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**OCCUPATIONAL THERAPY FOR LONG TERM PATIENTS IN BED**

By Mary S. Jones, M.C.S.P., M.A.O.T.

Senior Occupational Therapist; Slough Industrial Health Service; Farnham Park Recuperative Home

Aims of Treatment

Prolonged rest in bed is sometimes prescribed for patients as a form of treatment, in the hope that the condition needing this treatment will eventually be cured or arrested, and that the patient will return to the outside world with as little residual disability as possible. To ensure this, medical and surgical treatment must be accompanied by a programme of occupation which will maintain the patient’s physical capacities as far as may be compatible with the prescribed position of decubitus, and which will increase the mental capacity to the uttermost to make up for limitations which may be set by physical disability. The patient must be kept happy and contented so that as far as possible nervous strain may be avoided and, at the same time, ambition fostered so that the patient will be prepared and eager to undertake the responsibilities of normal life.

Anxieties for Future Employment

Anxiety about earning a livelihood in the future is often considerable and adds to the nervous strain of a period of forced inaction, making a patient restless and miserable. In prescribing occupational therapy for these people the surgeon or physician should indicate the probable period of incapacity and give some prognosis of the degree of physical disability expected. Then, in consultation with the almoner, some tentative plans can be considered by the patient for his future employment. If his previous work is obviously not going to be suitable and retraining for another will be necessary, the programme of occupation should be planned to include some preparation for the chosen training. If a patient is shown that he can use the period of physical inaction to good effect and begin at once to prepare himself for a new job, he will be more likely to settle down without excessive fretting and he will be in a better frame of mind to receive medical or surgical treatment.

Preparatory Training for Employment

It may be obvious that a carpenter or bricklayer with spinal caries will not be able to go back to his old job. But this man will appreciate that a sound knowledge of woodwork or bricklaying would be useful to a builder’s clerk. He may therefore be persuaded to embark on a correspondence course in bookkeeping which will be
a valuable foundation for his future training. His anxieties will be allayed and his mind occupied with plans for the future rather than regrets for the past. In some courses provided at Government Training Centres a considerable amount of time has to be spent in teaching the trainees simple mathematics and mechanical drawing. One patient, who had been a window cleaner before a fall had left him paraplegic, said that this study was the most trying part of his training in watch and clock repairing. He was naturally a neat-fingered man, who found practical work easy. If he had started doing some of the study whilst he was a patient in bed he would have saved much time both for himself and other trainees. Some start in training can be made in hospital (Guttman, 1946).

The British Council of Rehabilitation set up a Preparatory Training Bureau in 1947 to give advice and assistance in arranging correspondence courses for patients requiring the basic education needed for various types of retraining, or to enable students to pursue studies interrupted by illness. It is a great help if some personal coaching can be arranged in conjunction with the correspondence course. This will keep up the early interest and enthusiasm which without encouragement may easily flag, and will give opportunity for discussion and explanation of a knotty point. Children kept in hospital for a long time have school teachers who are trained to cope with their educational needs (Education Act, 1944, 1948). But unless special arrangements are made with the local education authorities, for which there are permissive powers, the adult long-term patient is dependent on the correspondence course alone (Ministry of Health, 1945; Ministry of Education, 1945; Ministry of Labour, 1949).

For the patient who has not the intellectual capacity to undertake a study course, some other types of occupation must be found which will reassure him about his future. For these people some form of industrial work will be more satisfactory (Ministry of Health, 1943). The agricultural labourer who has had rheumatoid arthritis, or a severe pulmonary affection, may not be able to return to heavy work, out of doors in all weathers. Some factory assembly work may be the only thing that he will be able to do. If simple work of this kind can be given him whilst he is in bed he gets into the habit of doing repetition work and if, at the same time, he can earn even a small amount, he learns the value of accuracy and regularity of production. He will gain confidence in his capacity to earn his living in this way when he is again fit to go out to work. During the last war, work of this sort was easily obtainable (Jones, 1951). The accompanying photograph (Fig. 1) shows a patient, a man of 50, who had been a gardener until he got a tubercular hip. He assembled 4,500 small units of different types for army wireless sets. He never had a single one

Fig. 1.—A man of 50, a gardener, making parts for 'Walkie Talkie' wireless sets.
rejected by the factory. Other bed patients doing this type of work were employed by the same factory when they were up and fit enough to travel to work.

**Recreations and Hobbies**

As well as preparation for employment, some provision must be made for leisure hours of the future, to replace previous activities which will no longer be possible. Handicrafts such as modelling, leatherwork, basketry, weaving, embroidery, jewellery or flytying can be as easily carried on in the recumbent position as in the upright, if suitable bed-tables with vices, and arm supports are provided. Hobbies such as photography can be continued by patients. One patient who spent eighteen months in a plaster boat made a superb collection of cloud photographs. Painting and designing have been developed for patients with pulmonary tuberculosis (Hill, 1946). Many people will discover, with a little encouragement and teaching, that they have latent talents which will provide them with much pleasure.

**Bed-Tables**

Small movable vices can easily be fixed on to ordinary bed-tables for patients who are allowed to sit up. In Fig. 2 the overhead bed-tables shown were originally planned for the use of patients with spinal caries treated in plaster boats (Jones, 1944). These bed-tables enabled patients to carry through all the processes of their work, handicraft, reading or writing, without interfering with the prescribed position of the spine. Their handicrafts and work provided them with a reasonable amount of activity, especially in the use of the long back muscles to stabilize the shoulder-girdle. Also, by keeping their work or book at normal eye level, the use of these bed-tables prevented the eye strain which so commonly troubles patients who are kept completely recumbent for a long time.

**Arm Supports**

Various spring arm supports which can be adapted for patients in bed have also been evolved (Warren, 1950; Jones, 1950). The buoyancy of the spring seems to encourage the patient to start using the deltoid, and to lift the arm from the side. It prevents trick movements such as using trapixius to shrug up the shoulder-girdle and the lumbar flexors of the opposite side to move the trunk, and so get the hand into a useful position. The power of the support can gradually be reduced from the 45 to 50 lb. spring needed by the heavy adult with little muscular power to the 10 to 5 lb. spring which provides only moral support. Work with gradually increasing physical strain will be valuable in toning up patients with cardiac conditions and infantile paralysis, or after thoracic operations when they may be unwilling to lift the
arm from the side for fear of pain when the scar is stretched. Apprehension of pain and the feeling of insecurity are often the cause of inco-ordination of movement.

Social Activities

So far the occupations suggested have stressed the individuality of the patient and his interests. General sociability and communal interests should also be encouraged if the patient is not to become self-centred and selfish. Concerts, gramophone recitals, lectures, discussion groups and play readings are of great value in getting patients in bed to meet others than their immediate neighbours. Film shows and, in particular, newsreels will help to keep them in touch with what is going on in the outside world. Patients may be interested in making marionettes or puppets to form a hospital 'repertory theatre,' and in writing plays for them. Naturally the puppets would have to be played by ambulant patients or members of the staff, but the making of the puppets, their dresses and stage properties give a very strong communal interest to the project.

Red Cross picture and book libraries have done much to keep patients happy and contented. Red Cross workers have also been very helpful in servicing the travelling shop which is taken round the wards periodically. A trolley stocked with such things as toothpaste, hair shampoos, hair nets and combs, stamps, writing paper and so on gives the patients opportunity to buy things for themselves instead of depending on the kindly nurse or visiting friend. Actually handling their own money and being able to exercise some power of personal choice helps to keep the patients in contact with the outside world and its changing conditions.

Conditions of Work

In children's wards of hospitals taking long-term patients, there are not only teachers provided but the ward routine is so arranged that the teachers can have the children's undisturbed attention for a reasonable period of time both morning and afternoon. This is, of course, requisite for their proper education. Similar arrangements in all adult wards taking long-term patients are essential. It is easy enough to arouse a patient's interest in some form of study, industrial or handicraft work, but this interest will soon flag if he cannot count on adequate help and tuition, or if his attention is continually distracted. Dressings, physiotherapy, visits from the doctor provide constant diversions, and it is a strong-minded patient who can resist the gossip subsequent to each and every incident of his own or another patient's treatment. He soon begins to make the plea that it is not worth starting to do anything because another interruption is imminent and time is frittered away in waiting for something else to happen. The patient soon becomes discouraged by the little he has to show for a week's work.

It is ideal if wards taking long-term patients are provided with a day room where patients are moved for whatever period of time the medical officer in charge considers they are fit for work. Failing this, it is possible to screen off one end of the ward and move the long-term patients there for a couple of hours in the morning, and those who do not need an afternoon sleep can stay there for the afternoon session as well. Then the patient can expect to do some undisturbed study in the morning, and do their handicrafts in the afternoon, whilst the more sociable occupations are arranged for the period after tea.

Such an arrangement gives the patient opportunity to carry on the chosen work or study for a period of time sufficient not only to give results immediately satisfying, but to maintain and develop the power of concentration which will be an important factor in his future success in life. The experience of some years working in a hospital taking long-term patients, and more recently in a recuperative centre, has shown that the habit of keeping the mind on the job is easily lost and not so easily regained. For a long-term patient the return to a full eight-hour day in office, shop or factory is a great test. The complaints of fatigue have mostly come from those patients who have shown little capacity for concentration. In hospital or reablement centre this side of training is much hampered by the customary routine and the many types of treatment which compete for the patient's attention.

It is now accepted as a truism that reablement should begin as soon as possible after injury or the onset of illness. It is also accepted that reablement should include both physical and mental training. Not enough is known of the factors that affect the powers of concentration in adult long-term patients. If we are to develop these powers, further study ought to be undertaken of necessary processes of training. Such research might prove rewarding. If the patient can learn to keep his mind on the job in hand, whatever it may be, the time needed for reablement and retraining will be shortened, and he will more easily and more successfully find employment in the competitive world to which he must return.
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CLINICAL SECTION

'GOITRE PLONGEANT

By J. N. HARRIS-JONES, M.D., M.R.C.P.

Senior Medical Registrar, Royal Hospital, Sheffield

Fig. 1a.—Patient at rest.

Fig. 1b.—Patient coughing.
Occupational Therapy for Long Term Patients in Bed

Mary S. Jones

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