

THE MEDICAL REHABILITATION PROGRAM OF THE BUREAU OF STATE SERVICES

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EVERY disability that could have been prevented or is not receiving care means a personal and a community loss. The growing number of persons with disabilities resulting from chronic diseases, injuries, communicable diseases, congenital anomalies, and mental illnesses increasingly concerns the Bureau of State Services, Public Health Service.

The Bureau's concern is warranted by the 1960 National Health Survey, which showed that the activities of more than 19 million persons were restricted because of chronic diseases, that physical impairments affected the mobility of 5 million persons, and that chronic diseases which could limit activities affected 74 million persons. These figures do not include the persons that were institutionalized because of chronic diseases or disabilities.

The following definitions were provided by the Bureau to guide its divisions—Accident Prevention, Chronic Diseases, Community Health, Dental Health, Hospital and Medical Facilities, Medical Care Administration, and Nursing, as well as the Tuberculosis Control Program of the Communicable Disease Center—in reporting on current activities of projects in all phases of the rehabilitation of affected persons, such as the prevention of disability and maintenance and restoration of function.

Disability. Loss or reduction of a person's capacity to cope effectively with the demands of his environment as a result of disease, illness, or injury, including birth trauma.

Medical rehabilitation at the patient level. The clinical management of the problems associated with disability, with the objectives of

retaining or improving physical, socioeconomic, and psychological functioning. Medical rehabilitation is an integral part of total medical care, and there are elements of medical rehabilitation that are appropriate to a number of different health disciplines.

Medical rehabilitation programing at the national level. A function concerned with factors such as professional and community education and management studies that affect delivery of appropriate health services designed to prevent or to reduce disability and to preserve or to restore function in persons with a current or impending disability.

A candidate for medical rehabilitation. A person who, as a result of disease or injury, has a current or impending limitation of function in some area of living.

The following résumé of activities of the Bureau's divisions shows an increasing recognition of medical rehabilitation as an integral component of total medical care. It reflects the concept that a medical rehabilitation program should include preventive services as well as services to help each person with an impairment or disability to attain and maintain his maximum level of functioning regardless of age or potential for employment.

Research

Preventing and controlling the disabilities of chronically ill persons constitute a major concern. For the medical rehabilitation of patients with diabetes, arthritis, and gout, demonstration programs for special care in nonhospital settings are being developed. The social and emotional factors in rheumatic fever, psychological invalidism of the cardiac patient with emphasis on the adolescent, recovery of single-leg amputees, and acute myocardial infarction are being studied.

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Other studies include research into methods of preventing physical and social deterioration in older persons with chronic diseases and a study to develop standards of management for patients with hip fractures.

Current research into automotive crash injuries, injury patterns in children, human factors in farm accidents, role of the drinking driver in traffic accidents, and safety shielding in university chemical laboratories is providing new insights into environmental, physiological, and psychological factors relating to accidents and primary accident prevention.

The health practitioner's attitude toward the rehabilitation potential of the aging and the aged, the older person's perception of his health status and functional capacity, and identification of the onset of diseases are part of attitudinal and longitudinal studies related to gerontology.

Other Bureau studies of the aged relate to the person's choice and use of community health resources and to finding methods for helping older persons maintain their well-being in their own homes. Also being studied is the effect of continuous, comprehensive rehabilitation team guidance for nonhospital living situations for the chronically disabled. The rehabilitation aspects of milieu treatment and resocialization of mentally ill geriatric patients and of social isolation and adjustment of residents of a home for the aged are being investigated.

The Bureau supports projects to provide for expanded community programs on restorative and rehabilitative dental care. Projects related to the dental needs of special groups also are being developed to provide dental services for the homebound, the indigent chronically ill and aged, and the handicapped.

An intensive study is being made of the ways in which health services including medical rehabilitation are being provided, of the cost of providing these services in a variety of settings and through a variety of approaches, and of the use of such services. One study is concerned with the standards and quality of care; another with physical therapy manpower in nursing homes.

Nursing is a component of many studies; however, some projects are underway in which nursing principally is emphasized. These proj-

jects were designed to develop and to evaluate community nursing services for psychiatric patients, to compare home care with continued hospitalization, to determine the effect of intensive care in acute myocardial infarction, and to study the effect of continued care by nurses and physicians on the patient's recovery.

Services

The Bureau of State Services supports a large number of projects to demonstrate new and more effective means of providing services, including medical rehabilitation in a variety of settings such as hospitals, nursing homes, the patient's home, mobile clinics, housing developments, community centers, and senior citizen centers. The suitability of some of these settings for providing various levels of maintenance and restorative rehabilitation services also is evaluated. Some of the projects focus on patients with certain conditions and diseases such as neurological and sensory diseases or the stroke-aphasic patient; others focus on selected age groups such as children or adults over 45 years of age.

Several service projects are directed toward the development of more effective emergency medical services following traffic accidents, poison and burn injuries, and home accidents.

Casefinding, functional restoration, and followup are components of service demonstration projects for patients with heart diseases, particularly those with cardiopulmonary disorders, stroke, and congenital heart failure. These projects are designed to demonstrate that followup is important in preventing the recurrence of acute episodes.

Preventive and health maintenance services for persons over 45 years of age are being demonstrated in projects that provide for periodic health appraisals consisting of health examinations or selected screening procedures, counseling, health education, and referral services. These services are indicative of the Bureau's interest in the preventive aspect of rehabilitation.

Demonstration projects are being conducted in podiatry, social and nursing services, and information and referral services. Other projects are supported to determine the variety of

health and social services needed by older persons to link them with an appropriate rehabilitation resource. Some projects provide opportunities for evaluating medical care programs for older persons.

The Bureau supports several demonstration projects for the development of community interagency mental retardation centers and their services. Extending the services of a rehabilitation center to outlying hospitals where patients have communicative disorders associated with neurological and sensory diseases is also being supported. A statewide program for the prevention of blindness is being maintained as are community projects for the diagnosis and treatment of epilepsy patients and those with other neurological diseases.

County or multicounty projects are operating in more than half of the States to provide health services to migrants and their families; specifically, public health nursing, sanitation services, and health education. Most of these projects include family health service clinics to provide general medical care, including dental services.

Demonstration dental services are being developed for long-term care patients either at home or in nursing homes. In one project a chronic disease hospital and a nursing home are extending their out-of-hospital dental services to the chronically ill and aged at home in an effort to provide rehabilitative as well as therapeutic care.

Several projects provide for the delivery of services to nursing home residents. Nutrition, occupational and physical therapy, and social services upgrade services in nursing homes.

All types of community services are supported: State and county information and referral services, selective service rejectee programs, neighborhood health aide programs, comprehensive care programs for the medically indigent, hospital discharge planning programs, programs for providing comprehensive health care in public housing projects for low income families, visiting nurse services, and home care programs utilizing nurses and home visiting aides.

Training and Education

Short-term accident prevention training courses are being offered in 16 colleges and universities across the country. Instruction is being provided in rehabilitation techniques and skills as well as in the basic principles of medical rehabilitation in major chronic diseases such as cancer, diabetes, stroke, arthritis, and neurological and sensory diseases. Some courses of instruction are discipline oriented: physician, nurse, physical therapist, audiologist, and occupational therapy assistant. Others are subject oriented: communicative disorders, locomotor disorders, and prevention of deformity.

Some are directed toward education of the patient. Other courses deal with the adaptation of restorative services to various settings, such as in nursing homes and the patient's home.

An opportunity for research training is being provided in a seminar on gerontology. The participants include faculty members of university departments of sociology, psychology, and economics.

A number of training projects are concerned with the improvement of curriculums. For example, gerontology curriculums for all health practitioners are being developed for use by professional schools and societies, community hospitals, and health departments. Part of this project will be the pretesting of methods of presentation in selected communities. Other projects are designed to improve the subject content concerning neurological and sensory diseases in the nursing curriculum, and others are developing a curriculum in public health at the master's level for physical therapists.

Methods are being sought to increase the professional's understanding of the problems of long-term illnesses, and guides are being developed for evaluating the functional and potential ability of chronically ill patients. Seminars on management of the chronic disease patient, emphasizing techniques and resources to maintain and to improve the functional status of such patients, are being held in four areas of the country.

Professional education is receiving considerable attention. Of particular relevance are projects designed to evaluate the effectiveness of open-circuit television as a medium of con-

tinuing education for health practitioners, especially physicians. The Bureau supports projects for developing inservice training programs to improve health and welfare workers' abilities to treat effectively multiproblem families through the coordinated use of community health and welfare services and agencies.

Several projects are devoted to devising prototype programs in dental care that establish undergraduate training in teaching dental care for special patients, such as the handicapped, the chronically ill and aged, and children. In some projects, emphasis is placed on combining health department and dental school resources to meet the needs of these selected patients.

The production of educational materials for professional and nonprofessional audiences is an aim of many projects, and a number of publications on various medical rehabilitation subjects are being prepared.

Construction

Medical rehabilitation activities are enhanced by the Bureau's support of the construction of

medical facilities, including public and voluntary nonprofit hospitals, diagnostic and treatment centers, rehabilitation facilities, nursing homes, chronic disease hospitals, and community facilities for the mentally retarded and mentally ill.

Of consequence are funds for expansion and renovation of teaching facilities for health professionals such as physicians, nurses, and dentists. Services in all these facilities are strengthened through projects to improve hospital design, to prepare inventories of facility needs, to support systematic communitywide facility planning, and to develop guide materials relating to the operation, organization, and maintenance of care facilities.

The Bureau's numerous projects concerned with disabilities caused by chronic diseases, injuries, communicable diseases, congenital anomalies, and mental illnesses emphasize the magnitude of the problem. The needs are apparent.

Conference Calendar

September 26-30, 1966. Animal Care Panel, Chicago, Edgewater Beach Hotel. Information: Joseph J. Garvey, Executive Secretary, Animal Care Panel, P.O. Box 1028, Joliet, Ill. 60434.

September 29-October 2, 1966. American Medical Writer's Association, New York.

October 3, 1966. Arthritis Foundation, New York.

October 3-6, 1966. Annual Instrument Symposium and Research Equipment Exhibit, Bethesda, Md., National Institutes of Health. Information: James B. Davis, National Institutes of Health, Public Health Service, Bethesda, Md. 20014.

October 3-7, 1966. International Clean Air Congress, International Union of Air Pollution Prevention Associations, and International Clear Air Congress, London.

October 3-7, 1966. International Water Supply Congress and Exhibition, Barcelona.

October 7-14, 1966. American Academy of General Practice, Boston.

October 18-19, 1966. American Cancer Society, New York.

October 18-19, 1966. Annual Meeting of the Industrial Hygiene Foundation, Pittsburgh, Chatham Center. Information: Dr. Robert T. P. deTreville, Managing Director, Industrial Hygiene Foundation, 4400 Fifth Avenue, Pittsburgh, Pa. 15213.

October 21-25, 1966. American Heart Association, New York.

October 21-25, 1966. Association of American Medical Colleges, San Francisco.

October 22-27, 1966. American Academy of Pediatrics, Chicago.

October 24-27, 1966. National Safety Council, Chicago.

October 24-28, 1966. Pan-American Congress on Tuberculosis and Respiratory Diseases, Buenos Aires.

October 25-28, 1966. Data Processing Management Association, Los Angeles.

October 27-November 1, 1966. American School Health Association, San Francisco.

October 31-November 4, 1966. American Association of Public Health Physicians, San Francisco.

October 31-November 4, 1966. American Public Health Association, San Francisco, Civic Auditorium.

October 31-November 5, 1966. American Society of Parasitologists and the American Society of Tropical Medicine and Hygiene, San Juan.

November 2-3, 1966. American College of Preventive Medicine, San Francisco.

Announcements for publication should be forwarded to Public Health Reports 6 months in advance of meeting.