Day Care Rehabilitation Enforcement Adopting the Takizawa Method and Yearly Care Degree Changes as an Effect Judging

Rika Wada\textsuperscript{1}, Toshihiro Tachibana\textsuperscript{1}, Yoshiyasu Takefuji\textsuperscript{2}, Shigeo Takizawa\textsuperscript{3}
\textsuperscript{1}Tachibana Orthopedics Rehabilitation Day Care, \textsuperscript{2}Keio University, \textsuperscript{3}Biophilia Institute

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Abstract
The nursing care insurance (NCI) rule defines the rehabilitation-related protocol needs of outpatients of the rehabilitation facility, such as 6 hours or more (one day), 3 hours or more (half a day), and 1 hours or more (short time). We will clarify the method corresponding to the demand of this nursing care insurance, and the rehabilitation result as affected by the change of the degree of care.

Purpose
We will clarify the practice of the protocols including devices and user-friendliness. We measure the rehabilitation result in the change of the degree of care (DC) since this institution opened year by year in order to compare the rehabilitation result with the related advanced research.

Method
The explanation of current rehabilitation service: This institution has taken in three power rehabilitation machines, Takizawa programs (using PataKoro, a pulley, etc.) and individual training by physiotherapists (PT) in everyday rehabilitation training. A Takizawa program accommodates all cases as a base program from those who require heavy nursing care with the high DC to those who declined preventive nursing care excepting the individual PT training.

The change of DC: Moreover, in order to clarify the validity of the rehabilitation which this institution is carrying out, we measure the effect of changes in the DC since opening by one-year unit. Furthermore, we investigate the research comparing care degree changes of a rehabilitation enforcement institution that is usually performed. We conduct contrast analysis of the result with this institution’s rehabilitation result.

Subject
There were 74 outpatients by 2010 since opening in 2003. The number of those who continued for one year or more and received evaluations one year after being classified totaled 43 subjects. Those who continued for two years or more and were evaluated annually totaled 10 subjects. Those who received three years of evaluations totaled 6 subjects, and those who received four years of evaluations totaled one. We calculated those who got one year of evaluations from this total and classified requiring care degree 1-3, and made the number of subjects into 67.

Result
Explanation: Power rehabilitation (three sorts of machines): The popularity from appearance is high although the cost is also high. There might be use difficult for one whose change capability is low and who is considered of high risk and paralysis. Introduction is sometimes difficult due to space and
Individual PT training: The PT offers training according to a disease or needs by discretion of the PT. Takizawa program: Almost all users are carrying out the method as a base program. Any worker can also implement rehabilitation services, even to a high risk and a heavy care-needing person. We have also introduced it as a voluntary training program during waiting times because of its space-saving training and a low risk, and short-term service.

The change of DC: We authorized the collection and release of data from subjects and one university bulletin stating previous research. There was data indicating that the DC got worse though our results showed subjects maintained positive results.

For example, we ran a statistical test on the method and the improvement factors of a hypothesis of rehabilitation were independent. As for the hypothesis, a method of rehabilitation and the DC improvement are independent. The hypothesis was rejected by 1% of the significance level as a result of the chi-square test. When it is rated on a numerical value, there is no difference in an "improvement", and it was shown "To maintain the degree of care" and "aggravation" as having a difference.

**Consideration**

For the home care service in the NCI use in a chronic term, functional maintenance is a problem of the utmost importance in order to continue an independent home life. According to the aging of a person requiring care or a care worker and house environment, aggravation of the DC will be a shift factor to institutional care services irrespective of the intention of the person himself/herself or a care worker. This program, which can respond to various users of a low-risk to active mass maintenance of the chronic term in which an active mass tends to fall, is easy to introduce (especially as a short-time program, even if there is little arrangement staff) looks promising. Moreover, program introduction is considered "an effect to stop aggravation and maintain the DC" from the result of the chi-square test and advanced research.

**Reference data**


2) Hidemi Kijima, research of the secular change of the level of care needed for a home person requiring care and the amount of service and level-of-care-needed change, Suzuka University of Medical Science, University bulletin 2007 (No. 14), p39-52 (JP)