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A. Yermolayeva¹

Iu. Malyarenko²

¹ Candidate of Sciences in Physical education and sport, Senior Lecturer of ZNTU

² Candidate of Medical Sciences, Senior Lecturer of ZNTU

CURRENT ASPECTS OF OCCUPATIONAL THERAPY IMPLEMENTATION, AS AN INTEGRAL PART OF COMPLEX REHABILITATION

Currently, the problem of preservation and rehabilitation of body functional state of patients and disabled people becomes particularly relevant. Those activities are especially effective in case of patients and disabled people active participation in the process.

Various diseases and / or injuries result in development of certain patients' severe disorders that are manifested by hypodynamia, hypokinesia, hypothyroidism, leading to loss of ability to move and to perform household functions independently. [5]. This factor dictates special requirements for hospital care and the formation of a multidisciplinary team, including the following specialists: a physician (physical and rehabilitative medicine), a physiotherapist, an ergotherapist, a therapist, a social worker, a clinical psychologist, an orthosis prosthetist who simultaneously provides rehabilitation services. However, the significant role in the health recovery process belongs to the doctor of physical and rehabilitation medicine, physiotherapist and ergotherapist [2].

In modern medicine, the specialist of physical and rehabilitation therapy uses special diagnostic tools in combination with pharmacological, physical, professional intervention for rehabilitation purposes.

The physical therapist carries out the examination, testing, work out of the individual program components for each patient applying physical exercises, massage and preformed physical factors. Constantly maintains profile assessment and reporting documentation for physical therapy.

An ergotherapist contributes to maximum recovery level of vital function and independence of disabled people by application specialized

knowledge and contemporary rehabilitation technologies aimed to restore mental and physical health.

It should be noted that ergotherapy or «occupational therapy» is a new approach to complex rehabilitation systems. The implementation of this method is a very important component as it helps to restore patients' loss of self-service skills and activities in everyday life and work. During training activities, the patient, together with the ergotherapist, learns and develops activities that meet his or her individual needs, including body care, cooking, shopping, childcare and pet care, etc.

In the primary rehabilitation unit as well as in the second stage of rehabilitation, the ergotherapist is engaged in the restoration of patient's daily activities, including self-service, or adaptation of the patient to existing dysfunctions. In ambulatory practice, an ergotherapist restores the patient's home or business/work activity, participates in the selection of rehabilitation means and helps to modify the habitat environment especially if it acts as an obstruction to the patient's activity [2, 3].

It should be admitted that the domestic ergotherapeutic practices are still much behind the western ones, but recently there is a tendency for structuration of the therapists' activity and inclusion of ergotherapy to the system of complex rehabilitation measures [2]. This gives the prospect of further development of ergotherapy and application of world experience for Ukrainian patients.

LITERATURE

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