AN APPRAISAL OF THE NEEDS FOR AN OCCUPATIONAL THERAPY SCHOOL IN UTAH

by

Blanche Humpherys

A thesis submitted to the faculty of the
University of Utah in partial fulfillment
of the requirements for the degree of

Master of Science

Department of Education

University of Utah

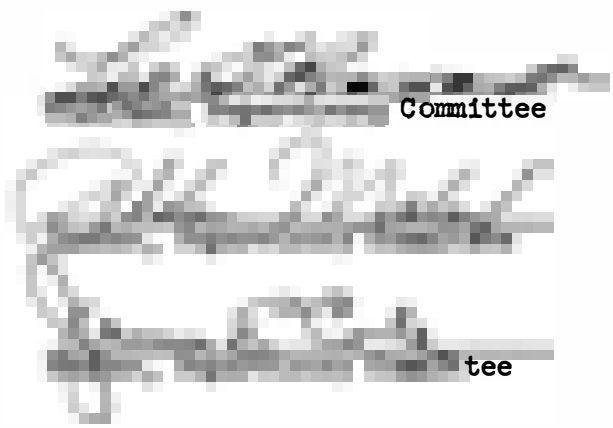
August 1958

This Thesis for the M.S. Degree

by

Blanche Humpherys

has been approved by



ACKNOWLEDGMENTS

Greatful acknowledgment is made to the following:

Assistant Dean College of Education, Leo G. Provost, thesis chairman, for his detailed interest, constructive criticisms, and professional suggestions; to Dean Don Orton and Dr. Phelan Malouf as original committee members; to Associate professor of Education, James E. Cole, acting chairman and final committee member.

The encouragement of my parents, the financial assistance of my sisters Eva Bodily and Cleo Carley (typist of the thesis); the many friends and professional people who exhibited interest and aid to bring this study to completion.

To major hospitals, clinics, centers and their administrators; for cooperation of doctors, nurses, public health nurses, State Health and Rehabilitation supervisors and local newspapers.

To Miss Betty White, author of the Utah Occupational Therapy Association Constitution, and Mr. Frank Jackson, first president of the Association, for their many facts concerning Occupational Therapy in Utah; and the therapists who contributed time and effort to give needed history not found in print at this time

TABLE OF CONTENTS

LIST OF TABLES

LIST OF FIGURES

LIST OF PLATES

CHAPTER I

INTRODUCTION

A. A HISTORY OF OCCUPATIONAL THERAPY

Ancient records, both historical and medical, gave evidence that David, an Israelite youth, tranquilized the soul of King Saul with music in 1025 B.C. The Egyptians, in games and music, occupied the mental patients to assist in their recovery. The ancient Greek Era of Hippocrates (Father of Medicine) in 460 B.C., termed such functions diversional treatment. Plenty of sunlight, air, moderate living and gymnasia therapy were prescribed for the sick. Vergil and Homer in their writings mentioned diversified amusements for the ill. In 172 A.D., a Roman named Galen stated that employment was nature's best physician and essential to human happiness. [1]

The ninth century in Europe was one of great hospital building for the care of the sick, poor, orphans, old people, and the mentally ill. The Hotel Dieu Paris, for example, used hot water for therapeutic processes not for bathing purposes. The patient was also given activities in baking, gardening and farming as part of the treatment. [2]

The American Journal of Insanity published in 1844 contains references to the use of Occupations as remedial measures. In the abstracts of reports of asylums, there are many references to 'Occupational

---

1 Willard and Spackman, Principles of Occupational Therapy, N. Y., J. B. Lippencott, Revised 1954, pp. 1 - 3.

2 History of Occupational Therapy, compiled and cited by Patricia Thornton, 1953, Theory and History of Occupational Therapy, Notes, p. 5.

Activities'. They were brief, merely listing occupations provided by an institution. [3] A Dr. Henry M. Hurd wrote a report of a visit to England and the Continent concerning:

> ...as to the methods of giving employment to insane persons... it would be possible to supplement this section many times over its present length with quotations from this source. [4]

Dr. Thomas Story Kirkbride wrote a Code of Rules and Regulations for the Government of those Employed in the Care of Patients of the Pennsylvania Hospital for the Insane in 1878 which contains the following:

> It is highly important that patients should be, as far as possible, kept constantly at some kind of employment, either work of some kind, or riding, walking, or amusements; no opportunity is ever neglected to induce the patients to thus occupy themselves.

He stated the details of the 'Duties of Teachers or Companions', who were regarded as the first professional Occupational Therapists.

Dr. Benjamin Rush at the Penn Hospital in Philadelphia recognized sewing, gardening and recreation as a necessary part of the treatment of that hospital. Dr. Wyman of the McClear Hospital at Warren, Massachusetts, was aware of the need for such services and employed the first full-time therapist. Woodsawing and carpentry were added to the media already established. [5] It is through occupations that we obtain essential physical and mental exercise and satisfy our needs for communications with the physical work, the world of ideas, and people around us. [6]

---

3 Willard and Spackman, Principles of Occupational Therapy, N.Y., J. B. Lippencott, Revised 1954, p. 2.

4 Ibid, pp. 3, 4.

5 Ibid, pp. 3, 4.

6 American Occupational Therapy Association, Career Briefs, N.Y., Pratt Institute, Vol. 2, 1951, p. 4.

In 1895 the Pratt Hospital started Occupational Therapy, as such, for the mentally ill. By 1905 the United States fully recognized not only the needs of the mentally ill for activity, but that the physical needs of the patient required additional attention for occupation of his time in hastening recovery. Patients were graded in activities of arts and crafts.

Susan E. Tracy of the Adams Nervine Hospital in Boston offered the first course in occupation for nurses of that hospital in 1906. [7] Julia Lathrop, Chicago School of Civics and Philanthropy, offered a course of training in 1908 consisting of:

> Two equally important parts, (a) handicraft and (b) various forms of exercise and play... There was a detailed description of the content of the course and it seems remarkable that so much could be given in the limited time, but those who took the course voted it most successful and productive. ...Dr. W. R. Dunton, Jr., offered training to nurses of the Enoch Pratt Hospital, Twoson, Maryland, in 1911 in those same fields (handicraft, exercise, and play). [8]

A National Committee for Mental Health was formed in 1908. Progress was made in this profession, and in 1917 a group gathered to organize the National Association for Promoting Occupational Therapy. The organization gained momentum under the beginning leadership of George Barton, who claimed to have promoted the term Occupational Therapy. The officers of the first organization were: Mrs. Eleanor Glagle, president, Dr. W. R. Dunton, first vice-president, and Louise J. Haas, active secretary. The original name chosen for the organization was National Society for the Promotion of Occupational

---

7 Willard and Spackman, Principles of Occupational Therapy, N.Y., J. B. Lippencott, Revised 1954, p. 4.

8 Ibid, p. 4.

Therapy. In 1921, under the direction of Dr. Herbert J. Hall, the name was changed to American Occupational Therapy Association.

World Ward I gave impetus to the need for this form of therapy and its value in treatment of the patient. Short-term courses were offered to train men and women to go abroad during the War. General Pershing requested 200 people for duty in Occupational Therapy. They were given the title of Reconstruction Aide and became a part of the military departments. [9]

Membership in the American Occupational Therapy Association (known in the profession as AOTA) grew rapidly to include seven hundred and forty-nine members. The Council of Medical Education and Hospitals ratified and approved standards developed by the group in 1935; rules for accrediting schools to train therapists were also formed that same year. [10]

There were four schools in 1938 offering such training. These schools were: Tufts College in Boston; Milwaukee Downer College in Wisconsin (inaugurated in 1913); University of Pennsylvania at Philadelphia; and the Medical School in St. Louis, Missouri. The demand for graduates from the above accredited schools was greater than the supply. There were eighteen schools approved and existing by 1945 and three with approved training courses. [11]

World War II stimulated the Occupational Therapy program, and as a result it played a vast and important part in rehabilitation.

---

9 Willard and Spackman, Principles of Occupational Therapy, N.Y., J. B. Lippencott, Revised 1954, pp. 5, 6.

10 Ibid, pp. 6, 7.

11 Ibid, p. 7.

> Medical knowledge expanded and the progress of knowledge concerning the chemistry of bone cells, blood cells, and all the mechanisms of tissue and nerve repair; and the importance of early ambulation and graded exercise began to be understood; hence the need for Occupational Therapy in widely diversified fields was more clearly defined. [12]

The War Service incorporated Occupational Therapy as a part of the Office of Surgeon General of the Army in 1934. Several training schools under the Roosevelt Administration were opened to give needed training and to encourage recruitment of therapists in various sections of the East. As early as 1918 the War Department recognized Occupational Therapy by awarding commissions of "Reconstruction Aides", and in 1944 550 short-term therapists, in urgency of demands for trained personnel, were professionally recognized. (See page 21, Advanced Standing definition.) Another step forward was the printing of the American Journal of Occupational Therapy by the Association which received national recognition in 1947. This journal was commonly known throughout the profession as the 'AJOT Magazine'. [13]

Today, Occupational Therapy is found throughout a number of countries in the world. The success of this organization has been so marked that an urgent need exists for more trained personnel, expecially in the fields of physical disabilities and psychiatry. There are over 700 Army, Navy, and Veterans Administration Services providing Occupational Therapy which require registered therapists, together with hospitals,

---

12 American Occupational Therapy Association, Career Briefs, N.Y., Pratt Institute, Vol. 2, 1951, I, p. 2.

13 Willard and Spackman, Principles of Occupational Therapy, N.Y., J. B. Lippencott, Revised 1954, pp. 7, 8, 9.

health centers, workshops, geriatric rest homes, deaf and blind centers, and others. [14] Occupational Therapy has as its allied fields all departments of a hospital or clinic, and work is closely coordinated within the program of each. Doctors, nurses, dieticians, physical therapists, psychiatrists, psychologists, all the various and sundry technicians, the guidance counselors, the social workers, teachers, schools, rehabilitation counselors, and certainly maintenance departments, correlate services for the welfare of the patient. Occupational Therapy is a member of this treatment and recovery team.

The requirements in the profession of Occupational Therapy are high, specifying a personality that combines the knowledge and insight of a medical practitioner, the sympathetic competence of a nurse, the warmth and companionship of a friend, and the professional preparation of the therapist. [15] Techniques and understandings of a teacher, plus the ability to utilize skills with alertness and ease to arouse and interest patients, are also requirements of the profession of Occupational Therapy.

Occupational Therapy offers security, since the field has no employment problems, [16] and opportunities for growth are unlimited because insufficient trained personnel is a major concern.

---

14 American Occupational Therapy Association, Helping Others to Help Themselves, National Foundation for Infantile Paralysis Publication, N.Y., p. 2.

15 Ibid, p. 3.

16 Wilma L. West, Are You Looking for a New Career, Occupational Therapy Publication, 250 West 57th Street, N.Y., p. 1.

B. STATEMENT OF THE PROBLEM

The principal purpose of this study was to determine the need for an Occupational Therapy school in Utah. The statistical and historical data gathered were the first accurate, compiled history undertaken and recorded of the growth and development of Occupational Therapy in Utah.

Historical data were accumulated for the first-known Occupational Therapy departments in Utah with each succeeding addition, and of the early therapists who struggled for recognition of the profession in the State. Facts of Occupational Therapy growth and expansion, the labor for acceptance into the National Organization, and the needs for a school were noted and compared with national development as a background for the study.

C. NEEDS FOR THE STUDY

The following facts were indicative of the need for the study: there were only 29 schools for Occupational Therapy on the mainland of the United States and one school in Puerto Rico in 1957; only four of these schools offered the Master's Degree; [17] five of the total 29 schools were in the vast area designated "Western States", and none existed in the Intermountain Area.

An acute shortage of therapists throughout the United States existed. Universities or Medical Schools were required to train therapists to aid in alleviating the shortage. Individualized instruction limited the number of therapists a school trained each year. Of

---

17 Register, Occupational Therapy Yearbook, AOTA, 1956, N.Y., Willard-Spackman, Principles of Occupational Therapy, J. B. Lippencott, N.Y., Revised 1954, pp. 7.39, 7.40.

the 2,600 students enrolled in Occupational Therapy schools in 1956, only 500 were graduated. The shortage of therapists was 6,00 in 1957, with an estimated 8,000 shortage for 1958. [18]

Wilma West, executive treasurer of the American Occupational Therapy Association in 1957, stated:

> It will be years before adequate numbers will be available in the major Occupational Therapy fields and other medical specialities utilizing Occupational Therapists. [19]

The intermountain medical trainees and interns were not informed in Occupational Therapy processes as were those having an Occupational Therapy school in connection with the medical school.

The many inquiries received each year by therapists, hospitals and the State Health Department gave evidence of needs for Occupational Therapy education in the intermountain area.

The expressed opinions and interest exhibited by hospitals, medical and professional people of Utah gave evidence of need for the study.

D. DELIMITATIONS

This study will consider the State of Utah as the representative sample of an average intermountain state in Occupational Therapy needs. It is within range for the appraisal and survey. Utah is the

---

18 American Occupational Therapy Association, Letter of Verification, June 23, 1957, sent to the author.

19 Wilma West, Are You Looking for a New Career, American Occupational Therapy Association, N.Y., 1951, p. 1. (Wilma West was New York American Occupational Therapy Assistant Vice-President of Delegates Association, an Alternate Delegate Reporter, 1955, Chairman of Clinical Procedures Committee, American Occupational Therapy Association.)

Intermountain Medical Trainee Center. All five major medical fields are represented within easy accessibility to hospitals, clinics, and state health center. Only the seven other intermountain states without an Occupational Therapy School (Arizona, Idaho, Montana, New Mexico, Oregon, Wyoming, and Nevada) were considered with Utah.

The appraisal included the following major cities in Utah: Salt Lake City, Ogden, Provo, Logan, Richfield, Cedar City, and St. George. These cities were chosen because they met two or more of the following criteria: areas of population, transportation centers (bus, train, airways and interstate junctions), trade and industrial centers, and/or centers of education, major cooperative hospitals, clinics, and/or rehabilitation centers.

E. DEFINITION OF TERMS

It was necesary to define words and terms for clarification and understanding of the facts presented in the thesis.

Occupational Therapy Department may be established in an accredited and approved hospital; a clinic; a center, as a Cerebral Palsy center; in a school so equipped and with approval of the Medical Association; or as home-bound treatment by a therapist sent from a department. The American Medical Association and the American Occupational Therapy Association must approve and accredit a department to be recognized.

Intermountain Medical Association was an organization which, among other things, made available to men and women interested in the medical fields combined monies to be used for higher education and training that would not otherwise have been possible. The Association

included the states of: Arizona, Colorado, Idaho, California, Montana, New Mexico, Nevada, Oregon, Washington, Utah and Wyoming.

Major Medical Fields are groupings used in the medical profession as applied to the following departments and/or services. Occupational Therapy embraces the same fields, but for their particular type of work and for simplifying activities and classification some fields are combined.

1. Psychiatry	1. Psychiatry
2. General Medicine and Surgery and Communicable Diseases	2. Medicine
3. Surgery is combined with medicine (a)	3. Surgery
4. Physical Disabilities (orthopedics, amputees, polio, cardiacs and the anomolies)	4. Orthopedics
5. Tuberculosis	5. Communicable Diseases
6. Pediatrics	6. Pediatrics
7. Obstetrics (little to no significance in Occupational Therapy, if at all prescribed should be included in No. 2 of Occupational Therapy)	7. Obstetrics
8. Geriatrics	8. Geriatrics (not a separate field as a rule, often comes under No. 1 of medical fields) (b)

NOTE: (a) Combined with general medicine dna surgery to form what the medical fields stipulate as surgery.

(b) Is often the geriatrics division of their No. 1 or psychiatry. In Occupational Therapy it is a field of its own and one of the fast growing needs of the nation, because their numbers grow each year and the mortality rate is lengthened.

Therapy, according to Funk and Wagnall's Dictionary, includes arts and sciences of healing. The medical dictionary defines it as treatment given to people under the direction of a physician's prescription that aids in recovery.

Occupational Therapy, as defined by the American Medical Association in connection with the National Occupational Therapy Association, is any activity, mental or physical, medically prescribed and professionally guided for the purpose of contributing to or hastening the recovery from disease or injury. [20] The activity must fit the needs of the patient according to his interests and desires. Man is being treated not his environment. [21] "The patient is the architect of his own reconstruction," wrote Willard and Spackman, p. 173, in 'Principles of Occupational Therapy', "when a patient becomes absorbed in an activity he finds the injured part could be moved without great pain." It is an "activity selected by the therapist to benefit the patient's physical, mental and emotional conditions." [22] Activity may begin as soon as the patient is admitted to the hospital, clinic, or center. Emotional release through conversation is one form of Occupational Therapy activity. Other forms might include all processes and gradations of exercise-projects from the time of the patient's entrance into the department through and including the preparations for discharge to aid in his returning to a work-a-day world. The following activities are but tools to accomplish this purpose: ceramics, photography, painting, all forms of weaving, drawing, commercial art, bookmaking and binding, educative processes such as language, speech, spelling, writing, reading, and

---

20 Willard and Spackman, Principles of Occupational Therapy, N.Y., J. B. Lippencott, Revised 1954, p. 11. Brochure, American Occupational Therapy Association, N.Y., 1950.

21 Beatrice Fields, What is Realism in Occupational Therapy, Physical Therapy Review, 1956, Vol. 36, p. 430.

22 Willard and Spackman, Principles of Occupational Therapy, N.Y., J. B. Lippencott, Revised 1954, p. 11.

some outdoor projects as gardening and horticulture, if the disability or illness might permit.

Occupational Therapy treatment is by the physician's prescription and administered daily by trained, professional therapists. Often the therapists found that they were the authority in Occupational Therapy in that particular hospital, clinic, or center. Full responsibility for testing, observing, making notations, and devising the correct activity or project rests with them. The complete supervision of the Occupational Therapy program for correct patient treatment becomes a major duty of the therapists. [23]

The treatment is carried on in clinic-workshops (laymen call them shops) equipped for special activities; in the wards of the hospitals; the centers with facilities for patients who have been referred from another physician, hospital, or as an outpatient; in the home as 'home-bound' patients; and in schools equipped with Occupational Therapy and Physical Therapy facilities.

Occupational Therapy might be active or passive. The patient takes his own body part through various ranges of motion in accomplishing the definite, purposeful and planned activity. The passive treatment program requires little or no motor movement on the part of the patient. It is a therapeutic device "...for maintaining morale and for non-specific exercise to maintain strength, thus shortening the period of convalescence and aiding to insure as near-normal recovery as possible." [24]

---

23 Occupational Therapy Association, Career Briefs, Pratt Institute, Brooklyn, N.Y., Vol. 2, No. 2, p. 2.

24 Willard and Spackman, Principles of Occupational Therapy, N.Y., J. B. Lippencott, Revised 1954, pp. 103, 136, 207, Chapters IV, VI, VIII

The general effects of the Occupational Therapy treatment program are to: (a) ease emotional stress and tension, (b) form an outlet for repressed energies, (c) arouse and develop attention, (d) replace unhealthy mental trends with healthy ones, (e) substitute encouragement for discouragement, (f) conserve work habits and prevent less valid ones, (g) give opportunity for self-expression, and (h) develop initiative.

The physical effects of Occupational Therapy are to: (a) restore function to disabled joints; (b) aid in repairing muscle tissue and improve muscular power; (c) increase circulation of the blood, hence a better blood supply and healing prowesses result; (d) build resistance to fatigue; (e) develop work tolerance; (f) promote mental and physical coordination; (g) detect aptitudes, skills and capabilities for vocational guidance, and (h) adjust the permanently hospitalized patient to participate in industries and enable him to make his contributions to society. [25]

The media used in Occupational Therapy might be wood, metal, ceramics, creative and manual media, and many of the arts and crafts. These are used for the following reasons: (a) such media can be graded; (b) results of an activity (per range of motion, increased grasp, release, and the length of time the patient had been able to achieve such motions) can be compared, tested, and measured; (c) each media and project affords a specific, tangible problem in and of itself, because the patient's mind and thought trends are reverted

---

25 Willard and Spackman, Principles of Occupational Therapy, N.Y., J. B. Lippencott, Revised 1954, pp, 139, 332, 366, 367, and Chapter IX.

from self to a definite activity; (d) the usual production-line piece-work is replaced by the patient doing the full project, and unfinished work-frustrations are replaced with satisfaction, appreciation, achievement and self-confidence through having made and completed an activity; (e) a media can be varied from a simple to a complex piece of master workmanship, and (f) careful evaluations of physical capacities can be made as needs for planning and fashioning supportive apparatus makes active exercise possible. (The source of the above material concerning media was from the author's own training, study and experience.)

Most of the medical staff and paramedical personnel are involved in the Occupational Therapy program due to the forms of activity. This is expecially true of the correlation of Occupational Therapy and Physical Therapy, as the two departments work in close harmony to improvise and make various adaptive and required types of 'splints' for an individualized patient-treatment. (Splints are supportive casts to maintain correct positioning of a certain body part in order for the patient to have functional usage of that part.)

Differences are found by the patient using his own muscles and body parts to do a given activity in Occupational Therapy, while in Physical Therapy the part is carried through various ranges of motion by a therapist or by mechanical devices. The media is very different. Occupational Therapy utilizes arts, crafts and social devices, while Physical Therapy uses heat, light, steam, baths, and tubs.

Occupational Therapy was not, nor can it take the place of, Vocational Rehabilitation. Each of these therapies has a definite and needed place in the total treatment program of any given patient. Occupational Therapy is the pre-vocational explorational therapy whereby

a patient tries out, understands, manipulates and gains speed, surety and accuracy in performing an activity, in building tolerance through realistic grading, and in improving and testing of the activities.

Explorations and try-outs were kept in the foreground by the therapists and were not factors for the production line of rehabilitation. The exploration and evaluation equipped the therapists to make recommendations concerning the patient's eventual return to employment. The Occupational Therapist was qualified to judge the emotional aspects of the work due to psychological training in theory-clinic and practice, and experience with the patient and his problems.

> The Vocational Rehabilitation Therapist engineer was trained to determine whether these emotional factors enter into the potential rate of production. The Occupational Therapist was trained to differentiate finger dexterities or mechanical "know-how" from defects in training or in the use of a mechanical device. Follow-up work was done in studying physical demands of a job. [26]

An Occupational Therapist (O. T.) administers, instructs and carries out the therapy and interprets the prescription of the physician to the patient. O.T.R. (Occupational Therapist Registered) following the name of a therapist denots completion of academic instructions, clinical affiliations, and the National Association's examination to 'register' in the Occupational Therapy Yearbook. A certified therapist had completed the requirements of academic training (four years of school), the clinical affiliations, or was an Advanced Standing Student, (see page 21) and was awaiting the taking of the National examination. A therapist wears the O.T.R. insignia on the upper left uniform sleeve. O.T.R.D. (Occupational Therapist Registered Director) signified the therapist had completed all of the above and was a director, having completed two or more years beyond the requirements for a certified

26. Lillian Wegg, Role of the Occupational Therapist in Vocational Rehabitation, AJOT, XI, No 4, 1957, Pt II, p. 253

Occupational Therapist. Some hospitals and departments had their own qualifications as to years of experience they desired for the position of director. Directorship training in excess of the above was available for any therapist who qualified and so desired.

A therapist should have a broad, elementary, medical background and the ability to quickly analyze the patient's disability and to make an accurate activity-analysis. (For example: a therapist decides to have a patient, while in a supine-body position with arms extended in the horizontal plane, make a cord-knotted belt to give direct tricep and shoulder girdle-muscle usage, thus strengthening these muscles for crutch walking.) A therapist must have a knowledge of all possible activities and the degree of physical and mental efforts each of these activities require, which further illustrates it is imperative that Occupational Therapy training be of the highest quality. Recognition that graded exercise and early ambulation play a valuable role in patient recovery gives importance to the plan of Occupational Therapy in the medical, psychological, and allied professions.

Occupational Therapy Training School referred to a school to train therapists or students in the profession for registration and certification with the American Medical Association and was organized in an accredited university as a professional field, usually in connection with a medical school.

Clinical Affiliation was additional training after completion of the theory and method courses in an accredited university or medical school. The school was required to arrange the affiliation for the student; the therapist was then ready to serve an internship in any or each of the major fields previously listed. Such training served as an

internship similar to an intern in medicine or a senior nurse, being actual on-the-job experience under the guidance and aid of a supervisor or director. The affiliant served one to three months per said field-requirement in an accredited hospital, clinic, rehabilitation center, Veterans Administration center, or in a regular elementary or secondary school equipped to give Occupational Therapy to the handicapped, to the mentally ill, and/or to the disabled.

Functional Therapy was prescribed activity planned to assist in restoring articular and muscular function, to improve the general conditions, to build up physical endurance, and to aid in mental rehabilitation.

Treatment Case referred to a particular patient assigned to a therapist or under the therapist's supervision. The complete care, Occupational Therapy-wise, was decided by the therapist in following the doctor's prescription, in making reports and indications of any changes. Observations of the patient (in the clinic or at his bedside) were noted to aid in more accurate treatment. A case may receive three or four forms of treatment a day. One treatment case may be counted four times in some clinics and centers yet represents a single case or patient.

Open Ward applied to the psychiatric clinic or hospital wherein the patient was more free to mingle with others of the same sex or opposite sex. For example, the males and females might eat at a central dining room, play games, and go to Occupational Therapy clinic at the same hour. It was a more normal life-situation from the older, closed-ward type treatment.

Closed-Ward Treatment applied to those patients in more confined circumstances than in the open ward. Males and females were not allowed to go to clinic at the same hour, or eat at the same table, and were at separate wings in the hospital. It was an isolated form of treatment. The patients stayed within designated bounds having small and few privileges granted them.

Ambulatory patients were those able to move about either on crutches, in a wheelchair, or by their own power. Some required a cane.

Intrinsics referred to the tiny fine muscles and tendons in the very tips of the fingers or toes and the fine coordination of the muscles between the first to third metacarpal joints that are of an internal origin. Specialization of hand movement and desterity requires these muscle groups. Watch repairing, filigree jewelry, or precision instrument making require coordination of intrinsic muscles.

Prosthesis means put on, an addition to, to function as if it were the missing member or part of the body. It is an artificial part to establish as near normal a function as possible (a hook or an artificial leg).

Workshops are designed for those patients who need supervision while at work. The Occupational Therapist tests and evaluates, endeavoring to make opportunities to prepare the shop worker for capable industrial placement, and assists him to improve his skill and to compete with normal workers. Some shop workers can later be used in regular industry.

Physical Medicine refers to that form of treatment which deals with restoration of bodily function. It includes Physical Therapy

(see definition that follows) with its various mechanical and physical aids; combined with Occupational Therapy and its selected activities, plus massage therapy, all working together to assist the patient toward physical restoration and mental and emotional adjustment. The orthopedic and neurological hospital programs utilize physical medicine extensively.

Physical Therapy is the treatment of disease by physical measures, some of which have been used since ancient times. This therapy has been generally accepted since World War I.

> Physical therapy treats disease and injury by physical means such as heat, light, water, electricity, massage and therapeutic exercise (including physical rehabilitation procedures as gait training), and instruction in other functional activities. Treatment procedures are carried out by a prescription of a physician, who may be a general practitioner or a specialist in any recognized medical field... In a broad sense, a Physical Therapist is a teacher, not only of the patient, but of the relatives or others who are to assist the patient to carry out specific treatment procedures, such as muscle re-education home-treatment. [27]

Training and re-education of normal and weakened muscles are done by a therapist through active and passive exercises while the patient is still in bed (or as early as treatment is possible) and progresses in type, form, and usage of muscles. It consists of: (a) muscle strengthening, testing, stretching and relaxing, as well as general resistive and balancing exercises for muscles; (b) increasing circulation and preservation of tone of the skeletal muscles; (c) aiding in preventing or delaying muscle atrophy; (d) restoring tissue, if and when atrophy has occurred, and (e) improving general metabolism.

These exercises are usually performed by a therapist taking the body part of the patient through various motions and/or by using mechanical aides. (The Occupational Therapist aids the patient to take

27. Barbara Oak Robison, Physical Therapy Profession and Political Processes, Physical Therapy Review, Vol. 36 No 2, 1956, p. 391.

his own body part through processes in doing a prescribed activity.)

Physical Therapy media consists of: (a) heating agents to cause the blood to run swiftly; (b) infra-red lamps; (c) hot and cold baths; (d) temperature baths; (e) heat baths through carbon filament (it is not light, merely heat); (f) whirlpool tub treatments by sprays, and (i) hubbard tubs. [28]

Physical Therapy may precede Occupational Therapy, or one may be prescribed without the other. The therapy(s) to be employed was determined by the individual needs of the patient. As Physical Therapy decreased, Occupational Therapy increased, which was proof that the part, muscle, or joint was capable of more coordination than was offered in Physical Therapy.

In Physical Therapy the field of Ortetics (meaning brace, splint, crutch, corset, feeder, wheelchair, or objects used by the handicapped) is closely allied to Occupational Therapy and Rehabilitation. The patient's muscles that are employed by the use of Ortetics' equipment must not be overworked, nor over-activity given, since these are the two most common causes of incomplete recovery of the patient, as well as their loss of strength. [29]

Aides are those persons (many are untrained and require training) who assist the therapist in much the same manner as a nurse's aide. Their duties are to assist in getting the patient to the clinic and aid

---

28 Betty Jo Lawless, Physical Therapy Registered and Occupational Therapist Registered in Alaska, Personal interview and special lecture-demonstration, Occupational Therapy Theory, 1954.

29 Robert L. Bennett, M.D., Ortetics for Function, Physical Therapy Review, Vol. 36, No. 11, p. 721.

the patient in bathroom needs, toiletry, in and out of chairs, and help with braces. Patients in geriatrics, the psychiatric ward, and orthopedics need much care in these fields.

Advanced Standing Students are those students who have a B.S. or B.A. Degree and have a background sufficient to qualify for entering into Occupational Therapy training. This requires at least nine to twelve academic months, plus ten to twelve additional months, if specialization is sought in clinical affiliation training. Such student must have a good background in arts and crafts and the premedical courses.

Out-Patients are treated in the clinic, but do not have a bed in the hospital. The patient is brought for treatment to the clinic, but lives at home.

In-Patients have beds in the hospital or center with complete care as to meals, living and treatment.

Colles Fracture is a fracture of the radius bone of the lower arm at the wrist and at the articular surface or the joint surface. The fracture must be reduced, or proper relationships of bone and muscle need restoring.

Geriatrics The medical dictionary, p. 244, states geriatrics is "a department of medicine dealing with the aging and disease of advancing age." Further search revealed geriatrics to be a specialized field that included the study of the aged, their social, economical, medical and psychological problems. It included people advancing normally in years, as well as physical or mental illnesses which had caused premature old age. Sixty-five is merely an arbitrarily-set beginning point.

Home-Bound included those persons so afflicted or so prescribed by the physician to be given care in the confines of their own homes.

They were unable to attend clinics, centers, or hospitals for therapy.

Rehabilitation means to restore to former capacity, to qualify again, to re-establish to useful activity persons with physical, mental, social and other disabilities within the required by-law stipulations. Webster states "ableness, to re-establish with the esteem of others."

Its purpose is to organize all activities that may affect the life of the severely handicapped individual and otherwise disabled into a harmonious, purposeful activity. Basic treatment was required before the patient or client could be rehabilitated, thus the Occupational Therapist and Physical Therapist were key instruments in preparing the handicapped for vocational Rehabilitation.

The services of Occupational Therapy and Physical Therapy were included in, and often purchased by, the Rehabilitation Center, when required and available for a given case if circumstances warranted. Rehabilitation, combined with other agencies or therapies, opened the way for the disabled and handicapped to advance from the hospital to productivity in industry or in a sheltered shop. [30]

Occupational Therapy is the distinctive field for pre-vocational exploration. Monies are not allocated for comprehensive Rehabilitation centers without an Occupational Therapy department, thus proving the recognized value in total patient-treatment programs. [31]

---

30 Personal interview with Vocational Rehabilitation Supervisor, Mr. Ralph Clinger, Salt Lake Vocational Rehabilitation Office, Salt Lake City, Utah, 1957.

31 Willard and Spackman, Principles of Occupational Therapy, N.Y., J. B. Lippencott, 1954, p. 114. Henry Redkey, The Functions of Pre-Vocational Unit in Rehabilitation, AJOT, XI No. 1, 1957, pp. 20 - 24.

Pre-Vocational Exploration referred to the use of activities and skills to discover a patient's aptitudes, his ability to adapt to training in new fields, and his needs for a change in occupation, or showed directions and indications wherein a patient's skills might be found. Pre-vocational exploration gave the patient experience under supervision of doing actual activities and establishing patterns and pre-steps for the greatest possible utilization of the patient's facilities.

Vocational Services means diagnostic and related services (including even transportation) incidental to the determination of eligibility for, and the nature and scope of, services to be provided by training, guidance and placement for physically handicapped individuals. [32] Pre-vocational exploration brings the work of the world to the center for patient trial, to explore the working conditions and provide realistic stimulation in this phase of training [33] and sampling of actual jobs upon which the patient is tested for quality and quantity of work performance and achievement. The knowledge of how the hands and arms function to produce the skilled movements required to do any craft placed Occupational Therapy high on the Vocational Services list.

An Activity or Project in Occupational Therapy applied to process and media required to make an article, such as a rug, a piece of jewelry, a toy, or a piece of furniture. It might be (as in the psychiatric hospital) playing a definite, purposefully-planned game to release

---

32 Vocational Rehabilitation Manual, Chapter 12, Vocational Rehabilitation publication, 1957 issue.

33 Henry Redkey, Function and Value of Pre-Vocational Unit in Rehabilitation, AJOT, XI, 1957, pp. 20-24.

tension, or finger painting to release frustrations and/or reveal inner drives.

F. SOURCES OF DATA

Old newspapers, the former Herald (now obsolete), the Deseret News and Salt Lake Tribune library files, revealed little information. The following sources aided in securing data necessary to compile the background history of Occupational Therapy in Utah: (a) correspondence with past-active and inactive therapists in Utah; (b) scrapbooks and historical reports of hospitals and their early organizations; (c) early brochures; (d) diaries; (e) personal experiences, and (f) interviews with therapists, hospital workers, and arts and craft leaders.

Pioneer history was obtained from the Utah Room at the University of Utah Library. Data from recent theses in related fields (Norman Watkins' thesis of 1956 on 'Rehabilitation' needs, Dr. Charles McKell's 'History of the State Hospital', and a survey of "Crippled Children's Services in Utah under the Social Security Act' by Valentine Gorlinski) were used. 'Heart-Throbs of the West' by Kate Carter gave some facts to fill missing pieces in the history.

Files under the various societies were searched. Hospital personnel files were checked. The National Occupational Therapy Organization's files did not have listings per therapist per state, but director verification was given as were other needed statistical data.

Questionnaires were sent to: (a) past and present Occupational Therapists, both active and non-active, who had worked in any of the seven Occupational Therapy departments found in Utah; (b) Health Departments of the Intermountain States; (c) the Rehabilitation offices

of the Intermountain States; (d) the district nurses within the State of Utah in the major city-areas chosen for this study; (e) the Occupational Therapists in the hospitals in the major city areas chosen for this study (Salt Lake City, Ogden, Provo, Logan, Richfield, St. George and Cedar City), and (f) to a random sampling of nurses in the seven major hospitals or clinics having an Occupational Therapy department.

Occupational Therapist distribution per capita in the State of Utah; the need for therapists according to patient load and therapist availability; the number of therapists a school could train; and statistics of therapist graduates from other schools, provided statistical data for tables and graphs compiled from the questionnaires.

Personal interviews were held with doctors from various major Occupational Therapy fields which included: Dr. Chester Powell, Neurosurgeon; Dr. Joseph Kesler, Utah State Health Department; Dr. Milton Pepper, General Medicine and Surgery; and Dr's E. L. Bliss, Hardin Branch and Ija Korner, University of Utah Medical Staff, Psychiatric Department.

Former, as well as current, copies of the American Journal of Occupational Therapy were utilized as source material. The Register and Yearbook were used, if the name of the therapist was known.

Insurance companies gave geriatric data for Utah.

G. METHODOLOGY

The method used in this thesis was historical and survey. It was necessary to present the background of Occupational Therapy as part of the study for understanding and clarification of the problem.

Facts and source data were gathered to constitute the Utah history of this profession through compilation of a history of the various hospitals, clinics, and centers having departments of Occupational Therapy at any given time, up to and including the year 1957.

The histories of Occupational Therapy departments in the State depicted the growth and development of this therapy in Utah.

Approvals were necessary (prior to printing said histories) from: societies, past therapists, United States Surgeon General's Office, National Occupational Therapy Association, hospital administrators, and Occupational Therapy department directors. Discrepancies were noted that required correcting, which consisted of: (a) controversies concerning the first Occupational Therapy department in Utah, (b) the first Occupational Therapist in the State, and (c) the first member of the National Society.

The survey was conducted through questionnaires and compiling of facts, statistics, opinions, and 'needs' of the present and future.

H. RELATED STUDIES

No evidence was found substantiating a previous study of the needs for an Occupational Therapy School in Universities offering Master's Degrees in this field, or in the State of Utah. There were several theses in the allied field of rehabilitation, one a "Study of Rehabilitation Facilities and an Analysis of the Needs for a Rehabilitation Center in Utah," by Norman B. Watkins, Utah Agricultural College, Logan, Utah, 1956. The thesis indirectly pointed out the needs for a school through statistics showing the needs for more trained therapists.

Dr. W. A. Selle of the University of California made a censory survey pertinent to a California study "...several years ago in connection with Occupational Therapy and therapists. The information is somewhat confidential and pertains only to California." 34

Printed historical data in Utah were very limited in the field of Occupational Therapy.

I. ORGANIZATION OF THE THESIS

The thesis began with an introduction to Occupational Therapy in general, which contributed to the foundation for the study.

Chapter I, entitled "Introduction", stated the purpose of the study, the problem, and the difficulties encountered. Sources of material were listed and delimitations and definitions were given. The method and the organization of the material used in the study were submitted.

Chapter II, "Growth and Development of Occupational Therapy in Utah 1900 - 1957," combines a history of the early departments, their beginnings, first therapists, and the later growth and development of these and/or added departments up to and including the year 1957. The various 'first's' in the state were presented: first department, first registered therapists, first member of the National Association, first organized Utah Occupational Therapy Association, and first officers.

Chapter III, "Arrangement of Evidences of Needs for an Occupational Therapy School in Utah," presents evidences to support the statistics and compiled data. These were analyzed and the results from questionnaires tabulated in tables and figures for easy comprehension.

---

34 Dr. W. A. Selle, Personal Correspondence, August 2, 1957, Los Angeles County Hospital, Los Angeles, California.

The material was then summarized in Chapter IV, "Summary, Conclusions and Recommendations," with the results from the analyzed material giving proof of the needs for the study, together with conclusions and recommendations from the research.

A Bibliograph and an Appendix completed the organization of the thesis.

CHAPTER II

GROWTH AND DEVELOPMENT OF OCCUPATIONAL THERAPY IN UTAH

1900 - 1957

A. OCCUPATIONAL THERAPY IN UTAH 1900 - 1945

Occupational Therapy had its beginning in Utah in 1900 at the Asylum in Provo, Utah. Two other departments, one at Children's and another at Bushnell Hospitals, were established. During the 1930's and early 1940's, arts and crafts leaders, teachers, and volunteers did their part to provide activity for patients. From 1945 to 1957 steady growth was noted in Occupational Therapy in Utah from small departments with non-registered therapists to recognized subdepartments having certified and/or registered therapists directing them. Each clinic, center or hospital's growth and development in Occupational Therapy programming indicated progress toward an adequate supply of registered therapists and organization of the Utah Occupational Therapy Association in 1954-55. A more detailed history of Utah's first seven Occupational Therapy departments ('A Brief History of Utah's Occupational Therapy Departments' compiled by Blanche Humpherys for the Utah Occupational Therapy Association) can be obtained from the Deseret News Library.

Early history of the various Occupational Therapy departments within the State served as the basis for this study. The following facts revealed growth and expansion in each department: (a) the beginning background of each hospital or clinic offering Occupational Therapy; (b) the first director; (c) the succeeding therapists; (d) the type of department (pediatric, psychopathic, or others); (e) the number of patients admitted for therapy, and (f) the therapists' status. Very often these

departments were managed by non-certified, non-professionally trained personnel.

1. CRAFT TEACHERS, CRAFT LEADERS, AND OCCUPATIONAL INSTRUCTORS

Early history would not be complete without a brief definition of the terms 'craft teachers', 'arts and craft leaders', and 'occupational instructors'. The purpose of this aspect of the study was merely to point out that each of the three occupations existed, differed in usage, and was used at various times in hospitals and clinics.

Craft teachers were scholastically qualified and trained to teach processes of the various techniques in working with such media as sheet copper, ceramics, jewelry, weaving, and forms of industrial arts for leisure time hobbies. "Practices of employing craft teachers to work with patients was quite common in mental hospitals as early as the nineteen hundred's." [1] Arts and craft leaders may not have had teaching certification but had training from a certified craft teacher, from demonstrations, or may have had an allied field-major of design or painting. These leaders were engaged in the activities for enjoyment, namely, recreation. Occupational instructors were briefly classified as those giving instruction in any of the above media to be used as a means of business or a livelihood, and included an apprenticeship in this area.

All three terms have been used in Utah. Often they have been confused as/or with Occupational Therapy, because it is not unusual to find both craft leaders (or craft teachers) and an Occupational Therapist

---

1 Willard and Spackman, Principles of Occupational Therapy, N.Y., J. B. Lippencott, Revised 1954, p. 3.

at a hospital, clinic or center. Mrs. Glenn J. Beeley, one of Utah's craftswomen, stated:

> There is a difference in each. Occupational Therapy is an activity under the direct supervision of the physician whereby a specific craft might be given for a special exercise, motion, or need. The others form a recreational activity.

Although thought of as a modern term, Occupational Therapy was nationally known as such as early as 1890, and received its initial publicity in Utah in 1927, when the Deseret News printed an article using the name in its correct form and application. [2]

2. UTAH STATE HOSPITAL - THE FIRST DEPARTMENT IN THE STATE

The Utah State Hospital, as it is now called, in Provo, Utah, was the first to have a form of Occupational Therapy and the first in the State to have a medically-trained staff member, a Mrs. Menna Trope, directly in charge of this therapy. Originally, the hospital was known as the 'Asylum'. The name was changed to the 'Utah State Mental Hospital' and finally to the present title.

a. BUILDINGS AND PATIENTS

Historical facts revealed the building was begun, and shortly thereafter (July 10, 1885) was ready for occupancy with a capacity for 60 patients; however, 80 were crowded into the building. [3] By 1887

---

2 Deseret News, Printed 24 April, 1927, an original clipping from the scrapbook of Mrs. Glenn J. Beeley.

3 Joseph R. Morrell, M.D., Utah's Health and You, Salt Lake City, Utah, Deseret Book Company, 1956, p. 347.

90 patients huddled together in this same area. [4] The 1880 census stated there were only 151 insane in the State of Utah. Ten years later (1890), 166 patients were housed in the hospital, and by 1894 there were 201, with 300 eligible for admittance. [5] Over-crowding was found in most institutions of this kind, and 20% more were housed at the Asylum than should have been. [6]

b. OCCUPATIONAL THERAPY TREATMENT AND ACTIVITIES

Charles R. McKell, in his 'History of Utah State Hospital', wrote, "It would seem that the insane were bargained off, and care and treatment were not apparently expected to include medical attention." Some of the patients' needs were sought out and cared for through activities, because "the hospital had a library and a reading room in 1896 which was opened one day a week for patients". [7] Mrs. Glenn J. Beeley's scrapbook supports the fact that "the first kind of Occupational Therapy in Utah was found at the Asylum in a room called the 'Workshop' ".

> Utah's Lowery Allen 'imported Mrs. Menna Trope from the East to direct the new form of treatment activity at the Asylum. Mrs. Trope was one of the nurses trained in the early Boston Nurses' Courses for handicrafts, exercise, and play to aid the ill'. She was held in high esteem at the hospital and in the community. Through such friendship, a prized quilt made in the original Occupational Therapy 'Workshop' was given to Mrs. Johnson, Mother of Glenn Johnson Beeley. [8]

---

4 Charles R. McKell, History of Utah State Hospital, Master Thesis, University of Utah Library, Utah Room, 1953, p. 50.

5 Joseph R. Morrell, M.D., Utah's Health and You, Salt Lake City, Utah, Deseret Book Company, 1956, p. 345.

6 Charles R. McKell, History of Utah State Hospital, Master Thesis, University of Utah Library, Utah Room, 1953, p. 64.

7 Miyeko Harada, Personal correspondence with author, 1957.

8 Mrs. Glenn J. Beeley, Scrapbook, Personal interview, August, 1957.

Mrs. Beeley stated, "The quilt is in my possession and is evidence of the early therapy at the hospital".

Other activities of the hospital's 'Workshop' treatment program were offered under the able instructorship of Mr. Albert Talmage, a proficient instructor trained at the famous Perkins Institute in Boston. These activities consisted of basketry, rug making, sewing, weaving, and knitting. The work was so well demonstrated that the Brigham Young University Art Department, under the leadership of E. H. Eastman, required cadet teachers and art supervisors to spend one complete term at the Asylum under the tutorship of Mr. Talmage. [9] Mrs. Whalen conducted classes in cane seating, sewing and knitting at the hospital in 1900 to 1904. Mrs. Albert Talmage played the organ in the hospital, employing music as a therapeutic media. [10]

The Occupational Therapy needlecraft classes were held in the morning and afternoon. Each patient made an article for himself and a duplicate for the hospital. Patients were instructed to sew in the sewing room or on wards as ward work. Tea towels, dresser scarfs, and aprons for the hospital were made. Sale of these articles at bazaars, or in the employee's homes aided the patients and the department monitarily. [11] The classes were abandoned during the war years of 1941 to 1945, and early Occupational Therapy at the State Hospital was discontinued with the exception of needlecraft, which has been a part of the hospital's activity since its establishment.

---

9 Kate B. Carter, Heart Throbs of the West, Salt Lake City, Utah, Deseret News printing, Vol. 10, 1949, pp. 338-339.

10 Ibid, pp. 338-339. Also Personal interview with Mrs. Glenn J. Beeley and information from her scrapbook, August, 1957.

11 Miyeko Harada, Personal correspondence with the author, 1957.

3. A CHILDREN'S HOSPITAL

Primary Children's Hospital was the first to mention a therapist belonging to the National Occupational Therapy Organization; the second in the State to establish an organized form of Occupational Therapy, and the seventh hospital in the State for the care of the sick.

a. BUILDINGS AND PATIENTS

In 1911 the nucleus for an institution dedicated to rehabilitate and educate the sick and crippled children was established. [12] Funds were allocated to the Latter-Day-Saints Groves Hospital by the Church of Jesus Christ of Latter-Day Saints to pay the expenses of those children whose parents were incapable of paying hospitalization and medical care for their young. Sixty-seven patients were treated under this arrangement, [13] but the hospital could not provide room for the length of time required for legs, arms and body parts to mend. Eleven years later (May, 1922) the old Hyde Home, 40 West North Temple Street, Salt Lake City, Utah, was remodeled to become the pioneer for a canvalescent home for children. [14]

b. OCCUPATIONAL THERAPY TREATMENT AND ACTIVITIES

The first therapist at Primary Children's Hospital was Mrs. Arthus L. (Glenn J.) Beeley, a graduate of Brigham Young University,

---

12 Deseret News Library, Brochure, The Primary Children's Hospital, Deseret News Printing, 1952.

13 Ralph T. Richards, M.D., Of Medicine, Hospitals and Doctors, Salt Lake City, University of Utah press, 1953, pp. 237-238.

14 Ronda Walker's File, Deseret News Folder, Hospitals of Utah, 1957.

with training in arts, crafts, and limited Occupational Therapy practices at Children's Hospital in Chicago. She introduced ceramics and clay modeling, gaining the title of 'The Clay Lady', and established the first organized Occupational Therapy department at the hospital. Miss Elise Davis was the first registered therapist.

Mrs. Beeley worked by prescription and in very close contact with the supervision of Dr. Samuel Baldwin, leading orthopedic surgeon. These basic instructions in 1927 parallel the present Occupational Therapy organization demands of today. [15] As a therapist, Mrs. Beeley conformed to the definition of Occupational Therapy and its purposes in her firm belief that: (a) children must be occupied and find happiness in their activity, (b) the object a child makes must be planned, and

> (c) planned carefully enough that he feels accomplishment, that the project is a good and a successful one, and that he has capabilities to do such an activity regardless of his handicap. [16]

An article printed in the Deseret News, April 30, 1957, written by Mr. Merlo J. Pusey, expresses the early kind of Occupational Therapy at Primary Hospital.

> An exact duplicate of a mercantile store was devised on the second floor of the hospital building. All supplies, media and materials were kept in the store. Each day the student or patient, as the case might be, ordered all the supplies he desired for that day. The order was then filled by the 'patient-salesmen' and clerks, and delivered by the 'wheelchair-patient truck drivers'. It had manysided purposes. [17]

---

15 Mrs. Glenn J. Beeley, Personal interview and scrapbook, 1957.

16 Ibid, conversation with the author, 1957.

17 Mr. Merlo J. Pusey, Deseret News, April 30, 1927, Salt Lake City, Utah.

The therapeutic value of this treatment conformed to those of Occupational Therapy today through: (a) 'acts of daily living', (b) pre-vocational exploration, and (c) adaptive equipment.

> It taught the children the things that 'will be useful to them in making a living and in daily life', to make them happy through occupation, and to speed recovery, to aid them to earn money even while in the hospital.
>
> Some of the boys have taken typewriting. One patient (suspended on his stomach on improvised adaptive equipment fashioned by Mrs. Beeley) learned to type and became proficient enough to later make his living as a stenographer. [18]

The first known mention in Utah of membership in the National Occupational Therapy Association was Mrs. Glenn Beeley. (Originally, therapists were registered by being granted a diploma. Later, a three-year training standard was set up by the National Association.) Her statements were:

> The desire to become more proficient prompted me to seek further training and study at Children's Hospital in Chicago, as there were no schools for such training in the Intermountain States. I received praise for my work in Chicago from the Head Therapist, who recommended me for membership in the National Association organization. I was a member for many years.
>
> Filled with enthusiasm, ideas, and a desire to serve (even without remuneration), I returned to Children's Primary Hospital to find Occupational Therapy was to be discontinued as 'unnecessary frills'. [19]

Mrs. Beeley remained at the hospital only one year. One could speculate as to what the growth of such a beginning might have been had

---

18 Mr. Merlo J. Pusey, Deseret News, April 20, 1927, Salt Lake City, Utah. Mrs. Glenn Beeley, Personal interview with author, 1957.

19 Mrs. Glenn J. Beeley, Personal interview with author, 1957.

she remained longer. Some were not yet converted or cognizant of the true value of Occupational Therapy, nor could they foresee its impetus in total treatment-care of the child.

A Mrs. Brown, Mrs. Shumway (a school teacher), and others attempted to carry on some form of activity at the hospital. Crafts, as therapy, were laid aside, but Mrs. Glenn Beeley's Occupational Therapy department formed a never-to-be-forgotten part of the early history of Primary Children's Hospital with its several 'firsts' in the State of: (a) first ceramics and clay modeling in the hospitals of Utah, (b) first mention of 'Occupational Therapy' as such, in the State, and (c) first children's organized Occupational Therapy.

4. OCCUPATIONAL THERAPY AT BUSHNELL ARMY HOSPITAL

The War Emergency had established a hospital at Brigham City, Utah, called Bushnell in remembrance of Colonel George Ensign Bushnell, an honored and esteemed Army doctor. [20] Important firsts were inaugurated at Bushnell: (a) the State became aware of what an Occupational Therapy program could do in a hospital of large patient numbers, (b) the first adult Occupational Therapy department was formed, (c) the first nationally-registered therapists were hired, and (d) the first clinical affiliation for trainees was initiated.

a. BUILDINGS AND PATIENTS

Typical of military precision and action, Bushnell Army Hospital was started April 1, 1942, and the first patient was admitted on

---

20 Deseret News, Ronda Walker's File Folder, Hospitals of Utah, 1957.

October 10, 1942. Its capacity was 2,500 patients, which it soon reached. Services offered were as follows: (a) orthopedic - in form of amputee service, (b) neurosurgery, and (c) neuropsychiatric care. [21]

b. OCCUPATIONAL THERAPY TREATMENT AND ACTIVITIES

Occupational Therapy had also gained favor with the Army Chief of Staff and was placed under the Office of Surgeon General in Washington, D. C. Miss Marjorie Ball, a certified graduate therapist (Occupational Therapist Registered), became their choice as Chief of Occupational Therapy at Bushnell Hospital. Miss Ball was the first nationally-registered therapist in Utah. (She completed the National requirements and graduated from an approved Occupational Therapy school, giving her precedence over those therapists of limited training.)

Prior to this appointment, activities at the hospital were introduced under the direction of two very capable civilian employees. Miss Ball wrote:

> I was the first registered Occupational Therapist in Utah and was given the responsibility for organizing the psychiatric clinic and later the clinic for physical disabilities, which included the amputee service. [22]

As the hospital grew, the Occupational Therapy department and the personnel increased. Two shop buildings for the Occupational Therapy clinic and a prothesis shop for amputees and brace manufacturing were annexed. Two registered therapists became directors. Miss Van Vlack directed the orthopedic section and Ann Garland directed the

---

21 Brochure, Bushnell, Occupational Therapy File, Deseret News Library.

22 Personal correspondence with the author, Miss Marjorie Ball (Director of Occupational Therapy, Colorado State University), July, 1947.

neuropsychiatric division. There was a large staff of registered therapists at Bushnell. Miss Ball continued:

> I was appointed Chief of Occupational Therapy at Bushnell under the Army Civil Service Program in 1943. I remained there until the Spring of 1945, when I was transferred to Wakeman General Hospital, Camp Atterbury, Indiana.
>
> Growth of the department was rapid, and from three civilian employees, the staff rose to five registered therapists, four hospital corpsmen, and a fluctuating number of civilian and military personnel in related fields. There were few other registered therapists in the State than the staff at Bushnell, or time for recruitment. We were fully occupied with the overwhelming number of military patients. [23]

The first clinical affiliation in the State was established under the direction of Miss Marjorie Ball (present director of the Occupational Therapy department at Colorado State University).

> Occupational Therapy trainees here at Bushnell attended lectures, group therapy sessions, and assisted in Ward parties. The clinical trainees in neuropsychiatry ate their meals in the amputee cafeteria to observe the use of the prosthesis, the adaptations that might be needed to aid a particular patient, or to observe those having difficulties that might be overcome through the clinic period's aid and instruction. The trainees or affiliates attended the car driving lessons, which was valuable experience in orthopedic-amputee care. Each therapist gave individualized treatments since no two patients were exactly alike. This gave the trainee and the therapist added experience in care of that type of patient, namely, amputee. [24]

The War Emergency Program had served its purpose at Bushnell and by 1945 the hospital was closing. The affiliate trainees were transferred to various and sundry institutions to complete their training. By the end of 1946, Bushnell's doors were closed to Occupational Therapy, but its history became a stepping stone for the profession in Utah.

---

23 Personal correspondence, Miss Marjorie Ball (Director of Occupational Therapy, Colorado State University), July, 1957.

24 Personal correspondence, Winfred Carey, Occupational Therapist Registered, (Bushnell Hospital Trainee), August, 1957.

B. GROWTH AND DEVELOPMENT IN OCCUPATIONAL THERAPY IN UTAH

1945 - 1957

The period beginning 1945 to 1957 marked a steady growth. Small rooms were discarded for spacious, well-organized, accredited departments. New departments were formed; centers converted into larger coordinated units. Each hospital's Occupational Therapy program and history was reviewed according to the hiring of registered therapists. A peak of ten registered therapists was reached in 1954, and continued in an upward trend. Utah Occupational Therapists established an association with a constitution and elected officers in 1954.

1. PRIMARY CHILDREN'S HOSPITAL

The Primary Children's Hospital Occupational Therapy department founded in 1927 at 40 West North Temple Street, Salt Lake City, Utah, had maintained its purpose, that of aiding in the "rehabilitation and education of the sick and crippled children under twelve years of age who could not pay for medical attention". [25] A volunteer program of recreational arts and crafts replaced Mrs. Beeley's Occupational Therapy department of 1927 to 1947. The American Legion Auxiliary maintained a corps of workers at the hospital, and Mrs. Shumway, Mrs. Ola Wilcos, Vera Hendrichson and others occupied the children with handwork. [26]

---

25 Harold Lundstrom, Primary Children's Hospital, Deseret News, Church Section, February, 1950, February 27,1952, pp.8,9; March-April 1952.

26 Mrs. Ola Wilcox and Miss Ruth Thorup, Personal interviews with the author, July and August, 1957.

a. BUILDINGS AND EQUIPMENT

A small room on the ground floor served as the 'Arts and Crafts Room'. The previous second-floor Occupational Therapy department was utilized for beds and other facilities. In 1951 the hospital was moved from 40 West North Temple Street to 320 12th Avenue and became (February 13, 1952) the most modern, up-to-date children's hospital in the Intermountain states. [27] Easy accessibility to all types of handicapped patients and their needs was possible through outside ramps and inside elevators. The Occupational Therapy clinic was equipped with movable fixtures and furniture, built and planned for individualized instruction, or arranged for group activity. Media was of a type for diversified cases and adaptations. [28]

b. OCCUPATIONAL THERAPY TREATMENT AND ACTIVITIES

Mr. Harry Roby, Administrative Director for the hospital, indicated the extent of therapies at the hospital by his statements:

> From 1922 to the present (1957), over 5,000 patients have been treated with various therapies. An average of 15 to 20 patients are seen in the Occupational Therapy clinic each day. Through proper vision and foresight in preparing and training for supervision in the home, the hospital was able to release more patients, who were then placed on an outpatient basis. An outpatient, parent-instruction service proved effective, resulting in a decrease of actual patient stay at the hospital. Greater follow-up work made more discharges possible and space was then available for new cases. [29]

---

27 Deseret News Library, Hospital File, Primary Hospital, Brochure, Church of Jesus Christ of Latter-Day Saints publication, 1952.

28 Ruth Thorup, Personal interview with author, August, 1957.

29 Mr. Harry Roby, Primary Hospital's Administrative Director, Personal interview with author, July, 1957.

Statistics indicated more patients were treated (217), less retained (20), and the number of outpatients increased.

TREATMENT-DISCHARGE DATA PER PATIENT

Year	Number Treated	Number Discharged	Number Retained	Number Increases	Outpatients
1956	542	6	42	32	218
1957	759	9	22	38	220

The Occupational Therapy Clinic and Physical Therapy Department maintained their own brace and splint shop, working in close harmony to fashion corrective, adaptive equipment for individualized care. (A detailed correlation of the Occupational Therapists and Physical Therapists and their functions and differences is given under Chapter I, Definitions, pp.

A hospital policy required each child in Occupational Therapy Clinic to make one article for himself and a duplicate one for the hospital. In this manner a display was on hand, kept up to date, and reserve articles were available for sale at the hospital. Such monies were used to replace needed materials in the clinic. A program of graded activity for cardiac patients and orthopedic 'acts of daily living' was stressed. Occupational Therapy crafts filled a need for cardiac, rheumatic fever, and severely burned patients in that projects were limited to the passive type of activity, thus creating an emotional release rather than a muscular treatment.

Miss Elise Davies' program consisted of:

servicing the 30 to 35 patients; planning and printing a prescription blank for the attending physicians to prescribe Occupational Therapy and to initiate new activities. These consisted of hook-rug making, stenciling, and ceramics. [30]

c. THERAPISTS

Miss Elise Davies was the first nationally registered therapist on record at Primary Children's Hospital (July 15, 1947). [31]

Other registered Occupational Therapists followed. These were: Mrs. Joyce Andrews (November, 1951), and Patricia Miller (1956 to November, 1957). [32] The hospital had had only three known registered or certified therapists over a thirty-year period of Occupational Therapy. Ruth Thorup, Arts and Crafts Director, aided, when therapists were not available at Primary Children's Hospital in Salt Lake City, Utah.

2. THE T.B. SANATORIUM

Dr. Ralph Richard's account of 'hospitals' in Utah gave the following information concerning the beginning of the tuberculosis Sanatorium: "The climate in Utah was thought to be one that did not encourage the disease", but Dr. T. B. Beatty, Utah's first State Health Director (1898 to 1935), found after careful study that the "..disease was present in all parts of the State", and he advocated a sanatorium.

---

30 Miss Elise Davies, Personal correspondence with author, August, 1957.

31 Occupational Therapy Register Yearbook, American Occupational Therapy Association, 1956, p. 51.

32 Ibid, p. 5.

In 1900, Utah had 40 cases of tuberculosis per 100,000 population, and by 1946 Utah's death rate was 15.6 per 1,000 opoulation as a result of tuberculosis. Through control measures, it had decreased to 7.6 per 1,000 population in 1951. 33

The State Health Department acquired a sanitarium at Ogden, Utah, in 1941. It has functioned to its capacity of 100 beds since that date. Information concerning Occupational Therapy at the T.B. Sanatorium was meager. Eleven years after the opening of the hospital proper, the first T.B. Occupational Therapy department in Utah was instigated, August, 1947. 34

a. CLASSIFICATION OF PATIENTS, BUILDINGS AND EQUIPMENT

Most Sanatoriums have a form of grading or classification of patient-breakdown into one to five basic groups, which is also followed in the Occupational Therapy clinic. Number one tuberculosis patient would be on a strict bed-rest, while number five would be near-normal in activity-prescription and type. Codes were used to designate the particular group to which the patient belonged, such as (a) a letter, (b) a number, and (c) a color, or depending upon the rules and regulations of that particular hospital. Such grouping was a means of showing progress of the patient and also as an aid in prescribing activity per gradation and/or according to his endurance, limitations, and disease progress (stage of involvement such as a very small cavity which would

---

33. Joseph R. Morrell, M.D., Utah's Health and You [illegible], Salt Lake City, Deseret Book Co. Press, 1956, p. 128.

34. Dorothy Whitlock, Personal correspondence with author, 1957, pp. 2, 3.

not require as long to heal nor as confined an activity as a completely affected lobe). The T.B. Sanatorium followed the one-to-five classification.

The classification chart at the nurse's station on each division throughout the hospital indicated the time allowed for Occupational Therapy in each group or classification. The infirmary Occupational Therapy for example, began with fifteen minutes with length of time being increased through each of the four classes or groups up to the ambulatory stage. Two hours were allowed for the ambulatory group, and four hours for the pre-discharge patient.

Mrs. Dorothy H. Whitlock wrote of the Ogden Sanatorium's first Occupational Therapy department:

> There was also the following gradation of bed, bedside, reading, and shop activities at the Sanatorium. Each patient knew his time allowance and the hour for his Occupational Therapy clinic, plus the type of activity per his classification.
>
> Our department was typical of departments not planned or provided for, but desperately needed. The first supplies consisted of a fine sewing machine and my typewriter. We used a table for the typewriter, and a chest for the supplies yet to be ordered. A metal filing case was installed. An initial order of tools and various supplies for craft work was sent for, which was neatly stored, upon arrival, in a closet in the converted bedroom Occupational Therapy clinic. When more supplies were ordered, the room overflowed with packages, so steps were taken to convert a basement room under the kitchen to an Occupational Therapy clinic.[35]

To this clinic was added a shopsmith and other woodworking equipment.

In 1950-51 a $41,000 fund was appropriated by the State for a new recreation and Occupational Therapy addition to the Ogden T.B. Sanatorium.

---

35 Dorothy Whitlock, Personal correspondence with author, 1957, pp. 6, 7.

b. OCCUPATIONAL THERAPY ACTIVITIES

Occupational Therapy activities at the Sanatorium were often in the form of projects. These were: (a) furnishing and arranging the new quarters; (b) shopping one day each week for canteen patient needs and Occupational Therapy materials; (c) orgainizing and publishing a monthly news sheet, 'The Sanezette'; (d) starting a hospital library (Mr. Ralph Thompson, Assistant Librarian at the University of Utah donated a day in 1946 to aid in plans and setting up the library), and pre-discharge patient vocational rehabilitation direction.

The regular clinic activity was conducted by prescription and classification. 'Bedside and ward' work consisted of sewing, crocheting, knitting, colonial mat-making, textile painting, leather tooling and reading. Ambulatory patients worked in the clinic in the afternoons.

The recreational program was maintained under the direction of the Occupational Therapy program. Being a small Sanatorium and with limited staff, the Occupational Therapist was recreation leader, supervisor, buyer of materials, teacher, janitor (oftentimes), and in the capacity of chaplain, when that officer was not available. Mrs. Whitlock gave talks to the State Public Health nurses; personnel of other Ogden and Salt Lake hospitals; to students and nurses training programs; as guest speaker at the Mental Health Institute at Brigham Young University; and was interviewed on television programs. [36]

---

36 Dorothy Whitlock, Personal correspondence with author, 1957, pp. 2, 4, 8, 11.

c. THERAPISTS

Mrs. Dorothy Hamilton Whitlock was the first registered therapist at the Sanatorium in Ogden (1947 to 1951), and was the founder of the Occupational Therapy department at the hospital. [37] Since 1951 no record was found of any nationally registered and Occupational-Therapy-trained therapists at the Sanatorium. Mrs. Whitlock was followed by Beth Fife and others, including Miss Marjorie Christopher, an Arts and Crafts student, in charge of the Occupational Therapy department (1957) at the Ogden Sanatorium. Trained therapists were hard to locate, although the bed capacity of 100 patients at the T. B. Sanatorium was steadily maintained.

3. UTAH SOCIETY FOR CRIPPLED CHILDREN AND ADULTS

The Utah Society for Crippled Children and Adults was the second organization in Utah dealing with handicapped children and offering services of Occupational Therapy under the direction of a registered therapist. The 'White House Conference' had paved the way for the establishment of such organizations. December 31, 1935, the Public Welfare Board of Utah designated the Utah State Board of Health as the official agency to administer to services for the Crippled Children in Utah, and by March 25, 1936, an organization to care for Utah's crippled children was completed. Mrs. Marcella McInneryn, a registered nurse, was appointed the director of Crippled Children's Society with J. L. Jones, M.D., the Director in General. There was an average of three crippled

---

37 Register, Occupational Therapy Yearbook, Occupational Therapy Association (National), N.Y., 1956.

children to each 1,000 population in the State of Utah (1936). [38]

In 1945 Mrs. Alida Dixon made a survey to find what could be done to aid the handicapped of the State. A brochure, 'The Bulletin,' supplied this information:

> A new organization was born in Utah, January, 1946, and was christened 'Utah Society for the Physically Handicapped'. Its purpose is to plan and carry on programs for the handicapped persons throughout the State without duplicating services given by other agencies. The first program contemplated by the Utah Society is the establishment of a Cerebral Palsy Center. [39]

a. OCCUPATIONAL THERAPY TREATMENT AND ACTIVITIES

The first mention of Occupational Therapy in this early organization was through Hilga Trauba, an orthopedic nursing instructor, where lectures were given twice a week to groups of nurses. At the end of the lecture series a two-day institute was given. Lectures on Occupational Therapy were included in this series. The W.P.A. recreation workers taught leather craft, painting, sewing, needlework, airplane building, basket weaving and woodwork as hobbies. [40] The following quotation taken from Miss Gorlinski's thesis gave indications that little pre-vocational exploration was known, nor was the Occupational Therapy program understood in Utah at that time, because "Only three...were given vocational rehabilitation as most of that work comes after eighteen years of age".

---

38 Valentine M. Gorlinski's Thesis, Survey of Crippled Children's Services in Utah Under the Social Security Act of 1936-37, December 31, 1935, pp. 27, 30.

39 Utah Society for Crippled Children and Adults, The Bulletin, Published by the Utah State Society, 1946.

40 Valentine M. Gorlinski's Thesis, Survey of Crippled Children's Services in Utah Under the Social Security Act of 1936-37, December 31, 1935, p. 77.

New activities were introduced for the first time in 1956 by the author consisting of cord knotting, rake knitting, wheel weaving, oil painting, pyro-lace belt making, and graded woodworking. Various demonstrations, lectures to societies, companies, parents, clubs, and organizations were introduced through the Society's Easter Seal Program with the aim of orienting professionals and the lay public to the Occupational Therapy program. [41]

Lack of available floor space, equipment, organization, and orientation of personnel were drawbacks of the Occupational Therapy sub-department at the Utah State Health Center.

b. BUILDINGS, EQUIPMENT AND ADDITIONS

The Society was first located in the Beason Building in Salt Lake City. Due to inadequacies and lack of clinic accessibility, the Society was moved to Motor Avenue, now known as Social Hall Avenue, and the name was changed to 'Utah Society for Crippled Children and Adults' with treatment offered to adult handicapped. [42] Later, the Society moved to the Utah State Health Center Building in Salt Lake City.

Additional funds were secured for needed equipment in the Occupational Therapy department. The State Health Center was begun February 21, 1949, and in April, 1949, the second floor housed the Utah Society's Occupational Therapy department for the cerebral palsy patients.

---

41 Lyman S. Shreeves, Easter Seal Society 1957 Annual Report, pp. 2, 12, 19, 20; Author's own experience, background and training.

42 Personal interview with Alida Call Dixon, former Director of the Society, 1957.

Mrs. Ann Brann added adaptive equipment and sand blocks to the department. [43] The Alpha Chi Omega Sorority donated sturdy Montessori boards and self-help toys (an average of 30 a year) for the State's cerebral palsy patients. Mrs. Jane Tibbles, District Director for Utah, Colorado and Wyoming Alpha Chi Omega Sorority, stated:

> The National Alpha Chi Omega project is 'aid for the cerebral palsy children'. The Utah chapters give needed media, materials, and aid with the Easter Seal drives. The Occupational Therapy department at the State Health Center is one of the Salt Lake Chapter's interests. [44]

In November, 1956, the department, in need or renovation, was re-established by the author. Sturdy equipment took the place of the previously damaged articles in woodworking, self help, and acts of daily living. Adaptive equipment was purchased, including a large Harold loom.

c. THERAPISTS

Mrs. Ruth Puls Brown was the first registered Occupational Therapist for the Society (1948). She resigned in 1949 and was replaced by Elsa Lohns Giles, who was followed by Mrs. Ann Brann. [45] The turnover of personnel was greater in Occupational Therapy than in any other department in the State, the average was one therapist a year. In 1954-56, the recreational therapist, Mrs. Marjorie Skiver, included

---

43 Utah State Health Center, Consultation and Services Available Through the Children's Health Center, October, 1955.

44 Mrs. Jane Tibbles, District Director for Alpha Chi Omega, Personal interview with author, 1957.

45 American Occupational Therapy Association, Yearbook Register, 1956. Personal interview, Kenneth Roth, Director, Utah Society for Crippled Children and Adults, 1957.

grasp-release toys and Montessori boards, plus ceramics in her department to supplant the void of an Occupational Therapy department. [46] (See 'Utah Occupational Therapists Register' and the brochure 'History of Utah Occupational Therapy' compiled by Blanche Humpherys, Deseret News Library, Occupational Therapy File.) Miss Alice Banik was the Occupational Therapist in 1957.

4. OCCUPATIONAL THERAPY AT SALT LAKE COUNTY HOSPITAL

John C. McKay, Chairman of the Board of Commissioners, was the father of the plan for the County Hospital Infirmary, whose dedicatory services were held June, 1913, in Salt Lake City, Utah. The hospital was 'dedicated to the poor, the sick and the ailing, who were unable to care for themselves or to pay for attention they needed'.

a. BUILDINGS, PATIENTS AND EQUIPMENT

A building plan was adopted August, 1910, and work begun in November of that year. The building, when completed, housed 250 patients with accommodations for 300 and contained four floors. The mental section was in the basement of the main building. Up to this time, the County Hospital was the only place the mentally ill patients had been allowed to be taken for preliminary treatment. Patients were treated only long enough to be committed to the State Hospital, and this usually required a week's time. [47]

---

46 Mrs. Marjorie Skiver, Personal interview with author, 1957.

47 The Herald (newspaper now obsolete), New County Infirmary Opens with Impressive Ceremonies, June, 1913.

A complete renovation of the mental section was undertaken in 1945, and a new emergency hospital was built in the section previously housing the mentally ill. A new building was erected for the mental patients, where patients were admitted and treated up to and including the eighth month. The new section accommodated 16 patients at one time. [48] Doctor Hardin Branch did much to aid in promoting up-to-date treatment programs for the psychiatric patients.

> Dr. Branch felt Occupational Therapy was a vital part of any psychiatric program, and through his efforts and planning, early Occupational Therapy work started with a small cart containing equipment for simple craft activities for the closed ward. [49]

b. OCCUPATIONAL THERAPY ACTIVITIES

In 1949 Dr. Branch gave full support and consent in opening the first Occupational Therapy department at the County Hospital. Mrs. Jean Korner, therapist, stated:

> It meant beginning from scratch, with many problems to be surmounted. There was a lack of knowledge about Occupational Therapy. The interns were completely oblivious to what it was or how it was used, or of its value and purposes. They did not know how to write out prescriptions. Much indoctrination was needed. Nurses required instruction. Requisitions met the wastebasket. The officials could not be interested in the program. There was little material, such as media and/or equipment, on hand. [50]

As therapist, Mrs. Korner used the approach of activity in teaching student doctors and nurses about the new department. Arts, crafts, activities, sports, scheduled evening activities, and various

---

48 Deseret News, Ronda Walker, County Hospital Will Have New Mental Section, December 15, 1945. Mrs. Jean Korner, Personal interview with author, March, 1957.

49 Mrs. Jean Korner, Personal interview with author, March, 1957.

50 Ibid, March, 1957.

entertainments were provided by outside organizations, leagues, and auxiliary organizations in the form of bingo, song fests, movies, and demonstrations of arts and crafts. There were individual and group therapy sessions. Occupational Therapy expanded its services and included both the 'open' and 'closed' ward patients. The hospital itself was enlarged and became a Class 'A' medical institution serving the University of Utah medical college. [51] The Social Service department correlated with the Occupational Therapy in case study needs, home background aid, and problem solving.

Controversies arose as to hospital managerships which affected all departments in the hospital, and hindered Occupational Therapy. A survey was undertaken and deficiencies revealed needs for equipment, buildings, and personnel shortages in all departments. At this time the University of Utah Medical Department, College of Medicine, made plans for a University of Utah Medical Center [52] to include a rehabilitation program and Occupational Therapy treatment. The Occupational Therapy Rehabilitation department was established, and the psychiatric division maintained the original Occupational Therapy program.

c. THERAPISTS

Mrs. Jean Tomlinson Korner was the first registered therapist at the Salt Lake County Hospital. [53] She worked part-time until 1949, when

---

51 Mr. Packard, Salt Lake Tribune, Feature Writer, Salt Lake General Hospital Finishing Renovation, June 2, 1954.

52 Mr. Packard, Salt Lake Tribune, Report Pushes 'Base Hospital' Trend, December 7, 1954.

53 Mrs. Jean Korner, Personal interview with author, 1957.

Dr. Hardin Branch gave full support to a complete full-day Occupational Therapy plan. Trained therapists were difficult to secure. Dr. Branch encouraged short-term training for aides. Miss Shirley Budd, a Social Worker, became the first Occupational Therapy Aide under Mrs. Korner's supervision, and from 1953 to 1956 Miss Budd managed the department. In 1956 Betty Pflugger became the first Rehabilitation Therapist, and Mrs. Betty McRae continued as Occupational Therapist of the psychiatric division. [54]

5. PROVO STATE HOSPITAL OCCUPATIONAL THERAPY AND REHABILITATION DEPARTMENT

a. OCCUPATIONAL THERAPY ACTIVITIES

Utah State Hospital's Occupational Therapy department had its adversities during and after the war period (1940's). Needlecraft classes were again introduced in much the same manner as prior to World War II, being one of the chief activities for women.. The department was put on a prescription basis in 1952, and the clinic consisted of a woodwork shop, beauty shop, library, needlecraft shop and an office.

A period of expansion began in 1954. The library was opened from 8:00 A.M. to 4:00 P.M., Monday through Friday. Books were distributed in the wards; the beauty shop gave permanents by a licensed full-time operator, priced at $1.50 for those who could pay; and Occupational Therapy classes were held during the day rather than at night. The various divisions were combined to form a Rehabilitation department.

---

54 Occupational Therapy Yearbook Register, National Occupational Therapy Association, N.Y., 1956.

Instruction included former classes plus leather craft, ceramics, lapidary, photography, painting, and a print shop. Milton Fisher, therapist, established the first patient newspaper called 'The Indicator', and patients were given full freedom as the printing staff with only an advisory board to aid. All hospital forms and publications were printed in the print shop. The first mixed group work was begun, and a year later the male maximum security ward was allowed to participate in classes held in the shop in connection with the psychology department. [55]

In January, 1956, the Industrial Therapy department was formed and for the first time patients were working where they would benefit therapeutically from the type of work assigned them. This new department also acted as an employment service, where patients were able to voice their opinion as to a job, work and ask for a transfer. By June, 1956, Occupational Therapy classes were held for medical and surgical wards one day a week for one and one-half hours coordinated with the psychology department. Functional Occupational Therapy was reorganized by Mrs. Yvonne Westwood, August, 1957. [56]

Both Dr.s William and Ida Hill (psychologists at State Hospital) voiced desires for an Occupational Therapy school in Utah. They would give support to such a program on behalf of the State Hospital. [57] Another Occupational Therapy area was planned and the program continued to grow, but therapists and personnel were impossible to secure.

---

55 Miss Miyeko Harada, Director Industrial Department, Utah State Hospital, Personal correspondence with author, August, 1957.

56 Ibid, p. 2.

57 Ibid, p. 3.

b. THERAPISTS

Miss Dorothy Ericson was the first Occupational Therapist Registered on record at the State Hospital (1952). Miss Irene Erickson became director of Occupational Therapy until 1954. Other therapists included: Milton Fisher, Art Goldberg (the first Rehabilitation director), and Mrs. Yvonne Westwood. Miss Miyeko Harada, a registered Occupational Therapist, became the first Industrial Therapy director in March, 1956. [58]

6. SHRINERS HOSPITAL

The Shriners Hospital for children stands on a hill above Salt Lake City in home-like surroundings and is:

> A spiritual as well as a physical sanctuary, planned and designed for the fullest possible rehabilitation of the crippled child. A hospital, a school, and a home under one roof. [59]

The hospital is sponsored by the Intermountain Unit of the 'Nobles of the Mystic Shrine'.

a. BUILDING AND PATIENTS

The hospital site was chosen May 3, 1947; the cornerstone laid April, 1949, and the building completed May 26, 1951.

Infants and children under the age of 14 years were admitted to the hospital. Occupational Therapy and all allied professional services were provided. Over 3,000 patients had been treated at the hospital

---

58 Occupational Therapy Yearbook Register, National Occupational Therapy Association, N.Y., 1956.

59 Shriners, Intermountain Unit, a Brochure, 1954. Shriners Hospital Units, Chicago, Illinois, pp. 1, 7.

since its opening up to the middle of 1957. The patient capacity of the hospital averaged 50 to 60 occupants.

b. OCCUPATIONAL THERAPY TREATMENT AND ACTIVITIES

Therapeutic improvisions and individualistic treatment plans gave Occupational Therapy an important place in the lives of the children at Shriners Hospital.

> Recreation facilities and Occupational Therapy for both indoor and outdoor activities, toys, games, hobbies and handicrafts for the older patients were offered. Physical Therapy worked in close harmony with the Occupational Therapy department in caring for muscle restoration and re-education of defective muscles.[60] (See pp. of Chapter I for the correlated program of Physical and Occupational Therapies.)

These needs were utilized in ceramics, self-help activities, and acts of daily living, sewing, knitting, drawing, and other varied activities for purposeful muscle functioning.

The program expanded, new additions and classes in Occupational Therapy, such as amputee, brace, and splint demonstration-instructions, were given to add to the hospital's progress and efficiency of the Occupational Therapy department.

The State's only clinical affiliation is located at Shriners. Six or more students gain internship training at the hospital each year.

c. THERAPISTS

Miss Alice Miller, a registered Occupational Therapist, opened the Occupational Therapy department at Shriners Hospital in 1951.[61]

---

60 Shriners, Intermountain Unit, a Brochure, 1954. Shriners Hospital Units, Chicago, Illinois, pp. 5, 6, 7.

61 Occupational Therapy Yearbook Register, National Occupational Therapy Association, N.Y., 1956.

7. VETERANS ADMINISTRATION COMBINED OCCUPATIONAL THERAPY

The Veterans Administration was established in Utah in 1932. Since 1946, Veterans have had a continual Occupational Therapy department. The original department was opened at Veterans Hospital, Twelfth Avenue, Salt Lake City, Utah. [62] Changes in equipment and growth, additions, space enlargements, and coordinating divisions pointed to growth.

Military Services in Washington, D. C., stressed the value of the Occupational Therapy program for mental illnesses and/or sick or handicapped patients. Through various research programs and studies, it has broadened, vitalized and propagated Occupational Therapy throughout the country. Top ranking Occupational Therapy officials, such as Colonel Ruth Robison (president of the National Association), Captain Maryelle Dodds, Major Beatrice Whitcomb, and Major Myra McDaniel, came from military ranks to the National Organization. [63]

Ft. Douglas Veterans Administration Occupational Therapy maintained an expanded and elaborate program in Utah. In 1957 seven of the State's 16 active, registered therapists comprised its cooperative staff. Four main medical fields were represented: (a) neurological, (b) psychiatric, (c) geriatric, and (d) tuberculosis. These fields were housed in different buildings, but were combined under one hospital Occupational Therapy Chief of Sections, Miss Betty White. Her assistant chief was Frank Jackson.

---

62 Mrs. Winifred Carey, Personal correspondence with author, 1957.

63 American Occupational Therapy Association, American Journal of Occupational Therapy, Vol. IX No. 1, 1955, p. 10; Vol XI No. 2, Part 1, 1957; Vol X No. 6, 1956, p. 288; Vol IX No. 2, 1955, p. 63.

a. TWELFTH AVENUE VETERANS HOSPITAL OCCUPATIONAL THERAPY DEPARTMENT

(1) OCCUPATIONAL THERAPY TREATMENT AND ACTIVITIES

The Occupational Therapy program of 1946 was new at Twelfth Avenue Veterans Hospital, but its activity was welcomed by the long-term patients.

> Shop patients were contacted daily, bed patients were seen three times a week. Referral slips for new patients interested in Occupational Therapy were left at the doctor's office for: (a) his permission for patients to attend the clinic, (b) the diagnosis, and (c) needed precautions.
>
> Volunteer services were available daily at the hospital. They helped with copying, designs, warping looms, lining woven bags (made by the patients), and preparing parachute silk for additional use. Some aided in sewing and cutting out patterns. [64]

"There were only two Occupational Therapy departments in the State that hired registered therapists in 1951," stated Frank Jackson, who was also on record in 1957 as being the 'first' known male president of a newly organized State Occupational Therapy Association. [65]

Activities at Twelfth Avenue Occupational Therapy department under Frank Jackson's directorship were recorded in an article printed in the Deseret News, Salt Lake City, Utah, which indicated his thorough understanding of the profession and his insight and ingenuity in fashioning adaptive equipment.

> He teaches patients new skills with respect to their disability, helping to restore broken bodies to usefulness; skills that the

---

64 Mrs. Winifred Carey, Personal correspondence with author, 1957, p. 2, 3.

65 Mr. Frank Jackson, Personal interview with author, 1957. (Verification as far as is known and possible from National Occupational Therapy Association, New York, N.Y.)

patient can turn into a source of income-production upon being released from the hospital are given. [66]

Duties of a director were varied and consisted of patient treatments, special indoctrination instruction, courses for volunteers, tours throughout the clinic, explanations of the objectives and purposes of Occupational Therapy and of the equipment. [67]

In 1957 the Twelfth Avenue department consolidated with the Ft. Douglas Occupational Therapy to become the Combined Veterans Administration Occupational Therapy program.

(2) THERAPISTS

The first registered therapist at Veterans Twelfth Avenue Hospital was Miss Janice Brown (1946). Mrs. Maxine Hicox Ware, Winifred Carey, and Frank Jackson followed in successive order. All were registered therapists. [68]

b. FT. DOUGLAS VETERANS ADMINISTRATION

The modern Ft. Douglas Administration Hospital was dedicated September 14, 1952. Its purpose was to rehabilitate patients on a more sound basis, to train physicians, to serve as an affiliated hospital, and as a research laboratory to aid the medical and psychological fields.

---

66 The Deseret News, Ronda Walker's File, Turning Back Time in Fight to Restore Damaged Muscles, Deseret News Printing, Salt Lake City, Utah, April 7, 1955.

67 Mrs. Winifred Carey, Personal correspondence with author, 1957.

68 Occupational Therapy Yearbook Register, National Occupational Therapy Association, N.Y., 1956.

It was one of thirteen centers and services offered by the Veterans Administration in Utah, Wyoming, Colorado and New Mexico. [69]

(1) BUILDINGS, EQUIPMENT, PATIENTS

Originally, the Occupational Therapy department was merely designated areas, namely, T.B. Clinic area, Male Neuropsychiatric area, and Female Neuropsychiatric area. Within four short years the Occupational Therapy program at Ft. Douglas expanded to include the following completely equipped areas: (a) weaving, with looms of varied kinds and sizes; (b) pottery-ceramic center, with kiln, potter's wheel and necessities; (c) a woodworking clinic, with tools for all forms of woodworking; (d) a metal clinic; (e) a jewelry and lapidary clinic; (f) sewing and general crafts; and (g) an art and painting corner.

The first patients were admitted September, 1952, and totaled approximately 30 in number.

> These were transferred from an older hospital as chronic, long-term treatment cases. They had all been exposed to Occupational Therapy for a number of years. ...The original 56 patients at the end of 1952 increased to over 250 the second year. [70]

(2) OCCUPATIONAL THERAPY TREATMENT AND ACTIVITIES

The first Occupational Therapy treatment program was given at Ft. Douglas on the ward for the first month, and later it was transferred to the Occupational Therapy clinic.

---

69 Salt Lake Tribune, A Physician's Dream, September 7, 1952, pp. 1, 3. Special Feature Section, A Tour of Veterans Administration Hospital in Picture, pp. M3, 46, September 15, 1952.

70 Miss Betty White, Personal interview and correspondence, 1957.

Ferel Mitchel, therapist, initated the therapeutic program of toy-making activities for a Christmas project in the State's only geriatric Occupational Therapy type of program. [71] It was so successful that the project became a yearly event. The Veteran's Service Commission program 'Group 85' donated stationery and leather for the Occupational Therapy leather clinic. [72] The Ladies Auxiliary League donated the State's first 45 inch Harold Loom for the weaving clinic. [73] Lee Bowles, Occupational Therapist, improvised an activity for patients who had been exposed to Occupational Therapy over long periods of time, and who required realistic, yet varied activities. These patients fashioned what they termed a 'Boltswagon' which was a piece of engineering made from plastics and other media. [74]

(2) THERAPISTS

Miss Betty White, a Registered Occupational Therapist Director, came to Utah from Texas, July, 1952, [75] prior to the dedication of the hospital at Ft. Douglas. Her work and endeavors are part of Utah's Occupational Therapy, and much of its success in the State can be attributed to her continuity in seeking higher goals. Miss White added

---

71 Deseret News, Patients at Veternas Administration Hospital Make Toys for Children, Salt Lake City, Utah, December 19, 1956, p. 12B.

72 Elks Bulletin, Veteran's Service Commission Program, Vol. 39, No. 3, 1953, p. 8.

73 Salt Lake Tribune, Exercise Plus Product, Loom Fills Twin Role at Vets Hospital, Salt Lake City, Utah, November 3, 1956.

74 Miss Betty White, Personal correspondence with author, 1957.

prestige to the profession with an organized analysis of problems from the human viewpoint as well as the statistical.

It was difficult to find trained and accredited Occupational Therapists when the Ft. Douglas Hospital opened, and in 1953, four members comprised the Occupational Therapy staff. This was increased to seven by December of that same year. Two aides also joined the staff. Up to 1957 there had been 13 registered therapists and the usual two aides, some of whom were: Frank Jackson, Ferel Mitchell, Joyce Rube, Lee Bowles, Betty Jensen, Boyd Johnson, Willa Mae Crick, Janet Richardson, Job O'Leary, and Kathryn Curran, all registered therapists.[76]

The combined efforts of the Twelfth Avenue and the Ft. Douglas Veterans Administration Occupational Therapy divisions comprised the outstanding department of its kind in Utah. Clinical affiliations, if there was a school in the State to draw from, would find excellent training in such an organization. The ever-progressing policy, enthusiastic staff and the encouragement from their Chief Therapist have won the rightfully designated title of the State's most elaborate and efficient Occupational Therapy department.

8. UTAH STATE OCCUPATIONAL THERAPY ORGANIZATION

Unity was a prerequisite among the Occupational Therapists in Utah in order for an organization to function. A few therapists resolved to band the Occupational Therapists into a State Association. Initial steps were begun in the Fall of 1952 with discussion groups.

---

76 Occupational Therapy Yearbook Register, National Occupational Therapy Association, N.Y., 1956; Miss Betty White, Personal correspondence with author, 1957.

The first formal step, that of requesting procedures from the Director of American Occupational Therapy Association, was made November 19, 1952. These procedures consisted of a constitution guide and the Handbook for Delegates.

A constitution committee composed of Jean Korner, Joyce Andrews, Ferel Mitchell, Ann Brann, Betty A. Jensen and Betty White met to frame a Utah constitution.

The immediate basic groundwork was launched at a formal meeting held in 1953 at 1248 Foothill Drive, Salt Lake City, Utah. A nominating committee was chosen consisting of Lew Bowles, Joyce Andrews and Betty White. The following officers were nominated to officiate for the group as an acting executive committee to handle Occupational Therapy business and problems until the final initial association officers could be elected. [77]

Frank Jackson	President
Betty White	Vice-President
Ann Brann	Secretary
Lee Bowles	Treasurer
Joyce Andrews	Delegate
Betty White	Alternate Delegate [78]

It was difficult to get the group together and a struggle to keep enthusiasm and interest alive. Closer organization, worthwhile meetings and stronger leadership helped to solve interest and enthusiasm requirements. Standing committees were founded and problems of: (a) dues, (b) invitations to associate members, (c) type and number of meetings,

---

77 National Office of Occupational Therapy Association, New York, N.Y., Correspondence, 1957.

78 Deseret News, Ronda Walker's File, (Occupational Therapy), Salt Lake City, Utah.

(d) financing a delegate to the National conference, (e) professional training needed for all therapists, (f) scholarship funds, (g) recruitments, and (h) organization printing and letterhead; as well as projects that required investigation, sanction and/or action, were advanced at initial meetings and decisions passed concerning them.

Approximately four meetings were scheduled and held each year before the definite organization was completed. This number of meetings was later increased to six, with May being the annual business meeting. [79]

Miss White had had some previous experience in another state concerning formation of a constitution, so much of this work fell upon her shouldres. A therapist described such efforts in the following:

> Betty White wrote and fashioned the constitution for the organization. She worked hard to get it completed and approved, to educate the group and others as to what Occupational Therapy really was, what it signifies to the therapist, and future values. [80]

The constitution committee held several meetings. A year later, the first draft was submitted to the National Office for approval. Due to delay caused by a change in National Officers and necessary corrections on the constitution proper, it was May 6, 1954, when the Utah membership ratified that document. The constitution was resubmitted and came back for final corrections and typing before going to the National Conference for formal application, where the House of Delegates voted for Utah's formal admission into the National Occupational Therapy Association on the 17th of October, 1954.

---

79 National Organization records, New York City, N.Y., and Miss Betty White's personal file, Salt Lake City, Utah.

80 Janet Richardson, Personal interview with the author, 1957.

Initial officers of the first Utah Occupational Therapy Association were elected and consisted of the original executive committee officers. The charter members, when organized, were composed of the following therapists (placed in alphabetical order):

Joyce Andrews	Betty Ann Jensen
Lee Bowles	Boyd Johnson
Ann Walter Brann	Alice Miller
Winifred Carey	Ferel Mitchel
Willa Mae Crick	Janet Richardson
Elise Davies	Carolyn Thome
Art Goldberg	Betty White
Frank Jackson	

From the above membership the following standing committees were chosen:

Program:	Betty White, Chairman Ann Brann Frank Jackson
Membership:	Alice Miller, Chairman Ferel Mitchel Betty Ann Jensen
Publicity:	Joyce Andrews, Chairman Willa Mae Crick Boyd Johnson
Recruitment:	Carolyn Thome, Chairman Art Goldberg [81]

There were disappointments and discouragement; however, the organization grew and its membership was increased from the original 15 to 21 known therapists in the State in 1957. The second election was held in May, 1957, and the following officers were chosen:

---

81 National Occupational Therapy Association Office, Letter to Betty White, Author of the Utah Occupational Therapy Association Constitution, 1954.

President	Joyce Andrews
Vice-President	Alice Miller
Secretary	Betty Pfluger
Treasurer	Betty White
Delegate	Willa Mae Crick
Alternate	Betty McRae [82]

The Utah Occupational Therapy Association had grown in membership and in recognition. Meetings were improved in interest and accomplishments for the good of the membership, attendance steadily increased, and needs for future enlargement within the State were recognized and promoted. Committees were measuring up to their duties. Recruitment programs were being established and greater public interest for the organization was manifested. Occupational Therapy could succeed in Utah only as the need for more efficient training possibilities and statewide recognition of this need was accepted and acted upon by those in positions to do so.

---

82 Verification, President of Utah Occupational Therapy Association, Joyce Andrews, 1957.

CHAPTER III

ARRANGEMENT OF EVIDENCES OF NEEDS FOR AN OCCUPATIONAL THERAPY SCHOOL IN UTAH

A. IS AN OCCUPATIONAL THERAPY SCHOOL NEEDED TO TRAIN AND MAINTAIN THERAPISTS

1. Is There a Need for Therapists in the United States

There were 5,200 registered Occupational Therapists in the United States in 1957 with a projected need for 8,000 more in 1958. [1] Not all of the 5,200 therapists were active or practicing. The Sub-Committee on Personnel, Health Research Department, Defense Mobilization, made studies concerning shortages, and Helen S. Willard, Registered Occupational Therapist representing the National Occupational Organization at the 'White House Conventions', stated:

> The 1954 report revealed 3,500 practicing Occupational Therapists in the United States with a projected need for 8,500 therapists, a shortage of 5,000. In 1956 there was a supply of 3,900 therapists and a projected need for 10,500, a shortage of 6,600. The gap between supply and demand for personnel in this field is steadily widening. The estimated need for Occupational Therapists in the next five years will be three times greater than the number practicing today. [2]

---

1 Marjorie Fish, Executive Director, Annual Report of American Occupational Therapy Association to American Medical Association, AJOT, Vol. X, I, 1957, p. 28.

2 Helen S. Willard, Committee, Reporter for NATO Sub-Committee on Paramedical Personnel, Health Research Office of Defense Mobilization, N.Y., AJOT, X 2, Pt. 1, 1956, p. 58.

AMERICAN OCCUPATIONAL THERAPY ASSOCIATION
PRESENT THERAPISTS, NEEDS and SHORTAGES

Year	Practicing Therapists	Needs	Shortages
1954	3,500	8,540	5,040
1956	3,900	10,500	6,600
1957 (a)	3,700	11,100	7,400
1962 (b)	5,500	15,600	10,100

Note: (a) See Appendix, p. 151, for Table II relative to shortages of registered therapists.

(b) These figures were approximations using Miss Willards figures from the report quoted on p. 68, "three times greater than the number practicing today".

Projected Need

Using the above figure (3,700) stated by the National Occupational Therapy Association in 1957, a need for 11,100 therapists was established. The United States Office of Defense Mobilization and Health gave the figure of 3,900 practicing therapists for that same year, which would extend the projected need to 11,700 therapists. Using the 1957 figure of 5,200 registered therapists and a projected need of 13,000, a shortage of 8,000 therapists existed. A difference between present therapists, registered therapists, and the need for therapists, plus increasing shortages each year, gave evidence that a shortage of therapists existed in the United States.

2. Utah's Shortage of Therapists

Number and Shortages

A shortage of Occupational Therapists in Utah was indicated by relationship of numbers of therapists and population to number of patients treated and therapist availability. In 1950 the population of Utah was 688,862. The 1957 census reported 830,000 population, or an increase of 140,000 to 150,000 people in seven years. The number of people requiring a hospital's treatment program increased with the influx of population. There were 39 hospitals in the State in 1956 with a total of 271,864 patients and 21 known Occupational Therapists to service them. [3] (Noncertified, nonregistered therapists were included in the 21.) Seven therapists were hired for one hospital; four therapists were inactive; two therapists were nonregistered; and the remaining nine therapists were to supply Occupational Therapy for the clinics, centers, and hospitals in the State.

From the questionnaires returned (see p. 163 of the Appendix) the following responses indicated 'needs' for more therapists.

Percent	Reported
35	'Needs' for therapists
28	'Shortage of therapists'
76 (all sources)	'Needs for therapists'
68 (all sources)	'Could use more therapists'

(See Table III, p. 71, Questionnaire Reports 'Needs' for Therapists.)

---

3 Kenneth E. Knapp, President Utah State Hospital Association, Hospital Group Cite Utah Personnel Lack, Deseret News, Salt Lake City, Utah, May 10, 1957.

TABLE III

NEEDS AND SUPPORT FOR MORE THERAPISTS

Area	Name	Therapists: Reg. therapists	Therapists: Need More	Therapists: Use More	School: Support School	School: Desire Affiliants
Utah	O.T.'s	14	12	10	16	7) a
	Hospitals	12	11	12	11	13) a
	Dist. Nurses	-	9	6	7 unkn	5
	Nurses Sampling	-	10	9	9	-
Intermountain States						
	State Rehabilitation	5	6	7	7	-
	State Health	36	7	5	6 unkn	5
		67	55	49	56	31

Note: a. A duplication might have been possible since Occupational Therapists were serving in Occupational Therapy departments within the hospitals.

UTAH'S NEEDS FOR MORE THERAPISTS AND SHORTAGES

Who	Numbers: Responses	Needs	Unkn	Shortage	Unkn
O.T.'s	19	11	-	10	-
Hospitals	14	6	4	5	3
Dist. Nurses	10	2	2	-	4
Random Sample of Nurses	12	-	-	-	-
	55	19	6	15	7

Note: Reg. = registered
Unkn. = unknown
O.T.'s = Occupational Therapists
Unknown indicates needs for orientation and education to inform Utah's public as well as many professional groups concerning Occupational Therapy.

In relation to Western Intermountain States that sponsor a school, Utah's therapist-quota was below average. Utah had 16 registered therapists and seven 'others'; California reported 199 full-time active therapists, and 75 'others'; Colorado reported 48 registered full-time therapists with 26 'others'; and the State of Washington reported 31 full-time registered therapists with 18 'others'. ('Others' for this study applied to clinical affiliates, trained aides, or certified therapists awaiting the registration examination.)

TABLE IV

MEDICAL SOCIAL WORKERS, OCCUPATIONAL THERAPISTS, PHYSICAL THERAPISTS, AND EMPLOYMENT-HOSPITAL COORDINATORS IN THE UNITED STATES - 1956-57

State	Area	Population 1956	Hospitals No. Rep.	Hospitals Beds	School
California	156,803	12,554,000	106	84,601	3
Colorado	103,967	1,499,000	27	12,741	1
Washington	66,977	2,531,000	23	14,053	1

	Occupational Therapists			
		Others		
	Reg.	P.T.	F.T.	P.T.
California	199	13	73	23
Colorado	48	4	26	4
Washington	31	3	18	0

Note: Reg. = registered
F.T. = full time
P.T. = part time
No. Rep. = number of accredited hospitals reporting. Not all hospitals sent a report to American Hospital Association.
California, Colorado, and Washington have schools of Occupational Therapy and clinical affiliations within each state. To have included these states in the various relationships would not have given a true picture of the Intermountain States as a shole. These three states have 396 full-time therapists, more than all the other Intermountain States combined. (See Table V p. 15a of the Appendix.)

Therapists Length of Stay in Utah

Most of the Occupational Therapists active in Utah at the time of this study indicated they attended the school nearest to: (a) the region where they lived, (b) a desired work location, and (c) medical facilities and availabilities the school would offer. (See Table VI, p. 74, Home State and School Attended by Utah Therapists.)

The average length of stay of Occupational Therapists in Utah was found to be two years. [4] The intervening years wherein therapists were not active at a hospital, center, or clinic, decreased the average.

AVERAGE LENGTH OF STAY OF THERAPISTS IN UTAH - 1935 to 1957

	Prior to 1943	Less than 1 yr.	Year's Service									
			1	2	3	4	5	6	7	8	9	10
Therapists	4	8	10	15	6	5	0	2	0	1	0	0

Utahn's Out of State Training

Utahn's desiring Occupational Therapy training were forced to leave the State to train in the Eastern or Western sections of the United States where schools were located. These therapists seldom returned, according to the questionnaire responses. Five student therapists from Utah attending one of the 'nearer' schools of Occupational Therapy secured positions in other states. A canvass of the present seven Occupational Therapy departments in Utah revealed that only two Utahn's were actively engaged in their profession in the State

4 National Occupational Therapy Yearbook Register, American Occupational Therapy Association, N.Y., 1956. (Note: The entire book was carefully searched for any and all therapists active at any time in any of Utah's departments.)

TABLE VI

THERAPISTS IN UTAH - HOME STATE AND SCHOOL ATTENDED

	School Attended										
Home State	San Jose, Calif	Texas	Colorado A & M.	Kansas	Mills college	University of So. California	North Dakota	Ohio	Philadelphia	Puget Sound	Mills Donner
California	No school given										
Colorado	x										
Colorado			x								
Colorado				x							
Idaho	Nonregistered, noncertified										
Montana			x								
No. Dakota							x				
Oklahoma								x			
Oregon										x	
Texas		x									
Texas	x										
Utah					x						
Utah						x					
Utah	x										
Utah						x					
Wisconsin									x		
Wisconsin											x
New Mexico				x							
Totals	3	1	2	2	1	2	1	1	1	1	1

Note: The state each therapist came from and the school attended would indicate the student interested in Occupational Therapy training attended a school near his home town, where he desired work, or where he had access to a medical center.

of Utah. Out-of-State therapists were sought to supply the demands of Utah's Occupational Therapy departments.

Dr. Chester B. Powell, neurosurgeon, indicated:

> There is a shortage of therapists in this State. We have enough chronic hospital cases within Utah to warrant the establishment of a school. We could use more trained therapists here. 5

In summarizing: with a need for 8,000 more Occupational Therapists (see p. of Appendix, Table II) in the United States and only 600 graduating from the present 29 schools, a shortage of therapists existed. Without a school in the area, Utah must depend upon outside sources to supply her demands. A definite uncertainty concerning this profession in questionnaire responses denoted needs for schools to minimize these shortages and for a better informed public in the field of Occupational Therapy. The following section offers findings that a 'need' exists in Utah to supply the demands for Occupational Therapists and departments.

B. IS A SCHOOL NEEDED TO SUPPLY DEMANDS FOR THERAPISTS?

Because Occupational Therapy is a medical and psychological profession and a team member with other paramedical professions in treatment of the ill and handicapped, definite instruction and training at an authorized, approved university is essential. Number I of Organization of Essentials for an Acceptable Occupational Therapy School states:

> Occupational Therapy schools should be established only in medical schools approved by the Council on Medical Education and Hospitals, or in colleges or universities affiliated with acceptable hospitals accredited by the American Association of

---

5 Dr. Chester B. Powell, Neurosurgeon in Utah, Comments from personal interview, 1957.

Accredited Universities, or the respective regional Association of College and Secondary Schools. [6]

The National Foundation for Infantile Paralysis conducted a series of conferences and research in 1952 concerning the demand for personnel. They interpreted the problem and agreed that:

> The needs for personnel could be met only by increasing the number of students in existing schools and eventually increasing the number of schools. This goal could be reached by provision for additional scholarships for students and direct financial aid to the schools themselves. [7]

The length of time required to become an Occupational Therapist and the type of individualized laboratory training necessary limited the number of students admitted to one of the presently established Occupational Therapy schools. The American Occupational Therapy Association stated:

> The number of students admitted to the training course should be limited by the facilities of the school. In practical work of a laboratory nature, the number of students who can be adequately supervised by a single instructor is, in general experience, about fifteen. This number may be larger in lecture work. A close personal contact between students and members of the teaching staff is essential. [8]

To further substantiate that the demand for therapists exceeded the supply of graduates, Mary Switzer and Howard Rusk wrote:

> Numbers have increased by ten times since before World War II, but the supply falls far short of meeting the needs for physical, occupational, speech-hearing therapists... Many medical schools

---

6 American Medical Journal, A.M.A., Essentials of an Acceptable School of Occupational Therapy, Reprint, 1949, VII Prerequisites for Admission, VIII Curriculum, pp. 2, 3.

7 Henry Redkey, Mobilization and Health Manpower 1956, AJOT, XI, 1, 1957, p. 58.

8 American Medical Journal, A.M.A., Essentials of an Acceptable School of Occupational Therapy, Reprint, 1949, Prerequisites for Admission, V, Administration, p. 2, No. 12, 13.

are providing such training at both the undergraduate and post-graduate levels. 9

1. Occupational Therapy Schools in United States

There were only 29 accredited and approved schools in the United States up to 1957; one school was on probation for approval, so it is not included in the 29. Five of these schools were in the Western United States, and four of them on the extreme Pacific coast. The Intermountain States were void of schools to train therapists. (See Figure 1, p. 78 , a map entitled "At-A-Glance Distribution of Occupational Therapy Schools in United States." The map indicates a lack of schools in the Western States.) Only two of the 29 schools offered Master's Degrees (Columbia University, New York, and University of Southern California) prior to 1958. San Jose State University (San Jose, California) and Michigan's University (Kalamazoo) added the Master's Degree in Occupational Therapy in 1958.

Training Required

Training for an Occupational Therapist required five years beyond the high school graduation. A minimum of 100 weeks was necessary, plus 64 weeks of theoretical and technical instruction (12 or more months of hospital internship) and a minimum of 25 hours of technical internship. Background training in the sciences, with both major and minor craft skills, must be mastered with application and instruction in all five major medical fields. Specialties in any one of these

---

9 Mary E. Switzer and Howard R. Rusk, Doing Something for the Disabled, National Rehabilitation Association, Washington, D.C., Public Affairs Brochure, No. 197, 1953, pp. 22, 23.

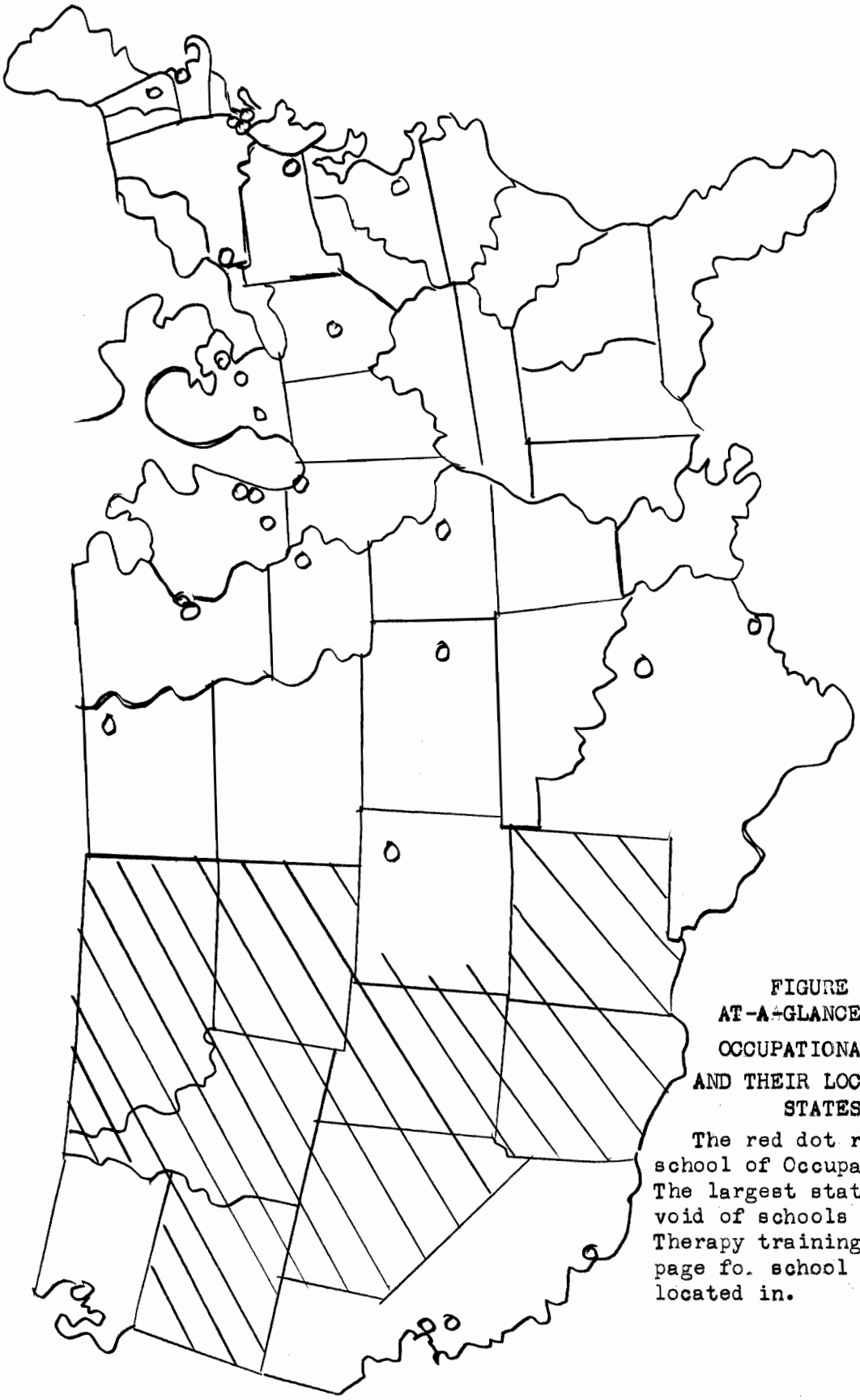


FIGURE I
AT-A-GLANCE-DISTRIBUTION

OCCUPATIONAL THERAPY SCHOOLS AND THEIR LOCATION IN UNITED STATES

The red dot represents a school of Occupational Therapy. The largest states and areas are void of schools for Occupational Therapy training. See opposite page fo. school and state it is located in.

PRESENT LOCATION OF OCCUPATIONAL THERAPY SCHOOLS IN AMERICA

	City and State	School
1.	Boston, Massachusetts	Tufts College.
2.	Milwaukee, Wisconsin	Mills Downer.
3.	Philadelphia, Pennsylvania	University of Pennsylvania.
4.	St. Louis, Missouri	Washington University.
5.	Kalamazoo, Michigan	Western Mich. College of Ed.
6.	New York, N.Y.	Columbia University .
7.	Chicago, Illinois	University of Illinoise .
8.	Lawrence, Kansas	University of Kansas .
9.	Ypsilanti, Michigan	Eastern State College .
10.	Oakland, California	Mills College .
11.	Minneapolis, Minnesota	University of Minnesota.
12.	Milwaukee, Wisconsin	Mount Mary College .
13.	Durham, New Hampshire	New Hampshire University .
14.	New York, New York	University of New York.
15.	Columbus, Ohio	Ohio State University.
16.	Tacoma, Washington	Puget Sound University.
17	Richmond, Virginia	William and Mary's College.
18	St. Paul Minnesota	St. Catherine College.
19.	San Jose, California	San Jose State College .
20.	Los Angeles, California	University of Southern Calif.
21.	Denton, Texas	Texas State College .
22.	Madison, Wisconsin	Wisconsin University .
23.	Ft. Collins, Colorado	Colorado A. & M.
24.	Iowa City, Iowa	Iowa State University .
25.	Detroit, Michigan	Wayne University.
26.	Galveston, Texas	Texas University Medical Branch.
27.	Buffalo, New York	University of Buffalo.
28.	Grank Forks, North Dakota	University of North Dakota
29.	Porto Rico,	Porto Rico School of Physics and Occupational Therapy
30.	Indianapolis, Indiana	University of Indiana

Note: The first five schools were the first original ones, and are still in operation. The one in Boston is much the same as when first established. University of Indiana is probationary, North Dakota was fully accepted. There were eight Occupational Therapy schools throughout various countries of the world. Only those in the United States appear on the map and only nine were West of the Mississippi River.

fields would require added training. A short-term course, called 'Advanced Standing', was offered to students having a B.S. or B.A. Degree, to lessen therapists shortages. Such a course required one and one-half (minimum) to two and one-half years beyond the university or college B.A. or B.S. Degree, if that subject matter included necessary requisites and was accepted by the Occupational Therapy school. All other college entrance requirements must be met and accepted, plus personality, character, and aptitude screening tests applicable to this profession. [10]

School Attendance-Enrollment in the United States

National attendance and enrollment showed a decrease in the number of therapists that may graduate over a four-year period from entrance to graduation, and that schools were not able to graduate therapists at a rapid enough rate to supply the demands. The National Occupational Therapy Association gave 3,500 students as the current capacity of approved schools in 1957, and an enrollment for 1955-1956 of 2,600, showing a 900 student increase in attendance. Using the 1957 data, the student-attendance averages were assembled. [11]

---

10 American Medical Journal, A.M.A., Essentials of an Acceptable School of Occupational Therapy, Reprint, 1949, VII Prerequisites for Admission, VIII Curriculum, p. 2.

11 National American Occupational Therapy Association, Occupational Therapy Schools Enrollment Data, June, 1957, Correspondence with Occupational Therapy Association's Home Office, N.Y.

SCHOOL ENROLLMENT AND AVERAGES

Enrollment	Average Per School
2,600	90 O.T.Students
2,289 Spring	79 do
2,491 Fall	85.9 do
202 Dropped Out	
(9 months)	7 do
(5 years)	35 do

Averages per school were compiled from the 'American Occupational Therapy Association Enrollment and Attendance Data', June, 1957, and contained these figures: (See Table VIII, p. in Appendix.) [12]

Gradutes

GRADUATE DATA AND AVERAGES

	Average Per School
500 to 600 graduate (yearly)	17 O.T.[(a)] Students
2,289 Total attendance	79 do
412 Seniors	14 do
201 Advanced Standing	6 do
Number of possible Graduates	20 do

Note: O.T. = Occupational Therapy

The Spring enrollment decreased 6.9 points from the Fall average enrollment, which reduced the number who might graduate. If an average of 79 were trained in the 29 schools offering training, and 20 were graduated each semester, a national shortage would still exist. (See Table VII, p. 153, and Table VIII, p. 154, of the Appendix.)

---

12 American Occupational Therapy Association, Occupational Therapy Schools Enrollment Data, June, 1957, Correspondence with Occupational Therapy Association Home Office, N.Y.

TABLE IX

AVERAGES PER OCCUPATIONAL THERAPY SCHOOLS
STUDENT-ATTENDANCE RELATIONSHIPS
FALL 1954 - APRING 1957

Year	Degree Course					Adv. Stand.		Graduate	
	Fall	Spring	Fall	Spring	Clinic	Academ.	Clinic	Md.	Males
Fall 1954	18.6	18.2	15.8	16.5	15.3	8.6	10.4	4.5	5.3
Spring 1957	16.6	16.5	16.6	14.3	14.2	6.1	5.3	9.1	4.5
Decrease	2.	1.7		2.2	1.1	2.5	5.1		.8
Increase			.8					4.6	

Note: Adv. Stand. = Advanced Standing

The figures above indicated a three-year compilation of averages of the enrollment data from various schools with decreased or increased enrollment per school on the three levels (Bachelor of Science or Arts, Advanced Standing, and Master's Degree). Decreases existed in all but two categories during Spring attendance, which resulted in less numbers of therapists graduating.

Another fact affecting the numbers graduating was the annual attrition rate:

> The annual attrition rate is about 10%. ...The marriage rate is high so that within five years after graduation, a considerable portion of any one class has ceased to actively practice. ...A small percentage of graduates return to the field after raising their families. [13]

13 Henry Redkey, Mobilization and Health Manpower 1956, AJOT, XI, 1, 1957, p. 58.

2. Occupational Therapy Schools in the Intermountain Area

Numbers

Eight of the 12 Central-Midwest and Western (Intermountain) States schools were used and indicated the 1950 and 1957 enrollment-graduation figures. A substantial increase of 29% of Occupational Therapy student enrollment was noted, and approximately 25% of the 1957 enrolled students were graduated. [14]

TABLE X

CENTRAL-WESTERN STATES ENROLLMENT

		Numbers				
School	State	Enrolled 1950	Enrolled 1957	Grad. 1957	Increase	Decrease
Colo. A&M	Colo.	53-55	150	19	95	
We. Mich.	Mich.	144	173	32	29	
U. of Kan.	Kan.	90	125	26	35	
Mills	Calif.	12	10	4	-	2
San Jose	Calif.	117	151	36	34	
So. Calif.	Calif.	107	85	14	-	22
Puget Sound	Wash.	41	84	21	43	
Wash.	Mo.	32	32	7	-	-
8 Schools		596	810	199	236	24

There were only five schools to service the total Intermountain area, which included eleven of the largest states in the United States. (See map, Figure 1, p. 78, Distribution of Occupational Therapy Schools in the United States.)

---

14 American Occupational Therapy Association, Occupational Therapy Schools Enrollment Data, June, 1957, Correspondence with Home Office, N.Y., July, 1957.

> The largest number of Occupational Therapists were employed in the Middle Atlantic States. The West, South, Central and Mountain areas have the smallest numbers, probably because as yet, there are no training schools in those regions... As new schools of Occupational Therapy are being established, effort is being made to locate them in less well supplied localities. [15]

The Arizona State Rehabilitation report stated:

> There is definitely a need for more registered Occupational Therapists in this state. It is hard to fill the positions that become available, and many institutions are employing non-professionally trained activity people. A school in the area would train local residents, eliminating some of need for importing OTR's. In conjunction with the local medical schools, the physicians would be more adequately oriented. [16]

Relationship to Utah

Relationships of the Intermountain States to Utah were perceived as to medical school status, Occupational Therapy schools, and Occupational Therapists, and recommendations made by the American Hospital Association in their August, 1957 Annual. (See Table XI, p. 85.)

In each case more personnel, training, research and treatment programs were suggested. There were only two medical schools in all eight states, with no Occupational Therapy school in any of the eight; this denoted need for expansion in this direction.

Arizona had no medical school, but did offer pre-professional training in Occupational Therapy; no degrees were offered. The report called for monies allocated for training, research and scholarship grants.

---

15 Henry Redkey, Mobilization and Health Manpower 1956, AJOT, XI, 1, 1957, p. 58.

16 Arizona's Rehabilitation Center as reported by Marjorie Evert, Personal correspondence with author, August 16, 1957.

TABLE XI

SUMMARY OF THE INTERMOUNTAIN STATES OCCUPATIONAL THERAPY STATUS WESTER

STATES MEDICAL SUMMARY AND AMERICAN MEDICAL ASSOCIATION RECOMMENDATION

State	1957 Population	MEDICAL DATA Medical school	Occupational Therapy School	Occupational Therapy Therapists
Arizona	1,000,000	none	none	7
Idaho	658,188	none	none	2
Montana	660,000	none	none	3
Nevada	247,000	pre-med.	none	1
New Mexico	679,595	none	none	5
Oregon	1,650,000	yes	none	19
Utah	830,000	yes	none	12
Wyoming	300,000	none	none	1

RECOMMENDATIONS

State	Personnel	Training	Organization	Co ordination	Research	Treatments.
Arizona	yes	yes	--	--	yes	yes
Idaho	yes	yes	--	--	yes	--
Montana	yes	yes	yes	yes	yes	yes
Nevada	yes	yes	yes	yes	yes	yes
New Mexico	yes	yes	yes	yes	yes	--
Oregon	--	yes	--	yes	yes	--
Utah	yes	yes	--	--	yes	--
Wyoming	yes	yes	yes	yes	yes	yes
	7	8	4	5	8	4

Idaho had no medical school or Occupational Therapy school and few therapists. Personnel, training and research were recommended.

Montana had no medical school and no Occupational Therapy training was offered. There were no plans for the medical profession or to train therapists.

Nevada had a fast growing population with no medical or Occupational Therapy school, but planned to use allied personnel, regional workshops, and mobile units. Need and recommendations were for more personnel, in-service training, research, organization and cooperation.

New Mexico needed personnel, training, research, organization and coordination as the state did not have a medical or Occupational Therapy school.

Oregon had a medical school, but no Occupational Therapy was offered as a division of that school. It was suggested a research coordinator be established and research, training, expansion, and increases in the immediate and long-range training program be carried out.

Utah had an outstanding medical school, but did not offer Occupational Therapy. Needs for personnel, research, training were noted. Recommendations from the American Medical Association were for the initiation of new programs and expansions of the existing ones.

Wyoming had no medical or Occupational Therapy school, and 'needs' for more personnel, expansion, graduate placement service, improvement of outpatient treatment programs with better follow-up organization were recommended.

3. Utah's Present Position - Occupational Therapy Schools and Therapists

Utah did not, at this writing, offer academic and therapeutical training for Occupational Therapists. Growth as to number of departments and therapists was steadily increasing from two in 1935 to 21 known therapists and seven departments in 1957. A total of 50 registered therapists were known to have been in Utah over a 22-year period. (See Figure 2, p. 88, Growth and Therapist Status Per Year in Utah.) When classified, these present therapists fall into the following categories:

Year	Number	Status
1935	2	
1957	50[a]	
1957	21	Therapists
	19	Registered
	2	Nonregistered
	2	Noncertified and nonregistered
	3	Registered-inactive
	16	Present active-registered

Note: [a] Known to have been in State over a 22-year period.

Neither arts and crafts leaders, art teachers, nor art directors were included in the tabulations.

The State will have nine Occupational Therapy departments by 1959.

The findings indicate Utah and the Intermountain States were void of schools to train therapists. Utahn's desiring Occupational Therapy training left the State for the East and/or the extreme West Coast, where schools were found. Of the schools presently functioning, it was indicated not all of the average of 20 per school who attended the full designated time graduate; 202 dropped out in the course of five years; and the annual attrition rate of 10% reduced the number who

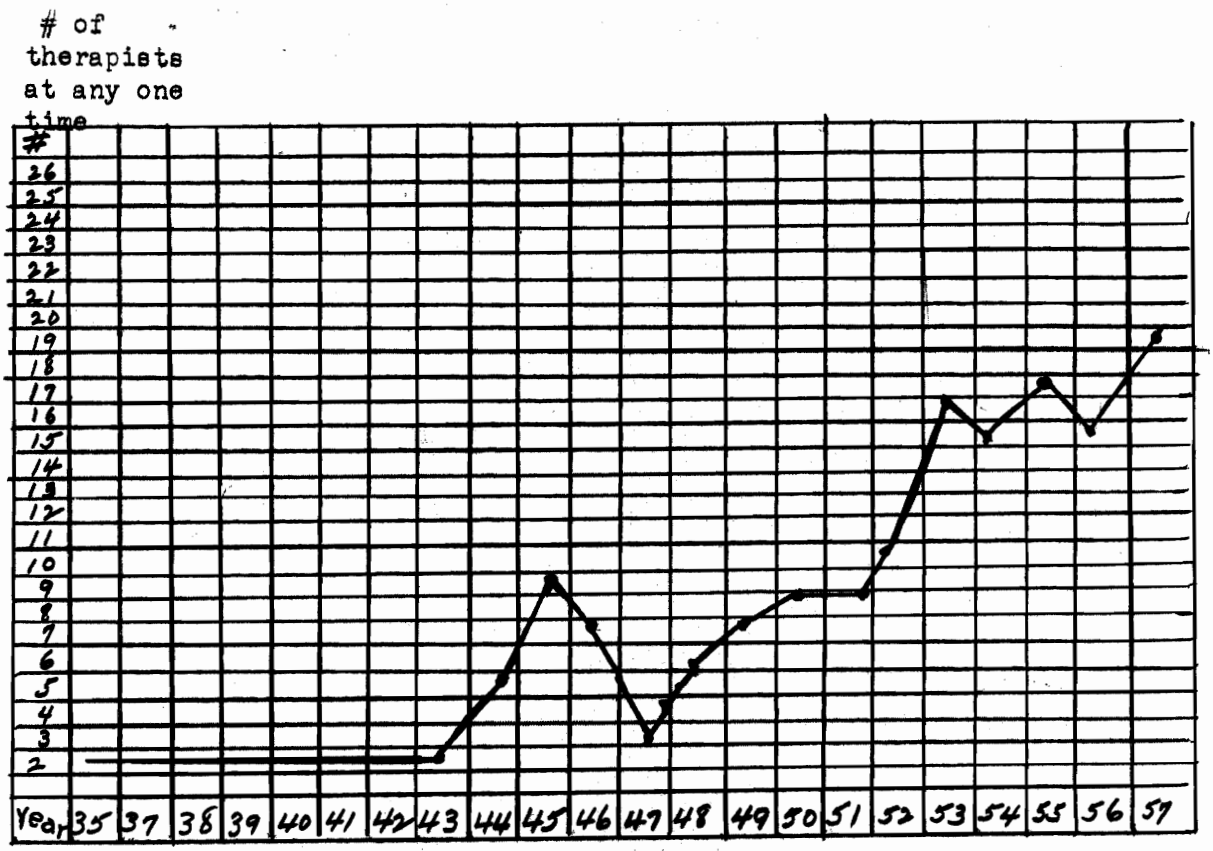


FIGURE 2

GROWTH OF THERAPIST STATUS , PER YEAR, IN UTAH

There have been fifty known therapists in Utah according to the register count. Only those trained or presently working in Occupational Therapy departments were listed. Arts and crafts leaders, directors, teachers, etcetra, were not included.

There were nineteen therapists (one, a registered therapist but working only two days a week.) Sixteen active registered therapists, three registered inactive on-a-job, two uncertified, and non-registered.

were active as therapists. Although an average of 500 took the national examination each year, registered therapists to direct and maintain departments were below the numbers needed. More certified, registered therapists for anticipated departments and for adequacy of present departments were needed, as indicated in the next section.

C. IS AN OCCUPATIONAL THERAPY SCHOOL NEEDED TO REGISTER THERAPISTS?

1. Required for Registration and Examination

Registration of Occupational Therapists for their field was required and authorized for the therapist to wear the Occupational Therapy insignia. Both certified and registered therapists were recorded in the yearbook register. The Occupational Therapy school approved and gave evidences of the completion of total training and arranged for the examination with the National Association in connection with the American Medical Association's approval.

> The registration is set, arranged, and provided for by a school. A school is needed that the subject matter be universally taught. The examination is designed to test what the students have been taught, not what they should ideally know.
>
> . . . . . .
>
> Registration on the one hand is the indication of your professional status and signifies that you have attained certification to practice as an O.T.R. (Occupational Therapist Registered). [17]

> Membership does not mean registration and is independent of registration. Memberships hold many advantages for the registered therapist. One becomes eligible to join the State organization and receive the AJOT Magazine. (A certified therapist also has this privilege.) [18]

---

17 Francis Sluff, Occupational Therapy Association Executive Director, Nationally Speaking, AJOT, X 5, 1956, p. 266.

18 Marjorie Fish, Annual Report of Executive Director, AJOT, XII, I, 1958, p. 27.

2. Arrange for the Examination

An average of 460 people take the national examination each year (490 in 1957); 250 of this number take or retake the examination one or more times. [19] Students become registered twice a year (January and June), after the examination has successfully been passed. There was a 5.6 percent failure in taking the examination the first time. On retakes there was a 'better than 50-50 chance of passing', while those taking the exam on the third attempt had a 4 to 1 average of passing. [20] Two percent of those taking the examination are eliminated each year.

If an Occupational Therapy department wishes to be approved and accredited by the American Medical Association, a certified or registered therapists is required for a directorship of the department.

D. IS A SCHOOL NEEDED TO INCREASE THE SCOPE AND ADEQUACY OF UTAH'S OCCUPATIONAL THERAPY DEPARTMENTS?

Growing industries and greater expansion programs already underway in Utah's psychological and medical fields signified more trained personnel would be required to assure efficient services for the State's ill and handicapped. Trained personnel necessitates schools. The American Medical and Hospital Associations expressed Utah's 'needs' in these suggested recommendations:

> Utah has had a most outstanding medical school since 1948, servicing the Intermountain States in a medical trainee program.
>
> . . . . . .
>
> There is no training in the State for Occupational Therapists or Rehabilitation Therapists. Utah does offer nursing, psychiatric,

---

20 Marjorie Fish, Annual Report of the American Occupational Therapy Association to the A.M.A., AJOT, XI, 1957, p. 28.

social work, and counseling program training. There is a need for 60% more staff personnel. It is recommended that new programs be initiated and the existing programs expanded. 'Needs' include treatment, training, research and personnel. [21] (See Table XI, p. 85, Summary of Intermountain States Occupational Therapy Status and American Medical Association Recommendations.)

Oregon State Health Department offered this comment in 1957 that is also applicable to Utah:

> Organized departments are found where Occupational Therapy is well known. There is a need for more therapists and departments in fields not covered (handicapped and home-bound) on a state-wide basis. [22]

1. Present Occupational Therapy Departments in Utah's Hospitals, Clinics, Centers

A district nurses' department in Utah commented:

> There is no question of the 'needs' for an Occupational Therapy school as Utah has few departments to service the entire State. A school would assure personnel for departments and encourage the establishment of 'needed' departments. [23]

Number of Departments in Utah

According to returned questionnaire tabulations, there were only seven recognized Occupational Therapy departments in the State. Three departments had 'some' or 'limited' Occupational Therapy, but were not Occupational Therapy departments. The seven Occupational Therapy departments and three partial departments were within a 40-mile radius of each other. Six departments were located in Salt Lake City. Both

---

21 American Medical Association and Hospital Annual Report, N.Y., August, 1957, Vol. 31, p. 416.

22 Oregon State Health Department, June, 1957, Questionnaire reply offered for publication.

23 District Nurses written statement for publication, June, 1957.

Veterans Combined Administration departments were counted as separate departments (in the seven), but were combined for the data below:

5	Departments in Salt Lake City
1	Department in Provo
1	Department in Ogden

The total extreme northern, central, southern and western sections of the State had no Occupational Therapy departments or treatment.

Status of Utah's Departments

The status of Utah's Occupational Therapy departments when compiled revealed three of the seven departments as non-accredited by the National Medical and Occupational Therapy Associations; three were fully recognized; one was a sub-department, and one included the State's most elaborate organization.

The T.B. Sanatorium at Ogden, Utah, had but one registered therapist on record; art and crafts students or craft majors had given recreational therapies at the Sanatorium. Utah's Health Center had averaged a therapist a year. Primary Children's had had only three registered therapists in its 30-year period of Occupational Therapy. Veterans departments had registered therapists from the beginning, from an average of three to the 1957 maintained status of seven. The following recapitulation dipicts present Occupational Therapy departments' status per registered therapists covering the period from 1946 to 1957:

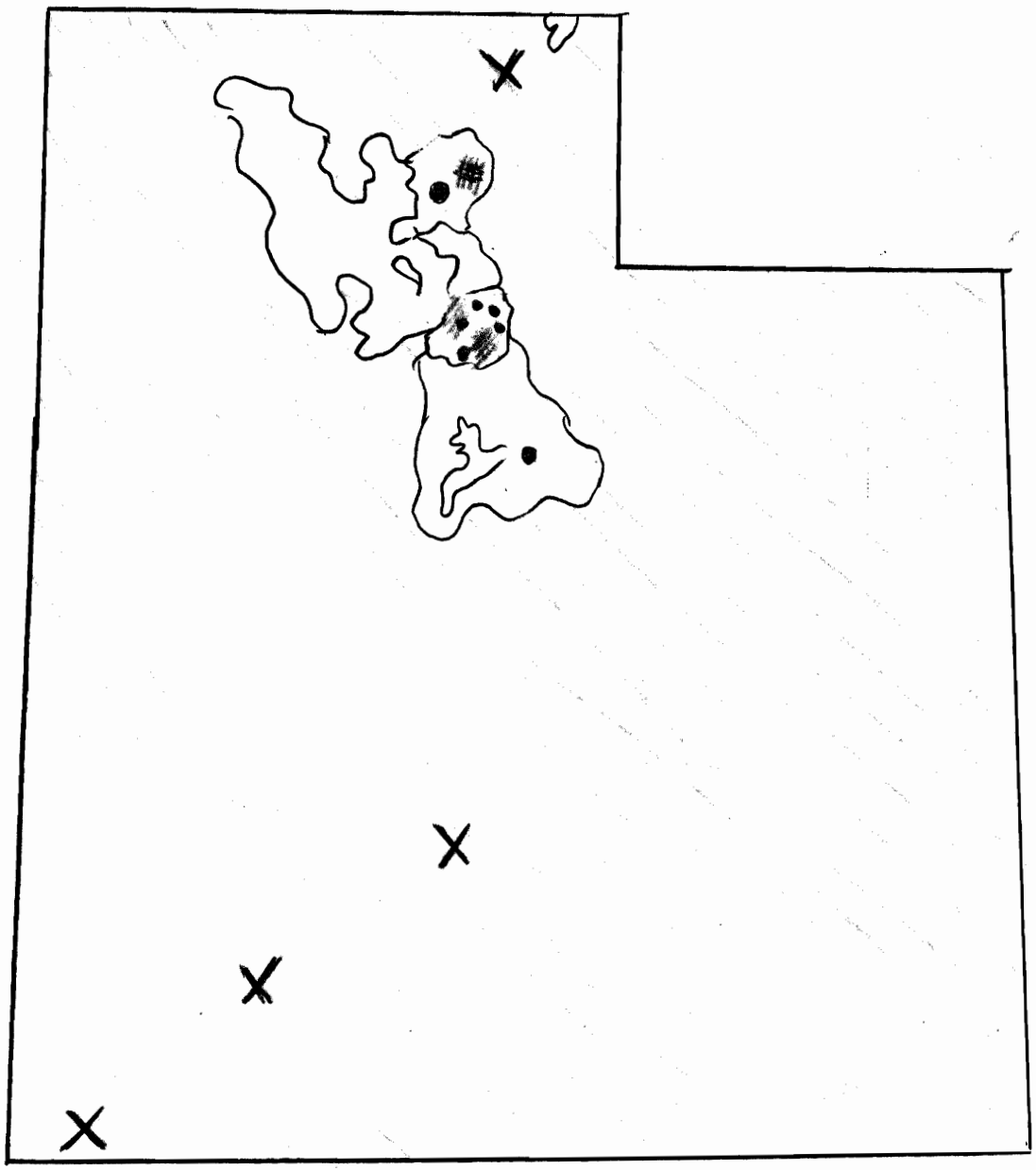


FIGURE # 3

UTAH'S OCCUPATIONAL THERAPY DEPARTMENTS

Note: The small circle represents the present departments. ●

Dense shaded areas were partial departments

X Cities represented in this study

Area not serviced by Occupational Therapy.

Department	Therapists	Year of 1st Reg. Therapist
Utah State Hospital	6	1951
Primary Childrens	3	1946
T. B. Sanatorium	1	1947
Utah Society State Health Center	4	1948
Salt Lake County	4	1949
Veterans Combined (a)	4	1948
(b)	13	1951

Note: (a) Twelfth Avenue Veterans
(b) Ft. Douglas Veterans

The map of Utah, p. 93, Figure 3, entitled 'Utah's Occupational Therapy Departments' showed the greater portion of the State was shaded indicating 'few' to 'no' Occupational Therapy programs or departments. The square designated that Occupational Therapy was given on a limited sclae and/or nonregistered therapists directing them. The seven departments of Occupational Therapy were represented by red dots. The 'X' indicated location of non-Occupational Therapy serviced cities of this study.

The Intermountain States Occupational Therapy departments numbered 40. (See Table XIII, p. 156, of the Appendix.) Percentages as to department status relationships were:

State	Percent Majority
Oregon	45
Arizona	19
Utah	17
Six remaining Intermountain States totaled	37.8

(See Figure 4, p. 95, Occupational Therapy department relationships.)

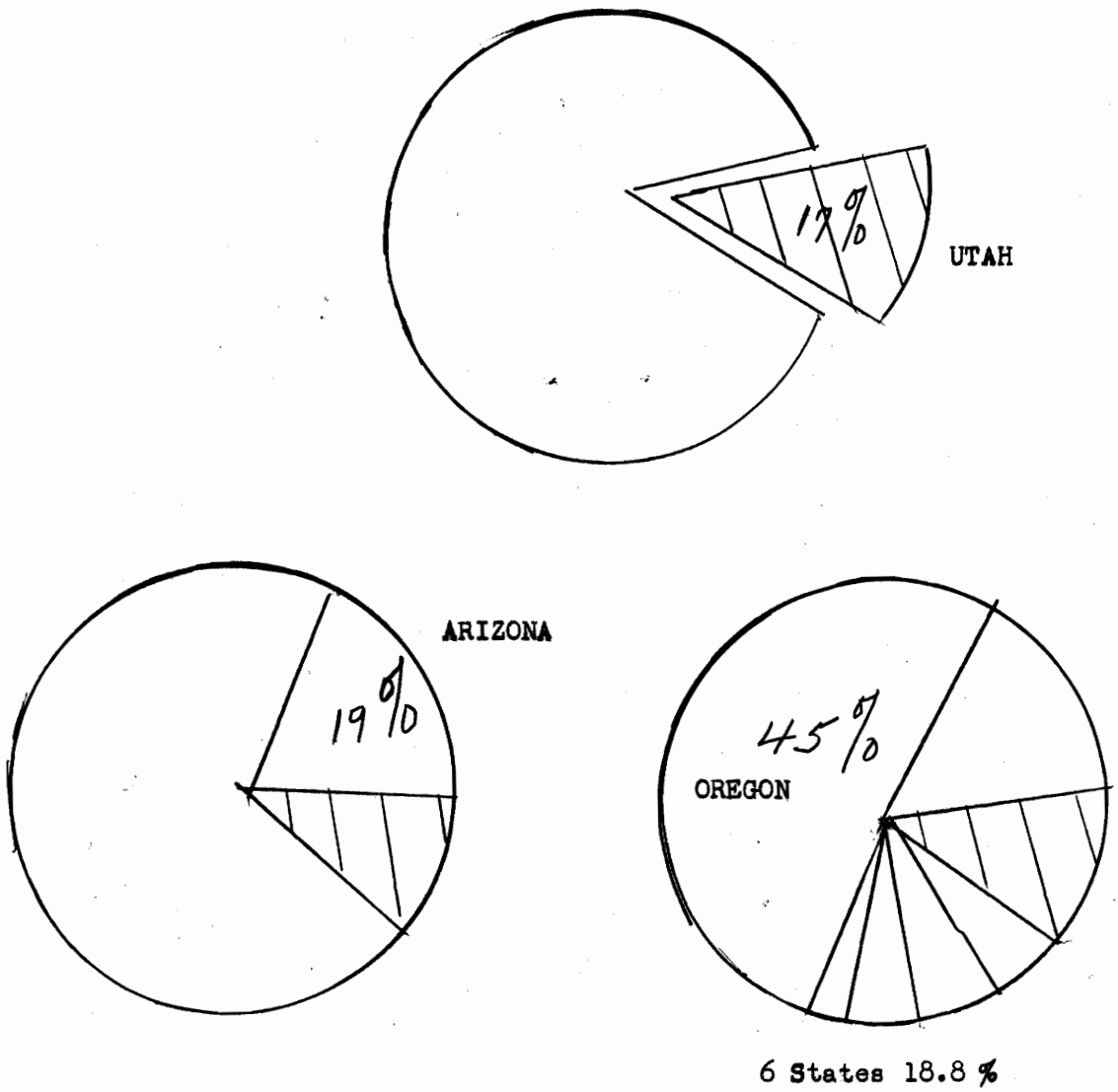


FIGURE 4

OCCUPATIONAL THERAPY TOTAL DEPARTMENTS RELATIONSHIP

UTAH AND THE INTERMOUNTAIN STATES

The low total number of departments in any one of the Intermountain states indicates need for orientation, education, and Occupational Therapy departments to adequately service these areas indicated in the study.

Major Fields Represented in Utah's Occupational Therapy Departments

From returned questionnaires 'major fields represented' in Utah's present departments (1957) were charted showing more Occupational Therapists (10) were active in the psychiatric field. Pediatrics and geriatrics were represented by the least number of therapists, two in each. Disability was not indicated. (See Tables XII, p.155 of the Appendix, and Table XIV, p.99 .)

In 1957 Utah did not offer the following services:

(a) home-bound Occupational Therapy programs
(b) sheltered workshops in either geriatrics or physical disabilities
(c) physical disability Occupational Therapy department (only listed 'some' and/or 'partial' in connection with other major fields departments)
(d) over-all orthopedic Occupational Therapy department for adults and/or children.

Utah had in 1957:

(a) one hospital offering services for children up to age 14 years
(b) one cerebral palsy center servicing children up to age 18 years
(c) one rehabilitation center in its early formative stages
(d) one vocational school. (This was not a sheltered workshop and offered no Occupational Therapy. Training classes were given normal high school ages and adults for business and some professions.)

L. K. Chaffin indicated the Vocational School problem in an article in the Deseret News, January, 1957: "Facilities are needed to give training to the handicapped of the State".

A member of the Utah Society for Crippled Children stated:

> Premanent clinics located in the larger centers of population are needed. At present such facilities are located only in Salt Lake City and Ogden, Utah. Such clinics should include both Occupational Therapy and Physical Therapy and pre-school educational

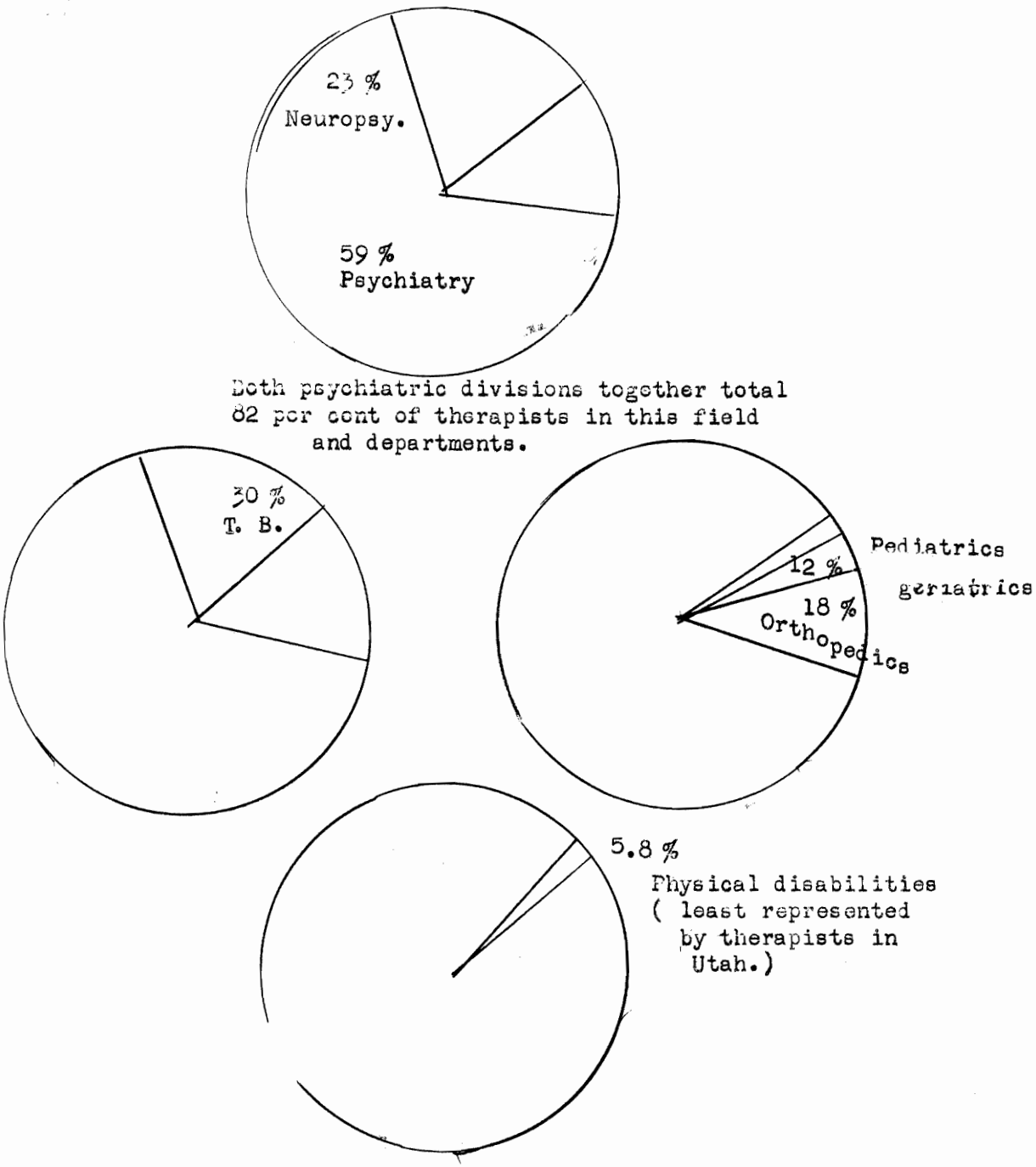


FIGURE 5

OCCUPATIONAL THERAPY MAJOR FIELDS AS REPRESENTED BY UTAH'S REGISTERED THERAPISTS

Data from Table XIV p. 99 served as a basis for the percentages and relationships revealing two of Utah's 'needed' Occupational Therapy fields. (geriatrics and Physical disabilities.)

opportunities for the handicapped in addition to diagnostic evaluation.[24]

Two needs were evident from these statements: (a) education of the public and medical profession in Occupational Therapy, and (b) establishment of Occupational Therapy departments with trained personnel directing them to adequately treat Utah's handicapped, disabled and home-bound.

Concerning the 'aging problem', Jerome Kaplan, a consultant to Minnesota's Governor, stated: "Geriatrics forms one of the most needed and fast-growing fields, followed by physical disability". Only two Occupational Therapists were active in geriatrics in Utah in 1957. (See Table XIV, p. 99, Major Fields Represented in Utah in Occupational Therapy.)

Therapists - Adequate or Inadequate for Utah's Departments

In computing the relationship of the various Occupational Therapy departments and the therapists to operate them, orthopedics was serviced by only 18% of the therapists per departments in Utah and physical disabilities or handicapped by only 5.8%. (See Figure 5, p. 97, Occupational Therapy Major Fields as Represented by Utah Therapists.)

---

24 Utah Society for Crippled Children and Adults, Executive Director Lyman S. Shreeves, The Easter Seal Society 1957 Annual Report, Salt Lake City, Utah, pp. 12, 19, 20.

TABLE XIV

MAJOR FIELDS REPRESENTED IN UTAH IN OCCUPATIONAL THERAPY

No.	GMS	Psy.	N. Psy.	Ortho.	T.B.	Peds.	Ger.	Others Phy. Dis.
1	x	x			x			
2		x			x			
3		x			x			
4		x	x				x	
5		x						?
6	x							
7	x							
8		x		x				
9					x			
10			x	x				
11				x		x		
12			x		x			
13	x						x	
14		x						
15		x						
16								
17		x						
18						x		
19		x						
	4	10	4	3	5	2	2	?

Note: All questionnaire return sources were used and compared for this compilation. The fields least represented being, pediatrics, geriatric, and physical disabilities. (physical disabilities includes handicapped and homebound cases.) Several fields may be represented by one therapist that more patients might served or treated a day.

GMS ..... General Medicine and Surgery.
Psy. ..... Psychiatry
N. Psy. . Neuropsychiatry
Ortho. .. Orthopedics
T.B. .... Tuberculosis
Peds. ... Pediatrics
Ger. .... Geriatric
Other .... Physical Disabilities.

OT's	Other	Fields	Percent
2		Direct State's only geriatrics	12
5		Serve handicapped in connection with other fields	5.8
0		Utah's home-bound	0
4		Serve vast G.M.S. field	23
11		Direct psychiatric fields	59
4		Direct neuropsychiatric field	23
3		Attend orothopedic cases	18
	7	Guide T.B. cases	30
	2	Direct Utah's pediatrics	12

Ten hospitals reported on the questionnaire that they would 'support a school', if one were established to train therapists locally. 'A great need for more trained personnel' to 'supply departments' was also indicated. Seventy-five percent of the nurses who responded to the questionnaire stated that an 'inadequacy' in the number of Occupational Therapy departments and 'therapists' existed in Utah's hospitals. Ninety-two percent of the random sampling responses indicated patients were aided by Occupational Therapy and 58.3% appreciated the Occupational Therapists' services. (See Table XV, p.157, in the Appendix.) Twelve Occupational Therapists responded 'more departments were needed', and indicated 'more therapists to service them' were desired. Tabulations showed 9 of the 16 active therapists worked in two or more fields so that more patients might be serviced.

Evidence indicated a shortage of Occupational Therapists existed in Utah and that present departments were not sufficient in 1957 to meet the geriatrics and physical disabilities needs.

1. Occupational Therapy Departments in Process and Future Department 'Needs' in Utah

Number in Process and Planned in Future

Sixteen of Utah's hospitals received Ford Funds for enlargements, expansions and remodeling programs in 1956.[25] These expansions necessitated additional personnel to direct them. Geriatrics and physical disabilities departments were not mentioned as expansion projects, yet these two fields comprise the 'major need', not only in Utah but of the United States. Expansions consisted of:

(1) A 150 additional bed capacity and a psychiatric unit to include Occupational Therapy at Groves L.D.S. Hospital.[26] A 75 bed increase and outpatient clinic at the Holy Cross.[27]

(2) Complete treatment-therapy programs in rehabilitation departments at Salt Lake County and St. Marks Hospitals.[28]

(3) An Occupational Therapy program in two to four years at the Dee Hospital, and an increase to a 200 bed capacity at Valley View.

(4) Occupational Therapists, hospitals, and State Health revealed needs for equipment, storage space, buildings, more therapists, clinical affiliations, and more volunteers, according to the returned questionnaires. (See Table XXIV, p. 163, Appendix.)

---

25 Deseret News, Utah Hospitals Begin Receiving Ford Funds, Salt Lake City, Utah, April 24, June 19, October, 1956.

26 Intermountain Hospital Service, Brochure, Annual for 1956, Blue Cross and Intermountain Hospitals.

27 Salt Lake Tribune, Surgery Planned at Holy Cross, Salt Lake City, Utah, January 20, 1958.

28 Salt Lake Tribune, St. Marks Hospital Adds Top Rehabilitation Means, Salt Lake City, Utah, July 14, 1957.

42 percent	Planned departments (three to be later) (less than half)
53 percent	Of the 19 hospitals would support a school to train therapists
.05 percent	Had clinical affiliation (one in State - indicates a need)
74 percent	Of the 19 hospitals within the State desired clinical affiliations (three out of four)

Two of the 19 hospitals presently maintaining 'limited types' of Occupational Therapy will become dully authorized and equipped departments by 1959, which would bring the total number of departments within the State to nine. Such programs will require certified, registered Occupational Therapists and directors to maintain them. With the present schools in the United States in 1957 unable to meet demands, the therapist 'need' will continue to increase. Occupational Therapy schools located in strategic locations, such as the State of Utah, would:

(1) Encourage students within that area to the Occupational Therapy profession, and

(2) Create interest for future departments and enlargements.

Future Needs for Geriatrics Occupational Therapy Programming

Geriatrics forms a major problem in the State with 'little' to 'no' Occupational Therapy offered them. Geriatrics count for one in every 12 persons in the United States. [29] Fifteen of every 1,000 persons were 65 and over in 1956. [30] It is estimated that by 1970 Utah

---

29 Metropolitan Life Insurance Company, Statistics Bulletin, Vol. 33, 34, 1952, Vol. 53, 1956 and 1957, pp. 3, 6.

30 U.S. Department of Health Education and Welfare, Number of Disabled Persons in Need of Vocational Rehabilitation, Division of Research and Statistics, June, 1954.

will have 66,000 people over 65 years of age. [31] Utah's Rest Homes do not have professionally directed Occupational Therapy programs. The only division of geriatrics in Utah was listed by the Veterans Administration Combined Occupational Therapy departments. The Utah State Health Department stated: "We lack programming, education, and Occupational Therapists in the field of geriatrics". The following combined statistics substantiated the fact that geriatrics was a major problem in Utah: (See Figure 6, p. 104, and Table XVI, p. 158 in the Appendix.)

1	Geriatric division in Utah
2	Percent (1870) to 6 percent (1950) increase in numbers of geriatrics over an 80-year period
6.4	Percent of total State's population were in this group
20	Percent of a hospital's services and care were comrpised of geriatrics [32]
1/2	Of doctors' patients have ailments and illnesses caused from emotional and psychological difficulties
1956	5,500 geriatrics in Utah
1956	15 to every 1,000 persons were over 65 years
1970	66,000 estimated geriatrics in Utah

The exact numbers of geriatrics in Utah in 1957 were unknown. Questionnaire responses were indefinite and inadequate because only four stated 'lots' and 'a great number', while six checked 'unknown'. Utah State Health Department listed 111 Rest Homes in the State. Dr. G. W. Soffe, Utah Director of Hospitals, Convalescents and Nursing Homes, quoted the figure of 125 Rest Homes with the largest home housing 120 persons, and a total of 1,686 geriatrics serviced in the 125. [33]

---

31 Utah State Bulletin, Who's Old, Your Health Bulletin, Bulletin No. 12, Vol. 13, December, 1956.

32 Ibid, Vol. 13, 1956.

33 Dr. G. W. Soffe, Chief of Bureau Medical Facilities, Utah State Health Department, Salt Lake City, Utah, Personal interview. Nursing and Convalescent Homes in Utah, Correspondence, July, 1957.

UTAH'S REST HOMES AND PATIENT DISTRIBUTION

County	# of homes	Patients
Salt Lake	70	1,096
Box Elder	1	14
Cache	3	35
Davis	2	17
Emery	2	19
Iron	1	30
Millard	1	6
Sanpete	1	4
Carbon	1	20
Uintah	1	9
Utah	10	178
Wasatch	1	10
Washington	2	35
Weber	15	213
14	111	1,686

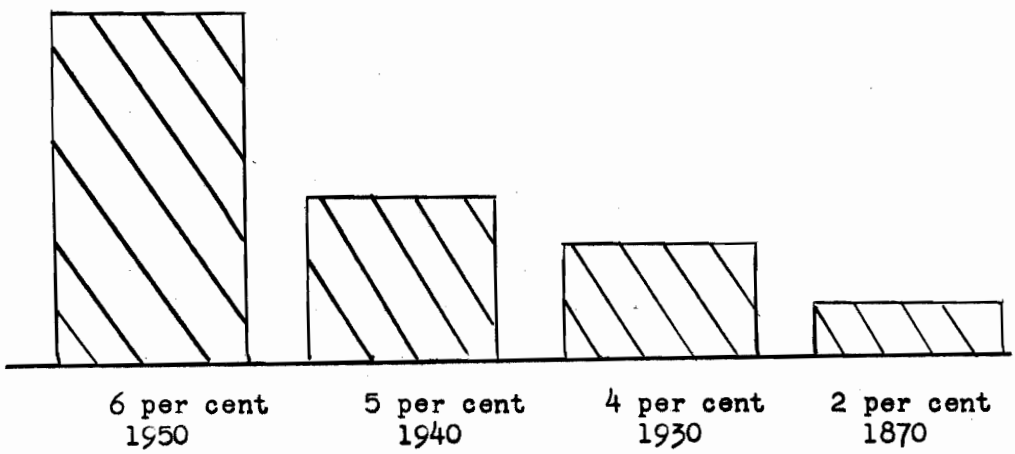


FIGURE 6

AN EIGHTY YEAR PERIOD - SHOWS INCREASED PERCENTAGES OF GERIATRICS OVER 65 YEARS OF AGE

Utah's compiled data indicated increased numbers of aging and increases in numbers being placed in Rest Homes. Geriatrics was a growing problem in Utah and the Intermountain states according to National data. The State had no Occupational Therapy program, at this writing.

Dr. Soffe also stated:

> There is a great need in this State for Occupational Therapy for the State's geriatrics so that Occupational Therapy might reach the various parts of the State. [34]

The problem was voiced in these comments:

> Even the senile can benefit from a social-group programming which is based on an around-the-clock supervision through Occupational Therapy and needs for recreational activities. [35]

> The burden of the task of rehabilitation is placed on those in physical medicine, the psychiatrists, social workers, occupational therapists, aides and nurses. ...It is time that the challenge of the restoration of the aged and chronically ill be met in the medical, economic, and social spheres. [36]

Mr. J. W. Wright, Records and Statistics Division, Department of Health, commented:

> Statistically, data on geriatrics has not been studied in Utah. The cancer people, a few years ago, asked for data, and since that time the State has added this information to the reports. It would be of import to add the record of the living older, or geriatrics population, to the statistical reports of the State. [37]

Findings indicated Utah's present Occupational Therapy departments were insufficient according to population per capita, hospital patients, and the total major fields represented. The numbers of geriatrics were increasing and were a major problem for consideration, yet Utah offered only a 12 percent representation of therapists in relation to geriatrics and Occupational Therapists working in other fields. A need for geriatrics treatment existed, not only in Occupational Therapy

---

34 Dr. G. W. Soffe, Personal interview with author, January, 1958.

35 Jerome Kaplan, Social Care of Older Persons, AJOT, N.Y., Vol. XI, 4, Part II, 1957, pp. 240, 242.

36 Murray B. Frederbers, Aspects of Rehabilitation of the Aged, Jr. A. M. A., 162:11, November 10, 1956.

37 Mr. J. W. Wright, Personal interview, State Capitol Building, Department of Health, Records and Statistics Division, June, 1957.

departments, but also in personnel to serve them.

Future Needs for Physical Disabilities Occupational Therapy Programming

Utah does not offer a complete program in physical disabilities in the Occupational Therapy field; therefore, Occupational Therapists have not made it a specialty within the State. It was necessary to seek the 'numbers' of disabled and handicapped in Utah for evaluating 'needs'. The returned questionnaires, like those in the geriatrics field, revealed 'little' to 'no' information. Two out of 22 gave the number of 1,826 handicapped or disabled in the State. Other sources investigated had no accurate records of home-bound, handicapped and/or disabled. It was estimated that 45,456 patients received 121,171 treatments in 1957, of which 16,592 were Occupational Therapy, or 13.8 percent of all therapy treatments for physical disabilities were Occupational Therapy (a low percentage). One source, Utah's Department of Education, gave the only available numbers of home-bound in the State as 438.45.[38] The combined sources utilized for gaining statistics of handicapped and disabled were: (See Table XVIII, p. 160, of the Appendix.)

---

38 Department of Education, Biennial Report 1957, Utah State Capitol, June, 1957, Salt Lake City, Utah, pp. 56, 57, 144.

1.	Employment Security - A State-wide disabled-handicapped activity program, October, 1956 to November, 1957 [39]	1,253
2.	Department of Education Special Classes for 1957 [40]	39,125
3.	Children's orthopedic hospitals - Shriners and Primary Children's [41]	489
4.	Crippled Children's Society - slight to severe cases of cerebral palsy [42]	1,238

The physical disabilities field had a low percentage of 5.8 for Occupational Therapy treatment in relation to other fields. Vagueness and uncertainties concerning Occupational Therapy programs and patient benefit derived from treatment indicated that education of the public and professional staffs within the State concerning Occupational Therapy was needed. Utah did have some plans for future departments, but lacked trained Occupational Therapists to direct them. The following statistics point up a need for Occupational Therapy in physical disabilities programming in Utah. All pertinent data were collected for an estimated total.

---

39 Mr. J. W. Ure, III, Personal interview, November, 1957, Office of Employment Security, State of Utah, Salt Lake City, Utah.

40 Department of Education, Biennial Report 1957, Utah State Capitol, June, 1957, Salt Lake City, Utah, pp. 56, 57, 144.

41 Harry B. Roby, Director Primary Children's Hospital, Personal interview, 1957. Intermountain Unit, Mystic Shrine, Shriners Hospital Brochure, 1950, Ronda Walker's File, Deseret News, Salt Lake City, Utah.

42 Lyman S. Shreeves, Director Easter Seal Society Annual Report 1957, Salt Lake City, Utah.

XXII

COMBINED AND APPROXIMATED NUMBERS OF UTAH'S PHYSICAL DISABILITIES TOTALS

Year	Name	Numbers Patients	Treatments	Treatments
1957	Employment Security	1,253	2,279	800[a]
	Special Education	39,125	78,250	6,000[a]
	Shriners	489[b]	1,467	600
	Primary Children's	3,351	17,467	7,150
	Utah Society C.C. and A. and Utah State Health Center	1,238[c]	21,708	2,042
		45,456	121,171	16,592

Note: (a) An approximated number. Exact numbers not known.
(b) The District listed 229 admissions, 1,241 outpatients. The figure used here was for one-third of the totals.
(c) The State Health Center (only) had 866 admissions, and 135 persons. The 21,708 figure included Ogden and all Salt Lake City.

E. IS AN OCCUPATIONAL THERAPY SCHOOL NEEDED TO MINIMIZE OCCUPATIONAL THERAPISTS-PATIENT LOAD IN UTAH?

1. National Requirements - Therapists per Patient Load

The criteria for Occupational Therapists per patient work-load were secured from the National Occupational Therapy Association in New York. They were:

a. The amount of individual preparation and finishing of treatment materials which must be done by the therapist(s).
b. The amount of teaching, devising of special equipment, and other non-treatment work required.
c. Available space to work in.
d. The accessibility of both patients and cooperating personnel.
e. The numbers of hours per day during which patients are treated.
f. The number of patients who may be treated in groups as opposed to those who must be treated individually.
g. The length of time specific patients must be treated.

These factors merit careful study in arranging work loads which allow for effective treatment of every patient without overloading the therapist or causing an inefficient use of therapist's time.

The following table is a basis. The numbers suggested apply to situations wherein patients with acute conditions are treated.

Pediatrics	20 treatments per day	
Tuberculosis	30 do	
G.M.S.	20 do	(more if only convalescing)
Physical Disab.	15 treatments per day	
Neuropsychiatric	25 do	
Cerebral Palsy	10 do	[43]

It appeared that Utah had too few therapists under the 1957 rate of training to meet standards in most of her departments according to the above National Occupational Therapy Association required specifications. (See Table XIX, p.162, Utah Therapist-Patient Overload.)

2. Utah's Status in Relation to National Requirements

Utah's status per Occupational Therapists and patient quota was noted as one therapist to 39,550 persons. This ratio was secured from the 1957 census population of 830,000 and 21 known Occupational Therapists in Utah, whether certified or registered. A similar average was found for the State in computing the hospital's patients-therapists ratio. The 1956 Utah State Hospital Association Statistical Report corroborated Utah's position as to Occupational Therapists and 'patient overload' with these figures in the form of line chart-type arrangement:

Patients Admitted	Out-patients	Total Patients	Registered Therapists	Patient-Therapist Ratio
112,129	159,735	271,864	12	22,620

43 Marjorie Fish, Executive Director Guest Editorial, Am. Occupational Therapy Assoc., January, 1958, (Reprint Hospital Management), p. 1.

A five to 58 patient overload was indicated by the questionnaire replies; two did not answer the question concerning the number of patients serviced each day. A therapist-patient overload was apparent from the following sources:

Utah's disabled and handicapped (all sources used in this study.
National reports of therapists and patients.
Questionnaire replies.

COMBINED NUMBERS OF PHYSICAL DISABILITY-PATIENT OVERLOAD

Name	Patients	Patients per OT	Nat'l Patient Basis	Overload
Occupational Therapists	1,126	70.3	20	50.3
Hospital responses	2,217(a)	138.5	25	113.5
Rehabilitation responses	1,266	79.1	15	64.1
Hospital Med. Report	3,061	181	20-25	156
Am. Med. Hos. Report	4,487	280	20-25	255
Employment Security	1,766(b)	110.3	15-20	90.3
State Hos. Report (c)	271,864	10,991	30	10,961
Primary Children's	3,351	209.4	15	184.4
State Health	1,238	77.3	15-20	57.3

Note: Data in first three items taken from returned questionnaires.

(a) Reports from the 19 hospitals of this study.
(b) Only active and new members from Employment Security for handicapped were used.
(c) All hospitals in the State of Utah.

3. Status of Utah's Hospitals and Therapist-Patient Load

If the total patient is considered, a patient in the hospital for two days or more could benefit from Occupational Therapy treatment through psychological release. The National Hospital Association report gave Utah's bed population as 4,487 from the 39 hospitals. This averaged 280.4 patients to each Occupational Therapist per day; a decided overload per the 1957 criteria from the National Occupational Therapy

Association. Therapists in Utah were not evenly distributed over the State. A large portion of the State received no Occupational Therapy treatment, as seen from the map, p. 78. Utah's 12 active, registered therapists, 39 hospitals and 271,864 patients would require 150 to 200 more therapists to adequately meet the national averages and therapist-patient quota requirements.

The questionnaire reports from the 19 hospitals of this study revealed a bed capacity of 2,889 patients, with only 619 patients receiving Occupational Therapy. This left 2,270 patients not receiving Occupational Therapy. Thirteen of Utah's 16 registered therapists stated that a therapist-patient 'overload' existed. One therapist checked 'none' on the questionnaire returned.

It would seem that an Occupational Therapist-patient overload in Utah existed in 1957. More therapists to train interns would be desirable in the State, as discussed on page 116, Item 3.

F. IS AN OCCUPATIONAL THERAPY SCHOOL NEEDED TO ARRANGE FOR CLINICAL AFFILIATIONS?

1. A School Arranges for and Approves the Affiliation

A school was necessary to make the arrangements and organize the internships one to two years in advance in order that all acknowledgements and approvals for each affiliate were made in each major Occupational Therapy field prior to the trainee leaving the school.

The affiliation hospital, center, or clinic, in turn must be accredited and approved by the American Medical Association and the American Occupational Therapy Association, because the Occupational

Therapy department sponsoring an affiliation must be directed by a certified, registered, experienced therapist. Thirty-five states in the United States in 1957 had 258 clinical centers conducting student programs. [44]

2. Utah's Clinical Affiliation

Utah had one clinical affiliation in the entire state, established in 1955 at Shriners Childrens Hospital, where an average of six affiliates received internship in the field of pediatric-orthopedic. [45]

Dr. Harold Rosenberg, Veterans Administration Hospital wrote:

> The presence of students would increase the need for more therapists so that the work could be more successfully presented to the student. Students are in a training situation and do not undertake the duties of the Occupational Therapists nor complete therapist responsibilities. It is an observational and instructional training. [46]

Twenty-six of Utah's hospitals, the State Health Office, District Nurses, and the Rehabilitation Office sanctioned affiliations in Utah according to the returned questionnaires. All but one hospital of the 19 reported favoring affiliations, and eight planned future affiliations.

---

44 American Occupational Therapy Association, Manual for Occupational Therapy Students in Clinical Training, W. C. Brown Company, Iowa, 1950, p. iii Introduction.

45 Shriners Hospital, Hospital Director Mrs. A. Williams and Occupational Therapy Director Miss Alice Miller, Personal interviews with the author, May, 1957.

46 Dr. Harold Rosenberg, Chief of Physical Medicine and Rehabilitation, Veterans Administration Services, Written comments, June, 1957, Salt Lake City, Utah.

TABLE XX

UTAH'S HOSPITAL REPORT - CLINICAL AFFILIATION

	Clinical Affiliation Now	Clinical Affiliation Planned					Support a School				
		Yes	No	Possible Later		Unknown	Yes	No	Possible Later		Unknown
1.			x					x			
2.				x					x		
3.		x					x			x	
4.		x					x				
5.		x			x		x		x		
6.		x					x				
7.		x					x				
8.						x					x
9.		x					x			x	
10.							x				
11.	Yes						x				
12.		x					x			x	
13.	___	x	–	–	–	–	x	–	–	–	–
	1	8	1	1	1	1	10	1	2	3	1

3. Correlation of School and Affiliate Hospital

The clinical affiliations offer practical application of theoretical and technical knowledge that was acquired by the student during the school years. Tools of Occupational Therapy treatment were used for the first time. The affiliation was the attainment of professional stature by vitalizing activities and challenging the therapists to think and act independently. [47]

---

47 West and McNarry, Role of Occupational Therapy in Rehabilitation, AJOT, X. 4, 1956, pp. 154, 156.

C. IS AN OCCUPATIONAL THERAPY SCHOOL NEEDED AS A SOURCE OF INFORMATION, FOR RECRUITMENT, MAINTAINING STATUS, AND RESEARCH ?

1. Source of Information

A school provides sound, educational concepts of quality with an adequate staff and close correlation in teaching institutions [48] that develop scientific and medical orientation and technical 'know-how' in fashioning materials and designing braces and splints. [49]

> Imaginative clinical instruction, supplimented with clinical material, such as selected films, reading references, case histories, seminars, journal clubs, and adequate media for learning, are offered by a school. [50]

A school provides first-hand experiences and individualistic explorations "but with realistic operation that suits the circumstances rather than artificial trends." [51] The organization of an Occupational Therapy school is needed to keep the curriculum practical; to make courses applicable to the vocational needs; and to aid the therapist in practice along the lines of patient problems, treatment objectives, and experiences that will fit the therapist for this role. [52]

---

48 Wilma West and Henrietta McNarry, Role of Occupational Therapy in Rehabilitation, AJOT, X. 4, 1956, pp. 150 to 156.

49 Ibid, p. 155.

50 Ibid, p. 150, 154.

51 June Slokolov, Therapist into Administrator - Ten Inspiring Years, AJOT, XI, No. 1, January-February, 1957, p. 14.

52 Wilma West and Henrietta McNarry, Role of Occupational Therapy in Rehabilitation, AJOT, X. 4, 1956, p. 155.

2. Recruitment of Members

An Occupational Therapy school employing its equipment for recruitment purposes was considered a school of 'leadership', [53] from which descriptive Occupational Therapy materials ('Career Days', 'School-Kit Recruitment', and brochures) were issued. [54] In 1956 16,000 pieces of literature were distributed in schools, universities and hospitals, and approximately 33,420 persons in universities, hospitals and professional groups used Occupational Therapy films in teaching programs. [55] Occupational Therapy schools were the recipients of materials from the National Association, and exchange programs were arranged through school facilities in the same manner as exchange students from foreign departments.

The Bolton Law (Public Law Number 294) admitted male Occupational Therapists to the reserve corps, after which both men and women were recruited in Occupational Therapy and granted commissions.

> In 1952 the Army activated an Occupational Therapy course consisting of 18 months' training at the Medical Field Service School. Hospitals were selected for theory training and clinical affiliations for Occupational Therapy, and commissions of Second Lieutenant in both the Army and Aircorps reserve, or the rank of Ensign in the Navy, were offered. [56]

---

53 Dorothy Lehman, Director of Recruitment, Recruitment, AJOT, IX, 1, 1955, p. 28.

54 Henrietta McNarry, Nationally Speaking, AJOT, IX, 3, 1955, p. 130.

55 Catherine Worthington, PhD, Professional Education Program for Rehabilitation Planning, AJOT, XL, 3, 1957, p. 156.

56 Helen S. Willard, Subcommittee on Paramedical Personnel, AJOT, X, 2, 1956, Pt. 1, pp. 58, 59.

Students in medical schools and industrial arts were encouraged through various allied departments of the universities to enter the field of Occupational Therapy. There were 30,000 teachers trained in industrial arts and 200 colleges offering training for them. Only one-half of the 2,500 students who received degrees entered industrial arts teaching, the balance entered private industry.

Scholarships (Vocational Rehabilitation, the EIK Foundation, Ford Grants, Cerebral Palsy Foundation) made available through a school and its organization, encouraged Occupational Therapy recruitment. The National I$_n$fantile Paralysis scholarships gave $34,000 for Occupational Therapy recruitment in 1956-1957. [57]

A school was needed in connection with the State Occupational Therapy Association to clarify and unify programming for expansion, to disseminate public information concerning the profession, and to attract new students to the field. [58]

3. Maintaining Status

Occupational Therapy as a Profession

There are 52 schools of Occupational Therapy in 14 countries. Occupational Therapy forged ahead in recognition in the psychological and medical fields, television, radio, and comments in leading magazines. [59] The World Federation of Occupational Therapists held its

---

57 Evelyn Eichler, Occupational Therapist Registered, Responsibilities and Rewards, AJOT, X, 2, 1956, Pt. 1, p. 61.

58 Dorothy Lehman, Recruitment, AJOT, IX, 1, 1955, p. 28.

59 American Occupational Therapy Association Newsletter, T.V. Programs and Conference Highlights, Vol. XVII, No. 11, 1957, p. 1

second conference in Denmark in 1958, and planned a gathering for 1962 in the United States of America. [60] The United Nations (in the field of rehabilitation) showed Occupational Therapy had played an important role thus far. At the Occupational Therapy Convention in Ohio, October-November, 1957, the following message from President Eisenhower was read:

> Your Association renders splendid service to the nations' sick and disabled through the healing art of physical and mental restoration. As you seek to increase your effectiveness by teaching the principles and practices of Occupational Therapy to a wide audience, you add strength to the basic human resources of our land. [61]

Yet much of Utah and many Utahn's, according to the returned questionnaire, were uninformed concerning Occupational Therapy. "We do not know enough about Occupational Therapy to answer." "We are not familiar with this field." "We do not know if it would or would not aid the State." "Unknown" were the comments.

---

60 American Occupational Therapy Association Newsletter, World Federation News, Vol. XVII, No. 9, September 10, 1957.

61 American Occupational Therapy Association Newsletter, Conference Highlights, Vol. XVII, No. 11, November, 1957.

QUESTIONNAIRE RESPONSE
NEED FOR OCCUPATIONAL THERAPY SCHOOL

	Pts. could be aided	Clinical affiliation	Support a school	No. need O. T.	Benefit from O.T.	Handicapped O.T.	Student trainees
Hospitals	7	5	2				4
District Nurses			7	6	5	4	4
State Health Rehabilitation	_	_	6	5	7	3	_
Totals	7	5	15	11	12	7	8

Medical and Paramedical Professions

Wherever Occupational Therapy was understood, known, and/or used, the medical staffs indicated professional attitudes as to status and trends in Occupational Therapy. The following compilation and percentages were found in a Doctoral Thesis by Norman B. Watkins, Utah State University, Logan, Utah. [62]

62 Norman B. Watkins' Doctorate Thesis, Study of Rehabilitation Facilities and an Analysis for a Rehabilitation Center in Utah, U.S. U., Logan, Utah, 1956, pp. 47, 55, 60, 63, 65, 72.

TABLE XXI

RESPONSES FROM PROFESSIONAL PERSONNEL

		Percentages					
	No. of responses	Needed O.T.	O.T. was essential	O.T. was useful	O.T. was of value	A.D.L.'s	Pre-Vocational exploration
Physicians	23	75	91	-	-	90	68
Public Nurses	-	94	89	-	-	70	94
Voc. Rehab.	21	86	81	70	80	-	-
Rehab. Sup.	100	-	83	33	-	68	74
Welfare Dir.	80	74	85	-	-	70	-
Spec. Services	-	-	-	100	-	62	50
O.T.'s	86	-	85	81	80	70	-

Note: Table XVII, p. 159, of the Appendix places the responses of the professional personnel in their respective groups.

(1)	91 percent of medical and paramedical staffs	Need Occupational Therapy
(2)	86 percent of total responses	Need Occupational Therapy
(3)	80 percent of total responses	Occupational Therapy is essential
(4)	61 percent implied	Standards in medical field and department would be raised by an O.T. school
(5)	77 percent implied	Medical staff would be bettered by an O.T. school
(6)	76 percent indicated	Professional departments would be improved by an O.T. school
(7)	12 percent indicated	Did not know

(See Table XV, p. 157, and Table XVII, p. 159, in the Appendix for detailed Professional Attitudes Compilation as to 'needs' for an Occupational Therapy in Utah.)

A school of Occupational Therapy offered three to six weeks of instruction and direct practical observation on-the-job Occupational Therapy techniques in patient treatment and functions to interested staff members, interns, nurses, and/or technicians. Because Utah and the Intermountain area were void of a school of Occupational Therapy, interns, nurses, and medical staff members in the State relied upon outside sources for this information and training. Utah's Dr. Chester Powell, neurosurgeon, states:

> The availability is what makes a thing useable. A school would better educate the trainees, as well as provide more adequate prescription treatment for the patients. [63]

State and university Occupational Therapy conferences, institutes and conventions would attract varied medical and professional guests to an area sponsoring a school.

From tabulated questionnaire replies, only one answered negatively to the question 'Would the medical profession and staff be bettered through facilities of an Occupational Therapy school?' The report showed:

TABLE XXIII

MEDICAL PROFESSION BETTERED THROUGH AN O.T. SCHOOL

	Percent approved	Negative	Many aid.	Unknown	No reply
Professions and departments bettered	76.3	1	1	1	6
Staff bettered	77.0	1	4	4	4
Standards enhanced by O.T.	61.0	1	5	7	5

63 Chester B. Powell, PhD. Neurosurgeon, Salt Lake City, Utah, Personal interview with author, 1957.

> A school of Occupational Therapy would be a fine thing for this area and certainly one of the things we need. I have seen it begin and grow and expand, developing from a nucleus to its present stage. A school would certainly raise our treatment standards and status of the hospitals. [64]

4. An Occupational Therapy School and Research

Research and Studies

> Major investigative and experimental studies are needed to survey the many facets of applied Occupational Therapy practice and the feasibility of it per media and treatment. [65]

Special studies and various 'Pilot Studies' had been conducted in recent months (1956 and 1957) in the United States by Occupational Therapy "through their contributions to rehabilitation service programs and teaching in hospitals affiliated with grantee plans." [66] These special studies contained research reports from 22 states and Alaska concerning such material as:

(1) Eighty-four research studies which presented problems
(2) What Occupational Therapists were doing in research in various schools and sections of the United States and in other countries
(3) Fields of research open for further investigations [67]

The state of California had three Occupational Therapy schools and topped the nation in these research studies. Better Occupational Therapy departments resulted where a school of Occupational Therapy was the source of materials for these research facets.

---

64 Lynn F. Kuhne, Medical Records, Veterans Administration Services, Personal interview with author, June, 1957.

65 West and McNarry, Role of Occupational Therapy in Rehabilitation, AJOT, X, 4, Part I, 1956, p. 152.

66 Catherine Worthington, Professional Educational Programming for Rehabilitation, AJOT, XI, 3, 1957, p. 156.

67 Muriel E. Zimmerman, Occupational Therapist Registered, National Special Studies Committee, AJOT, XII, 2, 1958, Part I, p. 76.

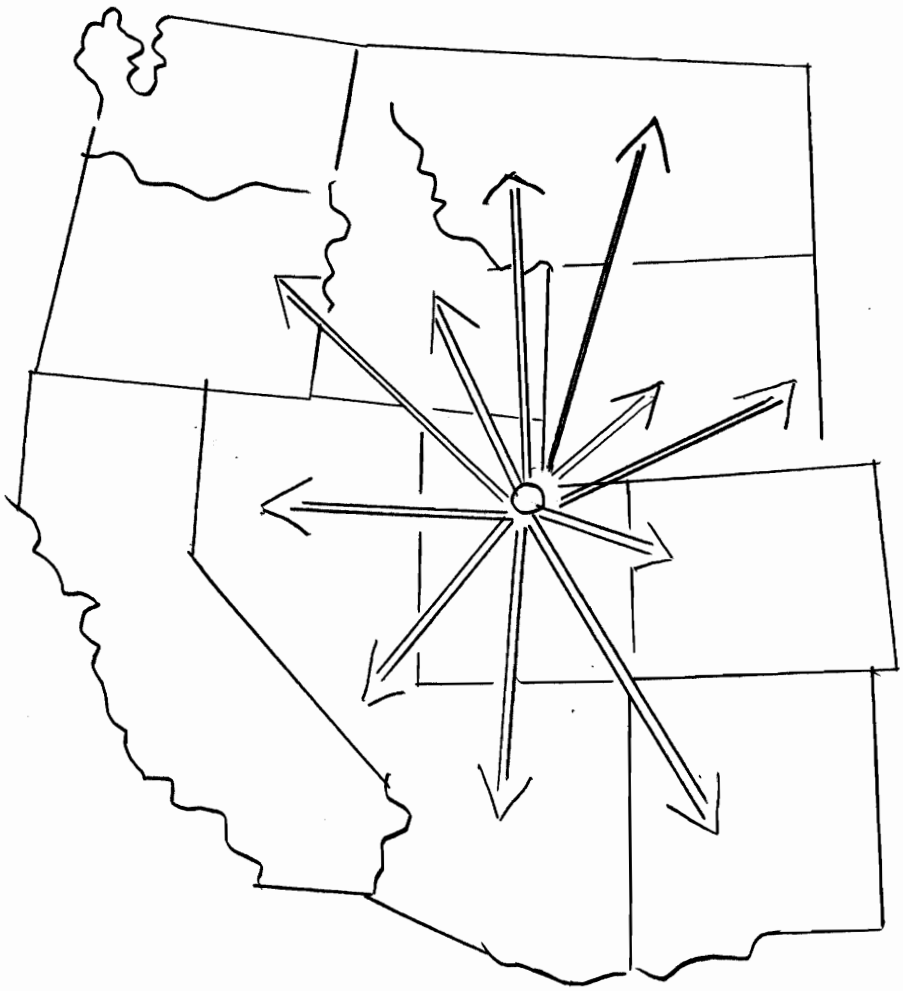


FIGURE 7

Utah is the center of the Intermountain region. Travel distance would be broken for those now attending schools on the East side of the Divide, and those on the Extreme West Coast. Utah is a center of trade and industry. The medical school and the surrounding states are all a part of the higher educational plan and could logically include Occupational Therapy, since it is a medica and psychological field and should be a part of that program rather than under arts and crafts, Industrial arts or the field of nome economics. All needed facilities as to possible affiliations and clinical traineeships were found within a few blocks of the medical and psychological departments of the University and/or medical school. The states surrounding Utah, with the exception of Eastern Colorado , are void of medical schools. (Occupational clinical observation classes must travel sixty miles to the medical school, from the Occupational Therapy department, in Colorado.) The surrounding states are void of Occupational Therapy schools; all have shortages in numbers of Occupational Therapists; each state expressed needs for more departments and therapists to serve long-term patients.

> Young people, having gained a knowledge and assimilated facts, need to push out margins, commend the pioneering spirit and breast new frontiers. The spirit of inquiry a student brings with him illuminates the scene, thus stimulating the staff to their best efforts; the students in turn profit from the staff. [68]

New frontiers of research and progress in the medical profession led to the formation of the Western Intermountain Commission for Higher Education Plan. Such a plan encourages training and research. The map on the opposite page (121) illustrates the area and states that might benefit from a centrally located Occupational Therapy school.

Since Occupational Therapy is a medical and psychological treatment program, it could be included under the foregoing cooperative plan without changes in the original stipulations.

A brief explanation of this plan would reveal its possibilities for Utah in the medical field of Occupational Therapy.

Higher Educational Plan Explained

The Commission invites inquiries and suggestions. Through Commission offices, help would be given individuals, groups of individuals, or institutions, to gain favorable attention from national or regional foundations. Two or three states with special problems of their own could form subregional research teams to meet localized needs, and cooperative research would aid the total Occupational Therapy and overall program. The reasons for such a plan were as follows:

(1) The best young men and women were going out of the State for professional education and would not return due to a lack within the State for advancements.

---

68 June Slokolov, Therapist into Administrator - Ten Inspiring Years, AJOT, XI, 1, 1957, pp. 32, 17.

(2) Every state had its fixed goal, the provision of equality for educational opportunities.
(3) It would be impossible for each state to build its own medical school and support it adequately so that it would be accredited.
(4) Cost of education were rising, the numbers of students needing higher education were increasing. Few institutions and few states could do first-class teaching and research in all fields of knowledge and endeavor.
(5) Use of regional cooperation would bring education resources to any part of the West to serve the needs of every student of the West.

The following quotations gave the main objectives of the Plan.

On November 7-8, 1949, a Governors' Conference of the eleven Western States, held in Salt Lake City, adopted a resolution that a 'cooperative plan among the Western States was necessary and desirable, and should be developed to provide more extensive facilities and training for the students of this region....

Governor Lee recommended that Utah participate in the 1950 compact, concerning the regional plan and program for education in the West... January 1951, the results of the meeting were published.

Governor Lee recommended.... that a committee be appointed to consider ways and means of permitting states not having medical, dental, and veterinary schools of sending their students to other states where such schools were established. The study was undertaken, because it is not economically feasible for most of the sparsely-settled and relatively poor mountain states to support all three of these technical studies....

The Committee concluded that it would be desirable for the Western States to establish a regional education plan enabling students from states lacking technical schools to enroll in these schools in other states; the costs involved to be borne by the home state of the student. ...Under such a compact our medical school would be strengthened and the demands met for technically trained people.

Under the plan above, states would pool their resources, ...with other states contributing their share toward operating costs; states already operating professional schools could expand at less cost than building new plants to take care of the exchange students with a maximum of efficiency and a minimum of expense. ...Research facilities by which long-term needs for higher education in the West may be discovered, defined, and provided. [69]

---

69 Wiche, Your State Can Help You, Nortin Library, Colorado, 1956. G. Homer Durham, "Wiche": An Experiment in Interstate Cooperation and Regional Planning, 1957, Presentation to the Committee.

Certainly research should be done in this area wherein the Western Intermountain Commission for Higher Education Plan functions in order that the great need for Occupational Therapists might be supplied in these Western United States where a deficiency of schools existed in the Intermountain area to train therapists. Occupational Therapy could utilize such a program if a school were initiated in Utah, because Occupational Therapy is a medical field in keeping with the very fields to which the Plan (above) is already applicable.

The field of Occupational Therapy was one of scientific research in and of itself, and was no longer a side-issue of another treatment program. No longer was it considered lightly in psychological or medical fields. With views to the future, scientific research in Occupational Therapy needs its rightful place.

> Occupational Therapy is no longer a simple concept with one tangent, an isolated segment operating in a vacuum. Today, it interacts with many other disciplines at all levels of administration and operations.
>
> Occupational Therapy correctly utilized, and in its proper placement in the psychological treatment programming, becomes one of the most influential diagnostic, testing, and evaluative avenues in understanding the patient's emotions and potentials. The influence of this profession in scientific research can be summed, 'with the ingenuity of the Occupational Therapist and the profession itself, it could reveal and give insight to associate disciplines, their staffs and the patient, through understanding these inner activities as manifested in physical activities.'
>
> It adds techniques of dealing with inner activities and processes by adding a new dimension. Internal conflicts and patterns are influenced by external means. It is postulated that not only does the psychy influence the soma, but that planned changes in the soma can effectuate changes in the psychy. Occupational Therapy undertakes to reverse the words 'psycho-somatic' into 'somatic-physicic' in order to indicate that a change in the patient's physical behavior will produce changes in his psychological behavior. As yet this is in the hypothesis stage, but Occupational

> Therapy demonstrates emphatically that hidden in this hypothesis is the key to a powerful dimension in therapy. [70]

Data and questionnaire responses substantiated that a school would aid Utah's Occupational Therapist problems, (i.e., shortages, registration, the therapist-patient ratio, clinical affiliations, and research). Present Occupational Therapy departments and those to be established would benefit from information disseminated by an Occupational Therapy school in the State. Utah's public, professional and lay members, would be educated concerning Occupational Therapy and informed in one of the newest, yet most scientific research avenues in testing and evaluating patients and activity treatment for them.

---

70 Ija Korner, PhD, Chief Psychologist, Section Psychiatry, University of Utah Medical School, Lecture at Salt Lake County Hospital, January, 1958. Personal correspondence with author, March, 1958.

CHAPTER IV

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

A. SUMMARY

The problem of this study was to determine the need for an Occupational Therapy school in Utah. Statistical and historical data were gathered for the first accurately compiled and recorded history of the growth and development of Occupational Therapy in Utah.

The method used was historical and survey. The background of Occupational Therapy was necessary to understand and clarify the problem. The data for the survey were collected through interviews and questionnaires.

The procedure was as follows:

1. A history was compiled of the Occupational Therapy departments in Utah to show growth and development of Occupational Therapy in the State.
2. A search was made to ascertain if a previous study concerning this subject had been undertaken.
3. Statistical data, secured through questionnaire responses and replies to correspondence, were compiled into charts, graphs, and tables.
4. Personal interviews indicated trends in development and the extent to which Occupational Therapy was understood and utilized.
5. Controversies in the historical development of Occupational Therapy in the State were carefully checked and corrections were made.

6. Approvals for acceptance and printing of data and materials for the study were secured, when necessary, from professional personnel, government officials, hospital directors and administrators.

7. The Occupational Therapy State Organization and Constitution were included in the study.

Sources of data were obtained from:

1. Newspapers.

   The Herald (now obsolete), the Deseret News, the Deseret News Library, and the Salt Lake Tribune.

2. Personal data.

   Correspondence with therapists, diaries, early brochures, historical reports and scrapboosk.

3. Books and other literature.

   The American Journal of Occupational Therapy, American Medical Journal and Hospital Report, Occupational Therapy Register Yearbook, Pioneer histories, and theses.

4. Questionnaires and their return responses from:

   Active and non-active therapists, State Health Departments of the surrounding states, also the surrounding states Rehabilitation departments, hospitals in the major cities of this study, Utah's district nurses, and a random sampling of nurses from seven Utah hospitals.

5. Personal interviews with:

   Educators, State officials, professional and medical directors, supervisors, administrators, and therapists.

The findings to substantiate the needs for an Occupational Therapy school in Utah were presented by data concerning the following areas:

1. AN OCCUPATIONAL THERAPY SCHOOL WAS NEEDED TO SUPPLY THE DEMAND FOR THERAPISTS

   a. A national shortage of 7,400 Occupational Therapists existed in 1957. (See p. 69, and Table II, p. 151 of the Appendix.)

A deficiency of therapists in the Intermountain States and particularly in Utah in relation to the national shortage was also established. (See p. 70.)

b. In Utah, there were only 16 active therapists to supply 39 hospitals and 271,864 patients, or one therapists to every group of 16,991 patients. There was a need for 150 to 200 more therapists in Utah to meet the patient-therapist quota and requirements. (See pp. 109 and 110, and Table XIX, p. 162 of the Appendix.)

c. The average length of stay of Occupational Therapists in Utah was only two years. (See p. 73.)

2. A SCHOOL WAS NEEDED TO TRAIN AND MAINTAIN THERAPISTS IN OCCUPATIONAL THERAPY

a. There were 29 Occupational Therapy schools in the United States.
Nine were west of the Mississippi.
Five were in the large Western area.
Four were on the extreme West Coast.
This left one school (State of Colorado, eastern slope of the Divide) to supply the remaining 11 Western States in Occupational Therapists. (See pp. 77, 78, and Table IV, p. 72, and Table XI, p. 85.)

b. Utahn's desiring training in Occupational Therapy must seek it elsewhere.

c. Therapists tend to go to the school close to their home, close to a medical center, or where there were advancements. According to the American Medical Recommendations, there were only two medical centers in the states of this study. (See Table VI, p. 74.)

3. A SCHOOL OF OCCUPATIONAL THERAPY WAS NEEDED TO REGISTER THERAPISTS FOR THE PURPOSE OF UPGRADING THERAPISTS IN THIS PROFESSION

a. A school was needed to verify the completion of academic training and clinical affiliations and to arrange for the National examination. (See pp. 89, 90.)

b. Individualized instruction limited the numbers who could attend any one school of Occupational Therapy.

c. The length of time required for training was five years for the regular course, after completion of high school, or 18 months to two years for the Advanced Standing course. (See p. 21, Definitions.)

d. Approximately 600 students graduated in 1957, but not all of these students who graduated became registered therapists (i.e., some left the profession for marital reasons, other professions, and more advanced training). (See p. 153, Table VII.)

4. A SCHOOL WAS NEEDED TO INCREASE THE SCOPE AND ADEQUACY OF UTAH'S DEPARTMENTS

a. Ten of Utah's hospitals reported having some 'type' of Occupational Therapy.

b. Seven of these had organized departments, four were recognized, two were non-accredited, and one was a subdepartment. (See pp. 92, 93.)

c. Utah needed a home-bound Occupational Therapy program, and a geriatric and physical disabilities (as such) program for the future. (See pp. 103, 106, 107, and Figure 5, p. 97.)

d. A total of 14 of the 19 hospitals of this study desired departments and affiliations. Three additional hospitals' departments were in process of developing Occupational Therapy. (See Table XIII, p. 156 of the Appendix.) Ninety-four percent of the personnel desired a school, 61 percent indicated a school would raise standards, 77 percent implied the medical staff would be bettered, 85 percent implied the standards would be enhanced. (See pp. 157 and 159, Tables XV and XVII, Appendix.)

5. A SCHOOL WAS NEEDED TO MINIMIZE THERAPIST-PATIENT OVERLOAD

a. Every patient could receive benefits from an Occupational Therapists visit, if the patient remained two or more days in a hospital or center.

b. Utah had a hospital bed capacity of 2,889 (14 hospitals reporting), or one therapists for every 180.5 patients, and a 5-to-58 patient overload. (See pp. 109, 110, and Table XIX, p. 162, of the Appendix.)

c. In Utah in 1956, 2,270 bed patients did not receive Occupational Therapy.

d. Utah's population of 830,000 would average one therapist for every 39,550 persons, an impossibility for effective treatment results. If two hospitals could treat 259 more patients provided departments and therapists were available, an approximated 2,072 patients could be aided. This would require an additional 172 therapists.

6. AN OCCUPATIONAL THERAPY SCHOOL WAS NEEDED AS A SOURCE OF INFORMATION

a. A lack of information existed in Utah both in professional and educational staffs, and the lay public. (See pp. 114, 120.)

b. A school provided sound educational concepts providing experiences and exploration. (See p. 114.)

c. Equipment and materials would be available to encourage research and realistic operational activities. (See p. 120.)

d. Occupational Therapy is becoming an avenue (tool) in aiding both the medical and psychological fields in diagnostic, evaluative testing and analysis. (See p. 121.)

e. The Western Intermountain Commission for Higher Education encourages research and training for interested students. Further research and investigation would aid Utah in Occupational Therapy planning. (See p. 123, and Figure 7, p. 122.)

B. CONCLUSIONS

The data presented in this study appear to warrant the following conclusions:

A shortage of Occupational Therapists exists in the United States, the Intermountain area, and in Utah. Utah, the medical center of this area, was in a key position to develop a school for training needed Occupational Therapists.

Occupational Therapists, professional personnel, hospitals, centers, and clinics indicated a need for a school to establish new departments and minimize this therapist shortage. A school could aid in overcoming the present therapist-patient overload now existing in Utah. Therapists services were pressed beyond the national regulation quota for an effective treatment-program. Such a school would

encourage clinical affiliations for therapist-internships in Utah's hospitals.

An Occupational Therapy school becomes a source of information with its available materials for the public, educators, medical and psychological professions.

Further research and investigation into such a plan as the Medical Higher Educational plan should be encouraged in Utah for Occupational Therapy planning.

C. RECOMMENDATIONS

From this study the following recommendations were made:

1. A study be made of the possibilities of Utah being accepted into the Western Intermountain Commission for Higher Education Plan in Occupational Therapy. Utah's medical school (or medical schools in the future) be the center for an Occupational Therapy department serving the Intermountain area. (See pp. 121, 122, 123, Chapter III, for an explanation of this plan and how Utah's potentials could be utilized.)

    a. A survey of the surrounding states be made of those states that may desire to be included in such a plan for an Occupational Therapy program, if training were to be made available.

2. A study and survey be made of the possibilities and adequacies now existing at the University of Utah, and other higher educational institutions in the State, for the establishment of an Occupational Therapy department, to include the following:

    a. Available personnel
    b. Facilities - physical plant
    c. Equipment
    d. Accreditation and curriculum

3. A study be made of the funds and monies available as to fellowships, scholarships, grants, and Pilot Studies, et cetera, for the establishment of an Occupational Therapy school.

4. It is recommended a study be made of the hospitals of the State of Utah and apprise them of the exact requirements for accreditation as part of their services as to:

a. Departments of Occupational Therapy
b. Clinical affiliations
c. Facilities, and
d. Equipment

5. A study be made of the school districts in Utah to determine the desirability and possibilities of further consolidation as 'District Centers' for Occupational Therapy and its allied fields. That such consolidation be under the medical department of the State in cooperation with the Boards of Education of the districts concerned.

6. A study be made of Utah's pediatric-infant care, home-bound ca cases, geriatrics, and physical disabilities concerning:

a. Numbers
b. Care
c. Occupational Therapy treatment programming

and that such vital statistics be kept and available as a part of the annual report of the State.

BIBLIOGRAPHY

BIBLIOGRAPHICAL ENTRIES

A. BOOKS

American Occupational Therapy Association. Manual for Occupational Therapy Students in Clinical Training. Iowa: W. C. Brown, 1950.

American Occupational Therapy Association. Occupational Therapy Yearbook Register, 1956

Brown, Francis Amy. Medical Nursing. Second Edition: Philadelphia: W. B. Saunders, 1953.

Carter, Kate B. Heart Throbs of the West. Salt Lake City: Deseret News Printers. Vol . 10. 1949.

Fidler, Gail S. and Jay W. Fidler. Introduction to Psychiatric Occupational Therapy. New York: Vol 1 1954.

Morrell, Joseph R. Utah's Health and You. Salt Lake City: Deseret Book Company, 1956.

Rusk, Howard A. MD. Living With a Disability. New York: Blakiston Company, 1953: Eugene J. Taylor, Julia Judson.

Shands, Alfred. Rives. Jr. Handbook of Orthopaedic Surgery. Fourth Edition. St. Louise: C.V. Mosby Company, 1952.

Willard, Helen and Clare S. Spackman. Principles of Occupational Therapy. Second Edition. Philadelphia: J.B. Lippencott,1954.

B. PERIODICALS

American Medical Association and Occupational Therapy Association. "Essentials of an Acceptable School of Occupational Therapy," New York: Revised reprint, Vol # 11 .

American Medical Association. " Hospital Annual Report," Vol 31, August 1956 and August 1957.

American Occupational Therapy Association. " Career Briefs," Brochure Pratt Institute, Brooklyn, Vol 2, 1951 No 1 and 2.

American Occupational Therapy Association, " Helping Others to Help Themselves," National Foundation for Infantile Paralysis, (n.d.)

American Occupational Therapy Association, "Service Through a Vocation. " a brochure, 1950, 1957.

American Occupational Therapy Association, " What it Does, What it is, How it works," 1953.

Bennett, Robert L. MD. " Orthetics for Function," Physical Therapy Review, Vol 36 No. 11, 1956.

Church of Jesus Christ of Latter Day Saints, "The Primary Children's Hospital." A brochure. 1952.

Elks. "Veterans Service Commission Program," Vol 39, No. 3, 1953.

Frederbers, Murray B. "Aspects of Rehabilitation of the Aged," Journal of American Medical Association. November 10,1956.

Fields, Beatrice. "What is Realism in Occupational Therapy," Physical Therapy Review, Vol 36, 1956.

Holley, Louis E. " Crippled Children Party," Elks Bulletin, Vol 39, No 3, December 1953.

Hunt, Joseph, "President's Program for the Disabled," American Catholic Weekly Review, reprint, 1954.

Intermountain Units, "Shriners Intermountain Hospitals," A brochure, 1954.

Metropolitine Life Insurance. "Statistics Bulletine," Vol 34, 33, 1952, 1957.

Moore, Majorie, E. "U.S. Rehabilitation Services," Series Number 421, Department of Health Education and Welfare, Office of Vocational Rehabilitation 1957.

Redkey, Henry, "The Function of Pre-Vocational Unit in Rehabilitation," American Journal of Occupational Therapy, XI No. 1, 1957.

Robinson, Barbara Oak, "Physical Therapy Profession and Political Processess," Physical Therapy Review, Vol 36 No. 2, 1956.

Salt Lake City B.P.O.E. # 85 " Grand Exalted Rulers Visit Veterans Occupational Therapy," Bulletin, December 1953.

State Department of Education, "Special Education Classes in the State," Biennel Report, 1957.

State Health Center, " Consultation and Services Available Through the Children's Health Center," Bulletin, October 1955.

State Health Center. " Synopsis of Utah Society for Crippled Children and Adults," Bulletin, August 1956.

Switzer, Mary E. and Howard R. Rusk. "Doing Something for the Disabled, " Public Affairs Brochure, # 197, 1953.

Crippled Children's Society. " Utah Society for Physically Handicapped," The Bulletin, No. 29, 1946.

United States Department of Health, Education and Welfare. "Number ofDisabled Persons in Need of Vocational Rehabilitation," Rehabilitation Service Series Number 274, June 1954.

United States Bulletin. "Who's Old," Your Health Bulletin, # 12, Vol. 13, December, 1956.

Utah Vocational Rehabilitation Office. " Services to Disabled People," Vocational Rehabilitation Manual, Chapter 12, 1957.

West, Wilma L. "Are You Looking for a New Career," Brochure, Occupational Therapy Publication. (n.d.)

C. AMERICAN JOURNAL OF OCCUPATIONAL THERAPY PERIODICALS

Abbott, Marguerite, "National Foundation Infantile Paralysis Fellowships," AJOT. Vol XI 3, 1957.

Eichler, Evelyn E. " Responsibilities and Rewards," AJOT. Vol X, 2, 1956.

Fish, Majorie, "Annual Report of Executive Director," AJOT. Vol XII 1, 1958.

Calvin, James MD. McDonald and Balliet. "Occupational Therapy in Psychiatry," AJOT Vol XI No. 4, Part L, 1957.

Kaplan, Jerome, "Social Care of Older Persons in Nursing Homes," AJOT Vol XI 4, Part II, 1957.

Redkey, Henry, "Industrial Arts Majors - Pre-Vocational Personnel," AJOT Vol IX 5, Part I, 1955.

_____. "Mobilization and Health Manpower," AJOT Vol XI 1, 1957.

Ritter, Charlotte, " Research," AJOT Vol XI 3, 1957.

Robinson, Ruth. " What's in a Job," AJOT Vol X Part I 4, 1956.

_____. " Nationally Speaking, " AJOT Vol IX, 6, 1955.

Sokolove, June. " Therapist into Administrator, - Ten Inspiring Years," AJOT Vol XI, No. 1. 1957.

_____. "Working as a Team, " AJOT Vol IX 6, 1955.

Wegg, Lillian, "Role of the Occupational Therapists in Vocational Rehabilitation," AJOT Vol XI No, 4, Part II 1957.

West, Wilma and Henrrieta McNarry, "Role of Occupational Therapy in Rehabilitation," AJOT Vol X Part 1, 4, 1956.

Willard, Helen S. " Paramedical Personnel," Committee report, Health Research Office of Defense Mobilization. AJOT Vol X 2, Part I, 1956.

Worthingham, Catherine. "Professional Educational Programing for Rehabilitation Planning," AJOT Vol XI 3, 1957.

D. UNPUBLISHED MATERIAL

Gorlinski, Valentine N. " Survey of Crippled Children's Service in Utah, Under the Social Security Act of 1936-37." Unpublished Master's thesis, The University of Utah, Salt Lake City, Utah, 1936.

McKell, Charles, R. " History of Utah State Hospital," Unpublished Master's thesis, The University of Utah, Utah Room, Salt Lake City, Utah, 1953.

Watkins, Norman B. " Study of Rehabilitation Facilities and an Analysis for a Rehabilitation Center in Utah." Doctoral thesis, unpublished, Utah State University, Logan, Utah, 1956.

E. NEWSPAPERS

Knapp, Kenneth E. " Hospital Group Cite Utah Personnel Lack," May 10, 1957, Deseret News.

Lundstrom, Harold.

Pussey, Merlo J. News Editor.

Walker, Ronda, Personal File, Deseret News Editor's Office, City Desk, " Hospital Folder." 1957.

Deseret News. "Utah Hospitals Begin Receiving Ford Funds," Oct. 1956.

Deseret News, Salt Lake City, Utah, March 1954.

Deseret News, Salt Lake City, Utah, December 19, 1956.

Deseret News, Salt Lake City, Utah, April 7, 1955.

The Herold, (Now Obsolete) Salt Lake City, Utah, June 1913.

Deseret News Library, Occupational Therapy File Folder, "Bushnell", a Brochure. Salt Lake City, Utah, 1945.

_____. Primary Children's Hospital Brochure.

lt Lake Tribune, December 7, 1954

Salt Lake Tribune, June 22, 1954.

Salt Lake Tribune, September 15, 1952.

Salt Lake Tribune, September 7, 1952

Salt Lake Tribune, April 13, 1955.

Salt Lake Tribune, November 3, 1956.

Salt Lake Tribune, July 14, 1957.

Salt Lake Tribune, Information Division. 1957

Salt Lake Tribune, "Surgery Planned at Holy Cross", January 1958.

F. OTHER SOURCES

Andrews, Joyce, verification conversations, 1957.

Ball, Majorie, personal correspondence July 1957.

_____. Newsletter Bulletin, 1957.

Beelet, Glen J. Personal correspondence, personal interviews, scrapbook clippings, pictures, 1957.

Carey, Winfred, S. personal correspondence August 1957.

Clinger, Ralph, personal interviews, Office of Vocational Rehabilitation 1957.

Davies, Elise, personal correspondence and conversation 1957.

Dixon, Aleida Call, personal interview, June 1957.

Francis, Rulon, Physical Therapist, personal interview, 1957.

Fish, Majorie , personal correspondence and verifications, 1957, January, 1958.

Harada, Miyeko, personal correspondence, August 1957.

Holly, Lewis, Utah Society Cripple Children & Adults, verifications and brief interview, 1957.

Jackson, Frank, personal interviews and verifications 1957.

Korner, Ija, PHD. " Occupational Therapy, Its place in treatment of Mentally Ill, and Research," a lecture delivered, at Utah State Hospital Occupational Therapy State meeting, January 1958. Personal correspondence.

Korner, Jean Tomlinson, O.T.R. personal interview March 1957.

Lawless, Betty Joe, Lecture- demonstration, Occupational Therapy, " Muscle Testing- Physical Therapy." Colorado State University, 1954.

National Office, Occupational Therapy Association, personal correspondence, verifications and clarifications, 1957,58.

Powell, Chester N. Neurosurgeon, brief interview, August 1957.

Richardson, Janet, personal interview 1957.

Rosenburg, Harold, comments, June 1957, Veterans Administration Service , Salt Lake City, Utah.

Shreeves, Lyman S. Executive Director, Easter Seal Society and Crippled Children of Utah, 1957,1958.

Soffe, G.W. personal interview 1957.

Tibbles, Jane, District Alpha Chi Omega, personal interview. 1957

Thorup, Ruth, personal interviews August 1957.

Ure, J.W. III, personal interview November 1957.

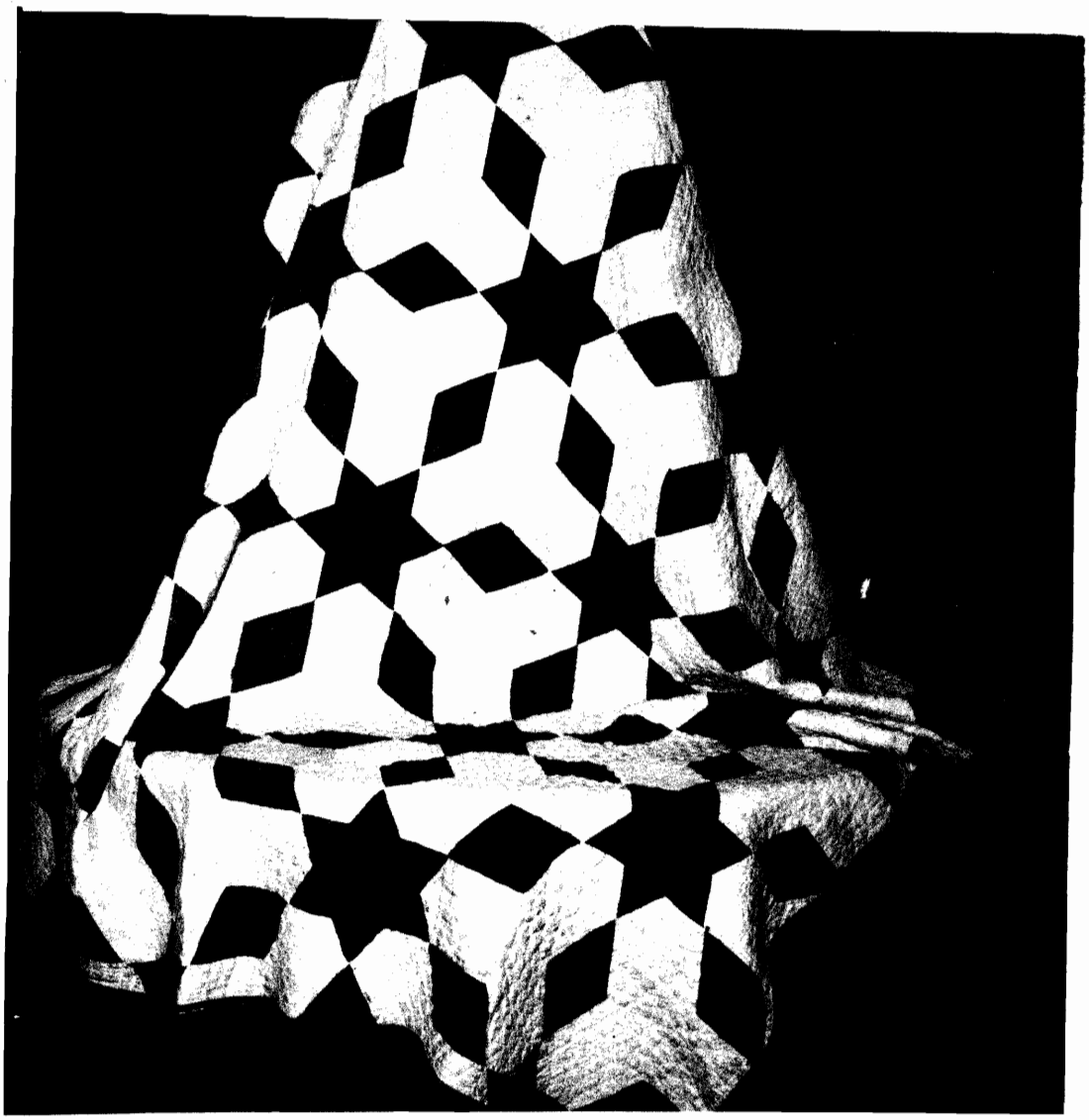
White, Betty, personal scrap book, files, clippings, personal interviews, correspondence 1956 and 1957.

Whitelock, Dorothy, personal correspondence, June 1957.

Williams, Anna Grace, Director Intermountain Unit of Shriners Hospital for verifications and brief interview 1957.

APPENDIX

PLATES



QUILT MADE AT PROVO STATE HOSPITAL 1895,1896
Under the Direction of Mena Trope, Head Nurse and therapist. Dr. Lowry Allen was Head Physician.

Children in Hospital Work Selves Well Merchants, Typists, Sculptors in Making

OCCUPATIONAL THERAPY AT PRIMARY CHILDREN'S HOSPITAL IN 1927

Mrs. Arthur L. Beeley - therapist, Mrs. Alice (Sheets) Smoot, director, and Anna Rosenkilde - Chief Nurse.

Twisted little limbs or bodies are forgotten by these youngsters as they not only play "store," but actually [illegible] fined to beds consider themselves "lucky" [illegible] men, while kiddies who are able to move around [illegible] the center insert is learning how to [illegible]

Mrs. Glenn J. Beery (left insert) a member of the [illegible] Occupational Therapy at the hospital.

For myself – and you are perfectly free to quote anything you like – occupational therapy offers for many mentally ill patients the only road by which communication can be reestablished. Since much more than half of the hospital beds in Utah are already being used for mentally ill people, and there is every possibility that other hospital beds will be provided we can anticipate a greatly increased local need for occupational therapists. Our geographic isolation makes it unlikely that we can attract large numbers of trained people to the Intermountain Area – especially since the demand is increased – and consequently the best approach would be to train them here, a fair proportion would remain.

These comments may be entirely useless to you, but I hope they will help. With best wishes.

Cyril H Bosworth MD

UTAH OCCUPATIONAL THERAPY ASSOCIATION CONSTITUTION

CONSTITUTION
of the
UTAH OCCUPATIONAL THERAPY ASSOCIATION

ARTICLE I

Name and Objectives

Sec. I: The organization shall be called the Utah Occupational Therapy Association. It shall be affiliated with the American Occupational Therapy Association, in compliance with the rules and regulations set forth in the constitution of the American Occupational Therapy Association.

Sec. 2: The objectives of the Association shall be to encourage improvement in our service, to maintain high standards of occupational therapy, to disseminate information and knowledge of occupational therapy, to promote the use of occupational therapy for the benefit of the sick and handicapped, and to engage in any other activities that in the future may be considered advantageous to the profession and its members.

ARTICLE II

Membership

Sec. 1: Membership shall be divided into six classes.

1. Active members shall be registered occupational therapists and active members of the American Occupational Therapy Association. This classification shall at all times constitute a majority of the Association's membership.

2. Associate members shall be those persons interested in promoting occupational therapy but who are not eligible for active membership.

3. Fellows shall be those who by virtue of professional or community status can relate occupational therapy to the public need.

4. Students shall be those in training in an accredited or approved school of occupational therapy or in a school whose accreditation is pending.

5. Sustaining members shall be those who are eligible as active or associate members but whose interest in the objectives of the Association prompt them to larger contributions to its support.

6. Honorary life membership may be conferred upon those who have performed distinguished service in the field of occupational therapy.

Sec. 2: 1. Associate members shall be eligible to attend and participate in all regular and called meetings of the association; to vote on all issues pertaining to the local association; to serve on local committees. They shall not be eligible to vote on matters pertaining to the American Occupational Therapy Association, to vote in the election of officers, nor shall they be eligible to serve as officers.

2. Active members in good standing shall be eligible to hold any office of the association, attend and participate in all regular and called meetings of the association, vote on all issues pertaining to the local association and the American Occupational Therapy Association, serve on local committees.

3. Fellows shall be appointed by invitation of the Executive Committee to serve for a period of three years, subject to reappointment. They may not vote in the affairs of the local Association, in the election of officers, nor shall they be eligible to serve as officers.

4. Students may not vote in the affairs of the local Association or in the election of officers and are not eligible to any offices of the Association.

5. Sustaining members may serve on committees and if eligible to be active members may vote and be eligible to any office of the Association.

6. Honorary members may serve on committees and if eligible to be active members may vote and be eligible to any office of the Association.

Sec. 3: Only active members may vote on matters pertaining to the American Occupational Therapy Association.

Sec. 4: Members of other affiliated associations shall be accepted as members in like status in this association upon presentation of a transfer form signed by the treasurer of the association from which the members is transferred.

Sec. 5: A membership committee shall be appointed by the Executive Committee to investigate and determine the eligibility and membership qualifications of all members.

Sec. 6: A member in good standing is one who is not in arrears in the payment of dues and who upholds the standards of the profession. Active members in good standing shall, in addition, be active members of the American Occupational Therapy Association.

ARTICLE III

Officers

Sec. 1: Eligibility for office: Active members in good standing are eligible for any office in the association, provided they shall have consented to serve if elected.

Sec. 2: The officers of this association shall be President, Vice President, Secretary, and Treasurer.

Sec. 3: Duties of the officers of the association shall be as follows:

1. The President shall be an active member in good standing and it shall be the duty of the President to preside at all regular meetings, appoint chairmen of all committees, except for the membership committee and those special committees otherwise provided for in this constitution, enforce the laws and regulations pertaining to the administration to the association, furnish when requested proper credentials for the Delegate, Alternate-Delegate, and Substitute-Alternate-Delegate, and, if the association will not be represented at the annual meetings of the House of Delegates, notify the Secretary of the House of Delegates to this effect in lieu of forwarding Delegate credentials.

2. The Vice President shall be an active member in good standing and it shall be the duties of the Vice President to assume, in the absence of the President, the duties, powers, and prerogatives of the President; complete the term of office of President in the event of vacancy in that office; and serve as chairman of the program committee.

3. The secretary shall be an active member in good standing and it shall be the duty of the Secretary to keep the minutes of the meetings; keep a register of all members; notify newly elected officers upon their election; carry out necessary correspondence for the organization; within 30 days after the election of officers send to the Speaker, the Vice Speaker, and the Secretary of the House of Delegates, the National Office of American Occupational Therapists' Association, and to the Editor of American Journal of Occupational Therapy a complete list of the names and addresses of the elected officers and delegates, together with their terms of office; promptly report to the Speaker, Vice Speaker, and Secretary of the House of Delegates, the national office of A.O.T.A., and Editor of A.J.O.T., any changes in elective officers or delegate representatives which may occur during the year; file with the Secretary of the House of Delegates a copy of the constitution of the association at the time of its adoption (such constitution to be submitted typewritten, leaving every other page blank); file with the Secretary of the House of Delegates any changes in the constitution or by-laws within 30 days of such change and never later than 30 days prior to the annual meeting of the A.O.T.A.

4. The Treasurer shall be an active member in good standing and it shall be the duty of the Treasurer to take care of all finances of the

association; report at each meeting the conditions of the treasury; issue transfer forms to members in good standing who, because of change in residence, request transfer to another association; send a copy of each transfer form issued to the national office of A.O.T.A.

Sec. 4: Terms of office of the officers of the association are: President, two years; Vice President, Secretary, and Treasurer, one year.

1. Officers are not eligible for reelection for two consecutive terms.

2. In the event of a vacancy of office the following provision is made: The President shall be succeeded by the Vice President to complete the term of office. Vacancies of the offices of Vice President, Secretary, and Treasurer shall be filled by appointment of the Executive Committee until the next annual meeting of the Association.

ARTICLE IV

Representation in the House of Delegates.

Sec. 1: A Delegate and an Alternate-Delegate shall be elected by a vote of the active members of the association who are also members of the A.O.T.A.

Sec. 2: Eligibility of office:

1. The Delegate shall have been a registered occupational therapist and an active member of the A.O.T.A. for more than one year prior to date of election.

2. The Alternate-Delegate and Substitute-Alternate-Delegate shall have been registered occupational therapists and active members of A.O.T.A. for more than one year prior to date of election.

Sec. 3: The duties of the Delegate, the Alternate-Delegate, and the Substitute-Alternate-Delegate shall be as outlined in "Handbook for Delegates".

Sec. 4: The terms of office shall be as follows:

1. The term of the Delegate shall be three years. The Delegate shall be elected at the annual meeting in the years assigned to the association by the rotation plan of the House of Delegates. The Delegate may not be elected to more than two consecutive terms. The Delegate shall assume office on the first day of July following election.

2. The term of the Alternate-Delegate shall be one year. In the event the Delegate is unable to attend the sessions of the House of Delegates, the Alternate-Delegate shall, if possible, attend the meetings and shall have all the powers, rights, and privileges of the Delegate. In case of a

vacancy in the office of Delegate, the Alternate-Delegate shall, if eligible, complete the term of the Delegate or serve in the capacity of Delegate until the next annual meeting, at shich time a new Delegate shall be elected to complete the term.

3. The Substitute-Alternate-Delegate shall, in the event the Delegate and Alternate-Delegate are unable to attend the annual meetings of the House of Delegates, be appointed by the Executive Committee to represent the association. The person thus appointed shall have all the qualifications and shall be entitled to the same rights and privileges as the regularly elected delegates for those sessions of the House to which appointed. The Substitute-Alternate-Delegate shall serve in the capacity of Delegate only at those sessions of the House to which appointed.

Sec. 5: The Association shall, prior to each yearly meeting of the A.O.T.A., determine the extent of financial assistance to be given to the Delegate for expenses incurred in discharging the duties of this office.

ARTICLE V

Executive Committee

Sec. 1: Members.

1. The Delegate and the Alternate-Delegate shall be members of such board or committee.

2. The elected officers shall be members of the Executive Committee.

3. A representative of the members may be invited to participate at meetings at the discretion of the Executive Committee.

Sec. 2: The duties of this committee shall be:

1. To act for the association between meetings and in times of emergency when the membership as a whole may not be able to meet.

2. To appoint officers, other than President, to complete the term of office in the event a vacancy occurs.

3. To appoint a Substitute-Alternate-Delegate as representative for the association in a specific session of the House of Delegates in the event the Delegate or Alternate-Delegate are unable to attend said session.

Sec. 3: There shall be two kinds of meetings:

1. Regular meetings shall be held twice every year; a quorum shall be two-thirds of the members of this committee.

2. Special meetings shall be called by the President of the association, as necessary, who shall be responsible for the notification of the members.

Sec. 4: All decisions and recommendations of the Executive Committee shall be reported to the membership at the annual meeting.

Sec. 5: Terms of office of the members and the filling of vacancies shall be as stated for "officers" in Article III, Section 4.

ARTICLE VI

Committees

Sec. 1: The Program Committee shall be a standing committee.

1. The purpose of the Program Committee shall be to plan and arrange for the social and educational programs presented at each meeting of the association.

2. The chairman of the Program Committee shall be the Vice President of the association. Members shall be appointed by the chairman of the committee.

3. The term of office for the chairman and members of the committee shall be one year.

Sec. 2: Standing and special committees shall be appointed by the Executive Committee as considered advisable. These committees shall be regulated in the same manner as the standing committee.

ARTICLE VII

Meetings

Sec. 1: There shall be an annual meeting of the association in March, April, or May of each year.

Sec. 2: There shall be one regular meeting of the association each year.

Sec. 3: Special meetings may be called by the Executive Committee or the President as required. It shall be the responsibility of the President to notify all members of special meetings and statement of business to be transacted. All meetings shall be announced at least two weeks in advance.

ARTICLE VIII

Quorum

A quorum of all meetings shall be two-thirds of the membership thereof.

ARTICLE IX

Nominations and Elections

Sec. 1: Elections shall take place at the annual meeting of the Association.

Sec. 2: The election of a nominating committee shall be made by the Executive Committee and shall be elected by January 1st of each year.

Sec. 3: The duties of the nominating committee shall be to determine which offices are to be filled each year and take action accordingly.

Sec. 4: The nominating committee shall prepare a slate of qualified candidates, distribute it to the members at least one month in advance of elections.

Sec. 5: Offices of the Association shall be voted upon by ballot at the annual meeting of the Association. The majority determines the election.

ARTICLE X

Dues and Assessments

Sec. 1: The Association shall determine the amount of dues for each year at the annual meeting.

Sec. 2: Dues shall be payable on January 1st of each year.

1. Dues are to be considered delinquent after January 31st of each year. Delinquency shall prohibit members from the right to vote and hold office in the Association.

2. For each month after January 31st of each year, members who are delinquent in their dues shall be fined one dollar per month up to and including the 6th month following said date. At this time such members shall be automatically dropped from the organization.

ARTICLE XI

Fiscal Year

The fiscal year shall be from the first day of January of each year through the 31st of December.

ARTICLE XII

Amendments

This constitution may be amended by a two-thirds vote at any annual meeting if notice and copy of proposed changes have been sent to each member of the Association thirty days previously, and if the proposed amendment has been approved by the Executive Committee.

ARTICLE XIII

Parliamentary Authority

Except as otherwise provided, all meetings of this Association and committees shall be governed by the parliamentary rules and procedures stipulated in the current edition of "Roberts Rules of Order, Revised."

APPENDIX TABLES

TABLE I

QUESTIONNAIRE RESPONSE COMPILATION

To whom sent	Num.	1st Ret.	2nd Ret.	Remin-ders	Late	Total	Not Ans.	%	Un-claimed
Occupational Therapists	26	14	2	4	3	19	5	73.1	2
Rehabilitation	8	4	3	3	1	8	0	100.0	0
State Health	9[a]	1	4	4	4	9	0	100.0	0
Hospitals	19	6	5	5	4	14	5	80.0	0
District Nurses	16	2	4	4	4	10	6	62.5	0
Random sampling of nurses	18	5	4	0	2	12	6	67.0	0
TOTALS	96	32	22	20	17	72	22	80.4	2

Note: [a] Utah has two sections of State Health Departments:(a) the State Capitol, and (b) Utah State Health Center.

Findings of a need for an Occupational Therapy School in Utah were investigated through 96 questionnaires sent to: Occupational Therapists in Utah, State Health and Rehabilitation departments of the the seven states of this study, nineteen hospitals chosen from Utah's thirty-nine, district nurses in Utah, and a random sampling from the nurses in a forty mile radius of Salt Lake City, Utah.

An overall average response of 80.4 per cent was represented. Two sources responded 100 per cent. The following gives the percentages from the questionnaire responses.

Overall average responses ... 80.4
State Health Department 100.0
Rehabilitation Departments... 100.0
Hospitals 80.0
District nurses 62.5
Occupational Therapists..... 73.1
Returned unclaimed 2

TABLE II

REGISTERED THERAPISTS AND SHORTAGES

Year	Numbers of Therapists		
	Registered Therapists	Projected needs	shortage estimated
1949 [a]	2,100	6,000	3,900
1952	3,800	8,000	4,200
1954 [b]	3,500	6,540	5,040
1955	3,896	10,500	6,600
1956	5,080	10,500	5,420 [c]
1957	5,200	13,000	8,000

Note: The small 'a' figures were given prior to and including 1949.

b. This data was not given for the year 1953.

c. This figure was a statistical report record. Other records show the figure of 6,600 for the year 1956.

TABLE V

UTAH'S RELATIONSHIP TO OTHER WESTERN STATES IN POPULATION GROWTH

		Population Growth 1950 to 1957		
State	Sq. Area	1950	1955	1957
Arizona	113,580	749,587	993,000	1,000,000
Idaho	82,808	588,602	598,000	658,188
Montana	146,316	591,024	619,000	660,000
Nevada	109,802	160,083	210,000	247,000
New Mexico	121,511	681,187	778,000	778,000
Oregon	96,350	---	1,640,000	1,650,000
Utah	86,346	658,862	762,000	830,000
Wyoming	97,506	290,527	298,000	300,000

HOSPITALS AND OCCUPATIONAL THERAPISTS

State	Hospital Beds			Occupational Therapists					
				1956			1957		
	Accredited.	#-Reporting	Beds	Reg. F.T.	P.T.	Oth.	Reg. F.T.	P.T.	Oth.
Arizona	72	10	3,280	6	6	7	7	1	5
Idaho	54	5	1,612	4	4	4	5	--	3
Montana	64	4	2,380	2	--	7	3	1	8
Nevada	17	4	145	1	--	21	1	--	3
New Mexico	54	6	1,248	6	6	--	5	--	5
Oregon	79	9	7,103	12	12	25	19	---	21
Utah	39	9	3,061	11	10	7	12	3	7
Wyoming	36	2	1,221	7	7	7	1	---	13

Sq Area means Square mile area.

Note: Utah's comparison with the surrounding states as to area, population, hospitals, beds, and therapists was evident.

Reg. indicates registered, F.T. means full time, P.T. means part time.

Others would include students, clinical affiliates, volunteer aides. Though Utah ranks near the top in relationship to these surrounding states, she is still below average of those states sponsoring an Occupational Therapy school in numbers, treatments, clinical affiliates, therapists, and patients served in Occupational Therapy.

TABLE VII

ENROLLMENT DATA, CAPACITY, AND NEEDS

Year	Number of schools	Capacity of schools	Number enrolled	Number graduated
1949 [a]	25	2,300	1,700	---
1952	27	3,100	2,150	441
1954 [b]	27	3,100	---	400
1955	29	3,500	2,594	547
1956	29	3.500	2,600	500
1957	29	3,500	2,289 [c]	600

Note: a. Figures given were prior to and including 1949.

b. Data for 1953 was not given.

c. A figure according to a report from twenty-eight schools. This may account for the decrease as all did not report. In 1957 one school was still on probationary approval

Percentages of graduates from the figures above were:

Year	Percentage
1949	----
1951	20.5
1954	
1955	21.
1956	19.2
1957	26.2

A steady increase in per cent who graduate was noted.

JUNE 1957ATTENDANCE ENROLLMENT DATA FOR OCCUPATIONAL THERAPY SCHOOLS IN THE UNITED STATES

Class	Fall Sem. 1954	# Rept.	Spring Sem. 1955	# Rept.	Fall Sem. 1955	# Rept.	Spring Sem. 1956	# Rept.	Fall Sem. 1956	# Rept.	Spring Sem. 1957	# Rept	Total
5 Freshman	439	(23)	394	(23)	434	(23)	406	(26)	464	(25)	416	(25)	2553
Y e Sophmore	457	(25)	439	(25)	484	(26)	470	(26)	475	(26)	431	(26)	2756
a r Juniors	428	(27)	470	(26)	522	(26)	488	(27)	489	(28)	465	(26)	2862
s Seniors	414	(25)	398	(25)	480	(27)	416	(26)	459	(28)	413[a]	(26)	2560
Clinical Affiliation	388	(24)	384	(24)	391	(26)	407	(26)	384	(26)	363	(26)	2317
Advanced Standing													
Academic													
Academic	139	(16)	137	(16)	150	(17)	113	(16)	126	(18)	111[b]	(18)	756
Clinical	94	(9)	93	(11)	102	(14)	112	(15)	94	(15)	90[b]	(17)	585
M a.Master's De.	9	(2)	10	(2)	25	(3)	18	(3)	23	(3)	28	(3)	85
S Males	85	(16)	85	(15)	71	(16)	82	(17)	93	(18)	70	(16)	594
e x Females	2265	(	2230		2452		2330		2398		2211		13,789
Totals	2350 (#%)		2315		2523		2412		2491		2289		14,382
Drop out		35				111				202	(in 3 yrs.		348

Notes:

a. Only the seniors total of 413 was used as a graduating number . Clinical affiliantes were still interning.

b. The totals of 111 "Academic " and 90"Advanced Standing" were used for a total of 201.

Numbers in the parenthesis indicate the numbers of schools reporting enrollment each semister. Sem. was for semister, rept- meands reporting. A decrease of 23 the first year;26 the second

TABLE XII

HOSPITAL BEDS, FACILITIES, AND ADMISSIONS FOR UTAHAUGUST 1, 1957

Hospital	Beds	Types of service	O.T. facilities		Residency Dr.	Others
Am.Fork County	34	General	----	-----	---	---
Utah St. Training	12	Psychiatric	----	-----	---	---
Cooley Memorial	32	General	----	-----	---	---
Iron County	42	General	----	-----	6	
Utah Permenet	30	General	----	15	6	
U.S. Army Est.	20	General	----	----	----	---
Filmore L.D.S.	25	General	----	----	----	---
Heber	17	General	----	----	----	---
U.S.A. Hill Field	40	General	----	15	----	---
Lehi	17	General	----	----	----	----
Logan L.D.S.	88	General	----	15	-----	---
Beaver	18	General	----	---	----	----
Dr. I.W. Allen	36	General	----	----	---	----
Sanpete L.D.S.	28	General	----	----	----	----
Cottonwood Matern.	22	Maternity	----	----	----	----
Juab	18	General	----	----	----	----
St. Benedict	170	General	12[a]	15	80	3,4,6
Thomas Dee	226	General	12	15	95	3,4,
T.B. Sanatoria	100	T.B.	12[a]	----	5	5,
Payson City	35	General	----	----	----	----
City- County	54	General	----	----	----	----
Utah State	1372	Psychiatry	12		99	----
Utah Valley	110	General	----	----	4	----
Sevier Valley	27	General	----	----	----	----
Salina	----	General	----	15	?	
L.D.S. Groves	350	General	---[a]	15	110	3,4,
Holy Cross	92	General	12	15	110	
Primary	70	Pediatric	12	15		3,5,
St. Marks	250	General	12[a]	15	96	3,4,5,
Salt Lake Co.	228	Gen. Psy.	12	15	90	3,4,5
Shriners	60	Orthopedic	12[b]	15	6	3,5
Vets Adm. (12th Av.	194	Gen.,T.B.	12	15	37	
Vets. Adm.(Ft.D.)	546	Gen. Psy. T.B., Ger.	12	15	5	4,5,
Hyde Memorial	12	General	----	----	----	----
Tooele Valley	36	General	----	15	----	----
U.S. Army Tooele	15	General	----	----	----	----
Tremonton Valley	25	General	----	----	----	----
Uintah County	29	General	----	----	----	----
Totals 39	4,487		10	15	13	8

Note:

Note all hospitals of those listed above, approved for medical purposes would necessarily be accredited for Occupational Therapy and other paramedical fields. 12- stands for Occupational Therapy. 15. Physical Therapy.

a. denotes a type or form of Occupational Therapy.(not accredited)

b. The only clinical affiliation in the State.

3,4,5,6, indicated the nurses,internships, and trainee service offered.

32 hospitals were a general type, 4 psychiatric,3 offered T.B., 1 orthopedic, 1 Maternity service was listed. Two departments were under the one head at Veterans Administration.

TABLE XIII

UTAH AND EIGHT STATES PRESENT AND FUTURE OCCUPATIONAL THERAPY DEPARTMENTS

Name	Departments		Patients		Affiliations	
	now	planned	now	planned	now	planned
Utah's O.T.'s	6	2	1,126	'many'	1	3
Hospitals	7	5	619	259 [a] 'many'	1	8
Dist. Nurses	2	---	28	'many'	--	3
			[b]	---	--	---
Rehabilitation	5	4	8,614	---	--	---
State Health	36	6	1,800[c]	---		---
	40	17	12,187	259	1 [e]	14

Note: a. Only two reported. Several indicated 'many', 'a great many more', ' exact numbers unknown'.

b. Only three reported,

c. Only two gave numbers.

d. Eight states reported.

e. There was only one in Utah. Both hospitals and Occupational Therapists indicated the only affiliation.

TABLE XV

PROFESSIONAL RESPONSES FOR BETTERMENT OF STAFF, DEPARTMENTS, STANDARDS.

Name	Responses				
	Desire school	Support school	Department bettered	Medical staff bettered	Standards enhanced
Hospitals	13	13	9	10	13
O.T.'s	16	16	16	16	--
Dis. Nurses	9	7	--	6	8
State Health	7	7	--	6	7
Rehabilitation	--	7	7	5	--
	45	50	32	43	28

PROFESSIONAL RESPONSES- TOTALS AND PERCENTAGES

Response	Numbers Reporting	Negative responses	Percentage
Desire school	45	3	94
Support school	50	7	88
Departments	32	6	84
Med. Staff	32	4	91
Standards enhanced.	28	5	85

RANDOM SAMPLING OF NURSES

O.T. aids patients	92 per cent	0 negative responses
Appreciate service	58 per cent	0 negative responses
O.T. creates interest	92 per cent	0 nrgative responses
Need therapists	90 per cent	2 negative responses
O.T. inadequate	75 per cent	0 negative responses

TABLE XVI

GERIATRIC PERCENTAGE AND POPULATION COMPILATION

UTAH'S RELATIONSHIP TO OTHER INTERMOUNTAIN STATES

State	I	II	III	IV	V
	1940		1956		1957
	Population	per cent	Population	Per cent total Population	Estimated Population
Utah	30,215	48.5	49,000	6.4	824,000
Arizona	23,909	45.9	53,000	6.4	1,084,000
Idaho	31,700	45.1	49,000	8.3	628,000
Montana	251,161	50.1	59,000	9.6	643,000
Nevada	6,800	76.5	13,000	6.6	255,000
New Mexico	23,285	50.3	39,000	5.3	827,000
Oregon	92,728	51.0	153,000	9.3	1,736,000
Wyoming	12,588	51.3	22,000	7.5	324,000

Note: 68,000 population basis was the average used for percentages of geriatrics. Metropolitan Life Insurance Vital Statistics, 1956, and 1957 was the source of the above data.

TABLE X V I I

PROFESSIONAL ATTITUDES TOWARD OCCUPATIONAL THERAPY

Physicians	75 per cent indicated need for Occupational Therapy. 23 per cent indicated essential. 90 per cent indicated acts-of-daily-living important. 68 per cent indicated pre-vocational experiences important.
Welfare	74 per cent indicated Occupational Therapy was needed . 85 per cent indicated it was essential . 70 per cent acts-of-daily-living needed. 80 per cent responded concerning Occupational Therapy .
Public Nurses	ranked Occupational Therapy higher than other therapies. 94 per cent indicated Occupational Therapy was essential. 70 per cent indicated acts-of-daily-living important.
Rehabilitation Supervisors	100 per cent responded. 83 per cent indicated Occupational Therapy was essential. 33 Per cent indicated it was useful. 67 per cent that acts-of-daily-living were important. 74 per cent indicated pre-vocational exploration was needed.
Special Services.	100 per cent indicated Occupational Therapy was essential. 62 per cent indicated acts-of-daily-living important. 50 per cent that pre-vocational exploration was important.
Occupational Therapists	85 per cent indicated Occupational Therapy essential. 70 per cent that acts-of-daily- living important. 81 per cent that Occupational Therapy was useful. 80 per cent that Occupational Therapy was of great value.

If Occupational Therapy is essential to these medical and paramedical groups, then of necessity, therapists must be trained, imported, or encouraged to come to Utah that the demand and supply might be met.

TABLE XVIII

DETAILED REPORT CONCERNING UTAH'S DISABLED AND HANDICAPPED

Primary Children's Hospital Report of therapy, 1957 [a]

3,351 Children seen at clinics.
854 Admissions
7,150 Occupational Therapy treatments (average of 20 patients a day)
8,479 Physical Therapy
1,054 Speech Therapy, individual speech sessions.
715 outpatients, and 416 inpatient sessions.
17 Blind children receive blind training daily

The hospital was accredited; residency approved by the Medical Association and Internship approved; a Medical School affiliation reported; Professional Nursing School appoved; but no Occupational Therapy affiliation was offered.

Utah Society for Crippled Children 1957

1,238 Children treated
125 to 130 Children treated in Occupational Therapy or
4,042 Occupational Therapy treatments given at three separate places. (Gramercy School, Ogden, Utah, State Health Center, and special summer clinics.)
19 People were rehabilitated.

Speech Internships were offered, but no Occupational Therapy affilations.

Shriners 1957 Intermountain Unit of the Mystic Shrine.

1,241 Outpatients, (the total Unit)
413 in Utah, (approximately)
229 Inpatients in the total Utah Unit.
76 average in Utah.

Board of Education 1957 Biennel Report.

39,125 Handicapped
34,350 Hospitalized
438.45 Homebound. (This was the only figure for homebound found in the entire state.)

No Occupational Therapy was listed as being given to the above Educational numbers in the report.

Unemployment Security 1957

1,253 New Applicants
513 Active file
595 Non agreement placements.

TABLE XIX

UTAH THERAPIST - PATIENT OVERLOAD

	Beds	Pts.	Pts. per Ther.	Basis Pt. Load	Over-Load
Occupational Ther.		1,126	70.3	30	40.3
Hospitals	2,889	2,217[a]	138.5	25-30	108.5
Hosp ..ed. Rpt.	3,061	3,061	181.0	20-30	151.0
A. M. A. Rpt.	4,487	4,487	280.0	20-25	245.0
Rehab. Hndp. Rpt	1,266	1,266	79.1	15	64.1
Emp. Sec. Dis. Rpt.[b]		1,766	110.3	15-20	90.3
Primary Hospital	77	3,351	209.4	15	194.4
St. Health Rpt.		1,238	77.3	15	62.3

Note: a. Includes nineteen hospitals used for this figure.
b. Those people on the active list and the new members only.
pts. means patients.
Ther. signifies therapists
AMA. means American Medical Association
Emp. Sec. Dis. means Employment Security Disabled Report.
St. means State Health report.

UTAH'S OCCUPATIONAL THERAPISTS[b] RESPONSES CONCERNING OCCUPATIONAL THERAPY DEPARTMENTS, NEEDS, AND FUTURE PLANS

NO.	Therapists				Patients treated						additions to the departments					Department needs							Future plans					Volunteers and Aides.				
					in		out		over-load																							
Number	non-Registered	Registered Active	Reg. Inactive	Support & School	Day	Week	Day	Week	yes	no	complete	few	some	process	others	Additions	expansions	School	equipment	therapists	Aides-volunteers	Enlargement	School here	more O.T.'s	Buildings	others	Aides	Day	Week	trained	untrained
1		x		x	20	100				x		x											x	x			x	x			
2		x		x	250				x		always need more							x			x		x	x			1		x	x	
3		x		::	60	300			x		x						x	x		x	x	x	x				x			x	
4		x		x	60	300			x								x	x		x	x		x	x			1		x		x
5		x		x	98	490			x			change						x	x	x											
6		::		x	2	10[a]										x	x		x	x				x				none			
7		x		x	64	320			x		x							x		x			x				1		x		
8	x				10	20																many	crafts					none			
9		x		x	25	125			x					x			x	x		x		x							x	x	
10	x			-	20	100			x			x		x	x							x									
11			x		30	150			x			x		x	x		x	x	x	x			x	x			x		x		
12		x		x			13	95	x					x	x			x	x	x		x		x				none			
13		x		?	20	45								x																	
14		x		x	162	300			x		x					x	x	x	x				x				1		x		
15		x		x			15	80	x		need many						x	x	x	x	x	x	x	x			need some				
16		x		x	36	180			x								x	x	x	x	x	x	x	x	x	x	1				
17		x		x	180	180			x							x	x	x	x	x	x	x	x	x	x	x	1				
18			x	x	35	175	10	50	x									x		x	x		x	x	x	x	1	x		x	
	2	14	2	16	1078	3838	48	225	13	1	3	3		5	3	3	9	13	8	12	7	7	12	10	3	3	9	3	7	3	2

Note: [a] Therapist was only able to work one-half a day. [b] Answers were to be unbiased, and according to direct needs and/ or plans.

QUESTIONNAIRES

OCCUPATIONAL THERAPY
HISTORICAL DATA QUESTIONNAIRE

1-Name_____ Home State_____
School graduated from_____ Year_____

2-What field do you represent? Orotho._____ G.M.S._____ Psychology_____
Pede_____ T.B._____ Others_____

3-How long have you been at your present hospital_____
center_____ Senitoria_____

4-Did you open the department? Yes_____ No_____

5-Was it a completed and established department? Yes____ No____ Partial___

6-Who was at your present center just prior to yourself?_____
_____ Registered?____Non-registered_____

7-What has been the new additions or improvements? Complete___ Few_____
Some____ In the process_____
What are the present needs? Better bldgs.____ Need expansion____ Better equipment____ More Therapists____ A school in this area____ More aids, traomed_____Not____ More volunteers____, Others_____

Stt. O.T.'s_____

8-What plans would you like to see carried out for future needs: More therapists____ Enlargements____ A school in this area____ More O.T. departments____ Others_____

_____

9-How many aids do you have under your supervision?_____

10-How many registered therapists are a part of your staff?_____
Students_____

11-Do you have regular_____Daily_____Weekly_____Volunteers_____
Trained_____Un-trained_____. What organization do they represent?

_____

12-If you are not now active, would you please answer these above questions in connection with your last job?

13-Approximately how many pts do you _____ Did you_____ Treat a day _____ A week_____. Out pts._____ Day_____ Week_____. Is this considered an over-load?___Yes_____No_____

14-Past offices held, in the State organizations___National___As committee-members,____As a group organizer_____As Pres._____Vice Pres____Sec___ Treasurer___Historian___ Program___ Delegate___ To what others_____

_____

15-Would you support____Not support____an O.T. school here in Utah?

HOSPITAL QUESTIONNAIRE

Check the answer that most accurately applies to your organization.

1- This hospital does have an occupational therapy department.
yes____ does not____ partial____ unknown____

2- It has been established since 19___. There are registered therapists in charge.
1____ 2____ 3____ 4____ 5____ 6____ 7____ 8____

THERAPISTS

3- An occupational therapy department is planned for use in:
2 yrs.____ 3 yrs.____ 5 yrs.____
The estimated need for registered therapists in Occupational Therapy would be: unknown____
full time____ part time____ none____
2 yrs.____ 3 yrs.____ 5 yrs.____

4- The number of beds in this hospital are_____.
will be in:
2 yrs.____ 3 yrs.____ 5 yrs.____

5- The number of patients receiving occupational therapy at this time in this hospital are_____.
some____ partial____ none____
unknown____

6- The numbers of patients that would need and could be serviced by occupational therapy if a school were available to supply the needed therapists.
would not____ great deal___ partial____ unknown____

OCCUPATIONAL THERAPY DEPARTMENT

7- This hospital would desire and support an occupational therapy department if services from affiliated students and trainees were possible from a school in this area.
yes____ would not___ great deal___ partial____ unknown____

8- This hospital would desire and support a plan for trainees on clinical affiliation services.
yes____ would not___ some____great deal___ partial____ unknown____

SCHOOL

9- This hospital would be interested in a professional department as part of the medical program at the University to train registered

occupational therapists and future occupational therapy directors.
yes____ would not___ some____great deal____ partial____ not known____

10- The total medical staff of this hospital would be benefitted from additional knowledge such a school would offer and provide.
yes____ would not___ some____ great deal____ partial____ not known____

11- This hospital's standard per treatment plan would be enhanced through an occupational therapy school with affiliated student's program in this area.
yes___ would not___ some____ great deal____ partial____ not known____
a degree____

12- Patients serviced per day would be extended by an occupational therapy school to train needed therapists in this area.
yes___ would not___ some____ great deal____ partial____ not known____

13- This hospital does have volunteers (non-registered or untrained therapists) to alleviate some of the needs a school might offer through its clinical affilliations plans.
yes___ does not___ few____ great extent____ not known____

VOLUNTEER PROGRAM

14- The volunteer service of this hospital would be greatly benefitted by trained therapist's lectures or classes offered in occupational therapy for more professional services rendered.
yes___ would not___ some____ great deal____ partial____ not known____

15- Additional services this hospital needs not included above and that are a part of needs for occupational therapy are_____

_____

_____

_____

Would you desire a summary of this survey for your hospital's files?
yes____ no____

REHABILITATION QUESTIONNAIRE

REHABILITATION

Check the blank that is most accurate in applying to your area.

1- The number serviced in your area by Rehabilitation are_____.

2- The number of rehabilitation Centers, as such, in this state are:
some____ none____
few____
3____ 4____ 5____ 6____ 7____ 8____ 9____ 10____

3- Vocational Rehabilitation in this state does utilize Occupational Therapy exploration.
yes____ does not____ some____ partial____ unknown____

4- Rehabilitation would exhibit great interest in a school to train therapists to more adequately supply pre-vocational exploration in this state.
yes____ would not____some___ a degree____ partial____ unknown____

5- My state could be aided by pre-vocational rehabilitation experience if such were available.
yes____ could not____ some____ a degree____ unknown____
great deal____

6- Rehabilitation would be in favor with and support a program making available more trained occupational therapists for cooperation with your program.
yes____ would not____ great deal____partial___unknown____

PRE-VOCATIONAL EXPLORATION

7- There are pre-vocational exploration programs in this state.
yes____ partial____ unknown____
some____ none____
1____ 2____ 3____ 4____ 5____ 6____

8- It is connected with or combined with occupational therapy _____
a workshop___ school___ clinic___ hospital___ other___

9- The present facilities are adequate and available as:
(a) closed shop_____
(b) open-work shop_____
(c) sheltered shop_____
some____ partial____ unknown____
few____ none____

10- My state would be aided by pre-vocational exploration if more registered and trained occupational therapists were available.
yes___ would not___some____ great deal____ partial____ unknown____

11- Pre-vocational experiences would aid in hastening rehabilitation placement possibilities.
yes____ would not____ some____great deal____ partial____ unknown____

Other needs not listed above.

STATE HEALTH DEPARTMENT AND PUBLIC HEALTH NURSES

Check the answer that most accurately applies to your organization.

1. The number of Occupational Therapy departments known in this State by your program as noted from your reports are ____some____ few____ partial_____ none _____ unknown _____. 1 2 3 4 5 6 7 8 9 10 ____.
2. The Health department's estimated needs for Occupational Therapy in this State would be _____ some ____ few____ a great many more than at present _____ unknown_____.
3. This department believes there is a shortage of Occupational Therapists in this area that such a school would help alleviate through its clinical affiliation program. ____would not____ partially ____ a great deal ____ unknown _____.

Patient-Load and care.

4. The numbers of geriatrics in this State needing Occupational Therapy are _____ some _____ a few_____ the estimated number of _____ a great deal _____unknown _____.
5. The numbers of Home-bound patients that could benefit from Occupational Therapy programs are _____ some ____ few ____ partial ___ none____ unknown _____.
6. The numbers of Home-bound patients in this State are _____ few ____ some _____ partial _____ none _____ great number _____unknown _____.
7. The numbers of patients given an adequate home-bound or field-area service in Occupational Therapy are _____ some ____ few____ partial ____ none__ unknown _____.
8. The numbers of handicapped this department services are _____some ____ few ____ a great deal _____ partially _____ unknown _____.

School.

9. This State would support a plan for an Occupational Therapy School in the area. ___ would not____ partially __ to a great extent ____ unknown.
10. This State would support a plan for an Occupational Therapy School in the Intermountain area if centrally located at the Medical School of this area ____ would not ____ partially ___ a great degree _____ unknown __.
11. This State would be interested in a program to train Occupational Therapists that a school would offer. ____ would not ___ partially ____ agree there is a therapist-shortage ___ unknown ____ others _____.
12. This department would be enhanced by knowledge and training to staff and personnel, that such a school would offer ____. would not ___ some ___ a great deal ____ partially ____ unknown _____.
13. The present Occupational Therapy program in this State is/or consists of a well organized program. ____ does not ____ partially ____ to a degree _____ a great number _____ not known._____.

Dear Professional Worker:

I am inviting you to be a part of a Master Thesis "The Need for an Occupational Therapy School in Utah."

Your ideas are vital as background data and will become part of the proof for the need of a school.

Immediate efforts to answer the questionnaire below and returned will indeed be appreciated.

Yours respectfully,

Blanche Humpherys,
Occupational Therapist

NURSES QUESTIONNAIRE

Check the answers that most nearly describe your own observations of patients reactions to Occupational Therapy, before and after you care for them.

1- This department has found Occupational Therapy aids the general well-being of patients under our care.
yes____ would not____ some____ great deal___ partial___ unknown___

2- This department would appreciate services rendered to us that a school of instruction would provide to acquaint nurses with purposes and value of Occupational Therapy.
yes___ would not___ some____ great deal____ partial____ unknown____

3- The nurses of my floor find a need for more trained therapists that a school's clinical affiliations would supply.
yes___ does not____ some____ great deal___ partial____ unknown____

4- Occupational Therapy creates better interest and atmosphere of the ward and hospital in general.
yes___ does not____ some____ great deal____ partial____ unknown____

5- My observations of Occupational Therapy is, the service in this hospital is adequate to meet the needs of the patients.
yes___ is not____ few____ partial____ unknown____

6- My observations concerning Occupational Therapy not mentioned above are: (list below any items you have gleaned, that patients have mentioned, or that you would like to know about it.)

LETTERS

LETTER OF INTRODUCTION

Dear Sir:

Your cooperation is urgently asked in making a survey and forming basic historical background of the needs in this area for an Occupational Therapy School to train therapists, thus easing the present shortage in Utah.

This letter invites your verification, approval for data, and participation through the enclosed questionnaire, in a Master's Thesis, " The Need for an Occupational Therapy School in Utah."

Your hospital's information and statistics are vitally important in compiling the background needs as part of the proof required to indicate possibilities for such a school.

Immediate efforts on your part to complete and return the questionnaire will indeed be appreciated.

Yours respectfully,

LETTER OF REMINDER

Dear Sir:

Recently you received a short, concise questionnaire regarding a Master's Thesis, " Need for an Occupational Therapy School," or information for historical background concerning your state's Occupational Therapy program.

It is urgently needed in compiling basic statistics as proof of the need in your State and for beginning a history of Occupational Therapy in this area.

Each item on the short questionnaire is vital, pertinent material. Your answers are needed in the study. You play an important part in it.

I realize you are busy with other necessary and time consuming activities, but may I urge you to fill out the questionnaire today and return it that the study may be completed by August 10. Your help will be greatly appreciated.

Respectfully yours,