

FACETS



University of Pittsburgh
School of Health and
Rehabilitation Sciences
Spring / Summer 2003

Work in Progress
The Evolution of Occupational Therapy

FACETS

School of Health and Rehabilitation Sciences — Spring/Summer 2003 — Contents

From the Dean	
<i>Giving Back . . .</i>	3
Access	
<i>Dr. Rory Cooper Discusses the Assistive Technology Industry</i>	4
Giving	
<i>Karen Khan on the Importance of Scholarships</i>	5
Scholarships and Endowments	5
New and Noteworthy	6
Calendar of Events	7
Thornburghs Continue Their Legacy of Giving	7
Researching Resuscitation	
<i>Dr. David Hostler</i>	8
EMSA Impacts the Community	8
A Community of Neighbors	9
Yearbook	9
In Memoriam	9
A Leader in Our Midst	
<i>Peter Cody Hunt</i>	10
Class Acts	11
Dialogue	
<i>A Conversation with Lucy Spruill</i>	35



www.shrs.pitt.edu

Publisher
Clifford E. Brubaker
Executive Editor
Karen T. Khan
Editor
Patrick T. Mangus
Creative Director
Vince J. Longo
Art Director
Diana L. Baier
Production Director
Chris Longo

Editorial Staff
Daryl Clemmens
James Hodges
Brendan Mangus
Photography
Christine Heiner
Annie O'Neal

University of Pittsburgh

FACETS is published by the Office of the Dean, School of Health and Rehabilitation Sciences. It is produced three times yearly for alumni, students, staff, faculty, and friends of SHRS.

The University of Pittsburgh is an affirmative action, equal opportunity institution.



University of Pittsburgh



The Model Mentor

Charlotte Johnson and the Holistic Approach

12

Neighborhood Assistance

Strengthening the Case for Assistive Technology in Brazil

14

Work in Progress

The Evolution of Occupational Therapy

16

The Real World

Clinical Education in Health Information Management

20

Exercising a New Option for Parkinson's Disease

Pilot Project Shows Promise

26

Pass Go!

SHRS Partners with the Hiram G. Andrews Center

28



About the cover:

Occupational Therapy No. 2 was painted by noted African American artist Jacob Lawrence in 1950. It is part of the permanent collection of the Herbert H. Johnson Museum of Art at Cornell University

School of Health and Rehabilitation Sciences



Giving Back . . .

Attending a university and graduating with a degree has a profound influence on the direction our lives take. With only a few notable exceptions (Bill Gates comes to mind), the preponderance of evidence indicates that college graduates are substantially more successful and affluent than those who do not earn a degree.

As you reflect on your college years, I am sure that you will recall high points. Many of you met your spouses. All of you gained expertise, experience, and credentials that have been the basis for your careers. There were early mornings and late nights of study and classes, and for many of you, there was part-time work to make ends meet. While work and study exact a toll upon one another, they also make us stronger. Even so, there are probably very few who would not have preferred attending college without the added burden of holding a job.

Is there anyone who is not aware of the escalating costs of higher education? The cost has increased at multiples of the inflation rate. Why this is the case is an issue beyond the scope of this column. Suffice it to say that it is the present reality, and the weight of this burden has fallen most unevenly on current students and their families.

Perhaps better times are coming. While there appears to be some difference of opinion among experts about “when,” there is a growing consensus that the economy will improve. However, even with the rosiest of scenarios, it will be quite some time before we observe noticeable relief in the escalation of costs to attend college. Therefore, it is both a practical and a moral imperative that we find ways to help the current generation of students.

Growth in America, in all its forms, has been characterized by successive generations being supported by and building upon the efforts and accomplishments of their predecessors. Our current students and those who will be following them need our help. The most obvious and direct manner of assistance is to contribute to one of our existing Scholarship Funds. A complete list can be found on the “Giving” page of this issue of our magazine.

There currently are scholarships that provide partial support to students in several programs. Some of our current scholarships are open to all students. While these scholarships are helpful, they are insufficient to address the large and growing need for assistance. We need to expand these resources. We have many priorities, but it is difficult to imagine a greater urgency than to increase support for our students.

Please consider helping the current and future students of SHRS with a scholarship gift. In doing so, you will be making an investment that will not only enhance your school and your university, it will make a degree from SHRS and Pitt even more valuable. This is good for everyone!

With kindest regards and best wishes,

Clifford E. Brubaker



ACCESS

Dr . Kate Seelman

While there have been significant advances in assistive technology in the last 30 years, neither public policy nor professional development has kept pace. Payors – both public and private – remain rooted in the medical model. Manufacturing research is often shaped by what will be reimbursed rather than what will maximize the quality of life for people with disabilities. Consumer needs are not fully considered. Dr. Rory Cooper, Professor and Chair, Department of Rehabilitation Science and Technology, describes it as a field that is largely “uneducated and under-regulated.” I’ve asked Dr. Cooper to discuss the problems that confront the industry and the role SHRS is playing in shaping its future.

It was the late 1970s when the first Rehabilitation Engineering Research Centers (RERCs) were established. These were primarily stand-alone sites, most often associated with a hospital. Then, disability was viewed as an illness and rehabilitation was the provenance of physicians.

Today, our view of disability has changed dramatically. Thanks to the Americans with Disabilities Act (ADA), people with disabilities are playing active roles in the community. Accommodation is now part of the business and retail lexicon. Devices like PDAs – originally conceived as cognitive memory aids – have become mainstream technology.

Unfortunately, the rehabilitation industry has not caught up with the changes. The R&D departments of most manufacturers of durable medical goods and assistive technologies are still staffed by electrical and mechanical engineers with little understanding of the human side of their products. In fact, assistive technology is not even viewed as a viable industry segment in which to base a career. For many engineers, it is a rung on the career ladder. Many enter the field with a peripheral relationship to assistive technology – perhaps some knowledge of electrical motors or frame structures – and after a few years, they move on to a more recognized engineering segment. Many manufacturers are not even aware that rehabilitation engineers – professionals who have made assistive technology their career focus – even exist.

But this pales in comparison to the problems confronting the delivery side of the equation. Right now, anyone with the price of a business license can hang out a shingle and start selling assistive technology. No training is required. Certification is available – RESNA has an Assistive Technology Supplier designation and there is a National Registry of Rehabilitation Technology Suppliers – but both are relatively new and consumers haven’t yet recognized either designation.

A particular problem is Web vendors. They promise consumers that they will process all of the necessary paperwork and even guarantee payment. What they can’t promise is that the equipment they specify will be best suited to meet the consumer’s needs. They work under the assumption that most assistive technology is low tech. No special fitting is required. Their in-house therapists don’t see patients. They simply collect data via the Internet, complete the necessary forms, and specify equipment that is least likely to prompt a payor audit.



Kate Seelman

I lay the blame for this situation on the payor. People point fingers at the manufacturers – that they are not being sufficiently innovative in developing new products. While this may be true, the reason is understandable. They design products based on what the payor will cover. Many of them want to meet consumer needs, but they’re constrained by the reimbursement system. This holds true for the rehabilitation technology supplier as well.

The problem is that Medicare – the lead payor for rehabilitation technology in the United States – was designed to deal with illness. Their decisions are epidemiologically based. Their guides are actuarial tables.

But we’re not talking about illness when we discuss assistive technology. Assistive technology is support for daily living. It should be easily accessible to everyone who needs it. Yet, we have created a system that is so complex that even the most educated consumer needs the guidance of qualified rehabilitation professionals not only to select the best assistive technology, but to help him or her successfully navigate the reimbursement process.

Unfortunately, there are very few of these professionals available. It’s a situation we here at SHRS are working to change.

Already, our rehabilitation engineering graduates are in demand by forward-thinking durable medical goods manufacturers. The fact that we view rehabilitation engineering as a clinical discipline and house the program in a health sciences school rather than an engineering department makes our graduates unique.

In the near future, we hope to offer a bachelor’s degree in rehabilitation technology. We see many of these graduates working as community-based, front-line assistive technology suppliers.

Our vision is based on the theory that it should be the consumer – not the payor – who directs the process. We see assistive technology being marketed directly to the consumer; not like today, where the therapist acts as the gatekeeper. Consumers should be empowered to make choices based on their specific needs. Clinicians should be advocates.

In the event that a consumer’s problems are too complex to be handled at the local level, he or she should be referred to a clinical setting much like our Center for Assistive Technology. There, a team of professionals – rehabilitation engineers, physical and occupational therapists, speech pathologists, audiologists, and psychiatrists – can work with the consumer to identify the best combination of assistive technologies to meet their independent living needs.

Will this model work? All indications are that it can. Just on the horizon is the largest pool of potential consumers of assistive technology this country has ever seen. It is the aging baby boom generation. They are educated. They are willing to use technology to maintain their lifestyle. And they have the resources to pay for it. They will be powerful advocates for change.

We’d like to hear your reaction to this column. E-mail your comments to Karen Khan at ktkhan@shrs.pitt.edu. They will be printed as space allows.



Rory Cooper

Scholarships and Endowments

• School

- Dean's General Development Fund
- Anne Pascasio Scholarship Award

• Physical Therapy

- Dorothy Bradley Brown Scholarship
- Dorothy Bradley Brown Nationality Room Scholarship
- Pearl Mann Scholarship
- Pat Croce Scholarship
- Alice Chagnot Oulette Scholarship
- D. T. Watson Alumni Scholarship
- Patricia Leahy Memorial Scholarship
- Victoria Green Memorial Scholarship
- Jessie Wright Award in Physical Therapy
- Scully Visiting Scholar Program

• Communication Science and Disorders

- Jack Matthews/Herbert Rubin Endowment Fund
- Emeritus Award
- Lisa Levy Memorial Scholarship
- CSD Clinical Network
(formerly the Speech and Hearing Clinic Fund)

• Rehabilitation Science and Technology

- Thomas J. O'Connor Memorial Scholarship
- Human Engineering Research Laboratories Endowment
- The Rory A. Cooper/Dion Johnson Endowment
- Department of Rehabilitation Science and Technology Endowment

• Sports Medicine

- Freddie Fu Scholarship
- Tim Kerin Memorial Scholarship

The Patricia Leahy Memorial Scholarship

Her friends and fellow classmates remember her as fun-loving and full of life. Despite the rigors of being an adult neuro PT specialist and a faculty member at the University of Health Sciences in Philadelphia, she was the glue that kept friends and classmates together long after their 1979 graduation from the School of Health Related Professions (now SHRS).

Today, Patty Leahy's spirit and energy continue, thanks to the memorial scholarship that bears her name. Due to the generosity of Patty's family and friends, master's degree students in physical therapy who share her special interest in neurology are one step closer to their career goals.

You, too, can create a legacy. Contact Karen Khan to learn how.

Giving



Karen Khan

Joan Duggan was 72 years old when she had a stroke. The mother of 10 children and grandmother of 11, she was the center around which her family revolved. It was impossible for her to cook a meal for less than a dozen people, and she had more energy and stamina than most people half her age. According to her son Michael, "she never sat down."

The stroke and the resulting disability were quite a shock to Joan and her family. As far as she knew, no one, going back to her great grandmother, had ever had a stroke, or if they had, they hadn't survived it. Certainly, no one had a long-term disability.

Joan had just flown back from Pittsburgh after spending a week visiting her daughter and her family and she thought it was the long flight and the wine she had had with dinner that made her feel odd that night. It wasn't until the following morning that her husband, George, realized that something was very wrong. She had had an ischemic stroke in the left side of her brain.

What followed was a long and arduous road to recovery. Right-sided paralysis, dysarthria, dysphagia, not to mention fear, confusion, depression, and anger. However, Joan and her family learned to count their blessings, and were grateful that she did not have aphasia, memory loss, or vision problems. They were grateful that the speech pathologist could help their mother relearn how to swallow and talk. They were grateful that the physical therapists helped her regain some function in her affected arm and leg. They were grateful that the occupational

therapists were able to help Joan relearn the basic skills of daily living, enabling her to reach a level of independence so important to the success of her recovery. (Her family teases her that her handwriting has improved since her stroke.)

The problems she faced as a stroke survivor are certainly not unique. What is unique to each individual who has experienced a life-changing event – whether the result of stroke, injury, illness, or accident – is his or her recovery. A knowledgeable, compassionate team of rehabilitation experts has a profound impact and is crucial to the outcome.

Joan Duggan is my mother. It has been five years since her stroke. From the vantage point of her experience, I am particularly grateful that our students have chosen careers committed to helping people like my mother. Our school, in turn, is committed to providing these students with the very best education possible through rigorous academic training and challenging clinical experiences.

If you would like to know how you can help, please contact me at 412-383-6548; or ktkhan@shrs.pitt.edu

Karen T. Khan
Director of Development

*If you would like to make an online donation,
log-on to www.giveto.pitt.edu*

NEW and Noteworthy

Dr. Gina Bertocci was recently awarded tenure and was promoted to Associate Professor in the Department of Rehabilitation Science and Technology.

Dr. Lynette Chandler, Associate Professor, Department of Occupational Therapy, presented a paper, "Outcomes of Short-term Neurodevelopmental Treatment for Children with Cerebral Palsy and Developmental Delays," at the American Physical Therapy Association Combined Sections Meeting in February in Tampa, FL.

On February 2, 2003 and April 12, 2003, the Department of Occupational Therapy presented two seminars in their series, "Assessment and Treatment of Central Nervous System Disorders." The first session, "Overview of the Central Nervous System: Clinical Problem Solving" featured **Dr. Lynette Chandler**, Associate Professor, Department of Occupational Therapy, **Dr. Jessie VanSwearingen**, Associate Professor, Department of Physical Therapy, and **Elizabeth Skidmore**, doctoral candidate, Department of Occupational Therapy, and provided practitioners with an overview of the structures and functions of the central nervous system, with strategies for applying this knowledge to clinical sensory-motor assessment. The second session, "Clinical Approaches to Psychological Dysfunction: Clinical Cases" featured Dr. Richard Barbara, who discussed the impact of psychological dysfunction on clinical intervention. The third seminar in this series will be presented in the fall.

Denise Chisholm, Assistant Professor, **Tamara Mills**, Research Associate, and **Hazel L. Breland**, Graduate Student Researcher, Department of Occupational Therapy, along with students **Avelyn Esparra**, **Jessica Richards**, and **Jeffrey Surdyn** represented the department in the "Investing Now: Hands on Science" program.

Dr. Miriam Hertz, Assistant Professor, Department of Health Information Management, and **Dr. Ellen Cohn**, Assistant Dean for Instruction and Associate Professor, Department of Communication Science and Disorders, both participated in a panel on disability at the founding conference in June of the newly formed Cultural Studies Association. On June 7, Hertz was the organizer and chair of the panel entitled, "Changing the Interpretation of Disability in Mainstream American Culture," and Cohn and Hertz presented a paper entitled, "Disability Studies Across the Curriculum: Selected Initiatives and Challenges."

Dr. Miriam Hertz, Assistant Professor, Department of Health Information Management, gave two colloquia on

issues and dilemmas concerning the discontinuation of life of newborn infants with severe disabilities. Hertz gave the first colloquia in May at the University of Pittsburgh Center for Bioethics and Health Law and the second colloquia in June at UCLID (University, Community Leaders and Individuals with Disabilities), at the University of Pittsburgh.

Dr. Margo Holm, Professor, Department of Occupational Therapy, presented "Continuing Competence: Promotion of Health Practitioner Competency in the Workplace" at the National Board for Certification in Occupational Therapy 2003 State Regulatory Conference held in April in Louisville, KY. Later that month, she delivered a paper titled "Evidence-based Practice: Stroke Outcome Study as a Model" at the University of Tennessee Health Science Center, held in Memphis, TN.

Dr. Joan C. Rogers, Professor and Chair, Department of Occupational Therapy, delivered the keynote address at the annual Celebration of Scholarship of Pi Theta Epsilon at the Texas Woman's University in April in Dallas, TX.

Mark Schmeler, Director, Center for Assistive Technology, and **Dr. Katherine Seelman**, Professor and Associate Dean for Disability Programs, Department of Rehabilitation Science and Technology, gave testimony to the Public Forum of the Interagency Working Group on Assistive Technology Mobility Devices, U.S. Department of Education, in May.

Dr. Katherine D. Seelman, Professor and Associate Dean for Disability Programs, Department of Rehabilitation Science and Technology, was named to the PA Department of Labor and Industry Office of Vocational Rehabilitation Advisory Committee for Persons Who Are Deaf and Hard of Hearing, and was voted onto the Board of Directors of the Society of Disability Studies. In addition, Seelman and **Peter Cody Hunt**, doctoral student, Department of Rehabilitation Science and Technology, were featured presenters at an SHRS-sponsored seminar, "Key Disability Policy Issues: Accessibility, Attitudes, and Assistive Technology," held in May of this year. Hunt delivered the opening remarks and Seelman acted as moderator for the discussion. Co-hosts of the seminar included: the University of Pittsburgh Institute on Politics; Health Policy Institute; School of Social Work; UCLID (University, Community, Leaders and Individuals with Disabilities); and the Disability Initiative Steering Committee.

Dr. Connie Tompkins, Professor, Department of Communication Science and Disorders, was a finalist in the Research/Innovation category for the 2003 Health Care Hero Awards sponsored by the *Pittsburgh Business Times*. In addition, Tompkins received a three-year

Conference Grant from the National Institute on Deafness and Other Communication Disorders that will fund a Research Symposium in Clinical Aphasiology, which will be integrated into the annual Clinical Aphasiology Conference. The grant will also fund travel fellowships for 15 doctoral students who will present research and participate in specially designed mentoring opportunities during the Symposium.

Dr. Kittie Verdolini, Associate Professor, Department of Communication Science and Disorders, was recently awarded tenure.

Dr. Valerie J. M. Watzlaf, Associate Professor, Department of Health Information Management, has been selected as a Fellow of the American Health Information Management Association. This professional distinction recognizes significant and sustained contributions to the advancement of the Health Information Management (HIM) discipline through meritorious service, excellence in professional practice, excellence in HIM education, and advancement of the profession through innovation and knowledge sharing.

Dr. Scott Yarruss was recently awarded tenure and was promoted to Associate Professor in the Department of Communication Science and Disorders.

Three faculty members from the Audiology program in the Department of Communication Science and Disorders participated at the American Academy of Audiology's 15th Annual Convention in April in San Antonio, TX. **Elaine Morner** presented "Assessing and Addressing Assistive Listening Device Needs," **Dr. Barbara Vento** participated in the panel "Supervision of Audiology Students: Academy Task Force Report," and **Dr. Catherine Palmer** moderated several panels and presented during "Hearing Aids: 2002 in Review," and "Validity and Reliability of a Localization Questionnaire."

Dr. Susan Shaiman, Assistant Professor, Department of Communication Science and Disorders, was the top voter-getter in the 2002 annual SHRS Student Satisfaction Survey. Thirty-one students listed Shaiman as a faculty or staff member who had been "particularly helpful" to them.



Dr. Lynette Chandler, Associate Professor, Department of Occupational Therapy, has announced that she will retire at the end of the current summer session.

Chandler's development of two instruments to measure the movement of children and infants was featured in the Fall 2001 issue of *FACETS*. We wish her well.

CORRECTIONS:

In the Winter 2003 article "The Missing Link," we incorrectly stated "In Pennsylvania, kids aren't required to take science after ninth grade." In reality, the state of Pennsylvania requires all students, grades 9-12, to complete three units of science to graduate.

Sailesh Panchang, featured in "Reengineering the Web," asked us to note that he does not customize Web sites, but rather enhances the usability of RAMP for users of JAWS for Windows.

C a l e n d a r o f E v e n t s

July 5–9: The 2003 National Veterans Wheelchair Games in Long Beach, CA. Open to all U.S. military veterans who use wheelchairs due to spinal cord injuries, certain neurological conditions, amputations, or other mobility impairments. The sports competition events include track and field, swimming, basketball, weightlifting, softball, air guns, quad rugby, 9-ball, bowling, table tennis, archery, and wheelchair slalom. For more information, visit the Web site: www.pva.org

August 7: The AAC (Augmentative and Alternative Communication) Institute will be sponsoring a symposium entitled, “AAC Evidence-based Practice and Performance Measurement” at SHRS. For additional information or to reserve a ticket, visit the Web site: www.aacinstitute.org

October 4: First Annual “White Coat Ceremony” for AuD students and their families, faculty, and staff, coordinated by NAFDA, University of Pittsburgh Chapter. For information, visit: www.pitt.edu/nsorc/nafta



Thornburghs Continue Their Legacy of Giving

As the saying goes, it's better to give than to receive. Dick and Ginny Thornburgh recently did both.

In April, the Thornburghs, longtime advocates for the rights of people with disabilities both in this country and internationally, received the Henry B. Betts Award from the American Association of People with Disabilities (AAPD). The award honors and supports the work of individuals who have made extraordinary contributions to the quality of life of people with disabilities.

They, in turn, contributed the cash award of \$50,000 that accompanied the prize to the University of Pittsburgh. The money, together with matching grants from SHRS and the School of Law, will be used to establish a lectureship in disability law and policy.

“Dick and Ginny Thornburgh are two of Pitt’s best friends,” said Mark A. Nordenberg, Chancellor, University of Pittsburgh. “We are grateful to the Thornburghs and the AAPD for creating this new opportunity. The Thornburgh Family Lecture Series in Disability Law and Policy builds on existing strengths in our School of Law and School of Health and Rehabilitation Sciences and is going to be an initiative of real impact.”

Andrew J. Imparato, President and CEO of AAPD, echoed the sentiment. “We’re excited that the Thornburghs have chosen to use their award money to create an ongoing opportunity for leading thinkers to share their vision for disability law and policy with students, professors, and the general public. This is exactly the kind of lasting impact that AAPD hopes to achieve through the Henry B. Betts Award.”



Photo courtesy of Achieva

Researching Resuscitation

New Faculty Member Enhances Emergency Medicine Program

The SHRS Emergency Medicine program is one of the most highly esteemed in the world. And it has established a glowing reputation, in no small part, because of its first-rate faculty. The most recent addition to its list of talented academics is no exception.

Dr. David Hostler, Assistant Professor, Emergency Medicine program, became interested in emergency medicine while he was studying Biological Sciences at Wright State University in Dayton, Ohio. As a second-year undergraduate, he became a firefighter and paramedic and his interest in the field began to

“We have resources and expertise here that allows us to do resuscitation research that cannot be done elsewhere.”

blossom. After receiving a doctoral degree in Exercise Physiology at Ohio University, Hostler was awarded an EMS Research Fellowship and joined the University of Pittsburgh School of Medicine. This year he became a faculty member in the Emergency Medicine program.

While Hostler teaches a number of courses, including Pathophysiology, Medical Emergencies, and Issues in Resuscitation, his primary role is research-related. He explains, “There is still a tremendous amount to be learned about how to care for patients in the pre-hospital environment. Most of my research to date has dealt with caring for the critically ill, especially as it relates to cardiac arrest patients.”

He continues, “These patients can be medically devastated and are some of the most challenging patients EMTs must care for. The researchers we’ve assembled here at the university have done research on airway management for people who aren’t breathing, defibrillation to restore a rhythm to dying hearts, and ways to improve how people learn and perform CPR.”

According to Hostler, the University of Pittsburgh is on the vanguard of emergency medicine research – integral in his decision to become an Emergency Medicine program faculty member. “We have resources and expertise here that allow us to do resuscitation research that cannot be done elsewhere,” notes Hostler. “We recently finished a study that focused on the blood markers of cardiac arrest patients. We found that patients who suffered cardiac arrest – even for a matter of minutes – experienced blood coagulation, making CPR less effective than it would be under normal conditions. This finding alone should change the way we administer resuscitation therapies to these patients.”

“In May, we began a trial study of a drug called Vasopressin to determine if it can increase blood flow and restore circulation in patients experiencing cardiac arrest. During cardiac arrest, blood pressure goes to zero and practitioners normally need Epinephrine or Adrenaline to perform CPR,” explains Hostler. “However, researchers in Europe and Canada have tested Vasopressin. Their results indicate it may be equivalent to, or perhaps better than, standard therapy. And now, in Pittsburgh, we’ll be testing it to see if we should change our practice in the field.”

EMSA Impacts the Community

While the Emergency Medicine Student Association (EMSA) is only in its first year of operation, its members treat their participation like they treat their training – with vigor.

Explains Ben Abo, a fourth year Emergency Medicine student and President of EMSA, “Emergency Medicine students have an inherent commitment to the community we serve and the EMSA provides an excellent outlet to demonstrate this commitment.”

The group’s first large-scale event, a cardiovascular screening held at Monroeville Mall, was a good example. During the weekend-long outreach event in early April, students conducted blood pressure screenings and consulted with people about their diets and medications. Students then evaluated potential health risks these people faced and offered hints about how to avoid such complications.



A dozen Emergency Medicine seniors participated in the event.

“Our primary goal is to organize high impact, informative activities, but we also want to draw students together,” says Abo. “While our broader purpose is promoting the field outside of the University, members also benefit from the added social advantages that come along with active group involvement.”

The association’s high quality programming will continue in the next school year. The EMSA plans to station students at various sporting events without standby ambulance service to ensure student athlete safety. It will also begin a speaker series called Grand Rounds that will include medics and physicians who will lead discussions about timely health-related issues.

And, keeping true to its community orientation, the EMSA is planning free CPR classes that will be open to the general public.

A Community of Neighbors

Of the elderly population living in the City of Pittsburgh, some 57 percent live in pre-1940 housing stock. While many of the residents have called these houses home for many years, the layouts are often ill-suited to their aging occupants.

In an effort to address some of the daily challenges that many home-bound seniors experience, the University of Pittsburgh Student Occupational Therapy Association (UPSOTA) teamed up with *Rebuilding Together* on April 26 for National Rebuilding Day. Twenty Occupational Therapy undergraduate and master's degree students gave their time, energy and expertise to help improve residents' homes.

Rebuilding Together is a national nonprofit organization dedicated to rehabilitating homes in communities with low-income elderly residents. Its goal is to help older Americans live in warmth, safety, and independence. And since occupational therapists are trained to operate with a similar mission, the partnership was a perfect match.

Says Dana Speroni, President of UPSOTA and a second-year occupational therapy master's degree student, "While the homes of the elderly often need exterior maintenance and structural work, which *Rebuilding Together* helps to provide, there are also things within the home that need to be updated. Our expertise as future occupational therapists brought a different dynamic to the home improvement process. And many times the adjustments we recommended and implemented led to vast improvements in safety and livability."

"For example, the woman whose home I visited had arthritis that severely limited her ability to get around the house," she continues. "We installed railings on all of her staircases, fashioned raised toilet seats to help cut back on the pain in her knees, and replaced the hardware on her kitchen cabinets and drawers so they could be more easily opened."

Melanie Mollard, Vice President of UPSOTA and also a second-year Occupational Therapy master's degree student, had a similar perspective. "I learned a lot from the experience, both from a personal and an occupational therapy standpoint. I'd never done anything like that before, but the appreciation in the eyes of the 84-year-old woman whose home we worked on, was absolutely priceless."

Denise Chisholm, Assistant Professor, Department of Occupational Therapy, agrees that the experience was as beneficial for the students as for the elderly residents they served. "It was an excellent opportunity for students to promote their skills as future occupational therapists, but it also directly affected the safety of the people whose homes they were modifying. The process helps put their profession into perspective. I'm looking forward to working with *Rebuilding Together* next year and, hopefully, for years to come."



YEARBOOK

'70s

Kimberlee Evert, MPH, RHIA (HIM '79), President and CEO of Planned Parenthood of Western Pennsylvania, has received the Margaret E. Gloninger Service Award as an exemplary alumnus of the Graduate School of Public Health.

'80s

Donna Lee Steigerwalt, RHIA (HIM '88) has recently accepted a managerial position with the healthcare consulting firm HP3, located in Bethlehem, PA.

'90s

Margaret Lehman Blake, PhD (CSD '99) and her husband David are expecting their first baby in August.

Amy Wirtner, MD, MPT (PT '94) earned an MD from the Georgetown University School of Medicine in 2001. Wirtner is now completing her residency in Emergency Medicine at Thomas Jefferson University Hospital in Philadelphia, PA. She is engaged to be married to Dr. John Kuri, November 29 in Newport Beach, CA.

IN MEMORIAM

Fred Monaco
D. T. Watson,
1953

Roselee Hart Pollack
D. T. Watson,
1946



A Leader *In Our Midst*

Leaders, they say, are made, not born. This seems particularly true in the case of Peter Cody Hunt, a doctoral student in the Department of Rehabilitation Science and Technology. Hunt has devoted much of his adult life to promoting issues important to people with disabilities. And in March, years of hard work were handsomely rewarded.

At the American Association of People with Disabilities' (AAPD) second annual Leadership Gala, Hunt was honored with the 2002 Paul G. Hearne Leadership Award for emerging leaders with disabilities, making him one of only five scholars nationwide to receive the prestigious honor.



Hunt won the award for his work at the Three Rivers Center for Independent Living (TRCIL), where he served as an outreach liaison for the Asian community and as a board member. After learning that Asian families generally don't seek public

assistance to care for disabled relatives, Hunt is now developing a program through TRCIL, the Office of Vocational Rehabilitation, and Life's Work to make it easier for these families to access these much needed services.

But, according to Hunt, this award does more than just validate his past work. Instead, it provides renewed motivation for a more committed future.

Hunt did not originally intend to pursue a career in disability research, but a life threatening illness changed his perspective.

As a 19-year-old college student at Binghamton University in upstate New York, Hunt was diagnosed with arteriovenous malformation, a congenital spinal condition that can lead to paralysis and possible death. "I was in the prime of my life. I planned on going to medical school. I was athletic. Everything I touched turned to gold," remembers Hunt. "And in the blink of an eye, I had surgery and became

temporarily paralyzed." Hunt spent over seven months confined to a hospital room. While he eventually recovered, the experience was life-changing.

Hunt finished up his undergraduate degree and took a year-long internship in the New York State Office of Advocacy for Persons with Disabilities. He then enrolled in the University of Boston School of Public Health, where in 1998 he earned a master's degree in Epidemiology and Health Services.

Eager to test his skills, he accepted an Association of Schools of Public Health Fellowship at the National Center for Health Statistics at the Center for Disease Control and Prevention (CDC) in Washington, D.C. Along with other disability-related research, Hunt began a study on minorities with disabilities, a topic for which he would later win the Hearne Leadership Award.

Referencing his experience at the CDC, Hunt notes, "I learned, firsthand, the many unknowns that still exist in disability research. The field has existed for almost 40 years, but there is still no concrete definition for the word 'disability.' In the federal government alone, there are 54 different agencies dealing with people with disabilities, and each has its

own definition of disability."

The experience served as a wake-up call for Hunt. He began to learn the intricacies of a field he thought he knew well. He also resolved to be stauncher than ever in his support of disability issues.

Following his fellowship at the CDC, Hunt accepted a job at the National Institute on Disability and Rehabilitation Research (NIDRR) as Special Assistant to the Director. Handpicked by then-Director and now SHRS Associate Dean, Dr. Katherine D. Seelman, Hunt describes the experience as, "invaluable in my development as a disability researcher and advocate."

Explains Hunt, "The time I spent at NIDRR helped me learn the delicate balance that needs to exist between disability researchers and the consumers

Clinicians and academics have real power to influence policy.

they serve. As the largest granting agency in the federal government for disability and rehabilitation research, NIDRR must ensure that research directly meets the needs of consumers who simply want a higher quality of life. There must be a symbiotic relationship between the two parties for the relationship to work."

It was at NIDRR that Hunt found his voice as a disability advocate. He learned that while research is perceived as the change agent, it is policy that finances that research.

"Clinicians and academics have real power to influence policy," he asserts. "However, because most don't concern themselves with policy, they miss a chance to be a real force for change. Clinicians in the field have great intentions, but greater advocacy will actually bring more grant dollars to conduct greater research."

Class Acts

Ana Allegretti was awarded a Jewish Healthcare Foundation/CORO Pittsburgh Health Sciences Fellowship.

Ann Leighow, Melanie Mollard, Annie Markotic, and Jennifer Goergen, students in the Department of Occupational Therapy, with Denise Chisholm, Assistant Professor, presented "Group Activity Development for Occupational Therapy" at the Warren State Hospital in May in Warren, PA.

Erin Bulger, Gregory DeAntonio, Kelly Epperly, Ann Fisher, Lesley Frengel, Jennifer Goergen, Erin Gibbons, Jennie Kane, Nancy Kerpovich, Christina Kimmel, Kelle Leber, Ann Leighow, Anne Markotic, Laurie Marquette, Jamie McCallister, Christine Miller, Melanie Mollard, Megan Raslevich, Briana Rusiski, and Dana Speroni, students in the Department of Occupational Therapy, participated in rebuilding 10 Pittsburgh homes for *Rebuilding Together* on April 26 for National Rebuilding Day. The group was organized and led by Denise Chisholm, Assistant Professor, Department of Occupational Therapy.

Eliana Chaves and Andrew Rentschler, Department of Rehabilitation Science and Technology, were winners in the 2003 RESNA Whitaker Foundation Student Scientific Paper Competition Awards. **Diane Collins, Yih-Kuen Jan, and Yusheng Yang** won honorable mentions.

Gregory DeAntonio (Treasurer), **Lesley Frengel, Jennie Kane, Kelle Leber** (President), **Anne Markotic, Laurie Marquette** (Secretary), **Briana Rusiski, and Jamie Scheller** (Vice President) were inducted into Pi Theta Epsilon, the Occupational Therapy honor society.

Sandy Hubbard, a doctoral student in the Department of Occupational Therapy, was awarded the University of Pittsburgh Provost's Office Pre-doctoral Fellowship. The fellowship will occur during the Fall 2003 Semester.

William Hula and Christine Matthews, doctoral students in the Department of Communication Science and Disorders, were selected for Travel Fellowships to attend a Research Symposium in Clinical Aphasiology at the Clinical Aphasiology Conference. The Symposium was held in late May on Orcas Island, WA.

Jongbae Kim, a doctoral student in the Department of Rehabilitation Science and Technology, was this year's recipient of the Rory A. Cooper and Dion Johnson Student Paper Award.

Erica Kopcha, a master's student in the Department of Occupational Therapy, was this year's recipient of the department's Award of Scholarly Excellence for her scholastic achievement and excellence in research activities. **Jessica Puzausky**, also a master's student in the Department of Occupational Therapy, was this year's recipient of the department's Award of Professional Excellence for her involvement in the Pennsylvania Occupational Therapy Association and for her work on National Rebuilding Day.

Brandi Long, a fourth year student in the Department of Health Information Management, received the Western Pennsylvania Health Information Management Association Student Project Award, for outstanding achievement on her written project entitled, "Implementing an At-Home Transcription Program for Magee Women's Hospital."

Tamara Mills, Research Associate, Department of Occupational Therapy, was the Volunteer co-Coordinator for the Department of Rehabilitation Science and Technology at the 19th International Seating Symposium held in February in Orlando, FL. Mills also volunteered at the Health Workforce Summit "Making Every Hospital a Workforce Magnet: Toward Attraction, Retention, and Perfect Patient Care," held at the David L. Lawrence Convention Center in March.

Brianna Rusiski, a master's degree student, Department of Occupational Therapy, has received two scholarships: The Owens Fellowship from the University of Pittsburgh and the Assembly of Student Delegates Scholarship from the American Occupational Therapy Association (AOTA).

Lindsay Sroka, a third year student in the Department of Health Information Management, is a recipient of the 2003 Pennsylvania Health Information Management Scholarship for recognition of outstanding academic performance.



Ian Rice, a doctoral student in the department of Rehabilitation Science and Technology, finished the Quad Wheelchair race in this year's UPMC City of Pittsburgh Marathon with a time of 2:34:53.

What's New with you?

It's easy to share your good news about a new job, a promotion, or an honor or award. Simply e-mail the information to Karen Khan at ktkhan@shrs.pitt.edu and we'll include it in the "Yearbook" section as space allows.

The Model

She has been described as “a wonderful teacher,” “very knowledgeable,” “exacting but fair,” “thorough yet precise,” and “always encouraging.” But when you first meet Charlotte Johnson, a pediatric speech therapist at Children’s Hospital of Pittsburgh and a long-term clinical instructor for the Department of Communication Science and Disorders, one description offered by her former student and now colleague, Claudia Sullivan, seems suspect. Charlotte Johnson, she says, is “uproariously funny.”

Johnson’s demeanor is that of the consummate professional. Her credentials are as impeccable as her diction. She earned an undergraduate degree in speech therapy from the Central School in London; a master’s and doctorate degree in Speech Pathology from the University of Pittsburgh. With her graying hair and crisp accent, she is the very model of what we Americans think of as a “proper English Gentlewoman.” That is, until you start talking with her. Sullivan’s description of her friend and mentor is apt.

She jokingly describes herself as “the resident alien,” at Children’s Hospital, her professional home for the past 35 years. “I get all of the foreigners,” she grins. As evidence, she points to what she describes as “the most difficult thing I ever had to do. I had to evaluate whether a child was stuttering. In Thai.” The punch line: “I don’t know anything about Thai.” She dissolves into laughter.

Her career, she jokes, was her mother’s choice. “Actually, what I wanted to do was act. But my mother didn’t think I should go on stage. I wasn’t that talented.

“It is embarrassing to say,” she adds, “she was right.” More laughter.

Johnson’s self-deprecatory wit is one reason that she has been a favorite clinical placement for first and second year speech pathology students for over 30

years. But it is far from the only draw. “There are things about my teaching style that they like,” she admits. “For example, I always think out loud when I have a student with me. I talk to them about what my goal is, why this is my goal, what I’m working on right now, what I did before, and what I’m going to do next. They get a sense of the steps.”

Johnson believes that there are parallels between the student training process and speech therapy itself. “In both situations, I start by trying to obtain

sense that a student is in trouble, I’m right there. Some students wish I wouldn’t do that.

“But these are my patients,” she continues. “While I have an obligation to the student, my main obligation is to the child.”

Johnson’s commitment to playing an active role in training the next generation of practitioners was shaped by her own undergraduate experience. “In Britain, there was not a split between the academic and the clinical,” she explains. “All of my teachers were clinicians. Most of them had jobs

Johnson’s clinical style can be summarized simply. She listens.

a desired behavior in the tightest, most constrained circumstance possible. I provide as much scaffolding around the desired behavior as I can. Then, she continues, “I gradually begin to lessen the restraints, to allow the student – or the child – to move more freely.”

Ultimately, the student is expected to be able to make what she describes as a “stab” at a diagnosis, and they must be able to do so quickly, a reality Johnson acknowledges is “high pressure.” She chuckles as she remembers the reaction of one student.

“We had completed a child’s evaluation, and I asked her for her diagnosis. She replied, ‘I’ll take the notes home and I’ll talk to you next time.’ I said, ‘No, you won’t.’ ‘Why not?’ the student asked, somewhat surprised. ‘Because there are parents sitting out there waiting to hear what we found.’ I’ll never forget her startled reaction, that ‘deer in the headlights’ look.”

While Johnson encourages her students to be independent, she is a constant presence. “I supervise while I’m in the treatment room,” she admits. “If I

in hospitals as well as teaching. When I got here to the United States, the division between the faculty who did research and the clinicians felt odd.”

She is quick to point out that her viewpoint is not pejorative. “I value faculty and all of the academic teaching. But if you’re going to be a clinician, you



Mentor

have to be taught by a clinician. And the only way to learn it is 'live'."

Her students, both current and past, agree. Katie Ulrich, now beginning the second year of her graduate program, says that Johnson's knowledge of pediatric communication disorders and her experience in the field were instrumental in her clinical development.

"Dr. Johnson allowed me to gradually gain independence and confidence."

Ann Schneider, a first year graduate student, offers that Johnson "taught me a great deal, but did it very subtly by allowing me to catch and correct my own mistakes. She also welcomed all my questions, which were often numerous. Her style with the children and with the families is one that I would like to emulate."

Joyce O'Keefe, now a Site Coordinator at Children's Hospital, says that her internship with Johnson was her first contact with the field. "I was, and continue to be, in awe of her skills," says O'Keefe. "She challenged my thinking, and probably more than anything, she taught me how to look at a child's entire

developmental profile and the impact of that child's caregivers and environment. I learned skills from her that I continue to use here at Children's today. She treated children and families with dignity and care."

Dave Hammer, another Children's Hospital Site Coordinator, says that Johnson guided him to a deeper understanding of young children and their families. "Her appreciation for play as a facilitator of language, communication interaction, and learning, provided a model that I have tried to emulate throughout my career as a speech-language pathologist."

Johnson's clinical style can be summarized simply. She listens. "What people really value is your time. You need to take the time to listen to what the parents are really worried about," she explains. "Many medical people don't do it anymore. The doctor may send the parent to me with one question, but the parent has a totally different question that's worrying them and the doctor didn't even know about it because he didn't take the time to ask."

She encourages her students to see the

development of communications skills in the context in which it occurs. "No matter what the phase of life, people are operating in some sort of community. I remind the students that they're going to have to work with more than just the patient. They're going to have to deal with their family members, their caregivers, in some cases, their friends and neighbors."

A student typically stays with Johnson for one semester, an interval she describes as "only a slice of the student's life." But for the hundreds of students who have passed through her doors, it is an experience that lasts a lifetime. And it is one that comes with a price.

"The reason I am the clinician that I am is because of the teachers that I had," says Johnson. "I tell my students that if they have had clinical supervisors who have made a difference to them, then they have a profound obligation to do the same for others. They must pass it on."



Neighborly Assistance

Strengthening the Case for Assistive Technology in Brazil

It's easy to get caught up in our own little world. Daily routines dictate who we see, where we go, and, to a large extent, what we perceive to be reality. Stepping out of those routines, however, can radically change our point of view and, in some cases, significantly broaden both our personal and professional horizons.

That's precisely what happened to faculty member Mark Schmeler this past April when he and Ana Allegretti, an occupational therapist and master's student in the Department of Rehabilitation Science and Technology, traveled to Brazil for a four-day visit to the Association for Assistance of Children with Disabilities (AACD), one of the country's largest pediatric rehabilitation hospitals.

"Over the past five years, we have had several occupational therapists come to SHRS from Brazil, and in particular, from AACD," says Schmeler, an occupational therapist, certified assistive technology practitioner, and the Director of the Center for Assistive Technology. "It all started with a friendship I had with a fellow graduate student during my master's studies at the State University of New York at Buffalo. We stayed in touch and over time, a number of her students, including Ana, have come to Pittsburgh to pursue advanced degrees. We, however, had never gone to Brazil to see and understand the rehabilitation challenges they face there. In April, Ana and I changed that by traveling to Brazil so I could see first-hand how wheelchair



seating and mobility and other assistive technologies are delivered in one of the largest countries below the equator.”

With more than 300 million people, Brazil is one of the most populous countries in the world. And to Schmeler’s surprise, it was also quite advanced in the area of wheelchair seating. “I left Pittsburgh with the impression that I was going to a third-world country when it came to wheelchair technology, and that’s not at all what I found,” he recalls. “On the whole, they have solid capabilities and a large group of experienced, knowledgeable clinicians trying to do the right thing. What I found lacking was endorsement from the outside world that my Brazilian counterparts were doing the right things and headed in the right direction.”

Due to its geographic location, Brazil is isolated from many of the developments that occur above the equator. Further, since there are few textbooks or journals written in Portuguese, Brazilian occupational therapists have limited access to the curricula and research findings developed in other countries. To gain the latest knowledge in occupational therapy treatment and assistive technologies, many clinicians travel to the United States for study and then modify what they’ve learned to address their own situations.

According to Allegretti, “There’s a tremendous need for assistive technologies in Brazil, but there’s little access to the latest research findings or current standards of practice. Many practitioners improvise to address particular situations, and programs begin to evolve and grow over time. By coming here to study, I can see and participate in the latest research developments, and also find ways to integrate those findings into treatment programs with my own patients at AACD.”

One of the most interesting and clinically successful initiatives involved taking design cues from automotive seating and applying it to wheelchair seating. “We took the benefits created by the automobile manufacturers and applied them to wheelchairs,” says Allegretti. “Initially, acceptance

was slow because many people think that if you’re dealing with a medical application, things have to be different. Over time, we found that a good idea is a good idea, and eventually started applying automotive seating technology to wheelchair applications.”

“There’s a tremendous need for assistive technologies in Brazil, but there’s little access to the latest research findings or current standards of practice.”

Schmeler was impressed with the results of this initiative. “I’ve been advocating for the wheelchair seating industry to apply seating concepts developed in areas such as the automotive industry for years. In Brazil, I saw contoured wheelchair seating systems upholstered in automotive fabrics – materials that have been tested for durability and breatheability. I also encountered custom seating systems provided to AACD clients through up-to-date, computer-aided design and manufacturing capabilities. I was more than happy to give the AACD team my stamp of approval on this initiative. It addresses needs in an effective way that eliminates reinventing the wheel.”

He also visited the hospital’s extensive fabrication facilities that create a wide array of assistive technology devices and fit them to the specifications of the users. “The fabrication facilities were similar to a wheelchair supply company and reminded me of what clinics did in the United States about 20 years ago, before products were commercialized,” he explains. “They are at the stage where they need to convince manufacturers and suppliers that there is a market for more ready-made products. I’m sure that will happen over time.”

He also noticed areas that could be improved. The design of wheelchair bases is about 20 years behind current U.S. standards and more research is needed on lightweight materials. Power wheelchairs are also essentially non-existent, although the

majority of people he assessed would benefit from these interventions.

More than anything, Schmeler encouraged Allegretti and her colleagues to network, open lines of communication, and work to advocate for accommodation on the part of their clients.

“Mark presented a two-day seminar, followed by two days of seeing clients, that showed us what’s out there and what has to change so we can get to it,” recalled Allegretti. “In Brazil, insurance doesn’t cover wheelchairs or other types of assistive devices. Mark discussed how he overcame similar obstacles, and it was a wake-up call to many people sitting in the room. They came away thinking that if they worked together on trying to make changes in the system, they just might be successful. They also realized it was okay to question why things couldn’t be better for people with disabilities.”

And as far as Schmeler sees it, last month’s trip was just the beginning of a long and mutually beneficial relationship between SHRS and Brazil. “I’m hoping that SHRS can partner with AACD in the near future to set up something similar to our International Seating Symposium. It would be an excellent opportunity to share the latest research, to encourage professionals to contact each other and to compare notes, and to push the cause of assistive technology. If we get everyone working together, we can change the current perceptions into better and more beneficial realities. And that’s really what it’s all about.”

For more information, contact Mark Schmeler at schmelermr@msx.upmc.edu

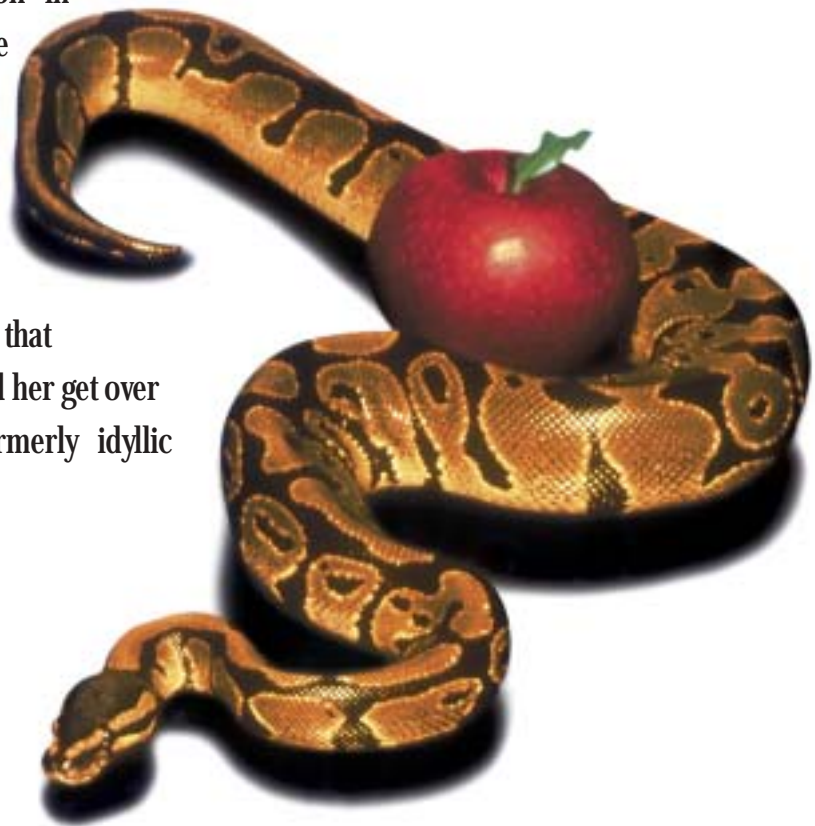
Work in Progress

The Evolution of Occupational Therapy

Identifying the birthplace of occupational therapy can be elusive. The Chinese, Persians, Greeks, and Romans all recognized the restorative value of purposeful activity. But it was William Rush Dunton, Jr., considered the father of occupational therapy, who offered the most interesting theory. The site was the Garden of Eden, he suggested, and Eve was the profession's first patient. Eve, Dunton insisted, had most likely crocheted those fig leaves worn by her and Adam after their banishment as a way of getting over her troubles.

While the image of a crestfallen Eve perched on a rock outside the Garden gates crocheting her cover-up is somewhat comical, the underlying concept – meaningful and purposeful activity as therapy – is intrinsic to the field. The American Occupational Therapy Association (AOTA) has defined the profession as “the art and science of directing man's participation in selected activity to restore, reinforce and enhance performance, facilitate learning of those skills and functions essential for adaptation and productivity, diminish or correct pathology, and to promote and maintain health.”

Certainly Eve was participating in a selected activity that would help her adapt to her new environment; if it helped her get over an understandable depression about losing her formerly idyllic lifestyle, so much the better.







Phillipe Pinel liberates the patients at Salpêtrière

Moral Treatment

Tracing the profession back to the Garden of Eden may be questionable; referencing the impact that the devil might have on someone's mental health is not. Modern occupational therapy's true roots can be traced to the insane asylums of 18th century Europe. For centuries, the commonly held belief was that satanic possession caused mental illness. So, short of an exorcism, the only treatment for madness was mechanical restraint – chains primarily – physical coercion, or a regular regimen of bleeding, purges, and vomits.

It was two men who emerged from what is now known as the Age of Enlightenment that changed that perspective. Working separately, these men were united by an egalitarian philosophy that all men, even the mentally ill, were capable of reason and thus, deserved “moral treatment.”

Philippe Pinel, a French physician, is known as the “striker of the chains.” Pinel was superintendent of Bicêtre asylums for incurable men, and Salpêtrière, its female counterpart, outside Paris. Here, in the shadow of the French Revolution, he introduced work treatment, part of what he called “*revolution morale*.” In his book, published in 1801, Pinel describes the methodology as “prescribed physical exercises and manual occupations,” and included constant observation of the patient's

behavior and performance. “The return of convalescent patients to their previous interests, to the practice of their professions, to industriousness and perseverance, have always been for me the best omen of final

recovery,” he wrote.

During this same period William Tuke, a wealthy British merchant and a devout Quaker, became aware of the deplorable conditions in an asylum in York, England. Together with physician Thomas Fowler, he created an alternative facility, the Retreat, built on the Quaker principles of kindness and consideration. Both Tuke and Fowler strongly believed in self-determination. When patients were admitted to their facility, they were advised that their treatment would largely depend on their own behavior. Employment in various occupations would be used to help the patient control his or her disorder. “Indolence,” Tuke said, “has a natural tendency to weaken the mind and to induce ennui and discontent.” Tuke's son, Samuel, chronicled the regimen at the Retreat, and his work, coupled with the writings of Pinel, revolutionized the treatment of mental illness both in Europe and the United States.

The use of occupations as therapy continued through 1860, reaching its zenith in the United States in the 1840s at the Pennsylvania Hospital under the direction of Dr. Thomas Kirkbride, one of the organizers of what would later be

known as the American Psychiatric Association. But its popularity was relatively short-lived. Due in large part to the economic pressures resulting from the Civil War, physicians began to question “the real returns as compared to the incidental returns or possible economic proceeds from the treatment.” The use of work and activity to promote mental health virtually disappeared for more than a quarter of a century.

The Rhythm of Life

It was another psychiatrist, Dr. Adolf Meyer, who revived interest in this concept of activity as a means of therapeutic intervention in the late 1800s. Meyer described man as “an organism that maintains and balances itself in the world of reality and actuality by being in active life and active use. It is the use that we make of ourselves,” he continued, “that gives the ultimate



Dr. Adolf Meyer

stamp to our every organ.” Meyer believed that life had a rhythm of work and play, rest, and sleep. It was essential, he asserted, to keep these rhythms in balance, even in difficult times. He saw mental illness as an inability to balance these rhythms – a “problem of living” he called it. His goal for his patients was to create an “orderly rhythm and sense of a day simply and naturally spent.” His patients, he said, should have opportunities “to do, to plan, and to create.”

While Meyers provided occupational therapy with an underlying philosophy, it was a nurse, Susan E. Tracy, who was its first practitioner. In 1905, while in nurses training, Tracy recognized that the long hours patients spent convalescing could be made more tolerable if they were engaged in occupations – primarily crafts. A year later, she put her theory to work when she became director of the Training School for Nurses at the Adams Nervine Asylum in Boston. Tracy believed that medical professionals – specifically nurses – were best equipped to engage in the therapy, since they understood any limitations that might result from disease or injury. She offered that kindergarten teachers might also be qualified since they were familiar with instruction in basic crafts; but to become practitioners, they first would have to become nurses. A prolific speaker and writer, Tracy played a critical role in building awareness of the efficacy of the therapy.

Eleanor Clarke Slagle, a Chicago social worker, formalized the training process, opening the first professional school for occupational therapists in 1915, the Henry B. Favill School of Occupations, in Chicago. There, she developed her “Habit Training” methodology, a multi-phase process based on her concept that “our lives are

made up of habit reactions.” Occupations, she contended, “remedially serve to overcome some habits, to modify others, and to construct new ones to the end that habit reactions will be favorable to the restoration and maintenance of health.”

While Tracy, Slagle, and other early proponents were able to expand the use of occupational therapy from the mental asylum to the hospital ward, the moral underpinnings of the profession remained. In an article written by William Rush Dunton, Jr. in 1915, he relates a case attributed to George Barton, who established Consolation House, an early prototype of a rehabilitation center. Barton, he wrote, “gave a very interesting account of a young woman who was unduly interested in the immortality of her soul and who, by a carefully planned course of reading was brought down to mundane things such as bee keeping and chicken raising, with consequent improvement of both physical and mental health.”

Reconstruction Aides

World War I had a decisive affect on the profession. Dunton viewed the war as a “catalyst for clarifying the principles of occupational therapy.” Despite being faced with a large number of wounded soldiers, the military initially resisted the use of what it termed “reconstruction aides.” But based on the success of an initial cadre of six aides, a substantial force was requested. “I can well remember the experience,” reported Dunton, “when it was announced that General Pershing had cabled to send over 2,000 aides as soon as possible.”

Continues on page 30



The Real World

*They've sat through hundreds of hours of lectures.
They've pored through dozens of textbooks.
Now comes the time to put that knowledge to work.*

*The Challenges and Rewards of Clinical Education
in Health Information Management*



When Brandi Long started her undergraduate work at the University of Pittsburgh, her major was pre-med. But like many of her peers, her knowledge about careers within the medical profession was fairly limited. As she delved deeper into the field, she discovered Health Information Management (HIM). Here, she could combine her desire to help others with her love of computers.

Brandi is now a fourth-year HIM undergrad in the midst of an internship at Magee-Womens Hospital of UPMC Health System. Over the course of the six-week program, she has shadowed the hospital's HIM Director, learning the ins and outs of her dream job. This is one day in her life.



"Most of my days as an intern consist of attending meetings. This particular meeting is the HIPAA Steering Committee meeting where we are discussing the new HIPAA Privacy Rule that went in effect on April 14, 2003. HIPAA is the acronym for the Health Insurance Portability and Accountability Act of 1996. HIPAA is a federal law that will have an enormous impact on all healthcare organizations, and the privacy provisions of this federal law apply to health information created or maintained by healthcare providers who engage in certain electronic transactions, health plans, and health care clearinghouses. We are discussing how HIPAA has affected Magee and the changes that are taking place."

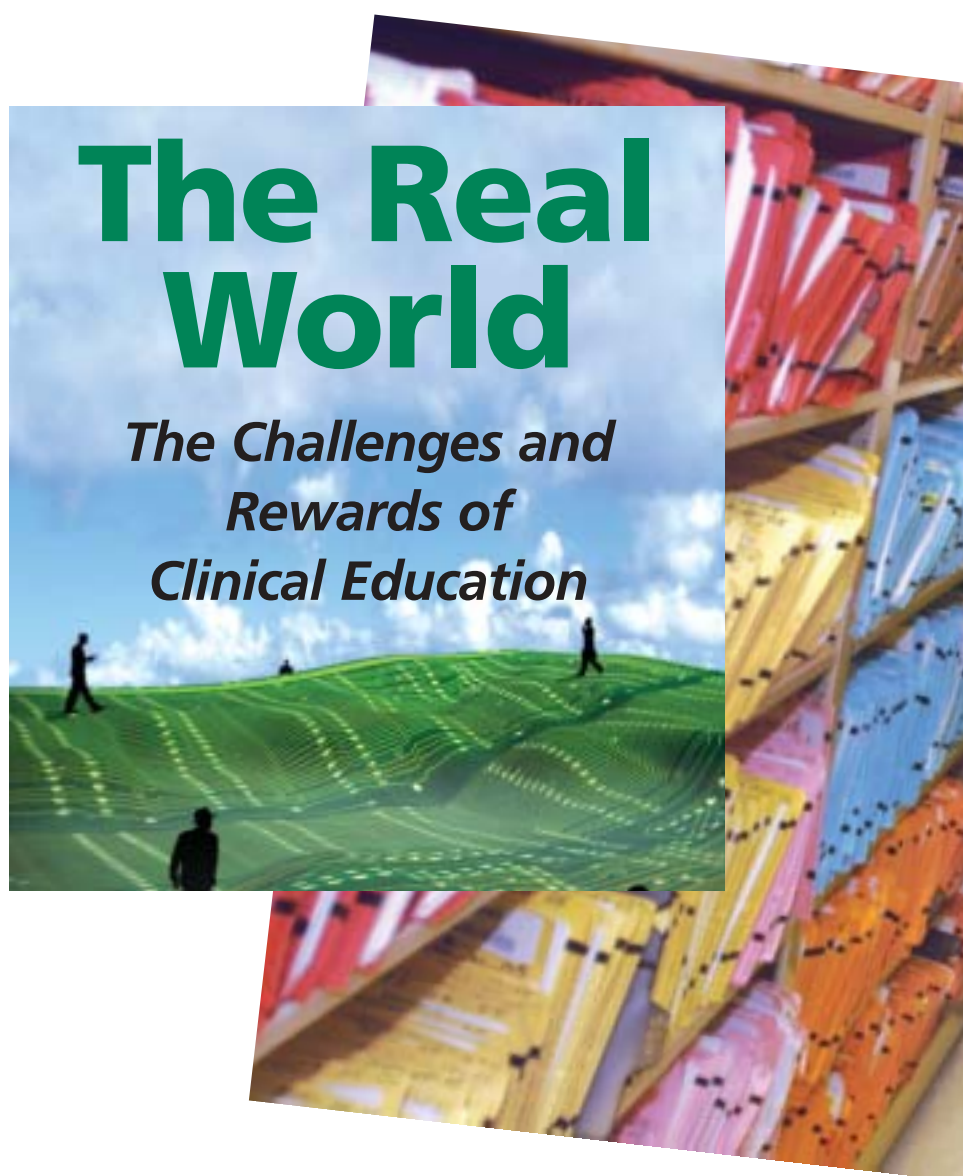
The woman sitting on my right is Anne Robertucci, the Privacy Officer and Director of the Health Information Management Department. I shadowed Anne over the course of my six weeks at Magee. I went everywhere she went, eight hours a day, five days a week."



“Patient privacy is one of the most significant issues in healthcare right now, and one of the primary goals of every health information manager is to protect patient confidentiality. The HIPAA privacy rule covers all individually identifiable health information that is in the hands of covered entities.

In the HIPAA Steering Committee meeting we discuss our continuing efforts to meet requirements imposed by the legislation. Most of the people in the meeting are administrative and simply need to be updated on the transition. They want to know about any issues that are arising and how we are addressing them.

Ann Mathias, the Compliance Officer, is the chair of this meeting. She and Anne Robertucci worked very closely to make Magee fully compliant with the new rules. She’s helped me to learn and understand the state and federal laws regarding patient privacy and confidentiality standards. It is complicated and time consuming work, but it’s imperative to the job.”



The Real World

The Challenges and Rewards of Clinical Education



"I'm with one of the Birth Registrars, the people who are responsible for ensuring that the PA Bureau of Vital Statistics' requirements surrounding births are fulfilled. They coordinate procedures with the parents, the physician, and the PA Bureau of Vital Statistics in regard to birth certificates. The Registrars interview all postpartum patients. Here, she is completing an interview with a new mother: After the Registrar finishes gathering all the necessary information, she will enter the birth certificate information into a computerized database and electronically submit it to the PA Bureau of Vital Statistics."

"I'm here to begin to understand the scope of the Birth Registrar's job. As an HIM Director, I will be responsible for the management of the function. It's really quite a responsibility, especially when you consider that each day there are between 30 and 50 births at Magee."



"An HIM technician and I are in the file area pulling records for a JCAHO review. JCAHO is the acronym for the Joint Commission on Accreditation of Healthcare Organizations. The commission accredits nearly 17,000 healthcare organizations in the United States and other countries. When an organization seeks accreditation, they are agreeing to comply with the JCAHO standards and to be measured against national standards set by healthcare professionals. Specially trained surveyors evaluate an organization's compliance with the JCAHO standards to identify weaknesses and provide education that will help improve healthcare organizations. When the surveyors come to audit our records, they do so randomly, so Anne and I do a clinical pertinence pre-audit review to make sure that all of our records comply with JCAHO standards."

"We keep the medical records for the entire hospital in the file area for five years, after which they are stored on microfilm and kept indefinitely. There are over 800,000 medical records for Magee."

The Real World

The Challenges and Rewards of Clinical Education

"Anne and I are doing a JCAHO clinical pertinence chart review, the pre-audit I'd mentioned earlier. The best way to avoid any compliance issues is to be prepared, so we do a comprehensive review of a selected number of different records in advance of having an actual survey. Organizations go through the JCAHO survey process every three years."



"Anne and I have a chart review collection form that contains the areas that surveyors would look at when performing the survey. They really take an in-depth look at the records, so you have got to have an eye for detail when you are doing this job. They look for such things as appropriate signatures with credentials, dates, completed assessments – even legibility is a factor in the hospital's accreditation. We keep track of everything we find, whether it is present or not. If there is a consistent pattern of errors, it is our responsibility to make sure the issues get resolved."

The actual survey consists of a series of interviews, tours, observations, and review of documentation in an effort to understand how an organization's systems meet the intent of the JCAHO standards. When the surveyors are on-site, the HIM department will pull the specific records requested. At the end of the visit, the surveyors will deliver their findings and make a preliminary accreditation decision."





"I'm developing policies and procedures related to the release of information for our correspondence area, which is particularly important given the new HIPAA regulations. I am also developing a flow chart that describes the procedures step-by-step. It will be a sort of 'cheat sheet' to assist the correspondence staff if they are unsure how to handle a release of information request. Rather than paging through thick manuals, they can easily follow my flow chart."

"During the internship, I spent a lot of time on the computer. There are policies and procedures, forms, databases, and many other documents that need to be developed, along with information that needs to be entered, and procedures that need to be planned. It is a very detailed job, but it is a job that helps the hospital provide the best quality of care to its patients."

Your Rights Under HIPAA

On April 14, 2003, the Health Insurance Portability and Accountability Act (HIPAA) of 1996 went into effect for most covered entities, including health plans and healthcare providers. For the first time, the HIPAA Privacy Rule has created national standards to protect individuals' medical records and other personal health information.

In "Protecting Our Right to Privacy," (FACETS, Spring/Summer 2002), we explored the important role Health Information Management professionals are playing in the implementation and enforcement of these regulations.

But as healthcare consumers, it's also important to know what HIPAA means to us.

- You have a right to review and copy your medical records and demand changes if you find errors. This includes records maintained by any physician, healthcare professional, health plan, and pharmacy.
- Covered entities must provide you with a "Notice of Privacy," which clearly explains how they may use your medical information. You may need to sign to indicate that you have received the information.
- Your medical information will not be released to a life insurer, a bank, a marketing firm, or another outside business for purposes not related to healthcare without your having signed a specific authorization.
- In order to ensure that high-quality medical care is maintained, doctors, nurses, and others are not restricted in appropriate sharing of information with one another. They also are not restricted in communicating freely with patients about treatment options and other health-related information, including disease management programs.
- If hospitalized, patients have the right not to be listed in the hospital's directory. Be advised, however, that clergy use the directories to determine whom they should visit.
- You also have the right to request that your health information not be discussed with family members.
- When public responsibility supports disclosure of some forms of data – for example, to protect public health – guidelines for releasing this information are clearly delineated.

If you believe that your privacy rights have been violated, contact the chief privacy officer or other official. You can also file a report with the Office of Civil Rights. Violators are held accountable, with civil and criminal penalties.

Exercising a New Option for Parkinson's Patients

Pilot Project Shows Promise

It has been well-documented that exercise can be extremely beneficial. People with diabetes, high blood pressure, and heart disease, among others, can benefit immeasurably from an exercise regimen. Now, researchers at SHRS, in conjunction with School of Medicine faculty at the Pittsburgh Institute for Neurodegenerative Diseases (PIND), are evaluating the importance of exercise for patients with Parkinson's disease.

Although only in the very early stages of the pilot project, four enthusiastic subjects have been working up a sweat since the first of the year. Dr. Anthony Delitto, Associate Professor and Chair, Department of Physical Therapy, believes the implications of the study are promising. He points to the preliminary results of animal research conducted by Dr. Michael J. Zigmond, Professor of Neurology, Neurobiology, and Psychiatry, and Co-Director, National Parkinson's Disease Center of Excellence in the School of Medicine. They suggest that an aggressive exercise regimen may offer improved function for individuals with Parkinson's, but more importantly, may create a neuroprotective effect on the brain.

The research, in which a rat is rendered parkinsonian, forces the animal to use its disabled limb during physical activity. In analysis conducted following the research, no brain lesions were discovered where Zigmond states there should have been. The research, carried out in collaboration with Dr. Tim Schallert of the University of Texas, Austin, suggested that it should translate to humans, so Zigmond approached SHRS faculty, and Delitto stepped up to the plate to become Principal Investigator.

Parkinson's is a disease caused by the death of

brain cells that produce dopamine, a chemical that controls our ability to move. People with Parkinson's often suffer from uncontrollable tremors and have difficulty speaking. In its final stages, Parkinson's robs individuals of the ability to move, communicate, or walk.

The National Parkinson Foundation estimates that as many as 1.5 million Americans are affected with the disease, including one of every 100 persons over the age of 60. Although 15 percent of patients are diagnosed before age 50, Parkinson's is generally considered a disease that targets older adults. However, the incidence of the disease in younger adults became apparent when the actor, Michael J. Fox, announced that he had been diagnosed with Parkinson's when he was just age 30.

Proving the Postulate

Delitto's team wants to move Zigmond's research from the lab to the gym. The team is setting out to develop the protocols for a clinical trial that will, hopefully, be a multi-center national research effort. They are anticipating initial funding of \$100,000 from the Greater Pittsburgh Chapter of the National Parkinson Foundation and the DSF Charitable Foundation.

The inaugural group of subjects works out twice a week at the UPMC Sports Medicine Complex. This is not exercise for the timid, however. According to Dr. George Carvell, Professor and Associate Dean of Graduate Studies and Research, animal studies indicate the rats showed improvement doing what is dubbed "acrobatic" exercise. Carvell advises the group regarding the neural basis for the exercise program.

Along with the stretching and normal warm-up



exercise for



The Sands of the Hourglass

Jim Cordy is President of the Greater Pittsburgh Chapter of the National Parkinson Foundation (NPF), a board member of the NPE and co-founder of the Parkinson Alliance. He was a metallurgist for Allegheny Ludlum until he was diagnosed with Parkinson's disease at the age of 40, and he reluctantly retired from the company in 1996.

But he didn't really retire. Jim has become a fearless crusader for people with the disease, prowling the halls of Congress seeking increased funding for Parkinson's research. His efforts, along with other champions of the cause like Mohammed Ali and Michael J. Fox, have increased NIH funding to \$350 million in 2005 from just \$24 million in 1994.

In introducing him during a 1999 hearing before the Health and Human Services subcommittee, Senator Arlen Specter noted Cordy's unflappable nature and the foot-high hourglass he often carries. In fact, as he testified, Cordy produced the now-famous hourglass that he says symbolically represents the brain cells lost as the disease progresses, "but hopefully, it also keeps me on schedule."

With that background, it wasn't surprising that Cordy, along with his vice president, Richard Beyers, who also has Parkinson's disease, were eager to participate in the inaugural group of four who are helping develop the protocol for a multi-center study to evaluate the effects of exercise on people with Parkinson's.

They already knew, first hand, that exercise was important for them personally. And their review of the basic research of Dr. Michael Zigmond convinced them that clinical trials were the next step, so much so that their chapter will likely provide seed funding for the preliminary phase of the research, along with the DSF Charitable Foundation.

Cordy believes he's lucky his Parkinson's has progressed rather slowly. He notes that others suffer the intense fatigue that he has experienced with Parkinson's. With the exercise regimen, however, he believes he has more energy and stamina – clearly true as he darts through his Squirrel Hill yard, complete with a four-tiered Japanese water feature with three waterfalls of his own design and creation.



activities, the group participates in "self-generated" movement. "We don't believe we'll get the best results with a rote program of walking on a treadmill," Delitto states. "Instead, we have to be innovative in having the patients respond to commands and generating self-commands."

Richard Beyer, vice president of the local chapter of the National Parkinson Foundation, and one of the first participants in the project, notes that an important element in selecting the activity is that it triggers neuron activity. "We have a built-in program for walking forward, but no such program exists for walking backwards," he notes, making it an ideal exercise for this program.

The group shoots a lot of hoops, aggressively retrieving the ball and shooting another basket. They also jump on and off boxes and run drills as well as stairs – a program clearly not for the faint of heart.

Kathleen Brandfass, Adjunct Instructor, has been instrumental in designing the protocol, with help from the four subjects and her colleagues. She points out that the team wanted to set up a regimen that was physically challenging, but that also specifically addressed some of the symptoms that people with Parkinson's face. "We've taken into account issues of timing, accuracy, posture, and balance as we created and refined the curriculum."

The entire group has worked enthusiastically to develop the exercise regimen. Nick Beldecos, Executive Director of the DSF Charitable Foundation, is also an athletic performance/strength training coach. Through the foundation's support for PIND, scientists and clinicians are collaborating on a group of diseases involving neurodegeneration: Parkinson's, Alzheimer's, ALS, and stroke. It was through PIND that Zigmond's research was conducted.

Continues on page 34

life

PASS Go!

SHRS Partners with the Hiram G. Andrews Center to Create a Portal into the World of Work

There's a significant difference between learning about a skill in a classroom and actually applying it in a work setting. Classroom studies, while informative, can lack the relevance and direct connections that real-life work experiences can offer. However, with individuals who have developmental or physical disabilities, it can be difficult to connect with an employer to gain that real-world experience – particularly if they lack solid academic, social, or advocacy skills.

Now, that's all beginning to change at the Hiram G. Andrews Center (HGA), a Johnstown, Pennsylvania, facility that integrates education, counseling, evaluation, medical maintenance, and therapy services. As participants in the center's PASS Program, a joint venture between HGA and SHRS, more than 25 residents are well on their way to learning about a variety of careers through a program that's dedicated to Promoting Abilities For Student Success – PASS.

"HGA offers a barrier-free environment for all of its residents," remarks Dr. Michael McCue, Associate Professor, Department of Rehabilitation Science and Technology and Director of the Rehabilitation Counseling Program. "The PASS Program extends that commitment by removing the barriers – real or perceived – that may exist between the classroom and the working world."

The PASS Program welcomed its third class in the spring of 2003 and, to date, has helped 29 students refine, focus, and strengthen their vocational and academic skills. A collaborative effort between HGA, the Johnstown community, and the Commonwealth of Pennsylvania's Department of Labor and Industry, PASS Program participants spend three afternoons a week in work-shadowing situations. The remainder

of their time is concentrated on personalized counseling, group discussions, and academic skill refinement. An extension of the highly successful CART Program (Center for Assistive and Rehabilitation Technology), the PASS Program effectively expands the reach of assistive technology to individuals with learning disabilities, Attention Deficit Hyperactivity Disorder (ADHD), or those dealing with the aftermath of brain injuries.

"We stress vocational readiness in this program," remarks McCue. "By combining our efforts with the team from CART and the Center for Educational Development at HGA, our participants can start seeing how elements of all three programs work together to assist them in preparing themselves for successful vocational training and employment. Using an interactive format, as well as a variety of activities and assessments, we help the students start to self-assess their preferences and abilities, and gain an appreciation for their individual strengths and weaknesses. We also encourage and support them in making informed choices about vocational options, assist in understanding expectations, and help them to self-identify opportunities that might be good for them."

The PASS Program grew out of a highly successful vocational education initiative that SHRS co-developed for the Pittsburgh Public Schools in 1998. That program, known as MOVE – Mentoring Opportunities for Vocational Exploration – began at Oliver High School and matched students with learning or physical disabilities with mentors in the community. It was initially funded with a demonstration grant from the U.S. Department of Education and was targeted at the 9th and 10th grades. Currently, the program includes students from the 9th to the 12th grades, is offered in three school locations, and boasts a highly successful rate of graduation and transition to either employment or post-secondary education.

"MOVE was extremely successful, and helped us

lay the groundwork for PASS," says McCue. "PASS is a modification of the program for another population, and provides more intensive instruction and mentoring over a shorter period of time."

The 15-week PASS Program begins with several weeks of exercises that help students – who range in age from 18 to nearly 50 – gather information about themselves and vocations that might interest them. PASS participants are also encouraged to self-advocate for accommodations – both in the classroom and in the workplace – in order to obtain the support they need to operate successfully. Concurrent with this is group therapy to discuss feelings and processes, individual cognitive rehabilitation to strengthen memory and skills, and travel training to familiarize students with public transportation and how to use it.

At the same time, professionals from the CART program coordinate their efforts closely with the leaders and participants in the PASS Program. "CART staff do evaluations on all students and evaluate their hardware and software needs," observes McCue. "They also help the students identify what kind of accommodations they might need to be successful."

Midway through the term, students are paired with an individual mentor from a local business or social service organization that coordinates with their stated vocational interests, including the Cambria County Library, the Red Cross, an auto repair business, and the Vietnam Veterans Outreach Program. For seven weeks, the program participants spend three afternoons a week working side-by-side with their mentor to observe their daily routine and to refine newly acquired skills. During the other days of the week, the students discuss what they learned on the job and prepare materials that might be useful during their mentorship.

According to McCue, "We see students bloom in the mentorship component of PASS. The program is really effective at elevating expectations on the part of both the students and the mentoring organizations. More importantly, students truly rise to the situation and successfully achieve in ways they





the Game can lead to

Meeting Learning Working Mentoring Growing Achieving Succeeding



wouldn't prior to the mentorship. It's incredible to see the change this program can bring about in only 15 weeks."

Dr. Frank Lang, Psychologist and Coordinator of the PASS Program at HGA, agrees with McCue's assessment. "Pre-vocational training can significantly improve the success rate of students entering a vocational training program. In fact, several of our students have moved on into other

vocational programs. And we're not the only ones noticing the results. The Commonwealth initially anticipated that this program would serve a small population of students, but has revised its projection to include a larger number of students. The value is clearly there," states Lang.

"The response from the mentors has also been overwhelmingly positive, and they have gone out of their way to help them succeed. One of our students

was unable to attend his last day of work due to health problems. His mentor came to HGA with his staff and had a party for the student. Efforts like that leave a lasting impression on everyone involved," observes Lang.

For more information on the PASS Program, contact Mike McCue at mmccue@pitt.edu

Work in Progress

The Evolution of Occupational Therapy

Continued from page 19

The reconstruction aides were divided into two groups: Physiotherapy aides, who “gave massage and exercise and other remedial treatment to the returned soldiers,” and occupational therapy aides, who were trained to “furnish forms of occupation to convalescents in long illnesses and to give to patients the therapeutic benefit of activity.”



The founders at Clifton Springs, NY, 1917.
Seated: Susan C. Johnson, George E. Barton,
Eleanor Clarke Slagle
Standing: Dr. William R. Dunton, Jr.,
Isabel G. Newton, Thomas B. Kidner

Writing in the war journal *Carry On*, one aide explained, “In every step the help of women is essential; not only in cheering him during the first stages, but in encouraging him to follow patiently

“Occupational Therapy may be defined as any activity, mental or physical, definitely prescribed and guided for the distinct purpose of contributing to and hastening recovery from disease or injury...”



Basket weaving at Edward Hines Jr. Hospital, Maywood II., circa 1924

and exactly the detail of his training. The recovery of our disabled soldiers – their return to a useful life – is in the control of the women of this country.”

The experiences of World War I helped to shape the patient-therapist relationship, it broadened the definition of the field, and perhaps most important, it led to the development of scientifically based treatment modalities. Devices were developed to measure strength and range of motion. Activities were chosen based on specific physical limitations. Adapted pieces of equipment were devised. The profession’s body of knowledge was far broader after the conflict.

A Maturing Profession

In the years following World War I, occupational therapy continued to mature.

On March 17, 1917, the profession was officially born when Dunton, Slagle, and Barton, together with Susan Cox Johnson and Thomas Bessell Kidner, met in Clifton Springs, New York, to found the National Society for the Promotion of Occupational Therapy (NSPOT).

Two years later, a definition was created by the professional society and adopted by the Federal Board of Vocational Education. “Occupational Therapy may be defined as any activity, mental or physical, definitely prescribed and guided for the distinct purpose of contributing to and hastening recovery from disease or injury.” Twenty years

“...and assists the social and institutional adjustment of individuals requiring long and indefinite periods of hospitalization.”



Horticulture therapy at Edward Hines Jr. Hospital, Maywood II., circa 1924

later, a phrase was added to better reflect the chronicity of certain conditions that fell under the profession's treatment provenance: "...and assists the social and institutional adjustment of individuals requiring long and indefinite periods of hospitalization."

Throughout the 1920s and '30s, practitioners and educators further expanded, codified, and applied the profession's underlying tenets. While many of the training programs for reconstruction aides that sprang up during the war years closed down, by 1928 there were six schools of occupational therapy in North America offering accredited programs. Demand for trained occupational therapists continued to grow, driven in part by the Federal Industrial Rehabilitation Act that required that all hospitals handling industrial accidents and illnesses include occupational therapy as part of their treatment protocol. By 1938, 13 percent of the hospitals approved by the American Medical Association had qualified occupational therapists on their staffs. One year later, the first formal registration examination was given. In 1944, all schools offering an occupational therapy curriculum were required to submit their examinations to the Review Committee of the American Occupational Therapy Association.

By the end of World War II, over 1,000 occupational therapists were working in military hospitals in what the military described as a

"reconditioning program." Because of the war, manpower was at a premium. The reconditioning program was designed to "accelerate the return to duty of convalescent

patients... or, if the soldier is disqualified for further military service... provide for his return to civilian life in the highest possible degree of physical fitness, well oriented in the responsibilities of citizenship and prepared to adjust successfully to

social and vocational pursuits."

Occupational therapy was part of a coordinated effort that included both educational and physical reconditioning. Occupational therapists worked with patients with a full range of medical and psychological problems. Because the impetus was to quickly return the patient to military or civilian life, techniques were developed for rapid rehabilitation.



An occupational therapy weaving shop at Eastview, New York, General Hospital, circa 1919.



Prosthetic training for a 4-year-old congenital, bilateral, below-elbow amputee. The patient is learning control of his prosthesis through coloring with a crayon.

The Medical Model

Following the war, the profession became even more specialized. It was the Age of Science. Rather than focusing on the whole person, occupational therapy began to mimic the medical model. Techniques were developed to treat specific physical disabilities such as amputations and peripheral nerve damage. With advances in the control of diseases like polio and tuberculosis, the profession's emphasis shifted from physical dysfunction due to trauma to more chronic conditions such as arthritis, heart disease, stroke, and congenital defects. The emphasis was to reduce the impact of the deficit, allowing the patient to function at the highest possible level. Federal legislation, state and federal rehabilitation agencies, and insurance carriers all supported the profession's focus on the treatment of physical dysfunction.

This increasing specialization led to changes in curriculum at accredited schools. In 1947, the University of Southern California established the first program leading to a master's degree in occupational therapy. A similar program was initiated at New York University soon after. These programs specifically targeted therapists interested in clinical specialty areas such as clinical psychopathology, vocational rehabilitation, and special education. It was hoped that graduate study would promote research, which was essential to broadening the profession's body of knowledge.

The Holistic Approach

In the 1960s and '70s, occupational therapy's thought leaders began to recognize that the use

of a medical model was undermining the philosophic underpinnings of the profession. The original holistic focus, with treatment centered around occupations, was being lost. But it would take almost three decades before occupational therapy returned to its client-centered roots.

Today, the client plays an integral role in both planning and implementing treatment. The assessment process can be summarized with two questions: What does the patient want or need to do? And what is preventing him or her from doing it?

Collaborating with the client, the occupational therapist identifies the aspects of a task that pose a problem, and then determines what can be done to overcome them. This may include restoring or establishing the client's abilities, adapting the task to circumvent problem areas, or altering the environment to facilitate task performance.

For example, if the client wants to cook, then the occupational therapist analyzes the activity, breaking it down into its component tasks. What needs to be done physically, such as retrieving pots and pans from a cupboard and operating a stove; and what needs to be done mentally, such as reading a recipe and measuring? The therapist then works with the client to determine the specific tasks that pose a problem and identifies what changes are necessary in order for the client to successfully achieve his or her goal.

Occupational therapists work with clients experiencing a variety of health problems – stroke, spinal cord injuries, cancer, and congenital conditions to name a few – in a variety of settings.

They can be found in schools, hospitals, skilled nursing facilities, outpatient rehabilitation clinics, psychiatric facilities, and community health clinics.

The faculty in the Department of Occupational Therapy at SHRS are leaders in shaping this client-centered, holistic approach. Both Dr. Joan C. Rogers, Professor and Chair, and Dr. Margo Holm, Professor, have delivered the Eleanor Clarke Slagle Lectureship, the penultimate acknowledgement of their contributions to the profession. Their Performance Assessment of Self-care Skills (PASS), a criterion-based tool to assess the independent living skills of adults, is used by many occupational therapy practitioners in clinical practice and research.

Other members of the department also have developed methods of measuring occupation and function and are researching occupation in a variety of clients. Associate Professor Dr. Lynette Chandler is an expert in the assessment of function of children with cerebral palsy. The instruments that she developed, the Movement Assessment of Infants and Movement Assessment of Children, were featured in the Fall 2001 issue of *FACETS*. Assistant Professor Dr. Nancy Baker is currently developing a criterion-based instrument to describe computer keyboard use. She is also interested in the relationship between meaningful work and health.

The faculty's clinical interests are equally varied. For example, Assistant Professor Dr. Carmela Battaglia focuses her clinical work on children with

What does the patient want or need to do?

What is preventing him or her from doing it?



cognitive, emotional, or physical impairment. Assistant Professor Denise Chisholm's expertise is in psychosocial rehabilitation. She has had extensive clinical experience in working with clients, young and old, whose abilities to participate in human occupation are limited by psychiatric disorders. Elizabeth Skidmore's research is focused on the occupational outcomes of individuals who have sustained stroke or traumatic brain injury, and the effectiveness of various neurorehabilitation methods for restoring occupation.

Reflecting the profession's holistic approach to therapy, the department recently revamped its undergraduate curriculum to incorporate concepts about human functioning from the International Classification of Functioning, Disability and Health (ICF) published by the World Health Organization. It may be the only program in the country to have chosen to use this framework to help guide curriculum development. The department's commitment to developing the best comprehensive teaching program to prepare new practitioners to be both compassionate, client-centered therapists and rigorous, evidence-based investigators, has been recognized by *U.S. News and World Report*, which ranked it among the best occupational therapy graduate programs in the country.

For more information on the Department of Occupational Therapy, contact Joan Rogers at jcr@pitt.edu

Dr. William Rush offered that "there are many facets to the gem of occupational therapy." He cited this poem as a "humorously expressed example."

Decorative Therapy

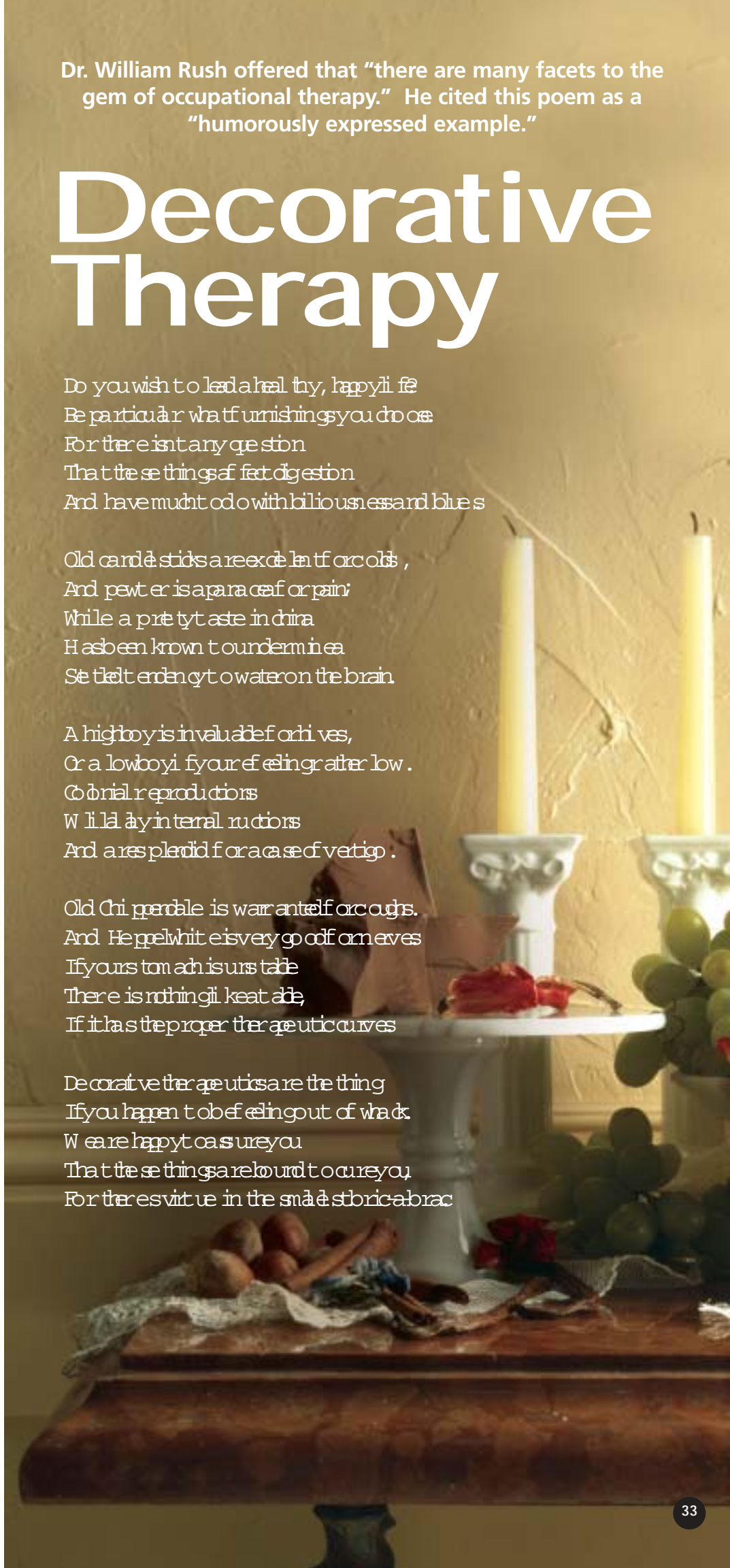
Do you wish to lead a healthy, happy life
Be particular what furnishings you choose
For there is no question
That these things affect digestion
And have much to do with biliousness and blues

Old candlesticks are excellent for colds,
And pewter is a panacea for pain;
While a pretty taste in china
Has been known to undermine a
Settled tendency to water on the brain.

A highboy is invaluable for nerves,
Or a lowboy if you're feeling rather low.
Colonial reproductions
Will aid in internal ructions
And are splendid for a case of vertigo.

Old Chi PPendale is warranted for coughs.
And Heppelwhite is very good for nerves
If yours to match is unsuitable
There is nothing quite so neat as
If it has the proper therapeutic curves

Decorative therapeutics are the thing
If you happen to be feeling out of whack
We are happy to assure you
That these things are bound to cure you
For there's virtue in the smallest bric-a-brac



Continued from page 27

Exercising a New Option for Parkinson's Patients

Polishing the Protocol

Refinements in the exercise regimen are in the works. For example, because the four current subjects just happen to be men, basketball is a big part of their regimen. But the team knows that for women, hoops is not a traditional sport, so Dr. Jessie VanSwearingen, Associate Professor, and her colleagues, including Debbie Josbeno, Adjunct Assistant Professor, are developing alternatives that would be more appropriate for women, including tennis, volleyball, and golf.

At the recommendation of the four current participants, challenges to fine motor skills are also being developed. Since these skills are not normally the purview of physical therapists, the team has been doing their homework. Josbeno cites activities such as difficulty cutting food or buttoning a shirt. While these are not traditional "exercises," they are actions for which we might "unlearn" the program, and repetition could help to stimulate neurons and reprogram the brain.

Brain Imaging Essential

This is not the first research to suggest that exercise can have a neuroprotective effect on people

with Parkinson's disease. But past studies have not been quantifiable. So in order to adequately assess outcomes, the current team includes Dr. Nicolaas Bohnen, Assistant Professor of Neurology and Radiology in the School of Medicine. Before each participant begins the exercise regimen, they will undergo Positron Emission Tomography, or PET imaging. Unlike other scans that measure organ anatomy, PET scans measure functional or chemical activity in the brain.

"We will evaluate the level of dopamine function in the brain to establish a baseline," says Bohnen. Once the exercise program is completed – and perhaps at intervals during the regimen – PET scans will once again be made. The success of the exercise program could be evaluated in a number of ways: The possibility that the number of dopamine cells actually increases, or that the function of individual cells improves.

"People with Parkinson's disease lose six to 10 percent of their dopamine cells each year," Bohnen notes. "If we can demonstrate that the exercise reduces the loss and, therefore, retards the progression of the disease, that would be a very positive outcome."



SHRS Wants You

Delitto hopes to enroll 20 to 30 subjects in the next year. Institutional Review Board approval is anticipated shortly and then recruitment can commence.

He is also evaluating community sites that might be more accommodating to patients with Parkinson's, such as the Jewish Community Center, at both the Squirrel Hill and South Hills locations. Mixing with the athletes at the UPMC Sports Medicine Complex might not be everyone's cup of tea.

"We believe that this program will improve the quality of life for people with Parkinson's," Delitto states. "We're hopeful that it also will arrest the neural degeneration." And, he's about to prove it.

For more information, contact Anthony Delitto at delitto@pitt.edu



What Do You Think?

Have an opinion about something you read in *FACETS*? E-mail your thoughts to Karen Khan at ktkhan@shrs.pitt.edu. We'll print letters to the editor as space allows.

Credits:

Cover art: Gift of Dr. and Mrs. Milton Lurie Kramer (Class of 1936) Collection; Bequest of Helen Kroll Kramer. Courtesy of the Herbert F. Johnson Museum of Art, Cornell University

Pg. 18: The 1909 photograph of Adolf Meyer by Alman Co. and credited to the Alen Mason Chesney Medical Archives.

Pg. 18: Painting by: R. Fleury (1878). Dr. Pinel unchaining the insane women circa 1790.

Pgs. 30, 31, 32: Occupational Therapy photos courtesy of the Archives of the American Occupational Therapy Association, Bethesda, MD.

Dialogue

A Conversation with Lucy Spruill

Lucy Spruill is Director of the Attendant Care Program at United Cerebral Palsy of Pittsburgh (UCP) as well as a part-time instructor in the Department of Rehabilitation Science and Technology at SHRS. The program she directs provides home and community-based services to over 500 people in Allegheny County. Here, she discusses the current shortage of qualified attendants – estimated to be as high as 35 percent locally – and its implications for the disability community.

Q: What is causing the current shortage?

A: *It is a problem of both supply and demand. On the demand side, we have people with disabilities who are living longer and expecting to live more active lives in the community. We also have a growing population of people over age 65. This makes the need for personal assistance greater than it's ever been. On the supply side, we have a shortage of people willing to provide the service itself. Compounding the problem is that we're not paying people competitive wages to provide the service.*

Q: What is the solution?

A: *We have to educate the public, the learning and research community, and the policy makers about the current reality and the responses that it requires. We have to raise the economic value that we place on caring for others. And we also have to raise its social value. At one time, caring for others was considered a noble thing to do. It isn't anymore.*

Q: Won't this take years to accomplish?

A: *We can change people's ideas faster than we might think we can. For example, in less than a generation, we changed people's thinking about technology. It is now commonplace for children to use computers. That wasn't true when my own children, who are now young adults, were in elementary school. We used communications, marketing, and education to change people's attitudes about technology. We can use the same techniques to change people's attitudes about caregiving.*

Q: Who will drive this change?

A: *The Baby Boomer generation will be particularly influential. They are beginning to understand that institution-based care does not work. It does not give people the quality of life and the choices that they want. We are already starting to see new options in the marketplace being created, such as long-term care insurance to provide care in the home.*

Q: Won't this require a different type of caregiver?

A: *Yes, the nature of what's needed has changed. We still train people to provide care for people who are sicker and need more care than those who are out in the community. We should be talking about functional limitations rather than thinking diagnostically or medically. I use myself as an example. I can't walk and there are certain other physical things I can't do. But I'm a very healthy and active person. Someone who is trained to take care of people who are sick and homebound is probably not well-equipped to understand and meet my needs.*

Q: You've also said we need to pay more competitive wages. Who will cover the increased cost?

A: *It will be a mix of government and private funding. I've talked about long-term care insurance. We also must start to look at a better, more economic use of our Medicare dollar; for example, using Medicare to support home and community-based care rather than facility-based care. Medicaid is already doing that in most states. It is more effective from both an economic and a health outcomes perspective.*



Lucy Spruill

Q: Do you think people would be willing to pay more to support attendant care?

A: *Yes, if they understand the value they are getting for their money.*





University of Pittsburgh
School of Health and Rehabilitation Sciences
4031 Forbes Tower
Pittsburgh, Pennsylvania 15260

Change Service Requested

Nonprofit Org.
U.S. Postage
PAID
Pittsburgh, PA
Permit No. 511