INDUSTRIAL REHABILITATION

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BETWEEN the wars attention was focused on the need to provide reconditioning treatment for patients between leaving hospital and their return to work and the word adopted to describe this process was 'rehabilitation.' Many people objected but the name has stuck. The dictionary definition of rehabilitation is "to restore to former privileges of rank or profession"; "to restore character and good name"; "to furnish working capital"; this conveys the broad meaning of the word which succinctly describes our real aim in providing this form of treatment. In rehabilitation we try to recondition the patient both physically and mentally in order that he may be restored to his previous place in the family — as a wage earner, and to the community as a citizen. Patients vary enormously in their own natural powers to do this for themselves. Some require little or no help; they are endowed with qualities which enable them to overcome dreadful handicaps. But at the other end of the scale there are unfortunate individuals who seem quite incapable of successful resettlement no matter what is done to help them. Between these extremes there is a group of people who need help and even support to progress from a period of prolonged incapacity back to work.

The process of rehabilitation starts early, while the patient is still in the hospital bed. As soon as he is well enough to think of his future this should be discussed with him and the idea of an early return to work implanted in his mind. At a later stage in his stay in hospital he will receive reconditioning treatment. This is all very useful and important and relatively easy to arrange. It is when the patient leaves hospital and he is no longer under close supervision that difficulties may arise. The vast majority of patients however present no particular problem. The patient and his doctor decide between them when a return to work is to be made and this takes place quite smoothly.

There is an important minority however in which this happy and normal sequence of events does not flow easily, usually because the illness or injury has been severe or because the patient is less able to cope with events than his more fortunate colleagues. For these cases *industrial rehabilitation* provides an essential bridge. This consists of returning the

patient to an "industrial situation" where he 'works' *whole time* for a period which may vary from 4 - 12 weeks. During this time his activities are tailored to his needs and he is re-accustomed to the discipline of workshop or office. This is industrial rehabilitation and by its very nature it cannot be carried out in the ordinary hospital but must be done either in industry or in some specially devised industrial situation.

A number of the large employers accept the responsibility for this form of rehabilitation and resettlement and a few large undertakings run their own specially devised rehabilitation scheme. It is always wise, therefore, for the doctor to enquire of the patient if such help is available. In these cases the sick or injured workman is able to return to a rehabilitation workshop, often under the supervision of the industrial physician. This is ideal and is seen to perfection in the factories of some of the large motor manufacturers. No such facilities exist for the vast majority of people, though in a number of smaller organizations the industrial physician is able to supervise the return to work and if necessary to place the workman temporarily on a suitable job, so grading his progress back to normal. This can be a most effective method of industrial rehabilitation. For most workers however special facilities are not available, either because the firm does not have them or the man has to change his job. For this group facilities are provided by the Ministry of Labour through industrial rehabilitation units (I.R.U.). These provide industrial rehabilitation on a wide scale and specialise in the handling of difficult cases.

The Industrial Rehabilitation Units

At these units a variety of work is provided, outdoor in the garden or on simple building operations, inside at bench work of various types with the use of wood or machine tools. Sedentary occupations and clerical tasks are available, while a gymnasium provides opportunity for physical treatment. A mid-day meal is provided. Patients usually reach the centre by public transport and "clock in" for work. They work an eight-hour day for five days a week. Courses vary in length according to the need of the patient and may be as

short as four and as long as twelve weeks. The length of the stay is determined at case conferences where the needs and progress of patients are discussed in detail by the staff at intervals. Eight weeks would represent an average stay.

The centre is in the charge of a unit manager who is supported by a staff of non-medical experts. The doctor is an important member of the team and usually attends daily for a session of three hours. An industrial psychologist and a social worker are full-time members of the staff. A few of these units are residential, these special units provide treatment for particular types of cases, e.g. those for whom daily travelling is impossible and those who live far from a centre. Most units, however, are day-centres and are to be found in the large conurbations. These units have a two-fold function, first to *re-condition* and second to *assess capacity*. This second function is particularly necessary when a patient's injury or illness raises the question of a change of work. The period at the centre provides its expert staff with ample opportunity to form a judgement as to the nature of the work the man or woman is likely to do successfully and to decide whether he is capable of taking advantage of a special training course.

Re-training for a trade or craft is not a function of I.R.U.s (this is done at specialised training centres). Nevertheless, in the early stages, it may be necessary to assess the factors which might influence the patient's ability to benefit from re-training. For example, a man of 40 who has been working in heavy engineering might, as a result of injury or illness, be unable to continue his normal work in view of the demands it makes on physical effort. Such a man might be sent to an I.R.U. where his intelligence and education would be assessed. If he proved sufficiently promising he would be transferred to a centre for clerical training for a period of six months, during this time he and his family would receive subsistence allowances and at the end of his course he would be placed in a new job as a clerk. For the most part, however, special training is not necessary. The majority of those who attend an I.R.U. either return to their old job or can be placed in ordinary industry at skilled, semi-skilled or unskilled work.

Admission to these units does not presuppose or necessitate registration as a disabled person and patients can be sent straight from hospital. Unfortunately, not enough use is made of these centres by hospital staffs, many of whom appear to be unaware of the existence of these important facilities. Many a patient leaves hospital full of hope that he will eventually find a suitable place in industry, only to lose hope and self-respect because this doesn't happen; often because he hasn't quite what it takes to overcome his initial difficulties — such a man

may soon drift into a state of unemployability. If on the other hand this danger is recognised by the hospital consultant or general practitioner and he takes steps to see that this dangerous period is covered by a period at an I.R.U. this loss is likely to be prevented.

The Doctor's Role

The importance of the doctor's role in directing suitable cases for treatment must be appreciated. Unless he recommends treatment at the right moment much time is wasted and the risk of failure is increased. He will be greatly assisted by social workers and other specialists but the clinician in charge of the case is the responsible person. At this stage a little extra care in prescribing precisely what activity is to be indulged in will repay handsome dividends and prevent a great deal of unnecessary long term absence and unhappiness. For instance, it is often not enough to send the patient to a limb-fitting centre and expect him to pick up the proper use of this appliance in the course of a short demonstration — he needs careful and constant supervision and help, often over a period of weeks and this can well be given at an industrial rehabilitation unit. Similarly, the patient with a recent myocardial infarct needs skilled rehabilitation at his own work if possible — sometimes this is not possible and here a course of one or two months' treatment at an I.R.U. in an optimistic environment will prevent much cardiac neurosis. The point is, the consultant in charge of these cases is responsible for seeing this continuing treatment is undertaken. So many of us are in danger of leaving so called "after care" to junior staff while we turn to the new case.

It should be the duty of the doctor following up a case to enquire about and to record the work situation. It may be that at an early stage in the disease no work or light work has been advised. It is of the utmost importance, however, that these instructions should be changed as the patient progresses. While rest is a proper and time honoured therapeutic measure it resembles certain other forms of treatment and may lead to addiction! — and must, therefore, be carefully controlled. In some cases it becomes necessary to urge the patient to get back to work. The social worker, if available, will be able to help with these arrangements. If no social worker is in post the Disablement Resettlement Officer (D.R.O.)* should be contacted direct by the hospital doctor or general practitioner.

Range of Disabilities

Patients with any kind of disability are admitted to I.R.U.s provided there is a reasonable chance of their being made fit for ordinary employment.

Naturally not all cases respond to a course of treatment but it is surprising how well many patients do who would appear to have small hope of success.

Orthopaedic and post-injury cases. These are, not surprisingly, among the most successful and account for about a quarter of all admissions. In the I.R.U. workshop and gymnasium vigorous activity is encouraged. It is important that patients should be promptly recommended for admission to a course to avoid any tendency to relax into inactivity or inactive convalescence. Or, alternatively, to avoid the premature attempt to struggle back to work too soon. Wheeble and Fletcher (1964) report very encouraging results when suitable patients attend while still in plaster. Young men following serious injury may need re-training for another type of work altogether. Following head injury patients often benefit from a course at an I.R.U. This completes the medical and social rehabilitation these patients so often require.

Medical Conditions. These account for about a third of the cases in I.R.U.s. Of these the cardiac and circulatory conditions provide encouraging groups. Following an acute episode of coronary infarction or after a heart operation industrial rehabilitation has an obvious place.

The older members of the I.R.U. staffs remember with pleasure the great successes that were scored in dealing with the tubercular patients. Nowadays these patients are few and far between but they provide excellent material for industrial rehabilitation.

The chronic bronchitic presents the chest physician with special difficulties. The younger of these patients who have hitherto perhaps been engaged on heavy work or have worked in an unsuitable environment will need a change of job. In some cases re-training is possible but usually in this group the function of the I.R.U. is to assist in re-conditioning and in assessing the patient for placement by the D.R.O. in suitable employment. For these patients the I.R.U. provides the chest physician with the only treatment which is likely to be of any lasting value.

In the older patient with chronic bronchitis a less hopeful outlook is unfortunately inevitable. These patients, however, can often work during the summer months if jobs are plentiful and for them a re-conditioning course in the spring is a proper use for the I.R.U.

Cases of disseminated sclerosis present a difficult problem. So much depends on the rate of progress of the disease. These patients should certainly be given the opportunity of a course at the I.R.U. since it will provide the best way of assessing capacity. Similar remarks apply to the epileptic. In both these groups it is necessary that the neurologist and the medical officer in charge of the I.R.U. work closely together.

Mental disorders. Since the passing of the Mental Health Act the I.R.U. has done useful service in rendering former long-term mental patients able to resume a normal way of life. Very careful selection has been necessary by the psychiatrists of the mental hospitals. Already in these hospitals 'work therapy' is largely used and it is only when the patient's stability and capacity have been fully explored that he should take the next step forward to an I.R.U. preparatory to placement in open industry. The accumulated cases suitable for I.R.U. treatment have now been worked off and there are fewer patients being recruited to I.R.U.s from mental hospitals.

It is clear that a large proportion of the problems that arise in an I.R.U. are basically psychiatric in nature, although admission is controlled so that the numbers of patients carrying this diagnosis is restricted to 20%. The fact remains, however, that many of the patients needing the treatment available in an I.R.U. have emotional difficulties which run through the whole spectrum of psychiatric diagnosis. Wing (1960) reports favourable results in a group of neuroses and personality disorders.

Admission to industrial rehabilitation units is not confined to those who have a serious physical or mental disease but also includes those who have "slipped by the wayside." These are usually people whose reaction to adversity has resulted in withdrawal from social contacts and in a gross loss of confidence in themselves. Many of these patients can be identified by the general practitioner, e.g. a man who has worked regularly and successfully for many years at a simple job becomes ill and perhaps needs medical care for some two or three months. At the end of this period all ordinary attempts to get him back to work fail and as time goes on a return to work becomes extremely unlikely. If patients of this type are sent early to an I.R.U. and then firmly placed in a job by the D.R.O. they are likely to carry on until another disaster disturbs them.

Administration

Admission to an I.R.U. is easily arranged. In many hospitals today there is a standing arrangement for the D.R.O. to attend regular sessions and in these hospitals no difficulties arise. His attention is drawn to cases for admission to the I.R.U. and he makes

*D.R.O. The Disablement Resettlement Officer is a Ministry of Labour official who is charged under the Disabled Persons (Employment) Act with the keeping of the register of Disabled Persons. It is his function to know local industry and its openings and to keep in close touch with doctors and hospitals in order that he can act as a liaison officer in the handling and resettlement of Disabled Persons.

the necessary arrangements. If no regular arrangement exists a 'phone call to the nearest Labour Exchange or a note to the D.R.O. there will suffice. The importance of securing the co-operation of the D.R.O. cannot be over-emphasised. For he it is who has a sound knowledge of available work in the district and the demands it is likely to make on those who undertake it, and so will be able after (or without) I.R.U. treatment to complete the process of resettlement by returning the patient to suitable work. It is often helpful for the general practitioner or the hospital doctor to make an unofficial and direct approach to the doctor of the

I.R.U. to discuss the possibilities of treatment in any particular case — a 'phone call and a chat about a patient can prove helpful to both doctors and immensely helpful to the patient.

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