EDITORIAL

AMERICAN OCCUPATIONAL THERAPY ASSOCIATION

It is good sometimes, alike for an individual or an organization, to pause for a glance backwards and an attempt to look into the future. The American Occupational Therapy Association may still be considered as an infant in years, but is withal a lusty and growing youngster, of which the six sponsors who met in Clifton Springs, New York, in March, 1917, may well feel proud. Writing at the close of the successful annual meeting in Atlantic City, one of those sponsors, at least, is filled with thankfulness for the great strides made and for the fine accomplishments of Occupational Therapists as exemplified in the meeting itself and in the remarkable exhibition of work which was such a feature of it. Sixty-seven hospitals of various types and capacities were represented and both in variety and quality the exhibits showed an advance on those of former years.

An analysis of the types of hospitals which sent exhibits revealed the interesting fact that more than half were institutions devoted to the care of tuberculous patients. Hospitals for nervous and mental cases came next and orthopedic and general hospitals were fewest in number. In considering this, it must be remembered that in the actual number of patients represented, the neuro-psychiatric were probably first, since many of the tuberculosis sanatoria which sent exhibits were comparatively small institutions.

It seems fair to conclude that the more general adoption of occupational therapy in tuberculosis sanatoria is a direct outcome of the experience of its value in army hospitals. Before the World War, the institutions for the care and treatment of the tuberculous in the United States which provided organized occupational therapy for their patients could probably have been counted on one's hands. The attention given to the vocational
rehabilitation of the disabled soldiers from the World War undoubtedly gave a tremendous impetus to occupational therapy on account of its possibilities as a preliminary to vocational training and thus led many physicians to a realization of its value as a therapeutic measure in the treatment of tuberculosis; as well as in other diseases and injuries.

While it can scarcely be claimed that the increased use of Occupational Therapy in neuro-psychiatric hospitals is due to the example of army hospitals, the fact remains that its use is on the increase in this type of hospitals. In addition to the general excellence of the workmanship of the exhibits from hospitals dealing with mental and nervous cases, two features stood out; first, the large use made in the crafts work of what would otherwise have been waste materials; and, second, the evidence of the careful study of each case as shown by the records. The illustrated case records from some of the neuro-psychiatric hospitals which were a prominent feature of the exhibits at Atlantic City, were a revelation to many members and visitors who were unaware of, or but imperfectly acquainted with, the tremendous possibilities of occupational therapy for mental and nervous cases.

It is a disappointment to record that the "carry over" to civilian orthopedic hospitals from the fine work of the army hospitals in physical reeducation by means of curative work, seems to have been remarkably small, although in no field of medical treatment are the results more patent to an observer. While in all types of institutions for the sick and disabled the association and its members must continue to urge and encourage the further adoption of occupational therapy, it is evident that special efforts should be made to spread a knowledge of its benefits and value in orthopedic hospitals.

In general hospitals another large field is almost untouched. The Federal Industrial Rehabilitation act is already functioning in many States, and if its full benefits are to be obtained, every general hospital dealing with industrial accidents or illness must adopt occupational therapy as a part of the treatment provided.

What of the Association's future? In what direction should its efforts and those of its individual members be directed?
Probably the greatest need today in occupational therapy is for trained workers, for the demand exceeds the supply. From time to time the Association has been urged to set up standards of training—of qualification—but has hesitated to do so while the subject was in a state of flux and growth. The writer believes, however, that the time is approaching when, at least, minimum standards of training and qualifications should be set up by the Association.

Much good work has been done in individual states and hospital in devising the various forms for prescriptions, records, reports, etc., and the time seems ripe for the adoption of standard forms generally. While it seems wise to "hasten slowly" in the matter of standards for the training and qualifications of therapists, there seems no good reason why standard forms should not be worked out and be made available in the very near future.

In some quarters, the question of making the American Occupational Therapy Association a strictly professional organization has been raised. The present writer is of the opinion that not for many years will it be advisable to do this and that, rather, every effort should be made to increase the membership from persons not actually engaged professionally in the work; as well, of course, as from the workers themselves. But the writer further believes that, concurrently with the setting up of standards of training and professional qualifications, the Association should establish a National Register of Occupational Therapists; enrollment in which should involve a very definite professional standing.

The dissemination of information on occupational therapy must engage increasing attention; both from the Association and from its members as individuals. That old motto of the political reformers, "Organize, Agitate, Educate," might well be adopted by therapists who desire to see the work grow and flourish. More local associations are needed, for a group, even if not large, is more likely to be heard than an individual. Various organizations stand ready to help by agitating for and assisting in the introduction of Occupational Therapy in hospitals where it is not employed, if an organization of occupational therapy workers
will only provide the "ammunition." Education can be carried on best by groups, but individuals can also do good service. No better means of spreading a knowledge of the work exists than is afforded by exhibits at gatherings of medical men, social workers, and of the general public, for ocular demonstration is better than all the talking in such matters.

There is much to do, but the great growth and the encourage­ments experienced during the past few years should enable occu­pational therapists to look forward with confidence and hope to the future; a future which holds wonderful promise of further achievements and of the general adoption of the principles and practice for which the American Occupational Therapy Associa­tion stands.

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