REPORT ON SOME HUNGARIAN REHABILITATION UNITS

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In Hungary, rehabilitation of the physically disabled is carried out in separate, specialized units, e.g. neurology, rheumatology, traumatology, orthopaedics, etc., each under a medical practitioner qualified in that particular section. Members of the staff engaged in these separate units meet in “The Hungarian Society for the Rehabilitation of the Disabled”, which, in turn, has contact with the Minister for Health and the Trade Unions. This arrangement is important in determining the eventual placement of the rehabilitated.

The method might be diagrammatically indicated as:

\[
\text{Accident} \rightarrow \text{Work} \leftarrow \text{Physiological recovery} \text{ therapeutic aid}
\]

The means applied to achieve this by exercise therapy are shown in Table 1.

In all cases, where it is not contra-indicated, treatment commences with subaquatic exercise. The availability of hot mineral spring water may be the reason for this routine. However, there are bathrooms attached to wards also, where subaquatic exercises can be carried out by bed patients, in ordinary water, to prevent atrophy and increase circulation from the very early stages.

Medical graduates, who wish to train in rehabilitation in the various specialties, work for two to three years in the designated unit, before taking the qualifying examination. The staff giving physiotherapy treatments is divided into two groups:

1. “Fizikotherapists”, trained nurses, who complete a course of six to eight months in a well-equipped unit. They are electrotherapists.

2. Remedial gymnasts, who take a two-year post-matriculation course in an institute similar to physical education teacher training institutions. Remedial gymnasts carry out all individual treatments and class exercises. Occupational and work therapists, social workers and psychologists were also observed at work in the units.

The following observations were made during December, 1967 and January, 1968, at four rehabilitation units in Hungary: three in the capital and one in a regional centre.

### Table 1

<table>
<thead>
<tr>
<th>Stage</th>
<th>Subaquatic Exercise</th>
<th>Subaquatic Exercise Gymnasium</th>
<th>Gymnasium</th>
<th>Occupational Therapy</th>
<th>Settlement into Occupation</th>
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The standard equipment used for individual treatments, the mat exercises and general equipment used for class work, will not be described here. These are all well known. However, the equipment for “underwater massage” is of simple design and apparently therapeutically beneficial in a centre for patients suffering from arthritis and muscular disorders. The patient immerses the part to be treated in warm water of a suitable temperature. A jet of water, directed through a metal...
tube, is played on the immersed part for 10-20
minutes. The tube varies in circumference and
shape (diagram 1), and the velocity of the jet
water thus is varied according to the condition
of the skin of the affected part, and of the cir-
culation. For atrophied musculature, high
water velocity is applied, while for spastic or
flaccid muscles, water velocity is lowered.

An interesting feature at this centre was a
survey, by the psychologist, of drawings pro-
duced by the children on the subject of “self”.
All these children were suffering from physi-
cal disability, and were undergoing re-educa-
tion. The conclusion which might be drawn
after inspection of the series of drawings is
full-sized half of a tram, painted in the same
yellow colour as those on the streets, has been
installed for re-education, not only of the
patients’ quadriceps or biceps, as the case may
be, but also the stereognostic and proprio-
ceptive areas, including the spinocerebellar
and spinotectal pathways. There are strips of all
types of footpaths and road surfaces: cobble-
stones of various sizes, asphalt, sand, dirt, and
so on, on which patients practise walking re-educa-
tion.

At the time of my visit, there were three
classes in progress, for shoulder, hand, and
lower limbs, totalling at least 45 patients.

that, while their limbs were flaccid or inco-
ordinated, the image of “self” was much
poorer than their actual state. As physical
rehabilitation advanced, the children became
“little soldiers” and began using bright col-
ours.

*Municipal Council of Budapest, Institute of
Accident After-Treatment.*

All accident cases from the metropolitan area
of Budapest are brought here within 24 hours,
and are treated in the Intensive Therapy Unit,
the wards, or the rehabilitation centre, as
required. Hospital and centre are well-equipped,
and the approach to treatment is radical.
“Instant walking” is practised after lower limb
amputation, and records show that complaints
of “phantom pain” have been reduced. Every
effort is made to simulate normal, outside con-
ditions as much as possible. For instance, a

*State Hospital and Public Dispensary of the
Hungarian State Railways — Accident and
Hypertonie Section.*

Employees of the State Railways, as well as
people involved in railway accidents, and
compensatable by the State Railways, are
treated in this centre. Again, the effort to
reproduce a normal outside atmosphere was
evident. The centre treats mainly upper and
lower limb amputees. The approach to treat-
ment is conservative. Lower limb prostheses
are prepared by the centre’s technicians,
and photographs of aesthetically and func-
tionally satisfactory upper limb prostheses,
made by “Viennatone”, Fröblgasse 28-30.,
A-1164, Wien, Austria, were shown.

One interesting piece of equipment was a
door of everyday type, but fitted with all kinds

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of doorknobs, hinges and latches at different levels, so that patients with upper limb injuries and prostheses could practise on their own.

Nógrád County Hospital, Salgótarján.

The main road to countries north of Hungary passes through this district, which has a mixed mining, industrial and rural population, served by the Nógrád County Hospital. It is relatively new, and all departments had not yet commenced to function fully. There is a large Department of Rheumatology, to which is attached a "Fizikotherapy Department", with shortwave machines, ultrasonic machines, and equipment to alter the direction, pulse duration and pulse frequency of the current, similar to equipment used here in Australia. An unusual sight was a large container, with a built-in heating and stirring device, for making up mud for mud packs. Dried mud is obtained by the Pharmacy Department in bulk, for preparation as required.

Again, the approach in the Accident Aftercare Department is radical. Most fractures are treated by internal fixation, and early movement and ambulation are encouraged. A special operating table was pointed out with pride. This has a frame attached to it, on which limbs can rest over the edge of the table at various degrees of flexion, abduction or extension during open or closed reduction of fractures and the application of fixation.

It was stimulating to study both the similar and dissimilar ways in which problems, the same as we encounter here, are approached. Many treatments were decided upon empirically, a course we know only too well here. Generally speaking, because of staff shortage, much of the chest physiotherapy for chronic patients had to be abandoned. Nevertheless, it appeared that most problems are approached vigorously and analytically, with a determination to bring about the best possible result.