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~~DHS letter/minutes~~ Stola Inst Gen

Mr. Melville Krafve, Asst. Supt.  
Faribault State Hospital

STATE OF MINNESOTA

Office Memorandum

DEPARTMENT Public Welfare

TO : Mr. Ralph Ford  
Chief, Rehabilitation Therapy

DATE: Sept. 4 1968

FROM : David J. Vail, M. D.  
Medical Director

SUBJECT: Physical fitness program

I would like to initiate a comprehensive program of physical fitness on behalf of our institutionalized residents in the state hospitals for the mentally ill and retarded.

By "physical fitness" I refer to the broad range of theory and practice related to: improving endurance, oxygen delivery, tissue strength, circulatory capacity and other aspects of physical health; bringing about the sense of mental well-being described in physical fitness programs; and body-image integration and other psychiatric therapy dimensions. In other words, I would like to see a program that would take into account the whole spectrum of physical fitness and body-building all the way from the basics of physical education to the most advanced level of ego psychology.

It is assumed that "a program" means discriminatively extracting from available theory and practice that which is valid and useful and putting it to work for the benefits it will produce, under constant scrutiny, evaluation, and if necessary, revision.

Stages of the program might run as follows:

(1) Assess current programs

I would expect you to make or cause to be made a thorough survey of physical fitness programs now occurring in our institutions.

(2) Survey of the literature:

This would include, to the extent practicable, the literature from foreign countries.

(3) Consultation by experts:

This could include ongoing consultation with members of the Physiology and Physical Education Departments at the University of Minnesota and other local colleges/universities as well as specific "spots" by various experts from out of state such as Cooper (Aerobics), RCAF group (isometrics), Woodbury (body-image integration), Stan Musial (President's Commission), and others whom a search of the literature would reveal. These people could express their various points of view and we would have a chance to assess and apply those aspects of their work that might be useful.

(4) Research:

There are many things we might do, both with special groups and special techniques. To-wit:

#2

(a) Groups

Groups to work with especially might be:

- Long-term sedentary, but otherwise able-bodied overweight residents both mentally ill ("chronic schizophrenic") and mentally retarded (Program V)
- Antisocial personalities; restless, body-conscious adolescents.
- Persons in acute turmoil.
- Hyperactive children and adults.
- Self-hurting children and adults.

(b) Techniques

- Heavy muscular work (e.g., clearing woods, building roads).
- Fast, competitive sports (e.g., soccer, swimming, cycling, hiking, track -- especially involving running and jumping), all of these including simple and inexpensive prizes.
- Bruising sports (e.g., football, rugby)
- Exhausting sports (e.g., running, handball, wrestling)
- Gymnastics
- Expressive dance
- Body-image therapy (my term), i.e., reconciliation of self-percepts of body contours with what others see.
- Others (e.g., massage, whirlpool baths, sauna, etc.)

(I think we may have been too easy with most groups of residents. Maybe we haven't worked people enough. We complain about hyperactive mentally retarded patients who "race around" all day in hospital wards. How about our racing them for their fun and profit in the form of simple rewards?)

Finally, on the subject of research, I think it might be interesting to study exercise and diet as they relate to cholesterolemia. We might tie in with the diet study that will be starting soon among long-term mentally ill residents. Thus we could set up a quadratic study as follows:

#3

low-fat diet, normal exercise

" " " heavy "

normal fat diet, normal exercise

" " " heavy "

("Normal exercise" I think amounts to precious little. I would guess that on Cooper's aerobic schedule, where 30 points per week, he says, are needed to maintain good health, the great bulk of our residents are working at the level of less than one point per week.)

(5) Site visits:

As part of the total program I would expect you and others, to the extent practicable within time and budget limits, to make carefully selected visits to places where outstanding programs along these lines are occurring, including, if appropriate, foreign countries.

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I do not mean to suggest that the above stages would need to be chronologically sequential. Rather, some aspects of the program could be carried out concomitantly.

Please feel free to proceed with the above program as you see fit.  
I will be glad to discuss this with you further.

DJV:rcj

cc - Mr. Morris Hursh

Medical Services Division Staff

Mental Health Medical Policy Committee

Dr. Ivan Frantz

All Medical Services Division Institutions  
Attention: Medical Directors  
Administrators