

МИНИСТЕРСТВО ЗДРАВООХРАНЕНИЯ РЕСПУБЛИКИ БЕЛАРУСЬ
УЧРЕЖДЕНИЕ ОБРАЗОВАНИЯ
«ГОМЕЛЬСКИЙ ГОСУДАРСТВЕННЫЙ МЕДИЦИНСКИЙ УНИВЕРСИТЕТ»

Кафедра поликлинической терапии и общеврачебной практики

Э. Н. ПЛАТОШКИН, Н. В. ВАСИЛЕВИЧ

ПОЛИКЛИНИЧЕСКАЯ ТЕРАПИЯ

Учебно-методическое пособие
по поликлинической терапии для студентов 4 курса медицинских вузов
факультета по подготовке специалистов для зарубежных стран,
обучающихся по специальности «Лечебное дело»

POLYCLINIC THERAPY

Teaching workbook
on polyclinic therapy for the 4th year students
of medical higher educational institutions
the Faculty on preparation of experts for foreign countries,
specialty of «General Medicine»

Гомель
ГомГМУ
2012

УДК 616-085+616.1/.4]=111(072)

ББК 53.5 Англ-4я7

П 37

Рецензент:

кандидат медицинских наук, доцент кафедры внутренних болезней № 1
Гомельского государственного медицинского университета *С. А. Шум*

Платошкин, Э. Н.

П 37 Поликлиническая терапия: учеб.-метод. пособие по поликлинической терапии для студентов 4 курса медицинских вузов факультета по подготовке специалистов для зарубежных стран, обучающихся по специальности «Лечебное дело» = Polyclinic therapy: teaching workbook on polyclinic therapy for the 4th year students of medical higher educational institutions the Faculty on preparation of experts for foreign countries, specialty of «General Medicine» / Э. Н. Платошкин, Н. В. Василевич. — Гомель: учреждение образования «Гомельский государственный медицинский университет», 2012. — 16 с.

ISBN 978-985-506-384-2

В учебно-методическом пособии отражены вопросы организации амбулаторно-поликлинической помощи, медико-социальной экспертизы, диспансеризации населения, профилактической работы участкового терапевта и санаторно-курортного лечения в Республике Беларусь.

Соответствует учебному плану и типовой программе Министерства здравоохранения Республики Беларусь от 03.09.1997 г. по поликлинической терапии для студентов лечебного факультета медицинских вузов.

Утверждено и рекомендовано к изданию Центральным учебным научно-методическим советом учреждения образования «Гомельский государственный медицинский университет» 28 июня 2011 г., протокол № 7.

УДК 616-085+616.1/.4]=111(072)

ББК 53.5 Англ-4я7

ISBN 978-985-506-384-2

© Учреждение образования
«Гомельский государственный
медицинский университет», 2012

1. MAIN PRINCIPLES OF OUTPATIENT CARE ARRANGEMENT IN REPUBLIC OF BELARUS

In accordance with the nomenclature of health care facilities, approved by the Ministry of Health of the Republic of Belarus, the outpatient clinics are:

1. Ambulatory.
2. GP surgery.
3. City Polyclinic.
4. Municipal Children's Clinic.
5. Municipal Children's Dental Clinic.
6. Medical health center.
7. Medical assistant health center.
8. Cosmetology Clinic.
9. Departmental polyclinic.
10. Dental polyclinic.
11. Feldsher-obstetrical point.
12. Physiotherapy Clinic.
13. Central District Polyclinic.

In addition, outpatient care is provided by patient departments of hospitals, maternity hospitals, specialized clinics.

City Polyclinic (hereinafter — the polyclinic) — a multidisciplinary medical and preventive health organization dedicated to the implementation of its activities in the area of broad measures to prevent and reduce disease and disability; clinical examination of the population; early identification of patients; providing consultative, qualified and specialized medical care; conduct medical rehabilitation; forming a healthy lifestyle.

Polyclinic is organized in accordance with established procedure in the cities, workers' settlements and towns, may be a part of the hospital or territorial medical associations on the rights of the department to provide outpatient care to people living in the area of its activity on the *precinct* and *territorial principle*.

The main *goal of outpatient department* is the maintenance and promotion of health of people, who are attached to medical care, satisfaction of the the population needs in qualified specialized medical care. In line with the main goal of outpatient department its main tasks are:

- 1) provision of qualified specialized medical care service to the people of service area at the polyclinic and at home;
- 2) improvement of medical care organization;
- 3) organization and conduction of the prevention activities complex aimed at morbidity, disability and mortality reducing;
- 4) organization and implementation of clinical examination of the population;
- 5) ensuring continuity in the work of polyclinics, hospitals, dispensaries, diagnostic centers, research centers and other organizations and institutions;

6) improving the organizational forms and working methods of the polyclinic, directed on improving the quality and effectiveness of treatment, diagnostics and medical rehabilitation of sick and disabled;

7) working on the health education of the population.

To accomplish these tasks polyclinic organizes and conducts:

1) 1st-aid and emergency care for patients during acute and sudden illnesses, injuries, poisonings and other accidents;

2) providing in time and qualified outpatient care in accordance with established volumes and standards;

3) providing home medical care for patients who for health reasons and the nature of the disease are unable to visit the clinic, need a bedrest, systematic observation, or addressing the issue of hospitalization;

4) early qualified detection of diseases in full accordance with the standard of examination of patients and healthy people who applied to the clinic;

5) provision of preventive, curative and rehabilitative care in a day hospital and hospital at home;

6) timely hospitalization of people who needs hospital treatment, with a preliminary examination on prehospital stage, in accordance with the standards of the examination;

7) all the kinds of preventive examinations (provisional when applying for a job, periodic, targeted, etc.);

8) medical examinations of healthy and sick persons in accordance with current regulations;

9) early medical rehabilitation of patients;

10) antiepidemic measures (with the centers of Hygiene and Epidemiology): vaccinations, identification and hospitalization of patients with infectious diseases, dynamic monitoring of contacts with infectious patients and convalescents;

11) conducting therapeutic and diagnostic activities to detect tuberculosis, sexually transmitted diseases, prompt transmission of information about the identified patients to appropriate medical organizations; examination of the temporal and permanent disability cases, issuing leaflets of disability and employment advice;

12) selection for medical rehabilitation at the sanatorium stage, direction at MEDNC persons with symptoms of persistent disability;

13) population health education;

14) medical rehabilitation of patients with disabilities, handicaps and social impairment;

15) measures to improve training of doctors and nurses;

16) activity on the mobilization of extrabudgetary funds in accordance with applicable law;

17) records of personnel and departments clinics, reporting, but the approved forms and analysis of statistical data on the work of the polyclinic.

The whole area of clinic service is divided into sections, and a ***district therapist*** is fixed for each one. In accordance with state social standards of security of

physicians, one local doctor, a therapist, in average observe 1700 people of the adult population (administration clinics may modify this standard depending on the actual conditions of fixed area — densely populated, the remoteness, the private sector or multi-storey buildings, the age composition of the population, etc.).

2. PREVENTIVE WORK OF DISTRICT THERAPIST

Three main branches are distinguished in the prevention work of a district therapist:

- 1) health education of the area population;
- 2) participation in the preventive vaccinations conduction;
- 3) medical examination of the population.

Sanitary-educational work is an integral part of the daily diagnostic and therapeutic activity of a doctor. During the communication with every patient he should explain the principles of a healthy lifestyle and mode-specific patient disease management and therapeutic basis (for a given situation) nutrition, the hazards of smoking and alcohol abuse, and other sanitation issues. In addition to individual work with patients, health education includes lectures in the polyclinic and factories, production of sanitary papers and other information and stuff.

Healthy lifestyle — a lifestyle based on principles of morality, rationally organized, active, working, tempering, and at the same time, protecting against adverse environmental effects, allowing up to a ripe old age to maintain the moral, mental and physical health.

A healthy lifestyle includes the following main elements: a fruitful work, a rational regime of work and leisure, the optimal mode of physical activities, a balanced diet, the elimination of harmful habits, etc.

3. MASS HEALTH EXAMINATION IN REPUBLIC OF BELARUS

Mass health examination — is the method of work with healthy and sick people; its meaning is to study the health status and subsequent work with it. The main goal of mass health examination is a decrease in morbidity and disability, increase in average life expectancy of patients and preservation of health. In our country, mass health examination is carried out on the basis MOH Decree number 92 dated 12 October 2007 and «On the organization of dispensary observation of the adult population of the Republic of Belarus». Instruction on the order of organization of dispensary observation of the adult population of the Republic of Belarus with attachments 1 and 2 (form number 131/u-D and Approximate scheme of dynamic dispensary observation of patients, consisting of group D (I and D, III).

According to these documents citizens of the Republic of Belarus shall have the right to pass the dispensary observation and on medical indications

remain under dynamic medical supervision in a health care organizations that provide outpatient care to adult population.

- In the department (office) of the prevention health organization an outpatient card (form number 025/y) and account form number 131/u-D «Registration map of medical examination» according to Appendix 1 to this Instruction (hereinafter — the card account of dispensary observation) are filled in.

- Dispensary examination is carried out in a volume of examination determined for each age group of adults:

- 1) 18–29 years: the measurement of blood pressure, BMI (body mass index), a common blood test (ESR, WBC, hemoglobin), a common urine test, blood glucose (according to indications), fluorography, gynecologist examination and mammary glands examination (for women);

- 2) 30–39 years: the measurement of blood pressure, BMI, a common blood test (ESR, WBC, hemoglobin), common urine test, blood glucose and blood cholesterol (according to indications), electrocardiogram, gynecologist examination and mammary glands examination (for women), fluorography;

- 3) 40 years and older: the measurement of blood pressure, BMI, a common blood test (ESR, WBC, hemoglobin), common urine test, blood glucose, blood cholesterol, rating the risk of cardiovascular diseases on the SCORE table, measurement of intraocular pressure, ECG, gynecologist examination and mammary glands examination (for women), examination of the prostate (for men) and fluorography.

The results of dispensary examination are recorded at the outpatient card (form number 025/y), the card account of dispensary observation.

Taking into account the results of laboratory, clinical and instrumental examinations and in order to plan the necessary medical procedures, the doctor of department (Cabinet) of Prevention of Health Organization defines belonging of a citizen to a group of dynamic dispensary observation:

D (I) — healthy citizens, not complained of health, in history or during the dispensary examination revealed no acute, chronic illnesses or functional disorders of organs and organ systems; citizens having slight deviations in health status (without tendency to progression) that do not affect on their exercise performance;

D (II) — practically healthy citizens who have a history of acute illnesses or risk factors for chronic diseases;

D (III) — citizens who have chronic diseases, with moderate or severe dysfunction of organs and organ systems with periodic exacerbations and reduced working capacity. The multiplicity of their dispensary examinations are determined according to an exemplary scheme of the dynamic dispensary observation, per Annex 2 of these Instructions.

Some groups of citizens are sorted out from dynamic dispensary observation group D (III):

- having no degree of disability caused by disease — D (III)a;
- having a degree of disability caused by disease — D (III)b.

Instead of subgroups DIIIa, DIIIb can be identified two corresponding groups — DIII and DIV.

For citizens who are in a group of dynamic dispensary observation D (II), by the doctor of department of Prevention of health care organization an individual prevention program of risk factors is drawn up.

Citizens who are in the dispensary group of dynamic observation D (III), had undergone some acute illnesses, surgery, trauma, have an increased risk of various diseases and are exposed to harmful labor conditions are taken on the dispensary registration for further dynamic dispensary observation of district doctors.

The main goals of mass health examination are:

- 1) an active detection of diseases in the early stages, further diagnosis and treatment;
- 2) identification of persons with risk factors of disease;
- 3) dynamic monitoring of the affected population's state of health;
- 4) carrying out preventive rehabilitative and recreational activities among the observed population;
- 5) methods of clinical examination consists of several stages;
- 6) an annual medical examination of the population with the implementation of the minimum amount of laboratory and instrumental investigations (see below);
- 7) further examination by indications using additional diagnostic techniques;
- 8) individual patient's health assessment (identification of healthy individuals, almost healthy persons and patients with various diseases);
- 9) development and implementation of necessary medical and social set of activities, dynamic monitoring of the population health status;
- 10) the annual analysis of the efficiency and quality of clinical examination.

Briefly, the essence of the technique is reduced to 3 moments:

- 1) inspection and examination of the population, who by state of health are divided into groups;
- 2) individual work with each group;
- 3) analysis of the efficiency of the work.

The main indicators of mass health examination:

- completeness and timeliness of diagnostic, therapeutic rehabilitative and recreational activities;
- periodicity of dynamic monitoring.

The main medical document, which reflects the dynamics of the dispensary observation of patients — «An outpatient card» (Form 025/y). At the front of the card, the letter «D» and the code (or name) of the disease, according to which the patient is placed on the dispensary registration. In the outpatient card after the status praesens and diagnosis the annual dispensary observation plan is made. In this plan the multiplicity of patients' observations, carrying out certain examinations and consultations, therapeutic activities are noted.

Therapeutic activities are the rehabilitation of the patient and include the following:

- work and rest regime;
- special diet;
- physiotherapy and exercise therapy;
- sanitation of foci of infection;
- drug (antirelapse) treatment;
- spa and resort treatment;
- planned treatment at hospital;
- surgical treatment;
- employment;
- examination in MEDNC (if necessary);
- other activities.

In the outpatient card the results of examinations, recommendations for treatment and recommendation for employment are regularly recorded.

At the end of the year for each dispensary patient landmark epicrisis is filled in (same card form 025/y). It reflects the following moments: the initial patient's state of health, carried out therapeutic and preventive actions, dynamics of disease (changes in subjective state, reducing the number of exacerbations, reduced or increased number of cases and duration of temporary disability, dynamics of disability); summarizing — health assessment (worsening, improvement, no change). Epicrisis is viewed and signed by the head of the therapeutic department.

In addition to outpatient card for each patient the statistical card for recording the final (revised) diagnoses (form of 025-2/y), as well as the «Registration map of medical examination» (form 131/u-D) are completed and given to the statistical office.

4. MEDICAL SOCIAL EXAMINATION

Temporary disability (TD) — is the state of the human body caused by disease or injury, in which dysfunction is accompanied by a failure to perform professional work in normal labour conditions for a limited period of time, ie these disorders are reversible.

In accordance with the instructions of the Ministry of Health and the Ministry of Labour and Social Affairs of the Republic of Belarus on the procedure for issuing vouchers and disability certificates of temporary disability from July 9, 2002 № 52/97 sheets of disability and disability certificates in cases of temporary disability shall be issued in connection with:

- illness or/and injury (accident);
- spa and resort treatment;
- caring for a child under the age of 18 years in case of mother illness or other person actually caring for the child;

— caring for a sick family member;
— prosthesis with placement in a hospital of Orthopaedic Enterprise;
Sheets of disability caused by pregnancy and childbirth in cases of:

- 1) pregnancy and childbirth;
- 2) adoption (adoption) of the child under the age of 3 months.

Certificate is issued to:

— unemployed registered with state employment service (during the period when they do not perform public works);

— military personnel, soldiers and officers of internal affairs, financial investigation, enforcement and emergency units in case of an appeal to the territorial health organization for emergency medical care and determination of their temporary disability;

— persons with prolonged (more than a month) loss of disability due to illness or injury occurred within one month after loss of employment;

— students of general, secondary, vocational and technical, special secondary and higher education institutions, clinical residency, including the discharge of agricultural work;

— entities involved in business and other activities, not registered in the organs of the Fund and not paying insurance contributions to the Fund.

Certificate for categories of persons listed in this paragraph shall be issued, renewed, and drawn in the same manner as a sheet of disability.

Sheets of disability are issued and renewed by government health organizations, regardless of departmental affiliation and non-government health organizations, which have a special permit (license) for the examination and issuance of temporary disability sheets.

Special permit (license) issued by the joint decision of the Ministry and the Fund for a term not exceeding 5 years in accordance with the law.

Sheets of disability issued on presentation of passport or other identity document, by health care organizations in the place of residence, and in the presence of institutional health care organizations also at work, school, military service.

In the case of temporary disabled patients who are seeking for medical help in the organization of health care outside their places of service, a medical certificate to be issued only with the permission of the head doctor or the person performing his duties.

Sheets of disability and certificates are issued by attending doctor only after a personal examination of the patient. Heads of departments and deputy head doctor of medical health organizations can give sheets of disability only when they perform the duties of a doctor.

General practitioner, district doctor, if he works alone, has the right to issue sheets of disability in outpatient and inpatient treatment alone for the whole period of temporary disablement, but no more than 14 consecutive calendar days in one case of temporary disability. The further extension of a sheet of invalidity

for a period of 30 calendar days can be granted after consultation with a specialist of the parent organization of health, and for a period exceeding 30 calendar days — Medical-consultation commission (MCC) of Health Organization.

In the same way health departments of the regional executive committees in coordination with the regional offices of the Fund can decide to give the medical assistant, who serve as a doctor (head doctor) of district hospital (rural outpatient clinic) the right to issue sheets of disability. These same authorities can allow to issue a sheet of disability to feldsher (obstetrician) medical and obstetric point single-handedly for up to 3 days, and during the influenza epidemic — up to 6 days.

Medical students can have the right to issue the sheets of disability during the influenza epidemic on a special order of health authorities.

In terms of outpatient the sheet of disability (a certificate) is issued on the day of establishment of temporary disability, including weekends and holidays. Over the previous few days sheets of disability may be issued only by the medical-consultation commission, and only in certain cases (see below). If the patient contacted the polyclinic after his working day, he shall be exempted from work for the next day, and the sheet of disability will be issued on the same day.

For persons working for several employers, disability sheets are issued in an amount necessary to provide for each workplace. In the upper right corner of the additional issued sheets of disability there is a mark «Additional».

GPs give out sheets of disability (certificates) individually for the period not exceeding 6 days (at once or by parts). Extension of these documents for more than 6 days is conducted under the joint decision of the doctor in charge and head of the department, and where the head doctor is not present — the chairman of MCC, deputy of head doctor head doctor, after a personal examination of the patient by these persons. Sheet of disability is renewed jointly by these experts once for a period for not more than 10 calendar days and for a total period not exceeding 30 calendar days. Patient's visit to the polyclinic may be appointed for any day, but always also in the last day of the temporary disability.

Patients who have temporary disability (in outpatient or inpatient treatment at the same or different disease) that continues for more than 30 consecutive calendar days, a medical certificate is renewed after a mandatory examination of the MCC at 30, 60, 90 and 105 days from the start of temporary disability, and for TB disease — 30, 60, 90, 120, 150, 165 calendar days. In repeated cases of exacerbation of one or related diseases compulsory examination of the patients in the MCC is hold, when the total temporary disability (in 2 or more cases) over the past 12 months was 60, 90, 120, 135 calendar days, and in case of tuberculosis — 60, 90, 120, 150, 180, 210, 225 calendar days. After the MCC examination in the line «MCC» in a sheet of disability the date of inspection, the duration of the case of temporary disability days are indicated. Than it shall be certified by signature and personal stamp of the doctor who is the chairman of the MCC.

Sheets of disability in case of diseases (injuries) are issued for the entire period of temporary disability till the end of rehabilitation period or invalidity establishment. For long periods of disability, except for the inspection carried out by MCC, the patients are sent to Medical rehabilitation expert commissions (MREC) with continuous temporary disability no later than 4 months, and for temporary disability with breaks (one or related diseases) — not later than 5 months in total, over the past 12 months. In case of tuberculosis, these terms are respectively 6 and 8 months in the past 12 months. If there are signs of disability, patients are sent to MREC before the deadline.

In case of direction of the patient to MREC exemption from work is carried out till the date of receipt of the documents on MREC. After the examination the chairman of MREC indicates the date of disability's beginning, its end and the decision of MREC in the sheet of disability. If MREC does not reveal any signs of disability, MCC of the clinic extends the sheet of disability for all days of the survey and for the able-bodied closes it, and for temporarily disabled extends in general order. If MREC recognizes the patient to be disabled, the certificate is to be closed till the day of recognition of disability (the date of receipt of the documents at MREC) by the doctor in charge.

The sheet of disability is issued on the day of the visit to the doctor, but in some cases, by the decision of the MCC, it may be giving «retroactive» (i.e., over the past few days) in cases of:

— persons who become ill in the evening and night time (after the end of the clinic work time) and been served by an ambulance, the sheet of disability is issued on the next day taking into account, if necessary, the day of the ambulance call;

— for mental diseases accompanied by the disorder of controlling behavior, if the patient fails to seek medical help;

— citizens of the Republic of Belarus, who suffered the disease with temporary disability during a temporary stay abroad (after the provision of medical document from the host country);

— replacing the certificate to the sheet of disability (at the discretion of the competent authorities — the court, prosecutor, Ministry of Internal Affairs, Social Protection Fund, etc.).

The sheet of disability for pregnancy and childbirth is issued by the obstetrician-gynecologist or the doctor who is taking pregnant women, together with the head of the antenatal clinics (head of the department, the head doctor).

Obligatory authority for all health facilities offering the expertise of temporary disability and medical rehabilitation of patients (hospitals, clinics, dispensaries, clinics and others), is a medical-consulting committee — the MCC in the Chair (Deputy of Chief of MRET, in his absence — Deputy of the chief doctor of the medical unit or head doctor) and members — the head of relevant department and the doctor in charge. If necessary, the meetings of the MCC can involve specialists of this and other health facilities, staff of the chairs of Medical University and Postgraduate Medical Institute. Chairman of the MCC is a constant, but the members vary. For example, if the MCC is examine a surgical patient, the

members will be attending surgeon and chief of the surgical department, if the therapeutic patient, than — therapist and the head of the therapeutic department.

The main functions of MCC are:

1. Consulting patients in complex and conflicting cases of examination of disability. MCC makes the decision only after examining the patient, studying his medical records, survey data, the conditions and nature of his work, profession; expresses an opinion on the validity of the diagnosis, treatment, timing of rehabilitation and the possibility of rehabilitation.

2. Control over the validity of the issuance and renewal of the sheets of disability in early periods.

3. Mandatory routine examination of long-term ill patients in terms of 1, 2 and 3,5 months from the start of temporary disability in order to control the validity of the diagnosis, treatment, timing of rehabilitation and treatment strategy, the terms of temporary disability, employment outlook, indications for further rehabilitation or referral to MREC.

4. Timely identification of persons who needs rehabilitation, and persons' with disabilities referral to rehabilitation.

5. Development of individual rehabilitation program taking into account the optimization of not disabled patients' labor.

6. Issuance and renewal of sheets of disability in special cases.

7. Referral for examination to MREC.

8. The process of giving the conclusions of MCC on various issues.

To deal with the complex and conflict situations in departments of health of the local executive committees are created central MCC (CMCC), chaired by chief of medical rehabilitation and expertise department and members are chief specialists of the relevant profile and the chairman of MCC, referring the patient.

Medical-rehabilitation expert commissions conduct an examination of disorders of citizens' ability to work, develop an individual rehabilitation program for each inspected and monitor their implementation.

The main functions of city, regional, interregional and specialized MREC are:

- examination of persons directed to MCC by health care facilities (see paragraph 7 of the main functions of the MCC);

- development of individual rehabilitation programs with an indication of the volume, order, the sequence of medical, social and professional rehabilitation and monitoring of its implementation;

- consulting health care facilities in the questions of MCE, supervising the examination of temporary disability and rehabilitation;

- participation in conferences, meetings and seminars on disability prevention, rehabilitation MSE in conjunction with hospitals, labour unions.

Provincial and central city MREC:

- provides organizational and methodological guidance and supervision of municipal, provincial, district and specialized MREC;

- conduct re-examination of persons in the direction of lower MREC in conflict cases;

— conduct inspection of persons with disabilities to identify their needs in special vehicles;

— in complex cases, refer patients and people with disabilities in the Republican Scientific Practical Center of Expertise and rehabilitation of disabled.

In accordance with the Law on social protection of invalids in the Republic of Belarus of 1991, a disabled is a person who, due to limitation of vital activity due to physical or mental defect is in need of social assistance and protection.

«Instructions for the definition of disability» (Annex to the order number 28) provides the determination of I, II or III groups of disability, the criteria of which is the degree of restriction of vital activity.

The basis for the establishment of Group I disability is a acute restriction of life due to illness, the effects of trauma, congenital defects, leading to sharply expressed social maladjustment due to the inability of education, communication, orientation, monitoring their behavior, movement, self-service, labor force participation, if these disorders cause *the need in a constant home care and assistance*. While ensuring the means of compensation of anatomic defects or disturbed body functions, creating special conditions at work or at home, performing some kinds of work is possible.

The basis for the determination of group II disability is a significant limitation of vital activity due to illness, the effects of trauma, congenital defects, which *do not require constant nursing care and assistance*, but lead to severe maladjustment due to sharply expressed difficulties in learning, communication, orientation, monitoring their behavior, movement, self-service, labor force participation (labor is possible to perform only in specific environment) or inability to work.

Basis for determining the disability group II also is the existence of severe anatomic defects as listed in the «Instructions». For example, hip disarticulation, paralysis of an arm, a significant lower paraparesis, fecal, urinary fistula, unnatural anus, after failure or contraindications for surgical treatment, and more.

Basis for determining the disability group III is expressed limitation of vital activity due to illness, the effects of trauma, congenital defects, leading to a significant reduction in the possibility of social adaptation due to the expressed difficulties in learning, communication, movement, labor force participation (significant decrease in the volume of work, reduced qualification, difficulties in carrying out professional work due to anatomical defects). We also give a list of anatomical defects, which give base to identify the group III disability. Examples of such defects:

- complete or almost complete blindness in one eye;
- bilateral deafness;
- pituitary nanism;
- osteochondropathy;
- osteochondrodysplasia with abnormalities of growth (below 150 cm);
- extirpation of the stomach;

- the absence of one lung;
- artificial heart valve;
- artificial pacemaker.

Causes of disability in accordance with «Instructions for determining the causes of disability» (Annex to the order number 28):

- general disease;
- industrial injury;
- occupational disease;
- disabled since childhood;
- disability since childhood, associated with the combat actions during the Second World War;
- wound, contusion, trauma, injury, illness related to the stay at the front;
- the same received in the performance of military duties;
- the same, due to the presence in a partisan detachment;
- wound, contusion, trauma, injury, received during military service in an accident unrelated to the performance of military duties;
- disease, obtained in a period of military service;
- disease (injury) caused by the Chernobyl disaster;
- injury, concussion, injuries suffered in the performance of military duties and caused by the disaster at Chernobyl.

5. SPA-AND-RESORT TREATMENT

Areas that have natural remedies (special climate, mineral springs, mud, etc.) established health facilities (health centers, hospitals, polyclinics), as well as holiday houses, pensions, etc. are called the *resort*. Stationary medical facilities, that are used to treat patients with predominantly natural resources in combination with diet, physical therapy, physiotherapy, while respecting the established regime of treatment and rest are called *spas*. Depending on the natural therapeutic factors of the resort and approved medical indications for it's visiting, each resort has its own medical *profile* (specialization). All the resorts by natural medical factors are divided into *climate*, where the main curative factor is the type of climate, *balneological* — natural mineral waters and mud.

If there are indications for sanatorium treatment, the patient is given a medical certificate (form 298-a) for submission to the commission for health improvement at work to get the permits. The certificate indicates the patient's diagnosis, resort, spa profile, time of year. All these data are recorded in the outpatient card and in an appropriate register. The certificate is valid for one year.

When a patient has the permit, corresponding the profile of the sanatorium, the attending doctor after the necessary laboratory and instrumental examination in the absence of contraindication fills spa card (form 072/y), assures his signature and the signature of the head of department (head doctor) and the seal

of facility. A corresponding entry in the outpatient card and in appropriate register is made on the issue of sanatorium card. Sanatorium card is valid for 2 months. Without the sanatorium card the permission is not valid.

General contraindications excluding referrals to the spa treatment:

1. All the diseases in the acute stage, chronic diseases in the exacerbation stage.
2. Acute infectious diseases until the end of isolation.
3. All the sexually transmitted diseases.
4. Mental illnesses and all forms of drug addiction and alcoholism, epilepsy, mental deficiency with abnormal personality development, severe disorders of behavior and social adaptation.
5. Malignant tumors and malignant blood diseases.
6. Cachexia of any etiology, amyloidosis of internal organs.
7. Severe diabetes mellitus.
8. A euthyroid enlargement of the thyroid gland in stage III, and stage II with the presence of nodules requiring hospital treatment, and the second stage, when receiving radiation exposure on the thyroid gland is more than 200 rad.
9. Any localization of echinococcosis.
10. Often recurring or profuse bleeding of any etiology.
11. A pregnancy (all gestational ages) with obstetric pathology (the threat of miscarriage, bleeding, etc.) and concomitant extragenital pathology that requires a stay in hospital.
12. All forms of tuberculosis in an active stage (for spas and resorts of non-tubercular profile).
13. Various unspecified lymphadenopathies.
14. Manifest hypoimmune and immunodeficiency states that need examination at specialized medical centers.
15. Circulatory failure in stage III, severe cardiac arrhythmias.

CONTENTS

1. Main principles of outpatient care arrangement in Republic of Belarus	3
2. Preventive work of district therapist	5
3. Mass health examination in Republic of Belarus.....	5
4. Medical social examination.....	8
5. Spa-and-resort treatment	14

Учебное издание

**Платошкин Эрик Николаевич
Василевич Николай Владимирович**

**ПОЛИКЛИНИЧЕСКАЯ
ТЕРАПИЯ
(на английском языке)**

**Учебно-методическое пособие
по поликлинической терапии для студентов 4 курса медицинских вузов
факультета по подготовке специалистов для зарубежных стран,
обучающихся по специальности «Лечебное дело»**

**Редактор *О. В. Кухарева*
Компьютерная верстка *С. Н. Козлович***

Подписано в печать 12.01.2012.
Формат 60×84¹/₁₆. Бумага офсетная 65 г/м². Гарнитура «Таймс».
Усл. печ. л. 0,93. Уч.-изд. л. 1,02. Тираж 50 экз. Заказ № 23.

Издатель и полиграфическое исполнение
Учреждение образования
«Гомельский государственный медицинский университет»
ЛИ № 02330/0549419 от 08.04.2009.
Ул. Ланге, 5, 246000, Гомель.