



**THE INTENSIVE
NEUROPHYSIOLOGICAL
REHABILITATION SYSTEM
THE KOZIJAVKIN METHOD**

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THE KOZIJAVKIN METHOD

*Information
for patients, their families
and all those who are interested*



Dear Reader,

*This brochure is intended to provide information to those affected, their parents, their relatives and those who are understandably interested in the **Intensive Neurophysiological Rehabilitation System (INRS)** which we have developed as well as in the ELITA Rehabilitation Centre, where therapy is provided following this concept.*

The following issues are to be addressed:

- *the problems involved in various neurological diseases and disabilities, especially in cases of infantile cerebral palsy;*
- *the objective of our therapy as well as*
- *the treatment which we carry out and its results.*

The principal objective of the therapeutic system which we have developed is to improve the quality of life and mobility of our patients. Patients' independence can be increased only by improving their motor skills and ensuring an improved intellectual and linguistic development.

The results and experiences in using our therapeutic concept in the treatment of our patients provide us with a confirmation of how correct we are in following the path of our rehabilitation system.

It is more than understandable that you have a number of questions as to our therapeutic concept. This brochure is an attempt to provide answers to your questions.

I would like to thank all those who have helped to bring this information brochure into being. I hope that our work together will enable us to continue to be able to help all our patients to live their lives with human dignity.

Our special thanks go to all our young patients who want to show their drawings at the end of each block of therapy, thus giving expression to how they have experienced the treatment as well as their surroundings. I hope the pictures will bring you just as much joy as they have my team and myself.

Dr. med. Vladimir Kozijavkin

Lviv/Truskavets

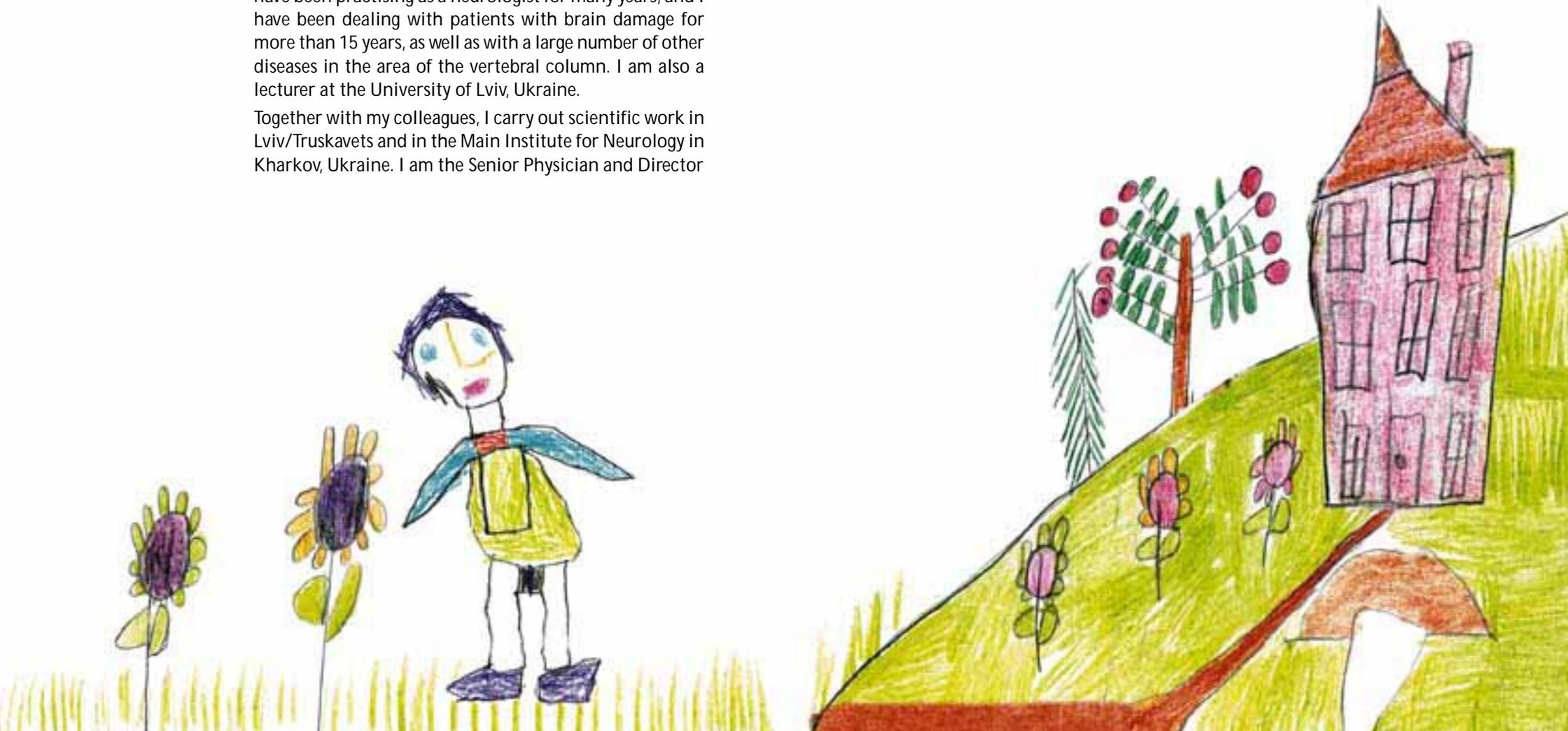


The ELITA Rehabilitation Centre, Institute for Medical Rehabilitation in Lviv/Truskavets, Ukraine

I completed my studies as a specialist doctor of neurology at the University College of Medicine of Grodno in 1971. I have been practising as a neurologist for many years, and I have been dealing with patients with brain damage for more than 15 years, as well as with a large number of other diseases in the area of the vertebral column. I am also a lecturer at the University of Lviv, Ukraine.

Together with my colleagues, I carry out scientific work in Lviv/Truskavets and in the Main Institute for Neurology in Kharkov, Ukraine. I am the Senior Physician and Director

of the ELITA Rehabilitation Centre at the Institute for Medical Rehabilitation in Lviv/Truskavets, Ukraine. This is an institute which has extremely up-to-date facilities and equipment. Here I have 112 colleagues, including neurologists, neuropaediatricians, orthopaedists, manual therapists, physiotherapists, reflexotherapists and masseurs, who make intense efforts for the health of their patients.



Where is the problem, for example, in infantile cerebral palsy, and what is the approach behind the Intensive Neurophysiological Rehabilitation System therapy?

The clinical picture of infantile cerebral palsy is characterized by very varied and well-known disturbances in the central nervous system and also by blockages in the area of the vertebral column. There is a defective or deficient transfer and implementation of information between brain and body; we see here the blockage of the vertebral column segments as responsible for the triggering factor, in addition to the central disturbance.

The Intensive Neurophysiological Rehabilitation System which we have developed in Lviv and Truskavets tackles precisely this point. We cannot eliminate the faults in the brain, but we can free the blockages in the vertebral column. The effect occurs both by local action as well as by feedback via the brain.

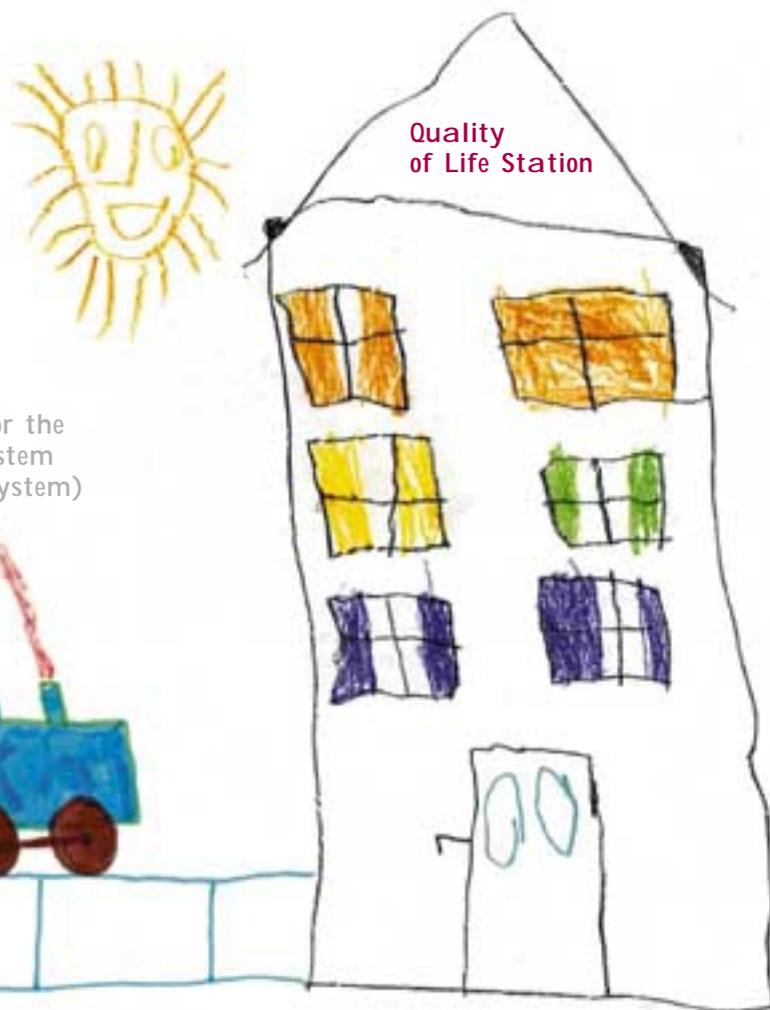
Functional factors in the plasticity of the NS

Mechanisms in the plasticity of the NS

Structural-organic factors in the plasticity of the NS



Scientific basis for the rehabilitation system (NS - Nervous system)



What is the scientific basis of the INRS?

The nervous system and the cerebrum, even if it is damaged, have extensive latent (reserve) possibilities. The nervous system is able to make up for a certain amount of damage at the expense of its own plasticity. We use the rehabilitation system which we have elaborated to activate the compensating mechanisms, thus making possible a stimulus which brings about improvement. The reserve or replacement possibilities are specific to each patient.

Pathogenesis of brain damage

(How does damage to the nervous system occur, such as in cases of infantile cerebral palsy?)

What you should know about its pathogenesis

A great deal is written and discussed nowadays as to the aetiology (the study of the causes of diseases) and pathogenesis of infantile cerebral palsy (ICP). A large number of the causes of cerebral palsy are generally known. They have been classified in various ways and have become some of the most important topics of research. The following is intended to illustrate a number of these causes, as well as the pathogenesis of ICP, and to make them easily understandable.

I will use a very old story to explain and clarify the pathogenesis of infantile cerebral palsy and the therapeutic approach which we use in the "Intensive Neurophysiological Rehabilitation System". This old story is that of Scylla and Charybdis, as described by Homer in the Odyssey. Odysseus's ship has reached the Aegean Sea after many years of wandering, having experienced many storms and come through them to survive. In a metaphorical sense, the patients with ICP experience something similar.

I would like to explain to you the clinical picture of infantile cerebral palsy symbolically, using the image of a ship.

Ship

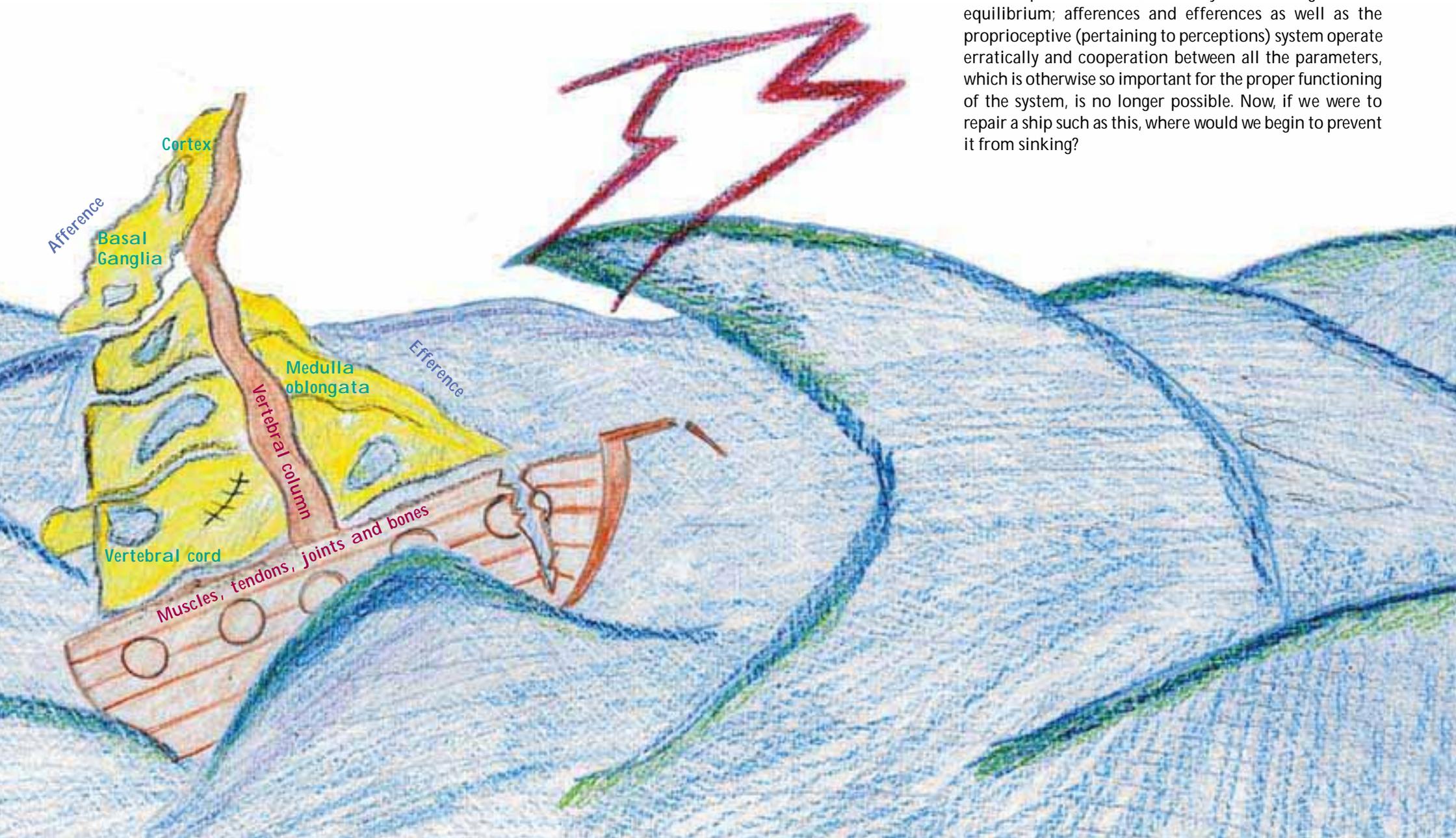
The ship, as you can see it here, is a system, stable in itself, which is able to work only when all the functional units work smoothly together. If this system is projected onto our central nervous system, it could be explained as follows:

The mast of the ship corresponds to our vertebral column as the support of the system. The base of the ship, its hull, symbolizes our organs, skin, muscles, tendons, joints and bones. We need sails to move our ship forwards. The sails are made up of sub-units, arranged in our picture hierarchically according to their developmental history. Status messages (afferences) leave the "hull of the ship" via the extended vertebral marrow (Medulla oblongata), are processed and are returned to the hull of the ship as commands (efferences). We can use this model of a ship to make clear the hierarchy in the control system of the central nervous system without actually knowing in detail all the control circuits and control mechanisms involved.

Developmental diagram, showing the principles behind the central nervous system and the limbs



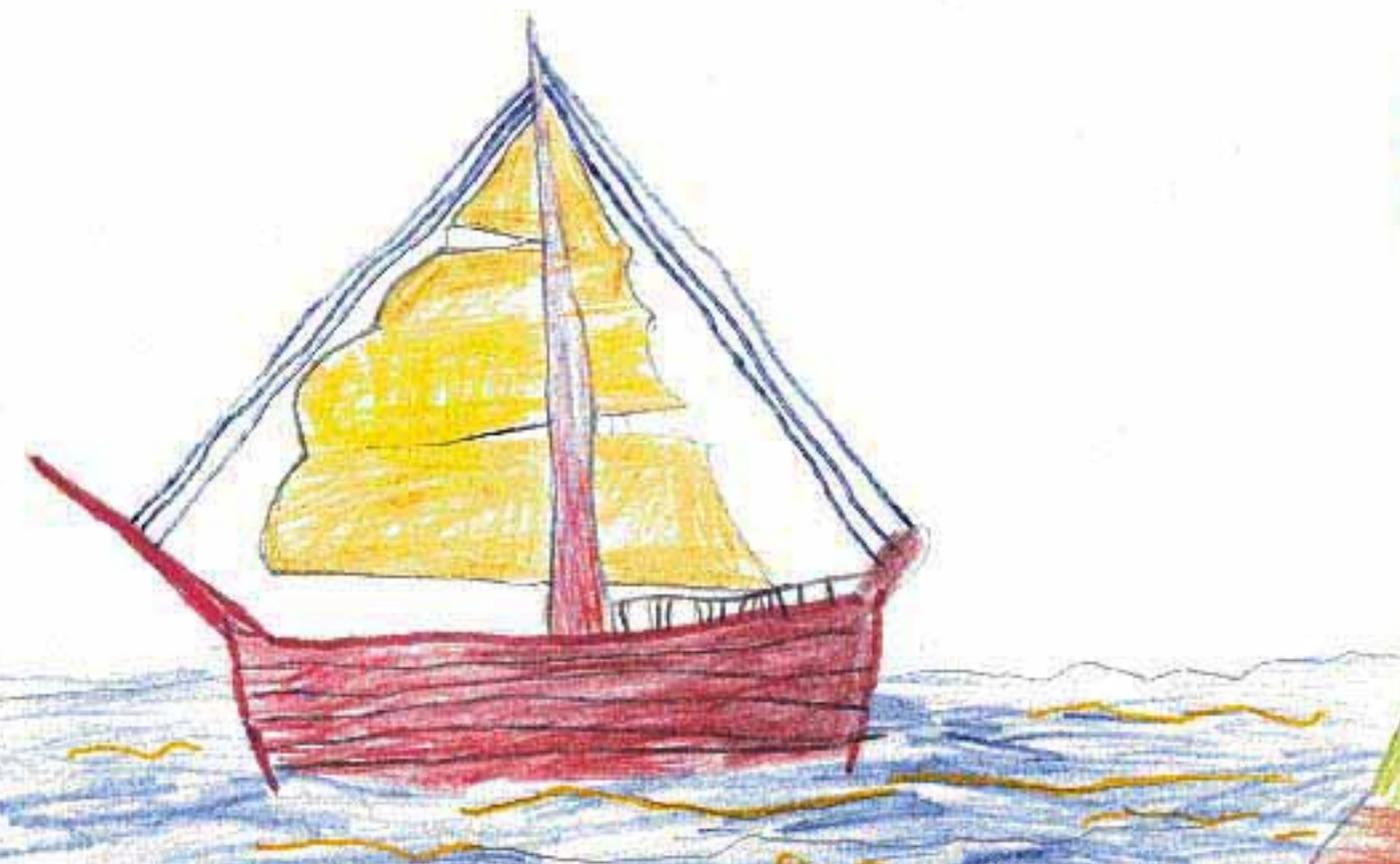
The ship in a storm



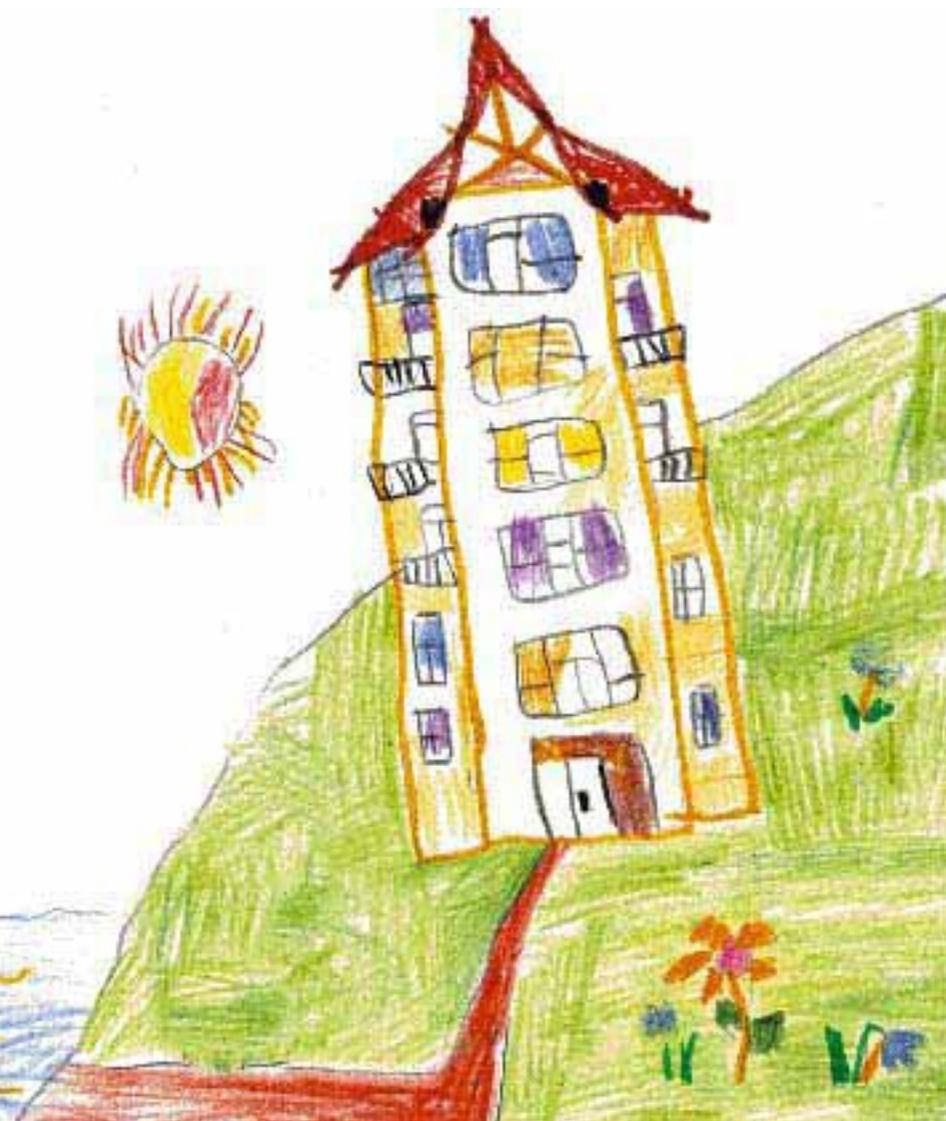
You can now see our stable ship in a threatening situation: a storm is breaking up our sea-worthy vessel. Something similar happens to patients in cases of cerebral palsy, as well as in cases of patients with polytrauma (usually after an accident involving brain damage). A system, which is able to operate in itself, is destroyed and brought out of equilibrium; afferences and efferences as well as the proprioceptive (pertaining to perceptions) system operate erratically and cooperation between all the parameters, which is otherwise so important for the proper functioning of the system, is no longer possible. Now, if we were to repair a ship such as this, where would we begin to prevent it from sinking?

Repairing the ship

First of all, we have to stabilize the hull of the ship and stop water from entering it. When we have done this, we can put up the mast again, mend the sails and run them up again. Referring to the child with cerebral palsy or to the patient with brain damage, this means that it is necessary to save bones, joints, muscles and tendons from becoming deformed and to preserve their proper functioning. It is then possible, in parallel, by using therapies that trigger new afferences, to try to build up a new programme for controlling the central nervous system. It is important that the "error reports" which come from the peripheral regions to the brain and which are always present in cases of brain damage are interrupted. The pathological condition of the body, e.g. its changed posture, is interpreted by the brain of the child with cerebral palsy as being a "normal condition". This is the point that must



be tackled so as to make the central nervous system recognize the non-physiological condition as such, thus effecting a modification toward "normality". This is why our therapeutic approach is directed toward unlocking joints which are located in the vertebral column (paravertebral joints) as well as toward the need for manoeuvring muscles, tendons and joints out of their pathological conditions.



What is the objective of the INRS therapy concept and how is it achieved?

Objective of the INRS therapy concept

Our therapeutic procedures thus involve provoking afferences and stimuli which transmit perceptions arising within the child's own body (proprioceptive stimuli) so as to convey a programme for body posture and movement (locomotion) which corresponds to that of normal development. Unlocking the vertebral column segments results in an improvement in functional conditions both in the horizontal as well as in the vertical planes. The nutritional supply to the organs is enhanced by an improvement in the circulation of the blood. We encourage this by applying special massages, reflexotherapeutic and physiotherapeutic techniques, so as to consolidate and even to optimize the new functional conditions. The positive effect which is achieved by means of the therapy affects both the treated joints as well as triggering an effect on the entire body with its motoric, sensoric and vegetative nervous system. The objective is to preserve the newly achieved "physiological" condition and, building on this, to help the patient in achieving physiological motor skills both by means of passive as well as active movement patterns. All therapeutic concepts have been conceived as unipolar (one-sided) to date. We have moved away from this path in favour of a global therapeutic concept.

The supreme objective of the therapeutic concept is the improvement in the quality of life of our patients.

This is achieved by a clearly defined and documented treatment schedule. It usually comprises at least two two-week blocks of intensive therapy in Lviv ("intensive correction phase") with a period of 6 - 8 months between the two blocks; the therapeutic approaches which the patient has learned in the intensive blocks are continued in this intervening period. This period, which is known also as a "stabilization and effect intensification phase", is



intended to consolidate and extend the newly gained possibilities of movement.

The unlocking of the vertebral column joints and the use of additional therapies improve also the condition of the patients with chronic neurological problems, vertebral column complaints, post-traumatic situations (cranio-cerebral traumas) as well as headaches and migraine.



First day - day of diagnosis

The first stay in Truskavets or Lviv is preceded by an exact analysis of the clinical picture, leading to a decision as to whether the patient can be treated. Before the beginning of the treatment, extended diagnostic tests are carried out: these involve detailed clinical and neurological examinations, EEC with mapping, ECG and biochemical examination of motor skills with video checking, measurement of the lengths and circumferences of arms and legs as well as determination of the coordination and movement of the joints.



How are the findings documented?

All findings are documented by up-to-date computer systems and programs which we have developed ourselves. Changes in the neurological status as well as the therapeutic successes and methods can thus both be checked and compared with one another within a cycle of treatment as well as in the course of several stays, thus making an optimization of the further procedures possible. This computer program is also used to elaborate the therapeutic programmes which are oriented to the individual requirements of each patient.

What is a day of treatment like?

Therapy begins on the second day; it is oriented to the individual requirements of each patient.

Therapy includes the preparatory, special whole-body massage, accompanied by a reflex therapy for the places of attachment of hypertonic and hypotonic muscles. The vertebral column is then corrected by unlocking.



Remedial gymnastics which are geared to each patient are intended to consolidate the achieved result and form new physiological movement patterns. This is supported by joint therapy, which involves mobilization of the large and small joints.

In addition, a bee poison therapy (apitoxin therapy) is used insofar as there are no allergic reactions known; a beeswax treatment is carried out otherwise.

Mechano and play therapies are provided in order to promote inner motivation; treadmill training or special fitness exercises (physiotherapy) take place as appropriate.



What are the characteristics of the individual therapeutic elements?

Unlocking the vertebral column

Objective:

It is intended that a new functional condition of the entire body be achieved by releasing blockages at the level of the vertebral column joints, thus enabling new patterns of movement to be learned.

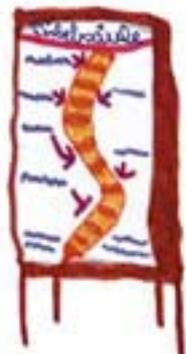
Method:

A specially developed manual therapy in the form of a simultaneous, multistage mobilization of the locked vertebral column segments is at the heart of the Intensive Neurophysiological Rehabilitation System. This is begun in the lumbar area of the vertebral column after appropriate preparation. The dorsal vertebral column is then treated and, finally, the cervical vertebral column is unlocked. Several vertebral joints are relaxed by a rotating motion in respect of the body axis. In contrast with rotation in classical manual therapy, which is always carried out forwards (ventrally), the principle underlying our method is backward (dorsal) rotation via the Spina iliaca anterior superior.

The entire vertebral column is thus integrated into the unlocking therapy. Intensive mobilization of the cervical vertebral column is performed last. We unlock several segments here too using a special sudden rotation of the head.

These manipulations take place once a day for 12 days.

The remedial gymnastic measures of relaxation and mobilization continue in parallel.



Patients and their parents are actively integrated into these measures. They enter their exercises into a diary and record the changes.

Results:

A completely new functional condition of the body is created by relaxing convulsions and contractures, by improving the circulation of blood and the metabolism and by breaking pathological reflex patterns. This effect comes about both on the horizontal plane (vertebral column plane) as well as on the vertical plane (brain and bone marrow tracts).



Joint therapy

Objective:

The greater or lesser functional blockages of the joints result in the joints and the surrounding structures (muscles, tendons, ligaments) becoming stiff. This leads to shrinkage (atrophy) and shortening of the musculature, faulty positioning of the joints (contractures) and inadequate circulation of the blood. Mobility is further restricted and a "normal" physiological position and movement of the body are no longer possible.

It is intended that the stiff joints be mobilized by modified neurophysiological correction in such a way that their mobility is lastingly improved.



Method:

The large joints are treated first, then smaller joints (for example, hip, knee and foot joints). The joint is passively moved out of its neutral position (normal position) within its physiological radius of movement. This movement is supported by pulling and pressing on the joint and musculature, thus additionally increasing the scope of movement. Whereas larger joints are also relaxed by means of sudden blows to the joint cavities, smaller joints are relaxed by successive, very rapid movements (fibrillation). The intensity of the manipulations is increased in the course of the treatment.

Results:

Extension of the volume of movement of the joints at the extremities, stretching of the musculature and ligaments, relaxation of faulty joint positioning, improvement in circulation of the blood and the flow of lymph with accompanying optimum nutritional supply of the joints, even leading to spurts of growth.



Reflex therapy

Objective:

Stabilizing and matching reduced and increased tension of the musculature (hypotonia and hypertonia). Activating new functional and physiological possibilities of the body.

Method:



Areas where the muscle has hardened (myotendinoses), sensitive points on the periosteum and classical acupuncture points are affected according to the experiences of Far Eastern medicine. A low-frequency power unit (Healthpoint) is used. This emits electrical current at low voltage with changing polarity, so that a varying effect, determined by the therapist, can be applied to the desired trigger zones. The therapist is in very close contact with the patient and directly checks the effects achieved by reflex therapy. The pathological horizontal and vertical reflex arcs are affected. This is given additional positive support by isotonic muscle expansion, elements of traction, vibration and bee poison therapy (apitherapy).

Results:

- Reinforcing the effect of muscle relaxation, which is achieved by correcting the vertebral column joints.
- Increasing muscle tone in the case of hypotonia, reducing it in the case of hypertonia, by creating new possibilities of movement, making the radius of motor action larger.

- Improving the circulation of the blood and thus the nutrition of the muscles, joints, tendons and ligaments as well as that of the central nervous system.
- Having an effect on disturbed vegetative functions (flow of saliva, sweat, etc.).



Remedial gymnastics

Objective:

Gradually activating the patient's possibilities of movement for building up a new, optimum pattern of movements and improving movement coordination, activating the inner motivation of the patient, stimulating processes of plasticity in the brain.

Method and results:

- Based on the classical principles of physiotherapy, which are individually varied from patient to patient.
- The activation of the patient's possibilities of movement is carried out gradually: from simple to complicated movements, from passive to active movements, from the centre (brain) to the peripheral regions of the body.
- The movements in the joints are carried out actively and passively up to the physiological limit; the number of repetitions, the speed and accuracy of the movement are increased on all planes.
- Exercises for reducing the supporting area and for developing the spatial feel of the body are gradually applied.
- Use of special breathing exercises, especially in the case of patients with athetoses (these are diseases with continuous, involuntary, slow movements of the ends of the limbs) as well as for the purpose of learning the physiological function of respiration by play; this function of respiration is usually not very well developed in the case of patients in the phase after craniocerebral trauma. The special breathing exercises result in the entire body being better supplied with oxygen, and this contributes to the stabilization of the entire respiratory situation.
- For activating inner motivation: demonstrating the new functional possibilities by using elements of play, dance, music as well as participating in special sports competitions (patients' Olympics).



- Use of special biomechanical computer game programs which have been developed in the rehabilitation centre for activating and improving the control of movements in the joints and in precision motor skills, coordination with induction by direct feedback for the patients.



Massage

Objective:

Relaxing hypertonic musculature, reducing muscle tensions (myotendinoses) and relaxing contractures as well as stimulating hypotonic musculature. Preparing for unlocking the vertebral column joints and intensifying its results.

Method:

Heavily dependent on the sensitivity of the masseur, who searches out myotendinoses, trigger zones and contractures and individually treats them according to the classical principles of massage, point massage, extension massage, acupressure and lymph drainage. A whole-body massage is carried out, which leads to a decompression and relaxation of all the joints. The massage accordingly relates to muscles, tendons, ligaments, joints and the entire vertebral column.

Results:

The massage leads to a stimulation of the mentioned elements as well as to a reflex effect on the internal organs and on the entire metabolism of the patient treated. There is also an optimization of the muscle tone, resulting in an improved functional condition of posture and movement. This has an effect on the entire body.

Rhythmical music therapy

Objective:

Combining physical exercises with music, dance and rhythm for promoting coordination and mobility as well as motivation.

Method:

Tuition is organized for groups of 5 - 10 patients, using music, dance and games.

- Warming-up phase: for warming up the muscles.
- Loading phase:

heavy loading in a playful way (promoting coordination, mobility of the joints, stabilization of the cardiovascular and respiratory systems). In addition, inner motivation and social adaptation are promoted in the group.

The patients' parents are actively integrated into the therapy.

- Concluding phase: reducing the load and slowly returning to normal.

Results:

The patient's coordination and synchronicity of movement, rhythm, social behaviour, improvisation as well as confidence in his or her own abilities and the possibility of a new form of expression and creativity are promoted. Melody and rhythm lead to linguistic expressivity also being stimulated.



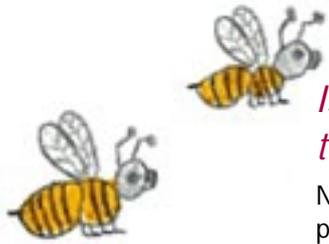
Apitherapy (bee poison therapy and beeswax therapy)

Objective:

Supporting the entire body thanks to the local action of the bee poison (apitoxin) (for improving circulation of the blood and the metabolism) and to the systemic action of the bee poison (stimulating metabolism, immune strength, hormone levels, circulation of the blood), which affects the entire body.

Method:

The therapeutic properties of bee products such as bee poison, honey and wax have been known since medicine was practised in ancient times; today, they are researched as to their chemical composition and effective mechanisms. Direct bee poison is not used in the rehabilitation centre; the sting is removed from the bee and introduced into the patient's skin where desired. This leads to a reduction in the patient's fear and pain factors and to a simpler dosing and determination of where the bee poison needs to be applied for exploiting its local effect. Beeswax is used therapeutically in the form of hot compresses, applied once per day on various parts of the body.



Is every patient given the bee sting therapy?

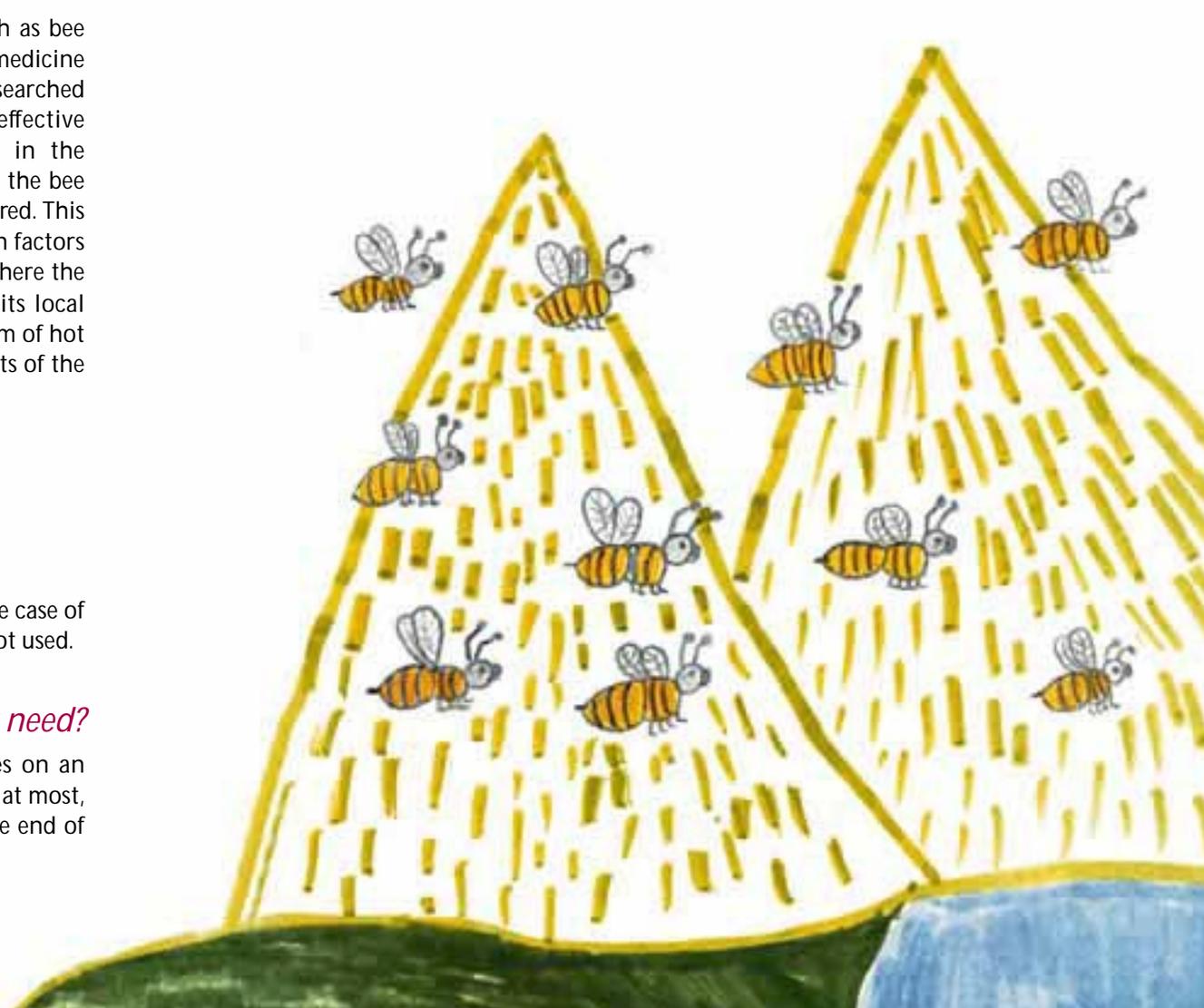
No, only the beeswax therapy is carried out in the case of patients with allergies; the bee sting therapy is not used.

How many bee stings does a patient need?

The doctor who is treating the patient decides on an individual basis. 2 - 3 bee stings per day are used at most, beginning on the fourth day of the stay until the end of the treatment cycle.

What is the effect of beeswax?

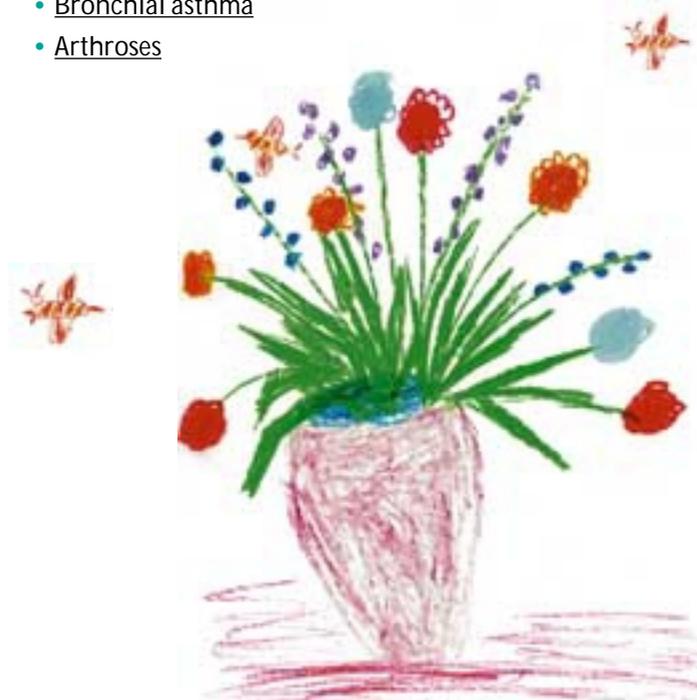
The beeswax not only has an effect owing to its heat, but also as a result of the various active ingredients which affect the entire body through the skin.



Which patients are suitable for the treatment?

Indications:

- Patients (children, adolescents and adults) with infantile cerebral paresis:
spastic, dystonic, atactic forms of hemiparesis, diparesis, tetraparesis.
- Patients with a condition after trauma:
after polytrauma (accident), stroke, in each case at least 6 months after the event.
- Patients with vertebral column complaints:
osteocondrosis
cervicalgia syndrome
thoracalgia syndrome
lumbalgia syndrome
shoulder-hand syndrome
epicondylitis
- Visceropathies, i.e. impairments to the vegetative nervous system, e.g. functional cardiac and respiratory complaints
- Headaches and Migraine
- Bronchial asthma
- Arthroses



Which patients are not suitable for the treatment?

Counter-indications

- Congenital anomalies of the vertebral column and of the central nervous system, such as in cases of Spina bifida.
- Post-traumatic patients in the acute phase (first six months).
- Spondylolisthesis.
- Osteoporosis of the vertebral column.
- Acute inflammations and infectious diseases of the central nervous system and follow-on effects.
- Very serious epilepsy and convulsions resulting from a very wide range of causes.
- Hydrocephalus in the decompensation phase, microcephaly.
- Conditions after operations on the vertebral column.
- Slipped disk.
- Sub-compensated or decompensated diseases of the internal organs (e.g. condition after heart attack, etc.).
- Acute arthritis.
- Malignant tumours of the bones or in the area of the central nervous system (brain, vertebral marrow).



It is necessary to take an individual decision in limit cases as to whether there is any sense in following a treatment according to the methods of Dr. Kozijavkin.



Who assesses the success of the therapy?

- Patient/parents (questionnaire)
- Doctors providing treatment in our rehabilitation centre
- Doctors, clinics and physiotherapists who treat the patient at home and who provide expert reports

There are a large number of positive expert reports made by doctors from leading European clinics.

How many patients have been treated following the INRS method?

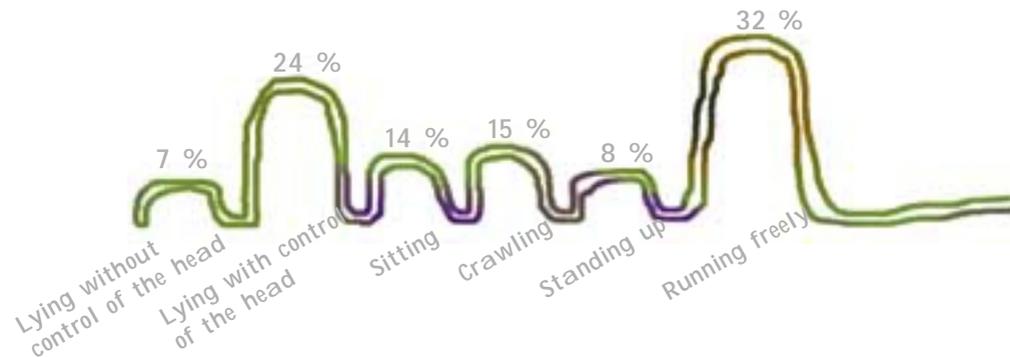
Over 10,000 patients, including more than 5,000 from the states of western Europe and from the Americas (Germany, Austria, England, Spain, Italy, Switzerland, Columbia and others).

Are the parents of the sick children satisfied with the therapy, and do they want to continue it?

The questionnaire (data on 1,006 patients have been collected and evaluated to date) shows that **99.8%** of the patients or their parents are satisfied with therapy following the Intensive Neurophysiological Rehabilitation System. **99%** stated that they wanted to continue this form of therapy.



What were the patients able to do before coming for therapy?



The data on 1006 patients with infantile cerebral palsy were evaluated; so as to be able to make a better assessment of their development, these patients were divided into 6 groups describing their abilities.

Meine rechte Hand

My right hand

März 1995

March 1995

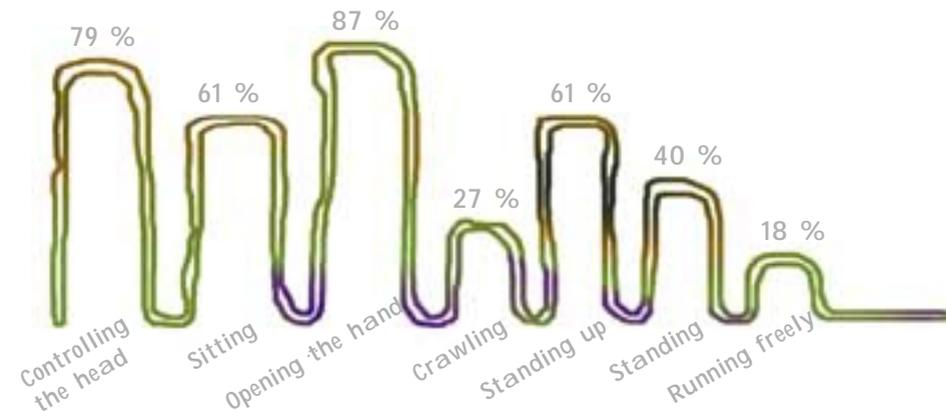


12.10.95



October 1995

What successes are there after therapy? And what else have the patients learned?



The figure shows that 79 % of patients who did not have control of the head have gained it after therapy. 87 % of patients were able to open a previously closed hand, 27 % began to crawl, 61 % were able to sit freely; 40 % of patients who were previously unable to stand learned how to do so during therapy, and 18 % were able to run freely!

Are there other results?

Generally speaking, a reduction of spastic muscle tone was observed in 90 % of the patients, and there was an increase in muscle mass in 65 % of patients. The gripping function was assessed as markedly more stable in 69 % of the patients. In addition, a clear positive change in passive and active mobility of both the large and the small joints was observed. An increase in the active scope of movement of the large joints was diagnosed in 93 % of the cases, an increase in the passive scope in 86 % of the cases. The small joints were assessed as 84 % actively and 79 % passively more easily mobile.

Are there effects on physical functions which are not directly connected with mobility?



In many cases, there was an improvement in the autonomous nervous system of the patients as well as in their psychoemotional situation. 40 % of the patients indicated a decrease in their vegetative dysfunction (flow of saliva, sweating, etc.); the symptoms remained constant in 57 % of the patients. There was an increase in the ability to concentrate in 66 % of the patients; 64 % were attested a larger vocabulary and 79 % an improvement in language quality.

Were there complications as a result of the treatment?

No. There are no known complications in connection with the treatment.

Are the successes long-term, or is everything at home the same as it was before therapy after a short while?

There was stabilization in the case of 49 % of the patients and even a further improvement in 40 % as regards the results obtained by the therapy between the stays in Lviv, which amounted to periods of 6 - 8 months, during which the physiotherapy that was learned from us was continued in addition to swimming, cycling, massage, etc. Intensive training is used to build up new stable movement patterns in this period, which is called a "stabilization and effect intensification phase", and for which the "intensive correction phase" has created a completely new physiological basis. There is thus an intensification, i.e. an improvement, in the effects. There is the requirement, however, that intensive work is continued with the patients at home also.



What can be done at home in addition to therapy?

The changes in the patients should be noted very objectively, for example, in a diary.

Changes might involve:

- changed condition of the musculature
- new movements, positions, functions
- also changes in the functioning of internal organs, such as digestion, control of bowel movements, urine control
- changes in vision, hearing, attentiveness
- changed speech (new words, more understanding of language)
- changed precision motor skills, for example, when painting or writing.

Small, objective measurements should also be noted in this diary, such as circumference of arm and leg musculature as information on muscle development; body size, weight, colour of the skin (condition of the circulation of the blood), remarks on appetite and sleep. All changes which are noticed in the patient are important and should be recorded.



When should a further stay in Ukraine take place?

The length of the period between the treatments is discussed and agreed; both the degree of disability on the part of the patient and his or her reaction to the treatment are important. When the condition of the patient has stabilized, the period between the treatments increases, until possibly one check-up per year is necessary. The body is usually ready after 6 to 8 months for another intensive period of therapy. Now, during a further stay in our rehabilitation centre, and depending on the clinical picture of the patient, physiotherapies, treadmill training and a special joint unlocking system of the key joints involving a modified manual therapy that we have also developed are additionally used in the second "intensive correction phase", frequently in addition to the therapeutic procedures which have already been used during the first block of therapy.

How should the success of therapy be assessed overall?

Releasing the blockages and learning new movement patterns result in a markedly improved quality of life for the patients who have been treated following the Intensive Neurophysiological Rehabilitation System. New motivation promotes the will to therapy both of children with cerebral palsy as well as of their parents. Many children take great strides toward independence.

What should also be brought along at the time of treatment?

- Reports of medical and neurological as well as psychological and orthopaedic examinations.
- Neurophysiological reports, e.g. EECs, EMGs (electromyographies), if available, x-rays of the vertebral column and hips.
- Allergy tests in respect of bee stings because of the apitherapy carried out in the rehabilitation centre.

(No report should be more than one year old at the beginning of treatment.)

What is the age of the patients who can be treated?

This is dependent firstly on their diseases. Treatment is possible as of an age of 6 months; the prognosis is usually best for younger children, especially in cases of infantile cerebral palsy. The earlier therapy is started, the greater are the chances for the success of the treatment and rehabilitation, since the child's brain has a great ability to compensate (plasticity) and pathological movement patterns have not yet fully developed.



What is Dr. med. Kozijavkin's attitude toward muscle and bone operations?

Generally speaking, Dr. med. V. Kozijavkin takes a rather reserved attitude toward these operations, especially in the case of children before they have finished growing. Because younger children have a very great therapeutic potential, therapy during the course of development results in many operations being assessed as unnecessary, if not even making matters worse. Frequently, the achieved effect of the operation is purely cosmetic, not functional. Ortho-

paedic operations on children should usually be considered only if there is no more potential left in terms of therapy and rehabilitation.

Which conferences include information on the INRS in their materials?

- *Autumn-Winter Congress for Social Paediatrics in Bressanone, Italy, 1993*
- *International Symposium on Current Problems in Neuroorthopaedics and Rehabilitation, Murau, Austria, September 1994*
- *Premier Congrès de la Fédération Européenne des Sociétés de Neurologie, Marseille, France 1995*
- *Autumn Seminar Congress for Social Paediatrics, Bressanone, Italy, 1996*
- *2nd Bavarian-Ukrainian Symposium for Paediatricians, Munich, Germany, 1996*
- *The First World Congress of the "Neuro-Developmental Treatment Concept", Ljubljana, Slovenia, 1997*
- *Easter Seminar Congress for Social Paediatrics in Bressanone, Italy, 1997*
- *Autumn Seminar Congress for Social Paediatrics, Bressanone, Italy, 1997*
- *11th Mediterranean Congress of Physical Medicine and Rehabilitation, Valencia, Spain, May 1998*
- *International Child Neurology Congress, Ljubljana, Slovenia, September 1998*

Is the Intensive Neurophysiological Rehabilitation System (INRS) following Dr. Kozijavkin's method recognized in Ukraine?

Yes. The Scientific Department of the Ministry of Health in Ukraine has tested this system and confirmed official recognition. More than 100 scientific publications have been written on this topic and discussed at various international congresses.



Where is Prof. Dr. med. Kozijavkin's Treatment Centre?

The treatment is carried out in the new Treatment Centre, which is designed for the special requirements of disabled patients. In addition to its comfortable and superbly equipped treatment rooms, this Treatment Centre has a cafeteria with a large playroom for young patients as well as having video monitoring facilities. The Treatment Centre lies in the picturesque landscape on the margins of the Carpathian Mountains in the well-known Ukrainian spa of Truskavets. One hundred kilometres away, there is one of Europe's most famous cities of culture, Lviv. This city can be rightly called one of the treasures of Ukrainian culture and is well worth visiting for its architecture, museums and opera.

How can Truskavets be reached?

There is a special flight from Frankfurt to Lviv every two weeks. All patients are met in Lviv by buses belonging to the sanatorium and transported to Truskavets, the journey taking approx. 1½ hours. It is also possible to travel by car or by train, but this is considerably more complicated.



How and where can registration for a treatment in Ukraine be made?

There is a contact office in Denkendorf, near Stuttgart, Germany. From here, the Treatment Centre's representative, Ms Anneli Vogel, organizes the flights to Ukraine as well as handling all the formalities and information connected with them.

Address:

Internationale Kinder-Cerebral-Parese GmbH (IKCP)
Anneli Vogel
Schäfersteige 19, D 73770 Denkendorf, Germany
Tel.: 07 11 - 3 46 60 89; fax: 07 11 - 3 46 49 45



Where is it possible to obtain further information on the therapy?

On the Internet via the E-mail address:

Center@reha.lviv.ua

<http://www.reha.lviv.ua>

Institute for medical Rehabilitation Rehabilitation centre



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© Translation: Lingua-World
Feichübersetzungen, Köln

© **Publisher:** **MULTI-M**

Lviv, Tel./fax: 0038 0322 - 72 48 33
E-mail: multi@link.lviv.ua

© Design & layout: Vasyl Kosiv

© Print: OSV „Biblios“

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First printing, 1999

ISBN: 966-95263-7-X