THE APPLICATION OF OCCUPATIONAL THERAPY TO
CHRONIC MEDICAL CASES

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My remarks on this subject will be brief, and will be limited to the application of occupational therapy to chronic medical diseases. It is obvious that in acute illnesses occupational therapy has no place.

In the long standing chronic cases, of mild or moderate degree of severity, however, occupational therapy may prove very useful. It is of value in these chronic conditions for several reasons. First, and least important, it affords a wholesome means of keeping the patient out of mischief. Second, and most important, it provides constructive occupation which helps the patient to forget his physical ailments, and in so doing, minimizes the development of a hypochondriacal, introspective state of mind, which is so productive of various types of neuroses or functional disorders. A patient with organic physical disease, is more liable to suffer from functional impairment of various organs, if something is not done to keep his mind pre-occupied. Thus a vicious circle tends to develop. The patient is not only rendered wretched because of additional functional disturbances dependant on his hypochondriacal state of mind, but these functional disturbances aggravate the organic disease from which he suffers.

The enthusiasm and adaptability of the patient should not be the only guide as to whether or not certain forms of occupational therapy are benefiting a patient. A case of hyperthyroidism, or of pulmonary tuberculosis, may carry on his work with enthusiasm, to the point of exhaustion. He may be so absorbed in his work that he thinks in terms of quantity production, and spends more time at his work than is good for him.

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Success or failure of occupational therapy depends largely on advisory supervision by the doctor familiar with the case. This supervision need only be of such nature as to preclude patients taking up certain forms of work which would be detrimental to the treatment of their particular ailment. For example, it would not be good judgment for a case of arteriosclerosis with high blood pressure to take up glass blowing or automobile repair work; or for a case of heart muscle disease to perform the labors connected with intensive gardening. Nor would it be wise to have a patient with Bright's disease indulge in painting, where he would be exposed to such kidney poisons as lead and turpentine. It is important then, that the instructor know something of the medical condition of the patient, and the doctor in charge of the case is usually only too glad to advise the teacher whether or not the particular form of occupational therapy chosen by the patient, and by the teacher, will prove harmful.

It is inadvisable to attempt to force a patient to take up any form of occupational therapy. In the cases in which it may prove of value, every effort should be made to encourage the patient to indulge in some beneficial form of occupation, and to encourage him, as far as possible, to choose something useful and constructive which may, perhaps, be followed more intensively, and with financial gain, upon recuperation from his illness. In those who are educationally qualified to undertake such training, typing and shorthand offer an attractive field, and a prolonged hospitalization may, by such forms of occupational therapy, improve the patient's value to society, and enable him to earn a better livelihood after leaving hospital.

In chronic rheumatic cases, with stiffened joints, selective forms of occupation, such as bead work, weaving, and baketry, often improve the disability, and are usually more attractive to the patient than the monotonous performance of prescribed exercises.

From the therapeutic standpoint, then, in so far as chronic medical cases are concerned, the greatest value of occupational therapy lies in the development of a temporary "hobby." This "hobby" keeps the patient's mind pre-occupied, thus helping to prevent the detrimental introspective attitude which chronic illness tends to create.