RECREATIONAL THERAPY FOR HEART DISEASE

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Heart disease therapy broadly comprises bed-treatment with drugs, etc., graduated strengthening measures in the convalescent period, direction in after occupational and social living, with prevention if possible of recurrent failures. Recreational therapy applies mainly in the two latter phases. In the present widely extending organization to combat heart disease there is need to reiterate, that cardiac disability varies from complete invalidism to practically high efficiency, the majority being rightly classed as moderately handicapped; and that the large numbers need no therapy nor welfare effort whatever. Over-interference is to be avoided. The nine years' experience in New York City in country convalescence (300 heart beds now in use) and in clinic, school and occupational supervision has reached the status of a fairly conclusive experiment of certain physical therapies for heart disease in the convalescent reconstructive and preventive phases. Play-therapy has come definitely and inevitably to the fore. Cardiacs need particularly correction of neuroses and faulty mental attitudes, upbuilding of general physical and heart-muscle strength through short-period (rest and go on and rest) activities, and the inculcation of ways of life that will carry-on into the main pursuits—which are, happiness and service. The play-cure meets these requirements better than any other. It can be got going anywhere, and requires at full development but modest equipment; it is generally outdoors, acts long hours and excels in giving outlet and expression to the larger part of the personality. At

1 Read at Fifth Annual Meeting of the National Society for the Promotion of Occupational Therapy (now the American Occupational Therapy Association), held in Baltimore, Md., October 20-22, 1921. Lantern-slide illustrations were shown.
the Foundation (with 30,000 general patients and 3500 cardiacs treated) we have found that occupational therapy can be remediably applied in convalescence only one to two hours per day, as compared with recreation three to six; each has peculiar functions, of course, and there is value in the very change from one to other, but we could get on without the work—not without the play. At the beginning the two were placed under one head; now we call it the "Department of Recreation and Occupation." This has proved to be first-class organization, and is recommended for many places. The prescription at a single source and time of both the work and the play is one example of the many advantages; they should interact, as in life, and one head directing both is most satisfactory.

The safety of these recreational activities in the stages of heart disease under consideration is now assured; and many are repeating: "Cardiacs (children especially) will almost grade themselves, in fair opportunity, into suitable restorative play-exercises—needing, if anything, some urge to sooner and more participation." Furthermore, remedial effort upon this disease is mainly effective in youth and early middle-age, which is the precise period of this therapy's best applicability. Youth dislikes work and likes play; make use then of the thing that will act—with ease and large production of physical strength, nerve-reserves, courage, social skill, and resistance to infections. (This latter is getting believed to be an important by-product of active country convalescence and is already supported by statistics, but needs further observation for report.)

The fear is expressed that some of these cardiacs will over-do in after-life because of recreational satisfactions and aptitudes developed during the supervised restorative period. Follow-observation thus far gives no proofs of such danger, but rather tends to the reverse position. The safety probably lies much in the cardiacs' inherent and trained inhibitions, and the fact that average life has all too little opportunity for play after "going to work." Obviously, the incentives to heart-over-strain in daily work are immeasurably greater than in play, and demand the main portion of after-life exercise direction.
An older man, e.g., dying of heart disease upon the golf links is no proper piece of proof—may even be turned to show that he lived longer for the out-play; anyway, fuller and happier—if he was "hitting 'em sweet."

Which brings to another favorable result of this play-therapy. Cardiacs of every grade desire, with all the normal's intensity, as full and happy lives as possible, and will go after them, mainly in their own various work-play-procreative ways. How signifi-
cant and valuable then to each of these lives to have learned how to re-create self fairly, in some measure, somehow, anywhere—in hours-off, week-ends, vacations. This alone could be taken as a broad and fruitful subject, for we are getting follow records of large numbers who have so learned and profited. Even granting that the heart itself was made no better by this play-training, life was made better, heartier—a clear gain. It is important for our two millions of cardiacs to know how to play.
Details of the precise forms and applications of the recreations, with typical days at the Foundation and the other homes cannot be given here, but are available in past publications, and will be indicated in the slides here shown. This physi-

cal-social therapy is applied mainly through graduated country walks, outdoor dancing, short golf, croquet, modified baseball, foot ball and tennis, quoits and horseshoes, light hand ball and weight-throwing, ground-bowls, field days, tether and volley ball,
the various group games, coasting and snow-sports, etc.—listed somewhat in order of values. Best of all for youthful cardiaecs is natural and nearly free play and adventure in wood, field, creek, barn, etc. For indoors is dancing, pool and billiards, bowling, ringtoss, ping-pong, shuffle-board, group-games, singing, etc. Prize tournaments are valuable. Group rivalries are encouraged; large audiences arranged. Each is inspired to enter somewhat younger-age activities (courage-therapy). The
beginnings of play are prescribed and directed, even enforced in certain cases, and many deleterious inhibitions are best overcome thereby. Work-therapy meets with a great deal of resistance; play mellows and reaches all, builds happily upon itself, and gives the more nearly adequate all-round physical and mental exercise. Prescription of the recreation for the cardiacs is made by the resident physician, in a general way, and sometimes precisely. Supervision, best kept at reasonable minimum, is largely by long-stay patient-leaders.

There are reported no definite instances of heart injury being laid to these play exercises in the various New York homes recuperating cardiacs now numbered in thousands. Over exertion may, of course, have factored in a few cases, along with the reinfections and other recognized causes of relapse. Only swimming, mountain climbing and zealous competitive athletics are generally interdicted, but here again the degree of heart defect must be first considered.

**SUMMARY**

1. *Recreational, the greatest of all physical and mental therapies,* (and now wellnigh internationally organized in peace and war)
is highly valuable in the convalescent and preventive stages of heart disease.

2. It is everywhere (and to nearly everybody) applicable, should be inexpensive, is essentially safe, interacts well with occupational and other therapies.

3. The play exercise and inspiriting may begin in the bed period, predominate in the convalescent stage, and carry health and success values throughout life; as exampled in walking, dancing, winter sports, golf, croquet, quoits, and the so extensive right vacational activities. Vacational guidance is a great health-field, measurably untilled.