Back to Life

By MILTON COHEN

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"I got this far, honey. I'll get home yet," Roy Campanella said to his wife after his car overturned, injuring his spinal cord. The great Dodger still has a long way to go; he is paralyzed in all four limbs. But whether he will walk again, with or without braces and crutches is a matter in which not only his doctors and appliance makers but also Campanella himself will play major roles. For, as a capable prosthetist or orthopedist knows, how far any amputee can be helped depends in large measure on two things: whether he has the indomitable spirit which will carry him through the months—or years—of rehabilitation, and whether he has the grit to adjust to a permanent disability.

Only ten years ago patients such as thirty-six-year-old Campanella had no hope of recovery. Today they can be saved by wonder drugs from infections, and they can be brought back to productive lives through rehabilitation. At our twenty-three year old organization, the Federation of the Handicapped, we have seen rehabilitation grow through its initial, halting phases to a new concept in medicine. What happened to Michael Hagler, legless since childhood, crawling around on his stumps, reduced to begging to keep himself alive, is typical of the near-miracles which we see every day.

When Mike came to us he was middle-aged, hopeless, forlorn, because no one had ever helped him realize he could do something about his condition. Son of a poor tenant farmer in the South, he had been run over by a speeding automobile—and left, mutilated. When a friend brought him to us, literally a new life began. We had Mike fitted with two artificial legs. When he learned to use them, we taught him a trade. For the first time in his life, at forty-eight, Mike Hagler became a wage-earner. When he retired at sixty-eight he had worked twenty years as head of our own multigraphing and mimeographing department. Because to Mike every work-day was a direct gift from God, he was one the most cheerful, most efficient, and most inspiring of our nearly two hundred employees, most of whom are as disabled as he *was*. For you cannot call a man disabled who literally stands on his own two feet, does a full day's work, and supports himself and his family, all the time. Like Michael, he is re-born, a valuable member of society who gives as much as he gets.

The story of Michael Hagler illustrates the fact that rehabilitation is open to anybody who can get the right kind of help, provided he has *patience, strength of character*, and *willingness to face facts*. These are the important elements in an experience which must be traumatic, whatever the prognosis.

What can *you* do to aid in this often long-drawn out process of adjustment?

In the first place, for a man or woman who has lost an arm or leg—or both—after reaching adulthood the shock, obviously, is much greater than that of a person who has suffered a deformity since birth, or an amputation in childhood, or has had years to get used to having appliances adjusted.

A typical scene at Camp Pa-Qua-Tuck, especially built for the handicapped. Members of the Federation of the Handicapped spend a happy two-week period on the shores of a calm lake. Neither braces nor wheelchairs are an impediment to enjoyment of the water. (The photographer, Herman Reich)

Role of Prosthetist Is Invaluable

The amputee who comes to you after he has been in the hands of a surgeon will have been told that if he expects to make headway in leading a normal life the best thing he can do for himself is not to "wear" his prothesis in the clothes-closet at home. The role of the prosthetist in helping any amputee cannot be overstressed at this point in recovery. He must have as much interest in his client's success as the client himself. He must be willing to make constant adjustments, if necessary, so that the brace or any other appliance will at last feel comfortable; he must be willing to give many work hours to show a man or woman how to manipulate a hook, or to convince him that his lost hand or missing leg is not irreplaceable, or what he has to use in place of either one is not a disgrace, or something to be ashamed of.

Often the amputee will be more talkative, more open with the prosthetist than with his own doctor. He may feel that the latter is busy, pressed for time, and not willing or able to sit and let him pour out the mass of small or large things which have made him tense and unhappy. He will be specific with the physician and tell him about the pain he has and ask what can be done about it, but to the prosthetist he may have another attitude. He may tell you, if you are sympathetic, about his son's illness, his wife's pregnancy, his anxiety about holding his job, his father's death, his worry over threats of war, or even the man-made moon. This may seem, somewhat unrelated to an amputation, or even trivial, but to the man or woman concerned about himself and his future, feeling anxious and depressed over his new situation, they are real threats and real sources of disturbing anxiety.

Every newly amputated patient thinks that he alone has had this experience, and that he is the only person who has ever felt the way he does. Nothing will give him more relief than to be helped to realize that other people whom you have fitted with hooks or braces or crutches have had such feelings and managed to overcome them, and that doctors and nurses and prosthetists do not consider his depressive state an evidence of weakness.

You as one member of the skilled team now including therapists, psychiatrists, vocational counselors, social workers, bracemakers, and physiatrists, will teach the amputee—if he has the will to learn—that he *can* develop from bed to job. In very small communities you, the prosthetist, may have to take on much of the whole clinic's job yourself. In every case, you can accomplish much good—or you can damage both the spirit and the body of your client.

Not only must you be a good listener, but also you must know your community's resources, and those of your state. Your client's own surgeon should have referred him, before you see him, to your state's Division of Vocational Rehabilitation. This is part of a vast network of public and private agencies throughout the country now providing rehabilitation service for disabled persons. See that your client is fully acquainted with those in and around the place he lives. The National program has been greatly expanded since 1954, when Congress passed a law aimed to bring vocational rehabilitation services within reach of all who can benefit by them. The amputee who comes to you may be aware only vaguely if at all—that he is entitled to this kind of help, regardless of his economic condition. If you are interested in giving him more than just the mechanical aids he needs, tell him that the State-Federal program of vocational rehabilitation offers these services: diagnostic examinations, medical care, physical aids, vocational counseling, job training, and job placement to handicapped persons of working age, to enable them to become economically independent.

The Federation of the Handicapped was instrumental in getting the Park Department of New York to build a ramp so that disabled men and women for the first time could use the beach at Coney Island. This photograph was taken the first day the ramp was open and shows a typical client of the Federation of the Handicapped. (The photographer, Kay Simmon)

In our own Federation building at 211 W. 14th Street, New York City, we have a co-operative program with New York State's Division of Vocational Rehabilitation. We are together helping homebound adults who have never worked in their lives, and who cannot now work outside their own homes, to learn trades. Many of them are amputees, with other complications which make it impossible for them to use public transportation. We secure contracts from New York manufacturers, make pick-ups of raw merchandise, and deliver the finished goods the homebound execute after they have been trained by us. Each worker is paid at the going rate in the industry. This, we hope, will set an example in other communities which will bring hope to thousands who never had a chance to earn before.

The goal of everyone concerned with an amputee should be directed not so much at "What can I do to help this patient?" but "What can I do to help this patient help himself?" Obviously, this means that the team's work —or yours—must begin with an analysis of how much physical capacity remains to the individual. Points of spinal-cord compression, for example, may have to be relieved by neurosurgery; uncontrollable muscle spasms may be lessened by one of various nerve-cutting operations. But once he knows his ultimate capacity or his potentialities, the patient is ready to begin thinking, and working, toward a job, the end result of all rehabilitation, whether in the home or out of it. This is as true for the housewife as for the man of the house. For the State-Federal program now provides services to handicapped women so that they may learn how to manage their homes and care for their children.

At Federation of the Handicapped, we know through the records of thousands, that nothing aids a person more than having the satisfaction of giving back to society a dollar's worth of work for every dollar spent in rehabilitation service on him. The effort to attain this goal has to be tremendous, and your client will probably need the hope and faith you place in him as much as the appliance you fit to his special needs. It is common knowledge that any new amputation will make a man or woman want to shrink from being seen, cause him to slip his hand that lacks fingers, or the arm without a hand, under the table, or in a pocket. Very often he wants nothing more than to turn his face to the wall and hide what looms up in his mind as a great "deformity." It is here through sympathy, not the maudlin type, and encouragement, that the prosthetist can be of priceless help.

Encourage him to use dumbbells and "pushups" even if he has to lie in bed or sit in a wheelchair. Tell him that he risks lifelong invalidism if he doesn't stimulate the flow of blood, overcome a tendency to kidney stones or prevent his joints from locking and his bones from decalcifying. If he is bedbound, somehow he must try to get the strength to rise; perhaps he won't be able to stand for more than an hour a day, even with crutches. He may have to be aided at first with a special tilt-table. Even when he can stand with his braces, the secret of safe balance will have to be patiently learned. If he has the opportunity to take lessons with the use of low parallel bars, encourage him to keep at them steadily; if he can do it with the aid of disabled teachers who have already learned, he'll make just that much more progress.

Take the extra step that will help the new amputee: introduce him to people who have overcome the obstacles he is just beginning to face. At the Kingsbridge Hospital for Veterans in New York City, Junius Kellogg, the great basketball star now a paraplegic, is an inspiration to every man around him. He had to learn 137 separate daily activities, from tying shoelaces to

driving a car. His indomitable spirit has brought him back into spotlight. As coach for the "Pam-Ams," wheelchair basketball enthusiasts who have toured both North and South America, Junius Kellogg has proved that rehabilitation is a combination of physical techniques, sweat, and moral grit.

The surface of rehabilitation has only been scratched. Since World War II the techniques of rehabilitation have spread to thirty-eight countries, from far-away Korea to every hamlet in this country. Formerly the "way back" for many led only to the veteran's or a city hospital; today over 260 physicians and 3000 therapists have received special training in rehabilitation techniques. We need at least 10,000 more medical doctors who understand the techniques of civilian rehabilitation. Your own job will grow as longevity stretches even farther for those now young. By 1960 there will be one out of every ten people in our country sixty-five years old. Since they are particularly vulnerable to disablement, they will need you even more than you are needed now.

Never forget that you are not alone, no matter how small the community in which you live. You are a member of a *team* which even now is returning nearly 85% of the physically rehabilitated to work. The disabled among us now cost the Federal-State program some $40 millions annually; yet in approximately three years the income taxes alone of those who have returned to work will match the public funds spent on them during their helpless period of disability.

In New York last spring a group of nearly twenty disabled men and women, of all ages—twelve of them in wheelchairs—took a plane for Europe. They were the pace-setters for what may well become a commonplace sight within a few years. "Wings for the Disabled" aims to make it possible for polio victims, like our own Harriet Weingast, to "wheelchair" across Europe. But it will also serve as an inspiration to thousands who will never be able to buy a plane ticket. Harriet is an expert secretary, trained in our own shorthand and typing classes. She now has a responsible position as assistant to the head of the rehabilitation department in St. Vincent's Hospital in New York. Last year she taught typing to other victims of crippling diseases. To see her wheel herself rapidly across any room, get in and out of her own automobile which she drives to work every day through New York's most crowded streets, is to know that the motto of the Federation of the Handicapped is true, for "the way back *is* back to work."

The" Yankees" of NRA Hear Miss Switzer

The New England Division of the National Rehabilitation Association, sometimes known as the "Yankee" Division, held its annual session June 12 and 13, at Rye Beach, New Hampshire. Miss Mary E. Switzer, Director of the U. S. Office of Vocational Rehabilitation, delivered the keynote address, "The Road Ahead". In other sessions, members heard a panel discussion on "Social Security Disability Insurance—A Continuing Challenge"; "Human Relations in Rehabilitation" and "A Labor Union's Approach to Rehabilitation". E. H. Whitten, Executive Director of the National Association, addressed the session on the legislation now before Congress in the field of Rehabilitation. Among the technical exhibits were those of OALMA members Boston Artificial Limb Co. (Howard Mooney, Manager) and the New England Brace (Jack Guimond President).