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## МЕТОДОЛОГИЧЕСКИЕ ОСНОВЫ ПРОФЕССИОНАЛЬНОЙ РЕАБИЛИТАЦИИ

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По определению ВОЗ, «здоровье – это состояние полного физического, психического и социального благополучия, а не только отсутствие заболевания или недуга». Здоровье все чаще понимается как динамическое состояние, зависящее от взаимодействия множества факторов. Такое определение переводит проблему инвалидности из личной медицинской плоскости в категорию вопросов большой общественной значимости. Во всем мире наблюдается стремление к повышению уровня здоровья как отдельных граждан, так и населения в целом.

*Ключевые слова:* инвалидность; международный опыт по установлению инвалидности.

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## ПРОФЕССИОНАЛДУУ РЕАБИЛИТАЦИЯЛООНУН МЕТОДОЛОГИЯЛЫК НЕГИЗДЕРИ

Дүйнөлүк саламаттык сактоо уюмунун аныктамасы боюнча «ден соолук – бул оорунун жана кеселдин жоктугу гана эмес, ошондой эле адамдын толук физикалык, психикалык жана социалдык бакубаттуулугу». Ден соолук көпчүлүк учурда көптөгөн факторлордун өз ара аракеттенишүүсүнө көз каранды болгон, динамикалык абал катары түшүндүрүлүп келет. Мындай аныктама майыптык көйгөйүн жеке медициналык тегиздиктен чоң коомдук мааниге ээ маселелердин категориясына которот. Бүткүл дүйнө жүзүндө айрым жарандардын да, ошондой эле жалпы эле калктын да ден соолугунун деңгээлин жогорулатууга умтулуу байкалууда.

*Түйүндүү сөздөр:* майыптык; майыптыкты аныктоо боюнча эл аралык тажрыйба.

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## METHODOLOGICAL FOUNDATIONS OF PROFESSIONAL REHABILITATION

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According to WHO (World Health Organization), "health is a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity". It is a dynamic state, that depends on interaction of many factors. This definition of health takes the problem of disability out of just medicine responsibility levels, bringing the problem to society. Nowadays, there is a global tendency of improving health standards of individual citizens or the entire population.

*Keywords:* disability; international experience of diagnosis of disabilities.

At the end of XX – beginning of XXI century, due to steady progression of scientific and technological advancement, development of industrialization and urbanization, followed with environmental pollution of human habitat, enlargement of work capacity and stress, has led to a significant increase in severe chronic non-infectious diseases. Every year the growth of injuries and trauma field is expanding. The consequences of these diseases and injuries are the reasons for the reduction(restriction) of the vital and social functions of the human body, leading to further disability of population.

According to the UN, every tenth person on the planet has a disability and at least 25 % of the

population suffer from various health disorders [1]. Presently, disability of working age citizens, especially among those who have been firstly surveyed, is gigantic.

Disability, being both medical and social problem, is one of the main criteria, reflecting population's health level, as well as the effectiveness of Social, Treatment and Prevention activities [1–4]. According to the WHO, more than a billion people or about 15 % of the population of the world has some sort of disability [1].

The conducted studies show that a significant increase in the number of people with disabilities was due to growing aging of the population, increase of

spreading chronic non-infectious diseases and risk factors of diseases development, and the increase of the negative impact of numerous social, environmental and behavioral factors. An analysis of the UNST total health data shows that disability prevalence rates range from less than 2 % in Syria, Bangladesh and Tunisia to about 20 % in Australia and New Zealand. The spread of prevalence indicators is obviously caused by the use of different concepts and indicators of functional limitation, which are described by one ambiguous term “disability”. Different approaches to measurement show different results [1, 2].

Therefore, in order to understand the nature of disability, WHO experts were tasked with combining two basic conceptual views on health and its disruption (medical and social), and creating a better classification in which a more important role of society in solving problems related to disability .

The medical model views problems of the person with disabilities, such as defects, inabilities, and shortcomings of the person. In contrast, the social model of disabilities is focused on the environment that surrounds the person with disabilities, and this particular environment has it's barriers that put limitations on the life of a human [3, 4].

To this end, in May 2001, the WHO General Assembly and 191 WHO Member States formally approved and recommended the use of the unified instrument – the International Classification of Functioning, Disability and Health (ICF) as a standard for describing and measuring the extent of health disorders, population health data.

ICF is a classification that describes the status of certain functions and health of not only people with persistent functional impairments (disabled), but also patients with temporary functional abnormalities and difficulties in interacting with the environment [5].

The main goal of the ICF is to provide a unified language for describing functional health in order to improve communication and understanding between health and social service professionals, especially in the field of rehabilitation, as well as communication with people with disabilities [5, 6]. Its specific objectives include the following:

1. Provide a scientific basis for understanding and studying indicators of health and health-related indicators, the results of interventions and their determinants.

2. Make information comparable in different countries, healthcare spheres, services and in time.

3. Provide a systematic coding scheme for health information systems.

The use of unified definitions of disability based on the ICF makes it possible to obtain internationally comparable data, in which a new approach to health

assessment is formulated, focusing not on the consequences of the disease, but on the health components characterizing the resources of the organism and the possibility of influencing them [7].

The ICF and its instruments are of special interest for rehabilitation practice. Development and approbation of ICF standards and reporting systems for use in rehabilitation treatment, home care, elderly care, The disability group is currently being determined in the USA, Switzerland, Australia, Canada, Italy, India, Japan, Mexico, Germany, Great Britain [8–15].

In this connection, the assessment of the functional status of patients with temporary functional abnormalities and difficulties in interacting with the environment and the development of methodical methods of practical use of the ICF is an urgent problem in our country.

The main causes of disability among the able-bodied population in Kazakhstan are: socio-economic, medical and demographic factors, environmental factors, also there is no a sufficiently high level of labor protection in individual enterprises, as well as the quality and cost of medical services.

For successful rehabilitation, the disabled need means to overcome these barriers, designed to ensure that they themselves actively use such means. Training in the use of such facilities is also required. In recent years, our society has come to understand the need for technical means of rehabilitation of disabled people [16].

In the Republic of Kazakhstan, disabled people are provided with the provision of rehabilitation services that enable them to achieve and maintain the optimum level of their independence and livelihoods. In the framework of this work the following activities are carried out:

- national rehabilitation programs are being developed for all groups of people with disabilities. Such programs are based on the actual needs of persons with disabilities and the principles of their full participation in society and equality;
- a wide range of measures are included in these programs, in particular basic training to restore or compensate for the lost function, counseling for people with disabilities and their families, developing self-sufficiency and providing services, such as assessments and recommendations, as needed;
- all persons with disabilities, including those with a high degree of disability, who need rehabilitation, have access to these programs;
- persons with disabilities and their families should be able to participate in the development and

implementation of measures related to their rehabilitation;

- rehabilitation services are located in large cities and district centers where people with disabilities live;
- invalids and their families are involved in rehabilitation work, for example, as teachers, trainers or consultants;
- when developing programs of rehabilitation, the state uses the experience of foreign countries in the development of organizations of disabled people.

Currently, there are 6 territorial centers of social services for disabled people in Kazakhstan. Their functions include the provision of social services, medical, social and professional rehabilitation, the creation of conditions for the development of educational programs by children with disabilities, providing social and pedagogical services, creating a favorable moral and psychological climate, informing the serviced persons about their rights, volumes and types of social services [7].

Analyzing the situation of people with disabilities in modern Kazakhstan society, one can say that much is being done by the government to improve the quality of people's life, but, nevertheless, much work remains to be done in the sphere of rehabilitation of disabled people.

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