

Introduction

Working with people of lesser or limited psychophysical capabilities is mostly aimed at maintaining or restoring the possibility of their taking part in social life. In compliance with the widely applied International Classification of Functioning, Disability and Health (ICF), the issues of disability are currently considered with regard to disability concerning the body structure, functioning of particular organs and the person's participation and activity in daily life. Therefore, the main task in the therapy, care and support for the disabled aspires towards the removal of functional limitations so that a particular person, as much as it is possible, could be self-sufficient, self-reliant and independent from other people's help.

What frequently takes place in the life of an adult person is an illness or injury that results in the loss of already acquired abilities – in this way, many possibilities get reduced. In such a situation, the need arises for re-acquiring the lost skills and learning some activities and tasks anew. A different situation occurs in the case of disabled children, who have not acquired any competences, or gained them in a small degree. The process of learning daily life activities should be adjusted to the type of dysfunction and related deficits. When learning and acquiring this is impossible, the therapeutic conduct should aim at working out substitutive functions, often with the use of technological means. Preparing a person for managing in daily life is typical of complex rehabilitation and requires participation of many specialists. They constitute a team of professionals presenting different standpoints and work experience, who help not fully abled people to restore and learn various functions. This is mostly aimed at achieving such a state in which the disabled could develop their physical, mental, educational, social and professional potentialities. Therefore, what is the priority in working with people with physical, sensory and mental dysfunctions is the reduction of disability resulting from accidents, illnesses or ageing.

Over several generations, many different methods and techniques in the rehabilitation of the disabled have been elaborated. However, recognizing the causes of both the origin and development of the dysfunction is of major significance in daily work with this group. What should be focused on, at the same time, are the effects of the impairment or injury of particular structures, because they determine the possibilities for functioning and improving. For example, the disturbed activity of an organ (organs) brings about limitations in the normal life – in the so called quality of life. In order to provide the optimal conditions for improvement, interdisciplinary knowledge and work are necessary.

The dictionary of the Polish language defines *interdisciplinarity* as making use of the output of several sciences. Thus, the modern – and first of all – holistic approach to the rehabilitation of the disabled involves specialists representing different specializations. The new understanding of rehabilitation necessitates the use of works from many fields of knowledge, e.g. medical, pedagogical, sociological, psychological sciences. The undertaken complex rehabilitation is a multidirectional social process. The efforts of a rehabilitation team are focused on restoring maximal possibilities (for people in need) for leading independent life in the family, environment, society, and – above all else – on acquiring the capability of professional and creative work.

What is submitted to the Readers is the current issue of the journal “Problems of Education, Rehabilitation and Socialization of the Disabled” (2/2015, Volume 21), entitled *Interdisciplinarity in the care and support for the disabled*. It comprises nine articles, in which the authors share their professional experience and point out the necessity to undertake adequate tasks and therapies for improving the quality of life of people in need. The criteria for selecting the publications for the current issue are determined by the triad: a disabled person (development, health, needs) – environment (teaching, education, daily life) – rehabilitation team. The range of subjects presented in the issue is wide as there is an urging need to exchange thoughts and information on both the possibilities and the need for therapeutic, support or care activities.

Sylvia Wrona
Jerzy Rottermund