy in hospital branches of systemic rehabilitation, from the RPS01 group - chronic rehabilitation, which supplements the rehabilitation treatment during hospitalization.

Key words: occupational therapy; rehabilitation; RPSO1 group

Medical rehabilitation is a treatment process that allows you to accelerate natural regeneration and reduce the physical and psychological consequences of the disease. The

rehabilitation process does not apply to disease or dysfunction, nor to the improved part of the body. Heals a person who is the subject of this process and should actively participate in it [1]. The main objective of this study is to present the goals and role of occupational therapy in hospital branches of systemic rehabilitation, from the RPS01 group - chronic rehabilitation, which supplements the rehabilitation treatment during hospitalization.

Occupational therapy is one of the forms of medical rehabilitation that supplements physical therapy, kinesiotherapy, hydrotherapy, psychological therapy and speech-therapy. In addition, properly matched to the group of patients, it allows easier to accept age-related anomalies or acquired disability.

However, in order to meet its goals when working with chronic patients, it should be individually tailored to the current functional and emotional state. In the analyzed case, the second aspect seems to be very important. A chronic patient, regardless of the causative factor of the disease, must realize that the motor effects of the disease will accompany him all the time.

People have specific needs and desires that they try to satisfy as quickly as possible. In the social sciences, there are many divisions of needs that are divided into biological and psychological. In social psychology, the significant impact of needs on the process of creating attitudes is emphasized. According to Maslow, one of the fundamental aspects of human existence is a sense of independence, which in the course of a chronic disease has been heavily imbalanced. Very often it is a leading problem that prevents or significantly slows down the entire rehabilitation process - as the research results show. It is assumed that the main role of occupational therapy in the rehabilitation of chronic wards is to enhance the use of manual activities and psychotherapy in order to restore patients to mental balance and self-esteem. The right choice of classes is aimed at motivating and mobilizing the patient to cooperate [2]. On this level, occupational therapy perfectly blends into the program framework of social rehabilitation, which consists in restoring the disabled or ill person full social independence in all dimensions, i.e. cultural, social and professional [3]

The first stage of therapy begins during the patient's stay in the hospital. It consists of establishing an early diagnosis and a social forecast. The task is to achieve self-acceptance stage in the changed situation, to find their own place among the relatives, families actively participate in solving problems of a loved one. Further social integration of a person takes place in the conditions of her own environment. The role of the rehabilitation team is taken over by family members, a social worker of a municipal or municipal family support center, an environmental nurse and representatives of social organizations involved in solving the problems of this group of people.

It is assumed that the successes of occupational therapy programs are conditioned by two factors. The first of these is an open attitude to integration with the society of a disabled person, the second of equally important is the attitude of society manifested by equal treatment of the patient towards healthy members[4]. It should be noted that these goals of occupational therapy are becoming closely related to vocational rehabilitation. Both methods of action set the goal of preparing a disabled person to work in accordance with psychophysical abilities and professional qualifications, professional advancement - if required[5]. The concept of this stage is based on two important assumptions. According to them, each person, despite the existing disability, retains certain skills that can be properly

used in everyday life and at work, and no job should require the person who takes it to fully engage the physical, mental, intellectual and social skills available[6].

As can be clearly seen occupational therapy it is closely the process of rehabilitation and is its integral part. Therefore, it should not be treated as an added value to the rehabilitation process, both by the entire rehabilitation team and the patients themselves. As Bac correctly points out, it is one of the forms of rehabilitation treatment aimed at enabling the attainment of health, well-being and life satisfaction through participation in various types of activities. The primary goal of therapeutic activities is to support people so that they can participate in the activities they want to do, they need them and are expected from them [7].

In a hospital setting, the best form of activating a patient is individual classes. However, it should be noted that the choice of form depends on the type of classes and the level of advancement of a particular person. Although group therapy gives the opportunity to use good models of therapy participants and motivation for further and faster performance of activities, which is an expression of well-understood competition. However, in some situations, as the authors note, it can cause the opposite effect. Delay in performing certain tasks, or a less impressive final result compared to those who practice it, can depress or even discourage the next exercises [8].

Occupational therapist in a rehabilitation hospital should know the clinical status of patients, the related therapeutic treatment. The basic task before starting work with the patient is to get acquainted with the patient's disease history. Classes are subordinated to the comprehensive rehabilitation program of a specific person, therefore the occupational therapist is a member of the hospital therapeutic team.

The task of the therapist is activating and motivating their patients through the use of different techniques and methods of occupational therapy. These methods are essential in the process of comprehensive rehabilitation in order to improve the functioning of the biological and psychological. The therapist should be kindly disposed and helpful in solving the most difficult problems.

The basic activities of an occupational therapist are:

- development of patient self-sufficiency, training in daily activities,
- improving motor functions and increasing the range of work of upper limbs,
- cognitive and communication development,
- motivating and positive emotions in terms of functional possibilities,
- daily program classes and leisure time entertainment,
- evaluation of living space and recommendation of solutions removing environmental barriers.

If there is a difference of opinion between the patient and the therapist about the goals and priorities of the therapy, the therapist must explain the individual stages of therapy to the patient and determine their relationship with the goal of therapy. The skills, past passions and interests of patients play a big role in the selection of classes. The use of a wide range of techniques and therapeutic forms, appropriate to the patient's psychomotor capabilities, speeds up the process of their rehabilitation. Note, however, that too difficult or poorly matched forms of therapy may discourage participation in the classes. The same effect is achieved when the task is too easy.

The leading goal of occupational therapy in the Rehabilitation Hospital is to restore the patient's physical fitness. Therapy accelerates treatment in the clinical sense, improves the function of damaged parts of the body and the entire organism. By focusing on a particular activity, it allows you to forget about fatigue and perform more movements than, for example, in the gym. However, one can not forget about the need to support and develop mental health. Through occupational therapy and psychotherapeutic activities, the confidence and confidence are raised and strengthened[9]. One should focus on leveling disturbed emotional and cognitive processes or functioning in a social group. Specific objectives must result from the specific needs of a particular person and the stage of rehabilitation. When defining specific objectives, great emphasis should be placed on realism, the patient's involvement is important here. In chronic diseases, an interesting program of work distracts the patient from the disease, removes anxiety and reflects on the future, making the period of illness and convalescence easier.

The strategy is essential for therapy, any reaction to disease and disability. The individual stages of the proceedings must form a whole. The patient is the central place of therapy, not the illness. Occupational therapy is used in various clinical conditions, diseases and dysfunctions.

The rational application of occupational therapy measures is indispensable in the proper diagnosis of the most important symptoms and in the course of these conditions. Knowledge of the most important physical and mental problems of patients affected by various diseases is crucial. Patients in the RPS01 group are admitted to the systemic rehabilitation department - it is a chronic rehabilitation. These are people with various chronic diseases over the age of 60. Most of the patients are ill people characterized by a lack of activity and a sense of loneliness. These people have often lost control over their own lives, which caused a passive attitude in them-a demanding and dissatisfaction, they have problems adapting to the new conditions, are lost. Therefore, working with such a patient is a multidirectional action, it involves the cooperation of specialists treating the patient and taking into account both the physical and mental capabilities of the elderly person.

Table 1 shows the types of disease conditions and occupational therapy support the rehabilitation of patients - development Rottermund and Nowotny [8]. As mentioned, in all cases it should be remembered that the choice of methods and techniques of occupational therapy must be characterized by an individual approach - it depends on the patient's condition and the degree of patient's efficiency. Occupational therapy classes must be complementary to the rehabilitation plan developed by a team of specialists.

Analyzing Table 1 it is recommended that an individual approach to the patient, regardless of the type of disease. A large number of diseases permits the use of many methods and techniques occupational therapy. A short-term occupational therapy plan should be created for patients of the systemic rehabilitation department. This plan should encourage patients to daily activities that will allow patients to believe in their own strength, help to meet other participants of therapy, enrich cognitive and intellectual functions, give joy to self-made objects that will be fun, will be interesting, what will cause separation suffering from pain, illness, loneliness and problems during therapy.

Table 1. Recommended methods and techniques of occupational therapy in selected diseases and dysfunctions

DISEASES / DYSFUNCTIONS	METHODS AND TECHNIQUES OF THERAPY THERAPY	RECOMMENDATIONS
Amputation in the lower limbs / prosthesis /	choreotherapy, gardening, outdoor activities, games, play	improving the ability to change positions and move in different areas
Amputation in the upper limbs / prosthesis	plastic, decorative and computer lab, social games, play	increasing the manual capabilities of a healthy limb
Arthrosis - osteoarthritis	dance and rhythm classes, walking, hiking, weaving, tailoring, carpentry	classes adapted to the location of changes and related individual health problems
Bronchial asthma - chronic respiratory disease	games combined with blowing balloons, playing on wind instruments	**contraindications - gardening, painting, weaving, carpentry, classes with allergen-containing articles**
Ataxia - disorder or lack of movement	art therapy, sociotherapy, choreotherapy, daily activities	classes adapted to the location of changes and related individual health problems
Parkinson's disease	drawing, sculpture, social games, individual manual activities, therapy with music / march /, singing	improvement of motor and mental functions, stimulation of the patient, forcing the gait, stimulation of the facial expressions
Mastectomy	group classes, games, art therapy,	improving the range of movement and muscle strength of the shoulder joint on the operated side, restoration of psychophysical fitness
Persons in a wheelchair	all varieties of activities that can be done in a sitting position	increasing the range of work of upper limbs
Elderly	all forms of group activities, music therapy, art therapy, choreotherapy, games	classes should take into account the needs and requests of the patient and support and improve the quality of life.
Osteoporosis - deterioration of the skeletal system	all forms of therapy, choreotherapy, games, music therapy, and theatrical therapy	classes facilitating achieving the greatest possible independence
Rheumatoid arthritis	bibliotherapy, choreotherapy, teatrotherapy, social games, film therapy	maintaining the functional efficiency of the hand, enriching intellectual and cognitive functions, and counteracting social isolation
Multiple sclerosis (MS), chronic inflammatory disease of the central nervous system	forms of therapy that make the patient individually selected from the severity of the disease	alleviating the functional problems of patients, improving physical fitness, locomotion and manual skills
Stroke, brain injury, spinal cord injury, peripheral nerve injury / systemic rehabilitation goes to patients a few years after these injuries previously hospitalized are neurological rehabilitation ward	all forms of occupational therapy, group classes, art therapy, choreotherapy, ergotherapy, bibliotherapy	classes facilitating contact and social integration
Myocardial infarction / patients go to the systemic rehabilitation department a few months or years after the heart attack, earlier they are rehabilitated in the cardiac rehabilitation ward/	all forms of occupational therapy	classes facilitating contact and social integration, return to functioning in the environment, restoring faith in independence and coping skills
Pain syndrome of the spine	the choice of means depends on the therapist's inventiveness	alleviation of pain, oblivion about pain during interesting, absorbing, satisfying activities
Ankylosing spondylitis. Chronic disease leading to limitation of spinal mobility	artetherapy, bibliotherapy,	joint activities prevent isolation and loneliness

Unfortunately, as of today, the regulations on keeping medical records in hospital rehabilitation wards do not specify how, on which prints, what information should be included in the confirmation of occupational therapy classes. Hospitals develop documentation regarding the course of the therapy activities ordered by themselves. The requirement is a patient's signature confirming the completion of such classes.

In most cases, occupational therapy classes take place in groups. Most of them are groups of 6 to 10 people. In this case, the therapist should pay much attention to the proper selection of group participants. The key factor in the selection of participants is similar diseases and ailments. Age differentiation will allow patients to compete, follow positive and exchange experiences with the group. The same ailments and unpleasant diseased experiences of the participants will allow integration. This is an approach aimed at acquiring new skills and improving skills already acquired. Improvement of motor and intellectual ability reduces the occurring deficits and deficiencies resulting from the disease process.

In such groups, the Kawa practice model can be found [7]. This model focuses on the mutual interest and harmony between the patient and the environment. In this model, a person is an inseparable part of the whole. The actions of a person and their experience can not be considered in isolation from the whole group. This model is based on the metaphor of the river as the flow of a patient's life or history. Just like the other models, Kawa is also focused on the person and guidelines on how to conduct classes. The relationship between health and occupation is emphasized. Health and well-being are promoted through involvement in the occupation.

The therapist's work according to the chosen model of practice allows us to perceive a complex picture of the patient in a simplified, more clearly and understandable way. Thanks to the models, the work of an occupational therapist is based on theoretical knowledge and scientific evidence, allows the selection of activities to the patient's needs and a multi-faceted approach to his problems.

In conclusion, it should be noted that occupational therapy becomes relevant and begins to be treated as a component of medical rehabilitation. It means a variety of activities that are ordered to the patient as one of the therapeutic measures aimed at accelerating the return of the lost function of the musculoskeletal system, and in the case of irreversible changes is aimed at the acquisition of substitute functions [10-15].

The short-term program intended for patients of rehabilitation departments should include various methods and techniques of work with the patient.

Unfortunately, it should also be admitted that you can often notice incompetent classes, ignorance and disregarding the needs of patients, which is often caused by a lack of knowledge and skills. Proposing to patients, regardless of their illness and disability, one or two techniques with ergotherapy or art therapy, throughout the period of hospitalization, can only bring harm and has nothing to do with treatment and recovery.

However, the biggest problem is the material obstacle that concerns the purchase of necessary materials for conducting classes. Small financial outlays, what hospitals spend on occupational therapy is a drop in the ocean. In contracts concluded by NFZ with healthcare providers, there is no mention of the necessary funds for conducting occupational therapy in rehabilitation departments.

It is to be hoped that the new staff, educated in accordance with international standards, will lead to raising the rank of occupational therapy and the profession of a therapist in the coming years. This situation righteous, that work with the patient during classes, without limitation substantive technical, will be able to fully play its role in the healing and rehabilitation wards in hospitals.

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