

## SKETCH OF OCCUPATIONAL THERAPY.

By Miss Mary Collet.

The term "Occupational Therapy" is applied nowadays not merely to craft work, but to any activity or occupation definitely prescribed by a physician for its curative value. The trained Occupational Therapist therefore chooses her tools always with her mind fixed on the twofold object to be gained: firstly, to attract and hold the patient's attention and interest, and, secondly, to induce rebellious or sluggish muscles and nerve centres to resume, as far as possible their normal function.

In the United States of America Occupational Therapy plays an important part in many hospitals. There are now, in that country, schools where young women can undergo a course of training, lasting two years, which enables them to take up this work as a profession.

During the first year of this course the student receives her theoretical training, which includes lectures on applied anatomy, orthopedics, psychology, neurology, mental diseases, tuberculosis, and craft instruction. This last is important, as she must become so far proficient in such handicrafts as weaving, leather work, knotting, basketing, metal work, etc., as well as all minor crafts, that she may direct them with her attention fixed not only on the process itself and the making of a perfect article, but on the patient's mental and physical reaction to the work she prescribes.

The second year of her training is devoted to practice work in hospitals, two-thirds of the time being spent in a mental hospital, and one third in other types of hospitals. In this way she is able to put into practice her theoretical knowledge under the guidance of expert directors.

Having successfully completed her training, the student of Occupational Therapy is given a diploma. There are then two fields open to her: (1) mental work, (2) orthopedic or tuberculosis work.

The following is a brief description of the Occupational Therapy done in an orthopedic hospital in the United States of America.

Most of the patients were Arthritics, a few Muscular Dystrophics, and some T.B. bone cases.

Many of these patients had been there for a long time, and had become hospitalised and to a certain extent discouraged. All that could be done in the medical routine line was being done with the prospect of arresting the progress of the disease, and promoting as far as possible physiological repair. The job of the Occupational Therapist was to help deal with this problem of physical reconstruction. The work *always being prescribed by a doctor*. (This is of great importance, as so much damage can be done in a very little while by wrongly directed work.)

As soon as the patient is allowed to work, the doctor in charge of the case writes out a prescription form for the Occupational Therapist, stating duration of work periods, and the joint movements required, *and warnings*. The Occupational Therapist, then, has her written orders, and with her knowledge of crafts, she chooses one that is suitable and which will produce the results required. She makes the work as attractive as she can to the patient, if possible allowing him to choose what he would like to make. Sometimes the results expected are explained to the patient, so that when he knows the whys and wherefores of each particular movement in his work, he quickly learns that it is the *way* he works that is most important.

Constant supervision is necessary on the part of the Occupational Therapist, for though the patient likes to work, he is sometimes bored with his helplessness, and in his enthusiasm to finish his task, he will try to save his lame joint, and if left to his own devices, the desired correction is not obtained, and the work is useless.

It is surprising to see the results of only a few minutes' work a day if correctly applied.

Time is essential and infinite patience, and usually the results are permanent. A patient will hardly ever refuse work, and having once started he does not stop of his own free will, so pleased is he to find that after all, he is able to do some little thing, and is not utterly useless. Such occupation, therefore, not only helps to restore physical movement, but stimulates the patient's mind and so strengthens his natural recuperative power.

For hands, arm and shoulder motion, knotting basketry, and weaving were found useful always remembering that co-ordination and joint movement were the chief objectives. Jigsaw and loom work were found suitable for the hip, leg and ankle movements. Sometimes simple exercise machines were used with the older patients, for children, tricycles, "kiddie cars," and games were used to make the exercise more amusing and attractive.

To obtain the best results in Occupational Therapy I would quote the following facts which were detailed by the medical officer in charge of a hospital, where this work was done with success.

1. There must be co-operation between the doctor and the Occupational Therapist.
2. The doctor must be responsible for all except the actual details of the work, which is given by written prescription.
3. The patient must be supervised always and as far as possible made to understand the reasons for his work.
4. Records of improvement must be so charted that there can be no possibility of doubt as to effects, before damage could be done.
5. Benefits are positive if work chosen is correct and governed, but can be equally harmful if incorrect and un-governed.
6. For scientific study and their courses, records, which are more than impressions are necessary, and only if such records are kept can we hope for more accurate knowledge about Occupational Therapy.

Occupational Therapy should provide physical exercise, at the same time awaken hope, establish confidence in ability to function, should divert attention from illness and disability to wholesome and objective interests and activities. Used as a form of treatment it is not only of great curative value, but inspires the patient with the wish to "carry on."

In this article, perhaps the therapeutic value of the work, only has been emphasised. In most cases, this is indeed of first importance. Later, the product and the financial return are taken into consideration. "There is no object in reconstructing joints, if a more profitable and useful occupation is not thereby secured. Pure therapeutic occupation is useless unless it leads to an improvement which means a vocation of use to the community. One is just as important as the other, but they must have their logical sequence."

### HEALTH EDUCATION.

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