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DEPARTMENT- Faribault State Hospital
Rehabilitation Therapies

STATE OF MINNESOTA

Office Memorandum

TO : Dr. Roger A. Johnson, Medical Director

DATE: February 16, 1970

FROM : O. D. Berg, Director Rehabilitation Therapies

SUBJECT: Physical Therapy Consultant Comments

Attached please find the comments of Miss Carolyn D. Fiterman, Registered Physical Therapist. She was with us on a once a week consultant basis beginning October 14» 1969 until mid-December.

ODB/lis

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BEGINNING OCTOBER 14, 1969, I ACTED AS A PHYSICAL THERAPY CONSULTANT IN SIX BUILDINGS WITH PHYSICALLY DISABLED PATIENTS, THE PLAN WAS TO VISIT EACH OF THESE UNITS TWICE, BUT BECAUSE OF BAD WEATHER, I WAS NOT ABLE TO BE IN EACH BUILDING TWO TIMES.

THERE WAS A GOOD DEAL OF DIFFERENCE IN THE TONE IN THE VARIOUS BUILDINGS, WHICH I THINK WAS MORE DUE TO THE PERSONALITY OF THE STAFF THAN THE TYPE OF PATIENTS.

THE PRIMARY SERVICE OFFERED WAS SUGGESTIONS FOR BED POSITIONING, TO REDUCE CONTRACTURES, SUGGESTIONS FOR WHEELCHAIR ADAPTATIONS, AND ENCOURAGEMENT TO GET PATIENTS OUT OF BED, ONTO MATS, THE FLOOR OR ACTIVE EXERCISE PROGRAMS.

I WILLOW

I WAS IN THIS BUILDING ONLY ONCE. IT WAS A RATHER DISORGANIZED SESSION PARTLY BECAUSE IT WAS MY FIRST VISIT, AND ALSO BECAUSE MANY OF THE PATIENTS WERE SCHEDULED FOR CHEST X-RAYS THAT DAY. WE WORKED ON THE PREVIOUSLY MENTIONED ITEMS AND I ALSO GAVE SOME SUGGESTIONS ON PASSIVE FEEDING. I GAVE SOME SUGGESTIONS ON HOW TO MAKE AN ARTHRITIC PATIENT BOTH MORE COMFORTABLE, AND MORE ACTIVE. I WAS IMPRESSED THAT SO MANY OF THESE VERY DIFFICULT PATIENTS WERE OUT OF BED DAILY, ESPECIALLY WITH SUCH LIMITED PERSONAL.

II LINDEN

I VISITED THIS BUILDING TWICE. I FELT THAT THEY WERE VERY WELL ORGANIZED AND MADE GOOD USE OF THE LIMITED TIME I HAD TO GIVE TO THEM. THEY EMPHASIZED INDEPENDENCE AND IT WAS UNIQUE IN THAT I WAS ABLE TO OFFER AMBULATION SUGGESTIONS FOR A NUMBER OF PATIENTS. IN FEEDING ACTIVITIES, THEY WERE VERY INTERESTED IN MAKING THE PATIENTS MORE INDEPENDENT IN THIS IMPORTANT AREA. I GAVE A DEMONSTRATION ON MAT ACTIVITIES AND ACTIVE EXERCISE FOR AMBULATORY PATIENTS WITH MODERATE SCOLIOSIS. ON MY SECOND VISIT I WAS AMAZED TO SEE SUCH GOOD

PROGRESS IN A NUMBER OF PATIENTS AND THAT PROGRAM SUGGESTIONS WERE FOLLOWED THROUGH SO WELL. THE STAFF WAS ENTHUSIASTIC BECAUSE OF PATIENT IMPROVEMENT AND WERE MOST ANXIOUS TO TRY MORE NEW ACTIVITIES.

III HOSPITAL THIRD FLOOR

THE PROGRAM IN THIS AREA WAS PARTICULARLY PASSIVE. MANY OF THE STAFF MEMBERS WERE RESISTANT TO SUGGESTIONS OF CHANGE AND FELT THAT THE PATIENTS NEEDED TOTAL CARE. I MADE SUGGESTIONS FOR THE USE OF CRAWLERS, TRICYCLES, AND MAT ACTIVITIES; ALSO PASSIVE RANGE OF MOTION WHERE INDICATED. UPON MY RETURN VISIT THEY HAD MADE SEVERAL BOLSTERS FOR POSITIONING. BECAUSE MANY OF THESE PATIENTS ARE SMALL, I BELIEVE THAT MORE PROGRESS COULD BE MADE WITH A MORE DYNAMIC STAFF, OR POSSIBLE TRANSFERRING SOME OF THE PATIENTS TO OTHER MORE ACTIVE UNITS.

IV BIRCH

THE PROGRAM IN THIS BUILDING WAS NOT AS DYNAMIC AS POSSIBLE. THE STAFF WAS SURPRISED TO FIND OUT HOW MANY PATIENTS WERE ABLE TO SIT UP. MANY PATIENTS WERE POSITIONED IN A CHAIR, BUT WERE ACTUALLY LYING DOWN. THERE WAS A GOOD DEAL OF REHABILITATION EQUIPMENT IN THIS AREA, I.E., WALKERS, BIKES, ETC. ON MY RETURN VISIT, CHAIR POSITIONING WAS IMPROVED AND SEVERAL PATIENTS HAD ADAPTED TO WHEELCHAIRS.

V SPRUCE

I SPOKE TO THE ENTIRE STAFF IN THIS BUILDING, NURSES, PSYCHIATRIC TECHNICIANS, AIDS AND PROJECT TEACH PERSONEL. THEY TAPED THE SESSIONS. WE DISCUSSED SPECIFIC PATIENT PROBLEMS, E.G., THE USE OF TILT TABLE, WALKERS, AND OTHER EQUIPMENT WHEN NECESSARY. POSITIONING FOR SCOLIOSIS WAS DISCUSSED. ALSO THE USE OF WALKING BELTS AND SUGGESTIONS FOR INDEPENDENCE IN GAIT. AT THE END OF THE DAY, BODY MECHANICS WAS

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DEMONSTRATED AS WELL AS THE PROPER TECHNIQUE FOR PATIENT TRANSFERS. I VISITED THE BUILDING ONLY ONCE, SO I DO NOT KNOW WHETHER THEY WERE ABLE TO MAKE USE OF THE SUGGESTIONS OFFERED.

VI SENECA

THE PRIMARY EMPHASIS IN THIS BUILDING WAS POSITIONING AND ACTIVITIES FOR BED PATIENTS. I GAVE SUGGESTIONS FOR POSITIONING, FOR STRETCHING CONTRACTURES, SITTING BALANCE IN BED, AND MAT ACTIVITIES, I.E., ROLLING QUADRIPEDE BALANCE AND SITTING WERE DEMONSTRATED. WHEELCHAIR ADAPTATIONS WERE SUGGESTED WITH EMPHASIS ON THE IMPORTANCE OF THE UPRIGHT POSTURE. ON MY RETURN VISIT MANY OF THE SUGGESTIONS HAD BEEN CARRIED OUT BY THE STAFF.

IN SUMMARY, I FOUND THIS TO BE A VERY VALUABLE EXPERIENCE FOR ME; I HOPE THAT IT WAS EQUALLY BENEFICIAL TO THE STAFF. FOR THE MOST PART, THE PEOPLE WORKING WITH THE PATIENTS WERE VERY INTERESTED IN NEW TECHNIQUES AND FOLLOW THROUGH WAS EXCELLENT, EVEN WITH ONLY THE MINIMAL INSTRUCTIONS THAT THIS SHORT TIME PERMITTED.

CAROLYN D. FITERMAN
PHYSICAL THERAPY CONSULTANT