Practice of Inpatient Rehabilitation of the Takizawa Method and Motivative Exercise

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Abstract

This presentation by the video broadcasting is a disclosure of the research record of the rehabilitation training with devices. To establish this training program, we needed to acquire much information from Mrs. Takizawa, PT who developed the Motivative training and many devices. But she had always advocated "I can treat them. Only I can do and I use 10,000 kinds of rehabilitation intervention techniques" and had the profits by herself all alone. Now we knew that the co-author analyzed the situation of the rehabilitation training by carrying out identification of multiple accounts under the same name as a single entity with 10,000 kinds of rehabilitation intervention techniques to 10000 numbers²⁾. I mention specially that there had been the big sacrifice of the co-author who hadn't fear losing all, especially in his political possibilities, in order to obtain information disclosure.

We had already a chance to prove the effectiveness of developed walker by the co-author by the grant of the Japanese National Foundation, Association for Technical Aids in 2000¹⁾, illustrated the revelation to Fig. 1 Raku walker. This rehabilitation training with devices was happened to project to join the prior study. Some of the devices in this training are shown here, Fig. 2 Pata (ankle dorsi-plantar Flexion exercise device) and Fig. 3 Quadriceps training with weights.

We summarized those to the video film from the analysis, which I will show you from now on. The scene of evaluation is shown in Fig. 4. Moreover, I display the written directive for enforcement on Fig. 5. Participation of the Commonwealth of the Northern Mariana Islands (CNMI) official who was invited to Japan in order to participate in this research became the foundation of the first international biophilia rehabilitation conference with the government of the CNMI of the next year, 2001. The author had confirmed the good effect in our qualitative analysis to walk acquisition²⁾. I required statistical analysis to Prof. Ushizawa, the top medical statistician. He could prove by FIM evaluation results that the adoption of training showed significantly effective results. In table 1 we realize the facts⁴⁾. The significant differences were shown in gray.

Meantime my research presentation became the foundation of the patent³⁾.

We recognized the necessity to record what we saw actually by this rehabilitation training. And we obtained the KAKEN grant and recorded it in 2001. Then, we arranged and published as a video book from the Civil publication.

Although it is recognized as the fact which is not accepted except Japan and though very regrettable, in Japan after the Long-term Care Insurance Law enforcement in 2000, re-acquirement of walking ability meant the financial loss due to improvement. This economic loss is a large sum, 880 USD per month per person. It means a monthly decrease in income of 88000 dollars with 100 persons' facilities. Therefore re-acquirement of walking ability was not desired at all. The diffusion of our study results has not been realized until today by focusing on such a situation.

Then I expect that its diffusion of all over the world and scientific analysis of the Motivative exercise, which is a core intervention of the Takizawa's rehabilitation method will be performed by watching the training situation at the video session this time.

Fig. 1. Using Raku walker scenery

Fig. 2. Pata setting scenery

Fig. 3 Leg training with Weight

Fig. 4. Listening comprehension scenery

(ankle dorsi-plantar flexion training)

Fig. 5. Appearance of the Commonwealth of the Northern Mariana Islands official who participated

Kind of motion	Momentum of motion
Two simple Motivative Exercise devices	20 -50 Times
Weight band	0.5 Kgx20 Times , 1Kgx20 Times
Device for upper extremities	20Times
Hot pack	Shoulder Lt, Rt, Ancon Lt, Rt, Knee Lt, Rt, Ankles Lt, Rt,
the parallel bars	Front 1, 2 , back 1, 2 , Side 1, 2
step	Low 1, 2 High 1, 2
gymnastics	Trunk training

Fig. 5 Analyzed and methodized the autonomous kinetic training

Table 1. Test result of effect on improvement -all the examples

FIM Item (self-care)	existence of improvement			the degree of improvement		test					
	-	0	+	mean	S.D.	t	p value	Sign	p value	Sgn Rank	p value
A. Eating	5	34	5	-0.07	0.95	-0.48	0.636	0	1.000	-2	0.865
B. Grooming	8	29	7	-0.41	1.83	-1.48	0.146	-0.5	1.000	-18	0.317
C. Bathing	9	21	14	0.36	1.78	1.36	0.182	0.25	0.405	50	0.122
D. Dressing - upper body	8	26	10	-0.05	1.52	-0.20	0.844	1	0.815	3.5	0.881
E. Dressing - lower body	8	26	10	0.11	1.78	0.42	0.674	1	0.815	10	0.674
F. Toileting	4	28	12	0.25	1.75	0.95	0.350	4	0.076	24.5	0.214
(toilet)											
G. Bladder management	9	28	7	-0.32	1.23	-1.71	0.095	-1	0.804	-29.5	0.118
H. Bowel management	3	28	12	-0.16	1.65	0.65	0.520	4.5	0.035	21.5	0.233
(transfer)											
I. Bed, chair, wheelchair	9	22	13	0.34	1.57	1.44	0.157	2	0.525	38.5	0.204
J. Toilet	9	24	11	0.18	1.57	0.77	0.448	1	0.824	24	0.378
K. Tub, Shower	9	31	4	-0.20	1.19	-1.14	0.262	-2.5	0.267	-14.5	0.326
(move)											
L. Walk	2	27	15	0.57	1.68	2.25	0.030	6.5	0.002	48	0.023
M. Stairs	5	36	3	-0.16	0.91	-1.16	0.254	-1	0.727	-7.5	0.375
(communication)											
N. Comprehension (auditory)	1	36	7	0.30	1.07	1.83	0.074	3	0.070	12.5	0.102
O. Expression (verbal)	5	33	6	0.00	1.57	0.00	1.000	0.5	1.000	0	1.000
(social cognition)											
P. Social interaction	3	39	2	-0.16	1.20	-0.88	0.384	-0.5	1.000	-3	0.500
Q. Problem solving	4	31	9	0.07	1.42	0.32	0.752	2.5	0.267	13	0.390
R. Memory	5	29	10	0.00	1.22	0.00	1.000	2.5	0.302	4.5	0.829
FIM total	16	5	22	0.88	12.83	0.45	0.654	3	0.418	58	0.407

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