

A REPORT ON AN EMERGENCY  
PROGRAM FOR THE REHABILITATION  
OF DISABLED PEOPLE IN LEBANON

THE WORLD REHABILITATION FUND, INC.  
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### Acknowledgments

Special thanks are due the many people in the Ministry of Finance, the Ministry of Labor and Social Insurance, the Ministry of Education and the Ministry of Health of the Government of the Republic of Cyprus and to the many people in the various schools, institutions and organizations for the disabled in Cyprus - the Vocational Rehabilitation Centre for the Disabled, St. Barnabas School for the Blind, the Spinal Cord Injury Centre, the School for Deaf Children, the Productivity Centre and the Nicosia General Hospital - who helped the World Rehabilitation Fund plan and conduct its Rehabilitation Leadership Training Seminar for Lebanese rehabilitation workers from October 15 to 24, 1984. These persons gave generously of their time and talents and enriched the instructional sessions immeasurably through clinical rehabilitation demonstrations, thereby insuring that the visits to their respective facilities would be as meaningful as possible and result in enhancement of the rehabilitation programs in Lebanon. The World Rehabilitation Fund is especially grateful for the gracious hospitality accorded the seminar participants and faculty at special events and receptions, and wishes to thank the Ministry of Finance for the outstanding administrative support which Mr. Andreas Constantinou and his associates provided the seminar.

It would not have been possible to carry out the leadership seminar without the assistance of the AID staff in Beirut. They provided heroic services under the most difficult and trying circumstances and to them the World Rehabilitation Fund is deeply indebted.

Finally, a word to our fellow rehabilitation workers in Lebanon. Your attitude, your cooperation, your seminar presentations and your contributions to the seminar discussions were splendid. But most important of all was the spirit of fellowship which you brought to the seminar and which pervaded from beginning to end.

The Emergency Rehabilitation Project -  
Background, Description, Goals

On July 11, 1984 the Agency for International Development approved and funded an emergency program, to be conducted by the World Rehabilitation Fund, Inc., for strengthening and expanding the capabilities of Lebanese rehabilitation and rehabilitation related institutions to provide restorative services to the thousands of disabled people in Lebanon who are not now being served or who have not at any time received rehabilitation services.

Armed conflicts over the past decade have increased by the thousands the number of people in the disabled population. It is estimated that the number of amputations and spinal cord injuries alone since 1982 is in excess of 2,200.

Facilities which could be expected to provide rehabilitation services to these disabled people plus the five to ten percent of the population disabled by disease, congenital conditions and home, highway and other accidents have been severely damaged or destroyed along with their essential equipment and supplies. As a result these facilities have been forced to close or severely curtail service delivery. Moreover, with the constant unrest, conferences, training sessions, seminars and other activities essential to the maintenance and improvement of rehabilitation techniques and skills have not taken place so that professional updating in all rehabilitation and rehabilitation related disciplines is a critical need.

In addressing these needs, the World Rehabilitation Fund, Inc., proposed an emergency rehabilitation program with the four following facets:

1. The holding of a ten-day Leadership Training Seminar for thirty Lebanese rehabilitation specialists in medicine, prosthetics/orthotics, nursing, physical therapy and rehabilitation administration in such subject areas as Recent Developments in Rehabilitation Medicine, Translation of the Community-Based Rehabilitation Services Concept into an Operational Method, Recognition and Treatment of Emotional Problems Associated With Disability, Physical Therapy, Rehabilitation Technology Including Prosthetics and Orthotics, Vocational Evaluation, Training and Placement and the Training of Family Members in providing certain services.
2. The holding of a two-week training program in Orientation to Rehabilitation for twenty Lebanese community workers and training specialists from cooperating rehabilitation institutions. This training program will emphasize the types, causes, prevention and treatment of major disabilities, using demonstration workshops at the community level to familiarize the trainees with the proper application of rehabilitation techniques and the role of the family in the rehabilitation process. Visual, hearing, speech and learning disorders will be included in the discussions and demonstrations. Emphasis will also be placed upon teaching methods, since the

community workers will be involved in training families in the prevention, early detection and simple rehabilitation of the most prevalent disabilities and the social preparation of communities. The World Health Organization will have a major role in this training program.

3. The development, in collaboration with each participating institution, of a list of essential equipment and supplies that will enable the institution to expand immediately its scope of service, arranging for procurement, delivery and installation and, where necessary, training in the use and maintenance of the equipment.

4. The recruitment for Lebanon of two Lebanese prosthetist/orthotists trained by the World Rehabilitation Fund and currently employed in Saudi Arabia. The WRF would arrange at its expense for the return of these technicians to Lebanon and their employment at the American University Medical Center in Beirut. This would enable the AUB facility to expand immediately its prosthetic/orthotic program, with special emphasis on children.

In 1973 and in 1980 WRF and AID held prosthetic/orthotic training courses at the Al-Kafaat Rehabilitation Center. Twelve Lebanese completed these courses, but many left Lebanon, due to the continuous fighting, to work in Saudi Arabia and other Middle East countries. It is hoped that the return of the two prosthetists/orthotists under WRF sponsorship will establish a trend, as there is urgent need in Lebanon for all Lebanese nationals trained in this rehabilitation specialty, particularly in the areas outside Beirut.

Even though this Emergency Rehabilitation Project has been in operation only four months, substantial progress has been made, as described in the following pages of this report, toward the attainment of all four objectives. Indeed, two of the objectives have been fully achieved - the holding of the Leadership Training Seminar in Nicosia, Cyprus, October 15-24, 1984 and the recruitment of the two prosthetists/orthotists for the American University Medical Center.

## The Rehabilitation Leadership Training Seminar

The Leadership Training Seminar was held in Nicosia, Cyprus at the Ledra Hotel from October 15 to 24, 1984. Great interest was generated in Lebanon in this seminar, and, upon recommendation of AID Beirut, attendance was increased to thirty-three persons - three over the projected number - to insure representation of agencies serving disabled people in all confessional groups in all parts of the country. A listing of the participants by profession, agency and position is contained in the chapter which follows immediately. Simultaneous interpretation in English and French was provided for all sessions and the two interpreters accompanied the group on all site visits.

In recognition of the professional training, competence, experience and status of the seminar participants, the seminar was structured so as to insure maximum participation by the Lebanese specialists both in planning and execution.

Dr. Farjallah, Dr. Baroudi, Mrs. Georgiades, Mr. Swayri and Dr. Boustany presented papers respectively on "The Disabled Issues in Lebanon"; "Social and Rehabilitation Services in Lebanon"; "Vocational Rehabilitation of the Disabled"; and "The Psychological Consequences of a War on the Physically Handicapped". As an unexpected contributor, Mrs. Farjallah who is on the Board of the Eye Bank program in Lebanon and who joined the seminar as an observer during the last three days, presented a paper on the work of the Eye Bank in Lebanon, including the corneal transplant program and other measures to prevent blindness. Additionally, Dr. Farjallah, Mrs. Mansour, Dr. Aouad, Mrs. Georgiades and Dr. Baroudi had prominent roles in the seminar discussions pertaining to rehabilitation planning. Each formal presentation in the seminar was followed by a discussion period in which all of the participants took an active part. The broad spectrum of participants provided a range of viewpoints, approaches and experience, greatly enhancing the formal presentations, demonstrations and discussions.

As will be seen from the syllabus, this was a compact, tightly scheduled, multi-subject training course with special luncheon and evening meetings of different interest groups.

Mr. H. Hadjipanayiotou, Director General, Ministry of Finance of the Republic of Cyprus opened the seminar extending warm greetings from the government and people of Cyprus. Among other things, he spoke of the universality of disability, the communality of its devastating social and economic effects and the necessity for all nations and people of the world to exchange knowledge and experience on how best to improve rehabilitation practices and restore disabled people to useful, productive, independent living.

Space will not permit inclusion in this report of the presentations and discussions of each seminar session, nor is it possible from a cost standpoint to duplicate and include the slides,

the handouts, brochures, manuals and other materials distributed to the seminar participants. However, brief summaries of some of the sessions are given below, and sample treatment outlines are attached at the end of this report.

The sessions on rehabilitation medicine encompassed modern practices in the management and rehabilitation of individuals with various levels of spinal cord injuries including the role of the physician, nurse, physical therapist, occupational therapist, orthotist, vocational counselor, psychologist and family members. Other rehabilitation medicine sessions, conducted by Dr. Batra, included presentations on the surgical and medical aspects of amputations plus the role of the various specialists making up the rehabilitation team.

Dr. Goerdt followed up Dr. Batra's discussions on spinal cord injury with slides to illustrate the functional training of the quadriplegic patient and the exercises used to augment his/her functional activities. Slides were also used to show the adaptive equipment used by paraplegics and quadriplegics in activities of daily living. Similarly, Dr. Goerdt followed up on Dr. Batra's lectures on amputees by discussing post-operative and pre-prosthetic care; dynamic stump exercises and functional evaluation of lower limb prostheses.

Dr. Goerdt also discussed and used slides to demonstrate the various aspects of the rehabilitation program for patients with head injuries, many of whom are in Lebanon. Another physical therapy session was a demonstration, using a participant as a patient, of a scheme for the physical examination of patients with orthopedic or peripheral neurological conditions. Finally, a special session was arranged at the Cyprus General Hospital for ten physicians and therapists to observe the treatment of children with athetoid and spastic cerebral palsy.

Mr. Staros gave lectures and held discussions on prosthetics, orthotics and new developments in rehabilitation engineering. Covered were the principles of design as well as examples of designs of appliances ranging from modifications of footwear for orthopedic disabilities to modification of licensed vehicles for operation by severely handicapped people, including quadriplegics.

Artificial limbs of both the simplest and most complex designs were shown. The newest uses of recently developed thermoplastics for artificial limb sockets and braces were discussed in extra detail. Special aids for the severely handicapped to assist in mobility (wheelchairs), in communication (reading machines and voice synthesizers), and in achieving independence in daily living (environment control systems) were reviewed.

Special attention was given to technical nomenclature to enhance communication among the practitioners responsible for rehabilitation of the physically handicapped - physicians, surgeons, prosthetists, orthotists and therapists.

Methods of training the rehabilitation team were discussed and the need for continuing education for periodic upgrading in technology was considered in both the general and group meetings as well as in private discussions.

Dr. Helander's seminar sessions were held for two hours daily during the first week of the training course. The subjects covered included: the philosophy of rehabilitation, definition, scope of problem with particular reference to Lebanon; rehabilitation policies; the development and design of a national rehabilitation plan; calculating manpower needs and the requirements of manpower training; making annual and long-range budget estimates; community involvement in planning and administration, and reporting, monitoring and evaluation.

Dr. Botterbusch discussed the vocational rehabilitation process: case finding, initial screening, vocational evaluation; formulation of the individual rehabilitation plan; physical and mental restoration, counseling; skill training; work adjustment; job placement; follow-up; and program evaluation. Dr. Botterbusch teamed up with Mr. Shwayri, Director of Al Kafaat, to discuss vocational placement, both in the open competitive labor market and under sheltered conditions. He teamed up with Dr. Boustany of the Ministry of Health and Social Affairs and with Dr. Garrett to discuss the emotional problems associated with disability. And with Mr. Mahdessian of the Cyprus Productivity Center he discussed principles and practices of in-service training - a session in which Mrs. Monsour, Manpower Development Officer of the Ministry of Health and Social Affairs, had a major role.

The visits to the various rehabilitation facilities in Cyprus not only offered the seminar participants opportunity to observe first hand the rehabilitation methods employed but also opportunity to talk with staff and clients about the services provided and the efficacy of the services rendered. Of special interest was the manner in which blind children are being mainstreamed into the general education system and the vocational training of deaf young women as draftsmen, industrial designers and engineering assistants occupations typically reserved for men. Eight such graduates have already been placed with architectural and other firms, drawing comparable wages.

The Monday morning and Wednesday afternoon sessions on extending and improving rehabilitation services in Lebanon were handled almost exclusively by the Lebanese and proved to be among the most lively and productive of the sessions, involving practically all participants.

Rehabilitation needs and roadblocks to rehabilitation were identified, i.e., lack of accessible and affordable transportation; architectural barriers in public and private buildings; arbitrary physical requirements which serve as barriers to public employment of handicapped adults; legal exclusion of handicapped children from the public school system; absence of halfway houses to bridge the gap between institutional discharge and return to independent

community living; and lack of uniform standards governing provision of medical and rehabilitation services provided by the various health and rehabilitation facilities.

Some of the recommendations offered were: the review of all laws looking to the removal of any provisions which are arbitrarily exclusionary or otherwise work against handicapped people; the enactment of legislation to prohibit new construction, public or private, with architectural barriers; expansion of the rehabilitation community in Lebanon to include lawyers, law students, engineers and architects to assist in the foregoing activities; the establishment of minimum performance standards for facilities providing restorative and rehabilitation services, this to be done in cooperation with the facilities now providing such services.

Perhaps the greatest benefit coming from these sessions was the opportunity the facility (private sector) people had of meeting face to face with Dr. Farjallah and other government officials and to discuss their problems and plans. For many, this was the first such meeting. It was a two-way learning experience - the government people becoming better acquainted with the problems and aspirations of the private sector people and the facility people securing an understanding of the government's role, plans and limitations. Following the discussion, Dr. Farjallah voluntarily offered to organize appropriate committees upon return to Lebanon and to meet regularly with the facility people on planning and program matters.

At the closing session of the seminar, Mr. Hadjipanayiotou passed out the WRF Rehabilitation Fellowship Certificates and, with the warmth equal to that in his opening remarks, wished the seminar participants a safe return to Lebanon and success in their rehabilitation endeavors.

## FIRST WEEK

## WORLD REHABILITATION FUND TRAINING PROGRAM - SYLLABUS

Ledra Hotel, Nicosia, 15-24 October, 1984

Time	Sunday 10/14	Monday 10/15	Tuesday 10/16	Wednesday 10/17	Thursday 10/18
8:00		Welcome Address, Hon. H. Hadjipanayiotou, Director General, Ministry of Finance; Orientation/Administrative Matters/ Discussion of Seminar Format and Content/Adoption of Seminar Program Dr. Garrett, Mr. LaRocca and Seminar Participants	Rehabilitation Medicine Dr. N. Batra	Visit to Cyprus Vocational Rehabilitation Center for Disabled Adults of Working Age  Mr. Karagiorghiades, Director  Dr. Botterbusch	Treatment of Individuals with Spinal Cord Injuries Dr. N. Batra
10:00			Questions/Answers/ Discussion Dr. Batra, Dr. Garrett and Seminar Participants		
10:15		Lebanon's Rehabilitation Needs, Facilities, Resources and Programs Dr. A. Farjallah Dr. H. Baroudi Mrs. L. Georgiadis Mr. J. LaRocca Discussion: Seminar Participants	Vocational Rehabilitation Mr. N. Shwayri Dr. K. Botterbusch	Questions/Answers/ Discussion	Questions/Answers/ Discussion
12:15			Discussion: Seminar Participants		
12:15		Check Cashing by Bank	Group Photographs	Luncheon Meetings of Physicians, Physical Therapists, Nurses, Prosthetists and Administrators with Individual Faculty Members	Luncheon Meetings of Physicians, Physical Therapists, Nurses, Prosthetists and Administrators with Individual Faculty Members
1:30		Lunch	Lunch		
1:30		Community Based Rehabilitation Services Dr. E. Helander Dr. J. Garrett Discussion: Seminar Participants	Community Based Rehabilitation Services Dr. E. Helander Discussion: Seminar Participants	Community Based Rehabilitation Services Dr. E. Helander Discussion: Seminar Participants	Community Based Rehabilitation Services Dr. E. Helander Discussion: Seminar Participants
3:30					
3:45	Arrival Larnaca Airport; Customs Clearance; Bus Transportation to Nicosia Mr. Constantinou, Dr. Garrett, Mr. LaRocca	Prosthetics, Orthotics and Rehabilitation Technologies Mr. A. Staros  Discussion: Seminar Participants	Prosthetics, Orthotics and Rehabilitation Technologies Mr. A. Staros Discussion: Seminar Participants	Rehabilitation Planning for Lebanon Dr. Farjallah, Dr. Aouad, Dr. Baroudi, Mrs. Mansour, Mrs. Georgiades, Mr. LaRocca Discussion: Seminar Participants	Prosthetics, Orthotics and Rehabilitation Technologies Mr. A. Staros Discussion: Seminar Participants
5:45					
7:00	Registration, Issuance of Seminar Program, Checks and Seminar Materials Dinner	Reception for Seminar Participants. Host - Hon. H. Hadjipanayiotou, Ministry of Finance	Rehabilitation Equipment Needs. Center Directors, Ministry of Health Staff, Dr. J. Garrett and Mr. J. LaRocca	Reception for Seminar Participants and Faculty. Host: Ledra Hotel	Establishment of Criteria and Procedures for Selection of Trainees for December Training Program. Center Directors, Dr. Farjallah and Staff Ministry of Health, Dr. Garrett and Mr. LaRocca
9:00					

SECOND WEEK

WORLD REHABILITATION FUND TRAINING PROGRAM - SYLLABUS  
Ledra Hotel, Nicosia, 15-24 October, 1984

Time	Sunday 10/21	Monday 10/22	Tuesday 10/23	Wednesday 10/24
8:00	Free - Excursion to Limosol	Physical Therapy Dr. A. Goerdt	Treatment of Head Trauma Dr. A. Goerdt	The Eye Bank Program in Lebanon-Mrs. Farjallah Distribution, Completion and Submittal of Seminar Evaluation Forms - Mrs. Fathallah. Recognition of Seminar Participants. Mr. Staros, Dr. Botterbusch, Dr. Goerdt. Remarks: Dr. Farjallah and Dr. Baroudi. Awarding of WRF Seminar Certificates and Farewell Remarks - Honorable H. Hadjipanayiotou. Summary and close of Seminar - Mr. J. LaRocca 11:30 Hotel Checkout 12:00 Departure for Airport for Flight to Beirut
10:00		Visit to Cyprus Institute for the Deaf and Hearing Impaired; Education, Vocational Training and Employment of the Deaf. Mr. V. Meraklis, Director. Discussion: Seminar Participants	Visit to Cyprus Institute for the Blind and Visually Impaired: Education, Vocational Training and Employment of the Blind. Demonstration of Long Cane Travel Training of the Blind and use of various technologies. Mr. Theophylactou and Staff. Discussion: Seminar Participants	
10:15		Visit to Cyprus General Hospital to Observe Treatment of Spastic Children. Dr. Goerdt and PT Staff of General Hospital. Discussion: Seminar Physicians, Physical Therapist and Nurses		
12:15				
12:15 to 1:30		Lunch	Lunch	
1:30		Vocational Rehabilitation Dr. Botterbusch Discussion: Seminar Participants	Technologies for the Blind and Hearing Impaired: Cost, Practicability, etc. Mr. J. LaRocca Discussion: Conference Participants	
3:30				
3:45		Physical Therapy, Orthotics and Prosthetics Dr. A. Goerdt Mr. A. Staros	Vocational Rehabilitation Dr. Botterbusch	
5:45		Discussion: Conference Participants	Simultaneous Discussion Groups on: (1) Physical Therapy (Dr. A. Goerdt); (2) Prosthetics and Orthotics (Mr. A. Staros); and (3) Vocational Rehabilitation (Dr. K. Botterbusch)	
7:00		Dinner for Seminar Faculty - Host Seminar Participants		
9:00				

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Opening Session



### The Seminar Participants

Thirty-three Lebanese participated in the rehabilitation leadership training seminar, three more than the number anticipated in the project proposal. They represented a wide variety of rehabilitation disciplines and organizations, as shown in the below listing of participants.

Eight of the participants were physicians with specialties in rehabilitation medicine, pediatrics, orthopedics, orthopedic surgery, general surgery and psychiatry.

Ten of the participants were physical therapists, four were prosthetist/orthotists, four were nurses and seven were administrators of rehabilitation and rehabilitation-related programs. The administrators included individuals with backgrounds and professional training in law, social work, nursing, public health, social research and development, public administration, manpower, development and business administration.

Twenty of the participants were men (60%) and thirteen were women (40%).

The thirty-three participants represented the following sixteen organizations and agencies providing services to all confessional groups in all geographical areas in Lebanon.

Al Jabal - Social Affairs	Hotel Dieu
Al Kafaat Rehabilitation Center	Institut des Sciences Paramedicales
Al-Iman Hospital	International Red Cross
American University Medical Center	Lebanese Red Cross
Beit Chebab Rehabilitation Center	Ministry of Health and Social Affairs
Bebir Medical Center	Ouzai Rehabilitation Center
Cortbawi Rehabilitation Center	Sidon Orphanage Welfare Society
Harari Medical Center	Tripoli Rehabilitation Center

Originally it was believed that ten Lebanese institutions would cooperate in the rehabilitation training program, but as more institutions learned about the seminar, they requested to be included, some at their own expense. All who applied were accepted and participation expenses were borne by the project.

The Lebanese Sitting Handicapped Association, a consumer organization of handicapped people, sent formal greetings to the seminar and named Mr. Nabil Baroudi, one of the participants, their official representative.

In addition to the thirty-three Lebanese participants, ten rehabilitation specialists from several Cyprus rehabilitation agencies took part in selected portions of the seminar. For example, four physical therapists from the Nicosia General Hospital attended the seminar sessions on Head Trauma and two counselors from the Cyprus Vocational Rehabilitation Center attended the vocational rehabilitation sessions.

The Lebanese participants are listed on the pages that follow by name, organization, profession, and position.



Seminar Participants and Faculty

<u>Name</u>	<u>Organization</u>	<u>Profession</u>	<u>Position</u>
Aboudiwan, Yvonne (Fister)	Cortbawi Rehabilitation Center	P.T./Nurse	Instructor - Institute of Physical Therapy
Aitour, Ahmad Adnon (Mr.)	Ministry of Health Office of Social Development	Research and Social Planning	Chief, Urban Development Teams
Al-Shall, Nadira (Mrs.)	Berbir Medical Center	Rehabilitation Nurse	Patient Care
Aouad. Ramez (Dr.)	Cortbawi/Al Kafaat Rehabilitation Centers	Orthopedic Surgeon	Chief Medical Rehabilitation Officer
Atieh, Bassima (Miss)	Al Kafaat Rehabilitation Center	P.T.	Chief P.T.
Baroudi, Ali Hicham (Dr.)	Berbir/Ouzai Rehabilitation Centers	Specialist, Rehabilitation Medicine	Chief Medical Rehabilitation Officer
Baroudi, Nabil (Mr.)	Berbir/Ouzai Rehabilitation Centers	Prosthetist/Orthotist	Chief Prosthetist/Orthotist
Besson, Philippe (Mr.)	Sidon Orphanage/ Rehabilitation Center International Red Cross	Prosthetist/Orthotist	Prosthetist/Orthotist
Boustany, Antoine (Dr.)	Office of Social Development/Al Kafaat	Psychiatrist	Psychiatrist
Daher, Salim (Mr.)	Sidon Orphanage Rehabilitation Center	P.T.	Chief P.T.
El-Hage, Antoine (Dr.)	American University Medical Center	Specialist, Rehabilitation Medicine	Chairman, Department of Rehabilitation Medicine
Essayan, Aline (Miss)	American University Medical Center	P.T.	Chief Physical Therapist

<u>Name</u>	<u>Organization</u>	<u>Profession</u>	<u>Position</u>
Farjallah, Antoine (Dr.)	Ministry of Health and Social Affairs	Pediatrician	Chief, Hospitals and Rehabilitation Services
Fathallah, Jacqueline (Mrs.)	American University Medical Center	Nurse	Supervising Nurse
Georgiades, Leila (Mrs.)	Ministry of Health Office of Social Affairs	Social Worker	Chief, Department of Handicapped Care
Ghantous, Nouhad (Sister)	Hotel Dieu	Nurse	Supervisor of Nursing Care
Halimi, Mohamad (Mr.)	Tripoli Rehabilitation Center	P.T.	Chief Physical Therapist
Hekayem, Paula (Mrs.)	Jounieh Institute of Paramedical Science	Nurse	Director - Training of Paramedics
Kaddoura, Mustapha (Dr.)	Hariri Medical Center, Sidon	Specialist, Rehabilitation Medicine	Chairman, Department of Rehabilitation Medicine
Khaddaj, Sinan (Dr.)	Al-Iman Hospital, Shouf-Aley Region	Surgeon	Chief Medical Officer
Khalili, Hind (Miss)	Ouzai Rehabilitation Center	P.T.	Chief, P.T. Training
Khalios, Fotios (Mr.)	Cortbawi Rehabilitation Center	Prosthetist/Orthotist	Chief Prosthetist/Orthotist
Ksaifi, Najwa (Ms.)	Lebanese Red Cross	Nurse/Sociologist/ Public Health Specialist	Director, Red Cross Social Health Center
Mansour, Amal (Mrs.)	Ministry of Health	Nurse/Educator	Director, Manpower Training and Development

<u>Name</u>	<u>Organization</u>	<u>Profession</u>	<u>Position</u>
Mehtar, Khaled (Mr.)	Social Affairs - Al-Jabal	Administrator	Social Affairs Coordinator - Aley Region
Minkara, Fouad (Dr.)	Tripoli Rehabilitation Center	Specialist, Rehabilitation Medicine	Director of Rehabilitation
Moussalem, Samir (Mr.)	Beit Chebab Rehabilitation Center	P.T.	Chief Physical Therapist
Raad, Raafat (Mr.)	Tripoli Rehabilitation Center	Administrator	Director, Tripoli Rehabilitation Center
Saadeh, Amal (Miss)	Medical Rehabilitation Center - Ouzai	P.T.	Chief Physical Therapist
Saeed, Iman (Miss)	Hariri Medical Center, Sidon	P.T.	Chief Physical Therapist
Saoud, Mahmoud (Mr.)	Berbar Medical Center	P.T.	Chief Physical Therapist
Shwayri, Nadim (Mr.)	Al Kafaat Rehabilitation Center	Administrator	Director, Al Kafaat
Tannoury, Charbel (Mr.)	Beit Chebab Rehabilitation Center	Prosthetist/ Orthotist	Chief Prosthetist/ Orthotist

Faculty for the Seminar

The Seminar faculty consisted of the following:

James F. Garrett, Ph.D. Dr. Garrett, Executive Vice President of the World Rehabilitation Fund, has had a long and distinguished career in the field of rehabilitation. He graduated from Fordham College and received a master's degree from Fordham University and a doctorate from New York University in Clinical Psychology. He currently is appointed Clinical Professor of Rehabilitation Medicine at the NYU Medical Center. His appointments have included Educational Director at the Institute for Crippled and Disabled, responsibility for the rehabilitation of the severely disabled in the Veterans Administration, work with Dr. Howard A. Rusk in establishing the Institute of Rehabilitation Medicine, and thirty years in government responsible for the technical aspects of rehabilitation, including research, training, evaluation and international.

Dr. Garrett visited Cyprus in May, 1984 and arranged with the Government of Cyprus and the rehabilitation facilities for the holding of the Leadership Training Seminar and the Orientation to Rehabilitation Training Program in Nicosia October 15-24 and December 3-14, 1984, respectively. Dr. Garrett chaired the first week of the Leadership Seminar.

Joseph M. LaRocca Mr. LaRocca, Rehabilitation Consultant, is a graduate of Cornell University and did his graduate work in Public Administration at Case-Western Reserve University. He served as Administrator, Rehabilitation Research and Training Center, School of Medicine, George Washington University, Washington, D.C., and on the staff of the Child Development Center, Georgetown University. He has been a consultant to the WRF, The Urban Institute, Columbia University School of Social Work, and the International Rescue Committee (Bangladesh).

Mr. LaRocca has held responsible positions in rehabilitation with the U.S. Government and with numerous private agencies and organizations. The last 25 years of his career have been spent in the field of international rehabilitation work. Mr. LaRocca chaired the second week of the Leadership Seminar.

Narendra M. Batra, M.D. Dr. Batra, an Orthopedic Surgeon, received his B.S. from the Christian College, Lucknow, India, his medical degree from the Medical College, Kampur, India, and his Master of Surgery Degree from the Government Medical College, Patiala, India.

Dr. Batra served as Assistant Professor and later Associate Professor with Dayanand Medical College for three years. From December 1982 to present, he has served with the Department of Rehabilitation Medicine, Bellevue Hospital, New York City.

Ann Goerd, Ph.D. Dr. Goerd received her B.S. in Physical Therapy from St. Louis University, her Masters in Educational Anthropology from New York University, and her Doctorate in International Community Health Education from New York University.

Dr. Goerd was employed as Physical Therapist, Rehabilitation Institute of Chicago and Institute of Rehabilitation Medicine, New York; Supervisor, Clinical Education, Physical Therapy Department, Goldwater Memorial Hospital, New York; Faculty Member, Physical Therapy Department, New York University; and, during the last three years, as Health Consultant to voluntary agencies and private clients. Dr. Goerd has had international experience in research and health education.

Anthony Staros Mr. Staros received his education at Massachusetts Institute of Technology, Cornell University, Stanford University, and Hoffstra University, earning his BSME and MSME.

Mr. Staros has been employed as Research Engineer for Franklin Institute Laboratories, Philadelphia; for more than thirty years he worked for the U.S. Veterans Administration, as Chief and later Director of the Prosthetics Center, and Director of the Rehabilitation Engineering Center. Since 1981, Mr. Staros has been working as a private consultant and as founder and owner of an Engineering Design Company.

Karl F. Botterbusch, Ph.D. Dr. Botterbusch is Senior Development Specialist, Stout Vocational Rehabilitation Institute, and Associate Professor, University of Wisconsin, Menomonie, Wisconsin. Dr. Botterbusch received his A.B. degree from Elizabeth Town College, Elizabeth, Pennsylvania, his M.A. in Social Psychology from the University of Pittsburgh and his Ph.D. degree from George Washington University, Washington, D.C. in 1974. In addition to his teaching responsibilities, he is responsible for developing instructional materials on vocational analysis, rehabilitation assessment, vocational training and vocational placement of disabled people.

Einar Helander, M.D. Dr. Helander is the Rehabilitation Medical Officer, World Health Organization, Geneva, Switzerland. His duties include the development of nationwide programs for disability prevention and rehabilitation, particularly community-based rehabilitation programs. Dr. Helander won the Henry A. Kessler Award for distinguished work in rehabilitation, which was presented at the Sixteenth World Congress of Rehabilitation International, Lisbon, Portugal, 1984.

## Evaluation of the Seminar

At the conclusion of the Seminar, the participants were asked to submit a written evaluation of the Seminar indicating the degree to which the Seminar was responsive to their needs, whether the Seminar format was satisfactory, the degree to which the presentations and discussions in the various subject areas (such as Rehabilitation Medicine, Physical Therapy, Prosthetics/Orthotics, Rehabilitation Planning) would enhance their rehabilitation practice. They were also asked to indicate whether the Seminar offered ample opportunity for personal participation and to indicate any other advantages or opportunities the Seminar offered. Finally, they were asked to offer their observations on accommodations, translation, audio-visual aids, transportation, and to submit any general comments they wished to make.

Twenty-nine of the thirty-three evaluation reports were returned. Approximately half of those responding were physicians and administrators, all of whom gave the Seminar high marks. Three of the doctors found the Seminar "very responsive" to their needs and four found it "somewhat responsive." Six indicated that the format was "very satisfactory" and only one indicated it to be "somewhat satisfactory." Four of the administrators found the seminar "very responsive" to their needs and three indicated it was "somewhat responsive." Five of the administrators found the format "very satisfactory;" two, "somewhat satisfactory."

The other half of the respondents were Physical Therapists, Prosthetists, and Nurses. Five of this group rated the Seminar as "very responsive" to their needs, and eight gave a rating of "somewhat responsive." Five gave the format of the seminar a "very satisfactory" rating; five, "somewhat satisfactory."

In their comments, some participants expressed a wish for more specialized sessions in his/her field. The presentations not only contributed to professional performance but as one person explained, the seminar gave "the opportunity to expand the horizon of our scientific knowledge." All of the courses were meaningful to a large number. The four most frequently cited were Rehabilitation Planning, Vocational Aspects of Rehabilitation, Rehabilitation Administration, and Prosthetics/Orthotics.

The opportunity for personal participation in the seminar was rated very high - although one participant stated "I would like to see more group dynamics/discussions during the lecture."

Some of the comments recommending changes were, "More demonstrations, more serious grouping people with common interests in the field, less intensive schedule (only slightly)", "I think that 10 days is a little long period, except if the seminar has a training aim. I would have preferred to hold some sessions during this seminar especially for the MD participants." "If possible hold more frequent seminars, but shorter ones, and concentrate on one Rehabilitation discipline." "I wish time to be a tourist,

½ hour of rest after lunch, many more audio-visual presentations, fewer work hours per day."

There was general consensus and enthusiastic response from almost all of the participants regarding the advantages and opportunities which the Seminar offered.

A nurse observed that "The seminar offered opportunities to learn techniques in the area of rehabilitation of the disabled. I would like to attend periodically other seminars to acquire additional rehabilitation knowledge."

A second nurse stated, "It gave us an opportunity to know WRF as an organization. To meet experts and learn from their experiences. To meet each other and discuss our problems related to disabled in Lebanon. To know about the other professions."

A physician stated, "I learned a lot about rehabilitation planning, the team. I hope I will be more useful now."

According to a physical therapist, "It brought together all practitioners of all fields of Rehabilitation in Lebanon. Increased personal and professional contact with U.S. specialists."

Another doctor said, "The seminar offered an occasion to the Lebanese to meet each other, to communicate about their problems concerning rehabilitation and to have a serious contact with the representatives of official institutions (Ministry of Health, local development office - CICR)."

A prosthetist stated, "The seminar offered opportunity to organize and work together in Lebanon and for me to learn American techniques for fabricating prostheses."

An administrator observed "That we all met, discussed, learned and shared ideas. The community-based (system) is very needed and (would be) helpful to our situation in Lebanon."

A physical therapist stated, "Meeting and talking to people from various rehabilitation centers and international groups. The opportunity to talk to government people. Thanks to WRF and the Government of Cyprus and the Centers we visited. For myself, I shall work especially for the establishment of a Center for the Blind, particularly since there aren't any in South Lebanon."

Another participant described the advantages as "The getting together of participants, the opportunity to meet persons who work for the good of mankind."

A facility worker said, "The Rehabilitation Centers have an incentive to pursue collaboration among themselves and with government ministers to set performance standards and norms."

It is evident that, in addition to indicating the great contribution that the course made to their professional upgrading,

an overwhelming number of the participants felt that the seminar had a unifying effect. One person stated, "The seminar was a fine opportunity to establish inter-professional relationships - which we were not able to do in Lebanon." Another expression was, "Thanks to WRF for the reunion in Cyprus of Lebanese separated by the war."

Finally, one participant who is an administrator stated, "The seminar did a lot in (1) Realizing 'civic and national' rehabilitation in getting people from different affiliations to meet together and establish a dialogue, (2) Stressing and pointing out the inter-dependence of the different disciplines in rehabilitation, (3) Committed the public bodies to more participation, (4) Stressed the role of 'Community Resources' in the process of rehabilitation." He concludes by saying, "I would like the WRF, with the high leverage and respectability of its pillars in Lebanon, to act like a catalyst to help bring together the different PARTNERS in Rehabilitation, to draw a national well-integrated, balanced policy of rehabilitation and set up a plan to implement it."

In terms of physical facilities, there was almost unanimous agreement that the hotel accommodations and transportation were very satisfactory. Most found the audio-visual aids and the seminar room good. Two-thirds found the interpreter services and meals only "somewhat satisfactory."

As indicated in the above comments, the seminar not only contributed to professional upgrading, but also had a unifying effect among the participants. This unification was further advanced and heightened by the social activities which took place at dinner at the various tavernas in Nicosia. The participants elected a "social secretary" who arranged the evening events and all of the participants, attending as one group, spent their free evenings dining and dancing.

## Press, Television and Radio Coverage of the Seminar

There was a great deal of press, television and radio coverage of the Leadership Training Seminar. The two English newspapers, the Cyprus Mail and the Cyprus Weekly and the two Greek newspapers covered the opening sessions of the Seminar. A clipping from the Cyprus Mail is attached. Midway through the Seminar, an AP reporter, Joseph Panossian, interviewed Dr. Garrett, Joseph LaRocca, Dr. Baroudi and Dr. Farjallah about the Seminar and the disability problem in Lebanon. He filed his story in Cyprus, Beirut, Egypt and other Middle East countries. His article is also attached.

Radio coverage of the conference was broadcast on two occasions as a part of the evening news program.

Television Cyprus interviewed and taped Dr. James Garrett on the work of the World Rehabilitation Fund and on the Seminar. This was followed up by coverage of the participants' visits to the Spinal Cord Injury Center, the Vocational Center, and the Institutes for the Blind and the Deaf. Broadcast of the tape took place Thursday evening, October 25, 1984. A copy of the tape was given to Dr. Farjallah by Television Cyprus for broadcast in Beirut.

THE CYPRUS WEEKLY



Seminar delegates during a visit to the Nicosia paraplegics centre

# War breaks barriers

By Joseph Panossian

Forty five Lebanese doctors and other medical staff overcame the barriers dividing their war-ravaged country and gathered in Nicosia this week to discuss ways of tackling the problems facing tens of thousands of disabled Lebanese.

The special seminar, sponsored by the World Rehabilitation Fund (WRF) is regarded as an important first step for the pooling of private and government efforts to tackle this problem in Lebanon.

This was the view expressed to the Cyprus Weekly by two Lebanese doctors, and representatives of the WRF which organised the seminar, in cooperation with the Cyprus Ministries of Finance, Health, Labour and Social Insurance and Education.

### Forms

The seminar opened at the Ledra Hotel in Nicosia, on Monday and by the time it winds up its sessions next Wednesday the participants will have familiarised themselves with new ideas on facing technical and administrative problems of disability. In Lebanon these take an added dimension because of the vagaries of the war, according to Dr James Garret, executive vice president of the fund.

Dr Garrett and fund coordinator Joseph LaRocca estimate that disability in its various physical, mental and psychological forms strikes 10 per cent of the population, affecting 25 per cent of the families, in some countries of the world.

In Lebanon, the fighting of the past nine years has made disabilities more acute and the problems more complex though the overall rate may be lower than elsewhere.

The New York-based fund's assistance (despite the connotation of its name), is basically advisory and not financial. It is briefing the Lebanese participants on modern methods of treatment and rehabilitation based on experience gained by other countries facing similar problems.

### Priority

The seminar is discussing a paper submitted by Dr Hisham Al-Baroudi, who is an adviser of the Lebanese Committee for the Disabled, analysing the problem of the disabled in Lebanon. Baroudi estimates the numbers of Lebanese disabled as more than 40,000. Out of this number 6,000 have been incapacitated by the war, half of them severely.

Dr Antoine Farajallah, head of the Medical Care Department of the Lebanese Health Ministry, said the Lebanese government is giving priority to co-ordinating government and private efforts in providing the best services to the Lebanese disabled.

In this context, the Lebanese government is drafting a rehabilitation plan and a priority list to be sent to other countries through their embassies in Beirut.

"We are not going to ask for financial assistance. We need help in training and expertise to enable us to solve our problems" Dr Farajallah said.

CYPRUS MAIL, TUESDAY OCT

A seminar for the rehabilitation of disabled people of Lebanon with the participation of 45 Lebanese doctors and other medical staff started yesterday at the Ledra Hotel in Nicosia.

The seminar which will last until October 24, is organised by the World Rehabilitation Fund in cooperation with the Cyprus Ministries of Finance, Health, Labour and Social Insurance and Education.

It was opened by the Director General of the Ministry of Finance, Mr. Charalambos Hadjipanayiotou who underlined the importance of organising this seminar in Cyprus.

In an address, the Vice-President of the World Rehabilitation Fund, Dr. James Garret, from the United States, thanked the government of Cyprus for hosting the seminar and said the seminar would help towards a better rehabilitation of the wounded people of the Lebanese war.

During their stay in Cyprus, the participants will visit the Vocational Rehabilitation Centre, the Spinal Injury Centre, the School for the Blind and the School for the Deaf in order to be aware of the methods used in Cyprus for the rehabilitation of the Cypriot disabled people.

## Equipment and Supply Needs of the Cooperating Rehabilitation Facilities in Lebanon

An essential part of the Emergency Rehabilitation Project is the provision of critically needed equipment and supplies to the cooperating agencies. In some cases this equipment is needed to replace equipment destroyed or damaged in the various armed conflicts. In other cases the equipment will enable the facility to serve more disabled people and/or upgrade the quality of services.

Considerable progress has been made in this program area of the project. Al Kafaat has already received its new vocational training equipment at a cost of \$40,000. and has increased the number of its disabled vocational trainees from forty to one hundred. This vocational training is being provided in prefabricated structures which have replaced the buildings recently destroyed in the fighting. Al Kafaat anticipates a high employment placement rate of the new trainees, as it is receiving good cooperation from prospective employers.

Practically all cooperating agencies have completed and submitted their equipment requests, this being done, for the most part, during the Leadership Training Seminar. These lists are now being analyzed by WRF. It is evident, even before completion of the analysis, that the cost of the required equipment will far exceed the \$200,000. allocated in the project for equipment.

There are several reasons for this. One, the number of cooperating rehabilitation institutions has grown from five, when the project was originally submitted to AID, to seventeen, as of the present date. An example of a contributing factor to this growth in numbers is the work of Dr. Sinan Khaddaj, who attended the leadership seminar at the request of AID Beirut and who offered to do so at his own expense. Dr. Khaddaj is Chief of the Surgical Department at Al Iman Hospital, Al Jabal Hospital and Al Watani Hospital, all of which are located in the Aley region of Mount Lebanon which has been severely affected by recent hostilities. Dr. Khaddaj is also a member of a newly-founded Society for Handicapped Care in the Mountain. He wishes, of course, to have the facilities which he represents provide restorative and rehabilitation services as well as acute medical services. This is just the kind of rehabilitation expansion that is desirable, especially since it would take place in a remote area and outside Beirut where there tends to be a concentration of services.

Another contributing factor to the increase in the number of cooperating agencies is the activity of the Hariri Medical Center and the Sidon Orphanage Welfare Society which plan jointly to expand rehabilitation services in South Lebanon, an area where such expansion is urgently needed.

Finally, there is need for special equipment at several centers to bring thermoplastics into use in Lebanon in the fabrication of

artificial limbs and braces. Details on this need will be submitted to AID as will WRF recommendations on total equipment needs.

Recruitment and Assignment of Prosthetist/Orthotists  
to the American University Medical Center

The fourth aspect of the Emergency Rehabilitation Project has been completed. The two technicians, Mr. Emile Moussa and Mr. Majed Moussa, who were trained under the WRF-AID prosthetic/orthotic technician training program in 1980 and who have been working in Saudi Arabia, will return to Lebanon and start work at AUB Medical Center Prosthetic/Orthotic facility on January 1, 1985. Under the terms of the contract, WRF, Inc. will pay each a salary of \$20,000. per year for assignment for one year to AUB Beirut. These salaries will be paid from WRF, Inc. funds.

## Planning the "Orientation to Rehabilitation" Training Program for Community Rehabilitation Workers and Trainers

At the Leadership Training Seminar, criteria and methods were established for the selection of rehabilitation workers to be nominated to attend the December 5-16th Orientation to Rehabilitation Training Program for Community Rehabilitation Workers and Trainers.

Among other things, nominations are to be made by the Ministry of Health and Social Affairs in cooperation with the community agencies involved and the rehabilitation institutions responsible for supplying the trainers. There is to be geographical representation from all parts of the country and representation from agencies reaching all confessional groups of disabled people. All nominees will have had some work experience with disabled people in a health, welfare, educational, rehabilitation or other related capacity. All will be able to speak English or French and interpretation will be in these languages.

The names of the twenty-five nominees were to be submitted by the Ministry of Health by the end of the first week in November. Thirty persons were nominated to attend the December training sessions - a definite indication of need.

Since emphasis in the training program will be upon the role of the community and family in rehabilitation, much of the training will be done in Dhali, a community of 5,000 people (1,300 families) 25-35 miles from Nicosia. The public health officer for Dhali has identified the families with disabled family members who will be visited and otherwise take part in the training program. The World Health Organization representative will have major responsibility for this part of the training program.

Joseph LaRocca met with Dr. Komodikis, Director of Community Health Services in the Ministry of Health and with Dr. Andri Dieti, Director of the Dhali Health Center (the latter meeting in Dhali), to review plans for the Training Program and to invite both to participate in the afternoon lecture/discussion sessions on rehabilitation medicine which will be conducted by Dr. Jack Sokolow of the World Rehabilitation Fund, New York University Institute of Rehabilitation Medicine and Bellevue Hospital, New York. These sessions will be held in the Ledra Hotel, Nicosia. Cypriot experts in the rehabilitation of the blind, deaf and individuals with learning disorders have been asked to participate in the afternoon lectures/discussion in these subject areas.

### Professional Training in Lebanon

During the seminar, many references were made to the need for upgrading the basic professional training of rehabilitation workers in Lebanon (not to be confused with post-entry training). Specific to this area was a luncheon meeting between Dr. Garrett, Dr. Ramez Aouad of Cortbawi and Dr. Antoine El-Hage of AUB. Currently, all physical therapists in Lebanon are trained at Cortbawi but that program, while meeting government standards, does not have international recognition. Discussions are now going on between Drs. Aouad and El-Hage related not only to the improvements needed for international acceptance but also to the possibility of a degree program. In these discussions WRF served the role of facilitator.

It is important to solve the physical therapy problem soon because institutions other than AUB may soon enter the arena, only complicating an otherwise sticky situation. Moreover, the issue is becoming more complex since the seminar discussions extended the professional training question to other rehabilitation disciplines, i.e., occupational therapy, speech and learning therapy, prosthetics/orthotics, and rehabilitation counseling.

## Recommendations

1. Additional short-term training courses should be provided.

Seminar evaluations pointed to the need for "Grouping people with common interests" and "concentrating on one rehabilitation discipline" for shorter periods of time that "expand the horizon of our scientific knowledge." It is therefore recommended that AID provide funds to the WRF for a series of five (5) day seminars on Recent Developments in Rehabilitation to upgrade the skill of Lebanese:

- physicians (public and private)
- physical therapists
- nurses
- prosthetists/orthotists

These courses would be held on Cyprus six (6) hours per day, utilizing local resources/staff as well as U.S. and other experts in the field of rehabilitation.

2. Additional funds are needed to provide necessary supplies and equipment.

The WRF has already provided equipment to one facility which commits \$40,000. of the \$200,000. in the current project. The list of needs, which seminar and other participants have provided to the WRF and which preliminary analysis indicates are justified, not only exceeds funds in the budget but also the equipment/renovation item in our project submission of two years ago (\$1,000,000.). Moreover, the submissions we have on hand do not take into consideration what the trainees learned during the seminar on thermoplastics - said supplies/equipment would be in excess of \$10,000. per center geographically distributed. Many centers have space and only lack equipment in order to provide service (e.g., Holy Cross Hospital). Limited funds for renovation would greatly enhance service extension (e.g., Al Kafaat).

3. Technical assistance should be given regarding basic professional training in rehabilitation-related disciplines.

Lebanon will continue to have personnel problems unless it can bring its service delivery up to international standards. Consultation should begin in the area of physical therapy and expand sequentially to prosthetics/orthotics, occupational therapy, speech and hearing therapy, and rehabilitation counseling. It is recognized that this is a longer term process but the time is ripe to make a beginning in physical therapy.

4. Assistance should be provided in the development of standards and guidelines for rehabilitation services, especially in the use of rehabilitation facilities.

An evaluation of the seminar pointed to one of the hoped-for outcomes when it said, "I would like the WRF...to act like a catalyst to help bring together the different partners in rehabilitation, to

draw a national well-integrated, balanced policy of rehabilitation and set up a plan to implement it". This was seen to involve "serious contact with the representatives of official institutions (Ministry of Health, local development office - CICR)". It is the opinion of those who participated that the Ministry is interested in being responsive and sees standards/guidelines as a necessary ingredient in such a plan. One will note that Dr. Antoine Farjallah of the Ministry, in his press interview reported in The Cyprus Weekly, indicates that his government "is giving priority to coordinating government and private efforts in providing the best services to the Lebanese disabled". The WRF has already made proposals to AID in this area. In addition, it is proposed that efforts in this aspect of programming could be enhanced by the conduct of several five (5) day seminars on Orientation to Rehabilitation with emphasis on Standards and Guidelines for such persons as Ministry of Health personnel, hospital administrators, rehabilitation assistants, board members, disabled individuals/family members, and legislators.

5. Provision should be made for rehabilitation reference manuals and technical books.

Many rehabilitation facilities have lost their reference materials during the conflict, thus affecting the quality of consumer care. In addition, many organizations new to rehabilitation are developing strong interests and concerns for the disabled due to the training efforts by the WRF. It is necessary that the new-found ability to serve the disabled be supported through small, specialized libraries of technical materials which, though relatively inexpensive, tend to reinforce what staff has learned.

6. The potential for a regional program/plan for rehabilitation has been demonstrated.

The use of Cyprus as a "neutral" training site and the interest of the Cypriots in providing the support base for such a program, along with WRF knowledge of rehabilitation services and needs in the region, indicates the feasibility of AID supporting a regional center for rehabilitation training, research and technical assistance. Not only is the key WRF staff knowledgeable about Cyprus and Lebanon - it has played a pivotal role in the development of rehabilitation programs in Israel, Egypt, Tunisia and Morocco under the PL480 program, in the development of prosthetics/orthotics in all the Middle East in the WRF P/O programs, and in consultation in Jordan. It would be possible, due to preliminary work already done in Cyprus, to utilize Cyprus as a neutral site for certain short-term training and technical assistance. It would also be possible to use the staff and facilities of New York University, including the Rusk Institute of Rehabilitation Medicine, for longer term training in New York, especially in such areas as spinal cord injury, head trauma, electromyography and the like. One might wish to consider the development of a Center for International Rehabilitation at New York University which could give priority to Middle-East concerns. Conjoint efforts between Israel, Egypt, Cyprus, Lebanon, Jordan and other countries in the area could be developed readily based upon WRF knowledge and entree.

APPENDIX

Examples of Training Outlines  
and Handouts

## DYNAMIC STUMP EXERCISES FOR THE LOWER EXTREMITY

These exercises incorporate the combinations of hip and pelvic movements which the patient with a lower extremity amputation will have to perform in order to control the movement and maintain the stability of a prosthesis. In addition, the exercises strengthen muscles and maintain joint range in the amputated limb.

### Hip extension with anterior pelvic tilt

Supine with the stump on a stool or bolster

Sitting with a towel roll under the stump

Sitting and "hopping"

### Hip adduction and internal rotation with lateral pelvic tilt

Side-lying on opposite side with stump on a stool or bolster

### Adduction and internal rotation of extended hip

Supine - A towel is used by the therapist to resist movement or to have patient hold the hip in extension, adduction and internal rotation.

### Hip abduction with pelvic elevation laterally

Side-lying on amputated side with stump on a stool or bolster

### Hip musculature used to maintain sitting balance

This can be done by therapist pushing patient off balance or by patient moving about on the mat. (Patient may be involved in a game throwing and catching a ball.)

All of the above exercises are done by individuals with Above-Knee amputations.

A patient with a Below-Knee amputation cannot do extension over a towel or the "hopping" exercise.

An exercise to add to the program for a Below-Knee amputee is balancing on knees.

Criteria for Evaluation of a  
Below-knee Prosthesis

- \_\_\_\_\_ 1. Is the prosthesis as prescribed? If a recheck, have previous recommendations been accomplished?
- \_\_\_\_\_ 2. Can the patient don the prosthesis easily?

Check with the Patient Standing

- \_\_\_\_\_ 3. Is the patient comfortable while standing with the midlines of the heels not more than 6 inches apart?
- \_\_\_\_\_ 4. Is the anteroposterior alignment of the prosthesis satisfactory? (The patient should not feel that his knee is unstable nor should he feel that his knee is being forced backwards.)
- \_\_\_\_\_ 5. Is the mediolateral alignment satisfactory? (The shoe should be flat on the floor and there should be no uncomfortable pressure at the lateral or medial brim of the socket.)
- \_\_\_\_\_ 6. Is the prosthesis the correct length?
- \_\_\_\_\_ 7. Is piston action minimal when the patient raises the prosthesis?
- \_\_\_\_\_ 8. Are the anterior, medial, and lateral walls of adequate height?
- \_\_\_\_\_ 9. Do the medial and lateral walls contact the epicondyles, and with the patellar tendon-bearing variants, the areas immediately above?

Thigh Corset

- \_\_\_\_\_ 10. Do the uprights conform to the flares above the epicondyles?
- \_\_\_\_\_ 11. Are knee joints close to the epicondyles? (about 1/8 to 1/4 inch)
- \_\_\_\_\_ 12. Does the thigh corset fit properly, with adequate provision for adjusting corset tension?
- \_\_\_\_\_ 13. Do the length and construction of the thigh corset appear to be appropriate for its intended function of weight-bearing or stabilization?

Check with the Patient Sitting

- \_\_\_\_\_ 14. Can the patient sit comfortably with minimal bunching of soft tissues in the popliteal region, when the knees are flexed to 90 degrees?

Check with the Patient Walking

- \_\_\_\_\_ 15. Is the patient's performance in level walking satisfactory?  
Indicate below the gait deviations that require attention.
- \_\_\_\_\_ 16. Is piston action between the stump and socket minimal?
- \_\_\_\_\_ 17. Does the patient go up and down inclines and stairs satisfactorily?
- \_\_\_\_\_ 18. Are the socket and suspension system comfortable?
- \_\_\_\_\_ 19. Does the knee cuff maintain its position?
- \_\_\_\_\_ 20. Is the patient able to kneel satisfactorily?
- \_\_\_\_\_ 21. Does the prosthesis function quietly?
- \_\_\_\_\_ 22. Are size, contours, and color of the prosthesis approximately the same as those of the sound limb?
- \_\_\_\_\_ 23. Does the patient consider the prosthesis satisfactory?

Check with Prosthesis Off the Patient

- \_\_\_\_\_ 24. Is the patient's stump free from abrasion, discolorations, and excessive perspiration immediately after the prosthesis is removed?
- \_\_\_\_\_ 25. Does weight-bearing appear to be distributed over the proper areas of the stump?
- \_\_\_\_\_ 26. Is the wedge the correct size?
- \_\_\_\_\_ 27. Is the posterior wall of the socket of adequate height?
- \_\_\_\_\_ 28. Do the check strap and fork strap have adequate provision for adjustment?
- \_\_\_\_\_ 29. Is the general workmanship satisfactory?

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## LEVELS OF COGNITIVE FUNCTIONING FOLLOWING HEAD TRAUMA

The eight levels of cognitive functioning which are listed below are discussed in an article, "Integrating Cognitive Strategies into the Physical Therapy Setting," by Danese Malkmus in Physical Therapy, December, 1983.

### Levels of Cognitive Functioning<sup>a</sup>

Level	Behaviors Typically Demonstrated
I.	No Response: Patient appears to be in a deep sleep and is completely unresponsive to any stimuli.
II.	Generalized Response: Patient reacts inconsistently and nonpurposefully to stimuli in a non-specific manner. Responses are limited and often the same regardless of stimulus presented. Responses may be physiological changes, gross body movements, and/or vocalization.
III.	Localized Response: Patient reacts specifically but inconsistently to stimuli. Responses are directly related to the type of a stimulus presented. May follow simple commands in an inconsistent, delayed manner, such as closing eyes or squeezing hand.
IV.	Confused-Agitated: Patient is in heightened state of activity. Behavior is bizarre and nonpurposeful relative to immediate environment. Does not discriminate among persons or objects; is unable to cooperate directly with treatment efforts. Verbalizations frequently are incoherent and/or inappropriate to the environment; confabulation may be present. Gross attention to environment is very brief; selective attention is often nonexistent. Patient lacks short-term and long-term recall.
V.	Confused, Inappropriate: Patient is able to respond to simple commands fairly consistently. However, with increased complexity of commands or lack of any external structure, responses are non-purposeful, random, or fragmented. Demonstrates gross attention to the environment, but is highly distractible and lacks ability to focus attention to a specific task. With structure, may be able to converse on a social-automatic level for short periods of time. Verbalization is often inappropriate and confabulatory. Memory is severely impaired, often shows inappropriate use of objects; may perform previously learned tasks with structure but is unable to learn new information.
VI.	Confused-Appropriate: Patient shows goal-directed behavior, but is dependent on external input for direction. Follows simple directions consistently and shows carry-over for relearned tasks with little or no carry-over for new tasks. Responses may be incorrect due to memory problems but appropriate to the situation; past memories show more depth and detail than recent memory.
VII.	Automatic-Appropriate: Patient appears appropriate and oriented within hospital and home settings; goes through daily routine automatically, but frequently robot-like with minimal-to-absent confusion, but has shallow recall of activities. Shows carry-over for new learning, but at a decreased rate. With structure is able to initiate social or recreational activities; judgment remains impaired.
VIII.	Purposeful and Appropriate: Patient is able to recall and integrate past and recent events and is aware of and responsive to environment. Shows carry-over for new learning and needs no supervision once activities are learned. May continue to show a decreased ability relative to premorbid abilities, abstract reasoning, tolerance for stress, and judgment in emergencies or unusual circumstances.

<sup>a</sup> Abbreviated version from Hagen, Malkmus and Durham.<sup>8, 9</sup>

8. Hagen C. Language-cognitive disorganization following closed head injury. A conceptualization. In Trexler LE (ed): Cognitive Rehabilitation: Conceptualization and Intervention. New York, NY, Plenum Publishing Corp, 1982. pp 131-149

9. Hagen C, Malkmus D, Durham P. Levels of cognitive functioning. In Rehabilitation of the Head Injured Adult. Comprehensive Physical Management. Downey, CA, Professional Staff Association of Rancho Los Amigos Hospital, Inc, 1979, pp 87-88

#### Levels of Cognitive Functioning, Recovery Phase and Intervention Approach

Level	Recovery Phase	Approach
II, III	decreased response	stimulation
IV	agitated response	structure
V, VI	confused response	structure
VII, VIII	automatic response	community

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REFERRAL SOURCES IN COMMUNITY

VOCATIONAL REHABILITATION PROCESS

