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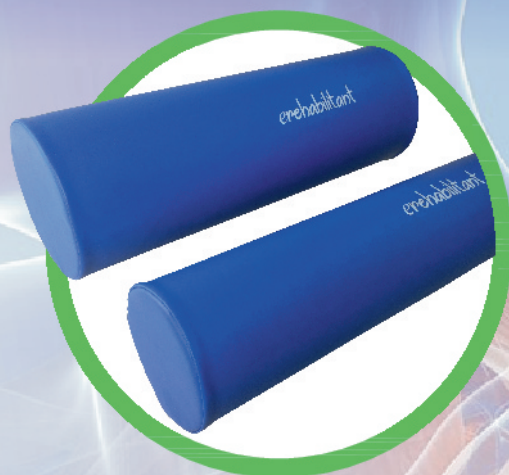
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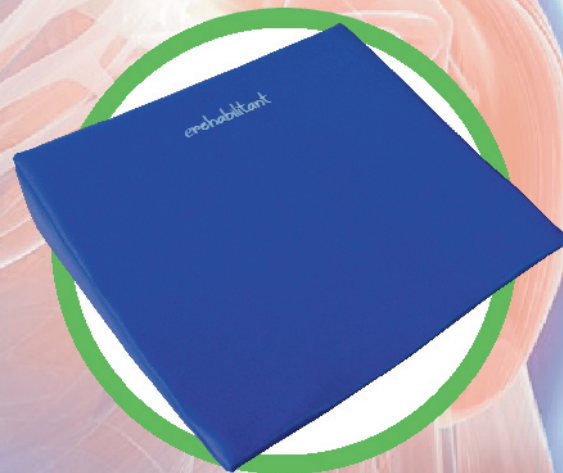
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Funkcjonalne aspekty terapii zajęciowej

The functional aspects of occupational therapy

工作疗法的功能面

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Streszczenie

Podstawową intencją terapii zajęciowej jest zmniejszanie ograniczeń funkcjonalnych lub całkowita ich likwidacja wraz z dążeniem do uzyskania, na miarę posiadanych możliwości psychofizycznych samodzielności, samowystarczalności i niezależności. Celem pracy jest wskazanie na terapię zajęciową jako środka w dążeniu do doskonalenia sprawności funkcjonalnej, niezbędnej do wykonywania codziennych czynności i zajęć.

Funkcje w medycynie oznaczają czynności oraz wiele procesów fizjologicznych, mających zasadnicze znaczenie w pracy organizmu jako całości. W terapii zajęciowej poprzez określenie „funkcja” rozumie się szereg czynności, które uczestnik terapii jest w stanie wykonać. W artykule przedstawiono i omówiono uwarunkowania przywracania funkcji ruchowych, które terapeuta zajęciowy powinien uwzględnić w swojej pracy zawodowej.

Słowa kluczowe:

terapia zajęciowa, sprawność funkcjonalna, dysfunkcja

Abstract

The basic intent of occupational therapy is to reduce functional limitations or to completely eliminate them, along with striving to obtain, depending on the possessed psychophysical capabilities of self-reliance, self-sufficiency and independence. The aim of the work is to point to occupational therapy as a means to improve the functional efficiency necessary to perform everyday activities.

Functions in medicine mean activities and many physiological processes that are essential in the work of the body as a whole. In occupational therapy, the term function means a series of activities that a participant of the therapy is able to perform. The article presents and discusses the conditions for the restoration of motor functions that an occupational therapist should consider in his or her professional work.

Key words:

occupational therapy, functional efficiency, dysfunction

摘要

工作疗法的基本目的在减低或完全除去功能限制，并依照所具的身心能力努力达到自立、自给自足和独立。研究目的在将工作疗法作为提高日常活动所需功能健全性的措施。

医学中的功能性意味的是生理的活动或众多过程，对整个身体的运作至关重要。工作疗法中“功能”一词是指治疗参与者所能够进行的一连串活动。本文介绍并谈论工作治疗师在其专业工作中应列入考虑的恢复运动功能的条件。

关键词：

工作疗法、功能健全、功能障碍

Introduction

Occupational therapy is currently one of the components of comprehensive rehabilitation for the ill, disabled, injured and elderly people. It can be attended by people who are socially excluded, or who are in a difficult economic situation. Occupational therapists work with people suffering from physical, mental, developmental and / or emotional disorders. According to the definition of the World Federation of Occupational Therapists (WFOT), "occupational therapy is a comprehensive intervention that focuses on enabling patients to achieve a satisfactory level of their functioning" [1]. Kalbarczyk clarified the scope of these activities, pointing to self-service activities, play, education, homework, work and recreation, hobbies and interests [2]. Instructors using individual approach, try to speed up recovery, while promoting them. They teach how to perform purposeful movements necessary in everyday functioning [3]. The aim of work in

occupational therapy is to regain physical fitness, rebuild mental fitness, active use of adaptive equipment and return to the broadly understood activity at home, in the environment, at school or at work [4].

The indicated goals cover both medical and psycho-pedagogical as well as social aspects. The work of occupational therapists is interdisciplinary and requires knowledge from many scientific fields. The basic intent of occupational therapy is to reduce functional limitations or to completely eliminate them, along with striving to obtain, depending on the possessed psychophysical capabilities of self-reliance, self-sufficiency and independence. The degree of functional improvement is conditioned by the ability to take a higher position than lying, locomotion and performing active movements with limbs, especially upper limbs [5]. For participants of occupational therapy with limitations in the performance of various activities, the lack of muscular strength or limitation of joint mobility is not a problem, but the elimination or alleviation of functional disorders at a given time, therefore the therapy should cover the patient as a participant of this process actively participating in it. It is also desirable to cooperate with the family, which is support for the patient, and for the therapist can be a source of information about the patient. In turn, information provided to the family about maintaining or strengthening the level of independence may prove to be valuable tips and help in further care.

Objective of the work

Improvement of functioning, or maintenance of mobility at the highest possible level, is determined by three areas: current biological capabilities along with skills and resources from previous periods of life, constantly changing body needs (biological) additionally conditioned by plans, aspirations and desires, and help and support experienced from relatives, rehabilitation teams, environment [6].

The aim of the work is to point to occupational therapy as a means to improve functional fitness and achieve independence while performing daily activities.

Functional aspect in occupational therapy

Functions in medicine are physiological activities and processes that are essential to the body as a whole. In occupational therapy, the term function is understood to mean a series of activities that the participant of the therapy is able to perform. For people with movement disorders and limitations, the term motor dysfunction is used, which most often refers to changes occurring in the skeletal-joint and ligament-capsule system, in the peripheral or central nervous system and in the muscular system. Movement dysfunctions may be primary or secondary, local - concerning one limb or part of it - or general, and taking into account their course – receding, permanent or progressive.

The basic functional aspects to be considered during occupational therapy include stability, postural reflexes, postural tension and antigravity mechanism. During everyday activities, man performs various activities in conditions of unstable equilibrium. Diversified body positions, e.g. when walking, reaching for objects or lifting, force a change in the

size of the support plane and different location of the center of gravity. These two components determine the stability of the body. In the situation of lack of balance of the body system, there are excessive deviations and falls. Therefore, in therapy it is necessary to pay attention to equivalent activities and control of the correct posture [7]. The regulation of maintaining the posture is based on many reflexes involving various floors of the central nervous system. Some reflexes disappear after the development of posture, others perform important functions in subsequent decades of life. There are three basic reaction groups:

- static, ensuring stability of the posture achieved and maintaining the correct position of the limbs, and these are straightening/extensor reactions of the lower limbs, tonic cervical and labyrinth reflexes as well as static adaptation reactions related to the change of muscle tension distribution;
- adjustable and straightening to help you return to the desired position; these are cervical reflexes, labyrinthine, body-to-body, head-to-face and visual reflexes; the reaction is statokinetic and is more complex;
- balance, ensuring the balance is maintained when the center of gravity changes; these reflexes flow from the labyrinth, proprioceptors and from the organ of sight, coordinating the tension and relaxation of appropriate muscles to protect the movements of the head, limbs and torso.

During a specific activity, a given body segment performs movements while other parts of the body are stabilized. It is then necessary to coordinate the tension, which changes during movement and overcoming external resistance. That is why postural tension becomes so important for the execution of individual movement acts.

The antigravity mechanism is a set of complex reactions that enables efficient functioning of the musculoskeletal system in conditions of overcoming gravity. It allows to efficiently perform all movement acts, against the force of gravity, according to the stage of motor development. Patterns created during education or re-education take place automatically, beyond awareness. Thus, the physiological start, conduct and control of the movement takes place thanks to the mechanism of antigravity. It allows for harmonious, effective performance of various targeted movements, without excessive energy consumption. Because every action takes place in different conditions, the antigravity mechanism permanently changes the muscle tone to adapt the body to new situations.

Physical fitness, as the ability to wield one's own body, is conditioned by human movement abilities, i.e. innate and acquired motor skills, biophysical traits and physical performance. A person whose movements are intentional, precise, effective, economical (regarding energy expenditure), fluent, fast and rhythmic is considered to be a generally well-functioning person [8]. In therapeutic practice, it is not about learning the isolated movement, but about improving the movement patterns necessary for the efficient performance of activities. Therefore, learning the cause of any movement disorder is the basis for effective improvement and application of the necessary therapeutic measures. This also applies to primary and secondary prevention. The lack of correct functional capacity should be seen in neurophysiology,

anatomical structure and physiology as well as in the movement control. When starting to work with a less fit person, pattern in other medical disciplines, a comprehensive assessment of health should be carried out, including functional diagnostics, which will help to plan the appropriate activities. In addition, it will also become a perfect measure of the effectiveness of treatments [9].

When conducting occupational therapy, attention should be paid to biomechanical conditions, because the vast majority of movements occur with overcoming the force of gravity, while daily activities or professional work are additionally related to overcoming external loads. The human motion apparatus is a system of levers (skeletal system) moved by muscles that work thanks to an efficient nervous system. Movement dysfunction is accompanied by changes in the biomechanics of the performed motor act [5]. Occupational therapists are required to know the clinical causes of specific dysfunction and the comorbid pathobiomechanics and neuropathology. For many patients, performing dynamic or static movements during classes can be difficult or unworkable. Then, taking into account the movement possibilities, one should use orthopedic equipment such as sticks, crutches or orthoses, which will make it easier for them to perform and move.

Considering the time of occurrence of motor dysfunctions, work with participants of occupational therapy classes is very diverse. In people with a dysfunction occurring from birth, learning includes acquiring the ability to perform subsequent movement sequences, and then improving them - it is physical education. On the other hand, in people with dysfunctions acquired in subsequent years of life, the therapy is aimed at re-obtaining the possibility of performing activities or learning new motor acts, hitherto unknown. In this case, the education process will be combined with physical reeducation.

When discussing functional aspects in occupational therapy, ergonomics of performed activities can not be omitted. Under the term activities, we mean all motor acts, in this case performing everyday work, hobby or rest. Ergonomics mainly deals with two elements. The first is the adaptation of technical devices and tools to the activities (works) performed, taking into account the physical and mental characteristics of the disabled person. The second is to create such conditions to perform work so that they do not cause additional overloads. Unadjusted positions cause activities in nonergonomic positions that affect the deterioration of health [10,11]. In addition, these positions repeated many times become habits, creating erroneous pathological movement patterns. An example can be an accepted and perpetuated incorrect sitting position (weakened torso muscles) while using a computer or watching TV. There is also a close relationship between ergonomics and the necessary adaptive equipment and the elimination of architectural barriers at home and in the environment of a person with limited functional capacity.

The hand, as the "executive tip" of the upper limb, is a specialized section of the body that in everyday life serves as a tool for performing complex and precise movements. The wide range of hand movements determines the level of functioning of every human being. As a result of damage,

diseases or injuries, the ability to use the hand effectively decreases or becomes impossible [12]. During therapy of hand that will improve its function one needs to pay attention to:

- grip quality (the ability to adjust the hand to the shape and dimensions of the item being held)
- types of grips (force or precision) - it is necessary to pay attention to the ability to release the grip (during spasticity and persistent tonic grasp reflex);
- the ability to manipulate allowing you to efficiently use your fingers or use objects while maintaining the functional capabilities of the practiced hand;
- performing activities with open work of hand (playing the piano, working on a computer);
- grip value, understood as the ability to carry external loads;
- performing two-handed activities, often used in everyday activities and work (lacing shoes, closing and unscrewing the bottle).

Improvement in movement and functional efficiency

During development, from the first weeks of life a person learns to perform various activities, gradually improving them. In the neonatal period and infancy, the acquisition of motor skills is carried out spontaneously, on the basis of trial and error in the search for optimal motor solutions. This period is the gradual extinction of unconditional reflexes and the acquisition of conditional reflexes. Persistent, unconditional reflexes indicate damage to the central nervous system. The pathology accompanying the development causes delay in mental and motor development. Impaired motor development of a child is characterized by difficulties in performing movements, child performs them in a slightly different way or does not have such skills at all. Physiological development allows the improvement of large motor skills (posture, locomotion) and small (visual-motor coordination). Repeated and repeatedly performed actions in a specific sequence and order become movement habits. It is not allowed to tolerate improperly performed motor acts, because erroneous motor habits are difficult to eliminate in the future. Thus, they create difficulties in learning the proper performance of purposeful activities. Most activities are performed automatically, subconsciously. An example of automation in performing motor activities is walking, which takes place according to a certain pattern or closing the door, when we do not remember about the activity already performed.

In life, a certain level of efficiency is needed to function in the environment. Everyone has different needs in this area, predispositions, age, interests and performed profession decide about it. The proper functioning of a person is connected with having skills that allow him to perform everyday activities, mainly related to self-service and other activities such as spending free time, learning, and working. The overall health, past injuries, illnesses or other health incidents impact on personal fitness level. And they limit functional possibilities or completely eliminate them. It is then necessary to re-learn lost skills. Not all persons undergoing occupational therapy will be able to restore full fitness in the performance of activities. This applies mainly to people with chronic ailments who, as the disease progresses, experience discomfort during everyday

activities, locomotion, which translates into a decrease in their quality of life [13].

The perspective of improving functional efficiency

The process of restoring the ability to perform activities often takes many months, in a group of people with disabilities, even for the rest of their lives. The therapeutic process itself requires in the first place determination and estimation of the participant's problems. They, in turn, will indicate the goal (goals) of occupational therapy, for each person they will be different, sometimes convergent, but almost never equal. People undergoing therapy differ in age, physical features and mentality, have different health problems and other efficiency and physical fitness. They have different knowledge and acquired skills, and above all have an individual life experience that sets priorities in treatment. Accepting for prof. Kwolek, improvement of functional capacity includes the restoration of maximum independence in family and community life, restoration of social and creative activity and in people of working age and possessing appropriate predispositions, gaining the possibility of performing work [14].

The examination and diagnosis of problems in functioning should be based on the interview, medical documentation, assessment of mobility and general observation. A well-conducted interview will determine the difficulties and indicate the directions of action. If it is not possible to conduct an interview, it is necessary to talk with family (guardians). To movement assessment can be used tests of daily activities (ADL Activities of Daily Living), basic activities (BADL Basic Activities of Daily Living) and more complex tasks (IADL Instrumental Activities of Daily Living). The diagnostics may use a number of functional tests, generally used or use specialized tests for a specific disease entity. A more complete picture of the patient is obtained by observation and with it assessment of behavior, communication, appearance and dress.

The most important issue in achieving better functional fitness of occupational therapy is the choice of the type of activities, because the same goal can be achieved by using various activities. When selecting and evaluating classes, a number of factors should be taken into account among others basic disease and comorbidities with contraindications, general and functional condition, indicating the difficulties in performing specific activities, age, predispositions, interests, hobbies and the capabilities of owned material and technical base.

Therapeutic classes are attended by people with diverse levels of communication. Hence the need to thoroughly instruct, explain, and even show how to perform a specific action or movement. The message should be clear and understandable. However, during classes it is necessary to correct the activities performed in order to eliminate errors. One can be corrected without interrupting the task or with a pause for re-instruction. It is known from the practice that the elimination of the causes of mistakes may require indirect tasks, i.e. learning to move during other activities.

Occupational therapy is a continuous process, classes in laboratories, a period of several weeks, months or years, this period depends on the size and extent of deficits in functioning. After achieving full functional efficiency, the

activities performed are already preventive actions. Planned therapeutic activities should be divided into stages, according to the goals that can be achieved. Short- and long-term planning is distinguished. Short-term planning has a functional aspect and includes the current needs of the class participant. In occupational therapy specific classes are indicated (training) and activities are performed, perfecting a specific physical act. Long-term planning includes general defined goals, their implementation and tasks to be performed. It must take into account the possible problems and effects of the activities carried out in longer time intervals. Of course, one can predict and take into account some of the possible health problems and complications, but not all of them, especially when working with a person with so-called multidisease.

The use of adaptive equipment in everyday life

Preparation for using adaptive equipment is not a rule in the initial stages of functional improvement. It is difficult to predict the progress in rehabilitation, and thus reject the possibility of obtaining fitness. However, there are situations, after accidents and injuries, in chronic diseases in which the return of function is impossible (amputations, MS, RA). Then the proposal to use adaptive equipment becomes the most appropriate.

Disability is the lack of full recovery. In this situation, solutions and facilitations should be sought that enable proper performance of activities. Such replacement possibilities are provided by directed compensation, which allows the functional loss to be compensated by the use of adaptive equipment. This solution is more advantageous than spontaneous compensation in which the phenomenon of substitution occurs. Replacing weaker muscles by stronger ones results in their inactivity, gradual weakening and intensification of abnormal movement patterns, which in turn make it difficult to get back into fitness. Then one should use the adaptive equipment. However, there are situations requiring individual adaptation of objects to the needs of a particular person, they then become supporting tools during specific activities. Another task of occupational therapy is to adapt the flat and possibly the closest surroundings. One can start planning this project after an in-depth assessment of the psychophysical condition of a person with reduced efficiency, taking into account their needs and priorities in functioning. Proposed changes must be agreed with other family members and / or owners of apartments and houses. Another important element to be considered is the economic aspect of the planned adaptation changes, with material difficulties, it is necessary to identify possible sources of financing.

Summation

Movement is one of the basic manifestations of human activity. In children, more and more complex activities are controlled from the upper floors of the central nervous system. The development of a child is a permanent process of learning, learning about one's own body and its arrangement in space. Deliberate movements are possible as a result of improving motor skills and psyche. These two components work together for a lifetime, so during the occupational therapy not only the movement function, but also the

mental sphere is improved. Properly selected occupational therapy combined with the individual needs of the participant of the class to perform specific motor activities, is possible at any stage of the disease or deterioration of the functional status. Applied forms of occupational therapy should be both mental and physical. Therapies proposed by therapists accelerate recovery and improve all organs, including improving motor functions. Well planned activities should be of interest to the participant, thus eliminating fatigue and tiredness, which in turn allows for a greater number of repetitions. The therapy process itself is complex and multistage, depending on the current state of health and motor abilities. disease entity or extent of injury. Occupational therapy strengthens and intensifies the results obtained during the whole treatment and restoration process [15]. Experiencing the impossibility of performing everyday activities and works in the right way is a source of suffering for every human being. The priority of the course must be to achieve maximum independence in safe and friendly conditions, which will translate into raising the quality of life of people undergoing treatment. The greatest satisfaction of therapists is to achieve self-reliance and independence by participants of classes, satisfied with their own physical activity. Also, what should be noted, it is in the interest of the whole society to create places where the needy will have the opportunity to improve their psychomotor skills. Well-functioning people who do not need care and help are less burden for families and society.

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