unperceivable and issued with the intent to communicate with the athlete, the opponents, the coach, the audience or the result, with or without intention in the *corpus subtile*.

The signal of superstition derives from cosmic life and ends in terrestrial life; in the life of minerals, plants and beings, superstition bestows a numerical, artistically expressible rhythm, and rhythm is perceived periodicity. Dynamically, by conversation, or statically by architecture, the rhythm of superstition means symmetry among us. The existential rhythm appears as placed under a star, permanently relatable to the athlete by superstition. The colours, sounds and letters in the athlete's preferences are connected to the following numbers, which provide a possible explanation to individual destiny ("Serena Williams, the former world leader of women's tennis, lost the 2008 "Roland Garros" finals, but she knows why: she hadn't tied her shoelaces right, bounced the ball five times, had a spare robe, or brought the shower sandals on to the court.") [8].

It is our purpose here to prove that if we grouped this information under the name traditions, customs, relations, we could have a unanimous agreement, as all these superstitions have been around for centuries in oral form, operating as various means of evincing personality through figures and winnings; at least now there are three of us, the authors and a reader!

There are many common elements in athletes' superstitions and other types of socialisation; what remains important in the structure of superstition is related to the need to psychologically control fear before a competition; good results are psychologically fixed by means of details related to a positively perceived tradition, superstition allows for a position of encouragement, even if it is a shared superstition, like the one referring to a clover we wear around the finger (Eve is said to have kept it from Paradise).

2. **Conclusions**

A superstition is a ritual, that athletes assume, according to the faith in victory (in the past the salt superstition meant the dependence on a rare expensive food), the soul is supported by this superstition, a broken mirror along the history of psychology, only now the superstition is globalised and spread via the Internet, not by knowledge of the unwritten work of Pythagoras.

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THE PLACE AND IMPORTANCE OF PHYSICAL THERAPY IN PIP FOR PEOPLE WITH DISABILITIES

Maria Dorina Pasca[a], FlorinTurcanu[b], Laurentiu-Gabriel Talaghir[c]
[a,b]*University of Medicine and Pharmacy,Gheorghe Marinescu Street,Tirgu Mures, Romania,* [c]*Dunarea de Jos University of Galati, Romania*

Abstract
Customized individual plan (PIP) for people with disabilities is both an effective way of structuring teamwork through physical and psychological recovery of the person concerned and monitoring the results that may be obtained in each subject. In this context, including it (PIP) in kinetic therapy rehabilitation segment is a way for our study developed in "Sunshine" Association Iernut, Mures to quantify the beneficial results of this action regarding optimizing the quality of life of beneficiaries. The present study has been developed during March 2014-February 2015 on a subject with Down syndrome. Based on the diagnose received from DGASPC (having a confidential status), Customized individual plan (PIP) was made, having the following action methods: physical recovery by kinetic therapy, mental recovery by psychological. The results obtained in this study, the "Sunshine" Association from Iernut, Mures County, can be a viable alternative for people with disabilities for the purposes of recovery and their reintegration into society. To be emphasized that such an approach and attitude determines social-structural changes, so the recipient is part of the reference group and not only, "Sunshine" standing by his side.

Keywords: kinetic therapy, beneficiary, PIP, disability

1. Introduction

A not random note says that, when a child is born with a disability, he is invested with a message which shows that life has a meaning itself and his life has a meaning related to the surrounding world (Albu, A., Albu, C., 2000).

For people with CES there are specific types of intervention:

1. Rehabilitation - is a complex process through which people with disabilities can get (and keep) physical functionality, intellectual and social optimal levels. This process is made of numerous multidisciplinary services (medical, professional), which provides the means by which these people can organize their lives to achieve a bigger level of personal and social autonomy. Rehabilitation involves measures and means, by which functions can be restored, can compensate their loss, absence or limitation;
2. Recovery – It's a romanian specific term with its equivalent meaning of rehabilitation (recovery of lost functions), with a more medical connotation. The concept it's irrelevant in case of acquired deficiencies or where recovery / restore function is no longer possible;
3. Compensation - involves replacement of lost functions by forming new skills / basic abilities enabling social and professional reintegration of people with disabilities;
4. Empowerment / Rehabilitation - are mate terms (especially in Scandinavian countries). Empowerment refers to those functions that can not be recovered. In this case, compensation mechanisms can form new skills or basic capabilities to facilitate the adaptive process.

What completes the previous picture is the method of recovery and reintegration of persons with disabilities. We are therefore in the moment when taking into account the degree of disability, medical diagnosis, psychological investigation, recovery plan conceived and initiated with DGASPC can proceed to conceive a personalized intervention plan (PIP) for each beneficiary. Basically, PIP is a planning and coordinating interventional technique, customized for each beneficiary, which achieve the proposed objectives.

An important element in planning PIP is the psychotherapy element defined as an interactional conscious and planned process that aims to influence the behavior disorders and suffering states, witch through a consensus (between patient, physician and reference group) are considered as requiring a treatment in terms of a defined purpose, if possible developed together, with the help of several techniques, which can be learned based on a theory of normal and pathological behavior (Paşca, M.D., 2000).

2. Material and method

This study was elaborated, within the Association *Sunshine* located in Iernut, Mures County. This association aims to increase the quality of life for people with psychomotor disabilities, comprising in this direction, two ways of operation:

Recovery and social integration or reintegration of young people with disabilities;

Recovery and physical and neuro-psychical rehabilitation of children with disabilities.

Within these activities, are to be found the following services:

- Physical rehabilitation through physiotherapy;
- Mental recovery through psychological counseling;
- Speech disorders through speech therapy (the art of communication);
- Occupational therapies through ludic activities and physical exercise;
- Developing independent life skills through socialization.

This study was elaborated during the period of March 2014 - February 2015 on a subject with Down syndrome.

Further on, we will present the basic issue to develop a PIP- customized plan for a 6-year-old subject (*Table 1*):

Table 1. Preliminary information for PIP elaboration

Name and Surname	***Privacy Status - according to the operating rules of the Association „Sunshine"***
Family history	It is part of a normal family, being the youngest of the two children of the family. Housing conditions are very good, with playground and teachings areas. Parents are both responsible, careful at raising and education of children, they help each other in everything they do for the children to have a harmonious development. The relationship between parents is harmonious. The age difference between the two children is high, over 8 years, but this does not prevent the relationship between the two children to be very good.
History of the child's problems	Recognizes and names objects (toys, fruits, animals, events, and characters who are familiar) Answers the questions from the teacher and children by a word (only when insisted, reproduces sentences with very simple response); Reproduces vocalizations with the group and individual Doesn't reproduce lyrics individualy, but only after the teacher or with children; Do not have oral communication initiative unless he is challenged by adults; Unintelligible speech, reduced to the attempts of sound modulation, but without any articulatory success; Speaks inaccurate and always uses a harsh tone; Stubborn, relates less with children, pushes them, hits them, and sometimes bites them; He likes to play more alone but also has moments when he is playing with one child or more; He can hardly concentrates (3-5 minutes), remains little time involved in tasks, and does not carry out the

	activities only if he is supervised; Relatively good understanding capacity, related to passive vocabulary; Poor imagination, unproductive; Short-term memory, mechanics; Psychomotor instability, agitation;
Medical diagnosis	Retard of the expressive language; Slight Intellectual/mental disability; Dyspraxia of walking; Down syndrome.

Having all the premises, based on a received diagnosis (with privacy status), from DGASPC Mures specialized committee, team made of specialists (doctors, psychologist, physiotherapist) conceived a PIP.
1. PIP corresponding to general motricity (*Table 2*):

Table 2. General motricity field

Behavioral manifestations	***Refecence objectives***	***Methods and teaching materials***
Positions and muscle tone	To stand up alone and maintain the standing position; To stand up in sitting position from lying; To maintain the sitting position for 5-10 min .; To remain seated with feet crossed for 5 min; To bend with knee flexion, after an object and to get up.	The example; The explanation; The conversation; The boards.
Walking and jogging	To go forward; To go at different speeds (normal, slow, fast) by model; To run; To walk on their toes, heels, back; To go on a simple route, given.	The demonstration; The explanation; The conversation; The boards.
Jumping	To move disorderly, throwing both feet (hop); To jump on both legs; To jump on one leg.	The example; The explanation; The conversation.
Grip, throw, catch	To catch with both hands an object (ball); To grasp an object with two fingers (thumb and forefinger); To throw certain sizes objects with one hand (left / right); To catch an object with both hands.	The demonstration; The explanation; The conversation; The boards.
Climbing	To climb and go down stairs by step added, holding the railing; To climb and go down stairs alternating feet, clutching the railing.	The example; The explanation; The conversation.
Balance	To kick a high, low, hard ball with the foot; To stand on one leg (3-5 sec.)	The example; The conversation.

2. PIP corresponding to fine motricity and eye-motor coordination (Table 3):

Table 3. Fine motricity field

Refecence objectives	***Activities***	***Materials and Methods***
To put and remove small items into / out of boxes; To clap his hands; To build a tower made of several cubes; Make scribbles on paper; To imitate simple gestures; To imitate some simple actions (open / close door); To carry out repetitive movements by model,; To spool a thick wire on a big coil; To unpack objects by tearing the paper; To crumple the paper; To unscrew toys; To roll shapes from modelling clay; To scribble with thick writing/colouring instruments; To make in their own way, fingershapes; To touch each finger with the thumb; To hold the pencil between the thumb and forefinger; To thread large beads; To color within the outline; To make different images by pasting component parts of large sizes (house, fir, man); To assemble a puzzle of several large pieces.	Exercises for developing fine Motricity; Building games; Crumpling exercises screw / unscrew; Exercises of writing, coloring; Exercises for threading beads on a string.	Explanation; Demonstration; Work independently and supervised; Cubes; Puzzle; Sheets of paper; Cartons; Glue; Aquarelles; Modelling clay; Templates; Markers; Beads; Toys.

PIP corresponding to psychometric field (Table 4):

Table 4. Psychomotric field

Refecence objectives	***Activities***	***Materials and Methods***
To use in performing actions predominantly one hand; To show the main parts of the body to self and partner; To identify tangible detail elements of the body scheme; To assemble correctly the human body made of three parts (puzzle); To dress / undress the doll; To differentiate children by gender; To recognize, in different contexts, four usual colours; To group known objects by colour; To associate geometric shapes to known objects in the environment; To make simple pictures of geometric shapes (sun, ball); To identify various positions of objects in relation to self (up-down); To locate sound sources; To identify the seasons; To execute a series of two simple tasks, successively.	Exercises on development of laterality; Exercises of dressing/undressing dolls; Exercises of grouping objects, toys, after a given criterion; Audition; Exercises for recognizing positions of objects reported to himself; Exercises for recognizing familiar tastes.	The conversation; The demonstration Guided and independent work; Chips; Puzzle; Tape; Audio cassettes; Fruits; Food; Toys.

3. Results and Discussions

The assessment of DGASPC commission underlines the upward evolution of the specific parameters for each field of reference. This is due to implementation of specifically PIP, conceived for each subject in matter.

Quantification of the registered progress at the end of this study was to increase fine motor skills, by improving the precision of completion movements within certain specific fields presented above.

The methods used within each activity, contributed according to experts to the achievement of the reference objectives established at the begining of PIP conceivement. In this way, the use of diversified specific exercises of physical therapy and themed games, doubled by discussions between specialists and the subject through the art of dialogue, complete the general picture of multidisciplinary participation in the so complex recovery of subject with general diagnosis of Down syndrome.

Personal intervention programs included specific moments, through which movement (at the level of recovery perception), was present through walks, tours, participation at different events, thematic visits and relating the beneficiaries to community was not only noticed but also beneficial.

4. Conclusions and suggestions

In this context it is viable and full of emotional affective weight every gesture of the disabled person, and the fact that when designing customized individual plan, the therapist becomes an extremely important person, and by the achieved results, has to prove trust, responsibility and a lot of professionalism.

Improving or solving, even it is partial, these "states", has to establish and develop direct participatory concern, involving nurses, medical specialists, physical therapists, teachers in schools with special education schedule and within associations, foundations or NGOs capable by their structures to ensure people with disabilities an environment for a normal life in harmony and resonance with the type of disability and diagnosis.

The patient–therapist relationship focuses primarily on communication. Thinking out this issue, the communication should be a process of interaction between individuals, groups, as a relationship mediated through word, image, gesture, symbol or sign.

All items listed above can be found in the activity developed under this good circumstances, at „Sunshine" Association, located in Iernut, Mures County.

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