ACTIVITIES OF DAILY LIVING
IN PERSONS WITH CEREBRAL PALSY
IN INSTITUTIONALIZED CONDITIONS

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SUMMARY

Reviewing the literature we have revealed that there were gaps in research of everyday activities of persons with impairments in institutions of social care. It is often assumed that if a person is accommodated an institution of social care has all the necessary support and that there are no major obstacles in everyday activities with a given support. Therefore, we believe that this subject was not even studied. The research that was conducted for the purpose of this paper gave us the overall picture of everyday activities of persons with physical disabilities in social care institutions.

The main objective of this study was to determine the possibility of performing everyday activities, including participation in special activities organized by the institution, and thus find the indication for somatopedic treatment for persons with cerebral palsy, quadriplegia and paraplegia, multiple sclerosis and muscular dystrophy that are in institutionalized.
Method - For purposes of this study, we have used the descriptive method. Methods of collecting data were: documentation, analysis and individual assessment - testing. Assessment instruments - Test everyday activities (Rusk, 1971) and a Questionnaire for assessing the intensity of needed psychosocial support (Nedovic, Odovic, & Rapaic, 2010).

The results show that users included in this research are heterogeneous group regarding the success at the test of everyday activities and level of needed psychosocial support and that they take very little part in programs provided by the institutions and that there is a need for somatopedic treatment.

**KEY WORDS:** everyday activities, persons with cerebral palsy, institutionalized conditions.

**INTRODUCTION**

Adults with impairments as well as children with impairments are covered by social care measures. The conditions for exercising the right for assistance are regulated by legislation, and the level and scope of protection is usually coordinated with the available budgetary resources. One of the ways to help persons with impairments is accommodating them in the institution, half day or all day, either temporarily or permanently.

Reviewing the literature we have revealed that there were gaps in research of everyday activities of persons with impairments in institutions of social care. As a reason for that the basic characteristics of the population of persons with impairments which formed the sample of respondents may be indicated. Specifically, it is often assumed that if a person is accommodated in an institution of social care he/she has all the necessary support and that there are no major obstacles in everyday activities with a given support. Therefore, we believe that this subject was not even studied.

A survey that was conducted for the purpose of this paper gives us the overall picture of the everyday activities for people with physical impairments in social care institutions. This paper also analyzes the everyday activities (activities in bed, wheelchair activities, personal hygiene, and dressing, eating, activities with hands, walking and climbing activities). In addition to the everyday activities, we have analyzed the intensity of support present in the group of respondents by the institution.

The obtained results of the study will be of importance for the field of special education and rehabilitation, and thereby contribute to the
improvement of everyday activities for people with cerebral palsy and other types of physical disability, and thus will be able to improve their quality of life in general.

**Physical disabilities**

The types of damage that were present in the sample group of research will be briefly mentioned below:

*Cerebral Palsy* - Cerebral palsy is a clinical entity that is defined in different ways, so that in the literature we find a certain inconsistency about the precise use of the term. The first clinical description of children's cerebral palsy was set by the English physician John William Little in 1861 through the view of Spastic Diplegia form of cerebral palsy. Stosljević, Rapaic and Nikolic (1997) considered that cerebral palsy is a set of heterogeneous pathological symptoms that are clinically manifested as motor disorders accompanied by intellectual, sensory and emotional disorders. The clinical picture of cerebral palsy, primary neuromotor disorder join the other various disturbances of various psychological, through speech and language and sensory disorders, seizures and bone and joint deformities and dental system, which extend the complex health problems associated with this complex impairment.

*Myopathy* - Among the many well-known muscle diseases, it is necessary to mention progressive muscular dystrophy. It is characterized by progressive muscle atrophy of symmetric groups, and describe the following shapes: pelvic infection, excessive femoral-type (atrophied muscles of the pelvic area and lower extremities, the consequence of that shuffling gait, difficulty climbing stairs, tiring quickly, it's hard getting up from sitting position and after a few years process goes on and shoulder belt. After the year of 15, these patients were completely immobile) and scapulohumeral shape with muscle atrophy and shoulder belt functional incompetence hand.

*Brain and spinal cord injuries* - Because of these injuries mainly permanent or long-term locomotion impairments occur. During brain injuries, depending on the localization of the damage and the extent, we have different shapes of muscle function disorders. Half of the body movement, sometimes both formerly part of the body associated with damage to speech and other important functions of CNS could be damaged. In spinal cord injury there is a loss of motor skills, and sensitivity to trophic part of the body below the site of injury with permanent functional deficiencies with respect to the spinal cord does not have the ability to regenerate. Injuries localized to the cervical spine part reflect in quadriplegia (paralysis of all four limbs) with loss of superficial and deep sensibility, voiding dysfunction and defecation, loss of general resistance of tissues and organisms. Injuries in the
backstroke and breaststroke-loin section as a result give quadriplegia (paralysis of lower limbs) with loss of superficial and deep sensibility, voiding dysfunction and defecation, and trophic disorder of the lower extremities. Paraplegia and quadriplegia are the most serious forms of disability and require more or less constant help of others in self-care. *Multiple sclerosis* - Multiple sclerosis is a chronic inflammatory disease of the central nervous system (CNS), whose main pathophysiological feature is destruction of myelin - demyelinating (Kisic-Tepavcevic et al., 2009). Multiple sclerosis affects almost all parts of the central nervous system; the most common signs in typical cases are spinal cord lesions. The main characteristics of this disease are lesions, and flow with remissions and exacerbations (Radojicic, 1995). Motor disorders are different. They can be manifested in the form of muscle weakness (monoparesis, hemiparesis, paraparesis, and tetraparesis) to complete paralysis (palsy) of one or more limbs. In addition to these disorders, coordination disorders occur during the execution of movement and balance disorders (Radojicic, 1995).

Social care institutions are centers of social work, housing facilities for users, institutions for the daily housing and help in home and institutions for social care.

**Social welfare system**

Social welfare institutions carry out their activities in the area of health, education, training and rehabilitation, and their services can be used by consumers and families beneficiaries under the Law on Social care and provision of social security have to do it right.

We can classify social welfare institutions in three groups: general - social institutions, social - health facilities, social - educational institutions.

The right for social care and work enabling in social care institutions have children and young people with disabilities as well as adult disabled persons provided that they are allowed by existing psychophysical abilities and age. Then, these facilities accept individuals with severe physical and sensory impairments who cannot independently function and satisfy their basic needs and persons who for economic, social - health and educational reasons require admission in institutions of social care. In this group a home for adult persons with disabilities in Bezanijska kosa belongs.

This paper will present the results of the analysis of everyday activities of users in the Home for adult persons with disabilities in Belgrade.
Home for adult persons with disabilities is an institution of social care and care of adults with physical impairment - cerebral palsy, multiple sclerosis, paraplegia, quadriplegia, muscular dystrophy, and other forms - phocomelia, stroke - aged 20-60 years, preserved psychiatric and mental abilities. The capacity of the institution is for 80 users. The institution provides customers with 24-hour medical-service, nutrition, hygiene, washing and ironing clothes and professional services - psychologists, therapists, social workers, occupational therapists, etc.

THE RESEARCH PROBLEM

Functioning and disability are determined by health status, personal factors, and environmental factors. In order to comprehend disability the dominant elements of each of these spheres must be comprehensively examined. Access to the special education and rehabilitation requires to put the issue of research in relation to personal characteristics or factors of persons with disability, their daily activities, as well as the degree of participation or failure in socialization. In the framework of social care it is expected that all persons have the necessary support services for everyday activities, but because it is only recently gained importance in the social model of disability, there is a possibility that the support in everyday activities is healthier and less socially oriented. Also, because this institution is categorized as an institution that deals with one type of disability there is a possibility that the support of everyday activities is not adjusted individually to all present types of physical disability, or the provision of support does not take into account the heterogeneity within the group of physical disability, nor the organization of daily recreational activities and other fun sporting activities. To determine the real state we have defined the problem as:

Assessment of everyday activities, including participation in special organized activities for persons with cerebral palsy, quadriplegia and paraplegia, multiple sclerosis and muscular dystrophy.
Assessment of intensity of needed support in everyday activities for persons with cerebral palsy, quadriplegia and paraplegia, multiple sclerosis and muscular dystrophy.
Assessment of participation in the programs organized by the Institution.

The problems faced by persons with physical disabilities require a multidisciplinary approach through various support programs and continuous monitoring of the habilitation effects, rehabilitation and social integration with the aim to stimulate their development and further affirmate their personality (Ivanovic, 2011).
For a person with disabilities, as well as his/her family the insight in the capability is of great importance, as well as their monitoring, but also identifying and meeting needs and overcoming the difficulties faced by persons with disabilities in everyday activities, whether they concern the shape and possibilities of habitation-rehabilitation treatments, model option and organizational forms of education, the need for aids etc (Ivanovic, 2011).

GOALS AND RESEARCH TASKS

The main objective of this study was to determine the possibility of performing everyday activities, including participation in special activities organized by the institution, and thus the indication for somatopedic treatment in persons with cerebral palsy, quadriplegia and paraplegia, multiple sclerosis and muscular dystrophy that are in institutionalized accommodation. This goal is realized by setting the following tasks:

Performing triage of subject for a relevant sample based on the available documentation.
Establishing a personal record for each patient with all the data relevant for the research based on the available documentation.
Designing a Protocol for research purposes.
Assessing and registering the success of each participant in Test of everyday activities.
Assessing and registering the success of each participant in program activities of the institution.
Estimating the level of needed psychosocial support.

Research hypothesis

Persons with disabilities who are institutionalized are not homogeneous groups with respect to the success of the test of everyday activities and level of needed psychosocial support.
It is assumed that persons with disabilities who are institutionalized are not sufficiently involved in the activities specially organized by the institution. It is assumed that there are indications for somatopedic treatment for persons with physical disabilities who are institutionalized.

Research methodology

For the purposes of this study, we have used the descriptive method. Observations, scaling and content analysis were carried out. The obtained data were evaluated and then compared to the results of
earlier tests, which made a longitudinal approach to the description possible.

**Research techniques and procedures**

In accordance with a set of research objectives, methods of data collection were: documentation analysis and individual assessment - testing.

As independent variables the data on gender, age, diagnosis, level of education achieved, and employment were taken.
The dependent variables were: everyday activities, the intensity of needed support in everyday activities in the morning and evening

**Assessment instruments**

For purposes of this study a special Questionnaire, which contains a general part with data from existing databases (gender, age, diagnosed form and shape of physical disability, level of education, employment and involvement in programs at the institution) and a special part with the assessment of functional abilities of persons with physical disabilities who are in institutional care (the success on the everyday activities test, level of needed psychosocial supported) was designed.
For the realization of the objectives were used:

Test for everyday activities (Rusk, 1971) for assessing, recording and subsequent insights of success on the everyday activities test through the subtests in bed activities, wheelchair activities, self-care activities (toileting activities, feeding, dressing), a variety of hands activities, walking and climbing, traveling and activities in the kitchen and home.

The questionnaire for the assessment of intensity of needed psychosocial support (Nedovic, Odovic, Rapaic, 2010). The questions in the questionnaire concerning the everyday activities, frequency and manner of their implementation, as well as the required level of support in the morning (standing, dressing, personal hygiene, nutrition, transportation, threat, therapy), afternoon (feeding, rest, recreation, entertainment, entourage, therapy) and evenings (feeding, socializing, personal hygiene and undressing).

The questionnaire for the assessment of intensity-needed psychosocial support for assessment, registration and subsequent access to the degree of realization of these activities, the type of assistance required and the level of satisfaction with the way this activity is carried out.
Model, place and time of research

For the purpose of this paper the group of respondents was consisted of adults with physical disabilities, institutionalized in the Home for adult disabled persons in Belgrade. The total sample consisted of 43 subjects, 21 female patients and 22 male. The sample consisted of 13 persons with cerebral palsy, 10 patients with multiple sclerosis, 11 patients with quadriplegia and paraplegia, and 9 patients with muscular dystrophy. Respondents` mean age was 33 years; youngest participant is 22, while the oldest respondent is 61 years. Respondents surveyed reside in the institution for at least 1 year and more than 12 years. The largest part of the sample had a secondary vocational school of regular type, while the least respondents had completed 4 classes of primary school. The survey was conducted during year 2011 in Belgrade.

Statistical analysis

Analysis of results based on the methods of descriptive statistics. We analyzed the frequency of the investigated variables and their percentage. The analysis was carried out in relation to the overall achievement and in relation to gender. The results obtained by research are presented in tables and graphically with necessary comments on the importance of established relationships. The results are explained in the discussion in accordance with the set of hypotheses and theoretical positions and similar studies that can be found in the available local and foreign literature. Based on the results of research and statistical analysis, the set hypotheses were validated and the appropriate conclusions were adopted.

RESEARCH RESULTS

Table 1. Gender of respondents

<table>
<thead>
<tr>
<th>Gender</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>22</td>
<td>51.16</td>
</tr>
<tr>
<td>Female</td>
<td>21</td>
<td>48.84</td>
</tr>
<tr>
<td>Total</td>
<td>43</td>
<td>100.00</td>
</tr>
</tbody>
</table>

Table 1 shows the structure of the respondents in relation to gender. The table shows that the overall sample consisted of 43 persons, of which 22 males (51.16%) and 21 females, accounting for 48.84% of the total sample.
Table 2. Diagnosis

<table>
<thead>
<tr>
<th>Gender</th>
<th>Cerebral palsy</th>
<th>Plegia</th>
<th>Multiple sclerosis</th>
<th>Muscular dystrophy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>N 7</td>
<td>N 5</td>
<td>N 5</td>
<td>N 5</td>
</tr>
<tr>
<td>Female</td>
<td>N 6</td>
<td>N 6</td>
<td>N 5</td>
<td>N 4</td>
</tr>
<tr>
<td>Total</td>
<td>N 13</td>
<td>N 11</td>
<td>N 10</td>
<td>N 9</td>
</tr>
</tbody>
</table>

Table 2 shows the structure of the sample at the institution of social care in relation to the diagnosis. The table shows that the majority of patients consisted of persons with cerebral palsy (30.22%), in a smaller number of persons with quadriplegia and plegia (25.57%), followed by persons with multiple sclerosis and muscular dystrophy.

Table 3. The completed level of education

<table>
<thead>
<tr>
<th>Level of education</th>
<th>Cerebral palsy</th>
<th>Plegia</th>
<th>Multiple sclerosis</th>
<th>Muscular dystrophy</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>No formal education</td>
<td>4</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>6</td>
</tr>
<tr>
<td>The first four grades of special primary education</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>The first four grades of regular primary education</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Special primary education</td>
<td>7</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>7</td>
</tr>
<tr>
<td>Regular primary education</td>
<td>0</td>
<td>4</td>
<td>2</td>
<td>4</td>
<td>10</td>
</tr>
<tr>
<td>Secondary education regular type</td>
<td>2</td>
<td>6</td>
<td>6</td>
<td>1</td>
<td>15</td>
</tr>
<tr>
<td>Academic studies</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td>Total</td>
<td>13</td>
<td>11</td>
<td>10</td>
<td>9</td>
<td>43</td>
</tr>
</tbody>
</table>

Table 3 shows the structure of users in social care institutions in relation to the last completed level of education. The table shows that the largest number of users completed high school regular-type (15 persons) while the smallest number of respondents have completed only the first four grades of elementary school. People with cerebral palsy mostly have completed primary school of a special type (53.84%), 4 persons is without formal education, and only 2 persons have completed high school of regular type. Persons with plegia have the
highest percentage of secondary school education of regular type (54.54%) and 1 person has finished college. Persons with multiple sclerosis also in most cases have finished high school regular-type (6 persons). Completed colleges have 2 persons with multiple sclerosis, and 1 person with paraplegia.

**Table 4. Employment**

<table>
<thead>
<tr>
<th>Employment</th>
<th>Cerebral palsy</th>
<th>Plegia</th>
<th>Multiple sclerosis</th>
<th>Muscular dystrophy</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unemployed</td>
<td>13</td>
<td>8</td>
<td>4</td>
<td>9</td>
<td>34</td>
</tr>
<tr>
<td>Employed</td>
<td>0</td>
<td>3</td>
<td>4</td>
<td>0</td>
<td>7</td>
</tr>
<tr>
<td>Retired</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>Total</td>
<td>13</td>
<td>11</td>
<td>10</td>
<td>9</td>
<td>43</td>
</tr>
</tbody>
</table>

Table 4 shows the structure of the users in relation to employment status. From the table we see that the respondents in most cases are unemployed (34 respondents). Respondents who are not in the early relationship, had never even been employed. From the table we see that even one person from the group of patients with cerebral palsy and muscular dystrophy is not employed.

**Table 5. Participation in organized programs**

<table>
<thead>
<tr>
<th>Participation</th>
<th>Cerebral palsy</th>
<th>Plegia</th>
<th>Multiple sclerosis</th>
<th>Muscular dystrophy</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not participated</td>
<td>9</td>
<td>3</td>
<td>6</td>
<td>6</td>
<td>24</td>
</tr>
<tr>
<td>Preventive and corrective work</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>Work and occupational therapy</td>
<td>2</td>
<td>0</td>
<td>2</td>
<td>0</td>
<td>4</td>
</tr>
<tr>
<td>Sports activities</td>
<td>0</td>
<td>3</td>
<td>0</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td>Computer workshop</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>Painting</td>
<td>0</td>
<td>2</td>
<td>1</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td>Journalism</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Archery</td>
<td>0</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>2</td>
</tr>
</tbody>
</table>

Table 5 shows the participation of users in the programs of recreation and entertainment type. The table shows that most respondents are not included in any program (24 persons). Subjects with cerebral palsy who were involved in the program decided to engage in work and occupational therapy, corrective and preventive work. For sports activities 3 people enrolled and all three of them with paraplegia.

The chart 1 shows the average score of respondents on the test of everyday activities. The biggest accomplishment was achieved by persons with multiple sclerosis (average mark 2.45), while the lowest achievement was realized by persons with plegia (2.16). Average mark of persons with cerebral palsy is 2.3.
The chart 2 shows that the best achievements of the everyday activities in bed realized people with multiple sclerosis with marks 2.76, while the lowest achievement was realized by persons with plegia. Average mark of persons with cerebral palsy is 2.3.

The chart 3 shows that the best achievements in the everyday activities in a wheelchair was recorded in persons with plegia by average mark 2.76, while the lowest achievement was realized by persons with cerebral palsy where average mark was 2.46.

The chart 4 shows that the achievements in everyday activities such as performing personal hygiene was realized by persons with multiple sclerosis with average mark of 2.66, as well as people with cerebral palsy, while the average mark of patients with muscular dystrophy and plegia was 2.51.

The chart 5 shows that the best achievements in everyday activities of taking meals was in persons with cerebral palsy where average mark was 2.76, while the lowest achievement was realized by persons with muscular dystrophy and multiple sclerosis, with 2.51 mark.

The chart 6 shows that the best achievements in everyday activities such as dressing was realized by persons with cerebral palsy with average mark 2.76, while the lowest achievement was realized by persons with plegia, grade 2.35.

The chart 7 shows that the best achievements in everyday activities with hands was realized by persons with multiple sclerosis with average mark 2.76, while the lowest achievement was realized by persons with plegia, grade 2.35. The average achievement of persons with cerebral palsy is 2.42.
Activities of daily living

<table>
<thead>
<tr>
<th></th>
<th>CP</th>
<th>PL</th>
<th>MS</th>
<th>MD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Score</td>
<td>2.3</td>
<td>2.16</td>
<td>2.45</td>
<td>2.24</td>
</tr>
</tbody>
</table>

Chart 1.

Bed activities

<table>
<thead>
<tr>
<th></th>
<th>CP</th>
<th>PL</th>
<th>MS</th>
<th>MD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Score</td>
<td>2.51</td>
<td>2.35</td>
<td>2.76</td>
<td>2.71</td>
</tr>
</tbody>
</table>

Chart 2.

Wheelchair activities

<table>
<thead>
<tr>
<th></th>
<th>CP</th>
<th>PL</th>
<th>MS</th>
<th>MD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Score</td>
<td>2.46</td>
<td>2.91</td>
<td>2.88</td>
<td>2.71</td>
</tr>
</tbody>
</table>

Chart 3.

Personal hygiene

<table>
<thead>
<tr>
<th></th>
<th>CP</th>
<th>PL</th>
<th>MS</th>
<th>MD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Score</td>
<td>2.66</td>
<td>2.51</td>
<td>2.66</td>
<td>2.51</td>
</tr>
</tbody>
</table>

Chart 4.
The chart 8 shows that the best achievements in everyday activities of walking and climbing was realized by persons with multiple sclerosis with average mark 0.92, while the lowest achievement was realized by persons with plegia.

**DISCUSSION**

For the purpose of this paper the group of respondents was consisted of adults with physical disabilities, institutionalized in the Home for adult disabled persons in Belgrade. The total sample consisted of 43 subjects, 21 female patients and 22 male. The sample consisted of persons with cerebral palsy, patients with multiple sclerosis, patients with quadriplegia and paraplegia, and patients with muscular dystrophy. Respondents surveyed reside in the institution for at least 1 year and more than 12 years. The largest part of the sample had a secondary vocational school of regular type (15 persons), while the least respondents had completed 4 classes of primary school. The main objective of this study was to determine the possibility of performing everyday activities of persons with different forms of impairments, and thus the indication for somatopedic treatment of persons with motor disorder that are institutionalized.

The results show that users included in this research are heterogeneous group regarding the success of the test of everyday activities and level of needed psychosocial support, thereby confirming the assumption we have started with.

Furthermore, the results show that institutionalized persons who were included in the sample of this research take very little part in programs provided by the institutions. The reasons for this may be different. First, it is known that the institutions of this type have a certain routine and implement standard programs that rarely change. The question is whether these programs are consistent with interests of users and whether they themselves had the participation in selecting and designing programs that are available. If this is not the case, we should seek a possible explanation for low participation in the programs. The next question that arises is whether the available programs in any way affect the everyday activities, i.e., whether there is scientific corroboration to prove or improve the ability of everyday activities, reducing the need for support or improve the quality of life. Unfortunately, this question could not be answered because the very small number of users is involved in the programs, and it is not possible to assemble a representative sample for the study of this type. On the other hand, it can be concluded that participation in the programs of such small extent that the impact of these programs is actually negligible. The fact that existing programs have very little impact on the
life of users is seen through the test results of everyday activities, thus confirming the second assumption.

Persons with disabilities in institutions are a heterogeneous group. Everyday activities are low, and the degree of support required is very high, and it can be concluded that the third hypothesis was confirmed, and that the indications for treatment somatopedic present.

Reviewing the available literature on the subject of everyday activities and social care institutions, a problem of the small number of conducted research dealing with these issues, both here and in the world, was observed. Nedovic, Odovic and Rapaic (2010.), conducted a survey on a sample of 700 users of social care, where they examined the degree of independence or needed assistance in performing everyday activities. Comparison of these two studies (although this is a different group of subjects) showed that the subjects of this study need help or assistance in a high percentage.

The research (Ivanovic, 2011) that was conducted on a same group of respondents of 34 respondents as a sample in the Home for adult disabled persons in Belgrade, also shows that help or assistance are needed in a high percentage, and the level of independent performance of activities is very low.

Limitation of our study is the sample size. The sample consisted of 43 respondents with different diagnosis, and we believe that a further investigation should include a larger sample in Belgrade, Serbia and other towns in Serbia as well, in order to get relevant results.

CONCLUSION

Considering that all three hypothesis are confirmed we conclude that persons with disabilities in institutional care are a heterogeneous group of users in relation to everyday activities and the degree of intensity of support. People who have formed a pattern of research rarely participate in programs organized by institutions. Given the very poor performance in everyday activities and a high degree of intensity of support needed, as well as a small participation in the programs organized by institutions, it can be concluded that the indications for treatment somatopedic undoubtedly exist.

The results show that most respondents do not participate in the programs of recreational and entertainment type and users who participate are mainly involved occasionally. As reasons for not including in recreational and occupational programs, respondents cited fear of injuries, inadequate conditions and working space. To actively
include a greater number of persons with physical disabilities in sports and work-occupational programs, it is necessary in addition to providing appropriate working conditions to provide professional staff and design programs for physical and occupational activities for persons with physical disabilities, which represents specific work with this population, and each activity must be adapted to individual abilities, respecting the basic requirements in working with persons with disabilities.

Based on the collected data and analysis results, the following can be concluded:

Everyday activities of persons with disabilities in institutional care are low.

The degree of intensity of support needed in the area of everyday activities for people with disabilities who are placed in institutional care is high.

The inclusion of persons with disabilities who are placed in institutional care in programs that are organized by institutions is low.

There are indications for somatopedic treatment for children with disabilities who are placed in institutional care and the need to create new programs within the institution, which would be adapted to any type of disability, as well as the individual needs of persons with disabilities.

Working engagement of persons with physical disabilities in institutions of social care is at a low level, regardless of the type of physical disability.

The everyday activities are influenced by different factors. Knowing each of them individually, and their mutual effects can significantly influence the direction of potential activities in the work of persons with physical disabilities, and therefore their quality of life. Previously noted is the recommendation for future research.

The evaluation of existing programs organized by institutions is recommended. The evaluation would include the effects, the structure of the program, staff involved in implementation.
REFERENCES