

Abstract:

Background: The Apolinář model of substance abuse treatment was formed between 1948 and 1958. Other facilities implemented this model based on the broader concept of physical rehabilitation. Currently, no information is available on the differences in the set of physical activities between the different programs, nor are they systematically described. The conceptualization and comparison of these activities in the context of the need to place rehabilitation care in addiction medicine within a broader concept should help to improve the quality and effectiveness of treatment.

Aim: The aim was to describe, analyse and compare the physical rehabilitation activities of treatment programs for men based on the Apollinarian model. The sub-objective was to describe how these activities are conceptually defined, namely how frequent they are, the composition of their components, their scope, indications, technical and personnel support and the context in the program. The final objective was to compare the individual programmes based on the Apolinář model against the original form of the model at the point of its inception.

Methods: Data were obtained through semi-structured interviews with personnel in each addiction treatment department. The research sample of ten programs was selected by purposive sampling. Using a pre-designed checklist, each program was analysed and conceptually defined. The normative evaluation tool was used to compare the physical rehabilitation activities.

Results: The variability of physical activities across the facilities is large and individual activities differ in frequency, indication, technical and personnel support. The reason to include physical activities in the programme is mostly the same and corresponds to current scientific knowledge in the field of rehabilitation. The biggest problem is the lack of a clearly defined rehabilitation concept and professional personnel. Recommendations from the normative evaluation include the implementation of a comprehensive rehabilitation care concept and the related definition of goals and methodology, provision of individual care, allocation of financial resources for rehabilitation care in addiction medicine and consideration of the position of a professional rehabilitation worker.

Conclusion: Rehabilitation care and related physical activities are key to quality and effective treatment and correspond to effective treatment factors. In its current form, this care is inadequately grasped. We recommend further research in the field of rehabilitation care in addiction medicine, especially in terms of conception, professional personnel and funding.

Key words: alcohol – addiction – physical activity – Apolinář model – residential treatment – rehabilitation care