LIST OF ABBREVIATIONS

A.D.M. = Additional District Magistrate
AIIMS = All India Institute of Medical Sciences
ALIMCO = Artificial Limb Manufacturing Corporation
C.D.M.O. = Chief District Medical Officer
D.R.D.A. = District Rural Development Agency
Ednl. = Educational
E.S.I. = Employees state Insurance
F. = Female
Govt. = Government
H.A.L. = Hindusthan Aeronautics Limited
H.T. = Hindusthan Times
I.C.I.D.H= International Classification of Impairment, Disability and Handicap
I.E. = Indian Express
I.I.P.A. = Indian Institute for Public Administration
I.J.P.A. = Indian Journal of Public Administration
I.D.D.P. = International Decade of Disabled Persons.
I.L.O. = International Labor Organization.
I.Y.D.P. = International Year of Disabled Persons.
M. = Male.
NALCO = National Aluminum Corporations.
N.B.T. = National Book Trust
NIPOT = National Institute for Prosthetic and Orthotic Training
NIRTAR = National Institute of Rehabilitation Training and Research.
N.S.S.R. = National Seminar on Rehabilitation Services and Research (vii)
N.S.S. = National Service Scheme
NSSO = National Sample Survey Organisation
O.B.C. = Other Backward Classes
P.H.C. = Primary Health Centre
PHP = Physically Handicapped Persons.
Rehb. = Rehabilitation
R.I. = Rehabilitation International.
S.C. = Scheduled Caste.
S.D.O. = Sub-Divisional Officer.
S.I.R.D. = State Institute of Rehabilitation of the Disabled.
S.M.S. Hospital = Sawai Madho Singh Hospital.
S.T. = Scheduled Tribes
T.O.I. = Times of India
UNO = United Nations Organizations.
W.H.O. = World Health Organizations.
DEFINITIONS OF CONCEPTS USED IN THE STUDY

IMPAIRMENT: This is the first level of disablement. WHO defines that "An impairment is any loss or abnormality of psychological, physiological, or anatomical structure or function." It is an abnormality, a temporary or permanent loss such as a missing or defective body part, paralysis after polio, diabetes, mental retardation, near sightedness.

DISABILITY: This is the second level of disablement. WHO defines that "A disability is any restriction or lack (resulting from an impairment) of ability to perform an activity in the manner or within the range considered normal for a human being." In other words it is any restriction or prevention of a function considered normal for a human being resulting from an impairment. This would involve difficulty in seeing, hearing, walking, writing or speaking.

HANDICAP: This is the third stage of disablement. WHO defines that "A Handicap is a disadvantage for a given individual, resulting from an impairment or a disability, that limits or prevent the fulfillment of a role that is normal (depending on age, sex and social and cultural factors) for that individual. In other words a disability only becomes a handicap if it is allowed to interfere with doing what is normally expected at a certain age."
PHYSICAL DISABILITY :- It is any disability either of the senses or extremities which impairs the physical and social functioning of the individual. For the purpose of this study physically disabled with lower-limb has been taken.

ORTHOPAEDICALLY HANDICAPPED :- The orthopaedically handicapped are those who have physical defect or deformity which causes an interference with normal functioning of the bones, muscles and joints.

MULTIPLE DISABILITY :- It is the presence of more than one type of disability.

PROSTHETIC AIDS :- Prosthetic aids include artificial limbs (including Jaipur Foot), orthopaedic shoes, spinal belt, cervical collar, calipers, crutches etc.

INSTITUTIONAL SERVICES :- Institutional Services provide facilities for boarding, lodging, medical aid education, vocational training, aids and appliances, employment leading to the ultimate rehabilitation of the disabled.

NON INSTITUTIONAL SERVICES :- Non institutional services are in the nature of extending financial assistance medical help, and other rehabilitative measures provided to the disabled preferably in a family setting.

N.B. :- The above two services deal with educational voca-

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tional training, prevention, cure and employment aspects of the disabled.

TOTAL REHABILITATION : (or simply Rehabilitation) :- It means restoration of the disabled to the fullest physical mental, social, vocational, economic usefulness of which they are capable. In simple terms 'Total Rehabilitation' is the medico-socio-psycho-cultural rehabilitation which makes the disabled man feel that he is in no way inferior to the able bodied people and is brought to the mainstream of social life.

Medical Rehabilitation :- Medical Rehabilitation is a comprehensive programme of rehabilitation, which aims to improve the functional skills lost due to disabling conditions. This involves corrective surgery of deformed bones joints or muscles, clinical removal of lesions that cause neurological handicaps. micro-surgery that helps in replacing correcting the defective micro organs when surgery is not possible or advisable, therapeutic inputs such as physiotherapy, occupational therapy are advised in order to improve the motor coordination, functional efficiency of limbs respectively. Some time medicines are prescribed to keep manifestations of disability such as epilepsy hyperactivity under control. Some measures as surgery help in quick recovery, but other measures like therapy take considerably longer time to achieve the desired result. The medical rehabilitation measures by no
means exhaustive and keep developing as innovations in the medical science take place at regular intervals.

VOCATIONAL REHABILITATIONS :-

The vocational rehabilitation is a process that involves vocational guidance, vocational training, and selective placement, designed to enable a disabled person to secure and retain suitable employment. Vocational rehabilitation helps in achieving economic independence which is considered a major contributing factor for the physical mental and social integration of the disabled into society. However, it should be recognized that medical rehabilitation is an important fore-runner of vocational rehabilitation and that, sometimes they go hand in hand to achieve maximum results.

COMMUNITY BASED REHABILITATION :- This is utilizing community strength and resource for rehabilitation of the disabled by shifting the responsibility from the institution to the community. This realistic and pragmatic programme is low cost programme which encompasses large number of physically disabled. This programme anticipates the involvement of nonprofessionals who would carry out the programme with minimum training. These non-professionals have been found to be not just cheap alternatives to the specialists but are key persons who can function as potent change agents. By community based rehabilitation programme, maximum number of physically handicapped can be reached with the minimum effort (training/care)
within a reasonable period which is easily adaptable, accessible and affordable, to suit the local requirement of the needy.

FAMILY BASED REHABILITATION PROGRAMME :-

It is a corollary of the community based rehabilitation programme. The family is bestowed with the responsibility to look after the disabled members rehabilitation by training for a short while the other able-bodied members of the family. When the family members handle the situation at home setting after the required medical rehabilitation, the rehabilitation of the disabled becomes an easy affair.