

E. Project for the Development of Programs for Sheltered Welfare Patients

The "Ruhama" Hostel, Kfar Sabah,

The Department for the Treatment of the Mentally Disabled
Ministry of Labor and Welfare

Developing programs for sheltered patients

This project is financed by the fund for the disability allowances of the Ministry of Labor and Welfare, under the supervision of the department for the diagnosis and advancement, headed by Dr. Haya Aminadav. The team conducting the project consists of Dr. Haya Aminadav, Ms. Zehava Dashdus (National Inspector of Nutrition), and Dr. Yoav Metrik, chief physician in the department for treatment of the mentally disabled

The project team:

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The Ruhama Hostel in Kfar Saba

The hostel, established in 1940, was the first of its kind in Israel. 191 sheltered welfare inmates reside there today, with full board and lodging. The hostel is in the process of building and renewal, which will provide a wide range of facilities including living quarters and remedial treatment units.

The Project Population

20 patients aged 21-50, the majority of whom are confined to adapted wheelchairs, live in the "Lemon" nursing unit. Most are severely retarded and have a low level of performance. None of the patients are independently mobile and all require constant care and aid in their daily activities.

Project Aims:

- Diagnosis and determination of the performance potential of the "Lemon" nursing unit patients.
- Assistance to mentally retarded patients in developing their potential capabilities and mobility skills.
- Introduction of remedial care into the daily life of the patients.
- Improvement of their quality of life.
- Enrichment of their daily routine

- Multi-professional teamwork in conjunction with the unit caregivers.
- Location and introduction of advanced facilities and equipment for daily use in the unit.

Advantages in Use of the APT Device:

- Two-directional passive activation, adapted to the particular difficulties of the patient.
- Independent activation, as required by the therapy program and the daily routine of the patient.
- Adjustment of accessories, and individual support to each patient. Gradual withdrawal of support as the patient progresses and gains self-confidence in his actions.
- Raising and/or adjusting the speed of operation as required by the therapy.
- Functional improvement according to the personal program of each patient.
- Increased interest and performance in the daily activities of the patient.

Plan for APT Activation in the House

- Comprehensive diagnosis of the exact range of movement of each patient.
- Patient and staff familiarity with the device.
- Appropriate program of treatment for each patient.
- Convenient placing of device.
- Program for daily routine and regular remedial care.

Problems in operating the APT in the "Lemon" house:

- Helping patients to become familiar with the device took far longer than anticipated.
- Physical difficulties with lower limb use on patients confined to customized wheelchairs.
- The poor conditions of the "lemon" house.

Interim conclusions

Of the 20 patients in the house:

- Three did not commence treatment at all – two lay prone in wheelchairs, and reacted pathologically.
- Three train completely independently with the device.
- Three train with the device, alternating from side to side.

- Four train on both sides, but require constant support and accompaniment.
- Five require only minimal supervision and support.
- Three are treated lying down as well as sitting up.