

The Third Time's a Charm

I have been an OT for more than 16 years in Phoenix, AZ, and all over California. I love being an OT and still get excited when my clients can put their shoes and socks on or wipe their bottoms by themselves for the first time. Yes, I am talking about jumping-up-and-down excitement. Maybe this is why.

My first experience with OT came when I was 10 years old, and had bilateral plaster casts on my feet following bunion surgery. I was trying my best to convince my father, Lt. Col. Bell, that I couldn't do the dishes "cause I have two casts." He turned to me and said, "Are your hands crippled?"

I replied, "No."

He said, "Then go do the dishes."

OT, right? I had two more surgeries on my feet in the next 10 years, and another one at age 42.

My next experience with OT did not follow a disability. I was working as a personal care attendant for a woman with SCI living on her own in Berkeley, CA, in 1980. A friend of mine scheduled a vacation and needed someone to fill in doing personal care for a few clients. One was only 30. She recommended that I go to OT school, since I liked working with disabled people and my hands.

I was able to get back to working again full time doing SNF rehab. It took me about two years.

Knowing Suzie and other young adults with disabilities living on their own in the community gave me a viable visual image of the projected outcome of every client-centered treatment I would do as an OT. I added that to my "dishes" experience, taking a bath with my bottom in the tub and my casts up over the edge, and riding my bike (later) with one cast. Yeah!!! OT.

So do you wonder where I'm going with all of this? Well, since becoming an OT 16 years ago, I have been disabled twice.

After walking up 250 stairs for home health OT in San Francisco, I blew out both

knees, and could hardly walk to the corner (I lived in the second house from the corner). I actually thought I wouldn't be able to do OT anymore because of the pain in both knees and difficulty walking (especially up stairs). I felt like my life was over; my self image is "I am an OT."

I was able to get back to working again full time doing SNF rehab. It took me about two years. SNF rehab is less labor intensive for the therapist than acute rehab, and most SNFs are on one floor.

Then, on Sept. 3, 2004, while walking across the street to catch the bus to work, I was struck by a car and sustained a compression fracture of L3, and two fractures in my right wrist (yes, I am right-handed).

When I first sent this story to *ADVANCE*, shortly after that incident, this is how I felt:

"I just had an ORIF with visible pins coming out of my skin six days ago, and am typing this with my left hand. So, the third time's a charm. Oh yeah, I can take a one-handed shower without getting a drop of water on my splint bandage. I can make a sandwich with one hand. I can dress myself, no problem. But will I really be able to handle even the "lighter" load of SNF rehab (with my back)? Will I be able to use my right hand to get in there and facilitate a CVA client's motor return and uncover muscle movement? Will my handwriting always look like a third grader's?..."

The story wasn't published then. But now it is the end of August 2005, 10 months since I wrote that.

What has changed? What progress have I made? What is different about my attitude?

Well, in October 2004, when I wrote the bulk of this article, I was feeling desperate and discouraged. I had intermittent periods of hopelessness, which were somewhat alleviated by the fact that I "knew better" because I am an occupational therapist, and have been speaking "possibility" and "hope" to my patients for years.

By last March I was smack dab in the middle of anger and frustration bordering on hostility. I wasn't good company. I knew I had to do something.

I had jumped into building self-care independence immediately after my surgery, and I added daily activities such as massage
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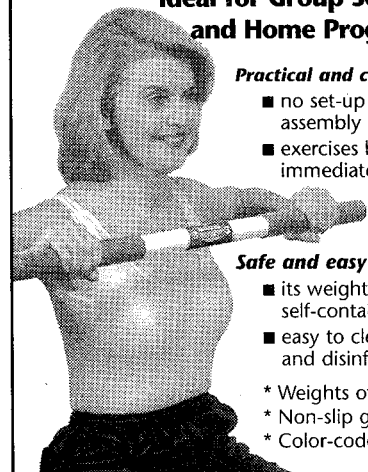
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(edema control) and range of motion on my hand even while in the cast (even before I became an "OT hand patient"). But now I added light cooking and practicing typing on the computer. I used every opportunity to get out of the house—check the mail, go to the store to buy one or two items, go for a walk in downtown Burbank to window shop. Anything to chase away the depression.

Now, a year after my accident,
I can see possibility, and
I have hope.

And, I continued working (at a snail's pace) on a huge project I had started before my accident: writing a book about using different languages in OT evaluation and treatment (which should be published early next year). Then I felt good. I felt like I was going to make a difference for a lot of non-English speaking OT clients. I felt hopeful and purposeful. Plus, it was great fun, and I was able to see progress each week. Actually, it saved my sanity.

Now, a year after my accident, I can see possibility, and I have hope. I am even exploring job opportunities, within the scope of my "limitations," with a vocational rehab counselor.

So, it's true, our patients can get better; we do make a difference with our therapeutic intervention. I have lived it, and so now I really know. ■

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New Pilates Book for Rehab



Exclusively from OPTP, Pilates for Rehab details exercises that are supported with a clinical foundation and references experts such as Diane Lee and Vladimir Janda. Elizabeth Smith, PT, ATC, and Kristin Smith, BA, CFT, combined their rehab, training, lecturing and teaching experience to create this clear guidebook for incorporating Pilates into a rehab program. Included are clinician tips—pieces of advice that will aid the clinician in smoothly transitioning the patient through the various exercises.

OPTP's Pilates for Rehab
Sneak Peek Product #OT025

Pediatric Assessment Tool for Busy Therapists

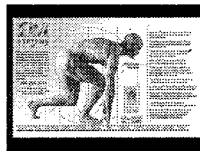
Schoodles Pediatric Fine Motor Assessment is ideal for therapists who would like to organize informal observations of fine motor skills. It was designed by school therapists frustrated with the lack of availability of a quick comprehensive tool.

The sturdy three-ring binder format holds just what is needed to do a screen, update or entire assessment of classroom related skills.

The reproducible test book pages eliminate the need to purchase expensive test booklets. Add a zipper pouch filled with scissors, crayons, pencil, and a few other low-cost materials and you're ready to go.

Sneak Peek Product #OT022

DM Systems Uploads New Web Site



A totally redesigned web site for DM Systems, Inc., is now online at www.dmsystems.com. With an all-new look, the site is streamlined to be more user friendly and includes information on all the wound care, orthopedic and rehabilitation products available from the company. Visitors to the site can view, in addition to product information and usage guidelines, informational videos; testimonials from clinicians; and downloadable literature PDFs, including the new full line catalog.

DM Systems, Inc.'s Web site
Sneak Peek Product #OT024

AliMed Carries Ergonomic Workstations

AliMed, leading manufacturer and distributor of ergonomic and occupational safety products, has teamed up with AFC Industries to offer its customers a variety of adjustable ergonomic workstations designed to keep medical technicians comfortable and productive.

AFC's Ergo Tier Cart is a mobile single-level workstation featuring a work surface and monitor mount that adjusts in height. For a permanent option, AliMed offers the AFC Wall and Ceiling Mount.

This 56"-long aluminum track allows each individual component to be adjusted in 2" increments.

Sneak Peek Product #OT026

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