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ORIGINS AND EVOLUTION OF PHYSICAL THERAPY AND REHABILITATION: FROM HISTORICAL EXPERIENCE TO MODERN PRACTICE

Today, amidst global demographic shifts, the rising proportion of chronic non-communicable diseases, and complex military-technological challenges, the healthcare system faces the urgent need not only to preserve patients' lives, but also to fully restore their functional independence. In this context, physical therapy and rehabilitation have undergone a long evolution, transforming from isolated esthetic-wellness and empirical practices into one of the cornerstones of modern public health.

To better understand the current transformations of the rehabilitation system, a holistic understanding of its historical origins is essential. The purpose of our report is to trace the evolutionary path of physical therapy from its empirical and preventive roots to modern evidence-based practice within the public health system.

The history of rehabilitation is closely linked to changing societal perceptions of the value of movement, health, and human working capacity. The origins of physical recovery date back to the most ancient civilizations. In ancient Indian, Chinese, and Greek traditions, physical activity was viewed as a key element in preserving inner harmony. During Antiquity, Hippocrates and Galen provided the first natural-philosophical substantiation for physical exercises, massage, hydrotherapy, and sunbaths, laying the foundations for primary prevention and hardening [1].

However, the true scientific and institutional establishment of physical therapy as a distinct medical discipline took place in the nineteenth century. The decisive impetus was the desire to systematize the impact of movement on a person's anatomical and physiological indicators.

A striking example of this was the Swedish system of gymnastics, developed by Pehr Henrik Ling in the early 19th century. Ling not only divided gymnastics into pedagogical, military, esthetic, and medical categories, but also created a holistic system of dosed physical impact for treating musculoskeletal and internal organ pathologies. It was at the Central Gymnastic Institute in Stockholm that professional training for physical recovery specialists began for the first time in the world, serving as a prerequisite for the emergence of the profession of physical therapist [2].

Throughout the second half of the 19th and early 20th centuries, physical therapy began to integrate into university medicine and clinical practice. Mechanotherapy, hydrotherapy, and electrotherapy actively developed. Research by European and domestic scientists proved that systematic physical exercises have a positive effect on hemodynamics, respiratory function, metabolism, and neural trophism. During this period, the first physiotherapy and balneological institutes opened in many countries, where physical factors were applied for mass health promotion and disease prevention.

The global social upheavals of the twentieth century – World Wars I and II, as well as the large-scale poliomyelitis epidemics of the 1940s and 1950s – became both a severe test and a catalyst for the final formation of rehabilitation medicine.

Millions of injured, amputated, and paralyzed people confronted governments with an unprecedented challenge: to return citizens to active social and economic life. The old model of prolonged bed rest proved

ineffective and led to severe complications, forcing the medical community to rethink approaches to restorative treatment. It was during World War II, thanks to the work of Howard Rusk and his colleagues, that the concept of comprehensive rehabilitation took shape, combining physical recovery, psychological support, and vocational adaptation of the patient.

For a long time, medicine focused primarily on the biomedical model – treating a specific pathological process or organ. However, for the public health system, the decisive factor is not merely the absence of disease, but the level of a person's daily functioning in society.

The WHO's official introduction of the International Classification of Functioning, Disability and Health (ICF) marked the ultimate transition from a purely medical to a biopsychosocial model. The ICF shifted the focus from pathology itself to the assessment of functioning, disability, and an individual's participation in social life. Accordingly, the organizational structure of care delivery changed: the monopoly of a single physician was replaced by the coordinated work of multidisciplinary rehabilitation teams, where a physical and rehabilitation medicine physician, physical therapist, occupational therapist, psychologist, and public health specialist work as a single mechanism [3].

Today, physical therapy serves as a powerful and proven tool for secondary and tertiary prevention in the public health system. It effectively prevents complications of chronic cardiovascular, neurological, and oncological diseases, significantly reducing the duration of inpatient treatment, the number of readmissions, and the burden on healthcare systems. Restoring the working capacity of people of working age and preserving the autonomy of the elderly directly affects the socio-economic stability and macroeconomic indicators of the state.

In contemporary Ukrainian realities, building a high-quality, evidence-based, and accessible rehabilitation system–from the acute stage in a hospital to long-term follow-up in the community–is not merely a medical task, but a matter of national security and the preservation of human capital.

In conclusion, we've to note that physical therapy has traveled a grand path from empirical traditional remedies and ancient hygiene, through the institutionalization of the 19th century, to high-tech, evidence-based multidisciplinary practice.

Modern rehabilitation is an integral and fundamental component of the concept of universal health coverage. The comprehension of historical experience, combined with the requirements of evidence-based medicine and the ICF biopsychosocial model, makes it possible to build human-centered systems where functional independence and the quality of life of every person remain the highest value.

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ОХОРОНА ЗДОРОВ'Я В УМОВАХ СУЧАСНИХ ВИКЛИКІВ

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ОПТИМІЗАЦІЯ ПРИЗНАЧЕННЯ ПРОТИМІКРОБНИХ ПРЕПАРАТІВ НА ПЕРВИННОМУ РІВНІ: РЕГІОНАЛЬНІ РІШЕННЯ ТА НАЦІОНАЛЬНІ ПІДХОДИ

Оптимізація призначення протимікробних препаратів на первинному рівні потребує комплексного підходу, що поєднує виявлення проблем у практиці їх застосування, розроблення та реалізацію відповідних управлінських рішень, професійну підготовку

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