INTRODUCTION

In modern conditions, the aggravation of health and demographic problems in Ukraine arose the urgent need for physical rehabilitation and restoration of the health of our citizens by means of a non-medical nature. Under such conditions, specialists in physical therapy and ergotherapy become subjects of medical, social and psychological assistance, associates of the improvement of physical qualities, psycho-emotional stability and adaptation reserves.

The problem of training specialists in physiotherapy and ergotherapy was considered in the context of the study of physical rehabilitation of patients of different nosological groups (O. Dubohai [1], V. Muhin [2]), study of organizational and pedagogical aspects of professional training of specialists in this field (M. Hertsyk [3], V. Kuksa [4], Yu. Liannoi [5], O. Mihiienko [6]), the substantiation of the methodology and training system for specialists in physical rehabilitation (L. Sushchenko [7], B. Shiyan [8]).

The purpose of the educational program is to train highly qualified, competitive rehabilitation specialists who possess the relevant competencies - knowledge of innovative character, skills of their practical application in relation to the effective and early return of patients with a disability to domestic and labor processes, into society; restoration of person's personal properties.

Bachelor in the specialty “Physical therapy, ergotherapy” can take the following primary positions: physical therapist, ergotherapist of treatment and prophylactic institutions; the instructor of medical-physical culture, the masseur of sports teams, the fitness center, the health and medical and prophylactic institutions, the methodologist of the recreational physical culture.
THE AIM
The aim of the study is to develop and substantiate the medical aspects of training a specialist in physical therapy and ergotherapy in the system of higher education in Ukraine.

MATERIALS AND METHODS
To achieve the goal, a set of research methods, in particular theoretical ones, is used: historical-comparative and logical, terminological, quantitative-qualitative (bibliometry), generalization, abstraction, analysis and synthesis, modeling, studying documents; empirical: observation, survey, analysis of products of activity, complex pre-nasal diagnostics.

REVIEW
The systematic analysis of materials from the experience of training physical rehabilitation specialists revealed that in the countries of Europe (Poland, Czech Republic, Great Britain, Austria, Bulgaria, Denmark, France, Germany, Belarus) and the world (USA, Canada, Jordan, Australia) health rehabilitation develops in the form of adaptive physical culture and physiotherapy. The world experience of the professional organizations of specialists in physical rehabilitation (World Confederation of Physical Therapy, Canadian Association of Physical Therapy, German Association of Physiotherapy) demonstrates a significant variety of approaches to the system of training, and analysis of documents - to construct the content of training courses, filled with their diagnostic material, which in a certain is in contradiction with the European tendency of universalization and internationalization of training of specialists according to the Concept of European Physiotherapy. That is why there is the urgent need to eliminate the differences between the structure and content of curricula and programs, which will allow the exchange of students and teachers, will promote the mobility of labor resources. Scientists distinguish three areas of activity of specialists in physical rehabilitation: rehabilitation - in health care institutions of the Ministry of Health, physical culture and health - in educational institutions; medical and rehabilitation - assistance to patients in ambulatory-polyclinic institutions, offices of non-state form of ownership, home conditions [9; 10] and propose to consider physical rehabilitation in two aspects that are inextricably linked - rehabilitation, health and education-professional [11].

Implementation of the competence approach as a means of modernizing the content of higher education leads to the definition of a specific list and content of key competencies of graduates of higher education institutions, which are envisaged in the educational qualification of a specialist in physical therapy and ergotherapy; establishing conformity of basic competences with professionally-oriented disciplines; selection of content disciplines, which will ensure the formation and development of competencies; development of a control system for their formation [12, p.47].

The educational program of training specialists in physical therapy and ergotherapy provides for the formation of such general competencies: the ability to apply knowledge in practical situations; the ability to conduct research at the appropriate level; the ability to adapt and act in a new situation; ability to work both autonomously and in a team; the ability to motivate people and move towards a common goal; the ability to assess and ensure the quality of work performed; the ability to analyze and synthesize; the ability to use information and communication technologies in physical rehabilitation; ability to work with professional information; the ability to comply with ethical and legal regulations relating to health [11].

The special (professional) competences of the bachelor of physical therapy take into account the multidisciplinary nature of the training of a specialist. But an important component of such training is medical training. That is why, based on the analysis of the system of training specialists in physiotherapy and ergotherapy (including analysis of educational and professional program), we have determined the medical professional competencies and normative and legal support for their formation.

The educational program of training a specialist in physical therapy and ergotherapy involves the formation of the following competencies of medical direction:
- ability to analyze structure, normal and individual development of the human body and its motor functions;
- ability to understand and explain the pathological processes that are subject to correction by physical rehabilitation measures;
- ability to collect anamnesis, perform rehabilitation examinations, test, review and document their results;
- ability to carry out operative, current and step-by-step control of the patient / client's state by appropriate means and methods and document the results obtained;
- ability to analyze structure, normal and individual development of the human body and its motor functions;
- ability to understand and explain the pathological processes that are subject to correction by physical rehabilitation measures;
- ability to apply and evaluate physical therapy;
- ability to work with persons with disabilities of different nosologies of support and recovery of physical forces spent by people with limited physical abilities;
- ability to apply psycho-diagnostic techniques for studying physical, mental and social health of a person;
- ability to use modern methods of diagnostics of functional states of the human organism and research of various pathological conditions, to have the techniques of conducting these researches; to track the dynamics of the impact of rehabilitation measures and their effectiveness, to correctly determine the adequacy of the volume and content of methods for the diagnosis of the effectiveness of regenerative therapy [4].

An analysis of current active training curricula for specialists in physical therapy and ergotherapy confirms the conditional distribution of disciplines according to the following cycles:
1) disciplines of the general training cycle:
- the normative part - Ukrainian Language (professional language); History of Ukraine, History of Ukrainian
Having mastered a series of medical disciplines, the specialist in physical therapy and ergotherapy is competent in solving scientific problems in physical rehabilitation by using a set of modern methods and research methods, he has a critical understanding of the corresponding problems in the field of health care, physical rehabilitation. The integral nature of the learning of knowledge forms the ability to use the modern data accumulated as a result of scientific research both directly in the subject area of physical rehabilitation and adaptive physical culture, as well as in physiology, medicine, biochemistry, biomechanics, psychology, pedagogy, theory and method of physical education, management theory.

An important component of medical training of specialists in physiotherapy and ergotherapy is the ability to conduct a rehabilitation examination and testing the basic functional capabilities of patients of different nosological groups, processing information. At the same time, knowledge and skills to use devices and equipment for rehabilitation measures are important; devices and equipment for control of the basic vital indicators of the patient; technical auxiliary vehicles and self-service.

A future specialist should direct his efforts to effectively adapt people with functional limitations to physical and social environments. At the same time, it is important to mobilize spiritual forces, to form a conscious attitude towards reality and their own possibilities for self-realization.

Important professional traits of physiotherapy specialist are the ability to determine the optimization of the functional state of a person, increase the level of health; skills and abilities to develop preventive measures for diseases and complications due to increased non-specific and specific protection factors. The effectiveness of the physical therapist is also determined by the ability to determine the effective development of locomotor-static functions of the organism and to diagnose the peculiarities of the development and functioning of the organism associated with a defect of one or another functional system.

**DISCUSSION**

The formation of physical therapy is conditioned by the fact that in society there was an urgent need to comprehensively study the processes of human health development (formation, treatment, restoration, improvement), stages of controllability of the state of health (maintenance, preservation, reproduction) in general and its separate components (physical, mental, reproductive, etc.) and to distinguish types of professional rehabilitation (social, medical, physical, psychological, pedagogical) [13].

Scientists allocate six types of health education: natural, medicocentric, socio-centric, physical-centered, sport-centric and valio-centric [13]. The purpose of the medicocentric model is the treatment of diseases; it is based on the principles of pharmacology, prevention, prophylactic, monopolization of health activities. The criteria for the effectiveness of the activity are a complete recovery after the illness, working-and-performance, prophylaxis...
and dispensary. The physical-centered model aims at the development, preservation, reproduction of physical health and its principles are: systematic physical exercises, heterochromatic deterministic development of physical qualities, moderate increase in volume and intensity of work; criterion of efficiency - level of physical development, preparedness and normal homeostasis of an organism. The goal of the sport centric model is to set high scores and highs; it is based on the principles of maximum loading, the pursuit of high sporting achievements. Effectiveness is determined by the level of athletic achievements and functional test indicators. The valio-centric model is aimed at developing the abilities and skills of organization of a healthy lifestyle, it is based on the principles of rational nutrition, moderate physical activity, abandoning bad habits, preventing stress, teaching health at all stages of life. The criteria for the effectiveness of this model are the attitude towards health, the level of health and morbidity, creative active and moral life. The socio-centric model is aimed at helping people who are in a difficult social situation, its principles are cultural worth, humanity, influence on personal self-consciousness, the result - the improvement of personal qualities of the ward, his attitude to society and the world around him. Naturo-centric model is aimed at the organization of a healthy lifestyle regardless of the state of health, among its leading principles - the nature of life, personal responsibility for their health, and the expansion of communication opportunities. The criteria for the effectiveness of this model are self-actualization, the ability to self-reliance with disabilities and conditions [13].

The key aspects of the professional activities of physical therapists and the main points on which education and training of health professionals are based are outlined in the European Physiotherapy Benchmark Statement. This document highlights the peculiarities of physiotherapy syllabuses, general provisions that are the standard for awarding certain levels of qualifications; the requirements for the level of knowledge and skills required by specialists with a certain level of qualification [14]. Scientists define the most typical specialization of physiotherapy in the European educational space: cardio respiratory rehabilitation; family medicine; gerontology and geriatrics; intensive care; neurology / neurophysiology; gynecology and urology; oncology; orthopedic manual therapy, orthopedics; pediatrics; pain management; preventive ergonomics; psychiatry and psychosomatics; rehabilitation; rheumatology; sports medicine [15, p. 112].

**CONCLUSIONS**

Thus, the theoretical synthesis of domestic and foreign experience is carried out and the author's approach to solving an important and actual scientific problem of forming the medical competence of future specialists in physiotherapy and ergotherapy is proposed. It was established that the training of a specialist is at the junction of the spheres of physical education and health, having the functions of the most accurate assessment of the human body, its mental and physical qualities, patterns of life, which is a necessary stage in the creation of an individual program for the restoration of human functional capabilities through the use of physical exercises and natural factors. An analysis of the international experience of training physical rehabilitation specialists has made it possible to identify the most promising American and European models that have a number of significant differences in the principles of organization and financing of pedagogical processes, professional etiquette and self-discipline of specialists.

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The work was carried out within the framework of the SRW of the Department of Physical Rehabilitation of Poltava Institute of Business of higher educational establishment “ISTU” “Preparation of specialists in physical therapy for health conservation activities: analysis of the state of modern research and main trends of development”.

Authors’ contributions:
According to the order of the Authorship

Conflict of interest:
The Authors declare no conflict of interest

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Received: 09.03.2019
Accepted: 30.04.2019