

ELEMENTS OF OCCUPATIONAL THERAPY IN KINETOTHERAPEUTICAL PRACTICE

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Abstract

Although occupational therapy is a separate field of therapy, certain specific elements, especially those related to the motricity sphere, support kinetotherapy. Kinetotherapy and occupational therapy do not oppose, but complement themselves. Some specialists consider occupational therapy as a means of kinetotherapy. Kinetotherapy recovers movement, and occupational therapy recovers the gesture.

Any therapeutic activity wants to recover the patient physically and mentally, but it should not be omitted also the social return of the patient. As interdisciplinary science, occupational therapy supports other forms of therapy, primarily in the role of psychosocial therapy. Only by simultaneous action, the therapeutic methods can comprise the complexity of a human being, viewed as a biopsychosocial entity.

The purpose of this research is to highlight the importance of occupational therapy in the complex recovery process, as well as the role of the means or forms specific to this therapy in the work of future kinetherapists. I also want to point out some aspects that may lead to the enrichment of knowledge, therefore, the article may have a theoretical importance in the field of kinetotherapy.

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The concept of occupational therapy

American Occupational Therapy Association defines occupational therapy as "a form of treatment that uses specific activities and methods

to develop, improve or rebuild the ability to perform the activities necessary to the individual's life, to compensate for dysfunctions and to reduce physical deficiencies" or "art and the science of directing man's response to selected activity, designed to promote and maintain health, prevent progression to infirmity, assess behavior, and treat a patient with physical or social dysfunctions. "

Occupational therapy directs "man's participation in certain tasks in order to restore, sustain and enhance performance, ease the learning of those skills and functions essential for adaptability and productivity, and correct pathological issues." (Council on standards, Ajot, 1972 quoted by Popovici, D.,V., 2005, p.15, Pritcan,V., Boderscova, L.,Chihai, J., 2008, p.10 and Preda, V., 2003).

The meanings of the occupational therapy phrase derive from the words that make it: Occupation is the idea of an activity in which you get involved, engage and participate effectively and motivated; therapy is the treatment of a disease, a disability. Thus, occupational therapy is based on the idea that voluntary activity (occupation) can be used effectively to prevent or improve the dysfunctions of the human body, contributing to increasing the individual's adaptation to society, enhancing its ability to work "(Pritcan, V., et al., 2008, pp. 10-11).

Occupation is recognized as the only process involving individual motor performance, integrated functions of the nervous system and attention. Through its own application methodology and the results it can achieve, occupational therapy can be seen as a medical process that has social ends. (Marza - Danila, D., 2012, p.100). Occupational therapy is the link between "medical recovery" and "socio-professional recovery." (Sbenghe, T., 1987, p. 240).

Occupational therapy is an important part of complex recovery treatment and consists of the use of several forms of activity (entertaining, sportive, lucrative). It is also used to develop compensation tactics for common activities (dressing, travel, nutrition), hygiene, school activities, etc. (Caciulan, E., Stanca, D., 2011, p.139).

Occupational therapy aims at the recovery, adaptation and integration of people with different handicaps, using work activities, various games and everyday life activities (Moțet, D., 2010, p.452). Occupational therapy is "any easy, attractive, fun, relaxing and recreational work or occupation, indicated and supervised by a physician, for a therapeutic purpose that can be performed at any age and seeking to steal the patient from the state of suffering. "(Popescu, Al., 1993, p.24).

The objectives of occupational therapy

According to Peggy L. Denton quoted by Pritcan, V., et al. (2008, p.13) and Popovici, D., V., (2005, p.17), the action of occupational therapists is exercised in the following directions:

- training self-care skills and personal hygiene;
- stimulating responsibility in different life situations;
- forming self-image and stimulating self-confidence;
- cultivation of self-control and personal expressiveness;
- involvement of neuromuscular function and sensory integration;
- support interpersonal relationships by organizing entertainment;

More specifically, in occupational therapy, there are three major general areas, including other particulars, namely:

- the formation of everyday life skills;
- training capacities and skills for work;
- educating your skills to spend your free time.

Other objectives of Occupational Therapy encountered in the literature (Dan, M., 2005, pp.10-11, Popescu, Al., 1993, p.37, Pritcan, V., 2008, pp.164-165, Bălteanu, V., 2004, p.15) are:

- removing passive functional disorders present in a series of conditions in which gesture re-education (recovery of a motor deficit) is required;
- preventing dysfunctions and maintaining general health;
- development and maintenance of force, tolerance of effort, mobility, flexibility and coordination;
- restoring patient's independence from the psychosomatic;
- increasing independence in development of occupational roles;
- increasing occupational performance for ADLs, productive activities, amusement and recreation activities;
- stimulating self-confidence and personality development;
- finding the patient's outstanding capacities and inclinations;
- total or partial recovery of work capacity;
- use the professional skills of the patient;
- improvement of sensations, perceptions and cognitive functions;
- improving socialization and supporting emotional balance;
- rapid reintegration into social, economic and professional life.

Forms of occupational therapy

The term "occupation" does not refer strictly to the actual work, to the occupation that an individual has. Occupation term refers to a sum of activities in the most varied fields the individual performs during the day. The main categories of occupational activities presented by Sbeneghe, T., (2002, p. 475) are

- daily self-care activities (personal hygiene, clothing, mobilization, food, transportation, etc.);
- work as an employee or work organized by him/her;
- educational activities (schooling);
- entertainment activities (games, sports, excursions, hobbies).

Another classification of the techniques used in occupational therapy, by Cordun, M., (1999, pp. 264-265) is:

1. Basic productive activities

They are found in any service of ergotherapy and include activities such as: pottery, weaving, knitting of raffia, nuele, wood and iron processing etc. They are considered to be the oldest human trades and any individual would have a "natural" ability to execute them.

2. Complementary productive activities

It represents all the other lucrative activities that require qualification, experience and knowledge in the field (carton, marochineria, lathe, typography, typography).

3. Expression activities

It includes activities such as: drawing, painting, sculpture, engraving, music, etc. It is a category of activities that can result in the realization of a finite product that can be capitalized.

4. Louudotherapy activities

Includes motion games, sports games or parts of them: table tennis, ball throw, bow, golf, etc.

5. Recreational activities

In this category of activities are entertaining games such as: chess, table, goal, table football, card games, soccer games. These can be adapted to the patient's deficit.

6. Rehabilitation activities

It is ADLs. Also included are the equipment and adaptations needed to increase the performance of daily activities.

According to other authors (Marza-Dănilă, D., 2012, p.100, Dan, M., 2005, p.9), occupational therapy has the following forms:

1. *Occupational recreational therapy*, which includes:

- expression techniques (drawing, engraving, puppets, sculpture);
- sports techniques (various sports games or parts thereof);
- recreational techniques (games adapted to people with disabilities).

2. *Functional occupational therapy*, which includes:

- basic techniques: activities practiced since the beginning of the society (knitting, pottery, carpentry, hardware);
- Complementary techniques: the rest of the human lucrative activities (carton, marochinaria, typography, lathe).

3. *Occupational therapy*, which applies to hospitals, recovery centers, specialized schools. It covers two subcategories:

- occupational therapy preparatory to school activity and professional orientation of children;
- occupational therapy for reprofessionalisation adult, in sense of professional reorientation.

Conclusion

At the base of occupational therapy, there is the theory that claims that man is an active being, whose development is influenced by the practical activities in which he engages. These activities are determined by a motivation that affects their physical, mental and social capacity. Occupational therapy is a method that helps a person with deficiencies to gain the maximum potential for independence in their own lives.

All occupational activities used methodically turn into a useful gymnastics for the gesture recovery of the deficient. Involvement in practical activities focuses on the purpose of the activity and less on the gestures necessary to achieve the proposed objective. Occupational activities have a therapeutic purpose, more precisely, the patient trained in an activity is motivated to execute the movement for a much longer period than an analytical exercise.

The role of Occupational Therapist is to develop attributes and abilities, with beneficiaries being people who have encountered problems in their ability to function at any time of individual, physical or mental development. Occupational therapy addresses those individuals whose ability to adapt to daily tasks has decreased due to developmental disorders, physical infirmities, mental illnesses, social dysfunctions, traumas, nervous depression, etc.

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ELEMENTE DE TERAPIE OCUPAȚIONALĂ ÎN PRACTICA KINETOTERAPEUTICĂ

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Cuvinte cheie: *elemente de terapie ocupațională, metode, kinetoterapie, recuperare complexă*

Rezumat

Deși activitatea de terapie ocupațională constituie un domeniu separat de terapie, anumite elemente specifice, mai ales cele legate de sfera motricității, vin în sprijinul kinetoterapiei. Kinetoterapia și terapia ocupațională nu se opun ci se completează, unii specialiști considerând terapia ocupațională chiar un mijloc al kinetoterapiei. Kinetoterapia reeducă mișcarea, iar terapia ocupațională reeducă gestul.

Orice demers terapeutic are ca scop recuperarea bolnavului pe plan fizic și psihic, însă nu trebuie omisă și restituirea pe plan social a acestuia. Ca știință interdisciplinară, terapia ocupațională vine în sprijinul celorlalte forme de terapie, în primul rând în rolul de terapie psihosocială. Numai prin acțiunea simultană, metodele terapeutice pot cuprinde complexitatea omului, privit ca entitate biopsihosocială.

Scopul lucrării este de a scoate în evidență importanța terapiei ocupaționale în procesul de recuperare complexă, precum și rolul unor mijloace sau forme specifice acestei terapii în activitatea viitorilor kinetoterapeuți. De asemenea, doresc să subliniez anumite aspecte ce pot conduce la îmbogățirea cunoașterii, fapt pentru care lucrarea poate avea o importanță teoretică în domeniul kinetoterapiei.