Iranian Rehabilitation Journal, Vol. 13, Issue 3, Autumn 2015

Editorial

Dimensions of Rehabilitation in Treatment and Education

Asghar Dadkhah, PhD*.

University of Social Welfare and Rehabilitation Sciences, Tehran, Iran
Editor-in-chief; Iranian Rehabilitation Journal

The Iranian Rehabilitation Journal has published many articles related to different dimensions of treatment and psycho-education. As a reference we will review some articles which already published in this Journal. Dadkhah and his colleagues evaluated an individually family-based Dohsa exercise programme of balance in the aged people and its effect on self confidence for performing common daily tasks with less falling could be influenced by training (1). Sajedi, et al (2) stated that in addition to conventional methods, complementary medicine like homeopathy has been used in treatment of neuro-developmental disorders. They tried to determine the effect of adding homeopathic treatment to rehabilitation on abnormal reflexes of children with spastic cerebral palsy. Regarding children rehabilitation, we understand that children have different needs than adults, and all of the professionals should be fully licensed and specially trained in pediatrics. The facilities for babies, children and their families should be designed with kid-friendly waiting rooms and size-appropriate equipment with the most advanced technology and the providers should work to help children gain new skills and abilities that they aren't able to learn on their own and help children to return to their previous functional status. The Majority of the long stay psychiatric patients who are in need of rehabilitation suffer from schizophrenia. Most of them enter the old age with this illness, and besides the consequences of schizophrenia, they are facing the deprivation and misery due to the old age. Fadai (3) stated that the schizophrenics can have a better treatment and rehabilitation, and can be saved from the social and psychological consequences of staying in the isolated

mental hospitals. Ali beigi and her co-authors (4) said that against the background of evidence-based treatments for schizophrenia resistant to medication, the implementation of cognitive- rehabilitation therapy (CRT) becomes more important, especially about patients who don't response to medication.

Also rehabilitation is the ongoing management of injuries and disabilities after an accident. It will help people to maximize the individuals' recovery through the relearning of skills or teaching of strategies to compensate for changed abilities. Self-esteem may be one major factor related to the manner in which people with Spinal Cord Injury (SCI) respond to rehabilitation. Sadrossadat (5) in his investigated that people with new SCI may have many questions and concerns their new role in the community. The current study suggests that perhaps practitioners need to make a more concerted effort in dealing with the psychological effects of SCI when difficulties may arise in the community. The growth and development process of the child is influenced by reciprocal environmental, psychological and social factors, and the family's role is very crucial in all of this. Motamedi (6) indicated that those that reported abuse through public information were low in number only at 4.5 percent, which is indicative of poor education and people participation. In the services that were provided to the victims, counseling and psychotherapy were the highest number, and it is necessary to raise the number of legal services provided for the victims (3%), in order to realize the rights of the individual. Shokooh and others (7) studied the perceptions of the importance and achievement of clinical competencies in rehabilitation

^{*}All correspondences to Asghar Dadkhah, E-mail: <asgaredu@uswr.ac.ir>

programs. They found that difference between importance and achievement of competencies may suggest a failure in consideration of required competencies or successful implementation of them in the current curriculum.

In most studies, mental retardation is found in about three percent of the population. Persons even with mild mental retardation have very large difficulties finding employment and are for this reason often deprived of opportunities for suitable and productive income generation; this is why most stay poor. Prof. Helander (8) concluded that in Sweden a very large proportion of mild and moderate mental retardation has been eliminated though the combination of alleviation with a community-based poverty rehabilitation programme. For these situations a proactive programme analyzing and meeting the needs of the target groups should be useful as a means to achieve poverty alleviation. Rehabilitation has a big role in addiction. Darrodi (9) examind the effects of hope-oriented group-couple- therapy on the increase of marital satisfaction among wives with addicted husbands. Hearing impairment in children is considered as an important public health problem. Daneshmandan (10) founded that the most common disorder was wax which deteriorates hearing aids performance by clogged ear molds. Middle ear disease which aggravates the degree of hearing loss in one forth of children was observed. The high prevalence of external and middle ear disease highlights the need of regular otological examination

in hearing impaired children. Studying the situation of providing services for people with disability are very important and in current situation which is dominate on system providing rehabilitation services. Akbari et al (11) found that the delivery of services to private sector does not mean depriving the responsibility from Welfare Organization and its rehabilitation deputy. The organization should issue establishment license for private rehabilitation centers. The level of satisfaction and its relative factors among parents of mentally retarded children using the services of private rehabilitation centers was studied by Pakjouei (12). An increase in the number of people requiring rehabilitation services was investigated by Dadkhah (13). Psycho-rehabilitation Method (Dohsa-hou) and Quality of Life (14), and awareness of rehabilitation professionals employed in academic rehabilitation centers (15) are other issues.

In this issue we cover the Emotional Intelligence training, "Kashi practices" on improvement of Psycho-motor skill, Recently Identified Genes in Iranian Families, mechanical stress on fingertip, Psychometric Properties of the Persian Version of Fatigue Impact Scale, Cognitive-behavioral Based Stress Management Training, hyper mobility and low back pain in athletic population, quality of life and gross motor function in children with cerebral palsy, performance of bilingual and monolingual children on working memory tasks, and early active controlled motion in flexor tendon.

References

- 1. Dadkhah A, Harizuka S, Soleimani F, Hemmati S. Dohsa treatment to improve balance in elderly people: an evaluation of a family-based rehabilitation programme. IRJ. 2007; 5 (5 and 6):12-19.
- Sajedi F, Alizad V, Dadkhah A, R. Hadian Jazy M. The effect of adding homeopathic treatment to rehabilitation on abnormal reflexes of children with spastic cerebral palsy. IRJ. 2007; 5 (5 and 6):34-39.
- Fadai F. rehabilitation of schizophrenia: at the end or in the beginning?. IRJ. 2007; 5 (5 and 6):53-55
- 4. Ali beigi N, Mohammadkhani P, Mazinani R, Doolatshahi B. A Randomized Clinical Trial of Group Cognitive-rehabilitation Therapy for Patients with Schizophrenia Resistant to Medication. IRJ. 2008; 6 (7 and 8):59-67
- Sadrossadat S, Sadrossadat L. The role of self-esteem on vocational rehabilitation of people with spinal cord injury. IRJ. 2007; 5 (5 and 6):56-59
- Motamedi S, Dadkhah A, Khodaee Ardakani M. Review of Abuse and Violence against Women and Children in Psycho-social rehabilitation centres. IRJ. 2009; 7 (9):39-43
- Shokooh F, Hossaini M, Mohammadi F, Rahgozar M. Comparing faculty and students perceptions on clinical

- competency achievement in rehabilitation programs. IRJ. 2009; 7 (10):20-24.
- Helander E. Mental retardation, poverty and community based rehabilitation. IRJ. 2009; 7 (10):39-46.
- Darrodi H, younesi S, Bahrami F, Bahari F. Hope Oriented Mental rehabilitation and enhancement of marital satisfaction among couples with addicted husband. IRJ. 2010; 8 (11):43-49.
- Daneshmandan N, Hosseinzadeh S, Teymouri R. The Prevalence of Ear Disease in Sensorineural Hearing Impaired Children Below 18 Years-Old in Deaf Welfare Clinic of Molavi rehabilitation Center. IRJ. 2011; 9 (S1):60-62
- Akbari R, Kamali M, Ashayeri H, Shafaroodi N. Challenge of Private rehabilitation Centers and Welfare Organization (Behzisti). IRJ. 2011; 9 (14):37-44
- Pakjouei S, Vameghi R, Dejman M, Vameghi M, Kamali M. Satisfaction and Related Factors among the Service Users of Private rehabilitation Centers. IRJ. 2014; 12 (4):35-42.
- Dadkhah A. Social rehabilitation and Independence of individuals following trauma, disease or chronic pathology. IRJ. 2014; 12 (4):4-5.

- Poursadoughi A, Dadkhah A, Pourmohamadreza-Tajrishi M, Biglarian A. Psycho-rehabilitation Method (Dohsa-hou) and Quality of Life in Children with Cerebral Palsy . IRJ. 2015; 13 (2):28-33.
- 15. Movahedazarhouligh S, Vameghi R, Hatamizadeh N, Bakhshi E, Mousavi Khatat S. The Level of Awareness of rehabilitation Professionals Employed in rehabilitation Academic Centers Regarding Tele-rehabilitation Technology. IRJ. 2015; 13 (2):57-61.