

## Model of therapeutic rehabilitation

### Model leczniczego usprawniania

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#### Key words

physiotherapy, rehabilitation, intuition, ethics, culture, humanism

#### Summary

Contemporary rehabilitation, which plays a key role in complex patient care, is precisely described. Culture, ethics and humanism also play an important role (which can, however, be understood in various ways), including a role in determining the need to achieve the best possible therapeutic effects. Therefore, we can assume that the method of rehabilitation treatment is a cultural value (asset) serving the generally acknowledged idea of caring for each person's proper functioning in society. The above-mentioned cultural value contains within itself the personality structure of its creator. In practice, the decision about selecting the method of rehabilitation is taken by the person responsible for and managing the patient. The decision, made after analysis of available knowledge, is also based on intuition. Analysis of therapists' professional development pathways allows us to identify typical professional behaviours. It is important that the whole rehabilitation team conducts itself in a humanitarian way in the treatment process. The sum of positive humanitarian behaviours constitutes the basis for achievement of success in the field of improvement of motor activity. The rehabilitation team, consisting of physicians and physiotherapists, together with psychologists, learning support assistants and occupational therapists creates conditions for physically impaired persons to return to full functioning in society. The process occurs by improving motor efficiency in parallel with increasing physical fitness but also by generating and consolidating psychomotor features that enable patients' recovery and their full acceptance by society.

#### Słowa kluczowe

fizjoterapia, rehabilitacja, intuicja, etyka, kultura, humanizm

#### Streszczenie

Współczesna rehabilitacja, zajmująca istotną rolę w kompleksowej opiece nad pacjentem, jest precyzyjnie opisywana. Istotną rolę w tym opisie odgrywają pojęcia etyki, kultury i humanizmu, które są jednak różnie rozumiane. Wspomniane pojęcia wyznaczają konieczność uzyskania najlepszych z możliwych efektów leczniczych. Przyjmujemy zatem, że metoda leczenia usprawniającego jest dobrem kultury, służącym powszechnie uznawanej idei dbałości o właściwe funkcjonowanie każdego człowieka w społeczeństwie. We wspomnianym dobru kultury zawiera się struktura osobowościowa jego twórcy. W praktyce decyzję o sposobie prowadzenia postępowania leczniczego podejmuje osoba prowadząca i odpowiedzialna za to postępowanie. Decyzja ta, podejmowana po przeanalizowaniu posiadanej wiedzy, opiera się także na intuicji. Analiza obserwacji ścieżek rozwoju terapeuty pozwala dostrzec typowe zachowania zawodowe. W procesie leczenia ważne jest humanitarne postępowanie całego zespołu rehabilitacyjnego. Suma pozytywnych zachowań w wymiarze humanitarnym jest podstawą do uzyskania późniejszych sukcesów w zakresie poprawy aktywności motorycznej. Zespół rehabilitacyjny z kadrą medyczną i fizjoterapeutyczną, uzupełniony psychologami, pedagogami specjalnymi i terapeutami zajęciowymi tworzy warunki do zapewnienia osobom niepełnosprawnym pełnego powrotu do życia w społeczeństwie. Proces ten dokonuje się poprzez równoległe usprawnianie narządu ruchu i podnoszenia wydolności organizmu, ale także poprzez wytwarzanie i utrwalanie cech psychoruchowych umożliwiających szybki powrót do zdrowia i pełnej adaptacji do środowiska.

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Authors' Contribution: A – research and work project; B – collection of data, information; C – statistical analysis; D – interpretation of data; E – preparation of manuscript; F – literature search; G – fundraising

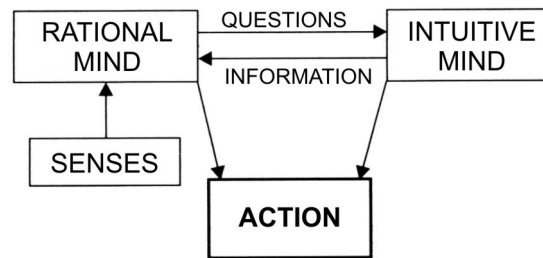
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Contemporary rehabilitation, which plays a significant role in the comprehensive care of a patient, is precisely described. Ethics, culture and humanism (which can be variously understood) also play an important role. We thus accept that the method of rehabilitation can be thought of as a 'cultural asset', serving the generally acknowledged idea of caring about the correct functioning of each person in society. This requires that therapists – in the discussed case, mainly doctors and physiotherapists – review the content of an effective strategy of rehabilitation. The therapeutic procedure must also be assessed in the context of the concept of humanism, ethics and the cultural output of societies.

The mentioned 'cultural asset' contains within it the personality structure of its creator. The ethical and psychologically correct behaviour of the doctor and physiotherapist reveal themselves when they evaluate the 'cultural assets' in accordance with the intention of establishing a successful rehabilitation strategy<sup>1</sup>. In a therapeutic process based on a subjective approach to a person, it is important that the mentioned concepts: ethics, culture and humanism, should relate (appropriately) to the given patient. An example is the principle of „primum non nocere". Furthermore, the mentioned concepts play a role in determining the necessity to achieve the best possible curative effects. For example, if the person administering the treatment perceives a lack of positive effects of own behaviour, s/he will be able to indicate another centre where the patient will be able to continue effective therapy.

In practice, the decision about the method of conducting therapy is taken by the person conducting and responsible for this procedure. This decision, undertaken after analysing available knowledge, is also based on intuition. We accept – after the Noble laureate JD Watson – that intuition is logical and is a type of feeling concerning what the course of events should be<sup>2</sup>. Intuition reveals itself in the following way: the particular state of the patient affects the specific behaviours of the therapist, which are dependent on the personality structure (of the therapist)<sup>3</sup>. Undertaking a decision about the type of application of a successful method of therapy for the good of the patient is guided by a feeling, which we call intuition, concerning the specificity and



**Figure 1**  
Model of decision-making concerning method of rehabilitation

exceptionalness of the state and situation of each patient. This mechanism of decision-making relates to a model of rehabilitation comprising the following components: the rational mind (intellect), the intuitional mind, action. Thanks to the senses and the operations of the rational mind, the state of the patient is perceived; the intuitive mind, on the other hand, can supply answers to honest questions regarding actions which are to serve the good of the patient<sup>1</sup> (Figure 1).

Satisfaction from obtained positive effects of therapy should constitute a stimulus for improving oneself – for the doctor, physiotherapist and patient alike. Noble motives for treatment will ensure a permanent process of shaping admirable behaviour amongst people in mutual relations. The direction of the mentioned process may mark a change in attitude from 'being somebody' to 'being for'<sup>4</sup>.

Analysis of therapists' paths of development allows us to identify typical professional behaviour, which is guided by values constituting 'cultural assets', whereby effects of rehabilitative actions should be subject to own assessment, and results should be taken into account in one's further career. The most desirable attitude is one stemming from a wish to act for the good of the patient, where answers to questions regarding the method of rehabilitation, in accordance with possessed knowledge, may be furnished by the intuition, whilst questions relating to actions carried out to further one's professional career, or for financial gain are left to the rational mind. The operations of the intuitional mind can, but do not have to be, revealed<sup>1</sup>. A reprehensible approach comprising imitation and routine behaviour – in other words, behaviour which does not involve posing professional questions or analysing the results of one's actions or making use of „cultural assets" - can also be discerned in professional activities.

In the era of the rapid development of civilisation, science and medical knowledge, we are witnessing huge changes in methods of therapeutic procedure. Highly specialised techniques, physiotherapeutic apparatus and computer appliances are constantly being developed and improved. Numerous new pharmacological agents and orthopaedic equipment are appearing on the market. However, a therapeutic approach characterised by humanism forces one to ask several important questions:

- Is objective development alone sufficient for a patient and does it satisfy their needs and expectations and, finally, is it capable of completely alleviating disability, invalidity, loneliness?
- Are the medical doctor and physiotherapist necessary only in their roles as specialists who are making recommendations, conducting and supervising operations and interventions?
- Can a patient who is devoid of medical care with a human dimension count on a full return to health in an environment of only machines, appliances and computers?

In everyday practice, one can encounter situations justifying the need for a comprehensive approach to therapy – one that is also ethically and culturally correct. For example, a large group of patients, after CNS trauma, after falls from a height, road accidents, jumps into shallow water, are, in the first period, dependent in an obvious way on the professionalism of the medical personnel: rapid transport, operations if necessary, placing the patient in the correct position and nursing. However, without complete acceptance of the sick person, without complete commitment by all the medical personnel, final success is not possible. Theoretical knowledge on the subject of plasticity of the brain obliges medical personnel to undertake individual, active actions in relation to

the patient, including the unconscious patient. We know today that continuous activation of the senses of hearing, sight, touch and taste awakens the CNS to action. As a result of accumulation of these stimuli, possibilities of arising of secondary routes of information flow are created. As a consequence we can count on the fact that, after painstaking systematic activities, such as a continuous monologue with the patient, reading, telling stories, showing pictures, contact with radio and television, touch, massage, affection, hugging, emotion, the brain of the sick person can gradually be awakened to life. That is why a humanitarian approach by the whole rehabilitation team is so important: the doctor, nurse, physiotherapist, psychologist, learning support assistant, speech therapist, social worker, orthopaedic technician, and also the orderly. They must all be characterised by positive personal features in the service of disabled persons. The sum of positive behaviours in the humanitarian dimension is also the basis for gaining later successes in improvement of mobility<sup>5,6,7,8</sup>.

A paralysed, non-walking patient must have motivation to continue living, although sometimes his life will be linked with a wheelchair. Who will foster this positive motivation in such an exceptional situation for a person? Without a whole rehabilitation team, conscious of its role and mission, it is not fully possible. Without the cooperation of the family and close persons, the process of acceptance of the disability would be unattainable. The 'binding agent' of these positive activities should be a member of the rehabilitation team, a therapist/humanist<sup>6,7,8,9,10,11,12</sup>.

After amputation of limbs or after scalping of limbs as a result of a road accident, a patient gradually returns to life activities, equipped with artificial limbs, orthoses, orthopaedic footwear. Such a return in this specific situation is unusually difficult, especially if the patient does not accept his/her value as a person. The role of the empathetic, and at the same time, creative therapist leading the overall process of rehabilitation in such cases cannot be overestimated<sup>7,8</sup>.

It is also worth drawing attention to the broadest possible understanding and realisation of the process of rehabilitation. Occupational therapy and education are significant factors that

co-determine the progress made in the treatment of disabled persons; these factors constitute an integral part of the process of psychophysical, emotional and cognitive rehabilitation, especially of patients with mobility limitations. The rehabilitation team together with the medical and physiotherapeutic team, complemented by psychologists, learning support specialist and occupational therapists create the basis for ensuring a complete return to life in society for disabled persons. This process is carried out through parallel rehabilitation of organs of movement and through increasing efficiency of the organism, but also through creating and consolidating psychomotor features that enable a quick return to health and full adaptation to the surroundings<sup>5,6</sup>.

Complementary processes of medical and physiotherapeutic procedure, education, occupational therapy and other rehabilitative actions must be coordinated to fit the individual needs of the patient: these may be carried out, for example, in a hospital rehabilitation ward, and also later during therapy and rehabilitation at outpatient clinics. Traditional methods and forms of work in the process of teaching must be enriched by activating techniques, which appeal to the emotions, imagination and intellect of the patient<sup>6</sup>. In this way the learning support assistant and occupational therapist raise the level of the work of the whole rehabilitation team, and the variety of forms and contents in educational and therapeutic work may speed up the process of rehabilitation.

Mutually complementary non-medical activities should fill up the time between various operations applied within the framework of the planned therapy. Active participation of physiotherapists, psychologists and learning support assistants in medical meetings gives them the opportunity to become acquainted with the health problems of patients. Better knowledge of the needs and possibilities of the sick allows implementation of appropriate integrative techniques, cognitive-behavioural therapy and broadening of the range of educational activities, whilst taking into account the needs of the patient in a sensible way<sup>6,7,8,9,10,11,12,13</sup>.

To sum up, it may be stated that:

1. A Constant need for subjective treatment of the patient should form

the basis of the modern rehabilitation model.

2. Personal commitment on the part of the medical staff, characterised by a deep humanism, is an indispensable condition of successful rehabilitation.
3. A holistic and humanistic understanding of disability should form the basis for as broad a range of treatments as possible, including education and occupational therapy, as an integral part of the process of rehabilitation.

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