

Open Access Journal of Pharmaceutical Sciences and Drugs

Social Rehabilitation and Integration of Disabled Persons into Society

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Received: January 19, 2026; Accepted: January 23, 2026; Published: January 31, 2026

ABSTRACT

The article focuses on the social rehabilitation and integration of disabled people into society. Social rehabilitation and integration of disabled people into society represents a set of measures and activities aimed at supporting their independence, self-sufficiency and full participation in social life. We point out the importance of comprehensive rehabilitation and therapies in the integration of disabled people into society. We also present examples of good practice. In the empirical part, we examine the impact of therapies on people with disabilities and their integration into society.

Keywords: Disabled People, Comprehensive Rehabilitation, Social Rehabilitation, Integration, Therapies

Introduction

The basic needs of every person include the desire for an independent and meaningful life.

The goal of disabled people is their socialization. It is about the individual's involvement in society.

We distinguish the stages of socialization:

- **Integration:** full social involvement of a disabled person, i.e. the consequences of disability have been overcome
- **Reintegration:** it is the process of returning to social life, the disabled person is active, but continues to be disabled
- **Adaptation:** a disabled person is able to participate in all aspects of social life, but only with certain auxiliary measures: e.g. social care, social service
- **Utility:** a disabled person participates in social life under the supervision and with the help of other people
- **Inferiority:** a disabled person is beyond the possibility of socialization, is excluded from social life

Health Disability and its Classification

Disability is a condition that limits the physical, mental, sensory

or psychological functions of an individual and can affect their daily life.

WHO (World Health Organization) recommends assessing disability as follows [1]:

- **Impairment:** Any loss or abnormality in psychological, physiological or anatomical structure, function
- **Disability:** any disadvantage, lack of ability to perform an activity appropriate to age, personality and environment due to impairment, barriers, due to perception and communication disorders
- **Handicap:** an unfavorable social situation resulting from a disorder or disability that limits a person in some activity, performance of tasks due to age, gender

Impairment represents damage or disruption of the function of various organs and systems in the body, which can lead to disability. They can affect vision, hearing, musculoskeletal system, speech, or cognitive abilities and cause various difficulties in everyday life.

We will introduce the classification of impairments:

- impairment or damage to the optic nerve, organs of vision, which lead to changes in vision and visual impairment
- disorders of the auditory organs – lead to hearing impairment:

Citation: Jana Korcová. Social Rehabilitation and Integration of Disabled Persons into Society. Open Access J Pharma Sci and Drug. 2026. 2(1): 1-12.

DOI: doi.org/10.61440/OAJPSD.2026.v2.33

- reduced ability to receive and process sound signals
- disorders of the statomotor apparatus – consequences of damage or disorders of the locomotor apparatus
- disorders of the speech organs – difficulties in the development and function of speech, pronunciation
- disorders of intellectual functions – changes in cognitive functions, memory disorders and learning difficulties

We then point out the classification of disabilities

- Behavioral Disability:** Poor orientation in time and space, difficulty adapting, loss of future, inability to control one's body, disruption of relationships, isolation, etc.
- Communication Disability:** Understanding speech, speech expression
- Personal Care Disability:** Problems with personal hygiene, problems with controlling excretion, with dressing, eating, etc.
- Physical Disability:** If the child is weakened, dependent on the help of others. The opposite extreme – is lazy, incapable.
- Dexterity Disability:** Limitations in adapting the environment to one's own needs, in everyday activities, in controlling the body and, in grasping things, holding things, in other manual activities
- Situational Disability:** In adaptability, in endurance, tolerance of temperature and noise, lighting, work stresses and others
- Locomotor Disability:** Disability in walking, running, climbing stairs, moving and others (World Health Organization)

Disability can be classified according to its causes, manifestations and impact on a person's daily life, and includes various forms of physical, sensory, mental or psychological limitations. In the case of brain damage, the following disabilities are included:

- Disability in Perception: unable to process stimuli from the environment
- Disability in Social Interaction: unable to react in the presence of other people, the child is apathetic or irritable
- disability in learning
- disability in social inclusion
- disability in social application: disadvantage of some people due to their appearance, origin, gender, age, sex, different culture
- disability in life perspective: associated with unemployment, low education and poor work habits
- disability in achieving a certain quality of life - e.g. poverty, poor quality of housing
- difficult access to education, healthcare and other Causes of disability can be congenital or acquired.

A handicap is a consequence of a disability that reduces an individual's ability to fully participate in normal life activities and social life.

Birth defects are divided into groups:

- congenital physical defects - physical disability
- congenital vision defects - visual impairment
- congenital hearing defects - hearing impairment
- congenital intellectual disabilities - mental disability or intellectual disability
- congenital speech defects - speech impairment [1]

Integration of Disabled Persons into Society

Rehabilitation is of great importance in the case of disability, i.e. a return to the original functional state of the organism. Medical rehabilitation is important, the aim of which is to bring the health status back to normal. Medical rehabilitation is often combined with social, pedagogical, and occupational rehabilitation, in which case we speak of comprehensive rehabilitation. Social rehabilitation is important, which maintains the client's connection with the wider society. Occupational rehabilitation is also of great importance, which gives disabled persons the opportunity to work and, if necessary, obtain professional qualifications. It is not only a source of income, but also gives the disabled person meaning and quality of life [2].

Mentally Disabled People

Regarding mentally disabled people, we can classify them:

- According to the Degree of Intensity:** it can be mild, moderate, severe and profound mental retardation
- According to the Type of Mental Retardation:** it can be torpid people, i.e. inert, rigid, insensitive, and also erotic people, i.e. excited, irritable.
- According to When the Mental Retardation Arose:** it is people with congenital mental retardation, also with acquired intellectual impairment, dementia [3].

As for this disability, children, adolescents and adults can be affected in this way.

It is a faulty development of the central nervous system (CNS), there is a disorder of mental functions. This is mainly manifested in upbringing, education and work. Comprehensive rehabilitation care is needed here. In contrast to dementia, mental retardation represents insufficient development of the intellect.

The goal of organizations helping people with mental disabilities is that basic human rights are a matter of course in the lives of people

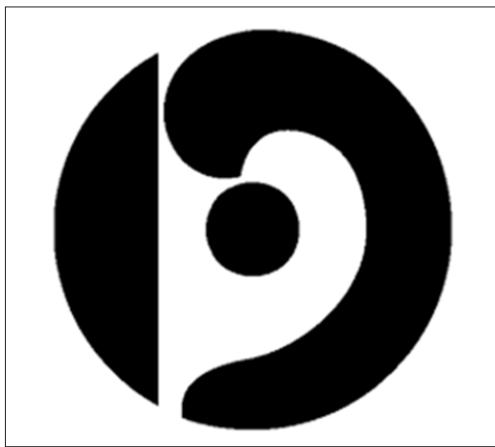


with mental disabilities. So that they can work, get an education, relax, have a family life and friends, so that they are accepted for who they are [4].

The most famous organization for helping people with mental disabilities is the Association for Helping People with Mental Disabilities in the Slovak Republic,

Hearing Impaired people

The priorities of organizations for the hearing impaired are the participation of the hearing impaired themselves in improving the quality of their lives, the implementation of their thoughts and ideas, providing space for their application in activities for the benefit of the deaf community and for the permanent improvement of their living conditions:

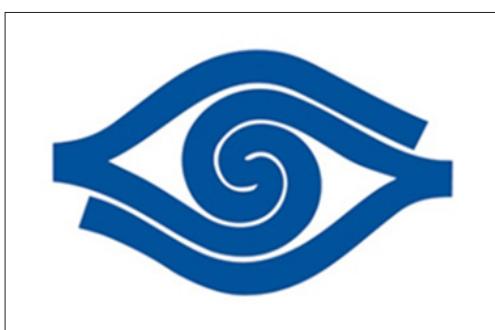


- Slovak Union of the Hearing Impaired
- Association of Parents and Friends of Deaf-Blind Children
- Association of the Deaf of Slovakia – ANEPS

Compensatory aids provided by the state for the hearing impaired: hearing aid, telephone for the visually impaired, television with teletext, dictaphone and others

Visually Impaired People

Within the framework of social services, comprehensive rehabilitation care is provided. The prognosis, social impact, and handicap depend on the education and social rehabilitation of the visually impaired person. It is implemented in the form of practical training activities:



- in courses
- in social rehabilitation centers
- in a special school for blind and partially sighted children
- in the home environment

Within the Union of the Blind and Partially Sighted of Slovakia, CETIS – the Center for Technical and Information Services – operates. This Center provides several special services for blind and partially sighted people (Braille transcriptions, counseling, etc.)

Compensatory aids for visually impaired people:

- blind watch with voice output
- telephone for the blind

- talking label identifier
- medical thermometer with voice output
- calculator with voice output
- and others (Act 447/2008 Coll. on compensatory aids) [5]

Persons with Physical Disabilities

Physical and health disabilities are manifested depending on the origin, duration, type and extent of physical and health disabilities. Depending on the degree of movement disorder, these are partially mobile, mobile and immobile, i.e. immobile. Depending on the type of movement disorder, these may be congenitally underdeveloped limbs or other parts of the body, amputations, paralysis, paralysis and others.



The following social services are provided to the disabled:

- social and legal advice
- field work
- lecturing
- providing information about social service providers
- arranging professional consultations regarding apartment adaptation
- assistance in solving the issue of employment of the disabled
- rehabilitation
- compensatory aids (Act 448/2008 Coll. on Social Services) [6]

Comprehensive, Complex Rehabilitation

In the case of disability, rehabilitation is of great importance, i.e. returning to the original functional state of the organism. By comprehensive, complex (integrated) rehabilitation we mean all types of rehabilitation, whether medical, social, pedagogical (educational), or occupational.

Therapeutic rehabilitation is important, the aim of which is to bring the health status back to normal. Therapeutic rehabilitation is often accompanied by social, pedagogical, and occupational rehabilitation.

Rehabilitation is a long-term process; its aim is to restore impaired functions and prevent disability [7]. Currently, there is a strong emphasis on an integrated rehabilitation model.

The starting point of comprehensive rehabilitation is diagnostics: it primarily represents monitoring of functional self-sufficiency in several areas of daily activity. The basic items for a wide population of people with various disabilities must be represented: physiotherapists, occupational therapists, experienced nurses, speech therapists, psychologists. The items

represent:

- Self-Sufficiency: washing, ability to navigate in space, eating, grooming, bathing, dressing bladder and rectum functions
- Mobility: Ability to move (bed, chair, bathtub, shower, wheelchair, toilet) is determined
- Locomotion: Ability to walk / wheelchair, walk upstairs, get on and off public transport buses
- Communication: Ability to perceive, express oneself [8].

Medical Rehabilitation

Therapeutic rehabilitation is focused on the diagnosis and treatment of diseases, on the use of means of therapeutic physical education, occupational, psychosocial and educational rehabilitation in prevention. Within the framework of therapeutic rehabilitation, spa treatment is of great importance.

Among the therapeutic means of therapeutic rehabilitation we include:

- **Therapeutic Physical Education:** Consists of positioning, antigravity relaxation, exercises in relief, individual and group therapeutic physical education. This also includes special movement treatment techniques, hydrokinesiotherapy, hippotherapy, elements of yoga, means of occupational, psychosocial and educational rehabilitation.
- **Physiotherapy:** this is physical treatment such as electrotherapy, hydrotherapy, thermotherapy, phototherapy, mechanotherapy and inhalation therapy.
- **Balneotherapy:** represents treatment with natural healing waters, peloids, gases and healing climate.
- **Reflexology Techniques:** include manual and mobilization treatment, reflex types of massage
- **Acupuncture and its Modifications**
- **Supportive drug Treatment** [9]

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Occupational Rehabilitation

Occupational rehabilitation implements the training of work

habits and skills.

The first type is temporary employment, where the disabled person is employed for as long as his disability or incapacity for work lasts.

The second type is supported employment, where an individual place is sought for each person separately.

In the process of occupational rehabilitation of the disabled, ergodiagnostic methods are initially used - ergotesting and ergotherapy with an assessment of work potential [10].

Occupational therapy has four areas:

- **Fitness (Treatment by Employment):** the goal is to distract the patient / client from his / her health problems and maintain good mental well-being. It affects the mental state, forcing the patient / client to engage his / her brain in mental work and physical alertness.
- **Occupational Therapy Focused on the Affected Area:** is aimed at achieving optimal physical and mental function. The goal of treatment is to increase muscle strength and range of motion in individual joints.
- **Occupational Therapy Focused on Job Placement:** the task of occupational therapy focused on job placement is to test the physical and mental abilities of the rehabilitator. It is important for those people who, due to an injury leaving permanent consequences, have to change their job.
- **Occupational Therapy Focused on Education for Self-Sufficiency:** many diseases and injuries cause a state where the affected person is dependent in ordinary daily activities. The goal is for the rehabilitator to return to their home environment so that they can live a quality life in this environment (Pfeiffer 1990).

Disabled people have the opportunity to participate in the work process in the home environment in the form of teleworking - remote work. This is made possible by modern information and communication technologies, various online services, for example, shopping via internet banking.

It allows for easy implementation of banking operations online. In the area of employment of the disabled, Act No. 5/2004 on employment services is of great importance [11]. These include:

- sheltered workshops and sheltered workplaces
- activities of work assistants
- activities of supported employment agencies
- determination of the obligation of employers to employ a certain proportion of disabled workers

The Institute for Occupational Rehabilitation of Citizens with Disabilities has been established. It is the only certified facility in Slovakia providing comprehensive rehabilitation (medical, occupational, social and pedagogical-educational) [12].

Pedagogical (Educational) Rehabilitation

It is focused on the development of personality and support for the education of people with disabilities. Educational rehabilitation is an important part of the comprehensive treatment of patients; it brings an improvement in the quality of life of a person. Important factors are: personal initiative of the patient / client, the personality of the health worker and the ability to positively motivate the patient / client [13].

Psycho-Social Rehabilitation

Psychosocial rehabilitation is a relatively young discipline that deals with the problems of inclusion, integration into society.

The task of psychosocial rehabilitation is for the disabled person to learn to live with an illness or handicap. Physical disability – handicap represents a radical change in health status, which may be accompanied by symptoms of depression. This can manifest itself in the psychological, physical, but also social areas – in relationships with other people [14].

In the period of health, a person is the main actor in activity, has relative independence and to a certain extent determines his own pace of life, lives in a relatively broad time dimension in the present, future and past.

During illness or injury, this changes, the patient/client is the subject of care for many, is dependent on others, his/her life rhythm is determined by others, he/she is in relative social isolation, lives intensely only in the present, the future is uncertain.

Social problems of the disabled effect not only him/her, but also his/her family, friends, and colleagues.

Social Rehabilitation

Through social rehabilitation, a person with a disability acquires the skills and abilities that are necessary for their continued existence in society. The purpose of social rehabilitation is to maximally support the independence of persons with disabilities in all areas of life. Act 448/2008 on social services in Section 21 – Social rehabilitation is characterized by “as a professional activity to support the independence, self-sufficiency, and self-sufficiency of a natural person by developing and practicing skills or activating abilities and strengthening habits in self-service, household care, and basic social activities”.

Social rehabilitation also includes training in the use of aids, training in household chores, spatial orientation, and teaching Braille writing and reading, and social communication.

Within the framework of social rehabilitation of persons with disabilities, we can include techniques through mediation, relaxation, reconditioning, encouragement, competition, etc.

Social rehabilitation is provided in the following forms:

- outpatient – the client comes to a facility where they can practice their work skills, take self-service courses, computer courses, and receive social counseling.
- field
- residential

Individual Social Rehabilitation Program and its Activities

- individual physiotherapy – exercise and physical activities
- garden therapy – flower care
- care of the housing unit – housework, cleaning
- individual client plan – social planning, social prevention, social counseling
- elements of modern and innovative technology – working with electronics, PC, mobile phone, tablet
- reminiscence in working with seniors – photographs, memory therapy

- individual accompaniment of the client – help, support, assistance, information
- spiritual counseling – integration of spiritual aspects, prayer, confession
- spatial orientation training
- occupational therapy – creative work, occupational therapy with various materials, handicrafts, own creations
- social communication – conversations on topics that are interesting to the client
- bibliotherapy – reading aloud, reading books, magazines, stories
- cognitive therapy – memory exercises and tasks, memory training, secrets [15].

Group Social Rehabilitation Program and its Activities

- elements of climatherapy – group walks
- relaxation methods – relaxation, breathing exercises, meditation, psychogymnastics
- playing board games – card and board games
- spiritual counseling – group prayers, participation in the Holy Mass
- garden therapy – joint planting and growing of plants, care for the garden
- methods of sensory stimulation – listening to folk tales, stories, spoken word
- group physiotherapy – exercise and physical activities
- cultural program
- music therapy
- occupational therapy
- and others [15].

Social rehabilitation Can be Provided Through Music Therapy

Relieves tension, improves mood, is a relaxation technique. Music therapy can be understood as a treatment or a specific form of helping a person through music. The aim of music therapy is to improve psychological, social, communicative, emotional, mental health and well-being. In Europe, we often encounter the term dance therapy or dance-movement therapy in a psychotherapeutic context. It is the psychotherapeutic use of dance and movement to support physical, emotional, cognitive and social integration

- **Canistherapy:** The positive effect of a dog on human health
- **Bibliotherapy:** Memory training, working with text
- **Memory Exercises:** Affect memory, thinking and maintaining attention
- **Basal Stimulation:** supports the perception and mobilization of human abilities, supports the quality of life of clients with changes in their physical and mental state. is one of the means that enables communication with a disabled person
- **Phytotherapy:** this is herbal therapy using hand-picked herbs
- **Aromatherapy:** this is encouraging, calming and soothing aromas, i.e. healing through scents
- **Doll Therapy:** a therapeutic method using interaction with dolls to support emotional, cognitive and social development, especially in children, seniors or people with disabilities
- and others [16]. Social rehabilitation is carried out by social workers, nursing staff, occupational therapists.

Therapies, Therapeutic Approaches and Their Significance for the Disabled Community

Therapy represents one of the methods of work of a professional worker in social services, in direct contact with the recipient of social services. We perceive it as a targeted impact on the personality of the client by a professional, while taking into account the social environment in which the community lives.

Music Therapy

Music therapy is the targeted use of music and its components to positively influence the states of an individual in an individual or group process managed by a professional.

Clients in music therapy:

- people with mental illness
- addicts
- people with sensory disabilities
- people with physical disabilities
- people with specific disorders
- clients after negative experiences with violence
- Music and singing therapy are recommended for all chronic, physical, mental and psychosomatic illnesses (Dosedlová 2012).

Art Therapy

We define art therapy as treatment through art, using artistic activities and means. Art therapy does not aim to develop artistic abilities, but the resulting product is used as a form of communication.

The aim of art therapy is to improve mental health and mediate emotional well-being.

Art therapy positively supports the client in the areas of:

- relaxation, inducing mental well-being
- overcoming anxiety and fear, reducing stress
- enriching imagination, developing creativity

In group, community art therapy, a common theme and technique are assigned to everyone. As for working with colors, the absence of colors in the drawing reveals emotional emptiness, sometimes an antisocial tendency [17].

Depressed people paint with very sad shades of colors. An extrovert usually uses the spectrum of colors to create their product. An introvert, two colors are enough for him.

Bibliotherapy

The basis of bibliotherapy is intentional work with a book. Group community bibliotherapy is carried out in the form of work with a book, text and word. The discussion about the read or created text is then essential.

The Meaning of Bibliotherapy

- acceleration of adaptation to a new life situation
- diversion of attention from problems and arousal of new interests, activation
- change of attitudes, values, possibilities of solving problems
- resolution of conflicts, management of life crises
- development of memory, attention, thinking

Clients in Bibliotherapy

- clients with psychiatric illnesses
- persons after returning from serving a sentence
- seriously ill
- persons with sensory disabilities
- persons with physical disabilities
- persons who have experienced violence [18].

Drama Therapy

It is a therapeutic and educational discipline in which group activities predominate, which use the dynamics of theatrical and dramatic means to achieve somatic relief, to alleviate the consequences of psychological disorders and social problems. Also to achieve social growth and integration of the personality.

Currently, drama therapy is mainly used in institutions for the mentally disabled, in psychiatric clinics.

In drama therapy we use:

- role-playing
- improvisation
- dramatic ritual
- story
- puppet plays
- educational games

Clients in drama therapy:

- people with mental disabilities
- clients with psychiatric illness
- individuals at risk or suffering from social exclusion
- people serving a sentence [19]

It is recommended to apply drama therapy to seniors as well.

Reminiscence Therapy

The basic properties of the human psyche include the ability to actively recall memories.

Reminiscence therapy is a treatment method that uses the client's preserved long-term memory and activates him through his memories.

In reminiscence therapy, the client is:

- with mild and moderate forms of dementia
- with Alzheimer's disease

It is mainly intended for clients in senior age:

- verbal and non-verbal communication develops
- inducing psychological well-being
- awareness of one's own identity
- support of dignity
- strengthening self-esteem
- improvement of the client's psychosomatic state

Reminiscence therapy techniques:

- books of life
- life story
- return to handicrafts
- reminiscence dance
- etc.

Reminiscence therapy tools:

- music
- photography
- books

- scents
- various materials (e.g. vase, paintings, ...)
- and others [20].

Psychomotor Therapy

This therapy focuses on movement. It is used for the sick, disabled, less physically able and clients with psychiatric illnesses.

The most suitable and popular sports and recreational activities are:

- tourist activities for physically able clients
- spending time in nature
- walking
- sports games
- physical games
- fun games
- targeted warm-ups
- indicated exercise as part of rehabilitation
- swimming etc [21].

Farming Therapy

The therapy is applied through work on the farm, in direct contact with animals. Contact with animals has a preventive effect against the development of psychosomatic diseases. It includes the process of caring for various types of animals and growing animal feed.

Farm work therapy involves clients in agricultural and farm work. It also includes plant production and gardening.

Therapy is focused on:

- maintaining and developing work habits
- activating the client, meaningful use of time
- motivating them to move
- having a positive impact on physical and mental condition
- developing communication
- supporting and developing social contacts

Clients in farming therapy:

- people with mental disabilities
- people with psychiatric illnesses
- people with addiction problems etc [22].

Animotherapy

Animotherapy refers to the therapeutic effect of an animal on a person. It is a therapeutic process in the field of eliminating or alleviating psychological and physical difficulties, developing communication, socialization and relaxation.

Types of animotherapy by type of animal:

- hipoteria – therapeutic use of a horse for the benefit of a person
- canisterapia – therapeutic use of a dog for the benefit of a person
- felinotherapy – therapeutic use of a cat for the benefit of a person
- llamatherapy – therapeutic use of a llama for the benefit of a person
- ornithotherapy – therapeutic use of birds for the benefit of a person
- delfinotherapy – therapeutic use of dolphins for the benefit of a person [23]

Canisterapy

It is used as a complementary therapy, which can improve psychological well-being, communication skills and motor skills.

It is especially beneficial when working with the mentally ill, with mental disabilities, with autistic people, with long-term illnesses.

Clients in canitherapy:

- people with mental disabilities
- people with sensory disabilities
- in speech therapy and rehabilitation practice
- with chronic diseases
- with people with physical disabilities [23].

Hippotherapy

Hippotherapy is a method of animotherapy that uses a horse for treatment.

It is a specific rehabilitation method, its action affects the field of rehabilitation, psychology, resocialization. Horses are most often associated with the treatment of musculoskeletal disorders (Hornáček 2021).

Compensatory Aids

The social consequences of disability are compensated in the form of financial contributions and social services according to Act No. 447/2008 Coll. on financial contributions to compensate for severe disability and on amendments and supplements to certain acts, as amended [5].

Compensatory aids are aids and devices that replace, supplement and support missing or weakened functions. They compensate for the consequences of loss or damage to the musculoskeletal system and sensory organs, increasing the autonomy and independence of disabled people.

The aim of compensatory aids is to make the disabled person as independent as possible with the possibility of fulfilling family roles as well as performing work, educational and leisure activities.

Basic classification of aids for citizens with physical disabilities:

- compensatory aids for the physically disabled (e.g. mechanical or electric wheelchair, stair climber, ceiling lift, stair chair)
- rehabilitation aids for the physically disabled (e.g. rehabilitation pedals, special strengthening equipment, strengthening springs, dynamometers)
- orthopedic aids for the physically disabled (e.g. – prostheses, orthoses, orthopedic shoes, orthopedic insoles)

Social services for disabled persons under Act No. 448/2008 Coll. on Social Services are intended to address an adverse social situation that has arisen as a result of severe disability, poor health or reaching retirement age. These services include various forms of support, such as supported housing facilities, social service homes, rehabilitation centres or care services. In addition, specialized services are also available, such as transportation, guiding, interpreting, and personal assistance, which help individuals overcome barriers in everyday life and improve their quality of life [6].

Examples Of Good Practice

EXAMPLES IN THE FIELD OF HEALTH DEVELOPMENT

- outdoor activities (Nordic walking or walking with poles)
- hiking trips – individual or group organized
- relaxation exercises (tai chi, qigong)
- breathing relaxation
- finger exercises
- massage with balls

Figure 1: Examples for the area of health development
Source: own processing

EXAMPLES IN THE AREA OF MOTOR SKILLS DEVELOPMENT AND MAINTENANCE

- sorting legumes: lentils, beans, peas
- sorting various buttons by color, size
- playing with a massage ball
- artistic and creative activities: working with a brush, skewers, scissors, paper, etc.
- working with dough

Figure 2: Examples for the area of motor development and maintenance
Source: own processing

EXAMPLES OF IMPLEMENTING THE DEVELOPMENT OF COGNITIVE SKILLS

- word games in groups: completing words
- solving simple mathematical problems
- proverbs and sayings
- knowledge quizzes
- reading books
- participating in lectures and discussions with various focuses
- individual handicrafts: crocheting, knitting, embroidery
- solving crosswords, eight-way puzzles, sudoku
- playing board games
- listening to the radio, watching television

Figure 3: Examples for implementing cognitive skills development
Source: own processing

EXAMPLES IN THE AREA OF SOCIAL SKILLS DEVELOPMENT

- name day and birthday celebrations of individual clients in a social service facility: practicing congratulations, making and preparing a gift
- participation in cultural and social events: dance parties, visits to theater performances
- work in the garden

Figure 4: Examples for the area of social skills development
Source: own processing

SHOPPING – WHAT DID YOU REMEMBER?

- eggs
- shampoo
- onion
- cauliflower
- cheese
- toothpaste
- soap
- milk



Figure 5: Purchase – what did you remember?
Source: own processing

In this game, the goal is to memorize a list of items and then check to see if anything has been forgotten. It can be a fun form of memory and attention training.

Methodological Basis of the Work

The main objective of the research was to examine the impact of therapies on people with disabilities and their integration into society. The research will focus on the respondents' experiences with therapeutic methods, the assessment of their effectiveness and the impact on everyday life.

Partial objectives

- To map the therapeutic methods that respondents engage in.
- To examine the impact of therapies on the respondents' integration into society
- To identify potential barriers and challenges in the integration of these therapies.

We conducted the research using a quantitative method using a questionnaire survey. According to Polonský (2000), the questionnaire technique is the most widely used method of obtaining relevant information in the course of sociological research [24]. The essence lies in the fact that through written questions we obtain data that are predominantly descriptive in nature and the questionnaire is usually associated with statistical processing.

The questionnaire was distributed to persons with disabilities; 187 completed questionnaires were returned to us. The questionnaires were distributed in printed form and, if necessary, were completed with the help of an assistant. We distributed the questionnaires in the Trnava and Trenčín self-governing regions in rehabilitation centers, community centers, day care centers and non-profit organizations.

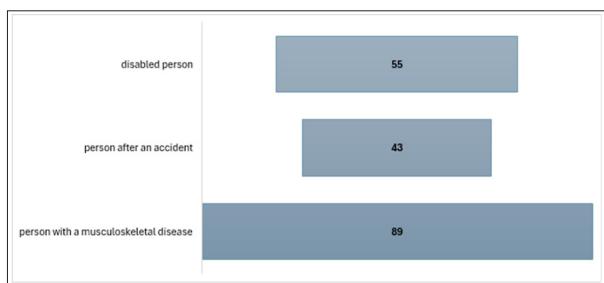
As part of our research, we also set three hypotheses:

Hypothesis 1: Respondents show a higher interest in music therapy and occupational therapy compared to other therapeutic methods.

Hypothesis 2: Respondents who have undergone multiple therapeutic methods show a higher level of satisfaction with their health condition.

Hypothesis 3: Respondents who have undergone a longer rehabilitation process show a higher level of satisfaction with integration into society.

The following graphs and tables present the results of our research.

**Graph 1:** Health problems of respondents

Source: own processing

The graph shows the number of people with various health problems. Of the total number of respondents, 55 were disabled, 43 were injured, and the largest number, 89 respondents, had a musculoskeletal disease. These data indicate a significant group of people with mobility or health limitations, which can affect their daily lives and the need for specific health or rehabilitation care.

**Graph 2:** Rehabilitation period

Source: own processing

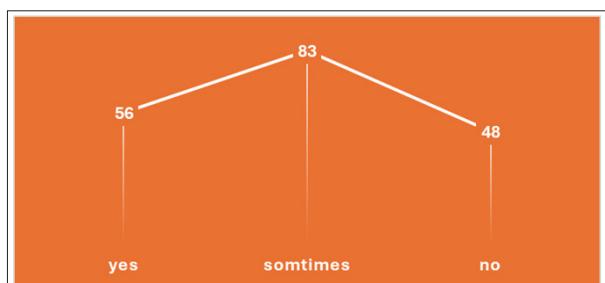
The graph shows how long respondents undergo the rehabilitation process. The largest number of people, 68, completed rehabilitation lasting 4 to 6 months, while 45 people completed it in just 1 to 3 months. 35 respondents completed longer-term rehabilitation ranging from 7 to 12 months, and as many as 39 people needed more than 12 months.

Table 1: Area of Self-Sufficiency

ANSWER OPTIONS	SELF-SUFFICIENT	PARTIALLY DEPENDENT	DEPENDENT
clothing, shoeing	78	66	43
hygiene, bathing	65	69	53
cooking, baking	49	64	74
household care	58	69	60

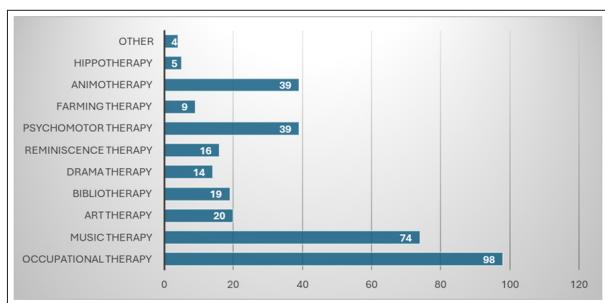
Source: own processing

The highest number of self-sufficient persons, 78, is in dressing and putting on shoes, while the highest number of dependent persons, 74, is in cooking and baking, which indicates that this activity represents the greatest challenge for many. The situation is more balanced in hygiene and bathing – 65 persons are self-sufficient, 69 partially dependent and 53 completely dependent. In terms of household care, 58 persons are self-sufficient, 69 need partial help and 60 are completely dependent on help.

**Graph 3:** Attending social events

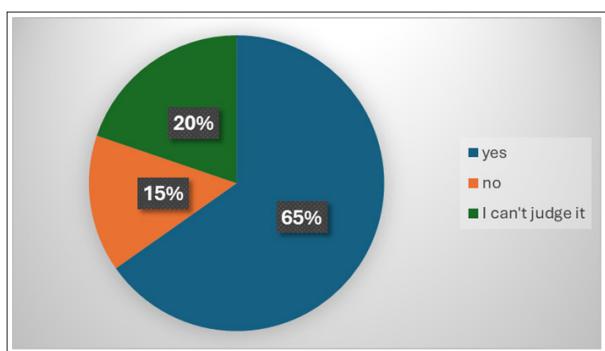
Source: own processing

56 people regularly attend social events, while 83 respondents attend them occasionally. Conversely, 48 people do not attend these events at all, which may be related to health restrictions, social factors or personal preferences.

**Graph 4:** Completed therapies (multiple answers possible)

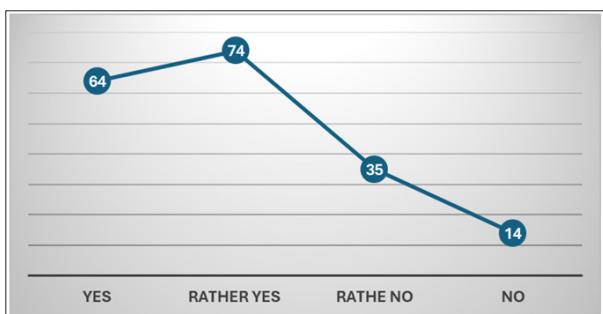
Source: own processing

From the respondents' statements, we can conclude that as part of social rehabilitation in the integration process, they underwent several therapies with the aim of their inclusion in society. We were then interested in whether these therapies helped the respondents in their integration into society.

**Graph 5:** Therapies and their importance in integration into society

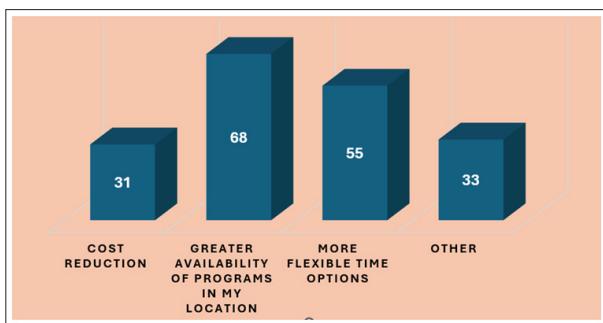
Source: own processing

The importance of therapies in social integration is widely acknowledged, with 122 respondents (65%) believing that therapies are important for this process. On the other hand, 28 people (15%) believe that therapies do not have a significant impact on integration, while 37 respondents (20%) are unable to make a clear assessment of this issue. This split opinion indicates a diversity of experiences and perspectives on the role of therapies in social integration.

**Graph 6:** Improving health while undergoing therapies

Source: own processing

The results regarding the improvement of health status during the therapy show that the majority of respondents have a positive opinion about the effectiveness of the therapies. As many as 64 respondents confirmed that their health status improved during the therapy, and 74 indicated "rather yes". On the other hand, 35 people expressed "rather no", and only 14 people stated that the therapy did not improve their health status.

**Graph 7:** Factors to improve engagement in therapies

Source: own processing

Factors such as cost reductions, as mentioned by 31 respondents, could support increased engagement in therapies. This would make it easier for a wider range of people to access these therapies. Greater availability of programs in specific locations would also help, as mentioned by 68 respondents. 55 respondents said that more flexible time options would allow therapy to fit around personal schedules. The "other" responses, numbering 33, were dominated by the view that greater support from therapists or organizations would also contribute to greater engagement and motivation to complete therapies.

Verification of Hypotheses

Hypothesis 1: Respondents show greater interest in music therapy and occupational therapy compared to other therapeutic methods.

Table 2: Results of the chi-square test for testing hypothesis 1

Statistic	Value	df	Asymp. Sig. (2-tailed)
Pearson Chi-Square	20,99	1	0,000
Likelihood Ratio	21,35	1	0,000
Linear - by - Linear Association	21,83	1	0,003
N of Valid Cases	187		

p<0.05

Source: own processing

The research results confirmed the hypothesis that respondents show a higher interest in music therapy and occupational therapy compared to other therapeutic methods. The data obtained showed that these two forms of therapy are most often used, with respondents describing them as the most beneficial in terms of psychological well-being, motor development and social interaction. The reason for their popularity may be not only the positive impact on emotional stability and self-expression, but also their relative availability and the possibility of individual adaptation to the needs of the individual. Other therapeutic methods, such as art therapy or hippotherapy, were used to a lesser extent, mainly due to financial and organizational barriers.

Hypothesis 2: Respondents who have undergone multiple therapeutic methods show a higher level of satisfaction with their health condition

Table 3: Results of the chi-square test for hypothesis 2

Statistic	Value	df	Asymp. Sig. (2-tailed)
Pearson Chi-Square	18,21	2	0,000
Likelihood Ratio	15,23	2	0,000
Linear - by - Linear Association	14,25	2	0,004
N of Valid Cases	187		

p<0.05

Source: own processing

The research results confirmed the hypothesis that respondents who underwent multiple therapeutic methods show a higher level of satisfaction with improving their health. Data analysis showed that a combination of different therapies, such as music therapy and occupational therapy, contributes to a better physical and psychological state of respondents, making it easier for them to participate in social activities. Respondents who used multiple therapies more often reported a feeling of greater self-sufficiency, a better ability to establish social contacts and a higher overall satisfaction with their lives. On the contrary, those who underwent only one or no therapy more often experienced a feeling of isolation and a lower level of integration into society.

Hypothesis 3: Respondents who have completed a longer rehabilitation process show higher satisfaction with integration into society.

Table 4: Results of the chi-square test for testing hypothesis 3

Statistic	Value	df	Asymp. Sig. (2-tailed)
Pearson Chi-Square	21,88	1	0,000
Likelihood Ratio	20,34	1	0,000
Linear - by - Linear Association	18,50	1	0,002
N of Valid Cases	187		

p<0.05

Source: own processing

The research results confirmed the hypothesis that respondents who underwent a longer rehabilitation process show higher satisfaction with integration into society. The data obtained showed that people who underwent rehabilitation lasting more than six months more often reported positive changes in their physical condition, self-sufficiency and ability to participate in social life. Longer-term rehabilitation allowed them to adapt better, acquire new skills and be more confident in performing everyday activities. On the contrary, respondents with shorter rehabilitation or no rehabilitation showed lower satisfaction and a greater degree of social isolation.

Discussion

Tokárová states that the task of social rehabilitation is to eliminate or mitigate the consequences of social problems in order to ensure the social self-sufficiency of a person [25,26]. Social prevention is also related to the stage of social rehabilitation. The aim is to prevent the emergence of dysfunctional or socio-pathological phenomena in the area of a person's life.

Based on the respondents' statements, we can conclude that they underwent several therapies within the framework of social rehabilitation, which aimed to integrate them into society. The importance of therapies in integration into society is mostly recognized, although there is also a certain proportion of respondents who consider their impact on this process to be less significant or cannot clearly assess it. These results point to diverse experiences and opinions on the role of therapies in integration. Key factors for increasing participation in therapies could be reducing costs, greater availability of programs in localities, more flexible time options, and strengthening support from therapists and organizations. These measures could improve access to therapies and motivate more people to complete them, thereby supporting the process of their integration into society.

Social rehabilitation allows the disabled to participate in various activities, create space for self-realization, increase their independence so that they can lead an independent life. Social rehabilitation, as a set of diverse professional activities, also seeks to help in the areas of legal assistance and economic security, and in essence represents a methodological procedure with the aim of reintegrating disabled people into society (Cangár, 2018).

Based on the findings and suggestions of the respondents, the following recommendations can be developed for practice in the field of therapies and social integration:

Increasing the Availability of Therapies

Expand the availability of therapeutic programs in various locations, especially in underrepresented areas, to enable access to therapies even for people outside large cities. It is important to create mobile or online programs that will allow participants to participate in therapies regardless of geographical limitations.

Strengthening Support from Therapists and Organizations

Ensure that therapists and organizations provide more individual support and counseling. Focus on building trust between therapist and patient and offer psychological and emotional support that would motivate participants to continue with therapies.

Increasing Collaboration between Therapists and Community Organizations

Support greater integration of therapeutic services with social and community organizations that can help reduce barriers between individuals and their social environment. These organizations can provide not only support for integration into society, but also practical tools to improve patients' living conditions.

Education and Awareness-Raising

Increase awareness of the benefits of therapies and their contribution to social integration. Organize information campaigns and support groups that would help remove the stigma associated with therapies and encourage people not to be afraid to seek help.

Conclusion

Supporting the autonomy and independence of people with disabilities should be a fundamental pillar of policy and provision of care services for this group. It is important not only to ensure the availability of health and social care, but also to create an inclusive environment that will enable these people to actively participate in social and working life. It is the duty of every democratic state to provide people with disabilities with living conditions that are comparable to those of healthy people, through legislative measures, financial support and the availability of rehabilitation and assistance services. Raising awareness of the needs of people with disabilities and removing barriers in various areas of life are necessary steps towards achieving equality and full integration of these people into society.

The National Programme for the Development of Living Conditions of People with Disabilities for 2021-2030 has been developed. It is a strategic document aimed at improving the quality of life, promoting inclusion and removing barriers, in order to ensure equal opportunities for people with disabilities.

The European Union has clearly recognised the rights of people with disabilities in the European Charter of Fundamental Rights, Article 26 "Integration of Persons with Disabilities", in which it "recognises and respects the right of people with disabilities to benefit from measures designed to ensure their independence, social and employment integration and participation in community life"

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