

Basic Approaches to The Formation and Functioning of Medical Rehabilitation

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Abstract: the system for organizing rehabilitation in a hospital, outpatient and home, staff standards for equipping rehabilitation hospitals of various profiles, as well as the rules for organizing a rehabilitation department that provides outpatient and home care, and its staff, as a result of many years of research and practical work, the world scientific community has proposed many definitions of "rehabilitation" aimed at restoring.

Keywords: stroke, rehabilitation, outpatient.

Rehabilitation first began in the United States in the early 19th century, when rehabilitation units were established. A quarter of a century later, Howard Rask, founder of medical rehabilitation in the United States, opened the first Rehabilitation Center in New York. A year later, in 1947, rehabilitation was recognized as an independent medical discipline. Since then, a wide network of multidisciplinary and specialized rehabilitation treatment centers has been developing in the world. In 1960, the first international society for the rehabilitation of people with disabilities was founded by the organization Rehabilitation International, which deals with rehabilitation issues. The World Congress of this organization is held every four years (24 in total; the 24th Congress was held in Mexico City in 2018).

The World Health Organization held seven meetings with the involvement of specialists in the field of rehabilitation. Neurorehabilitation issues have been actively discussed by the world scientific community since the late 20th century, with World Congresses on neurorehabilitation being held every three years since 1996; the eighth such Congress was held in Istanbul in 2018

Depending on the general condition of the patient, rehabilitation treatment is carried out in three stages:

- in the Neuro-Intensive Care Unit during the acute period
- in stationary conditions of rehabilitation centers or rehabilitation departments after the end of the acute period of the disease;
- organizations in the conditions of Primary Care (Department of Medical Rehabilitation, Department of Physiotherapy, Department of physiotherapy, etc.), also in the form of field teams at home.

As a result of many years of research and practical work in the hospital, outpatient and home rehabilitation organization system, staff standards for equipping rehabilitation hospitals of various profiles, as well as the rules for organizing an outpatient and Home Care Rehabilitation Department and its staff, the world scientific community has proposed many definitions of "rehabilitation" aimed at restoring and protecting the patient's physical

In 1969, the second WHO report formulated the first definition of medical and social rehabilitation as a restorative process aimed at achieving the maximum level of patient independence, creating conditions aimed at reducing the level of physical manifestation of the disease. In the process of developing medical rehabilitation at the present stage, a significant change was made to the main definition, according to which one of the main goals of rehabilitation treatment is to improve the quality of life of both patients and their loved ones [91].

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Medical and social rehabilitation is a restorative treatment process that, according to a group of authors, maximizes the physical and mental health of patients (Ibatov A. D., Pushkina S. V., 2007; Kamsyuk L. G., Mikheeva L. V., Sharovar T. M., 1988; Yumashev G. C, Renker K., 1973) medical rehabilitation includes a complex of therapeutic and diagnostic measures aimed at eliminating or compensating for functional disorders caused by the disease, preventing the chronization of the disease, its exacerbation and recurrence. Specialists of the WHO medical rehabilitation committee 20 medical rehabilitation refers to the rehabilitation treatment process aimed at restoring the physical and mental state of the patient.

Medical rehabilitation is carried out in order to maximize the restoration of the functions lost as a result of the disease [46, 79]. Rehabilitation has a modern-day patient-oriented approach, with the rehabilitated individual being an active participant in the immediate rehabilitation process [78, 79]. According to a number of modern authors, rehabilitation of stroke patients requires more than the appointment of special drug therapy — the use of cognitive behavioral psychotherapy methods [80, 86]. Based on this view of the rehabilitation treatment process, M. M. Kabanov defines rehabilitation as a system of measures aimed not only at restoring physical health, but also at restoring social status. Modern American experts consider it important in the rehabilitation process to achieve the following main goals: — restoration of neurological and mental complications; — maximum approach to the previous level of daily activity; - restoration of working capacity [103, 104]. Rehabilitation at the present stage is a multidisciplinary field of the health system, including a complex of therapeutic measures using physiotherapeutic factors, manual techniques and other methods of evidence—based medicine [42, 48]. Medical care for stroke patients is provided in three stages: pre-hospital, hospital and outpatient. Medical rehabilitation is provided in three stages, with the development of each Information Technology and pharmaceutical industry [44, 47, 71], the continuous development of which continues. Each stage of medical rehabilitation is aimed at solving its own tasks, the continuity of all stages allows rehabilitation to achieve a single goal of treatment.

1.3. Operation of a three-stage medical rehabilitation system

Medical rehabilitation includes three stages:

1. assessment (diagnosis) of the patient's clinical condition, risk factors for rehabilitation measures, limiting the conduct of rehabilitation measures; morphological parameters, functional reserves of the body, high mental functions and the state of the emotional sphere, violation of household and professional skills; restriction of activity and participation in important events in personal and public life for the patient, environmental factors;
2. formulation of the purpose of rehabilitation measures, formation of a rehabilitation program, application of medicinal and non-medicinal complex drugs (physiotherapy, physiotherapy, massage, therapeutic and prophylactic nutrition technologies, manual therapy, psychotherapy, reflexology and methods using natural therapeutic factors) therapy, as well as methods that adapt the environment to the patient's functionality and (or) the patient's functionality to the environment, including;
3. evaluation of rehabilitation measures and predictive effectiveness.

The initial stage of medical rehabilitation is carried out in accordance with the profile of the main disease in the intensive care units (it) of medical organizations during the acute period of illness or injury, if there is a prospect of restoration of functions (rehabilitation potential) confirmed by the results. there are no contraindications to the methods of examination and rehabilitation. The second stage of medical rehabilitation is carried out during the early recovery period of the disease or injury process, during late rehabilitation, during the period of residual complications of the disease, in stationary conditions with a chronic course of the disease (rehabilitation centers, rehabilitation departments) without exacerbation. The third stage of medical rehabilitation is carried out in the early and late rehabilitation periods, during the period of residual complications of the disease, in the chronic course of the disease, without exacerbation in the departments (departments) of rehabilitation, physiotherapy, physiotherapy., reflexology, manual therapy, psychotherapy, Medical Psychology, the



offices of a speech therapist (teacher-defectologist), specialists in the profile of outpatient care by the Ministry of health, as well as visiting teams at home (medical rehabilitation at the third stage) are carried out for patients, in the implementation of self-service, communication and independent action, there is an independent (or with additional means of support) in everyday life, if there is a prospect of restoring functions (rehabilitation potential). medical rehabilitation is carried out according to the patient's disease profile in accordance with the individual rehabilitation program of the patient. According to many researchers, medical rehabilitation is effective not only in terms of improving the level of Health and self-care of patients after illness and injury, but also reducing the costs of providing them with further medical care, compensating for health damage and accompanying people with disabilities in later life. A number of studies show that the funds spent on rehabilitation are compensated by savings up to seventeen times. According to the results of numerous studies, patients included in the rehabilitation process have significantly lower mortality and mortality rates, lower hospital stay periods after illness or injury, and fewer recurrent diseases. Measures aimed at medical rehabilitation often have a phased nature and are based on the complexity, sequence and frequency of procedures, in which a combination of various methods in a short time is developed to strengthen the patient's influence on the body and obtain the expected result. Considering that a large amount of rehabilitation assistance is provided at the hospital stage, the organization and provision of rehabilitation assistance at the outpatient stage requires in-depth analysis and improvement of these activities.

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