

THE WAYS TO IMPROVE OF THE MEDICAL-SOCIAL EXAMINATION IN THE CONTEXT OF VOCATIONAL REHABILITATION OF THE PERSONS WITH DISABILITIES IN UKRAINE

^aVIKTORIYA OVERCHUK, ^bANATOLII ZAHNITKO,
^cNATALIA AFANASIEVA, ^dOLENA MALIAR, ^eNATALIA
LAPSHOVA, ^fILONA SHEVCHENKO

^aVasyl Stus Donetsk National University, ^bVasyl Stus Donetsk
National University, ^cVasyl Stus Donetsk National University,
^dVasyl Stus Donetsk National University, ^eVinnitsia Academy of
Continuous Education
email: ^av.overchuk@donnu.edu.ua, ^ba.zagnitko@gmail.com,
^cn.afanasieva@donnu.edu.ua, ^dmalayryk@gmail.com,
^en.lapshova@donnu.edu.ua, ^fdilon2808@gmail.com

Abstract: The ways to improve the medical-social examination in the context of vocational rehabilitation of the persons with disabilities in Ukraine. An approach to the analysis of the activities of medical and social expert commissions has been developed, which, in contrast to the existing ones, considers the results of their work in the context of promoting the employment of persons with disabilities. It also reveals inconsistencies and contradictions between the subjects involved, the elimination of which allows to increase the effectiveness of medical and social expertise. Taking into account the proposals will increase the level of rehabilitation of persons with disabilities and help increase their employment.

Keywords: a person with a disability, vocational rehabilitation, employment, medical and social examination, medical and social expert commission.

1 Introduction

Today, 15% of the world's population has the status of people with disabilities, and this number is steadily increasing due to the armed socio-political and military conflicts, natural disasters, accidents, economic impoverishment, industrial injury, etc. The states around the world are trying to establish an effective rehabilitation system which would provide persons with disabilities the meaningful life and integration / reintegration into society. For example, the Austrian Federal Government aims to provide people with disabilities with special legal protection wherever necessary. This principle encompasses the following measures in particular:

- the preservation of protection against dismissal in line with the Disabled Persons Employment Act; and
- to increase the development of association guardians and patients' advocates [10]. However, there are still stereotypes for this category of citizens in Ukraine.

The problems of the current state of medical and social expertise, both scientific and applied; they are intrinsically linked to the state's social policy for persons with disabilities. In the sphere of medical and social expertise, one of the aspects is the quality of the provision of medical and social assistance, the rehabilitation measures for persons with disabilities, which reflects the state of the health care system and the nature of state's social policy. The basis of the rehabilitation orientation in the activities of medical and social examination institutions (further – MSEI) is the Law of Ukraine "On Rehabilitation of Persons with Disabilities in Ukraine" (No. 2318-VIII of 13.03.2018), as well as the laws of Ukraine "On the basics of social protection of persons with disabilities in Ukraine" and "On social services", National Target Program "National Action Plan for the Implementation of the Convention on the Rights of Persons with Disabilities" for the period up to 2020", etc. [1] and others.

The effectiveness of the implementation of state's social policy in the field of protection of the rights of persons with disabilities, the promotion of their rehabilitation and employment are influenced by the results of functioning of various public institutions. For example, in Belgium when Identification and diagnosis are carried out in various contexts: as part of health services (consultation of doctors, diagnosis and care centers, hospitals and treatment centers), in connection with health insurance and insurance against accidents at work, road accidents and occupational diseases (by insurance companies, the Industrial Accidents Fund and the Occupational Diseases

Fund), and at the instigation of the Ministry of Social Affairs, Public Health and Environment. The Flemish Fund is responsible for screening and registering people with disabilities [10]. But in Ukraine, in addition to persons with disabilities, their associations, employers, the institutional environment is formed under the influence of decisions of the Social Security Fund of the Disabled, the State Employment Service, the Pension Fund of Ukraine, medical and social expert commissions, the State Labor Service of Ukraine, local self-government bodies and trade union committees of employers. After somebody become disabled, the first prerequisite for further vocational and labor rehabilitation is the relevant decision of the MSEI. Its correctness depends on the possible areas of employment, further prospects for a person to realize himself in his work activity.

Given this, it is very important to establish the legislative, organizational, methodological and technical characteristics of the MSEI work in order to ensure the fulfillment by the State of its functions regarding the employment and rehabilitation of persons with disabilities, the characteristics of the MSEI work from the point of view of their quality interaction with other institutes in order to provide the best conditions for employment of persons with disabilities in Ukraine.

The purpose of the article is studying the shortcomings in the work of medical and social expert commissions, the results of which are important in the professional rehabilitation of persons with disabilities and finding the ways to eliminate them.

2 Materials and research methods

The following methods were used to achieve the goal of the work: the theoretical generalization, abstraction, analysis and synthesis to study the development of basic concepts, scientific approaches and to study the features of vocational rehabilitation of persons with disabilities in Ukraine, modeling is used for the construction of structural and logical models of MSEI, structural and functional method we use for the description and explanation of the construction of MSEI system in providing the vocational rehabilitation of persons with disabilities.

3 Results of the research and their discussion

Vocational rehabilitation aims to maximize the ability of an individual to return to meaningful employment. Best rehabilitation practice:

- improves work and activity tolerance;
- avoids illness behaviour;
- prevents deconditioning;
- prevents chronicity.
- and reduces pain and the effects of illness or disability. Effective rehabilitation of work related illness/injury enables employees to return to work more quickly. For maximum effect, medical, social and vocational rehabilitation should occur concurrently rather than sequentially [12].

The beginning of the vocational rehabilitation process is the assignment of the resolution of the medical and social expert commission on professional suitability, which is being included in the rehabilitation individual program of a person with disability.

Scientific publications related to these issues are divided into two groups. The first research group observes the general issues of MSEI activities [3] or analyzes them from the standpoint of the rehabilitation of persons with disabilities, for example, the work of Moisy B. [14]. The second group of publications examines the main directions of state policy in the sphere of employment of persons with disabilities and considers the issue of medico-social expertise accordingly [12]. In view of the

diversity of publications which concern to the outlined issues, in our opinion, there is no scientific analysis of MSEI work in terms of vocational rehabilitation of persons with disabilities in Ukraine.

After coming of the persistent disorder of body functions in a person caused by diseases, consequences of injuries or birth defects, that when it interacts with the external environment can lead to a limitation of its life, there is a need to confirm them in the manner prescribed by law. The main normative documents governing the process of recognizing a person with disability are:

1) CMU Resolution No.1317 of December 3, 2009 "Issues of Medical and Social Expertise", that contains [5]:

- Regulations on medical and social expertise (further – MSE Regulations);
- Regulations on procedure, conditions and criteria for establishing disability;

2) Ministry of Health Order No.561 of September 5, 2011 "On Approval of the Instruction on Establishing Disability Groups" [13].

These documents establish the powers of medical and social expert commissions that determine the level of limitation of persons with disabilities' life, including their level of ability to work.

Vocational rehabilitation begins after the formation of an individual rehabilitation program of a person with disability (further – the IRP) and it is an integral part of it. The IPR is developed with the participation of a person with disability within one month from the date of the person's appeal to the MSEI. According to the order of the Ministry of Health of Ukraine "On approval of the forms of individual rehabilitation program for a person with disability, a child with disability and the Procedure for their preparation" [8], this form includes the list of the life restrictions that the person can have.

Domestic medical and social expert assessment of the occupational rehabilitation of persons with disabilities differs significantly from foreign methods of conducting an expert assessment. For example, according to the Law of Ukraine "On the Rehabilitation of Persons with Disabilities" [16], such an assessment is performed by specially created medical commissions, using expert methods. On the other hand, medical commissions in developed countries use standard methods of performing the assessment.

Let's take a look at the main of them, which are used in leading European clinics:

- Barthel adi index allows to determine the mobility and self-care index used by European clinics;
- Functional Independence Measure allows you to determine the basic intellectual functions and the person's ability to perform certain operations – is actively used in practice in the U.S. and the EU;
- Frenchay Activities Index allows you to determine the ability to perform those activities that people with disabilities need – used in many developed countries;
- the Rivermead Activities of Daily Living as an opportunity to assess a person's condition, the possibility of self-care in the broad sense, and domestic activity – is used in many developed countries;

- classification of social and labor rehabilitation according to E.V. Schmidt, T.A. Makinsky, which allows determining the ability to perform certain tasks and the person's dependence on the environment and surroundings;
- Glasgow Assessment Schedule to determine a person's activity level – active use in the United States;
- Brain Community Rehabilitation Outcome Scales also determine a person's ability to self-care;
- RANKIN SCALE is used to quickly determine the degree of physiological impairment and gauge the client's impaired ability to function and vitality [15]

The developed expert methods and procedures allow for an independent assessment of the individual's professional condition. Moreover, it excludes the possibility of subjective influence in forming conclusions about professional suitability.

In Ukraine, the degree of restriction is measured on a three-level scale and includes the restrictions of I, II and III degrees. In this case, a person with disability may have only one limitation, while by the other criteria he will not be different from a person without disability. This information is about the degree of disability, illness, and limitations or restrictions serves as a basis for formulating the recommendations for rehabilitation measures and their implementation, which also includes the vocational and occupational rehabilitation.

In the context of its vocational rehabilitation, the MSEI should do the following:

- to conduct an examination of potential professional abilities;
- to do the professional orientation;
- to provide the recommendations on professional selection;
- to provide the recommendations on training, retraining and advanced training;
- to provide the recommendations on vocational education.

Based on the sequence of actions, which are shown in Fig. 1, we analyze the shortcomings that occur in the implementation of medical and social expertise and their impact on the process of vocational rehabilitation and further employment of individuals and the employment rate of persons with disabilities as a whole.

Each of these steps has specific tasks and requires a coherent action by the subjects to complete them. The primary stage of professional rehabilitation is the important from the point of view of early consideration of the problems of persons with disabilities in order to maximize their health and recovery potential. The primary and diagnostic steps should be preventative. In the early stages of recovery the aim is to reduce the impairment, but the ultimate goal is always to return the individual as near as possible to their previous occupational level of functioning. They restore health using purposeful occupation as the process and as the ultimate goal. Occupational therapy was founded in the early part of this century largely to help disabled war veterans back into useful employment after the two world wars. More recently it has been used primarily to assess personal care needs to allow for a safe discharge from hospital. However, the core skills remain the same. Occupational therapists assess a person's ability to safely manage whatever activities they need to do, and they also use activities therapeutically to improve ability [12].

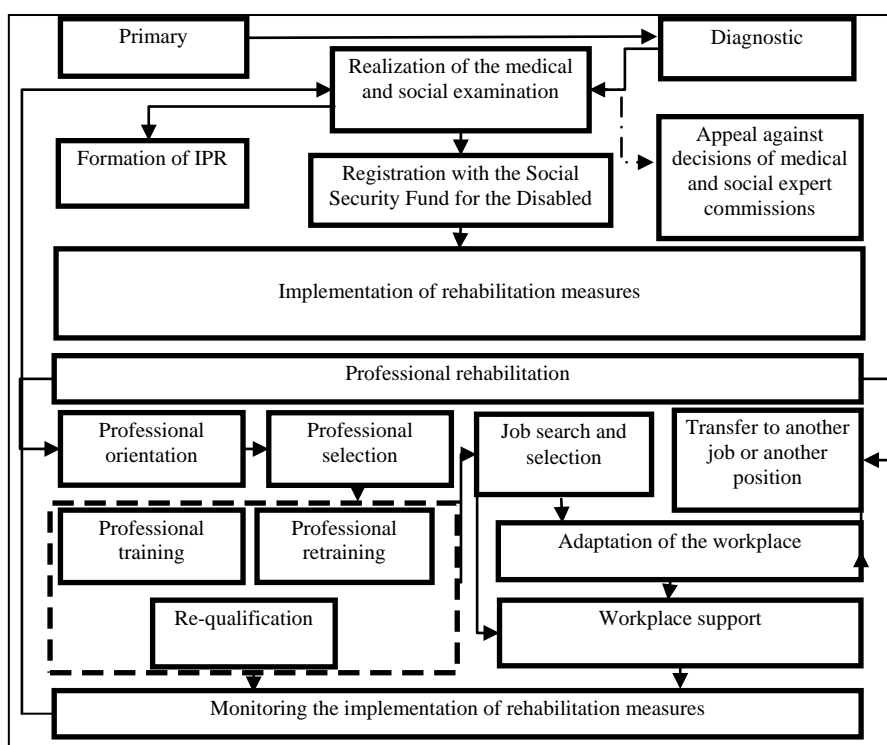


Figure 1 – Generalized scheme of professional rehabilitation process and employment of persons with disabilities

Disability prevention is the implementation of a complex of medical, hygienic, physical, pedagogical, psychological, professional and other rehabilitation measures aimed at preventing the transition of the disease, the consequences of trauma or disability to a person's disability or to reduce the severity of disability. The assessment of rehabilitation results should establish a measure to eliminate the disability constraints of the individual, that is, how effective the measures during the MSE were determined and how the rights of persons with disabilities have been respected. For this purpose, it is advisable to determine the control of the rehabilitation implementation, including professional, as a separate stage. The results of the MSEI realization determine the effectiveness of the whole process of the persons with disabilities' rehabilitation and employment.

In our opinion, there are the following options for influencing the decisions of medical and social expert commissions on the employment of persons with disabilities:

1. Recognizing a person as incapacitated by mistake or in accordance with medical evidence. In the first case, a person with disability has the physical capacity to work, but he is deprived of that right. In the second case, a person with disability cannot work according to the valid disability criteria, however, he seeks to do it and can fulfill his aspirations in exceptional situations and in the presence of special equipment, in other words, in special conditions.
2. Refusal to recognize a person's disability that will reduce a person's chances of finding a job.
3. Superficial study and superficial assessment of the ability of a person to perform various activities. This situation is formed by an inadequate examination of the person in the medical-preventive institutions at the place of residence or treatment of the patient.
4. There is a fixation in an individual rehabilitation program of a limited range of activities or even individual professions that can be performed by a person. In this case, it would be worth starting from the principle that is not forbidden, then allowed. The same opinion is present in the proposals for the improvement of legislative, informational, organizational conditions for carrying out the medical and social expertise and public involvement [9]. So, some authors propose item 31 of the Instructions for Completing the Primary Accounting Document Form №157/0

“Act No. ___ review by the Medical and Social Expert Commission”, which was approved by the order of the Ministry of Health of Ukraine from 30.07.12 №577 [2] to read in the following wording: “there is specified the indications and contraindications to working conditions, as well as orientation types of work, work or professions, which are not accessible to a person with disability for health reasons in the subparagraph 30.1 of item 30”. These proposals have not yet been taken into account in the legislation [9]. It will allow to eliminate the harmful activities for the person, but at the same time not to create the artificial obstacles to his employment.

5. False, unsubstantiated conclusions and recommendations submitted to the individual rehabilitation program, which are mandatory for the execution of the state bodies. Continuing with the previous paragraph, it is worth noting the importance of the MSEI work results for the employment of persons with disabilities. In accordance with paragraph 6 of the MSE Regulation [5]: «Conclusions of the commission, rehabilitation measures, which were defined in the individual rehabilitation program of a person with disability, they are obligatory for execution by executive bodies, local self-government bodies, rehabilitation enterprises, establishments and organizations in which the person with disability works or remains, regardless of their departmental subordination, type and ownership”. In addition to the implications of the decisions' impact on the employment of persons with disabilities, there are general aspects of their activities that indirectly affect the employment rate of persons with disabilities in Ukraine. The above-mentioned proposals for improving the legislative, informational and organizational conditions for carrying out the medico-social expertise and involvement of the public, the following disadvantages are noted:

- 1) the absence of procedures in the MSE Regulations for execution and providing the applicant with the decisions of the MSEI, motivating the decision;
- 2) the absence of the Regulations on the Central Medical and Social Expert Commission of the Ministry of Health and the Regulations on regional, city, centers (bureaus) of medical and social expertise;
- 3) the absence of procedure for correcting the erratum in the certificates of persons with disabilities on the results of examination without necessity to go to the court in case of

- incomplete identification of information about the person, erratum in surnames, names, patronymics;
- 4) the inability to contact the MSEI on his own, in case of refusal of the health-care institution in the direction of MSEI;
 - 5) the lack of a comprehensive list of grounds on which a disability group is established without specifying a retest period;
 - 6) unclear issue on the status of MSEI as a subject of public law;
 - 7) it is forbidden to issue an extract from the act of review of the commission to a person with disability, in respect of which the fact of loss of professional capacity has been established;
 - 8) the failure to take into account any disturbances of the body's functions that may occur and which do not require mandatory examination;
 - 9) the lack of communication between the set of rehabilitation measures and the disease and the lack of an opportunity to review an individual rehabilitation program with the advent of the latest technologies;
 - 10) lack of public information on the activities of medical and social expert commissions and poor legal awareness of citizens on this issue, lack of active coverage of issues concerning the relationship between citizens and medical and social expert commissions;

- 11) insufficient involvement of the public, representatives of non-governmental organizations in rehabilitation issues;
- 12) insufficient level of communication between the various institutions concerned on the issues of medico-social expertise and rehabilitation;
- 13) the inaccessibility of institutions, where MSEI functions, for free access to them by persons with disabilities;
- 14) insufficient training for MSEI committee representatives;
- 15) inadequate attention to the individual disability rehabilitation programs;
- 16) insufficient financing from the state budget for expenses related to the rehabilitation of persons with disabilities.

Listed shortcomings affect the overall results of medical and social expertise and therefore they are important from the point of view of realization of the rights of persons with disabilities for work.

In our opinion, the improvement of the MSEI activities from the point of view of further employment of persons with disabilities can be implemented through the following measures (Fig. 2):

1. communication which are based on improving the interaction and exchange of information between all involved entities.

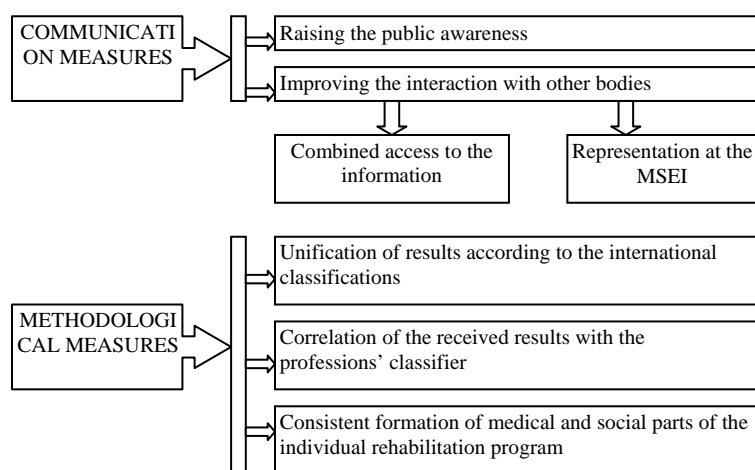


Figure 2 – Measures to improve the MSEI work in the context of professional rehabilitation

Raising the public awareness of the main points of implementation of MSEI, including the impact of its results on the prospects and consequences of further employment.

It should be noted that the coverage of MSEI work is insufficient. The responsibilities of MSEI are indicated in the MSE Regulation, in practice, however, there is no information available the procedure for passing MSEI, the necessary documents, and the procedure for appealing the decision [5]. Therefore, it is important to ensure the presence of the active sites, with updated information, moreover taking into account the capabilities and limitations of the audience to which it is designed;

1.2. Improving the interaction of MSEI with other stakeholders:

- through common access to information concerning the activities of various authorities, for example, to MSEI decisions by employees of the Pension Fund of Ukraine, the Social Security Fund for the Disabled, the State Employment Service. It will simplify the process of obtaining the status of “disabled person” and improve the process of his rehabilitation;
- ensuring the active representation of other bodies in the MSEI activities. In accordance with paragraph 10 of the MSE Regulation, the representatives of the Pension Fund of Ukraine, the State Employment Service and, if necessary,

employees of scientific and pedagogical and social sphere take part in carrying out the medical and social expertise.

2. methodological:

2.1. Unification of results according to the international classifications.

One of the steps for such unification is to use the International Classification of Functioning, Life and Health Limitations (further – ICF) [6]. In our opinion, from the point of view of raising public awareness, improving interaction with other bodies, common access to information, representation at the MSEI, unification of results according to the international classifications, Correlation of the received results with the professions' classifier, harmonized formation of medical and social parts of individual rehabilitation program, employment of persons with disabilities, all this will allow to relate the results of the limitations of life activity to the possible spheres of human activity;

2.2. Correlation of the received results with the professions' classifier.

The problem of recording in an individual rehabilitation program of a limited list of professions, of which a person with disability may be engaged in, it can be solved by the abovementioned correcting in normative documents, that will allow to indicate

the types of work, professions that cannot be occupied by a particular person. However, in view of the unification of results and the exclusion of arbitrary recording by MSEI experts these or those professions, it is advisable to establish a link between the limitations of the individual and the permissible employment opportunities. Best practice considers the employment requirements of individuals as well as their health and social rehabilitation needs. Occupational Therapists have an important role to play in this. Currently very few posts exist designated to

consider the needs of patients on returning to employment. Skilled in activity analysis, they can assist employers and trainers in devising reasonable adjustments to work tasks to enable those with disabilities to be valued employees [12].

In terms of the employment opportunities for a person with disability, the profession which are listed in the professions' classifier can be divided into three groups (fig. 3):

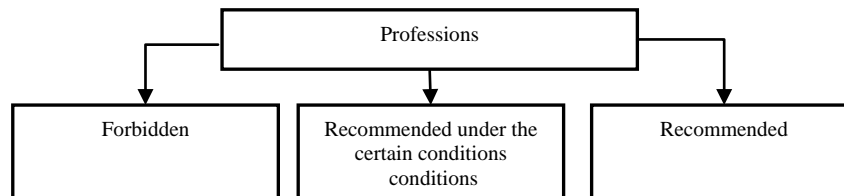


Figure 3 – Grouping professions for recording into the individual rehabilitation program of a person with disability

To the forbidden professions can be referred those types of professional activity that a person with disability cannot perform due to the existing restrictions, or which may be harmful for him or for others. To the recommended professions under the certain conditions, we suggest to refer those professions, groups of professions that a person with disability can perform in the presence of special conditions. To the recommended we can refer those professions that a person with disability can perform under the current restrictions. It should be noted that to the last group is included the professions those which require the additional training and those which do not require such training; 2.3. Consistent formation of medical and social parts of the individual rehabilitation program. MSEI determines not only the extent of a person's disability (medical function), but also forms an individual program of rehabilitation (social). In further employment, the assortment and selection of work options are influenced by both the established medical conclusion and the individual rehabilitation program, that is mandatory for all authorities, local self-government and employers. It should be noted that, in view of the need in society, the Government has developed the Concept of reforming medical and social expertise [11]. The implementation of the Concept is calculated for 2018-2020 period and foresees the improvement of legislation, principles of personnel, financial and logistical providing a system for assessing the level of functioning and social protection.

It should be noted that the above definition does not contain any objectives for the labor rehabilitation of persons with disabilities, unlike item 1 of the current MSE Regulation.

The purpose of the concept is to improve the disability approach by implementing changes based on ICF principles and to use the computer technologies developed by the World Health Organization, to create the holistic rehabilitation system based on a multidisciplinary approach. ICF does not contain the criteria for establishing disability and it does not extend the basis for establishing disability, while it clearly differentiates the prevailing type of limitation of life of a person with disability and objects to the appointment of certain rehabilitation measures and means of technical rehabilitation.

The toolkit for functional, vital and health assessment primarily determines the result of the proper identification of types and spheres of activity for persons with disabilities, which allows to raise their employment rates as a whole.

4 Conclusions

Thus, the article is modeled the place and identified the impact of the decisions of MSEI on the process of professional rehabilitation and further employment of persons with disabilities in Ukraine. This analysis made it possible to identify inconsistencies and contradictions in the work of commissions, as well as to indicate their consequences for the further employment of persons with disabilities. In order to improve the

medical and social expertise in this context, it is advisable to carry out a number of communication and methodological activities.

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