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## EIGHTEEN YEARS EXPERIENCE IN REHABILITATION

DANIEL M. BRUMFIEL, M.D.\*

Last summer the President signed certain amended Federal Acts passed by Congress and gave national recognition to rehabilitation and the promise of widened support to one of the modern, great, medical movements.

There has been a wave of awareness in the medical profession that our job is not done when we have but helped the patient recover from his disease; that our responsibility does not end with the restoration of his cardiac compensation, the healing of his wound, the clearing of his chest x-ray, or the amputation of his mangled hand. He is still our problem until we get him back to work—if not at his former occupation, then in some other.

The soundness of this argument is illustrated by this presentation which might be called "A Case History of a Rehabilitation Center."

In 1936 a small group of interested and far-sighted individuals in Saranac Lake set up a plan to provide purposeful diversion to assist in treating tuberculosis. At first the project was one of strictly adult education. The courses offered were chiefly Academic, Arts and Crafts and Business Education. In a preliminary survey two-thirds of the patients who expressed a desire for instruction asked for formal study, one-third for crafts. One-third of the whole group indicated concern with training for a new occupation. The new, private membership organization was chartered under the name of "The Saranac Lake Study and Craft Guild."

Within two months of the start of organized instruction, there were enrolled 186 students studying under a faculty of 16, of whom 9 were patients, 5 ex-patients and 2 were non-tuberculous.

Instruction was individual at the bedside for the confined person and in central classrooms and workshops for the non-confined. From the beginning, well members of the community were admitted to classes when space was available. All concerned are convinced that this was a very wise and far-seeing move in the success of the Guild in its purpose of rehabilitation. In studying and working alongside healthy persons, in cooperation and in competition with them, the disabled person gains confidence that he can compete and avoids the feeling of being a "man apart," a self-stigmatized rehabilitee, when he goes back into his industrial, business or professional environment.

Late in 1938, the teachers became indirectly the employees of the State and subject to certification by the State Department of Education. This recognition enhanced the prestige of the Guild and assured it of professional assistance and supervision.

In 1939 the necessity of professional counseling and guidance for the individual was recognized, if the maximal benefit was to be obtained. The establishment of a Department of Rehabilitation Counseling is seen in retrospect as the first, long step from a primarily diversional and therapeutic program toward the development of the comprehensive rehabilitation center of today.

The character of the educational program began to change. The Arts and Crafts Department started graduating professional craftsmen; the Academic Department be-

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came concerned with helping its students gain High School and College credits; the Business Education Department prepared young people for Civil Service examinations; a Reader's Advisory Service, in cooperation with local and State libraries, served many who wished to extend their vocational knowledge while still confined to bed.

The new emphasis bore particular fruit in the Technical Education Department. In 1943 the Tuberculosis Control Division of the U.S. Public Health Service proposed that properly selected, ex-tuberculosis patients be trained as photofluorographic technicians to serve in the extensive case-finding program then being initiated. With co-sponsorship of the U.S. Public Health Service and the Federal Office of Vocational Rehabilitation, the proposed course was set up under the auspices of the Guild. The first class was admitted in October 1943. In October 1953, the Guild graduated its fifty-sixth class of operators, having enrolled in the ten years period, 496 trainees from 42 states and 6 foreign countries.

Three years ago it was suggested by some people interested in Vocational Rehabilitation that the Guild offer a full year's training course for X-ray Technicians to be employed in hospitals. It was pointed out that in many of the places where such courses were being given, the rehabilitee was not under close medical supervision nor did he have the advantages of counseling. Two or more classes are admitted each year. They receive their technical instruction in the Guild classrooms and are assigned to the X-ray Departments of cooperating hospitals and sanatoria in the area for their "on-the-job" practical training.

These classes illustrate the constantly broadening categories of disability which the Guild is serving; no longer are they all ex-tuberculosis patients. Applications for the class which entered in September include 4 cardiacs and other disabilities from just one of our neighboring states. The class of 8 which graduated Dec. 21, 1954 was composed of 2 ex-tuberculosis individuals; 4 cardiacs; 1 spastic and 1 with a visual defect.

In 1951 the gift of a thirty room hospital building provided much needed room for offices, classrooms and a sheltered workshop which is affiliated with the famous Altro Work Shops of New York City. This provides graduated work at union rates on medical prescription. Nor is it limited to those handicapped by tuberculosis. One young woman, hopelessly crippled by rheumatoid arthritis, came for physical and occupational therapy and stayed to earn the first dollars that she had ever owned.

Prior to 1952, persons in need of physical and occupational therapy in the Northern New York area must be referred to some distance for these benefits—Montreal, Albany, Syracuse. Upon the urging of physicians of the area, particularly the Orthopedists, a Department of Physical Therapy was set up and a trained Physical Therapist was brought in. A few months later the Department of Occupational Therapy was established, also with a trained Occupational Therapist in charge. All patients served by these departments receive their treatments on prescription of the attending physician. So far, every conceivable type of disability has been taken care of, except the bedfast paralytic requiring nursing care. Such service may be in the future.

Through the cooperation of the Guild Physical Therapist and the Physiology Department of the Trudeau Sanatorium, a study is being carried out on the effect of special breathing exercises for those disabled by emphysema. Some surprising clinical benefits have been observed.

The institution of the departments just mentioned necessitated the formation of a Medical Advisory Committee and the employment of a part-time Medical Supervisor.

The Medical Committee comprises practicing physicians, surgeons, sanatorium directors and a psychiatrist.

Other Advisory Committees are each concerned with the supervision of some phase of the Guild's activities:—The Education Committee, traditionally headed by the superintendent of schools; the Counseling Committee, headed by the medical director of the near-by State Hospital; and the Research and Evaluation Committee, whose chairman is a practitioner of wide note and who also directs one of the Sanatoria in the area.

The Board of Directors, twenty-five in number, is made up of business and professional men, with representation from organized labor and industry. Many of the directors have, themselves, been rehabilitated. Traditionally, the office of president has been held by a physician.

A Women Auxiliary of from 60 to 70 volunteer members provides some social life for those undergoing rehabilitation.

You will note that throughout this, perhaps tedious, recital, each new department, each expansion of services, was undertaken to fill an already existing need. The Guild was started and has grown, by request, if you will. It has been a project developed by the integration of the facilities of the community. By 1952 it became obvious that the Guild could not do some of the things which it needed to do and, perhaps, some of those which it had already done, under its original charter. The charter was revised to meet the up-to-date needs and the name changed to express its broadened purposes:—“The Saranac Lake Rehabilitation Guild.”

Rehabilitation means many different things to many people. To some, it means little more than physical restoration—to bake a stiff joint, stretch a spastic muscle, teach the hemiplegic to walk again, cut his meat and button his clothes. To others, it is strictly vocational—to teach the afflicted a new occupation commensurate with his physical and mental powers. (Most publicly supported vocational rehabilitation agencies require a stated number of proved work-tolerance hours before accepting a candidate.) To some, it means a sheltered workshop where the disabled may occupy herself with some remuneration on her way to full rehabilitation, or where the handicapped may obtain employment within the limits of that handicap. To some, it means developing new skills, or enhancing old ones, that may be used for advancement in the old occupation which is to be resumed.

But to everyone concerned with the Saranac Lake Rehabilitation Guild, and to those connected with the other twenty-two comprehensive rehabilitation centers in the country, it means the full coordination and integration of all the facilities to the maximal benefit of each disabled individual.

Eighteen years of experience has convinced this community that the time to start rehabilitation is as soon as medically feasible after the diagnosis has been made; that in all but very short-term disabilities, the coordinated services of various departments are important; and that it is of distinct advantage to the rehabilitating individual to work in the company of well persons.

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