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Occupational Therapy: Its Role in Rehabilitation

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OCCUPATIONAL THERAPY --
IT'S ROLE IN REHABILITATION

A Special Studies Project
presented to
Mrs. Hazel Thomas

by
Margery Goodson
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Each year accidents and diseases before and after birth cripple many children. What has been and is being done to help these handicapped children?

Attention was first given to the problem of educating the physically handicapped long ago. Their defects were quite apparent to earlier, less sophisticated civilizations and also seemed less irreconcilable with mental attainment than the mentally handicapped.¹ In 1829, Dr. John Paul Brown opened a private hospital for the treatment of orthopedic cases. Until the beginning of the twentieth century, however, almost no provision was made for the public education of physically handicapped children in the United States. The first public school class for crippled children was opened in 1899 as a project of the Chicago Board of Education. In 1953, there were 17,813 crippled children enrolled in special schools and classes of the public school system.²

Although concern for the development of the mind is of prime importance, development of the body -- or, in the case of some, redevelopment of the body--

¹Magnifico, L. X., Education for the Exceptional Child, p. 24.

²Magnifico, L. X., loc. cit., p. 35.

is of equal importance. This became quite evident during World War I when the work force was "crippled" because of the large numbers of permanently wounded soldiers who returned from the war. The public program of vocational rehabilitation was officially begun in 1920.³

The second major crisis arose during World War II when the problems of many mentally and physically disabled military personnel were again raised.⁴ The President's Committee on Employment of the Handicapped was founded in 1947 at the suggestion of President Truman. The purpose of the committee was to help veterans permanently maimed in World War II to find job opportunities. The program has more recently been expanded to include rehabilitation and placement of disabled veterans from the Vietnam War.⁵

All the states of the Union now provide vocational rehabilitation programs for disabled adults. To be eligible for the services of the Vocational

³Telford, Charles W. and James M. Sawyer, The Exceptional Individual, p. 52.

⁴Locher, Barbara, "Occupational Therapy," Wilson Library Bulletin, vol. 40 (May 1966), p. 649.

⁵"President's Committee on the Handicapped," America, vol. 117 (Sept. 2, 1967), p. 215.

Rehabilitation Agency the person must: (1) be substantially handicapped as a result of physical or mental disability; (2) be of employable age by the time the rehabilitation services are completed; and (3) show promise of becoming employable or of attaining a higher level of vocational adequacy as a consequence of the service. These requirements limit the program to older adolescents and to those with milder handicaps.⁶

So the question is again asked: What is being done for handicapped children?

By definition, the orthopedically handicapped child is one who is disabled in motor abilities. This disability may be due to congenital defects, disease, or accident.

Congenital handicaps may be caused by any number of conditions of the mother before the child is born. More than fifty drugs are known to be capable of inducing congenital handicaps. Infections, nutritional deficiencies, endocrine disorders, excessive exposure to ionizing radiations such as x-rays,

⁶Telford, Charles W. and James M. Sawyer, op. cit.

lack of oxygen before birth, and Rh incompatibility may also cause congenital handicaps.⁷

Motor handicaps may be the result of brain injury, such as from the disease cerebral palsy, spinal palsy as a result of poliomyelitis, or organ palsy, as in muscular dystrophy.⁸

The orthopedically handicapped child often shows deficiencies in mobility, motor coordination, social age, and interpersonal relations. A good therapy program, therefore, must include areas of activity to correct these deficiencies. Although all areas work together, this paper will focus on only one -- therapy to increase mobility and motor coordination -- occupational therapy.

The service provided by the occupational therapist is treatment by occupation or therapy by activity. The objectives of this service are:

- (1) to maintain or create new interests during the period of enforced leisure;
- (2) to preserve or help the patient to gain a normal range of motion;
- (3) to prevent him from feeling unproductive and

⁷Brooks, Milo, "Hope and Help for Handicapped Children," Today's Health, vol. 44 (Nov. 1966), p. 60.

⁸Kirk, Samuel A., Educating Exceptional Children, p. 244.

inadequate; and (4) to help him maintain the greatest possible degree of independence.⁹

The occupational therapist has a job on the medical team using the arts with science. The movements are prescribed by a doctor and the occupational therapist must evolve activities of interest to the child which will develop adequate motions and improve muscular coordination.¹⁰

The soundest approach in planning activities with the handicapped child is to base them on the day-to-day experiences which are normal in his development stage.¹¹ Despite his many individual characteristics, the child passes through definite cycles of development which are common to all children. Each cycle is characterized by certain abilities to which the art activities of the handicapped child should be geared.¹² What the occupational therapist must do is to help the child find physically possible things to do which either duplicate or substitute for the activities of children who are not handicapped.¹³

⁹Rossman, I. J. and Doris R. Schwartz, The Family Handbook of Home Nursing and Medical Care, p. 88.

¹⁰Kirk, Samuel A., loc. cit., p. 262.

¹¹Rossman, I. J. and Doris R. Schwartz, op. cit.

¹²Wankelman, Willard, Phillip Wigg and Martha Wigg, A Handbook of Arts and Crafts, p. 8.

¹³Rossman, I. J. and Doris R. Schwartz, op. cit.

Children whose handicap prevents them from participating in regular activities may enjoy the same activities with slight improvisations. For example, if the hands cannot be used in painting, a long brush may be taped to the arm, allowing the child to use arm movements to execute his painting.¹⁴

Those who can use neither hands nor arms may find toe painting to be a fascinating and thoroughly enjoyable experience. Using the same materials as finger painting, this medium lends itself perfectly to manipulation of the feet, toes, and balls of the feet.¹⁵

Some paralytics unable to use either hands or feet become adept in painting with a brush held in the teeth.¹⁶

Perhaps the most serious deprivation for the handicapped child is his isolation from children his own age and his inability to do so many of the things they do.

¹⁴Alkema, Chester, "Implications of Art for the Handicapped Child," Exceptional Children, vol. 34 (Feb. 1967), p. 433.

¹⁵"Toe Painting -- A Special Education Project," Exceptional Children, vol. 33 (Oct. 1966), p. 123.

¹⁶Alkema, Chester, op. cit.

Good rehabilitation procedures require an integration of all the therapies the child is taking -- the "team" approach. The occupational therapist's work with the child can easily be integrated with the program of the psychologist. The productive use of hands and the sense of satisfaction gained from newly created objects are some of the psychological advantages inherent in handicrafts. Perhaps an activity is prescribed that not only develops coordination and dexterity in a given muscle but also serves as an outlet for emotional tension.¹⁷

A child may form modeling clay into objects of particular emotional significance. Another child may get the same release from finger painting or scribbling with a crayon or chalk. Sometimes a loom is introduced for this dual purpose. The movements involved in weaving are excellent to develop more effective hand motions, but, if there is a good deal of antagonism in the child, the loom gives him an opportunity to release some of his pent-up feelings by moving the shuttle back and forth angrily.¹⁸

¹⁷Ayrault, Evelyn West, You Can Raise Your Handicapped Child, p. 191.

¹⁸ibid.

Psychologically it is more beneficial to the child requiring therapy to be given a program he can talk about to his non-handicapped friends. This approach can be used in his occupational therapy program. Craftwork, modeling, and other activities designed to improve hand and finger coordination easily come under the heading of creative arts, or similar names chosen by children. Making ashtrays of leather billfolds or painting can be as interesting to non-handicapped children as to handicapped ones, and so it is possible to have all children working together. The result is that in addition to taking part in needed therapy, the handicapped child has an opportunity to join children his own age in a social situation.¹⁹ Coloring, cutting, weaving, and modeling clay are excellent therapeutic activities, yet all require only limited space and inexpensive supplies.²⁰

The product of the handicapped often appears immature, and his progress is less discernible than that of the normal child. The occupational thera-

¹⁹Ayrault, Evelyn West, loc. cit., p. 240.

²⁰Chapman, Frederick M., Recreation Activities for the Handicapped, p. 31.

pist must realize this and give encouragement and recognition of achievement.²¹

The simple completion of an ordinary task gives the handicapped child a feeling of relief and a sense of achievement. The ego experiences satisfaction in having accomplished what was required, but even greater satisfaction in having had the capacity to achieve it.²²

As Hippocrates said, well over two thousand years ago: "Exercise strengthens; inactivity weakens."²³
This is occupational therapy.

²¹Alkema, Chester, loc. cit., p. 334.

²²De Francesco, Italo L., Art Education -- It's Means and Ends, p. 49.

²³Maxwell, Edward, "Rehabilitation -- The Fight Back," Today's Health, Vol. 45 (Dec. 1967), p. 62.

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