



WP3 Analysis of the context and collection of good practices for rehabilitation through sport for people with disabilities acquired from traumatic brain injury and spinal cord injury (particularly as a result of a coma) and their families/caregivers

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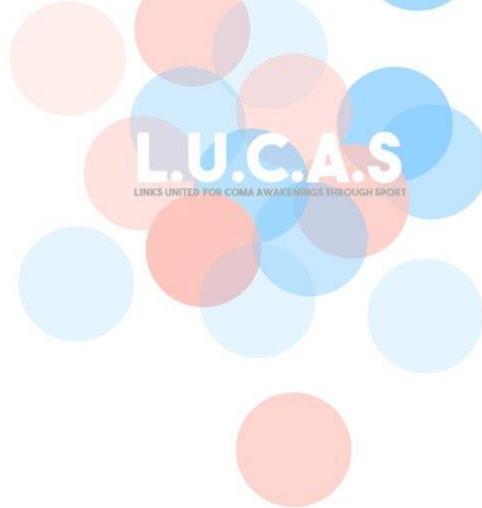


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1. Introduction

The final synthesis report of the project "LUCAS - Links United for Coma Awakenings through Sport" is the result of a comparative analysis of the situation of interventions in the project countries in this specific field. This report was nurtured by the national reports provided by all partners. To do so, each partner has analyzed the local context of their country in terms of rehabilitation through sport for people with disabilities acquired from traumatic brain injury (TBI) and spinal cord injury (SCI) (particularly as a result of a coma) and their families/caregivers.

Moreover, good practices and pilot projects in Europe related to rehabilitation through sport for people with an acquired brain injury and spinal cord injury (especially traumatic as a result of a coma) were collected.

The synthesis report is divided into two sections. Section 1 includes three chapters: Chapter 1 describes the national legal regulations concerning the topic of each country; Chapter 2 refers to the general structure of the services provided for rehabilitation paths (through sport); Chapter 3 shows NGO's and volunteers, other non-government and families with relevance in this topic. Section 2 includes best practices projects collected in all partners' countries.

The preparation of the synthesis report would not have been possible without the cooperation of the individual project partners.



Section 1. Context Analysis

a. National Legal Regulations concerning the topic

The analysis of the legal regulations of each country concluded that: all countries have legislation that applies to this issue, in particular to persons with disabilities and their rehabilitation.

However, the regulation mentions persons with disabilities but does not address coma and/or sport rehabilitation (e.g. Spain, Belgium, Portugal, Lithuania and Denmark).

Contrarily, Italy has a specific «System for Coma» composed by shared paths between local administration and national government.

In the case of Cyprus, the mainstreaming of the EU Convention in the national legislation is not finished.

The laws specified in each country are listed in the following table.

SPAIN	<p>The “Dependency Act” (<i>Ley 39/2006, de 14 de diciembre, de Promoción de la Autonomía Personal y Atención a las personas en situación de dependencia</i>) was approved in Spain as a first step in settling the bases to build in the future the National System for Dependency Assistance, which finances the services needed by the dependent people. The central point of this law resolution is the creation of the System for Autonomy and Care for Dependency (Resolution of 13 July 2012 No. 185 BOE. Sistema para la Autonomía y Atención a la Dependencia - SAAD).</p> <p>The “Act on Cohesion and Quality of the National Health System”, providing the benefits, accessibility and mobility (Articles 23 and 24), under which all users have access to the health services under effective equality conditions , regardless of where in the country they are.</p>
ITALY	<p>The law 104/92 listing the “General principles regarding the rights of the disabled”, the obligations of the Regional Government to provide “Prevention and Early diagnosis” and finally the “Care and Rehabilitation”.</p> <p>The attention on the post coma issues, already stimulated by a large number of Italian organizations representing parents and relatives in each region, has increased with the establishment of the project Casa dei Risvegli Luca De Nigris.</p> <p>The project represents an integrated network system called «COMA TO COMMUNITY» that consists in a public health structure aiming to link actions of the professional health workers with the involvement of the family as an active actor in the rehabilitation paths. Such collaboration has established an efficient «System for Coma» composed by shared paths between local administration and</p>

	<p>national government, experts, doctors and associations working on scientific papers, panel discussions and meetings developing national guidelines for facing the problem adopting an homogeneous approach for all the geographical areas.</p> <p>In 2000 and 2005 two National Consensus Conferences were organized in Italy to provide guidelines for the different aspects of the rehabilitation for patients with traumatic brain injury (TBI). The guidelines emphasized the consequences of a traumatic brain injury on family careers, provided the pivotal role of the family in rehabilitation, and recommended that services provide support throughout all rehabilitation phases.</p> <p>In 2009, at the end of a forum among associations of family members gathered in the national coordination centers (RETE and FNATC), an important document was signed, the “San Pellegrino Chart”, for the improvement of the taking in charge of people after a coma and their families.</p>
BELGIUM	<p>The entire Belgian population is entitled to medical care, with a few exceptions. However, an entitled person should meet a number of conditions to open the right to health insurance benefits.</p> <p>Medical care covers both preventive and curative care required for maintaining and repairing a person's health. Medical care is divided into 27 different categories of medical dispensations, and includes medical treatment, pharmaceutical costs and hospital costs.</p> <p>A part of the costs for medical care is reimbursed by the mutual insurance funds. However, the amount that remains to be paid after the reimbursement by the mutual insurance funds (i.e. the personal share or patient fee) can still be high in case of a long-term or serious illness.</p> <p>A part from the medical care, the disabled people might be entitled to an income substitution benefit. To this end, a doctor appointed by the Directorate-general for people with disabilities examines the person's medical condition: in order to qualify for entitlement, every applicant must have a 'minimum disability'. For entitlement to an income substitution benefit, it is examined to what extent the disabled person, due to his/her disability, has fewer possibilities to work in the regular labour circuit. Then, the benefit amount depends of the family situation.</p>
CYPRUS	<p>The Cyprus Government signed the E.U. CONVENTION OF THE RIGHTS OF PERSONS WITH DISABILITY and the PROTOCOL. The mainstreaming of the E.U. Convention in the national legislation is not finished.</p> <p>Also the Cyprus Government as member of the EU follows the European Directives about the patients’ rights.</p> <p>The country has a special law about the patients’ rights (Ref N. 1 (I))</p>

	<p>of 2005, Law to provide disclosure and protection of the rights of patients and related issues, <i>Αριθμός 1(Ι) του 2005: ΝΟΜΟΣ ΠΟΥ ΠΡΟΝΟΕΙ ΓΙΑ ΤΗΝ ΚΑΤΟΧΥΡΩΣΗ ΚΑΙ ΤΗΝ ΠΡΟΣΤΑΣΙΑ ΤΩΝ ΔΙΚΑΙΩΜΑΤΩΝ ΤΩΝ ΑΣΘΕΝΩΝ ΚΑΙ ΠΕΡΙ ΣΥΝΑΦΩΝ ΘΕΜΑΤΩΝ.</i></p>
PORTUGAL	<p>The law no. 38/2004 refers to the rights of the people with disability, CHAPTER IV focuses on prevention, habilitation, rehabilitation and participation. In particular, Article 25 describes habilitation and rehabilitation pathways (the habilitation and rehabilitation comprise the measures, particularly in the areas of employment, labour and training, consumer, social security, health, housing and urban development, transport, education and training, culture and science, tax system, sport and leisure, providing learning and skills development, autonomy and quality of life of people with disabilities).</p>
LITHUANIA	<p>The Law of Social Integration of People with Disabilities of the Republic of Lithuania address the integration of people with disabilities, financed from State, municipalities, State social insurance fund, budgets.</p> <p>Additional relevant regulation on the topic is:</p> <ul style="list-style-type: none"> - Nr. IX-2228, 1991-11-28 d. Nr. I-2044 2004-05-11, Žin., 2004, Nr. 83-2983 (2004-05-22). - Ratification of National Program of Social Intergration of People with Disabilities for 2013 - 2019 period. Decree of Lithuanian Government. (2012-11-21 Nr. 1408). - The Law of Equal Rights of the Republic of Lithuania (2003-18 Nr. IX-1826). - The Law of Social Services of the Republic of Lithuania (2006-01-19 Nr. X-493).
DENMARK	<p>The National Board of Health sets the common framework and direction for health in Denmark.</p> <p>In 2007, Denmark ratified the UN Convention about human rights; concretely, Article 30 is about the right of disabled people to participate in sport.</p> <p>National legal regulations fall under the Danish Medicines Act (Danish title: Lov om lægemidler) as compiled by the Ministry of the Interior and Health. Only the Danish version has legal validity. The purpose of the Act is to ensure that the citizens (i) have access to safe and effective medicinal products of a high quality, (ii) have access to objective and adequate information about medicinal products, and (iii) are protected against misleading advertising and other illegal marketing of medicinal products.</p> <p>Sport or Coma are not mentioned in the Act.</p>

b. The general structure of the services provided for rehabilitation paths (through sport)

In general terms, the structure of the services provided to these patients vary from country to country. Services can be public and private, except for Denmark, where they are mainly private. The structure and pathways of the rehabilitation services in each country is described in the following table.

<p>SPAIN</p>	<p>The Spanish rehabilitation system is composed <u>by public and private structures.</u></p> <p>A series of steps are followed with respect to the clinical care and rehabilitation according to the patient's health conditions: <u>Phase 1.</u> Intense Care Units of the hospital or in the Neurology and Neurosurgery Units. <u>Phase 2.</u> Hospital or medical clinic installations, more specifically in the Service Units for Rehabilitation. <u>Phase 3.</u> Rehabilitation within the hospital framework.</p> <p>The rehabilitation process outside the hospital is in an ambulatory care center. Thus, this phase is developed in the hospital's Service Units for Rehabilitation or in Day Hospitals and Ambulatory Centers. Specialized resources such as Day Care centers, Associations, Residencies, or Special Employment Centers.</p> <p>ONGs and associations are involved in the treatment both in the private and public domains.</p>
<p>ITALY</p>	<p>The Italian rehabilitation system is composed <u>by public and private structures that work together following an integrated care system.</u></p> <p>The National Health System, after the hospitalization and rehabilitation intensive phases, provides an extensive rehabilitation followed by the assignment of the patient to the home care assistance services.</p> <p>The structures in which the rehabilitation takes place are divided in public and private:</p> <ul style="list-style-type: none"> -Long-term hospitalization structure; -Territorial ambulatory for the functional re-education; -Residential care homes; -Ambulatory centers for rehabilitation; -Residential or semi-residential social work centers.
<p>BELGIUM</p>	<p>Within the department of Welfare, Health and Family, the Flemish government has established the 'Flemish Agency for Persons with a Disability" (VAPH).</p> <p>Rehabilitation is mainly completed in general and academic</p>

	<p>hospitals in regions and communities (Flanders). Two academic hospitals (UZ Leuven and UZ Gent) have specific rehabilitation centers for persons with physical impairments (among others Spinal Cord Injury and Traumatic Brain Injury), and are acknowledged as such.</p> <p>During rehabilitation, and in preparation for discharge and reintegration in society, social workers provide patients and their environment with the necessary information about social care systems and their application procedures. These include federal and regional social security benefits, and an overview of existing population specific NGOs (self-help groups, leisure organizations, sport federations, etc.). None of these organizations however play a structural role in the rehabilitation programmes of patients with TBI or SCI.</p>
CYPRUS	<p>When spinal cord injury and traumatic brain injury happen at first the patient goes to State hospital in the department of the intensive care after the State hospitalization.</p> <p>The patients have two options either to go to the only rehabilitation center that has a limited service or to go to private clinics and services.</p> <p><u>Those who enter to the private rehabilitation center have the costs covered 100% from the State, for a period of 12 months maximum.</u> Afterwards the patients have to continue without any financial support.</p> <p>A majority of the patients do not even have the opportunity to be treated in the rehabilitation center; for this reason according to their clinical and financial status, patients continue their treatments within the private sector without any financial support from the State.</p>
PORTUGAL	<p>Each region of the country should be prepared to receive patients with different needs for physical rehabilitation in order to avoid the transportation of the patients out of their residential area.</p> <p>So that, each municipal health center should transport their patients to the respective district hospital with beds, professionals (medics, physiotherapists, psychologists) and equipment available for the rehabilitation. After a short term rehabilitation in the district hospital, the patients must be transferred to regional rehabilitation centers where they may continue their recovery.</p> <p>There are 4 public rehabilitation centers. Two of them, Centro de Medicina de Reabilitação da Região Centro - Rovisco Pais and Centro de Medicina de Reabilitação de Alcoitão have active programmes of adapted sports for their rehabilitating patients.</p> <p><u>Besides the public Rehabilitation centers, private hospitals and</u></p>

	<u>clinics provide rehabilitation support.</u>
LITHUANIA	<p>The rehabilitation process in Lithuania has several phases:</p> <p><u>Phase 1.</u> Intense Care Units of the hospital or in the Neurology and Neurosurgery Units.</p> <p><u>Phase 2.</u> Rehabilitation within the hospital framework.</p> <p><u>Phase 3.</u> Rehabilitation process outside the hospital in an ambulatory care center. Provided by Sanatorium and rehabilitation center “Draugystės sanatorija”. Rehabilitation hospital Abromiskes is one of Lithuanian institutions with long-term experience in the field of medical rehabilitation. Birštonas sanatorium “Versmė” establishment specialized in treatment and recreation, providing rehabilitation, supports rehabilitation, ambulatory rehabilitation and sanatorium treatment services. Alytus medical rehabilitation and sports center Alytus medical rehabilitation and sports center.</p> <p><u>Phase 4.</u> Specialized resources such as Day Care centers, Associations, Residencies, or Special Employment Centers.</p> <p>Moreover, further recovery services are based on by family resources.</p>
DENMARK	<p>The <u>Danish Brain Injury Association is a private</u>, independent organization working for people with brain injuries and their families. The organization operates through fundraising and was founded in 1985 and today approximately 2200 families are members.</p> <p>Danish Sport Organization for Disabled (DHIF) is an organisation for all sport for all kind of disabled people in Denmark. DHIF has approximately 400 member clubs with a total of approximately 12,400 members. DHIF's clubs offer activities in more than 30 sports, and in all kinds of disabilities, including visual impairment, all kinds of physical disabilities, developmental disabilities and hearing impairment. Sports include athletics, bocci, table tennis, cycling, goalball, wheelchair curling and rugby, horse riding, shooting and swimming, participation in European Championships, World Cup etc. DHIF receives commercial sponsorship.</p>

c. NGOs and volunteers, private organizations and families

In all countries, NGOs and volunteers play an important role in this issue. In the case of Belgium there are associations but none plays a structural role in rehabilitation programs for patients with TBI or SCI. In the case of Denmark there are no specific interventions for TBI. Besides, in all countries, the family have an important role in the topic. All countries have other private organizations supporting patients with acquired brain injury as detailed in the following table.

SPAIN	<p>NGOs and volunteers play an important role in this topic, providing key services.</p> <p>Private organizations with relevance are also mutual and insurance companies.</p> <p>Families also support in a great extent the rehabilitation process.</p>
ITALY	<p>NGOs and volunteers play an important role in this topic.</p> <p>The Association “Gli Amici di Luca ONLUS” is one of the few that operates within a rehabilitation facility (Casa dei Risvegli), in agreement with the Public Health Agency. Thanks to “Progetto DOPO”, the association ensures the continuity of contact, relationship and help to the patients and their families.</p> <p>The associations, forgathered in the national coordination RETE (Associations for the Brain Injury) and FNATC (Federation of National Associations Brain Injury), have been operating since 2008 in the "Permanent Seminar on the Vegetative State and Minimally Conscious State" of the Ministry of Health. Families play an important role in this topic.</p>
BELGIUM	<p>There are NGOs providing support, but none plays a structural role in rehabilitation programs for patients with TBI or SCI.</p> <p>Several organizations exist for persons with disability. Most organizations however are disability transcending. These include the Leisure organizations (e.g. Catholic Organization for the Disabled) organizing workshops and leisure activities for persons with an impairment; and the Sports federations (e.g. Parantee, Recreas, etc.) organizing leisure and competition sports for persons with a disability.</p> <p>Families are involved in the entire rehabilitation process.</p>
CYPRUS	<p>There are many different private associations in which many volunteers participate.</p> <p>The Association ESFC has a special department for people with Disabilities. It is a non-profit non-governmental organization based on promoting socialization and rehabilitation for people with disabilities.</p> <p>Most of the families organize a special room in the house with some special equipment such as passive cycling for the arms and legs as well as standing frame and they help the people for their daily rehabilitation and exercise program.</p>

PORTUGAL	<p>NGOs and volunteers play a key role in the path for rehabilitation and support to the disabled people.</p> <p>Currently in Portugal there are Private Institutions of Social Solidarity (IPSS) working on the rehabilitation of disabled patients. The existing programs allow family members to be present at the therapy sessions but don't involve them in the activities. They learn to do the basic exercises to replicate at home and they accompany all the rehabilitation process but in a passive way.</p>
LITHUANIA	<p>One of the most important NGO is the LITHUANIAN FORUM OF THE DISABLED.</p> <p>Sometimes volunteers are involved in rehabilitation process through sports activities.</p> <p>Families play an important role in this topic.</p>
DENMARK	<p>There are no NGOs found specific to coma/TBI and sport rehabilitation.</p> <p>Volunteers are paid to assist as helpers for people with disability.</p> <p>Family members and carers play an important role in the rehabilitation process. Indeed, family members are very often a crucial asset to the patient, providing both long-term support and a major contribution to the rehabilitation process. It is also important for the team to recognize that family members often have a special rapport with the patient and may detect subtle communication in advance of the professionals.</p> <p>Families are recognized as providing valuable insights into the patient's character, choices and ambitions, as well as important information on the presentation of difficulties in the home setting. The participation of families is actually considered essential in the initial assessment, and in the monitoring of rehabilitation gain, to minimize under-reporting of difficulties when the brain-injured person lacks insight"</p> <p>Private organizations found specific to coma/TBI and sport rehabilitation are all linked to the Danish Sport Organization for Disabled (DHIF), mentioned above. Families are involved in care.</p>

Section 2. Best practices

a. Criteria

In order to identify the best practices (projects, initiatives, programmes, etc) in the field of *rehabilitation through sport for people with disabilities acquired from traumatic brain injury and spinal cord injury (particularly as a result of a coma) and their families/caregivers rehabilitation*, quality criteria have been developed. The criteria are consistent with those proposed by the Best Practice of Cooperation Network for Health Equity (2015) and were adapted to this specific topic in collaboration with the Project partners. For a project, initiative or programme to be considered as a Best Practice.

These criteria are described below:

1. Conceptual approach

a. Concept:

- There are written definitions/guidelines/protocols
- The practice/experience contains the objectives of the program
- There is available information about the methodology and activities/ tools

b. Target Group:

- The target group (individuals & families) is clearly identified and fits to the LUCAS+ objectives (e.g. age, sex, etc.).
- The way to reach the target group is clear.

c. Innovation:

- The program/practice has an innovative character or implies innovative aspects (e.g. actual knowledge, new ideas or methodology, etc.).

d. Formal networking or complementary links with relevant institutions:

- The practice implies networking and cooperation with other institutions.

2. Orientation to the target group

a. Active Participation:

- The target group can participate in an active way (e.g. can express ideas, wishes and suggestions for planning, implementing and realizing).

b. Empowerment:

- In developing skills, the target group becomes self-acting and self-determined.

3. Sustainability & Cost-value ratio

a. Sustainability:

- Successful parts of the program/best practice can be continued.
- The implementation of the program/best practice does not depend on one dedicated person, but it is included in the system structures.
- The effects on the target group are sustainable.

b. Cost-value ratio:

- There are data on budget and beneficiaries.
- The cost-value ratio is adequate.

4. Quality Control

a. Documentation and evaluation (mandatory):

- The documentation shows the content of the working process.
- The evaluation is documented and it covers the analysis of the processes and the results against the background of the program/protocol objectives.
- There is a good impact reported on the target group.

b. Management and developing of quality:

- There is a continuous and systematic process of reflecting the program/practice.
- The program/practice will be developed and adapted to the needs, consistently.

5. Transferability

a. There is access to the methodology and how the practice/program is realized.

b. The program/practice has been successfully transferred to another region/country.

c. The practice/program can be transferred to other frame conditions in international contexts.

b. Best practices Participants partners

According to the described criteria, the following projects and programmes were selected from the involved countries.

Spain

a. Spanish federation of brain injury (FEDACE). Program of information and support to families

The program includes three phases: Hospital Care, Family Intervention and Community Intervention. The program works with the families of patients with Acquired Brain Injury (ABI) from all Spain.

b. CEADAC. Acquired Brain Injury: physical and sport activities guide

The guide aim is to set a framework both for professionals working with people with acquired brain injury in the field of physical activity and sport and for families and / or users; it indicates the activities that users can perform, the necessary material resources and the criteria to be considered for referral / best indication in each case, depending on the characteristics of each person and the environment in which daily life unfolds.

c. Spanish federation of brain injury (FEDACE). Sport and physical activities for children with Acquired Brain Injury ,

The project promotes the social integration of children and young people with Acquired Brain Injury (ABI) through the practice of physical and sports inclusive activities. With this project, children with ABI enhance their personal autonomy through rehabilitative and inclusive actions; they have fun and they strengthen their family relationships. FEDACE provides associations with adapted equipment and materials, so that the associations can organize two weekly sports activities sessions. These sessions are aimed at strengthening the body, the socialization among pairs and with the community.

d. MUTUALAB. Innovation in personal care programs for disabled accident

It is a service that caters unemployment assistance for workers to seize the opportunity when the scenario is complicated.

It aims to help searching for a new job , as well as other services such as: the realization of socio individualized report, preparation of documentation work and

active job search, analysis and Adaptation Skills Job Profiles, insertion Itinerary, management of job interviews, prescription Worker Training Projects Public and Private, facing Labor, consulting and Accounting and self-employment programs.

Italy

a. Melograno's Project

The Melograno's project is addressed to people with Traumatic Brain Injury (TBI), after a coma experience. Each group consists of 10 participants, most of them took part in sport activities. The average age is 35 years old, and at the current state, there are 10 men and 3 women. Participants are indicated by educators, psychologists of Amici di Luca's Association or by psychiatrists of the Rehabilitation Centers. There's a first meeting of knowledge and collection of information needed to set goals with the participant and to give information to caregiver about the sport activities. It evaluates the profile of the needs of the person and the family and the environment, with actions that have to be integrated with each other.

b. Multisport Project

The MULTISPORT project is a partnership between Casa Santa Chiara, Massimo & Tommy ASD and C.S.I. Centro Sportivo Italiano of Bologna. It is born as a high-quality tool for the needs of disabled person. Its main goal is to foster an active participation of the disabled person through sports, providing them with a large choice of sport activities specifically adapted.

c. Italian Amputee Football Team

The project aims to bring together young people and adults from all over Italy, who share a passion for football and who have from birth or post traumatic accident amputees. The challenge is to create a team to practice the sport of soccer to 7. The purpose was to create a National Italian team as they exist in many European countries or worldwide. The practices and games are held in several Italian cities with the aim of involving local territories on the issue of disability and promoting sports for people with disabilities.

Belgium

a. A post-rehabilitation centre for persons with a physical impairment

In 2014, a cooperation was established between Thomas More (research expertis centre Mobilab), the AZ Herentals hospital, the To Walk Again foundation, and the orthopaedics company Orthopedie Van Haesendonck, with the aim of developing a post-rehabilitation centre for persons with a physical impairment. The post-rehabilitation centre is the reference where people with physical disabilities are challenged with sports and exercise to maximize their quality of life in an

accessible, relaxed and positive environment. The centre offers a customized, stimulating and progressive post-rehabilitation programme, using the latest technologies and under expert supervision.

b. HARPA

HARPA is a non-profit organization that offers a life-long post-rehabilitation program for persons after cardiovascular disease. This program consists of regular weekly physical activities, led by a physiotherapist specialized in cardiovascular rehabilitation.

c. CASvzw

The mission of CAS is to be a bridge between rehabilitation centres and sports clubs/organizations. CAS organizes a regular weekly sports programme for individuals with a physical or intellectual impairment, including wheelchair tennis and wheelchair basketball, fitness training for wheelchair and non-wheelchair users with lower extremity impairments, football and badminton for persons with an intellectual impairment, and swimming for persons with both physical and intellectual impairments.

Cyprus

a. K-SET Method

It is a rehabilitation programme that contains an innovative method for rehabilitation named K-SET based on rehabilitation concept. Each patient has his/her own file including a monthly report from therapies assessment, secondly it includes a psychology report from the aspect of socialization and thirdly a questionnaire about the services offered which is completed by the patients, including questions about the program, sports, activities and suggestions.

Portugal

a. Rehabilitation tool designed for intensive web-based cognitive training

This project is a web-based program that allows implementation of individualized cognitive training interventions (<https://cogweb.eu>). It is aimed to be inclusive and therefore it is directed to every patient with any cognition impairment who may benefit from cognitive training. This includes Traumatic Brain Injury (TBI) patients. The web-based approach allows both the professional and the patient to access the program from anywhere with just an Internet access. This is particularly useful to allow the cognitive training to occur in different environments: from strict clinical settings to home settings with family/caregivers support.

b. Self-care and rehabilitation video tool in patients with Spinal Cord Injury

This project results from a PhD thesis. It includes the construction and validation of a tool using Information and Communication Technology (ICT-based tool), consisting of educational videos to be broadcasted through the Internet. The tool is aimed at reducing the impact of hospital discharge on the recovery of and rehabilitation of Spinal Cord Injury (SCI) patients and at enhancing their transition from inpatient to outpatient. The relevance of this project lies on several needs regarding SCI patients and overall health and rehabilitation care.

Lithuania

a. NGOs for people with disabilities. Centres of psychosocial rehabilitation

Hippotherapy is a physical, occupational or speech-language therapy treatment strategy that utilizes horse's movement as part of an integrated intervention program to achieve functional outcomes. It is the use of the horse to assist people to overcome a wide range of problems arising in any or all of the three areas of their being, namely the mentality, the physical body and the emotions.

b. NGOs and sport centers for people with disabilities

Denmark

a. Danish sport organization for disabled

The Danish Sport Organization for Disabled (*Dansk Handicap Idræts-Forbund*, DHIF) is a sports federation under the Sports Confederation of Denmark (DIF). DHIF has approximately 400 member clubs with a total of approximately 13,600 members. DHIF's clubs offer activities in more than 30 sports. The pioneers of disabled sports were the physically disabled themselves, who adapted existing sports and developed new activities internationally and in Denmark. Today DHIF members are with all kinds of disabilities, including the blind and visually impaired people, all kinds of physical disabilities, developmental disabilities and hearing impairment. Deaf Sport has its own organization, the Danish Deaf Sports Association (DDI), as a member of DHIF. Disability Sport in Denmark is financed by activities such as the national lottery as well as by industrial and private sponsors.

b. Danish Brain Injury Association

The b. Danish brain Brain injury Injury association is an independent organisation working for people with brain injuries and their families. The detail of the infrastructure in Section (1b) seems inclusive of all including brain injured so that

Acquired Brain Injury and Traumatic Brain Injury are welcomed into this infrastructure.

c. Centre for brain injury

All sports for all kind of disabled people in Denmark. Not specific to sports and coma.

d. Vejle fjord rehabilitation

All sports for all kind of disabled people in Denmark. Not specific to sports and coma.

e. Senhjernesgade-center north (residential)

All sports for all kind of disabled people in Denmark. Not specific to sports and coma.

f. Varde lunden (residential)

All sports for all kind of disabled people in Denmark. Not specific to sports and coma.

g. Danish disability sport information centre

All sports for all kind of disabled people in Denmark. Not specific to sports and coma.

