

**MATERI INTERNATIONAL  
BOBATH BASIC COURSE 2019**

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**Jerry Maratis, S.Ft., M.Fis**



# ICF

## **International Classification of Functioning, Disability and Health**

- **International Classification of Functioning ,Disability, and Health.**
- **Publised 2001**
  - **Body function and structures.**
  - **Activities.**
  - **Participation .**
  - **Environmental factors.**
  - **Personal factors.**

# ASSESSMENT

**OBSERVATION**

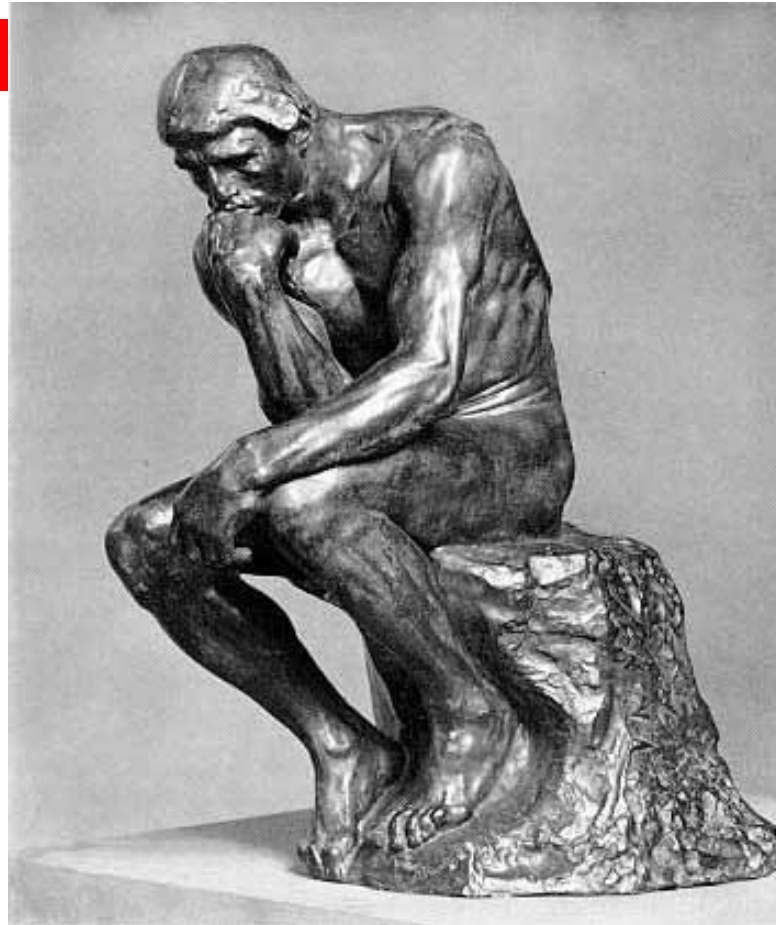
**FEELING**

**ANALYSIS**

**HYPOTESIS**

**TREATMENT PLAN**

**REASSESSMENT**



**BIOMECHANIC**

**NEUROSCIENCE**

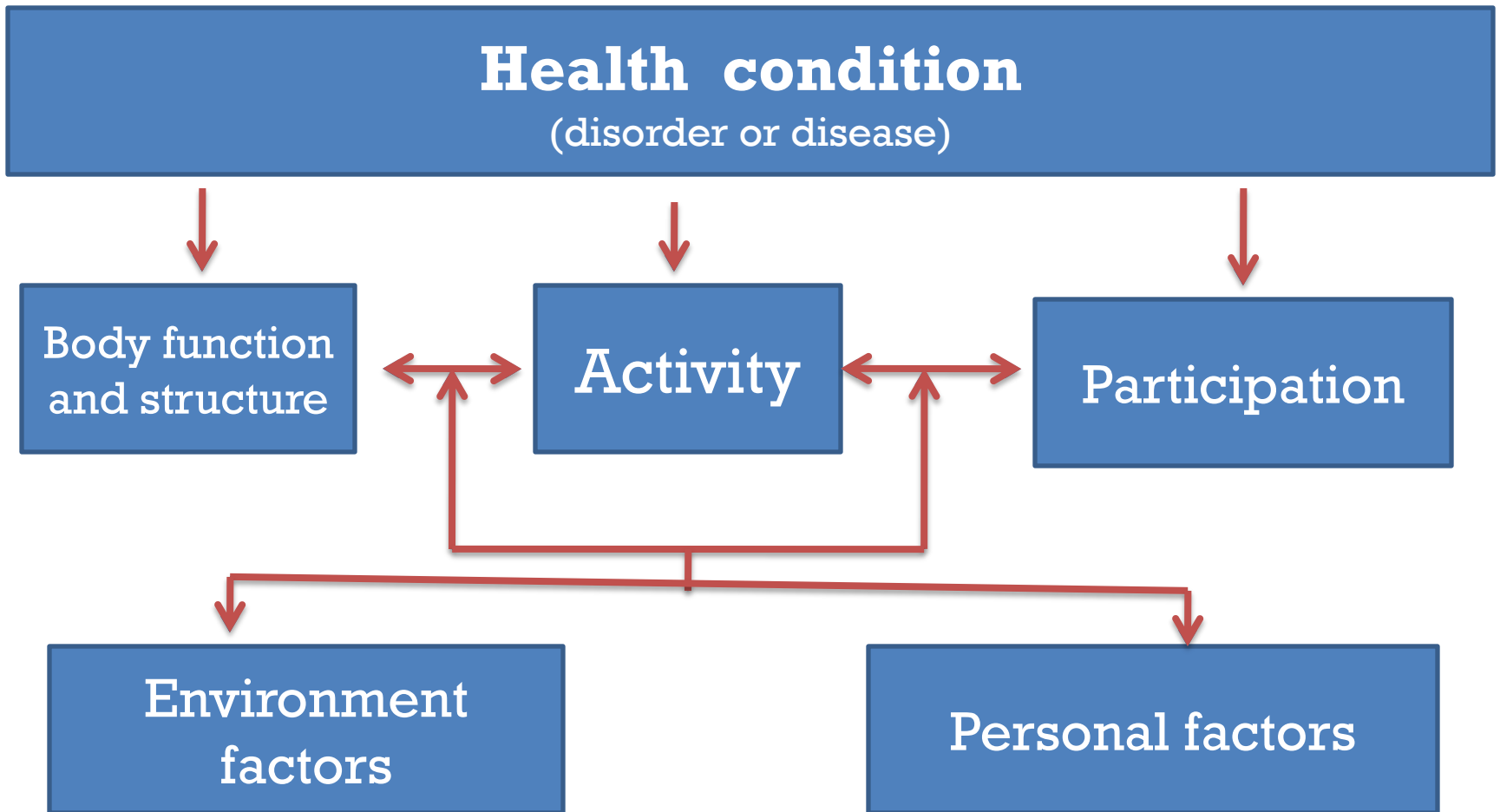
**ASSESSMENT TOOL**

**EVIDANCE**

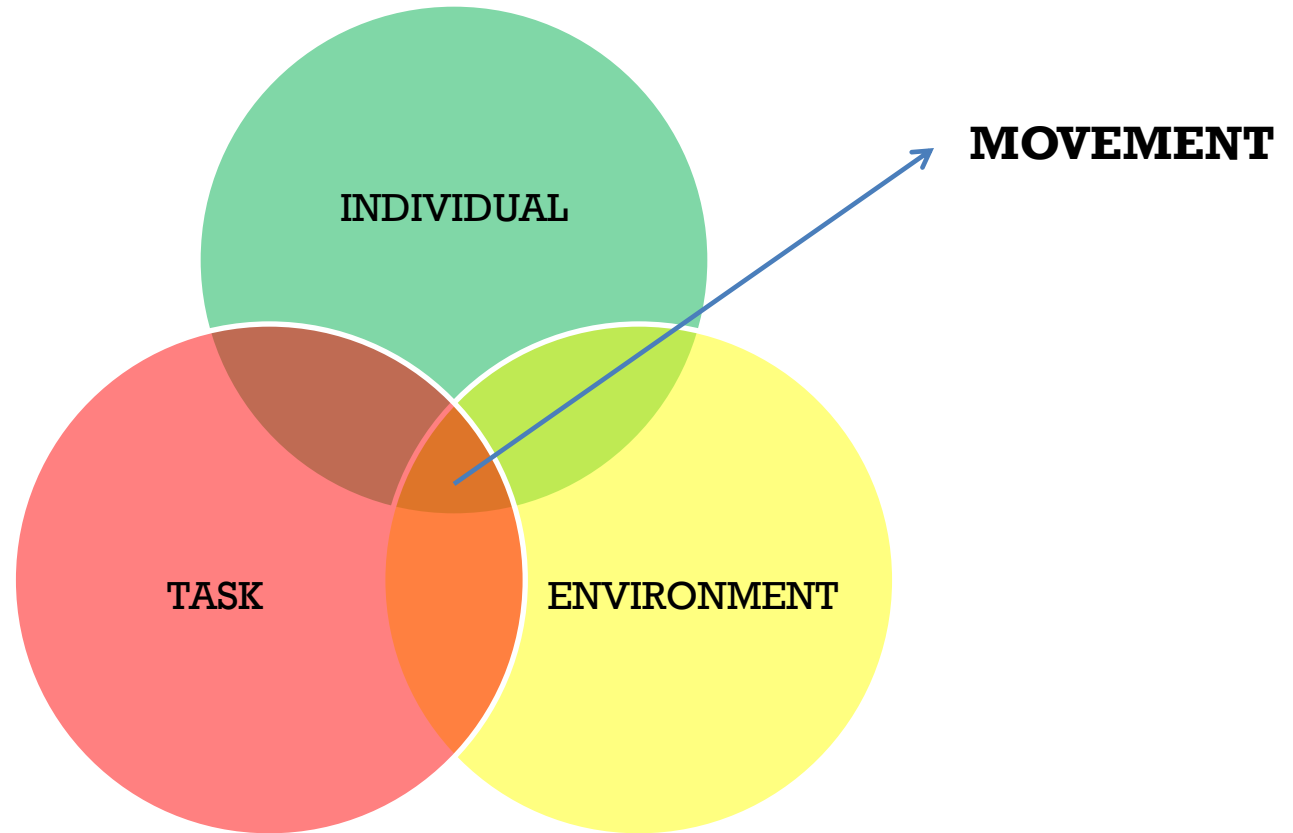
**COMUNICATION**

**EXPERIENCE**

# ICF



# Component Of Movement



Shumway-Cook and Woollacott .2001

# GOAL OF THE BOBATH CONCEPT

*The Bobath concept is a problem-solving approach to the assessment and treatment of individuals with disturbances of function, movement and postural control due to a lesion of the central nervous system (IBITA 1996, Panturin 2001, Brock et al 2002, Raine 2006).*

The goal of treatment is to optimize function by **improving postural control** and **selective movement** through **facilitation. (IBITA, 1996)**

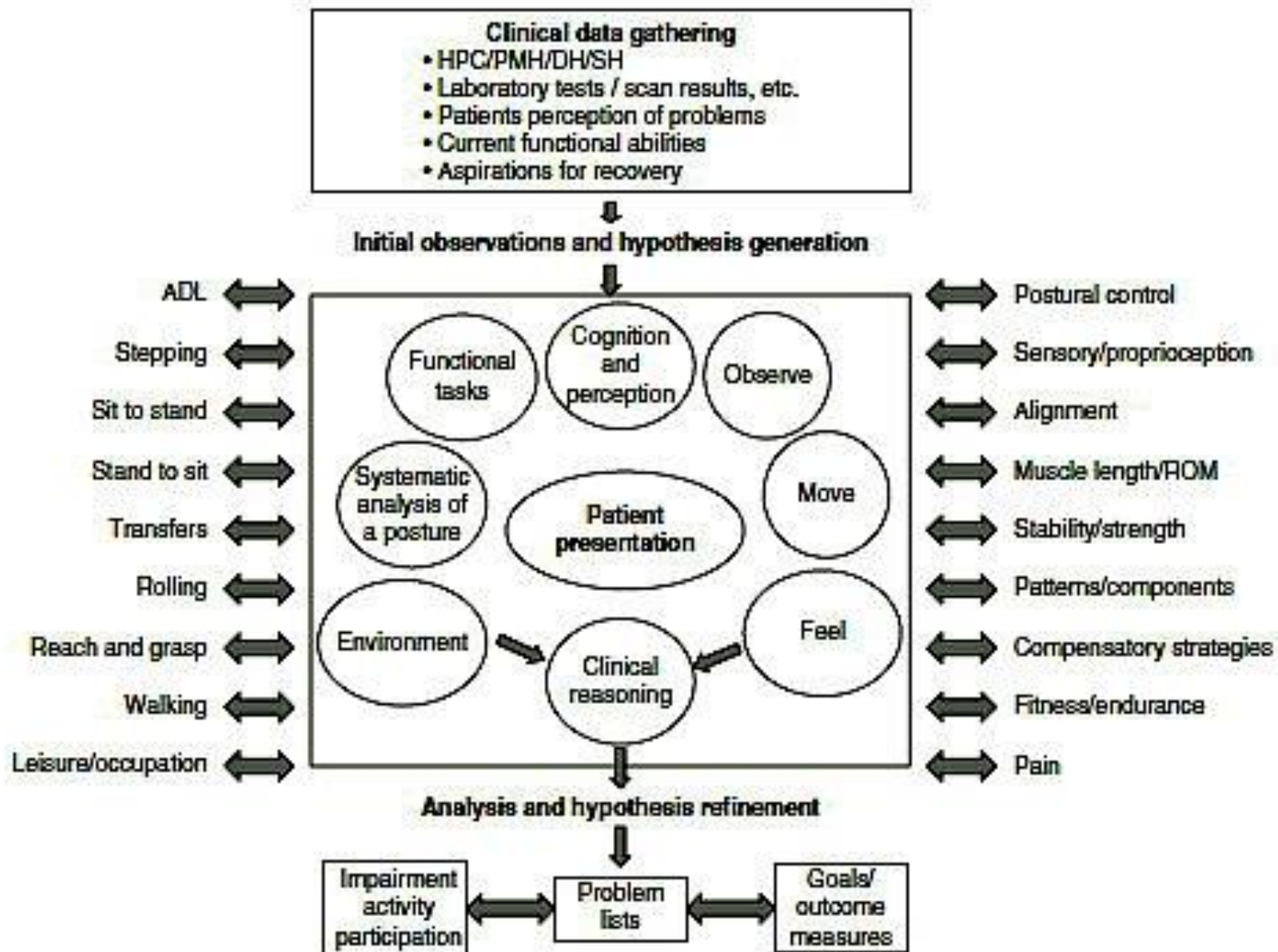
(12th Annual General Meeting of IBITA in 1996.)

# Physiotherapy assessment

- **Assessment : resource and problem oriented.**
- **Assesment is the basis of treatment.**
- **Handling is also resource of assessment not only at treatmnet.**
- **Include all aspec motor,sensory,cognitive and perceptual function.**
- **Goal of assesment: define the px potential and how he can reach optimal function within the limits of available resources.(wade 1992).**
- **Therapist must know who he is, how he lives,his network, family relations, work situation ,his resources,and analyze his movement function( why he move like that?,ect).**



# PROCESS OF ASSESSMENT



(Liz MacKay 2009)

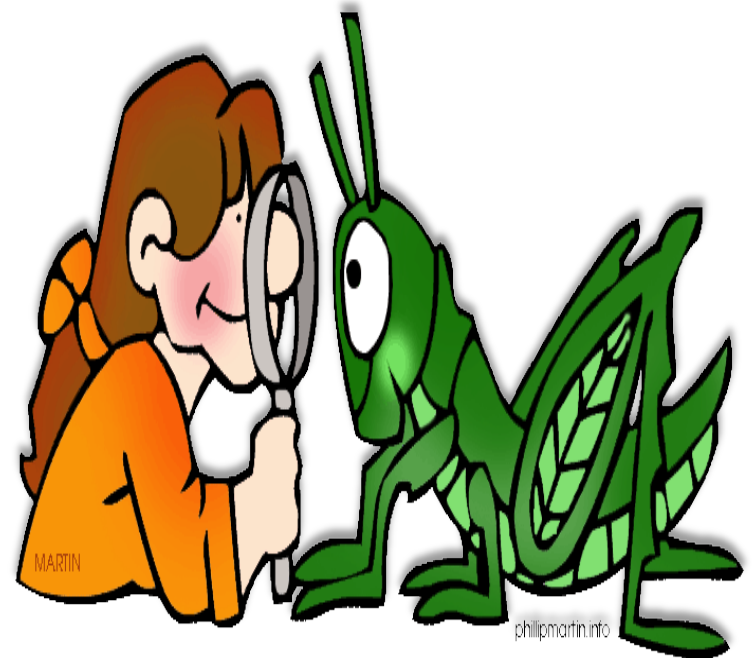
# ASSESSMENT

- Observation
- Feeling
- Analysis
- Hypothesis
- Treatment
- Re-Assessment

# OBSERVATION

SEE WHAT  
YOU SEE, AND  
NOT WHAT  
YOU THINK  
YOU SEE

(Berta Bobath, Schleichkorn 1992)



# OBSERVATION

- Alignment of key point
- Initiation of movement
- Balance
- Postural Tone
- Associated Reaction
- Compensation

# Feeling

- Tone
- Response to contact and handling
- Reaction to being move

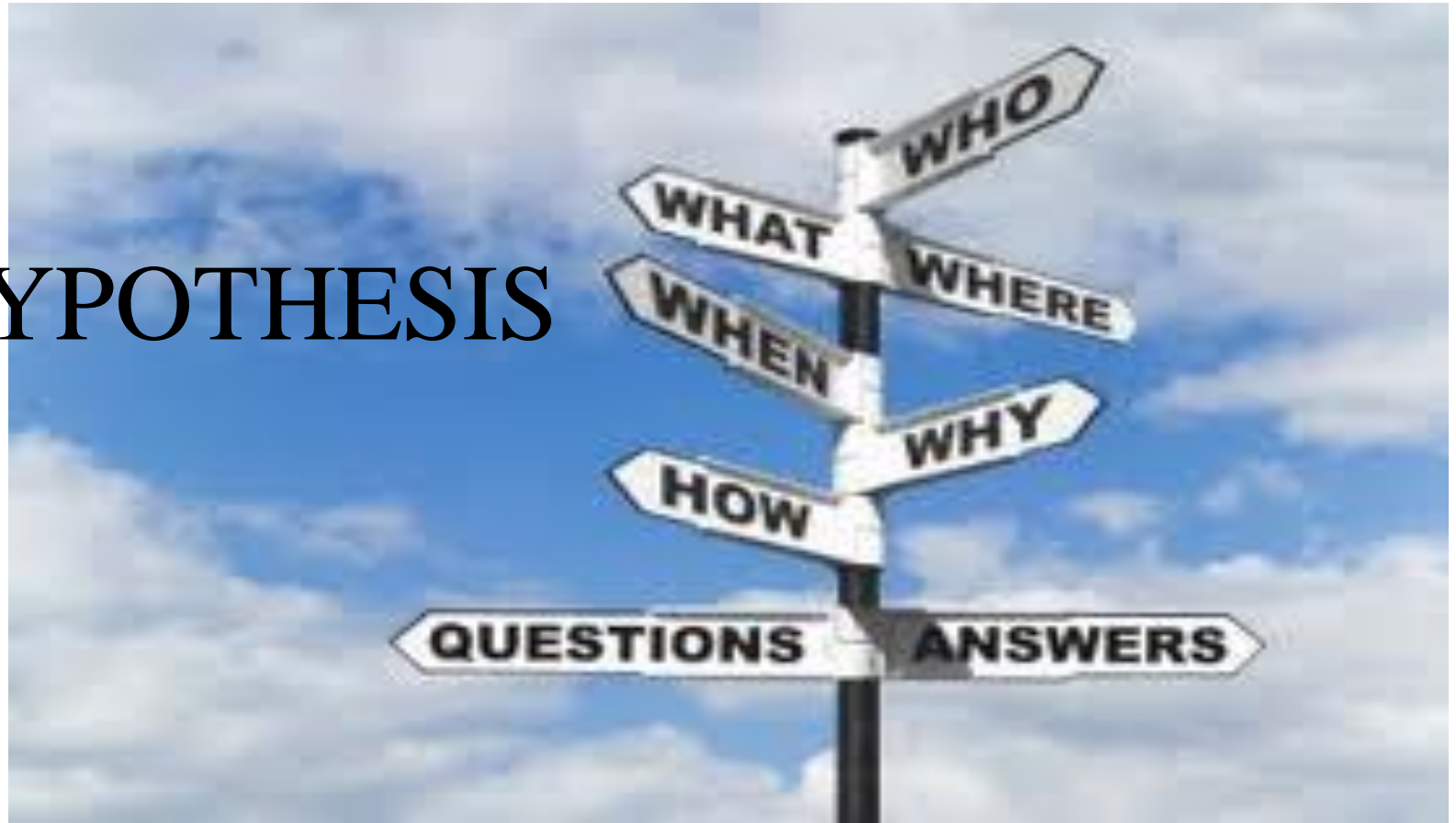


# ANALYSIS

- Why do the patient moves as he does ?
- What is the compensation ?



# HYPOTHESIS

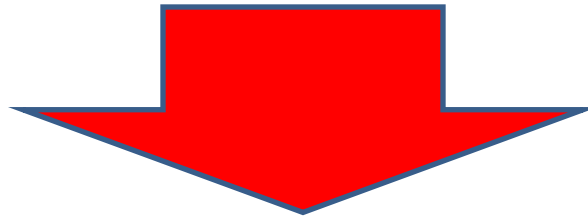


**INITIAL HYPOTESIS**

**REFINE HYPOTESIS**

**FINAL HYPOTESIS**

(HOAC II, Jules M Rothstein, 2003)



**ACTIVE REASONING**

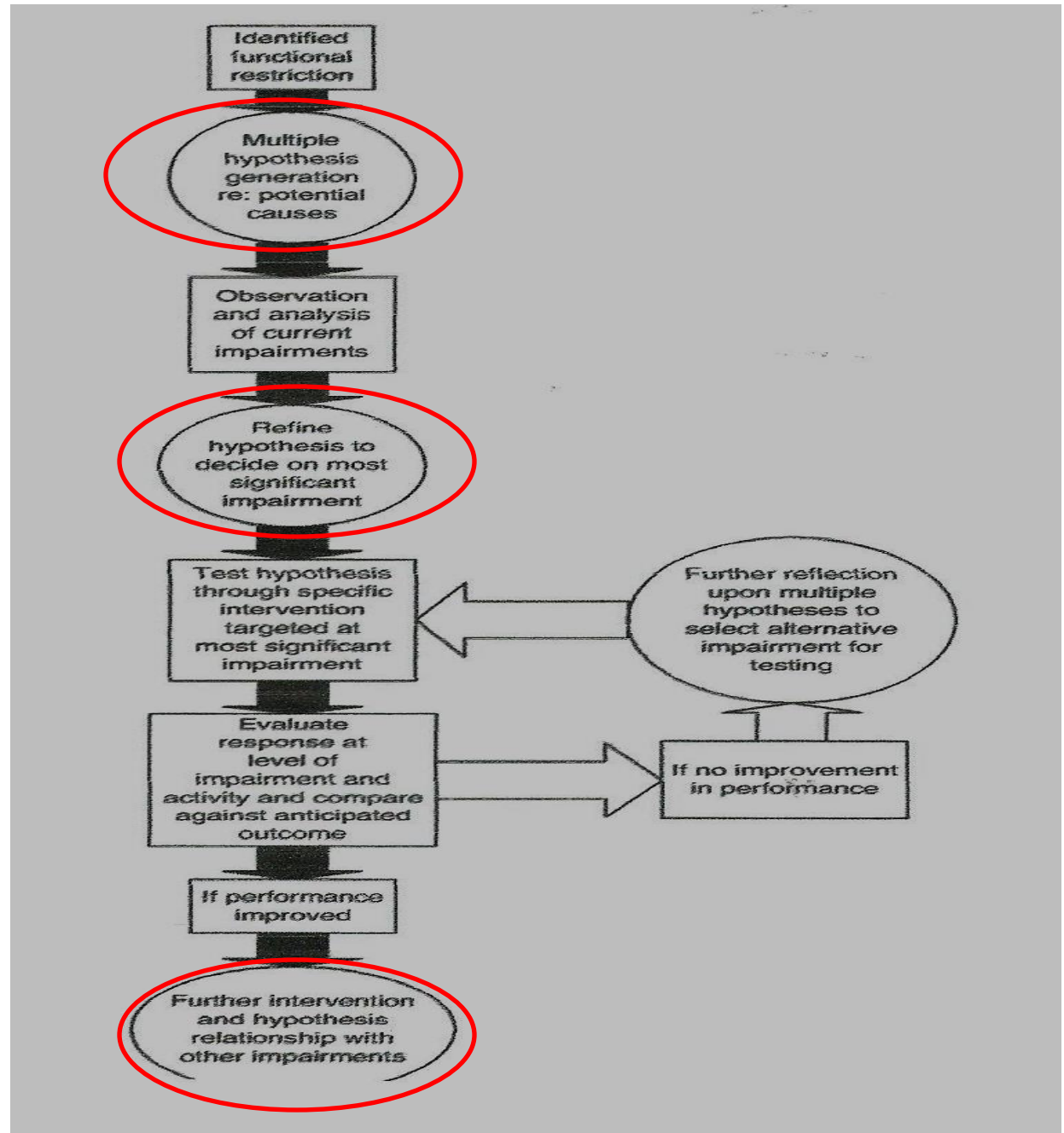
(Mattingly. 1994)

***Intervention* are used in order to assist the clinical reasoning process within the assessment**

(Doody & McAteer.2002; Hayes Fleming& Mattingly 2008)



# Active Reasoning Process



# Problem list

Body structures  
And function

Alteration in tone  
Altered reciprocal innervation  
Altered pattern of movement



Reduce balance  
Reduce selective movement



Activities

Reduced ability to transfer  
Restriction to daily activities  
Restriction to instrumental activities eg (shopping ,cooking)



Limited spontaneity  
Limited choices



Participation

Limited participation compared with before

# Key learning points of assessment

- The primary focus is exploration of individual's potential for improvement in movement control as basis for increase functional independence.
- Clinical reasoning is an active process , continuous of assessment and treatment, produced a clear hypothesis in respect of individual's clinical presentation.
- Assessment is flexible, responsive, and patient centred .
- The Bobath concept fully embraces an evidence-based practice paradigm.
- The Bobath Concept represents a framework for clinician to produce individually tailored assessment and intervention

# Treatment Plan

- Takes into account :
  - Health needs of the patient.
  - Personal needs and expectations.
  - Social and enviromental factors.

# Treatment

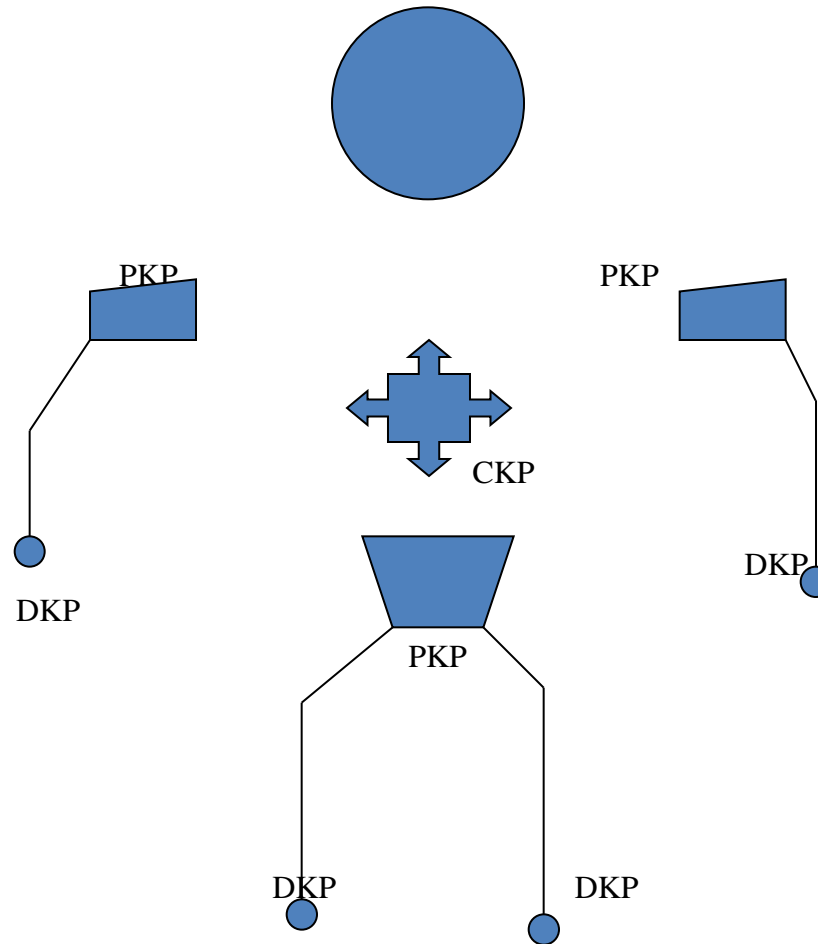
- Postural Set
- Key Point
- Goal of The Day
- Carry Over

# Postural Set

A postural set is an alignment of key point that creates the lowest tone for the individual whilst allowing selective movement

- Against gravity
- With gravity
- Within a posture

# KEY POINT OF CONTROL



**Key points of control:** area of input from which therapist may control the sequence of movement and may facilitate or inhibit a response. These may be proximal or distal, are interchangeable, and must be adapted to the patient's reactions. (Hoppenfeld and Zeide 1994)

# Goal Setting

- **Focuses the rehabilitation team on the needs of the individual patient.**
- **Provides a structured and objective way of planning and documenting progress.**
- **Involves and motivates patients and carers in the rehabilitation process.**



# Goal Setting

- Goal should be SMART
  - S Specific.
  - M Measurable.
  - A Achievable.
  - R Realistic.
  - T Time limited.

# ASSESSMENT DIAGRAM

- Name/age
- Occupation/Hobby
- Social situation
- General state of health (important for the treatment)
- Diagnosis (date of diagnosis) \_\_\_\_\_ Name of therapist

1. General impression
2. Which can the patient functionally Quantity
3. How does it make that? Quantity
4. Why does it make in such a way? Analysis
5. What is the main problem? Hypothesis
6. What I will do (treatment) Plan
7. A treatment goal

Why does it make in such a way?

Analysis

HIPERTONICITY +  
HYPOTONICITY -  
COMPENSATION \*  
SHORTENING ><

