

LECTURE PRESENTATION

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Case management of a person with disorders of language and identification of case managers in rehabilitation

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The main neurological and neuropsychological disorders related to vascular attacks or strokes, chronic degenerative diseases such as Parkinson or Alzheimer, incidental factors such as cranial cerebral trauma, cognitive decline of elderly, occupy a large part of the clinic of the speech therapist because of aspects of specific competence (communicative, cognitive-linguistic and oral functions). Deficits such as aphasia, dyspraxia, dementia, unravelling and other neuropsychological disorders are conditions that necessarily require a multidisciplinary intervention. Rehabilitation, with whole culture of disability related to it, is configured as the central aspect of doing rehabilitation that is related to the activity of the “person” in its entirety and complexity. The concept of “quality of care” presents the citizen as the center of interest for operators called to carry out an increasingly effective, timely, continuous, secure, appropriate practice(with respect to interpersonal communication centralizing the assisted).

The competence of the speech therapist consists of three components: the knowledge, the skills, the behavior; that “knowing how to act “on the whole that guarantees quality, that allows the identification of the best practice through the use of multidisciplinary and professional operational tools, that amends and aligns the behavior of professionals. The proper assessment with standardized instruments is also important, which bring forth the objectives in the short, medium and long term.

In the field of neurological diseases in adults, unfortunately dramatic expectations are reported in the response to early therapy, particularly in our more disadvantaged region, with the phenomena of migration. In

an alarming situation, there are, however, important experiences and centers of excellence also qualified by the virtuosity of many professionals who collaborate in quickly operational teams rehabilitation, also with the involvement of users’ associations.

Aim of the seminary is to compare the forces still operative in the field spatial with other operations experienced in other regions, for the sharing of an uniform model of the “management of the elderly patient in our region” and consequent testing of validity. All respecting the Guidelines and recommendations resulting from the study of the scientific evidence that in the last two years involved authoritative representatives of the profession, scientific societies and organizations representing national.

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