


DISABILITY, NATIONAL REHABILITATION POLICY AND THE REHABILITATION TEAM

DR JOYCE MOTHABENG
PHYSIOTHERAPY DEPARTMENT

PRESENTED TO THE:
MBCHB DISABILITY SYMPOSIUM 2012



PRESENTATION ROADMAP



- Overview on disability
 - Prevalence, causes, types etc
- Disability models
 - Medical versus Social model
 - The ICF and its role in rehabilitation
- The relationship - Disability and Rehabilitation
- Rehabilitation – definition, aims, stages
- The rehabilitation team
- Understand the National rehabilitation policy and related national and international policies

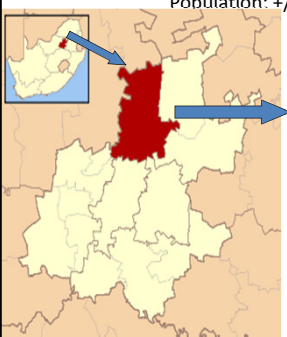
OVERVIEW ON DISABILITY



- About 10% of the South African population has some form of disability

Types of Disability in Tshwane

Population: +/- 2 000 000




Description	2001
No disability	1 914 884
Sight	15 967
Hearing	8 055
Communication	2 254
Physical	17 279
Intellectual	7 994
Emotional	8 154
Multiple	7 643

CAUSES OF DISABILITY

- *Acquired*
 - Disease
 - Trauma
- *Born with*

DISABILITY MODELS



MEDICAL MODEL

- Identifies 'disability' as a problem located in the individual and emphasizes the biological differences compared to the general population.
- Disability defined in reference to the person's functional status or condition with an emphasis on cure/reduction of functional deficits
 - Disability associated with loss (e.g. loss of function, impairment, deficits)

THE SOCIAL MODEL

- The social model looks beyond the individual and focuses on the barriers that are imposed on individuals by society and environment.

MEDICAL VS SOCIAL MODEL

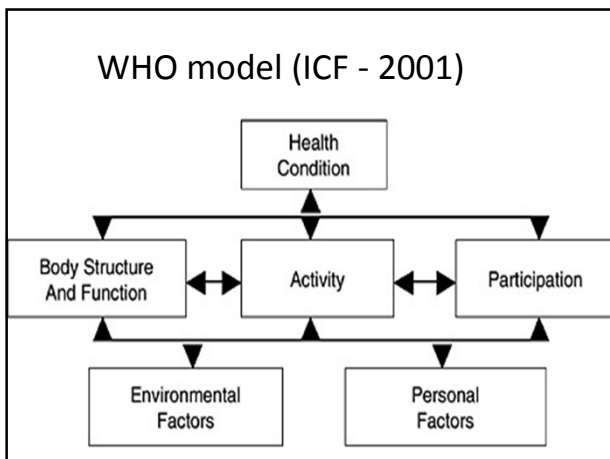


- A wheel chair user at the bottom of a stair case cannot access the voting office : Why?
 - **Individual Model:** because he has a spinal cord injury (biomedical model) or he cannot walk (functional or rehabilitative model)
 - **Social Model:** because the stairs, an architectural barrier (environmental) or a social exclusion or discrimination situation (Human Rights Model).

WHO model – the ICF

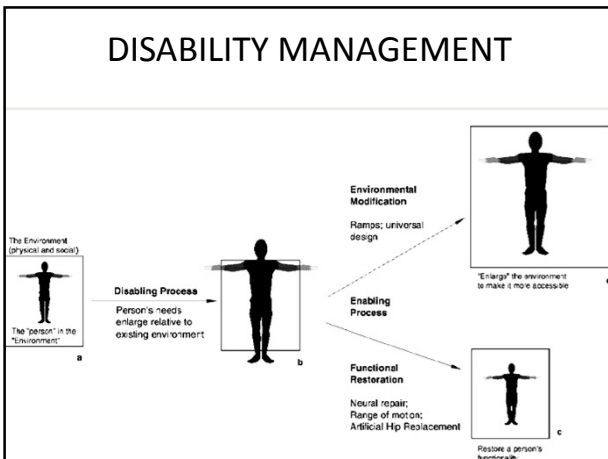
- The ICF is a bio-psychosocial model which fuses together elements of both the medical and social models of disability.
- Concept of 'Functioning'
 - Body functions, Personal activities, and Societal participation
- Concept of 'Disability'
 - The interaction between impairments and activity limitations or restrictions in participation
- It provides a very useful framework for structuring research and intervention services for people with disabilities.

WHO model (ICF - 2001)



ICF SUMMARY

- In the ICF disablement model, disability occurs when a health condition leads to dysfunction at the domain levels (body functions and structures and activities and participation) indicating impairment (body functions and structures), activity limitations (activities), or participation restrictions (participation), as mediated by both environmental and personal contextual factors.



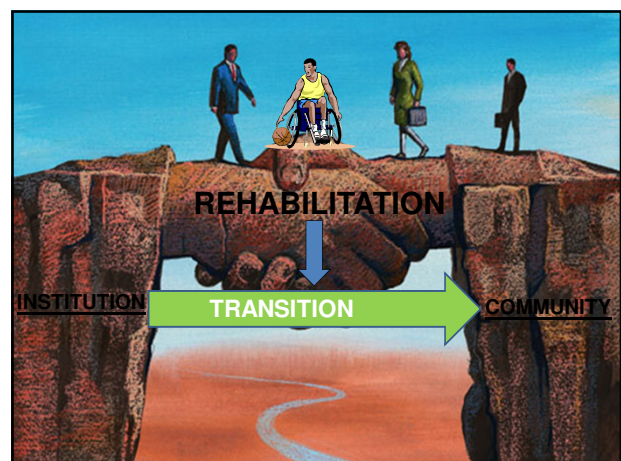
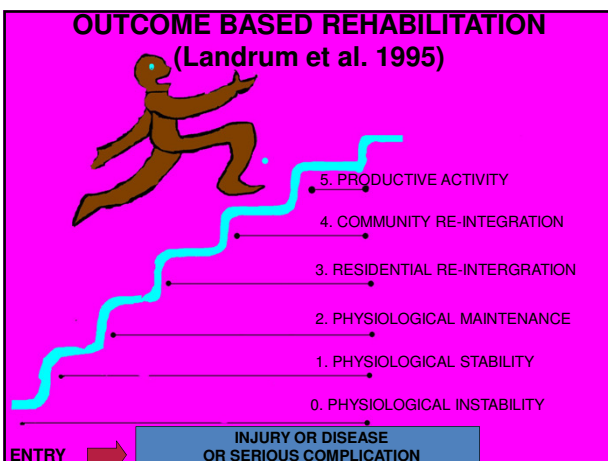
REHABILITATION (WHO)

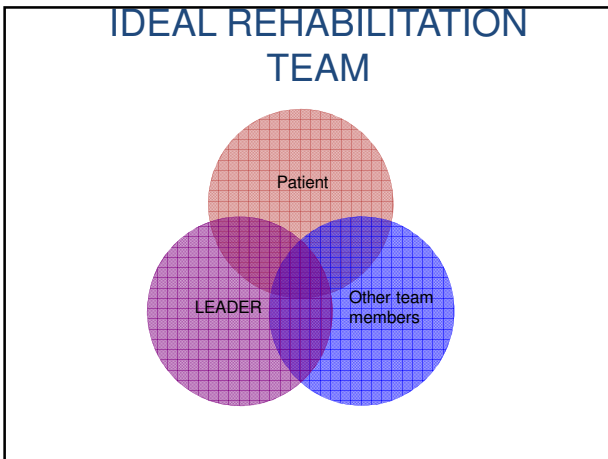
Rehabilitation is a process aimed at enabling Persons living with disabilities to reach and maintain their optimal physical, sensory, intellectual, psychiatric and/or social Functional levels, thus providing them with tools to change their lives towards a higher level independence (WHO, 2001)

- Difference between habilitation and rehabilitation
 - Both related to ability
 - Habilitate – people who have never been able
 - Rehabilitate – people who were once able

PURPOSE OF REHABILITATION

- Rehabilitation is a treatment or treatments designed to **facilitate the process of recovery from injury, illness, or disease to as normal a condition as possible.**
- The purpose of rehabilitation is to restore some or all of the patient's physical, sensory, and mental capabilities that were lost due to injury, illness, or disease
 - to his/her former functional and environmental status, or alternatively, **to maintain or maximize remaining function.**





REHAB THERAPISTS' ROLES

Occupational therapy helps the patient regain the ability to do normal everyday tasks. This may be achieved by restoring old skills or teaching the patient new skills to adjust to disabilities through adaptive equipment, orthotics, and modification of the patient's home environment.

Speech therapy helps the patient correct speech disorders or restore speech. Computer programs are available to help sharpen speech, reading, recall, and listening skills.

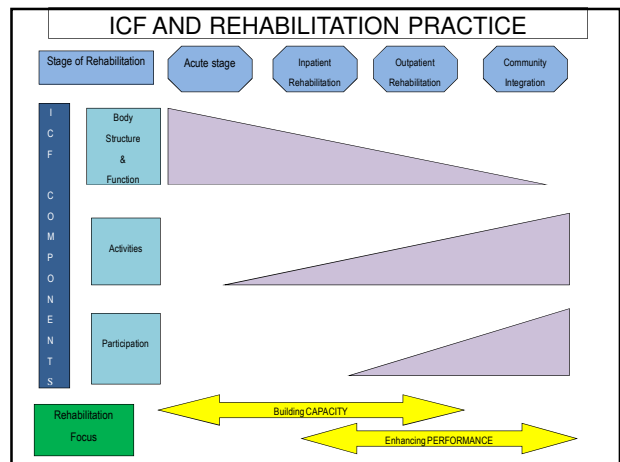
Physical therapy helps the patient restore the use of muscles, bones, and the nervous system through the use of numerous 'physical' modalities. PT seeks to relieve pain, improve strength and mobility, and train the patient to perform important everyday tasks.

MULTIDISCIPLINARY TEAM

Based on parallel assessments and treatments by professionals with a built-in communication system

INTERDISCIPLINARY TEAM

Assessments and treatments are done separately, but *planning*, *Goal setting and documentation* are done jointly by team members



NATIONAL REHABILITATION POLICY

NATIONAL REHABILITATION POLICY

www.doh.gov.za/docs/rehabilitation-f.html

- Objectives
 - Enhance Quality of Life for People with disabilities, through quality rehabilitation services
- Principles
 - Human rights
 - Patients rights
 - Rights of the disabled
- Philosophy - Primary health care (CBR)

NATIONAL REHABILITATION POLICY

- Objectives
 - Enhance QOL FOR PWD, through quality rehabilitation services
- Principles
 - Human rights
 - Patients rights
 - Rights of the disabled
- Philosophy
 - Primary health care (CBR)

National rehabilitation Policy is in line with

<p>International Policies</p> <ul style="list-style-type: none"> ◦ (UN) Standard Rules on the Equalization of Opportunities for Persons with Disabilities (1993) ◦ World Health Assembly (WHA) Resolution on "Disability, including prevention, management and rehabilitation" (2005). • UN Convention on the rights of PWD (2007) • WHO Disability report (2011) 	<p>Other National Policies:</p> <ul style="list-style-type: none"> • National Health Act (No 61 of 2003) • Mental Health Care Act (No 17 of 2002) • Free Health Care Disabled People at Facility Level. • INDS (1997) • RSA Constitution – Bill of rights
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GLOBAL PERSPECTIVE ON DISABILITY – (WHO)



WHO ACTION PLAN 2006 - 2011

VISION:

- All persons with disabilities live in dignity, with equal rights and opportunities

MISSION:

- To enhance the quality of life for persons with disabilities through national, regional and global efforts

GUIDING DOCUMENTS:

- United Nations (UN) Standard Rules on the Equalization of Opportunities for Persons with Disabilities (1993)
- World Health Assembly (WHA) Resolution on "Disability, including prevention, management and rehabilitation" (2005).
- UN Convention on the rights of PWD (2007)

UN Convention (2006)

There are eight guiding principles that underlie the Convention and each one of its specific articles:

- Respect for inherent dignity, individual autonomy including the freedom to make one's own choices, and independence of persons
- Non-discrimination
- Full and effective participation and inclusion in society
- Respect for difference and acceptance of persons with disabilities as part of human diversity and humanity
- Equality of opportunity
- Accessibility
- Equality between men and women
- Respect for the evolving capacities of children with disabilities and respect for the right of children with disabilities to preserve their identities

Standard rules guiding WHO's work on disability

- ▶ Rule 1: awareness-raising
- ▶ Rule 2: [medical care](#)
- ▶ Rule 3: [rehabilitation](#)
- ▶ Rule 4: support services as preconditions for equal participation
- ▶ Rule 19: [issues related to training of personnel providing health and rehabilitation services](#)

WHA (2005) resolutions

- ▶ Raise awareness about the magnitude and consequences of disability
- ▶ Facilitate data collection and analyse or disseminate disability-related data and information
- ▶ Support, promote and strengthen health and rehabilitation services for persons with disabilities and their families
- ▶ Promote community based rehabilitation (CBR)

WHA resolutions (cont)

- ▶ Promote development, production, distribution and servicing of assistive Technology
- ▶ Support the development, implementation, measuring and monitoring of policies to improve the rights and opportunities for people with disabilities
- ▶ Build capacity among health and rehabilitation policy makers and service providers
- ▶ Foster multi-sectoral networks and partnerships

CONCLUSSION

- Paradigm shift
 - From curing the problem
 - to wellness of the person
- If we live long enough, we will all acquire some kind of disability (Judith Heumann)
- Disability resides in society, not in the person (Judith Heumann)



THANK YOU – KE A LBOGA - DANKIE