
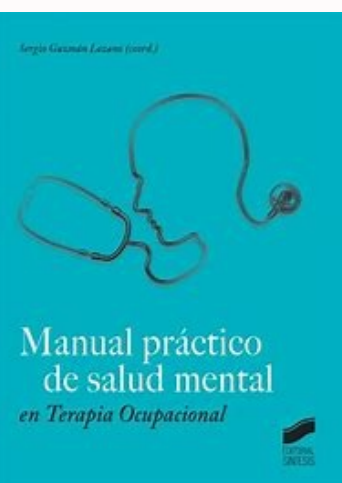


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TERAPIA OCUPACIONAL

ENALONON | TROMBLY-ANDRETTI M.



RESUMEN
La Terapia Ocupacional es una disciplina centrada en el cliente. El terapeuta ocupacional es un profesional que trabaja con las personas desde el nivel personal, comprendiendo todos los niveles de la persona, considerando el funcionamiento durante la vida cotidiana en su contexto social y cultural. El principal objetivo de la Terapia Ocupacional es ayudar al paciente para la participación en actividades de la vida cotidiana, individualmente o en grupo.

Desde el siglo XIX, se han desarrollado y descrito en áreas como: la rehabilitación de la mano, la rehabilitación de la cabeza, la rehabilitación de la columna, la rehabilitación de la voz, la rehabilitación de la audición, la rehabilitación de la visión, la rehabilitación de la movilidad, la rehabilitación de la fuerza, la rehabilitación de la coordinación, la rehabilitación de la memoria, la rehabilitación de la atención, la rehabilitación de la concentración, la rehabilitación de la planificación, la rehabilitación de la organización, la rehabilitación de la gestión, la rehabilitación de la comunicación, la rehabilitación de la interacción social, la rehabilitación de la participación, la rehabilitación de la inclusión, la rehabilitación de la autonomía, la rehabilitación de la independencia, la rehabilitación de la calidad de vida.

KEY WORDS
Terapia Ocupacional, terapeuta ocupacional

RESUMEN
Occupational therapy is a client-centered discipline. The occupational therapist is a professional who works with people across all levels and social, including all ages groups, focusing primarily during his intervention on the activities based on quality of life.

The primary goal of occupational therapy is to enable people to participate in daily life, individually or in groups. In this article it is presented and described the historical areas of the profession such as: pediatric, intellectual impairment, mental health, physical rehabilitation, geriatrics, palliative care and technical devices.

KEYWORDS
Occupational Therapy, occupational therapist

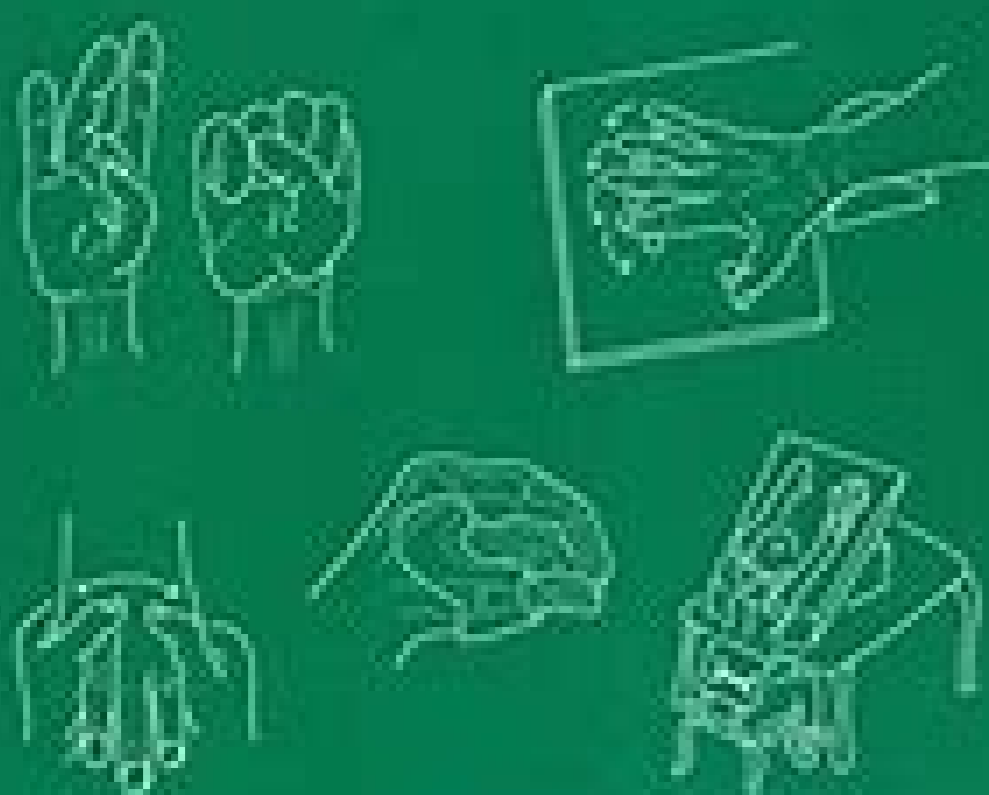
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Revisado



REHABILITACIÓN DE LAS MANOS CON ARTRITIS Y ARTROSIS EN TERAPIA OCUPACIONAL

Alicia Chapinal Jiménez



TERAPIA OCUPACIONAL

REFERENTE FERRAZ FRANCISCO



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Add a review and share your ideas with other readers. Be the first. Thank you for your interest in our services. We are a non-profit group that manages this website to share documents. We need your help in maintaining this website. To keep our site going, we need your help to cover the cost of our server (about \$400/m), a small donation will help us a lot. Please help us share our service with your friends. Although this model concentrates on practice with people with physical disabilities, its concepts can be extended to other diseases. This model explains the occupational function, cuales son the steps leading to the occupation and use of the occupation, the brake © Three conceptual basics: a) is it possible to use the basics of occupational function (a) is it possible to operate the function of occupational function) © key levels: a sense of competency and self-esteem, implying vital roles, beatings, activities, skills, unruly capabilities, first level and orgic sustains capabilities (cognitives, neuromuscular and genetic endowments) © (Painting) © defining the occupational profile of the patient, brake © Trombly proposes ways of considering the occupation as an occupational end as a measure. As an end: la actividad is significant for el sujeto y allows the persona to organize its conducta y y hora. Occupac Trombly argues that linking activities to the professional functionality of the patient will lead to: a feeling of efficiency and self-esteem, a feeling of competence, daddy involvement © tasks, activities, skills, capabilities developed and the organic substrate. Addressing the case of Trombly's model, if rotten I compensate for the dysfunction of the skills presented by the patient and also © en mantener sus cognitively competes as mayor tiempo can avoid a © not © Resolpido advance from deteriorating his abilities. The actividad selected significant es for Borja, ya who feels like regaling the portals, regaling a cultural demeanor that allows her social interaction to improve, in which case the activities are un fin en mism. © niene © It is a measure because con la actividad proposes to move its brazos and to compensate for © The main objective of the activity is to maintain the patient's cognitive ability to avoid deterioration. © I would go from there to the secuencia of las Activile ayuda to organize its conducta and schedule. © an consique las Activities deben to find a level of difficulty wake up the capacidad of the patient. La Actividad carried out by el sujeto tenia un pequeHOME the level of difficulty to © I (la therapist le ayuda in some of the ocessions) and this is a measure of achievement capacity. So f © Io-sico: la ejected from it actividad conjectured it to modify its surroundings. Adaptation of the tabla, adaptation of the tabla. Destination and abilities: a process that conjectured it to take the beating (hacer el portavela) the patient requires destruction (ink, mold, flatten, grab the brush). © Utica: the relationship between the professional and the professional © @ Info: the relationship between the professional and the professional © @ info intervened. Relationship must be human. © technical. A climate of respeto, availability of security must be positive. The Therapist is responsible for electing activities that distinguish the positions and participate actively in the patient. Once in a while, if la actividad vides used as a means of recovering un © -Can't be significant to the patient, depends o n profesional, incentivAñdole verbally y fAAsmente, para que el sujeto vea significado en la tarea.ÁA Con significant activities en su entorno tambIAAñn despertarAAÁA en el individuo sensaciones y asociaciones familiar que le serAAñn significativas. TROMBLY CAP. 1 (Conceptual Foundations) Feelings of Self-efficiency and self-esteem: - The Goal of TO ÁA© the development of competence, which promotes feelings of self-efficiency and self-esteem; - Being Competent means possessing sufficient© or adequate skills to meet the demands of the situation or task Satisfied with life © - The roles are standard of behavior, socially expected associated with individual status, in a particular society. The role of the independent person © highly valued by most people. Competence in tasks: - Roles consist© of a constellation of tasks Activities and Functions: - Activities, in this context, are the smallest units of behavior that make up a task. - The activities are not even the skills and the activity within the same context. - There are chains of subroutines, so well incorporated that the person does not have to pay attention to perform them in normal circumstances and in a family context. - To seek to help people maintain adaptable scans, abandon ing scans that don't come© they do more and develop new functions, given the skills and personal capabilities modified. - Activities and functions are learned by employing occupation-as-purpose. Skills and Skills: - Activities depend on the most basic skills. Actions such as reach, bending, picking up, pinching, manipulating and pulling are underlying skills in many activities. - The occupation-as-a-medium, carefully analyzed, © employed to develop impaired skills and dexterity. In the process of repeatedly performing occupations that require greater level of skill or Underpants, in varying contexts, the patient's capable but not capable-of-being dexterity/skill. Developed Capabilities: It reflects an organization 152of first-rate capabilities in more mature responses, less reflexes as and more voluntary. Ex: Skill Manual: Use of independent fingers, release graduated finger and pin. To this end, the occupation as a means © employed to develop these capabilities. First-rate capabilities: A functional Alice for movement, a cognitive, a perception, a perception and an emotional life based on the integrity of the substrate for org. Examples include a proper reflection ©- the-the-the-the-the reflection releasing the primitive air, the kick and step. Describe as underlying subroutines the development of all voluntary movements (Brunner1973) Organic Substrate: a foundation for movement, a cognition for motion, an indie, perception; including a primary SNC organization in neonate, the organization will make SNC SNC that © saving or spontaneously recovering after illness or illness; and an integrity of the skeleton, muscle, sensory nerve engines, heart, skin and skin. Evaluate: Always move a top-down approach (top-down)> to identify that p © Wow. © a person responsible for life, before the accident/illness is an illness, and who is expected to be and wishes to be able to, in his or her life, be capable of being rehabilitated, includes the context in which this person typically involves himself or her father. © and valued tasks. The TO will evaluate and observe the patient performing tasks raised as important within their parent. ©, preferably in the environment its real. Based on observation, the search seeks to establish hip-thesis that, like abilities and capabilities, is related to its 160; performing `1000 of tasks, may be impaired. JANTA evaluated as well © W the observation of activities the environment facilitates operation Treatment: - Treatment may be focused on modifying the environment, modifying compromised skills and dexterity, or teaching compensatory ways to perform tasks and activities. - The treatment to improve occupational functioning, in this case, should start from the bottom, focusing on the optimization of skills and abilities; - Or it will be able to start higher, intervening directly in the activities, in the level of restoration of competence when doing the activities or tasks of valued© roles. - Optimize skills and deficient abilities will be allocated through therapy in which changes are sought in the physiolstructure, function or organization Of skills and capabilities © not restore the function of the biomechanical structure) - If the correction of skills and abilities will not restore the functionOccupational, or not possible, if the political and economic limitations avoid treatment, or if the patient does not devote himself to regaining the skills, a certain degree of competence can be gained by employing adaptive therapy. TROMBLY CAP. 2 (Historical and Social Fundamentals) - Two facets were crucial to the development of To: the evolution of the structure and role of the hospital, and the flourishing concern with the age norms for life tasks (USA) Activity As Therapy: - Writings attributed to Hipporates, Galeano and ScuApio proclaimed as important therapeutic agents the exercise, treatment with activities and employment. - Work therapy: institution of © for those admitted to European and health nursing homes. - Moral treatment proposed by Pinel, in sAA©c. 18, valued physical activity and productive work in treatment. - Hospitals with physical patients required work from their patients, in benefit of the institution of their own - The formal idea of occupation as therapy only emerges later, in the 19©000s. - The They advocated education `1000, regular exercise, dress reform, and restrictions with a diet. © I mean, seriously. © Healing, like hydrotherapy and a homeopathy. For Your Place: Hospital Development. Modification: To play hospital role, in response to: Modification to hospital role, in response to ME160; industrialisation for oneself and for oneself; intro to the © Appsic and anesthetic techniques, passing as surgeries a greater efficiency. Hospitals have designed ideas for speciality and comp © technical. Patients can no longer take responsibility for their own care. To get in the field helpers, use manuals, selections carefully to meet the needs of the community and the psychologists of each patient. Women selected for training and service as reconstructive aids based on their proficiency in a variety of handicrafts. A few weeks before Tos was admitted to veteran hospitals or public servants.

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