

## CUSTOMIZED INDIVIDUAL PLAN FOR PEOPLE WITH DISABILITIES

Florin ȚURCANU

*Universitatea de Medicină și Farmacie Tîrgu Mureș*

**Abstract:** Customized individual plan (PIP) for people with disabilities is both an effective way of structuring teamwork through physical and psychological recovery of the person concerned and monitoring the results that may be obtained in each subject. In this context, including it (PIP) in kinetic therapy rehabilitation segment is a way for our study developed in “Sunshine” Association Iernut, Mures to quantify the beneficial results of this action regarding optimizing the quality of life of beneficiaries. The present study has been developed during March 2014-February 2015 on a subject with Downe syndrome. Based on the diagnose received from DGASPC (having a confidential status), Customized individual plan (PIP) was made, having the following action methods: physical recovery by kinetic therapy, mental recovery by psychological counseling. The results obtained in this study, the “Sunshine” Association from Iernut, Mures County, can be a viable alternative for people with disabilities for the purposes of recovery and their reintegration into society. To be emphasized that such an approach and attitude determines social-structural changes, so the recipient is part of the reference group and not only, “Sunshine” standing by his side.

**Key-words:** kinetic therapy, PIP, disability

### 1. Introduction

A not random note says that, when a child is born with a disability, he is invested with a message which shows that life has a meaning itself and his life has a meaning related to the surrounding world [1].

For people with CES there are specific types of intervention [2]:

1. Rehabilitation - is a complex process through which people with disabilities can get (and keep) physical functionality, sensoriality, intellectual and social optimal levels. This process is made of numerous multidisciplinary services (medical, psychopedagogic, professional), which provides the means by which these people can organize their lives to achieve a bigger level of personal and social autonomy. Rehabilitation involves measures and means, by which functions can be restored, can compensate their loss, absence or limitation.

2. Recovery – It’s a romanian specific term with its equivalent meaning of rehabilitation (recovery of lost functions), with a more medical connotation. The concept it’s irrelevant in case of acquired deficiencies or where recovery / restore function is no longer possible;

3. Compensation - involves replacement of lost functions by forming new skills / basic abilities enabling social and professional reintegration of people with disabilities;

4. Empowerment / Rehabilitation - are mate terms (especially in Scandinavian countries).

Empowerment refers to those functions that can not be recovered. In this case, compensation mechanisms can form new skills or basic capabilities to facilitate the adaptive process.

What completes the previous picture is the method of recovery and reintegration of persons with disabilities. We are therefore in the moment when taking into account the degree of disability, medical diagnosis, psychological investigation, recovery plan conceived and initiated with DGASPC can proceed to conceive a personalized intervention plan (PIP) for each beneficiary. Basically, PIP is a planning and coordinating interventional technique, customized for each beneficiary, which achieve the proposed objectives.

An important element in planning PIP is the psychotherapy element defined as an interactional conscious and planned process that aims to influence the behavior disorders and suffering states, witch through a consensus (between patient, physician and reference group) are considered as requiring a treatment in terms of a defined purpose, if possible developed together, with the help of several techniques, which can be learned based on a theory of normal and pathological behavior [3]

### 2. Material and method

This study was elaborated, within the Association „Sunshine” located in Iernut, Mures County. This association aims to increase the quality of life for people with

psychomotor disabilities, comprising in this direction, two ways of operation:

1. Recovery and social integration or reintegration of young people with disabilities;
2. Recovery and physical and neuro-psychical rehabilitation of children with disabilities.

Within these activities, are to be found the following services:

- Physical rehabilitation through physiotherapy;
- Mental recovery through psychological counseling;

Further on, we will present the basic issue to develop a PIP- customized plan for a 6-year-old subject (*Table 1*):

- Speech disorders through speech therapy (the art of communication);
- Occupational therapies through ludic activities and physical exercise;
- Developing independent life skills through socialization.

This study was elaborated during the period of March 2014 - February 2015 on a subject with Down syndrome.

**Table 1 Preliminary information for PIP elaboration**

Name and Surname	Privacy Status - according to the operating rules of the Association „Sunshine”
Family history	It is part of a normal family, being the youngest of the two children of the family. Housing conditions are very good, with playground and teachings areas. Parents are both responsible, careful at raising and education of children, they help each other in everything they do for the children to have a harmonious development. The relationship between parents is harmonious. The age difference between the two children is high, over 8 years, but this does not prevent the relationship between the two children to be very good.
History of the child's problems	Recognizes and names objects (toys, fruits, animals, events, and characters who are familiar) Answers the questions from the teacher and children by a word (only when insisted, reproduces sentences with very simple response); Reproduces vocalizations with the group and individual Doesn't reproduce lyrics individually, but only after the teacher or with children; Do not have oral communication initiative unless he is challenged by adults; Unintelligible speech, reduced to the attempts of sound modulation, but without any articulatory success; Speaks inaccurate and always uses a harsh tone; Stubborn, relates less with children, pushes them, hits them, and sometimes bites them; He likes to play more alone but also has moments when he is playing with one child or more; He can hardly concentrates (3-5 minutes), remains little time involved in tasks, and does not carry out the activities only if he is supervised; Relatively good understanding capacity, related to passive vocabulary; Poor imagination, unproductive; Short-term memory, mechanics; Psychomotor instability, agitation;
Medical diagnosis	Retard of the expressive language; Slight Intellectual/mental disability; Dyspraxia of walking; Down syndrome;

Having all the premises, based on a received diagnosis (with privacy status), from DGASPC Mures specialized committee, team made of specialists (doctors, psychologist, physiotherapist) conceived a PIP.

1. PIP corresponding to general motricity (Table 2):

**Table 2 General motricity field**

Behavioral actions	Refecence objectives	Methods and teaching materials
Positions and muscle tone	<ul style="list-style-type: none"> <li>- To stand up alone and maintain the standing position;</li> <li>- To stand up in sitting position from lying;</li> <li>- To maintain the sitting position for 5-10 min.;</li> <li>- To remain seated with feet crossed for 5 min;</li> <li>- To bend with knee flexion, after an object and to get up.</li> </ul>	The example; The explanation; The conversation; The boards.
Walking and jogging	<ul style="list-style-type: none"> <li>- To go forward;</li> <li>- To go at different speeds (normal, slow, fast) by model;</li> <li>- To run;</li> <li>- To walk on their toes, heels, back;</li> <li>- To go on a simple route, given.</li> </ul>	The demonstration; The explanation; The conversation; The boards.
Jumping	<ul style="list-style-type: none"> <li>- To move disorderly, throwing both feet (hop);</li> <li>- To jump on both legs;</li> <li>- To jump on one leg.</li> </ul>	The example; The explanation; The conversation.
Grip, throw, catch	<ul style="list-style-type: none"> <li>- To catch with both hands an object (ball);</li> <li>- To grasp an object with two fingers (thumb and forefinger);</li> <li>- to throw certain sizes objects with one hand (left / right);</li> <li>- To catch an object with both hands.</li> </ul>	The demonstration; The explanation; The conversation; The boards.
Climbing	<ul style="list-style-type: none"> <li>- To climb and go down stairs by step added, holding the railing;</li> <li>- To climb and go down stairs alternating feet, clutching the railing.</li> </ul>	The example; The explanation; The conversation.
Balance	<ul style="list-style-type: none"> <li>- To kick a high, low, hard ball with the foot;</li> <li>- To stand on one leg (3-5 sec.)</li> </ul>	The example; The conversation.

2. PIP corresponding to fine motricity and eye-motor coordination (Table 3):

**Table 3 Fine motricity field**

Refecence objectives	Activities	Materials and Methods
<ul style="list-style-type: none"> <li>- To put and remove small items into / out of boxes;</li> <li>- To clap his hands;</li> <li>- To build a tower made of several cubes;</li> <li>- Make scribbles on paper;</li> <li>- To imitate simple gestures;</li> <li>- To imitate some simple actions (open / close door);</li> <li>- To carry out repetitive movements by model.;</li> <li>- To spool a thick wire on a big coil;</li> <li>- To unpack objects by tearing the paper;</li> <li>- To crumple the paper;</li> </ul>	<ul style="list-style-type: none"> <li>-Exercises for developing fine Motricity;</li> <li>- Building games;</li> <li>-Crumpling exercises screw / unscrew;</li> <li>-Exercises of writing, coloring;</li> <li>- Exercises for threading beads on a string.</li> </ul>	<ul style="list-style-type: none"> <li>- Explanation;</li> <li>- Demonstration;</li> <li>- Work independently and supervised;</li> <li>- Cubes;</li> <li>- Puzzle;</li> <li>- Sheets of paper;</li> <li>- Cartons;</li> <li>- Glue;</li> <li>- Aquarelles;</li> <li>- Modelling clay;</li> <li>- Templates;</li> </ul>

<ul style="list-style-type: none"> <li>- To unscrew toys;</li> <li>- To roll shapes from modelling clay;</li> <li>- To scribble with thick writing/colouring instruments;</li> <li>- To make in their own way, fingershapes;</li> <li>- To touch each finger with the thumb;</li> <li>- To hold the pencil between the thumb and forefinger;</li> <li>- To thread large beads;</li> <li>- To color within the outline;</li> <li>- To make different images by pasting component parts of large sizes (house, fir, man);</li> <li>- To assemble a puzzle of several large pieces.</li> </ul>		<ul style="list-style-type: none"> <li>- Markers;</li> <li>- Beads;</li> <li>- Toys.</li> </ul>
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3. PIP corresponding to psychomotric field (Table 4):

**Table 4 Psihomotric field**

Refecence objectives	Activities	Materials and Methods
<ul style="list-style-type: none"> <li>- To use in performing actions predominantly one hand;</li> <li>- To show the main parts of the body to self and partner;</li> <li>- To identify tangible detail elements of the body scheme;</li> <li>- To assemble correctly the human body made of three parts (puzzle);</li> <li>- To dress / undress the doll;</li> <li>- To differentiate children by gender;</li> <li>- To recognize, in different contexts, four usual colors (red, yellow, blue, green);</li> <li>- To group known objects by color;</li> <li>- To associate geometric shapes (circle and rectangle) to known objects in the environment;</li> <li>- To make simple pictures of geometric shapes (sun, ball);</li> <li>- To identify various positions of objects in relation to self (up-down);</li> <li>- To locate sound sources;</li> <li>- To identify the seasons;</li> <li>-To execute a serie of two simple tasks, successively.</li> </ul>	<ul style="list-style-type: none"> <li>-Exercises on development of body schem;</li> <li>-Exercises on development of laterality;</li> <li>-Exercises of dressing / undressing dolls;</li> <li>-Exercises of grouping objects, toys, after a given criterion;</li> <li>- Audition;</li> <li>-Exercises for recognizing positions of objects reported to himself;</li> <li>-Exercises for recognizing familiar tastes.</li> </ul>	<ul style="list-style-type: none"> <li>- The conversation;</li> <li>- The demonstration and independent work;</li> <li>- Chips;</li> <li>- Puzzle;</li> <li>- Tape;</li> <li>- Audio cassettes;</li> <li>- Fruits;</li> <li>- Food;</li> <li>- Toys.</li> </ul>

**3. Results and Discussions**

The assessment of DGASPC commission underlines the upward evolution of the specific parameters for each field of reference. This is due to implementation of specifically PIP, conceived for each subject in matter.

Quantification of the registered progress at the end of this study was to increase fine motor skills, by improving the precision of completion movements within certain specific fields presented above.

The methods used within each activity, contributed according to experts to the achievement of the reference objectives

established at the beginning of PIP conceivment. In this way, the use of diversified specific exercises of physical therapy and themed games, doubled by discussions between specialists and the subject through the *art of dialogue*, complete the general picture of multidisciplinary participation in the so complex recovery of subject with general diagnosis of Down syndrome.

Personal intervention programs included specific moments, through which movement (at the level of recovery perception), was present through walks, tours, participation at

different events, thematic visits and relating the beneficiaries to community was not only noticed but also beneficial.

#### 4. Conclusions and suggestions

In this context it is viable and full of emotional affective weight every gesture of the disabled person, and the fact that when designing customized individual plan, the therapist becomes an extremely important person, and by the achieved results, has to prove trust, responsibility and a lot of professionalism.

Improving or solving, even it is partial, these "states", has to establish and develop direct participatory concern, involving nurses, medical specialists, physical therapists, teachers in schools with special education schedule and within associations, foundations or NGOs capable by their structures to ensure people with disabilities an environment for a normal life in harmony and resonance with the type of disability and diagnosis.

The patient–therapist relationship focuses primarily on communication. Thinking out this issue, the communication should be a process of interaction between individuals, groups, as a relationship mediated through word, image, gesture, symbol or sign.

All items listed above can be found in the activity developed under this good circumstances, at „Sunshine” Association, located in Iernut, Mures County.

#### References

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