RESTORATION OF THE CRIPPLED

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Any successful rehabilitation program involves three steps in order to bring about restoration to gainful employment. These three steps, arranged in logical sequence are: Physical restoration of the disabled person so far as that is possible; second, training for the performance on a new job, if reinstatement to the old job is not advisable; and, third, placement on the job for which the rehabilitant has been prepared. Time will not permit any full discussion of the training and placement problems of the handicapped and as physical restoration is equally as important as these, I will confine my remarks to this phase of the subject.

Some poet has very truthfully said, that:

Each man's work is born with him,
And the tools to work withal, and
Through man's inhumanity to man, either
Deliberately or through carelessness,
Those tools have been broken or destroyed;
Then, it behooves us to see that they
Are mended, or new ones supplied, and the
Tools that are left are not allowed
To become useless through rust and decay.
It is a great work to do. It is our
Responsibility. Can we afford not to do it?

This small verse not only embodies the philosophy of the movement for the rehabilitation of the physically handicapped, but suggests the sequence of how the task may be accomplished.

Physical restoration involves the mending of those parts that can be mended, supplying artificial appliances to those parts that have been destroyed, and training the healthy parts so that these may be made useful, and thereby transfer the thoughts of the disabled from those things that are gone to what is left.
The first step in any plan for the rehabilitation of a handicapped person must include a physical examination by a competent physician. This is particularly important in paralysis, tuberculosis, cardiaes, arthritis and other ailments whereby proper treatment may materially reduce the disability or remove it entirely. The treatment suggested by the diagnosis of the physician should be carried with the cognizance of the rehabilitation agent, so that such person may be acquainted with any limitation discovered that will have a bearing upon the vocational phase of the program. The vocational advisor, in order to determine the program for the rehabilitant, must know to what extent the functions have been restored.

A good orthopedic workshop is invaluable in determining just how much action may be obtained from the muscle structure of the body. In many paralytic cases, especially of the poliomyelitis variety, inaction has been the mode of life of the patient, and such person has lost all confidence in any ability of muscular action, and as a consequence many uninjured muscles have atrophied because of disuse.

Converting inaction into action and restoring confidence are two accomplishments that result from a course of muscle training in a curative workshop under the supervision of a therapist. As the person gains confidence, he also elicits an interest in doing things, and it is at this point that occupational therapy may contribute a suggestion in regard to the vocational program that is to follow. Dr. Chatterton in a recent article in The Nation's Health says: "We, orthopedic surgeons, know that in addition to restoring the limb or function we must, at the same time, insure that independence which will assure the patient of his own well being and blot out his dependence upon others."

To bring the patient back to having an interest in things is the one thing that must be accomplished, and the curative workshop seems to be the agency by which this can be accomplished.

Rehabilitation workers have little realized the important rôle that may be played by the curative workshop in this respect. Cardiaes and tuberculars are another class of handicapped persons that should be observed for a period in order to ascertain what
they can and cannot do. When, what they can do has been determined, the task becomes one of getting their interest in doing one of those things; unless the interest can be obtained, the training and placement that follows will, in all probability, be only temporary. Hence, the curative workshop must combine some educational work with its curative objective. On analysis, it will be found that many jobs require the use of only a few muscles, but most often, these muscles must be trained for particular actions, and the occupational therapy workshop is best equipped for such work.

Many occupational therapy workshops are inadequately equipped and afford only a very limited number of handicrafts at which a person may be given opportunity for a "try-out." More money must be available for the development of this work, and in my opinion, it should be a function of the state, especially so far as its relation to the development of the work in rehabilitation of the civilian.

During the past year the state board of vocational education under whose direction, the work in rehabilitation is administered, has conducted orthopedic clinics in various parts of the state. Three hundred and fifty persons have been examined, their ailment diagnosed and treatment prescribed. As a result some wonderful results have been obtained by corrective surgery, but the rehabilitation workers have been handicapped by not being able to carry the work farther and getting the muscle training, so necessary, after the hospital period. The workshop in Milwaukee under the leadership of Miss Goodman has accomplished excellent results, but that shop is housed in congested quarters with little opportunity for expansion. Considerable credit should be given to the Junior League which has been the pioneer in this movement in Wisconsin, and I trust that, in the near future, the people of this state will realize the importance of this work, and act accordingly.

The value of this undertaking economically to the individuals benefited and to the state is clearly evident. The returns justify the expenditure from an economic viewpoint, but a far greater result, in that these persons are put on the road towards the attainment of independence and self-confidence.
Society will be rehabilitated socially and economically if we establish a policy of helping the handicapped help themselves. Until we do educate the public to understand the saneness of this philosophy we will continue to have our streets and highways infested with the "gim-me's" and the "pan-handlers." As a ruby, in its natural state, covered with mud, may seem undesirable, so may a shriveled body house undiscovered talents and a beautiful character. The public must be made to understand that not all that glitters is true gold, nor is all that is seemingly dull from the outside always worthless and valueless. In spite of the loss of an eye, or an arm, or a leg, "a man is a man for a' that.'