

# ΛΟΓΟΣ



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## THEORETICAL AND EMPIRICAL SCIENTIFIC RESEARCH: CONCEPT AND TRENDS

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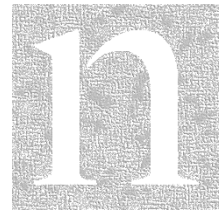
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**Conclusions.** According to the results of our experiment, we found that the most significant and total changes in the experimental DM type 2 are in the liver. It is possible to assume that the use of such a method as liver biopsy will provide an opportunity to determine the degree of liver damage at the early stages and, accordingly, to make for patients correction of therapy. But in order to establish a clinically correct diagnosis, one should take into account not only the results of the aiming of the puncture biopsy, but also the history of the patient, since a large group of liver diseases has the same pathological picture, and only the analysis of the results with a complete picture of the history of the disease can provide a coherent picture of the course of the disease, determine the degree of damage and choose the right treatment tactic. In the future, we consider it expedient to study the reversibility of dystrophic changes in the liver when applying different groups of drugs.

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## SCIENTIFIC AND APPLIED PROBLEMS OF THE MODERN MEDICO-SOCIAL EXAMINATION IN UKRAINE

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The states around the world are trying to establish an effective rehabilitation system which would provide persons with disabilities the meaningful life and integration / reintegration into society. The problems of the current state of medical and social expertise, both scientific and applied; they are intrinsically linked to the state's social policy for persons with disabilities. In the sphere of medical and social expertise, one of the aspects is the quality of the provision of medical and social assistance, the rehabilitation measures for persons with disabilities, which reflects the state of the health care system and the nature of state's social policy.

The beginning of the vocational rehabilitation process is the assignment of the resolution of the medical and social expert commission on professional suitability, which is being included in the rehabilitation individual program of a person with disability. After coming of the persistent disorder of body functions in a person caused by diseases, consequences of injuries or birth defects, that when it interacts with the external environment can lead to a limitation of its life, there is a need to confirm them in the manner prescribed by law. Vocational rehabilitation begins after the formation of an individual rehabilitation program of a person with disability (further - the IRP) and it is an integral part of it [1]. The degree of restriction is measured on a three-level scale and includes the restrictions of I, II and III degrees. This information is about the degree of disability, illness, and limitations or restrictions serves as a basis for formulating the recommendations for rehabilitation measures and their implementation, which also includes the vocational and occupational rehabilitation.

The primary stage of professional rehabilitation is the important from the point of view of early consideration of the problems of persons with disabilities in order to maximize their health and recovery potential. The primary and diagnostic steps should be preventative. The assessment of rehabilitation results should establish a measure to eliminate the disability constraints of the individual, that is, how effective the measures during the MSE were determined and how the rights of persons with disabilities have been respected. For this purpose, it is advisable to determine the control of the rehabilitation implementation, including professional, as a separate stage.

In our opinion, there are the following options for influencing the decisions of medical and social expert commissions on the employment of persons with disabilities [2]:

1. Recognizing a person as incapacitated by mistake or in accordance with medical evidence.
2. Refusal to recognize a person's disability that will reduce a person's chances of finding a job.
3. Superficial study and superficial assessment of the ability of a person to perform various activities.
4. There is a fixation in an individual rehabilitation program of a limited range of activities or even individual professions that can be performed by a person.
5. False, unsubstantiated conclusions and recommendations submitted to the individual rehabilitation program, which are mandatory for the execution of the state bodies.

In terms of the employment opportunities for a person with disability, the profession which are listed in the professions' classifier can be divided into three groups. To the forbidden professions can be referred those types of professional activity that a person with disability cannot perform due to the existing restrictions, or which may be harmful for him or for others. To the recommended professions under the certain conditions, we suggest to refer those professions, groups of professions that a person with disability can perform in the presence of special conditions. To the recommended we can refer those professions that a person with disability can perform under the current restrictions. It should be noted that to the last group is included the professions those which require the additional training and those which do not require such training.

It should be noted that, in view of the need in society, the Government has developed the Concept of reforming medical and social expertise. This document is foreseen the making changes to the directions we have defined, which stipulates the necessitates its separate consideration. The implementation of the Concept is calculated for 2018-2020 period and foresees the improvement of legislation, principles of personnel, financial and logistical providing a system for assessing the level of functioning and social protection [3].

The purpose of the concept is to improve the disability approach by implementing changes based on ICF principles and to use the computer technologies developed by the World Health Organization, to create the holistic rehabilitation system based on a multidisciplinary approach. ICF does not contain the criteria for establishing disability and it does not extend the basis for establishing disability, while it clearly differentiates the prevailing type of limitation of life of a person with disability and objects to the appointment of certain rehabilitation measures and means of technical rehabilitation.

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The system of alphabetic codes will be the basis for a system of disability criteria, which will be based on an eight-level approach and it is used in most EU countries. This document identifies three groups of problems in the system of medical and social examination: combination of medical and social functions in the authority of one body; lack of perfect tools for assessing functioning, vitality, health; fragmentation of the system of providing rehabilitation services.

These problems have been described by us above, as they affect the efficiency of MSEI work, and therefore they outline the opportunities and determine the prerequisites for further employment of persons with disabilities.

Thus, the article is modeled the place and identified the impact of the decisions of MSEI on the process of professional rehabilitation and further employment of persons with disabilities in Ukraine. This analysis made it possible to identify inconsistencies and contradictions in the work of commissions, as well as to indicate their consequences for the further employment of persons with disabilities. In order to improve the medical and social expertise in this context, it is advisable to carry out a number of communication and methodological activities.

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## TO THE QUESTION ON «PATHOLOGICAL ASYMMETRY» STUDY

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Asymmetry study is realized at alive matter organization different levels beginning from micro- and ending with macro- the most comfortable of which represents population-species which expression is sinistrality. There are so called “left diseases” and other distinguishing features which can be thought as so-called pathological asymmetry. Here are several examples of them: intellectual disability or stuttering (on EEG in the second case) [1, 2], learning developmental disorders [3], dyslexias [4], dysgraphias, attention deficiency and hyperactivity syndrome, autism spectrum disorders [5, 6], mirror writing [7], co-ordination disorders [8] and apraxias [9], epilepsy (left-handed children get sick on it in earlier age and the disease rate is higher in them comparatively to right-handers or even it is absent in right-handers according to another point of view) [10, 11]. There exists handedness neuro-psychiatric pattern [12]. It concerns to schyzophreny, Alzheimer’s and Parkinson’s diseases dominance in left-handers [13]. Normal brain asymmetry is thought to be connected with VIP gene expression [14]. There is a point of view about pathological right-handedness with temporal epilepsy [15] and heart-vascular problems bigger distribution in dexters. Ambidexters who “can not find which hemisphere to use under

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