

## **ORGANIZATIONAL MODEL OF A MULTIDISCIPLINARY APPROACH AT THE STAGE OF THE ESTABLISHMENT OF A NEW REHABILITATION SYSTEM IN UKRAINE**

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### **INTRODUCTION**

In the context of the ongoing reform of the health care system in Ukraine<sup>1</sup>, the component of rehabilitation assistance has remained sidelined for a long time. The expert environment has long been drawing attention to the need to completely reboot the system of providing rehabilitation assistance to the population of the country<sup>2</sup>. Yes, the legal security is not in line with the international commitments made by Ukraine, namely the Convention on the Rights of Persons with Disabilities, which entered into force for Ukraine in March 2010<sup>3</sup>. The World Health Organization (WHO) mission in 2015 also points to the inconsistency of the rehabilitation system of Ukraine with international standards<sup>4</sup>. A major impetus for the implementation of changes in the system of providing rehabilitation assistance to the population was the armed conflict in the east of Ukraine. The Law of Ukraine, which regulated the entire existing system of providing rehabilitation assistance in the country (the Law of Ukraine «On Rehabilitation of Persons with Disabilities in Ukraine»), in the 2005 version, extended exclusively to persons with disabilities, which, after the start of hostilities in 2014, became a significant obstacle for obtaining rehabilitation

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<sup>1</sup> Закон України «Про державні фінансові гарантії медичного обслуговування населення»/Відомості Верховної Ради (ВВР), 2018, № 5, ст.31. [Електронний ресурс] – Режим доступу: <https://zakon5.rada.gov.ua/laws/show/2168-19>

<sup>2</sup> Богдан Мойса. Пропозиції до політики щодо реабілітації осіб з порушеннями здоров'я. Policy paper. /Богдан Мойса. – Лабораторія законодавчих ініціатив, вересень 2017 [Електронний ресурс] – Режим доступу: [http://parlament.org.ua/wp-content/uploads/2017/09/Propoziciji\\_Politiki\\_reabilitacii\\_zdoroviya-1.pdf](http://parlament.org.ua/wp-content/uploads/2017/09/Propoziciji_Politiki_reabilitacii_zdoroviya-1.pdf)

<sup>3</sup> Конвенція про права осіб з інвалідністю (Конвенція про права інвалідів): Верховна рада України. [Електронний ресурс] – Режим доступу: <https://zakon.rada.gov.ua/laws/show/z0417-19>

<sup>4</sup> Оцінка системи реабілітації в Україні. Основні висновки. – Оціночна місія ВООЗ. – Грудень 2015. – [Електронний ресурс]. – Режим доступу: [http://www.physrehab.org.ua/tl\\_files/Docs/Assessment%20of%20the%20Rehabilitation%20System%20in%20Ukraine.%20Summary%20rstr%20UKR.pdf](http://www.physrehab.org.ua/tl_files/Docs/Assessment%20of%20the%20Rehabilitation%20System%20in%20Ukraine.%20Summary%20rstr%20UKR.pdf)

services for persons whose status of disability<sup>5</sup> has not been established. This version of the Act did not take into account the need for the provision of rehabilitation services to persons immediately after the acquisition of a health disorder. In 2014, the Act was amended, in particular, by categories of persons who may need rehabilitation services as a result of an anti-terrorist operation. With some modifications, the Act extends to 16 additional categories, mainly servicemen and employees of enterprises and institutions that have defended the independence, sovereignty and territorial integrity of Ukraine and participated directly in the Anti-Terrorist Operation.

Taking into consideration the need for changes in the regulatory regulation of the rehabilitation assistance system in the country, which would give impetus to the creation of conditions for the functioning of a modern effective system of medical, physical, psychological and other components of rehabilitation in the country legislators have begun to initiate changes to this law. Thus, in 2016, a draft law was submitted by a parliamentary group to regulate the activity of the rehabilitation assistance system – Draft Law of Ukraine of April 15, 2016 No. 4458 “On Disability Prevention and Rehabilitation System in Ukraine”<sup>6</sup>. In the Article 1 of this draft law «Definition of terms», in particular, for the first time it is proposed to regulate in Ukraine the concept of «multidisciplinary team» – a group of specialists of different specialties who provide rehabilitation services to a person in order to ensure the restoration or compensation of existing limitations of life. In 2017, another draft Law of Ukraine “On the Rehabilitation System in Ukraine”<sup>7</sup> was submitted by the President of Ukraine. Although in this draft legislative act a separate definition the term «multidisciplinary team» has not been given, the term is used in the definitions of other terms used in the draft law. Thus in Article 1 “Definition of terms” of this act the following definition of the concept rehabilitation process is given – a set of rehabilitation measures consistently carried out by a multidisciplinary team and / or specialists of rehabilitation who provide help by themselves, in order to achieve and maintain an optimal level by a person in need of rehabilitation in interaction with the environment.”

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<sup>5</sup> Закон України «Про реабілітацію інвалідів в Україні» // Відомості Верховної Ради України (ВВР), 2006, N2-3, ст. 36. [Електронний ресурс] – Режим доступу: <http://zakon.rada.gov.ua/laws/show/2961-15>

<sup>6</sup> Проект Закону України від 15.04.2016 № 4458 «Про попередження інвалідності та систему реабілітації в Україні» [Електронний ресурс] – Режим доступу: [http://search.ligazakon.ua/l\\_doc2.nsf/link1/JH3FU00A.html](http://search.ligazakon.ua/l_doc2.nsf/link1/JH3FU00A.html)

<sup>7</sup> Проект Закону України “Про систему реабілітації в Україні” [Електронний ресурс] – Режим доступу: <https://novynamnia.com/2017/10/02/zakon-ukrayini-pro-sistemu-reabilitatsiyi-v-ukrayini-proekt/>

Therefore, the legislator proposes two variants of the subject of the rehabilitation process understanding: a multidisciplinary team and / or individual independent specialists in the field of rehabilitation.

### **1. The optimal model of a multidisciplinary approach to rehabilitation care: complete implementation of the world experience**

The organization of comprehensive rehabilitation care for different groups of patients on the basis of a multidisciplinary approach is quite common in the world<sup>8</sup>. Models of the interdisciplinary organization of social and social services were widely considered in the field of social medicine and public health ten years ago. However, in practice, an interdisciplinary approach, unlike a multidisciplinary one, has not become widespread.

In the definitions of both interdisciplinary and multidisciplinary system of organization of provision of different types of services following general features can be distinguished:

- collaboration, teamwork of a team of specialists from different fields;
- interaction, communication;
- collegial development of common approaches, equal consideration of the opinions of all specialists;
- An interactive process that involves client participation, a strict focus on the client's individual needs.

Specialists who are part of an interdisciplinary team must have the skills to identify priority tasks, collect and share information, develop and evaluate decisions, develop common positions, implement solutions and evaluate results.

At the same time, there is one significant difference between a multidisciplinary and a multidisciplinary approach. In particular, in 1995, Finset A., Krogstad JM., Hansen H. and co-authors described the main differences in organizational models of interdisciplinary and multidisciplinary teamwork<sup>9</sup>. Thus, the «coordinated interdisciplinary teams» set common goals and specialists in each specialty try to work to achieve these goals in their individual sessions. At the same time, in the «integrated multidisciplinary teams» common goals are realized in joint rehabilitation sessions with the participation of specialists of different specialties participating in such sessions.

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<sup>8</sup> Driller L. Fostering the interdisciplinary team, fostering research in a society in transition. Arch Phys Med Rehabil 1990; 71: 275–278.

<sup>9</sup> Finset A., Krogstad JM., Hansen H, et al. Team development and memory training in traumatic brain injury rehabilitation: to birds in a stone. Brain Injury 1995; 9: 495–507.

The understanding of the concept of «rehabilitation» in the field of health care as most of disciplinary phenomena was formed gradually. Thus, even in the current wording of some legislative acts of Ukraine the separate concept of «medical rehabilitation» as a type of medical care is considered. Thus, the Fundamental Legislation of Ukraine on Health Care states that medical rehabilitation is a type of medical care provided to patients in an outpatient or inpatient setting, and includes a system of medical and other measures aimed at restoring impaired or lost functions of the body, to identify and activate the body's compensatory capabilities in order to create conditions for the person to return to normal functioning and preventing complications and relapses of the disease<sup>10</sup>. The legislative acts of Ukraine, which have not been adopted yet (“On Disability Prevention and Rehabilitation System in Ukraine” and “On Rehabilitation System in Ukraine”), define already different components of the rehabilitation system: medical, psychological, professional rehabilitation, physical therapy and others.

At the same time, WHO generally considers the concept of rehabilitation as broad as possible, without identifying its individual components<sup>11</sup>. So, from the point of view of WHO, rehabilitation is a set of measures that is necessary in cases where a person encounters or may encounter functional limitations in daily activities due to aging or health problems, including chronic illness or disorder, physical or mental injury. Therefore, the mono-disciplinary approach to rehabilitation as a purely medical aid is considered outdated nowadays.

The active discussion of the implementation of multidisciplinary rehabilitation teams in the professional environment in Ukraine began after the signing of the order of May 25, 2018 under No. 981 on approval of the translation of the International Classification of Functioning, Life and Health Limitations of health among children and adolescents. This is implemented as part of the implementation of the Plan of Measures for the Provision of the International Classification of Functioning, Restriction of Life activity and health and the International Classification of Functioning, Limitation of Life and Health of Children and Adolescents, approved by Cabinet of Ministers Decree No. 1008 of December 28, 2017.

The International Classification of Functioning (ICF) was approved by all 191 members of the World Health Organization on May 22, 2001, during

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<sup>10</sup> Закон України «Основи законодавства України про охорону здоров'я» // Відомості Верховної Ради України (ВВР), 1993, № 4, ст.19. [Електронний ресурс] – Режим доступу: <https://zakon.rada.gov.ua/laws/show/2801-12/ed20150101/find?text=%CC%E5%E4%E8%F7%E D%E0+%F0%E5%E0%E1%B3%EB%B3%F2%E0%F6%B3%FF>

<sup>11</sup> Реабилитация. Основные факты // Глобальный веб-сайт ВОЗ. [Електронний ресурс] – Режим доступу: <https://www.who.int/ru/news-room/fact-sheets/detail/rehabilitation>

the 54th World Health Assembly. ICF supplements another WHO classification, the 10th International Classification of Diseases (ICD).

ICF is a classifier used in all developed countries by doctors, educators, rehabilitation specialists and psychologists. Its use in Ukraine is the basis for developing a system of rehabilitation, early intervention and inclusion, for planning social protection measures, compensation systems and for developing and implementing their policies. It is the early intervention programs that are being actively implemented in Ukraine that have become the locomotive for the active introduction of multidisciplinary teams in all areas of rehabilitation assistance to the population.

Summarizing the experiences of the various sectors where multidisciplinary approaches are implemented (early intervention programs, hospice care and palliative care, etc.), the following approaches can be identified to form a multidisciplinary rehabilitation team. The multidisciplinary model of work is defined as a set of independent experts in different fields of knowledge with separate plans of action and separate functional tasks. They all work side-by-side, and even when practically separate from one another, the components of a patient's individual rehabilitation program are regularly coordinated at periodic team meetings. The internal relationships of independent team experts are coordinated by one team leader. The functions of the leader of this group include general leadership, the distribution of responsibilities of its members and the definition of the range of services that will be offered to each patient and his immediate environment. In the health care system of Ukraine, the role of the head of the multidisciplinary rehabilitation team is assigned to the doctor of physical and rehabilitation medicine by the Ministry of Health<sup>12</sup>. So, in particular, the doctor of physical and rehabilitation medicine organizes team interaction between the specialists involved in the rehabilitation, with regular meetings.

The basic principles of teamwork are:

- 1) the principle of membership (you can be a member of the team, regardless of whether this activity is the main activity or not;
- 2) the principle of integration (expressed in the presence in the team of specialists of different specialties, whose knowledge and experience should help to achieve the chosen goal);
- 3) the principle of collective responsibility (reduced to the professional and legal responsibility of each team member for their own and collective

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<sup>12</sup> Про внесення змін до Довідника кваліфікаційних характеристик професій працівників. Випуск 78 «Охорона здоров'я»: наказ МОЗ України від 13.12.2018 № 2331. [Електронний ресурс] – Режим доступу: <https://zakon.rada.gov.ua/rada/show/v2331282-18>

decisions, for using the collective resources that will be most effective for providing certain services).

A significant factor for the development of effective teamwork is the assessment of the work and capabilities of the rehabilitation team. To maintain the required level of success you must:

1. Members of the rehabilitation team form their own approach to measuring the quality of work.
2. The team has defined standards and procedures.
3. The processes and results are regularly evaluated.
4. There is a system of improvement.

Equally important for the successful work of the team are the following personal and professional qualities: the ability to listen and make contact, openness, sincerity, honesty, the ability to clearly present their thoughts, the willingness to provide feedback on the results of their activities, stress resistance, the ability to go for personal and professional risk, a willingness to share experience and knowledge.

Ideally, a multidisciplinary rehabilitation team should include:

- doctor of Physical and Rehabilitation Medicine,
- physical therapist,
- ergotherapist,
- logotherapist,
- social worker,
- psychologist,
- prosthetist orthosis,
- rehabilitation Nurse.

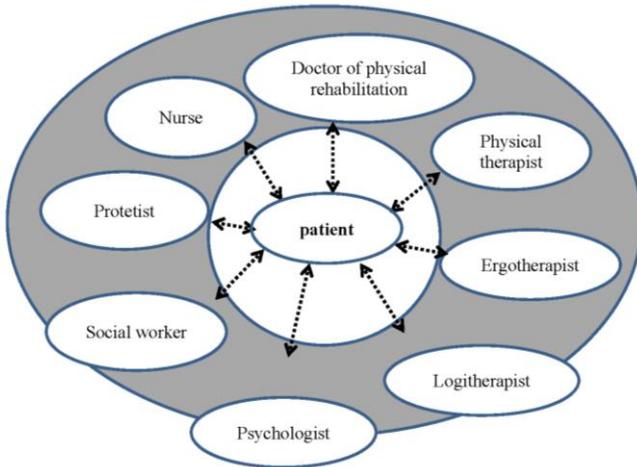
The organizational model of a multidisciplinary rehabilitation team is shown in Figure 1.

An important aspect of the functioning of a multidisciplinary team is their territorial and, consequently, information unity. Such multidisciplinary teams are formed in powerful, mostly multidisciplinary rehabilitation centers, where the maintenance of permanent multidisciplinary teams are not only appropriate in terms of medical and social effectiveness, but also cost-effective.

In the vast majority of cases, a multidisciplinary rehabilitation team does not require such a wide range of specialists and can function effectively in an optimized structure. The professional and quantitative composition of the team, as well as the level of training of its participants depends on certain factors, such as:

- the goals and objectives set by the medical or rehabilitation institution or those solved within the framework of a certain plan of activity;

- the capacity of the medical rehabilitation institution or the opportunities of the territorial community;
- specialization and the list of types of medical and rehabilitation services provided by the institution;
- all the identified and documented needs of patients in rehabilitation services.



**Fig. 1. The organizational model of a multidisciplinary rehabilitation team in ideal conditions**

◄•••► Direction of functional interaction;  
 ■ A single information field

The last statement in this list is the basic one, as a multidisciplinary approach to providing rehabilitation services is always client-centered. The client-centered approach requires that the patient is always at the center of the rehabilitation process or any therapy<sup>13</sup>. The main points of the client-centered approach can be summarized as follows:

1. The client (the patient) seeks recovery. The role of the therapist (member of the rehabilitation team) is to use the desire of the client and guide him along the necessary path.
2. Therapy focuses on emotional aspects rather than intellectual aspects;

<sup>13</sup> Hart J. The development of client-centered therapy / J. Hart, T. Tomlinson // New Developments in Client-Centered Therapy / J. Hart, T. Tomlinson. – Boston: Houghton-Mifflin, 1970. – P. 3–22.

3. Therapy is based on a specific situation (here and now) rather than past experience.

4. Therapy focuses on the client's initiative and helps solve their problem with a minimum of participation from the therapist.

The main therapeutic basis in the patient-centered approach is the relationship between the client and the therapist – a member of the rehabilitation team. The therapist practically creates an unconditionally positive environment (conditions) in which the resources for client changes are manifested.

Conditions include:

1. Acceptance – unconditional perception and respect towards the client, unconditional support and attention, care.

2. Empathy is an emotional orientation to the client and his empathic understanding. Empathy is a process in which the therapist becomes closer and closer to the client's inner world.

3. Therapist's congruence – the therapist is in agreement with his or her experiences. He is open to his own self-perception and ready to share with the client his experiences.

In case, all the identified needs of the patient in rehabilitation care can be met by the less extensive professional staff of a multidisciplinary team, it makes no sense to expand it. This statement is also true in cases of narrow specialization of rehabilitation centers, for example for patients with particular neurological or vascular diseases<sup>14</sup>. The optimal professional composition of a multidisciplinary team can be justified at different stages of patient rehabilitation<sup>15</sup>.

## **2. Organizational model of a multidisciplinary approach to rehabilitation care at the transitional stage**

The rehabilitation assistance system in Ukraine is currently in its infancy. Central executive authorities, in particular the Cabinet of Ministers of Ukraine (CMU), the Ministry of Health (MOH) of Ukraine, have developed and issued a number of normative and regulatory documents that create the basis for the functioning of the rehabilitation assistance system in the new environment. Today, the process of normative regulation of human resources for the functioning of the rehabilitation assistance system as a component of

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<sup>14</sup> Демиденко Т.Д., Ермакова Н.Г. Основы реабилитации неврологических больных. – СПб.: Фолиант, 2004. – 304 с.

<sup>15</sup> Малешко Г.В., Миронюк І.С., Слабкий Г.О., Брич В.В. (2019) Функціонально-організаційні моделі реабілітаційної допомоги особам, що перенесли мозковий інсульт на регіональному рівні. Україна. Здоров'я нації. №2 (55). С. 87 – 96.

the updated public health system is almost completed. In particular, the Ministry of Health of Ukraine formalized new specialties (professions) for health care workers: the professions of a physician, physical therapist, ergotherapist and assistants of physical therapist and ergotherapist<sup>16</sup> were introduced. The issue of the possibility of introducing the positions of the mentioned above specialists in the health care institutions of Ukraine by amending the relevant regulatory order of the Ministry of Health of Ukraine of October 28, 2002 No. 385<sup>17</sup> has been determined. Today, health care managers of all forms of ownership and of all levels of medical care can enter the positions of both FRM doctors, medical professionals (physical therapists, ergotherapists) and specialists (assistants of physical therapists and ergotherapists). Considering the peculiarities of the training of specialists in physical therapy issues, which have existed in Ukraine until recent years, the Ministry of Health of Ukraine issued a separate item in the order No. 668<sup>18</sup> of 25.03.2019, authorizing the employment of the positions of physical therapists, ergotherapists and their assistants, masters «Physical Rehabilitation» and the direction of preparation «Health of a person» in the field of knowledge» Physical Culture and Sports». This was an important decision, because specialty 227 «Physical therapy. Ergotherapy” in the field of knowledge 22. Healthcare formally appeared in Ukraine only in 2017 and, accordingly, the training of specialists in this new specialty in higher education institutions began only in September 2017. Based on the above mentioned facts, the first bachelors in the specialty «Physical therapy, Ergotherapy” will only serve as physical therapists and ergotherapists in the summer of 2021. The saturation of the labor market in the field of rehabilitation assistance for physical therapists, ergotherapists and doctors of the FRG has already begun (the period of study in the magistracy for medical professionals and for specialization for doctors does not exceed 1.5 years). But the first graduation of such specialists, of course, will not meet the needs of the labor market in this field.

It should also be mentioned that a full-fledged labor market for both future graduates of higher education institutions in these specialties and for already trained specialists in Ukraine has not been formed yet. It is true that rehabilitation and spa facilities provide remote stages of rehabilitation care

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<sup>16</sup> Про внесення змін до Довідника кваліфікаційних характеристик професій працівників. Випуск 78 «Охорона здоров'я»: наказ МОЗ України від 13.12.2018 № 2331. [Електронний ресурс] – Режим доступу: <https://zakon.rada.gov.ua/rada/show/v2331282-18>

<sup>17</sup> Про внесення змін до наказу Міністерства охорони здоров'я України від 28 жовтня 2002 року № 385: наказ МОЗ України від 25.03.2019 № 668. [Електронний ресурс] – Режим доступу: <https://zakon.rada.gov.ua/laws/show/z0417-19>

<sup>18</sup> Так само

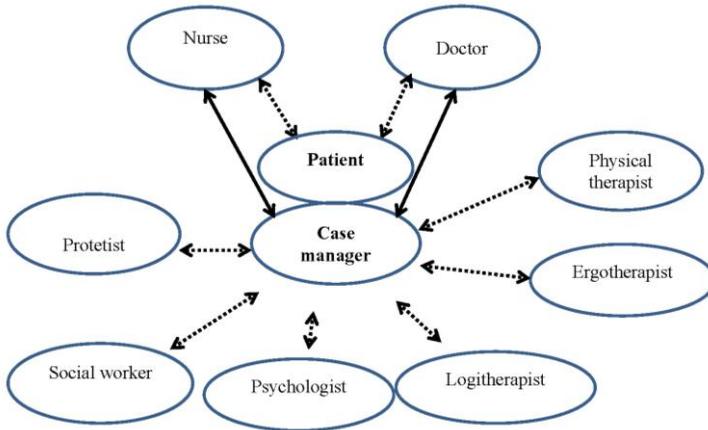
have gradually begun to enter the posts of appropriate specialists, on the other hand health care providers that provide emergency and planned medical care are in no hurry to do so. At present, the existence of a post of physical therapist or / and ergotherapist in public institutions (communal medical non-profit enterprises) of secondary (specialized) and tertiary (highly specialized) levels of providing medical care to the population is rather an exception than a rule. At the primary and territorial communities level, this phenomenon is not observed at all. The current situation is largely influenced by the process of rapid reform of the system of medical assistance to the population of Ukraine, which has directly affected secondary and tertiary level healthcare institutions. In the context of systemic changes, the heads of such institutions are in no hurry to make significant changes to staffing lists and directions of providing medical services to the population.

Special mention should be made of the provision of healthcare facilities and such potential members of multidisciplinary teams as psychologists, social workers and logotherapists. These professionals are representatives of other fields, and are those who rarely included in the staffing of healthcare institutions. There are cases when some types of positions of social workers and / or psychologists are involved into the staffing list of specialized healthcare institutions for full-time. These are usually drug dispensaries, phthisiatric care facilities, AIDS Centers and oncology hospitals (dispensaries). The specialty of “Logotherapist” in the field of knowledge 22 does not currently exist in health care system of Ukraine. It is also possible to involve rehabilitation teams of specialists of pedagogical profile – speech therapists in the work of multidisciplinary teams.

Considering current situation in the staffing of healthcare facilities by potential members of multidisciplinary rehabilitation teams, there is an urgent need to develop temporary organizational models of a multidisciplinary approach to rehabilitation care at a transitional stage. In each case, such an organizational model must be adapted to the available human and material resources of the healthcare facility.

Of course, today, some specialized rehabilitation centers of both state (communal) and private ownership have sufficient staff to form optimal multidisciplinary rehabilitation teams. If necessary, in some cases, they involve teamwork and external experts. Such a model of forming multidisciplinary rehabilitation teams is more probable and is implemented in large cities where the shortage of specialists in particular specialties is not critical. In the case of small towns and cities, multi-disciplinary healthcare institutions, the formation of the optimal team is difficult.

The organizational model of a multidisciplinary rehabilitation team for the transition stage of the establishment of a rehabilitation system at the level of a healthcare facility is shown in Figure 2.



**Fig. 2. Organizational model of a multidisciplinary rehabilitation team in transitional period**

<---> Direction of functional interaction  
 <==> Direction of information interaction

In transitional conditions, there is a need to introduce into the multidisciplinary rehabilitation team an additional structural element – a member of the multidisciplinary team, who provides coordination of the patient’s treatment – case manager. The key functions of the case manager are coordination and communication. In fact, the case manager directly interacts with the patient and members multidisciplinary teams that are staff members of the healthcare facility and permanent members of the multidisciplinary team. In the presented model the minimum possible composition of such a multidisciplinary team based on a single healthcare facility is shown: physician (if available – FRM physician), nurse and case manager. With the establishment of a health care facility in the state, staff members who may be involved in the work of a multidisciplinary rehabilitation team may be expanded to include a permanent staff member. Other necessary specialists are involved in team work according to the needs of the patient and as a the appointment of team leader (physician) case manager.

The functions of the case manager can be assigned to a full-time employee of a health care facility, and a member of the rehabilitation team – to a nurse. At the same time, external experts can be involved in performing these functions: representatives of non-governmental or charitable organizations, volunteers, members of the patient’s immediate environment. Considering that any multidisciplinary team is formed mostly due to the situation, it is important to understand that the formation of its composition should be based on the patient-centered principle mentioned above. It is the identified and documented needs of a particular patient in rehabilitation services that are basic to forming a multidisciplinary rehabilitation team and the stage of involvement of individual members in the work.

This approach is realistic for the vast majority of health care facilities in a shortage of human and material resources and is economically eviable. In its implementation, individual members of the multidisciplinary rehabilitation team are involved occasionally, if there is a justified need, or act as external consultants, enabling economical use of resources.

Assigning case manager as a permanent member of a multidisciplinary rehabilitation team to a full-time employee healthcare provider (nurse, social worker, or other) will give the facility manager significant benefits over the temporary performance of these functions by different facility employees. An employee who constantly performs the functions of case manager in multidisciplinary rehabilitation teams with time will obtain necessary experience and special knowledge, improve his skills and will be able to do additional functions, for example, to coordinate the stage of providing rehabilitation assistance in the conditions of a single medical area and rehabilitation.

## **CONCLUSION**

The rehabilitation assistance system in Ukraine is undergoing a complete systemic reboot and refinement phase to adapt to international standards. One of the basic approaches for providing rehabilitation care to patients is a multidisciplinary approach, which is functionally implemented by multidisciplinary rehabilitation teams of different specialists. The world experience of functioning of such multidisciplinary rehabilitation teams showed their effectiveness, worked out the optimal composition and forms of work organization. Implementation of the international experience of multidisciplinary rehabilitation teams in Ukraine at the current stage of the industry development is limited, in some powerful specialized rehabilitation centers in large cities. At the same time, in most areas of the country, health care institutions do not currently have the human or material resources to

implement optimal models of a multidisciplinary rehabilitation approach and to form teams. The suggested organizational model of a multidisciplinary rehabilitation team for the transition phase of establishing a rehabilitation system at the level of a health care facility can be implemented in almost any health care facility in Ukraine and adapted to the specific conditions of operation of this institution. Introduction of multidisciplinary rehabilitation functionally team of a new member of the team – case manager, will allow effective use of personnel, logistical and financial resources of the health care institution with providing the optimal level of rehabilitation care for the patients of the institution. This model can be easily adapted to changes in the staffing of both the healthcare facility itself and the changes in the market of medical and rehabilitation services within the territory of the institution. As the labor market recharges the health care system, the proposed transition model will evolve to the best accepted model.

### **SUMMARY**

The results of descriptive modeling of organizational and structural support for the functioning of rehabilitation assistance to the population of Ukraine on the basis of a multidisciplinary approach in the transition period are presented in the paper. An organizational model of a multidisciplinary rehabilitation team is suggested for the transitional stage of the establishment of a rehabilitation assistance system at the level of a health care institution, which can be implemented in almost any health care institution of Ukraine and adapted to the specific functioning of this institution. The subject of the study was the practical system of rehabilitation assistance in the country at the present stage of its development and the state of its readiness to work in new conditions. The innovation of introducing functionally into the multidisciplinary rehabilitation team of a new team member – case manager, will allow efficient use of personnel, material, technical and financial resources of the health care institution with providing the optimal level of rehabilitation care for patients of the institution. This model easily adapts to changes in the staffing of both the healthcare facility itself and the changes in the market of medical and rehabilitation services within the territory of the institution.

### **REFERENCES**

1. Pro derzhavni finansovi harantii medychnoho obsluhovuvannya naseleння [On State Financial Guarantees of Medical Services to the Population] (2018): Zakon Ukrainy [Law of Ukraine]. Retrieved from:

<https://zakon5.rada.gov.ua/laws/show/2168-19> [in Ukrainian] (accessed 10 November 2019)

2. Bohdan Moysa (2017) Propozytsii do polityky shchodo reabilitatsii osib z porushenniamy zdorovia. Policy paper. [Proposals for a policy on the rehabilitation of persons with disabilities. Policy paper] *Laboratoriya zakonodavchyykh initsiatyv*. Retrieved from: [http://parlament.org.ua/wp-content/uploads/2017/09/Propozicii\\_Politiki\\_reabilitacii\\_zdoroviya-1.pdf](http://parlament.org.ua/wp-content/uploads/2017/09/Propozicii_Politiki_reabilitacii_zdoroviya-1.pdf) [in Ukrainian] (accessed 10 November 2019)

3. Konventsiiia pro prava osib z invalidnistiu (Konventsiiia pro prava invalidiv) [Convention on the Rights of Persons with Disabilities (Convention on the Rights of the disabled)] (2010). Retrieved from: [https://zakon.rada.gov.ua/laws/show/995\\_g71](https://zakon.rada.gov.ua/laws/show/995_g71) [in Ukrainian] (accessed 10 November 2019)

4. Otsinka systemy reabilitatsii v Ukraini. Osnovni vysnovky [Assessment of the rehabilitation system in Ukraine. The main conclusions] (December 2015). *WHO evaluation mission*. Retrieved from: [https://physrehab.org.ua/wp-content/uploads/docs/Assessment%20of%20the%20Rehabilitation%20System%20in%20Ukraine.%20Summary%20rstr%20UKR.pdf\\_\\_](https://physrehab.org.ua/wp-content/uploads/docs/Assessment%20of%20the%20Rehabilitation%20System%20in%20Ukraine.%20Summary%20rstr%20UKR.pdf__) [in Ukrainian] (accessed 11 November 2019)

5. Pro reabilitatsiiu invalidiv v Ukraini [On Rehabilitation of Persons with Disabilities in Ukraine] (2006): Zakon Ukrainy [Law of Ukraine] Retrieved from: <http://zakon.rada.gov.ua/laws/show/2961-15> [in Ukrainian] (accessed 11 November 2019)

6. Pro poperedzhennia invalidnosti ta systemu reabilitatsii v Ukraini [On Disability Prevention and Rehabilitation System in Ukraine] ( 2016, April 15): Proekt Zakonu Ukrainy [Draft Law of Ukraine] No. 4458. Retrieved from: [http://search.ligazakon.ua/l\\_doc2.nsf/link1/JH3FU00A.html](http://search.ligazakon.ua/l_doc2.nsf/link1/JH3FU00A.html) [in Ukrainian] (accessed 11 November 2019)

7. Pro systemu reabilitatsii v Ukraini [On the Rehabilitation System in Ukraine]: Proekt Zakonu Ukrainy [Draft Law of Ukraine]. Retrieved from: <https://novynarnia.com/2017/10/02/zakon-ukrayini-pro-sistemu-reabilitatsiyi-v-ukrayini-proekt/> [in Ukrainian] (accessed 11 November 2019)

8. Driller L. Fostering the interdisciplinary team, fostering research in a society in transition. *Arch Phys Med Rehabil* 1990; 71: 275–278.

9. Finset A., Krogstad JM., Hansen H, et al. Team development and memory training in traumatic brain injury rehabilitation: to birds in a stone. *Brain Injury* 1995; 9: 495–507.

10. Osnovy zakonodavstva Ukrainy pro okhoronu zdorovia [Fundamentals of Ukrainian legislation on health care] (1993): Zakon Ukrainy [Law of Ukraine]. Retrieved from: <https://zakon.rada.gov.ua/laws/show/2801-12/ed20150101/find?text=%CC%E5%E4%E8%F7%ED%E0+%F0%E5%E0%E1%B3%EB%B3%F2%E0%F6%B3%FF> [in Ukrainian] (accessed 11 November 2019)

11. Reabilitatsiya. Osnovnyie faktyi [Rehabilitation. Basic facts]: *Globalnyiy veb-sayt VOZ*. Retrieved from: <https://www.who.int/ru/news-room/fact-sheets/detail/rehabilitation> [in Russian] (accessed 11 November 2019)

12. Pro vnesennia zmin do Dovidnyka kvalifikatsiinykh kharakterystyk profesii pratsivnykiv. Vypusk 78 «Okhorona zdorovia» 78 [Changes to the Handbook of qualification characteristics of professions of workers «Health care order»] (2018, December 13): nakaz Ministerstva okhorony zdorovia Ukrainy [order of the Ministry of Health of Ukraine] № 2331. Retrieved from: <https://zakon.rada.gov.ua/rada/show/v2331282-18> [in Ukrainian] (accessed 11 November 2019)

13. Hart J., T. Tomlinson (1970) The development of client-centered therapy. Boston: Houghton-Mifflin, pp. 3–22.

14. Demydenko T.D., Ermakova N.H. (2010) Osnovy reabilitatsii nevrologicheskikh bolnykh [Basics of Neurological Rehabilitation] Moscow: Folyant. ( in Russian)

15. Maleshko H.V., Myronyuk I.S., Slabkyy H.O., Brych V.V. (2019) Funktsional'no-orhanizatsiyni modeli reabilitatsiynoyi dopomohy osobam, shcho perenesly mozkovyy insul't na rehional'nomu rivni. [ Functional-organizational models of rehabilitation assistance to people who suffered a stroke at the regional level. ]. *Ukraine. The nation's health. Vol. 2, no. 55, pp. 87 – 96.*

16. Pro vnesennia zmin do Dovidnyka kvalifikatsiinykh kharakterystyk profesii pratsivnykiv. Vypusk 78 «Okhorona zdorovia» 78 [Changes to the Handbook of qualification characteristics of professions of workers «Health care order»] (2018, December 13): nakaz Ministerstva okhorony zdorovia Ukrainy [order of the Ministry of Health of Ukraine] № 2331. Retrieved

from: <https://zakon.rada.gov.ua/rada/show/v2331282-18> [in Ukrainian] (accessed 11 November 2019)

17. Pro vnesennia zmin do nakazu Ministerstva okhorony zdorovia Ukrainy vid 28 zhovtnia 2002 roku № 385 [On amendments to the order of the Ministry of Health of Ukraine № 385 ( 2002, October 28)] : nakaz Ministerstva okhorony zdorovia Ukrainy [order of the Ministry of Health of Ukraine] № 668. (2019, March 25). Retrieved from: <https://zakon.rada.gov.ua/laws/show/z0417-19> [in Ukrainian] (accessed 11 November 2019)

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