SCOPE OF OCCUPATIONAL THERAPY AND REQUIREMENTS FOR THE TRAINING OF OCCUPATIONAL AIDS

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In the general course of progress, new demands are constantly arising, and the needs to meet them require the development of new forces, or material, or knowledge. When these demands are founded on actual needs, and belong to the general development and progress, there are usually found, at the same time, several movements to meet these requirements—appearing spontaneously, in widely-separated localities, even in different parts of the world. It is an evidence that the world is ready; the recognition is general, and plans connected with them find ready acceptance, and earnest workers to take up the cause and put them into action. The success of such a movement is only in part due to the efforts of the pioneers, and for the work of such too much praise cannot be given—but, in a large part, it is due to the fact that the world is ready for it—more than that, insists upon it. The cry has been heard; conditions have arisen to make this demand imperative in the ordinary development of things. Credit belongs to those who hear the cry early, and who do not let it pass by.

Such, in fact, is the origin and the growth of occupational therapy, and the reason for its unusual success. The civil conditions were already demanding it before the war, and it had already proved its usefulness, and had justified its existence. The emergency occasioned by the war, and the extensive calls made for it at that time, hastened its development a decade or more. The world now recognizes it, and is demanding it. Its place is assured.

1 Read at the fifth annual meeting of the National Society for the Promotion of Occupational Therapy (now the American Occupational Therapy Association), held at Baltimore, Maryland, October 20-22, 1921.
But it is for those who are alive to its importance, and who have an understanding of its scope, and also its limitations, to ask what is this place which occupational therapy is to occupy, both now, and in the future.

Occupational therapy is an aid to the sick in the period of convalescence, and can be grouped among the remedial agents. It is not for me to here emphasize the value of occupation in general, as applied to those who are sick, and particularly in the period of long convalescence—for even the skeptical now recognize and acknowledge it. The important fact to be emphasized is, that it must be regarded as a distinct remedial force, and, as such, must be applied in the proper sphere, and be there directed with care and skill. Its remedial value must not be impaired by unwise administration, or its potency diminished by dilution in its application. The different crafts which are applicable in occupational therapy may be put to very many uses, but the various objects for which they are employed must not be confused.—

As a remedial agent, the object is both psychic, and purely physical, and its employment may begin early in the convalescent period. The nearer that it is to this period, the more of the psychic element does it have for its object, while the nearer it is to the termination of this period, and in its application to the convalescent period, the more of the purely physical features in its object should it possess. For this reason, the craft used must be selected with care, to meet the requirements in the varying stages of illness and convalescence. For example, one of the most simple, a patient with an injured arm and hand is benefited in the very early period by the purely psychic effect of occupation. Since it is given to him as a remedial agent in this stage, it need have no relation to the craft that may be given in a later period, and must be both selected and employed with reference alone to its psychic influence. Later, there is the need of limbering and strengthening the muscles, of preventing or correcting contractions and deformity, and the special craft in this period is to be selected primarily with reference to its efficiency to bring about the desired result in the muscles and joints of the disabled member. Here the craft, in this application,
becomes the means of supplanting the older forms of unproductive physio-therapy,—of allowing a patient to carry on his own physio-therapeutic measures, and at the same time to see an actual product grow under his effort to restore his own normal physique. The craft is a tool in the hands of the director of the work, and is subservient to the end in view for the recovery of the individual; after the recovery, the need of the craft ceases. In this, perhaps one of the simplest illustrations, it is easy to see how the work is purely of a therapeutic value, and has no relation to the periods beyond the convalescence, and must be so; for, in the injuries in industry—the present source of the injured disabled—less than one per cent of those injured have a need to take up new occupations, and therefore, in consequence, have no need to consider these crafts beyond the period of their convalescence. This same principle is true with the two other main groups of invalids—the tubercular and the psychopathic—for with these, the occupation used as a therapy must be chosen as such, and in these as well the therapeutic value is of such import, that the crafts must be considered in reference to their remedial action. (This does not imply that the quality, or thoroughness, or artistic features of the craft are in any way sacrificed. These are as essential as it is to have massage skilful, or the prescribed medicine pure, or the air for a tubercular patient pure.) As the end of the convalescent period approaches, the vocational features of the craft may begin to be a necessary consideration, and, in this stage, the two may overlap, at the time when the therapeutic need becomes less imperative.

With occupational therapy taking so important a place in the curative part of medicine, there comes the necessity of directing its activities into the right channels, and of assuring the properly equipped personnel to administer it. Already the interest in this department of work is widespread. The danger is in its dilution, and in misdirected efforts, and, in this stage particularly, is there need of guidance by agreement, or by some basis or standard, which can be at least the starting-point of future elaboration and development. Some such action is necessary because of the many activities—of good intention, but mis-
directed; because of the frequent lack of a definite understanding, not only of what occupational therapy should be, but also of the requirements which should be demanded of those who administer it. For a beginning, such a basis should be simple. To meet this demand, the Massachusetts Society for Occupational Therapy have agreed upon a standard of the scope of occupational therapy, such as has been outlined above, and of the requirements for those who should administer it. It serves as a working basis at this period; it is subject to change, and will be changed as the development of the profession may demand; and it is hoped that the different state societies will establish standards for themselves, in order that soon, from a cumulative experience, a practical basis of standardization and requirements may later be developed for adoption by the national society, which will then establish a national standard.

The Massachusetts Society for Occupational Therapy has established two requirements, to fulfill which is necessary in order that an aide should be considered eligible for registration. These requirements are

FIRST REQUIREMENT

That the applicant must be a graduate of a school which demands that its applicants shall present a satisfactory personal equipment, and on its part provides a course of instruction with the following as a minimum:

a. Applicants

Women between the ages of twenty and forty to be eligible. A high school education or its equivalent is essential.

The especial fitness and qualifications of each applicant to be passed upon by a special committee of a governing board of the school. Such a committee should consist of a physician, a member of the state society, and a member of the governing board of the school or an equivalent board. The selection must be based upon a special aptitude for the work, combined with evidence of physical and other fitness.

Each applicant must supply such references from persons who have known said applicant for a period of at least three years as will satisfy the examining board.
The school course must consist of twelve working months. To include nine working months in the school curriculum, and three months of practical work in hospitals, under direction, with sufficient examinations. During the period of school work, the committee must reserve the right to dismiss any girl at any time for any reason satisfactory to the committee. If, at the end of one year, she shall have demonstrated her ability to meet the satisfactory standard for an Aide, she will be granted a diploma from the school.

b. Courses

Anatomy. Forty exercises, consisting of lectures and quizzes, and the following subjects being included in the course:
- Brain.
- Spinal cord.
- Special senses.
- Peripheral nerves.
- The osseous system.
- Muscles.
- Circulatory system.
- Digestive system.
- Generative organs.
- Respiratory system.
- Genito-urinary system.
- Skin.
- Glandular system.

Neurology (three lectures):
- Functions of the central nervous system and peripheral system.
- Paralyses (tumors and localization).
- Disease of and injury to nerves.

Mental diseases (two lectures):
- Normal function of the brain.
- Organic and inorganic diseases.

Psychology (three lectures):
- Including normal and abnormal and intelligence tests.

Social service (six lectures):
- Including visits which shall include industrial cases and district work—adult as well as children.

Personal hygiene (three lectures).
Mental hygiene (three lectures).
Hospital ethics and management (two lectures).
Orthopaedics (eight lectures):
Including deformities—congenital and acquired.
Anatomy of joints.
Diseases of joints.
Posture; bodily mechanics.
Fractures.
Arthritis.
Tuberculosis.
Infantile paralysis.

Physio-therapy (three lectures):
These shall include a definition and practical survey of hydrotherapy, electro-therapy, joint manipulation, and massage.

Tuberculosis (six lectures):
Etiology, pathology, symptomatology, and treatment.

Syphilis (two lectures):
Congenital.
Acquired.
Hereditary.
One lecture on the blind, Braille system, and a visit to the Perkins Institute.

Contagious diseases (one lecture).
One lecture on clinical records and book-keeping.
A final lecture on the general survey of theory and practice of occupational therapy in its relation to the various subjects in the course.

The instruction in the following list of crafts, or their equivalents form the practical portion of the course, and the instruction includes the practical application in the hospitals, under the instructor:

Major crafts: Applied design, basketry, bookbinding, dyeing, jewelry, leather work, modeling, tin work, spinning, weaving, wood work and chip carving.

Minor crafts: Beads, block printing, brushes, chair seating (cane, splint, shaker, rush), children's work, colonial mats, furniture repair, jute, knotting, mops, netting, rake knitting, stencilling, telegraphy, typewriting, rugs (braided, braid weave, crocheted, coir mats, hooked, Persian).
SECOND REQUIREMENT

Graduates of those schools which fulfil the requirements of instruction and practical work must then present evidence of a satisfactory year of practical work,—in hospitals or among patients. They are then eligible for registration by the Massachusetts Society of Occupational Therapy, as recognized aides, after satisfying the registration committee of their general and special fitness.

In regard to the existing aides,—it is necessary that they present sufficient evidence of fitness for the work, based (1) on their training and experience, and (2) on the work which they have done during the time they have been active in their profession.

In this way, we hope to establish, as a beginning, a basis which will help to secure for occupational therapy a definitely recognized position, and to aid it to take its proper place in the future as in its development it expands.