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DOCS

Ind. Public Welfare

SPASTIC PARALYSIS PROJECT
AT
JAMES WHITCOMB RILEY HOSPITAL FOR CHILDREN

Adults who have never learned the arts of self-control, although fully in possession of all their mental and muscular faculties since childhood, are forced to blush with shame at the "I can't's" they have uttered when they visit the new clinic at James Whitcomb Riley Hospital for Children where exercises are given for little spastic paralysis patients.

Watch little Mary, age 5, struggling with the simple words of speech and excitedly clapping her hands when an understandable sound has blown through her lips! Or witness Johnny, bravely pulling himself erect with a withered arm at the play table, eyes brilliant at the accomplishment!

What a heroic struggle these uncomplaining little cripples make to perform at play the simplest tasks of muscular control! How desperately they work to force coordination between mind and muscular reaction! It's a proud feat to be able to feed one's self. It's a total victory to be able to stand erect and to walk, even with faltering step. Poor little puppets, who, before training begins, seem to have no master puppeteer to guide their movements.

One who is not familiar with the tragedies of crippling conditions with which too many children are brought into the world, may not understand why it is necessary to teach a child of five, six or seven years of age how to sit up, how to feed himself, how to speak and how to walk. These are the pitiful youngsters, who, before or upon entering this world have received birth injuries, to use a common phrase, and who suffer the condition scientifically termed spastic paralysis.

Birth injuries and resulting spastic paralysis form a condition in which the telographic and motor control centers of the mind seem to go awry and the victim cannot control muscular actions and reactions, so the medical experts explain it. But there is little that either medical men or surgeons can do to relieve the condition, beyond easing the tension of a muscle here or there. And that is of little value if will of mind and habit training have not preceded the operation. For example, a child has the will of mind to take a bite of food, but he has virtually no control of arm movements and cannot convey food from plate to mouth. But, if he evinces the will and makes the effort, habit training soon will re-establish coordination of muscle and mind to a certain extent. Then, perhaps, an operation upon a certain muscle will give greater freedom of motion.

These facts and others, concerning the training of children who suffer the helplessness of spastic paralysis, have been established in two and a half years of research and patient study by the Occupational Therapy and Physical Therapy Departments of the James Whitcomb Riley Hospital for Children. Mrs. Winifred C. Kahmann is the director of this department which has been supported by the Junior League of Indianapolis for more than ten years.

State and Federal recognition of the pioneering research done by the Physical and Occupational Therapy Departments of Riley Hospital in the training of spastic paralysis patients recently was made. Aid of Federal funds in the establishment of the spastic paralysis training clinic was granted in May. The clinic became a special joint project under the Indiana program for the Extension of Services to Crippled Children, a part of the National Social Security program, administered jointly by the Children's Bureau, United States Department of Labor, and the

Division of Services for Crippled Children, State Department of Public Welfare. Dr. Oliver W. Groer is the director of the Indiana division of services for crippled children.

Approval of the special Riley project resulted in the addition of three staff members to the hospital's department and the appropriation of a sizable sum for the construction of special training equipment.

Because the methods for the training of spastic paralysis patients are so new and have in many instances been worked out by the experts at Riley hospital, it was necessary to build most of the apparatus from raw materials. This includes tables and games for play; tables and implements for habit training; a miniature staircase; white foot prints on a rubber mat; hand rails for walking; ladders to correct the shuffling gait; toys which instruct in the arts of muscular control.

By far the greater proportion of children who suffer spastic paralysis, fortunately or unfortunately, have excellent mental equipment. They are brilliant little minds imprisoned by uncoordinated actions of muscles. From infancy they have been waited upon for every need. But it has been within the history of the founding of Riley hospital and its physical therapy department that physicians and trainers have learned that there are definite means for restoring coordination between the minds and the muscles of these little ones, if their injuries have not been too extensive and if their mental equipment is normal. These facts were observed a few years ago at the hospital when the crippled children as a whole were being put through their paces at physical therapy and occupational therapy. It had been well established, for example, that surgery or muscular exercise, applied early, could correct crippling conditions of infantile paralysis, or club foot and other deformities and diseases. But the pitiful little infant which suffered birth injuries was thought to be a hopeless cripple for his lifetime.

Noting the general brilliance of the little spastic paralysis patients, physicians and physical trainers decided to give them special research. Mrs. Kahmann formed a special class of six children and with infinite patience, began a course of training.

Imagine the skeptical feeling with which parents of these little unfortunates consented to bring their children in for regular training. Even those who strongly believed that occupational therapy had its benefits could hardly be persuaded that some of these subjects could be transformed from limp rag dolls into children able to do things for themselves. Some were admitted to the research clinic wholly prone; others that crawled; others that drooled and could not speak a word.

Step by step, the therapists worked. First they instilled confidence in the child that he could control a hand or a limb if he would be will to do so. So small a motion as the opening and the closing of a hand was practiced until perfected. Coordination first was the trainer's hand, constantly repeating the motion and finally coordination became habit and will.

In such a manner, the child which was prone learned to sit up and to hold his head erect and to feed himself, and to stand, and then to drag his feet, and then to walk without dragging his feet, and to open and close doors and locks, and to dress himself. Having learned to care for himself, the door then is opened to the vistas of further intellectual training. One such child in the research training progressed so far that she was admitted as a pupil to the Roberts School for Crippled Children.

All the tedious hours of training and the exhausting hours of patient practice are repaid when the therapists behold the miracle of their work and see even

one child able to care for himself.

Motion pictures of the progress made with such training for spastic paralysis children were enough for Mrs. Kahmann to use in convincing the Federal and State authorities that they would make no mistake in appropriating money for extension of these services for crippled children. With the aid of the Federal-State funds, it is the best equipped and best staffed clinic of its kind in the country.

The Riley spastic paralysis training clinic, headed by Mrs. Kahmann, has three staff members. They are Miss Margaret Reed from the Milwaukee Downer school, an occupational therapist; Miss Adelaide McGarrett, from the Boston Children's Hospital, a physical therapist; and Miss Eleanor Milwood, graduate of the Northwestern University School, a speech pathologist. The salaries of all three are paid with Federal funds by the Division of Services for Crippled Children, State Department of Public Welfare, and the results of their work is reported to the Children's Bureau, United States Department of Labor. Space for the clinic, utility services and incidental operating expenses are freely given for the project by the administrative authorities of Riley Hospital.

In developing speech training as a part of the clinic for spastic paralysis patients, Mrs. Kahmann again has demonstrated the leadership for which she is nationally recognized in the field of occupational therapy. Those unfortunate little patients who come to her unable to utter articulate sounds are placed in the patient hands of Miss Milwood. They are unable to control the forces of breath and the lip and tongue and laryngeal muscles which must be coordinated to form words. Those who drool are first taught to keep their mouths closed. One way is for them to chew gum. Then comes patient practice at the control of breathing. They blow little whirligigs, whistles and other play objects. In front of a mirror they practice mouth formations and tongue positions. They learn to make the sounds of the vowels and of the consonants. A happy giggle is the instructor's reward when the struggling child finally utters the sound o-o-oh; then a-a-ah; then e-e-ee; and so on. The therapist makes a game of it and in time it becomes conversation.

Little Johnnie, having been through his practice at the habit forming table, was laid upon a mat for a rest. His was not a speech defect, but it seemed that the muscles of his vocal chords had been the only ones left in coordination. He had been in training for two weeks and was pleased to talk about the progress he had made in learning to sit up.

"When can I wash?" asked six-year-old Johnnie. "I just love to get in the tub and splash around."

How simple are the pleasures of these little cripples! Just to be able to move the right muscles and to do for themselves.

Mrs. Kahmann is happy with her work, and no small wonder. She estimates that from the number of patients who have gone through the out-patients department of Riley hospital in recent years, that there are no less than 500 small victims of spastic paralysis, whose parents are penniless and cannot afford to pay for special apparatus and treatments, who are in need of this clinical training. At present, some sixty children are being served. The number cannot be very large unless the staff is greatly enlarged, because it must be personal training with a period for each child.

It is reasoned that if there are 500 children among the families of the poor who are in need of such training there must be many more than that in Indiana's

tion. Since Riley hospital was built and is maintained for the treatment of the poor alone and since this is the only clinic of its kind, thought is being given to methods by which the benefits of this procedure can be extended to families who are able to pay the bare costs of a training course. It has not seemed reasonable, in fact the Federal Government administering the funds for the Extension of Services to Crippled Children insisted, that the facilities of this clinic not be denied to any unfortunate child because of the circumstances attending the economic plight of its parents.

Dr. Greor, state director, the Federal Children's Bureau and Riley hospital administrators at present are working out a procedure for the admission of spastic paralysis children to pay services of the clinic, such fees to be used for broadening the services and facilities of the clinic, together with such other funds as may in time become available through governmental or philanthropic support.

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