

## **Wellness and Well-being in the Future – Scenarios for Well-being Centers**

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### **SUMMARY**

The uncertainty of the future is part of the transformation of the Finnish rehabilitation services towards wellness business. One of the strongest drivers is demographic change. How do the existing rehabilitation centers meet the changing user needs, new services and processes? One can state that in the future, spaces will be business platforms connecting the end users with each other, be it a home, store, office or a wellness center. Spaces are a combination of physical, virtual and social characteristics that supplement each other and constitute a well-functioning business and service platform for users. What does this mean in the context of rehabilitation and wellness centers now and in the future?

The aim of this research is to provide future orientated knowledge about the well-being services and the concepts of wellness centers of the future. The data is gathered by using two future research methods: a Delphi study for experts of the field and future scenarios developed in future workshops. The Delphi study included two rounds of surveys, which aimed to clarify the future well-being services. The future workshops aimed to investigate the future by understanding the nature and impact of the most uncertain and important driving forces affecting the physical well-being centers.

The results suggest that there are four future scenarios to consider taken into account. They emphasize the development of technology, increase of sustainable solutions, dissemination of well-being functions and modular well-being service centers. Even though the findings are limited to the Finnish business environment and context, the future scenarios may also offer some insights on a more general level. Further, this paper introduces future research methods and how they can support future orientation and

proactive approaches for developing future solutions for well-being services and centers.

Keywords: wellness, well-being, future, services, facilities, rehabilitation

## **1. INTRODUCTION**

Following World War II, many countries had large numbers of disabled servicemen and men who had survived serious injury due to medical advances and were able to reintegrate into their communities due to advances in technical aids, appliances and assistive technology. The large urban-based rehabilitation centers were constructed and the processes demanded the development of a professional team approach, ranging from specialized physicians to nurses, psychologists, occupational and physical therapists and technicians who fitted the appliances. The roots of the rehabilitation centers are in the history and the challenge is to transform the facilities to support the needs of rehabilitation in the 21<sup>st</sup> century.

The goal of this paper is to find out possible future scenarios for the future rehabilitation and well-being environments. The aim of this research is to provide future orientated knowledge about the wellness services and the concepts of the well-being centers of the future. The intention is not to dive into the complexity of organizing the rehabilitation, but the goal is to describe the major trends affecting the concepts, services and facilities of the future needs of rehabilitation. One can state that in the future, spaces will be business platforms connecting the end users with each other, be it a home, store, office or a wellness center. Spaces are a combination of physical, virtual and social characteristics that supplement each other and constitute a well-functioning business and service platform for users. What does this mean in the context of rehabilitation and well-being centers now and in the future?

## **2. TOWARDS FUTURE REHABILITATION**

### **2.1. Defining rehabilitation and wellness**

A good practice of rehabilitation should find a balance between individual needs and the demands of the society. Rehabilitation, which in many countries has its roots in the mid-19<sup>th</sup> century, is not only concerned with physical or functional restoration or compensation of individuals disabled by injury or disease. Attention is also given to the total quality of life in terms of wellness, happiness and satisfaction in fulfilling the demands, needs and capacities of human existence in orientation, freedom of movement, independence, expression of self (with respect to age, sex and culture), relationships? and the ability to ensure an independent economic existence. (Olaogun *et al.* 2009)

In order to discuss these related concepts, the concept of wellness must be defined. As defined by the World Health Organization (WHO) (2006), wellness is "an active process through which people become aware of, and make choices towards, a more successful existence". Health is more than the absence of disease. Health is a state of optimal wellbeing. The term wellbeing is often linked to the term wellness, and by its definition it is a multidimensional state of being that describes the existence of the positive health of

body, mind and soul. Wellbeing is an individual issue, but it is manifest only in congruence with the wellbeing of the surrounding environment and community. (Helliwell and Putnam 2004). According to Hjalager *et al.* (2011), images of Nordic wellbeing are typically oriented towards nature, outdoor experience and enjoyment combined with healthy local gastronomy, local culture and cleanliness of air, nature and water. The definitions are complex, but a relevant point to note is that rehabilitation aims at wellness and well-being, which is by its nature a more individual experience.

## **2.2 Overview of rehabilitation in Finland**

The roots of rehabilitation in Finland extend to the middle of the 19th century in the form of special education of children with seeing and hearing disabilities. The main developments started in European countries during and after The Second World War. The Nordic principle of the normalization and integration of services, invented in the late 1950's, had an early impact when soon after the war the vocational rehabilitation of war disabled and other civilian disability groups were brought under the same legislation. The medical and social rehabilitation of veterans and war disabled, however, remained under a special legislation. (RIFI 2002)

The system of rehabilitation achieved its final shape in the mid-60's, and the later changes have not been those of principle. The administration of the Finnish rehabilitation system is implemented by many cooperating authorities, i.e. the state, local self-government units (municipalities), municipal associations and service production organizations. The basic services are statutory and government subsidies sometimes support rather small municipalities in their service production. (RIFI 2002) Having roots in the institutionally-based model of service (O'Toole 1987) is typical for the field. In Finland, there are so far no official associations in the wellbeing sector, i.e. governmental organizations supporting the co-operation between the wellness industry and the public sector. However, the government provides support for social holidays that often take place in wellness or wellbeing facilities. In addition, there are a rehabilitation programs for war veterans (Aho 2007).

According to the Nordic model of the welfare society, the basic elements of the social protection system are preventive social and health policy, social health care services and social insurance. The main aim of the social protection is to safeguard people's income and functioning ability by providing a comprehensive system of basic security and income-related benefits which guarantee a reasonable level of living in various risk situations. Rehabilitation plays an important part in the synergistic system of activation and security. (Anon. 2002)

At present, the policy in Finland related to improving the functioning of the population has three main objectives, which include the maintenance of the working capacity, rate of employment and postponing retirement, as well as rehabilitation of young persons with disabilities to enter the labor market. The third goal is to promote the everyday coping and participation of persons with disabilities. The goals indicate knowledge of the shift that is connected to the demographic changes. (RIFI 2002)

### **2.3 Towards the future**

There will always be a need for a certain amount of specified rehabilitation, but the current changes are taking place based on three main drivers. According to a report of RIFI (2002), two main principles continue to form the foundation of the rehabilitation policy. First, the inclusion principle allows disabled customers to utilize all basic services provided for citizens. Second, the special services they require will be integrated with three basic service packages as complementary services. There are signs that the number of customers requiring rehabilitation in the basic service sector is going to increase. More and more of these people will require several different rehabilitation services; they are often referred to as customers with multiple problems.

Regarding to the customer segments of rehabilitation in the working life, the rehabilitation business is increasingly paying attention to preventive services. Additionally, the services need to be synchronized. The multilevel system of rehabilitation presupposes good cooperation between various parts of the rehabilitation network. (RIFI 2002) Furthermore, increasing interest from individuals in self-managing their health and a preference for aging at home rather than in an institution are other driving forces (Romanow 2002).

The services must also be client-centered throughout. All the players should have an interest in the comprehensive planning of services from the standpoint of the personal needs of the rehabilitation client. (RIFI 2002) The current socio-demographic changes are creating an enlarging customer group of elderly people. The focus is on elder employees to sustain and regenerate their capacity for employment, on people who are no longer employed to activate their autonomy and ability for self-support, and on rehabilitation as a holistic and integrative process extending through social security and health insurances.

The challenges are also a question of resources. The need for increased efficiency, individualization and equity and quality-oriented in e.g. healthcare with limited financial resources sets challenges while there are also difficulties of recruiting and retaining personnel in the healthcare services in general, and in home and elderly care in particular. These challenges have turned home healthcare into one of the fastest growing areas of healthcare provision (Ruggiero *et al.* 1999) The question is how the rehabilitation can be part of the home health care.

The rapid development of information and communication technologies (ICT) runs parallel to these societal changes and offers possibilities to cope with the above-mentioned challenges. While the broader field of telemedicine and/or telehealth has been utilized in various forms for many years, telehomecare or home telehealth is a relatively recent innovation. (Atack and Duff, 2004) It seems that the development of ICT-applications concerning health care is developing faster than the applications connected to social sector. However, their impact on the patient—provider relationship and their design for special user groups, such as the elderly and/or disabled, needs to be further explored (Koch 2006). Research conducted by the project Social Media for All Elderly People clarifies how it would be possible to enhance the quality of life of elderly people with the help of social media services. Ideally, it would be possible to keep those senior

citizens active who are living alone, help with home services and prevent loneliness. (Anon. 2011) The megatrends in demographic changes, ICT-development and well-being are affecting rehabilitation and well-being by changing the customers, products, processes and places for the future.

#### **2.4 The rehabilitation centers in Finland**

There are about 100 rehabilitation centers in Finland. These institutions provide therapy to the disabled and the aged, but also prodromal therapy to the active workforce. Furthermore, a growing share of the rehabilitation center visitors consists of demanding recreational visitors without any disabilities.

Many centers have more than one building, and typically these buildings have been built in many phases during several decades. Still, most of this building stock has been built in the 1900's. Some buildings even date back to the time period from 1880 to 1900. These institutions provide therapy to the disabled and the aged, but also prodromal therapy to the active workforce. Furthermore, a growing share of the rehabilitation center visitors consists of demanding recreational visitors without any disabilities.

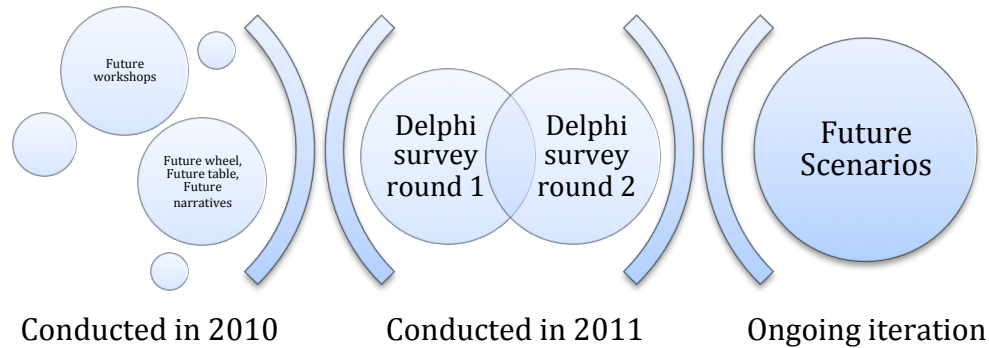
The centers are often located far from city centers. They are surrounded by the nature in rural areas or in the countryside. Typically they are in areas where the land is not urbanized or country towns and smaller cities are nearby. Nevertheless, some centers are located in downtowns and are very easily accessed. The challenge in this building stock is to bring it up to date and to create healing environments that meet the needs of modern demanding customers (Rantanen & Rasila, 2011.)

The design tendency from the past is following the archetypes of traditional health care facilities, which often means e.g. white walls as a major element. However, there is increasingly an intention to create more home-like environments, e.g. by using interior design elements for that purpose. (Donner 2012) Based on the challenges of the transformation of the business and the state-of-art of the existing facilities, one can lean on the future and build scenarios for future development. Reijula and Kekäläinen (2010) state that construction for well-being has to take into account the infrastructure, technology and services. The challenge is in taking into account the current changes: how to use the existing facilities either in the new way or for the new purposes. They also point out the significance of co-creation and co-design when developing facilities for the well-being services. The so-called multi-voiced approach in design should be part of the processes connected to the design and planning phases of such facilities.

### **3. METHODS**

The data was gathered by using two future research methods: future workshops for the interest group of 40 persons and a Delphi study for experts of the field of rehabilitation and well-being, including both young students and experienced professionals, like physiotherapists, managers of wellness centers, hospitality managers. The criteria for the sample included the experience of the wellbeing or rehabilitation business or studies from the field. Based on the outcomes, the future scenarios were developed in an iterative

process (Figure 1).



*Figure 1 The Data gathering process*

The future workshop includes different methods which structure the imagination of participants. (Jungk and Müllert 1987) The future workshop aimed to investigate the future by understanding the nature and impact of the most uncertain and important driving forces affecting the physical wellness centers. Three methods were used in the workshop. At first the participants worked with the future wheel in order to capture the past, present and future phenomena in connection with the rehabilitation. The second phase included the future table exercise based on the analysis of the selected phenomena from the future wheel. The analysis was based on differing systematics, e.g. questions like *to whom, what, how, where, what are the enablers, what are the hindrances*. The last phase of the group work included the future narrative, which summarized the outcomes of the results produced by different methods.

The Delphi method is usually used for producing different views, ideas and justifications on which one can base planning and decision making. The method is relevant when the object of research and the problem are open. With the help of the Delphi technique, one can start contemplating and choosing between the future alternatives. (Pill 1971)

The Delphi study included two rounds of surveys, which aimed to clarify the well-being services of the future. The Delphi survey was structured according to four themes: 1. Rehabilitation of working life in the future, 2. Rehabilitation of the ageing people in the future, 3. Rehabilitation for self-paying customers in the future and 4. The facilities of the rehabilitation and wellbeing services in the future.

In the first round, each theme had seven statements that were evaluated on a scale from 1 to 5. The respondents were instructed to state their opinion by disagreeing (1) or agreeing

(5) with the statements. Each theme had also an open question. The second round included five statements and open questions. The statements were selected based on the analysis and results of the first round. The intention in the second round was to deepen the most important topics of the first round. The results from both surveys were analyzed based on frequencies.

Scenario planning is a method for learning about the future by understanding the nature and impact of the most uncertain and important driving forces affecting our world. It is a group process that encourages knowledge exchange and development of a deeper mutual understanding of central issues important to the future of your business. The goal is to craft a number of diverging stories by extrapolating uncertain and heavily influencing driving forces. The stories together with the work process has the dual purpose of increasing the knowledge of the business environment and widen both the receiver's and participant's perception of possible future events. (Schoemaker 1995) The scenarios were drafted based on the results of the future workshop and the survey. The versions of scenarios were developed in the iterative process with the representatives of the Finnish rehabilitation centers.

#### **4. RESULTS**

The future workshop produced six future narratives and the future rehabilitation service concepts are described in Table 1.

*Table 1 The future service concepts for rehabilitation; summary of the workshop results*

Group 1	<b>1. Need to meet - communality</b>	
	<b>What</b>	Connecting people mentally, physically and virtually
	<b>To whom</b>	For virtually connected people
	<b>How</b>	Funded by employer, society or individually
	<b>Where</b>	Free time center, wellness center
Group 2	<b>2. Rehabilitation for the whole life in a disseminated manner</b>	
	<b>What</b>	Digital rehabilitation services
	<b>To whom</b>	For busy employees and for different generations
	<b>How</b>	New professions related to culture Occupational health consultants integrate different actors
	<b>Where</b>	Meeting places for a network of rehabilitation users, physical and virtual
Group 3	<b>3. Free time recreational customers</b>	
	<b>What</b>	Getting distance to daily life and training to manage stress
	<b>To whom</b>	For each age group, individually or as a group; also for families
	<b>How</b>	New service providers for recreational customers (?)
	<b>Where</b>	Wellness center
Group 4	4. Empowering environment for work and other activities	
	<b>What</b>	A wellness hour that is regulated by law and regulation
	<b>To whom</b>	Employers, distance workers, children, elderly people
	<b>How</b>	Well-being trainer, experience expert, wellness guide
	<b>Where</b>	Wellbeing library
Group 5	5. Free health and wellness based therapy and rehabilitation	
	<b>What</b>	Monitoring of health and wellness factors and training for health; Special care for getting people quickly into rehabilitation; Reward and incentives for a healthy life style; attitude training in the work life
	<b>To whom</b>	For active, participating citizens
	<b>How</b>	Integrated private, public and third sector
	<b>Where</b>	At workplaces or hobbies
Group 6	6. Life management training	
	<b>What</b>	Personal training for lifestyle
	<b>To whom</b>	For everyone and individuals with problems with e.g. sleeping, game addictions
	<b>How</b>	Experts, e.g. doctors, communication trainers, psychologists
	<b>Where</b>	Different kinds of camps or modular units, e.g. a sleeping clinic

The produced future concepts produced reflect the need for both centralized and disseminated services. Additionally, they represent the dimension of being individually active versus being taken care of and treated.

The Delphi survey results provided insights also into the production of services. Multi-professional co-operation is needed when planning and carrying out rehabilitation and wellbeing services to ensure the availability of well-functioning and extensive services. The rehabilitation and wellbeing services should be holistic and new methods should be boldly implemented in the supply of services.

Additionally, the survey results strengthened the theme of disseminated services, as well as the tendency to have more active customers in the future. The Delphi survey results are summarized in Table 2 by the content: the statements agreed with the most and the summarizing statements are presented. The summary also includes notes from the answers of the open questions.

*Table 2 The Delphi survey results*

	The first survey round N = 37	The second survey round N = 28
<b>Rehabilitation in the working life in the future</b>	Physical health is not the only factor but the social and mental well-being are equally important	Rehabilitation is needed for empowering and keeping skills and competencies updated.
<b>Summary</b>	The holistic approach is needed: rehabilitation as a physical, mental and social entity. The importance is in prevention.	
<b>Rehabilitation of ageing people in the future,</b>	Individual care is the most important factor for supporting the quality of life in long perspective.	It is important to support the feeling of safety and security at home and in the nearby neighborhood.
<b>Summary</b>	The security and quality of life is in the focus. The accessibility of services is very important.	
<b>Rehabilitation for self-paying customers in the future</b>	The demand-driven rehabilitation markets require complete and well-defined descriptions for the services provided.	There is a need for diverse services and the tailor-made service packages need to be designed together with the customer.
<b>Summary</b>	The demanding customers want to get more information about the services and focus on the consequences of the rehabilitation: how to maintain the achieved benefits?	
<b>The facilities for rehabilitation and wellbeing services in the future.</b>	The centers should be designed more for demand-driven rehabilitation without any institutionalization.	Nature should be taken much more into account and the centers should form a platform for future services.
<b>Summary</b>	Part of the rehabilitation will take place closer to the daily life of customers. The major issue is to give up the structures and elements of institutions, which remind customers of hospitals, and concentrate on relaxed and cozy environments.	

In one of the open questions, the respondents were asked to illustrate the future rehabilitation and wellness center by attributes. The attributes used were *cozy, safe, light, fresh* and *flexible*. In another open question, the issue of virtual and digital environments was raised. The virtual environment was mentioned as a quality factor, an efficiency factor and also as a possibility to provide different services and increase communication, if used in a proper way.

The two axes identified from the future workshop formed the basis for four future scenarios of future rehabilitation and wellness centers. They are described in Table 3.

Table 3 Four future scenarios for rehabilitation and well-being centers

ONE CENTER	ACTIVE CUSTOMER		DISSEMINATED CENTER
	<b>Scenario 1</b> <b>The experience center for sustainable well-being</b>	<b>Scenario 2</b> <b>Balancing training for the veterans of work life</b>	
	The center providing experiences with all spices	The disseminated service network for free choice – customers will collect their own training program from different modules	
	<b>Scenario 3</b> <b>Internationally recognized special expertise center</b>	<b>Scenario 4</b> <b>Delivery center for local well-being services</b>	
	The provided service focus on high expertise in one or two narrow fields and it is THE place to come.	The services are delivered to the places where the customers and needs are.	
CARED CUSTOMER			

The four scenarios emphasize either centralization or dissemination of rehabilitation services, as well as the role of the customer in using the services. Scenario 1 consists on energy-efficient and sustainable building solution and the built environment is connected to the nature. Scenario 2 is a network of hubs, which might be designed under one brand. The architecture of scenario 3 is reflecting the professional expertise of care and quality. The built environment in connection with scenario 4 reminds service center with functional logistics: it reminds more fire station.

## 5. DISCUSSION

The future scenarios described in this paper are based on a variety of future research methods. The use of different methods increases the reliability of the results. The validity of the results can be discussed based on the selection of the participants for the different phases of the research. However, one can identify the common themes concerning the widening of the scope of rehabilitation to everyday life and the free time of everyone. The importance of the development of the places for rehabilitation was also pointed out.

The results provide material for both the demand and supply side of rehabilitation in the future. The issue of new professions concerning management of life in general, balancing life and work and using virtual possibilities was brought up. New places such as well-being libraries or sleeping clinics were also mentioned to inspire the imagination. The significance of community and the proposals for the different groups for rehabilitation are also important to consider. The new communities and social entities might be identified by integrating the traditional customer segments of the existing rehabilitation centers. Even though the findings are limited to the Finnish business environment and context, the future scenarios may also offer some insights on a more general level.

## 6. CONCLUSIONS

The methods of future research can be used for mapping the potential future directions. However, the next steps would include the development of so-called future stairs: what are the relevant steps to be taken from the future to the situation of today. What kind of strategic, tactic and operational actions provide a relevant roadmap towards a future worth achieving. What are the enablers and the hindrances and what kinds of risk analyses are important to consider? Such considerations provide the best use of the scenarios. The future or optional futures are there. The question is: in order to get there, what are the actions that have to be taken now?

The focus in further studies could be on the identified themes in a more detailed manner. Similar kinds of future methods could also be used in other countries in order to identify possible cultural differences: did they exist in the past and will they exist in the future?

Rehabilitation, well-being and wellness services are needed. The society is in charge of providing them. The main tendency in the current rehabilitation services requires that the current institutionally-based model is transformed. The future model of rehabilitation is based on unique, informal and co-created experiences. The future rehabilitation center provides the stage for this.

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