

PAPER DETAILS

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Family Medicine and Occupational Rehabilitation

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Nowadays, medical science has moved away from being a profession that deals with diseases individually and quells diseases as a physiological malfunction and has turned into a community service that deals with the patients in terms of the place they live in and environmental conditions, examines them with all of their socio-economic, physiological, psycho-social issues and finds solutions for their problems.^{1, 2, 3} Family physicians have been trained to examine the individual as a whole in accordance with the above-specified target, regardless of their age or gender.¹ In addition to the treatment of acute and chronic diseases, they conduct regular health screening for preventing the development of diseases and provide consultancy services regarding health-related issues.¹ In case that the treatment of health problems identified by the family physician is related with another medical specialty and require specific treatment, the task of coordination for accessing this service is also the responsibility of the family physician.^{1, 2, 3}

Worker's health is the solidification of the physical, spiritual, moral, and social well-being states of workers in all occupations; maintenance of the same at the highest level; the working conditions and the prevention of physical and chemical damage to the health of workers in the workplace; the employment of workers at the appropriate places suitable for their physiological and psychological characteristics; the full mutual adaptation of the worker and the job.^{4,5} Occupational and environmental health is the area of family medicine dedicated to the prevention and management of occupational and environmental injury, illness and disability, and the promotion of health and productivity of workers, their families and communities.

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Family physicians' major role with concern to occupational health is to ensure effective prevention and appropriate management of injury and illness related to work. When prevention is not successful, family physicians must be aware of the special circumstances and considerable variability of individual workers and the demands of their jobs. The family physician's goal should be to provide expert and comprehensive care of the injured or sick worker, and to be able to address rehabilitation and return to employment.⁶

Trying to normalize the physical and mental health status of the disabled and chronic patients by making use of all the means to the fullest extent and improving thereof through the use all kinds of auxiliary means and task facilitating techniques, seeking to provide a status and a job to said people in the community, enabling them to be able to conduct various everyday activities without depending on others, making them to be able to earn money and briefly the work done for mimicking the life of healthy people is called rehabilitation.^{4,5,7} The rehabilitation, conducted by a team of family physician, social worker, psychologist and physiotherapist who performs the treatment of various diseases and accidents faced by the workers in the workplace can be divided into three main sections:^{5,8}

1. Medical rehabilitation (Treatment phase lasting until the recovery of the lost functions of the chronic patient or the disabled): It is the attempt to correct the physical barriers of the individual by surgical or medical interventions. The other medical personnel try medically to make the individual regain their work skills by this procedure.

2. Assessment (Phase of recuperation and determination of working field): It is the joint assessment by family physician, social worker, psychologist and technical training expert forming the rehabilitation team upon the completion of their own work (Table 1).

1. Conducting the necessary and sufficient examination on candidate's workplace
2. Result of the medical section (Determination of the performance)
3. Result of the technical training (Practical skills ability)
4. Result of the work psychology (Determination of the mental performance)

3. Social (occupational) rehabilitation (Phase of work placement): This section is entirely related with training. The decision of either going back to original job or changing department or receiving new vocational training is given upon conducting the assessment.

In the free societies of the twenty-first century that we live in, granting the essential living rights to the chronic patients and the disabled is a rule of the democracy.⁷ Because, it cannot be demanded that these people spend the rest of their lives in hospitals or in their homes by being left alone with their own fate as it used to be.^{4, 7} It should be noted that although these efforts will not provide a material benefit for the community, they will increase the value of that society and will give confidence and peace of mind to the ones living in it.

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Table 1. Assessment

Medical section	Social services section	Work psychology section	Technical education section
Physical examination Radiological examination Cardiological examination Required laboratory examination	Examination of the general situation (Social, educational, economic status, etc.) Occupational medical history (Jobs performed since 18 years old) Occupations of interest General assessment	Personality, intelligence, attention, and related tests Hand eye coordination test Concentration test Physical performance test Other required tests	General office work: Secretarial, accounting, insurance, banking, computer, photocopying, filing. Technical drawing Mechanical work Electrical work (Automotive, construction)