



## SPECIAL ARTICLE

# Network-modalities (and needs) in rehabilitation: Perspectives for a continuous development

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**Abstract** Many WHO documents in recent years, mainly ICF and recently WRD, have described how Rehabilitation, and its scientific developments, are focused on Disabled People Rights to help any Country to create an “inclusive” Community.

This awareness is really important in this period, mainly in Europe, when Health Services are changing for many reasons.

PRM role and responsibility are to show how can be realised a wide and global rehabilitation system involving and renovating many aspects of health and social services in a synergistic way to reach the best outcomes for people, in the suitable way, reducing expenses and wastes.

Offering different cares timely, in a real continuity and coherence, involving and guiding many different professionals, maintaining the centre on the Person (possibilities, prognosis, free wishes, family and context), evaluating evidences and results on the functional outcomes.

In this general strategy the Italian National Plan for Rehabilitation is an attempt to connect different responsibilities, facilities, interventions for PRM doctors, in different times and places, modifying deeply the “traditional” relationship between Health Services and Rehabilitation.

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### Redes-modalidades (y necesidades) en rehabilitación: perspectivas para un progreso continuo

**Resumen** En los últimos años, en numerosos documentos de la OMS, en su mayor parte los de la International Classification of Functioning, Disability and Health (ICF), y, recientemente, el informe mundial sobre discapacidad (World Report on Disability [WRD]), han descrito cómo la rehabilitación, y sus desarrollos científicos, prestan atención a los derechos de las personas discapacitadas para ayudar a cualquier país a crear una comunidad «inclusiva».

En este período, esta concienciación es importante, sobre todo en Europa, donde los Servicios Sanitarios están cambiando por numerosas razones.

El papel y la responsabilidad de la especialidad de Medicina Física y Rehabilitación (MFR) son demostrar cómo puede hacerse realidad un sistema amplio y global de rehabilitación (el Modelo Integrador del Funcionamiento y la Discapacidad), en el que participen y se renueven

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de manera sinérgica numerosos aspectos de los servicios sanitarios y sociales para obtener los mejores resultados para los individuos, del modo más apropiado, con una reducción de los gastos y una evitación del derroche de recursos.

El objetivo es ofrecer oportunamente los diferentes cuidados en una continuidad y coherencia reales, en los que participen numerosos profesionales diferentes que guíen al paciente y mantengan el centro de atención en la «Persona» (posibilidades, pronóstico, deseos de autonomía, familia y contexto), evaluando las evidencias y los resultados en función de los desenlaces funcionales.

En esta estrategia general, el Plan Nacional italiano de Rehabilitación es una tentativa de conectar las diferentes responsabilidades, servicios, e intervenciones de los especialistas en MFR, en distintos momentos y lugares, modificando en profundidad la «tradicional» relación entre los Servicios Sanitarios y la Rehabilitación.

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## Introduction

### Ethical and social world scenario

The objective of Rehabilitation is to empower people with disabilities to maximise their physical and mental abilities to have access to regular services and opportunities and become active and contributing members of their communities and their societies. It includes people with different disabilities from all types of impairments, including difficulty hearing, speaking, moving, learning or behaviour, and also all age groups: children, youth, adults and older people.

The better explication of these concepts is contained in the recent ICF from WHO.<sup>1,2</sup>

Thus, Rehabilitation is closely dependent on the medical sciences and on the human rights of people with disabilities through changes within the Community.<sup>3</sup>

Our aims and our responsibility are to merge these two aspects and to realise concrete developments for both and at the same time Human Rights and Scientific interventions.

The International Bill of Human Rights includes many Acts (Universal Declaration of Human Rights, International Convention on Economic, Social and Cultural Rights, International Convention on Civil and Political Rights, Convention on Rights of the Child, Convention on the Elimination of All Forms of Discrimination Against Women, and World Programme of Action Concerning Disabled Persons) and forms the basis for the United Nations Standard Rules on the Equalisation of Opportunities for People with Disabilities, which states: "The principle of equal rights implies that the needs of each and every individual are of equal importance, that those needs must be made the basis for the planning of societies, and that all resources must be employed in such a way as to ensure that every individual has equal opportunity for participation."<sup>4,5</sup>

Hence it is a strategy to address human development towards the creation of "Inclusive Community". During the past two decades, in almost all countries, Disabled People's Organisations (DPOs) and organisations of parents with disabled have been established and strengthened. In the same period, in relation also to these evolutions in social and cultural fields, there have also been significant changes in the concepts of disability and rehabilitation.

The limited participation in education, work and social activities experienced by disabled people is no longer

viewed as a result of their impairments, but primarily as a result of societal barriers to their participation, and a result of a lack of rehabilitation interventions.

Many of these changes are the direct result of the increased activity and influence of people with disabilities, who now have central roles in monitoring the implementation of internationally accepted guidelines such as the U.N. Standard Rules on Equalisation of Opportunities for Persons with Disabilities.

Now it is regarded as essential that programmes related to disability issues are planned and implemented with disabled people and their representatives. DPOs have the right and the responsibility to identify the needs of all people with disabilities, to make their needs known, and to promote appropriate measures to address the needs.

In 2005 the World Health Assembly adopted a Resolution on "Disability, including Prevention, Management and Rehabilitation" (World Health Assembly Resolution 58.23).

After this the General UN Assembly have approved (13 December 2007) a World Convention with almost the same principles.

More recently World Report on Disability (June 9th 2011 the WHO-WRD) was launched at the United Nations headquarters in New York. The WRD displays what has come to be known as the integrative model of functioning and disability as expressed in the International Classification of Functioning, Disability and Health (ICF).<sup>6</sup>

This Report underlines all the evidences in Rehabilitation, social, health, educational, work and cultural fields in any Community and Country. In this presentation the representation of the role of medical rehabilitation in the implementation everywhere for these indications is strongly underlined; in particular, it highlights different and many implications, perspectives and opportunities for Physical and Rehabilitation Medicine.

WRD acknowledges the genuine role of PRM and its contribution to enhancing a person's functioning and participation in life. Challenges lie in the delivery of rehabilitation services in underserved parts of the world, ranging from the provision of timely, cost efficient and effective treatment, and the involvement of people with disability, family and care givers in the decision making process. In the present paper it is concluded that these challenges and the implementation of the WRD's recommendations call upon multiple actors including National PRM Societies, Associations of

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