

## MAXIMUM UTILIZATION OF THE HANDICAPPED WORKER

### MAXIMUM UTILIZATION OF THE WORKER HAVING ORTHOPEDIC DISABILITIES

Kenneth D. Arn, M.D.

The House of Delegates of the American Medical Association in 1962 stated that, "handicapped people, when placed in positions for which they are qualified, make efficient, loyal, dependable employees." The Council on Occupational Health then, after careful study, expanded this statement into the following guidelines:

"Comprehensive and documented studies of the performance of the handicapped have repeatedly shown excellent job performance, as well as less absenteeism and better safety records than in comparable groups of able-bodied workers. In most circumstances, such employment does not lead to increased workmen's compensation costs.

"The principle of evaluating ability, rather than disability, of a potential employee deserves continued emphasis. Strict placement requirements are unavoidable for certain jobs, but if the type of work permits, the handicapped individual should receive equal consideration with any other worker.

"The efforts of the President's Committee on Employment of the Handicapped in developing medical criteria for employment of specific groups, encouraging improvements in architectural design of buildings, stimulating rehabilitative procedures, and in promoting an educational campaign to industrial management and the public, merit support and commendation...

"Successful employment of the handicapped involves:

1. Proper medical evaluation of the physical and mental condition of the applicant and his capacity for work.

2. Proper job placement, in which the employee can utilize his maximum functions and skills, without affecting adversely his own health or exposing his fellow workers to increased hazards. (This requires cooperation between administrative personnel and the medical department.)

3. Periodic re-evaluation of the employee's health status to protect his capabilities for continuing satisfactory employment."

To better understand the response of a person to a handicap, one should understand the rule of body image and adjustment to a disability. The body image is a complex conceptualization, which one uses to describe one's self. It is one of the basic parts of the total personality, and as such, determines one's reaction to one's own environment. It is, in fact, the mental representation one has of his or her own body.

The two aspects of the body image concept are the individual's ideal or desired body image, and the actual body image itself. For the recently disabled person, the closer these two images relate to each other, the better is the psychological adjustment of the individual. However, when the discrepancy is wide between these two images, then the psychological adjustment of the individual is much poorer.

For a disabled person to adjust to the psychological impact of the disability, the body image has to change from the image of a non-disabled person to the body image of a disabled person. Of course, in the adjustment process, the body image will change from that of a non-disabled person to the actual body image of a disabled person; but for adequate psychological adjustment toward a disability, the ideal body image must make the corresponding adaptation. Thus, this adjustment to a disability is the acceptance of an altered body image, which is more in harmony with reality.

As a guide to the speed in which an individual will adjust to his disability, a group of three factors must be considered, namely:

1. Factors directly associated with the disability,
2. Factors arising from the individual's attitude towards his disability, and
3. Factors arising from the individual's view of the purpose of the body, and the relationship this view has with the type and extent of disability.

In the first group, the physical limitations imposed by the disability may cause excessive frustration, and in turn, result in behavioral disorders. As an example, an individual who is quite active in sports, plays golf, tennis, squash, and is quite active physically, will experience a greater psychological impact upon becoming disabled than an individual who leads a more confining, and physically limiting life, since the restriction imposed by the disability demands a greater change in the basic life style of the sportsman. Both factors directly associated with the disability have an important bearing upon an individual's reaction to the disability.

An individual's adjustment to his or her disability is dependent upon the attitude one has had prior to the disability. Now, if the attitude toward a disability was negative and strong, this individual will naturally have a greater adjustment problem than an individual with a neutral or positive attitude toward disability and the disabled. Also, the amount of fear an individual experiences at the onset and duration of the accident that led to the disability will determine the psychological impact of the disability. As a rule, the greater amount of emotion expended during the onset, the better the psychological adjustment to the disability.

The impact of the disability can be lessened by proper instruction and education of the individual regarding the disability that is present. Much time and effort should be spent in explaining in simple straightforward mechanistic manner to the individual the factors involved in the disability, and by this means, the individual will find it easier to accept and to adjust to the handicap. Therefore, it is important for psychological adjustment to a disability that the individual be instructed in terms that can be understood, both in the medical aspect of his disability, as well as the psychological aspects, as soon after onset as possible.

The third factor that determines the adjustment process based upon the individual's idea of the purpose of his body may be characterized as falling somewhere on a continuum. At one end of the continuum is the view that the body is a tool to accomplish work; it is a productive machine. At the other end is the view that the body is an esthetic stimulus to be enjoyed, and provide pleasure for others. Now, everyone falls somewhere in this continuum. Thus, to adequately predict the impact of a physical disability on an individual, one has to locate the placement of the individual upon the continuum, then evaluate the disability in light of the individual's view of the function of his body.

Thus, it may be concluded from these three factors that the degree of psychological impact is not highly correlated with the degree of disability. Disability and its psychological impact is a highly personalized event, as relatively superficial disabilities may have devastating psychological effects.

When the disabled individual has reached the maximum possible restoration, it is time to institute the vocational rehabilitation process, and the means to this end is the evaluation of the individual as to his limitations, and particularly his assets. The following are commonly recognized areas of evaluation important to the rehabilitation process:

1. Medical (general and specialty).

2. Psychological (intelligence, personality, aptitude, interest, academic achievement).
3. Social (family, community, peer group, work group).
4. Vocational (physical stamina, persistence, interest, dexterity, impulse control, acceptance of instructions in supervision).

In the field of orthopedic disabilities the medical findings are of considerable importance. Not only are we interested in the orthopedic disabilities, but also in the rehabilitation medical procedures which will give us an adequate idea as to the work ability of the individual. Highly important in this field are the contributions of the occupational therapist, the physiatrist, and the work evaluation coordinator.

The psychological evaluation is of great importance. By proper psychological testing, one is able to determine the response of the individual to his disability, and also to note personality changes. One can also obtain warning signs of some deep-seated psychotic condition that warrants further evaluation and treatment before the vocational rehabilitation process can be continued. Also, of prime value is the "intelligence" testing of the individual, for with this background, we can determine whether the rehabilitation process should be in the field of further education, or in the re-training of certain manual procedures.

The social evaluation certainly plays a role in the vocational rehabilitation process, as one needs to know the adjustment of the family to the individual and his handicap, and also the individual's reaction towards his family in the new light of being disabled. One should know the standing of the individual prior to the disability - how he was accepted by his peer group, his church activities, social activities, and fraternal groups. Also, one should determine whether the disabled individual will again return to an active social life.

Lastly, the vocational rehabilitation process is one that can be both quite simple, and yet be the most complicated endeavor undertaken in the total rehabilitation of the individual. Here again, the Work Evaluation Counselor can play a role in determining the physical stamina of the individual and his response to certain types of physical labor. Also, the psychological aspect of the disability could play a great role in the vocational rehabilitation process. For example, was the individual's disability directly related to his occupation, and would it be detrimental to return him to this occupation? Again, the cause and effect factors play a vital role in the vocational rehabilitation process.

The disabled job applicant may be confronted by obstacles to employment, despite the fact that he has gained satisfactory job skills. Employer attitudes and personnel policies may deprive him of the opportunity to prove his ability to perform successfully on the job. However, much progress has been made in this area in the past twenty-five years. Through extensive programs of education, and through improved services to the handicapped, increasing numbers of persons with a disability have been returned to gainful employment. One of the factors that played a great role in the rehabilitation of the handicapped is that of the industrial physician, and his acceptance of the guidelines that have been established by the Council on Occupational Health of the American Medical Association.

As George A. Michael once said, "anyone who wants to make a living folding parachutes ought to be required to jump frequently." And this is true in the field of vocational rehabilitation. We, as physicians, should be reluctant to state, "You can't do it - your disability is too great," rather, we too, should be required to jump often into the rehabilitation process, and to say, "Within limits, you can do it if you want to, and we will help you to help yourself!"

In conclusion, studies have shown that properly placed disabled persons are competitive with non-disabled workers in productivity, attendance, job stability, safety, and cost of employment. Improved employment opportunities for the disabled person will come after there is improved understanding and cooperation between business, industry, the agencies providing services, and the disabled persons themselves.

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Marilyn K. Hutchison, M.D. NIOSH Project Officer

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AMA

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