Specialization is Not Narrow

Unlike Stephen L. Heater in the February 1992 AJOT, "The Issue Is—Specialization or Uniformity Within the Profession?" (pp. 172–173), I do not believe that occupational therapists should view specialization as reductionistic, narrow, or negative. Advancements in surgery and medical technology have propelled the allied health fields forward into a complex new era that requires competency on a level never previously expected.

The medical and nursing professions have evolved in response to this need for specialization and continue to grow and prosper. If occupational therapy is to remain affiliated in any remote way with a medical model, we must adapt to the increasing demands for valid, reliable evaluations and proven efficacious treatment within circumscribed areas of practice. This will be necessary not only to help our patients in a substantive way, but also to help us become eligible for remuneration from insurers. Specialty certification by an independent certifying body may eventually become a minimum requirement for reimbursement.

I cannot speak for other specialty areas, which have advanced above and beyond entry-level occupational therapy, but I can say without doubt that hand therapy is in no way treating narrow diagnostic populations. It can and does encompass many diverse diagnostic groups ranging from cumulative trauma disorders and replantations to brachial plexus injuries and arthritis. Intervention techniques can include acute wound care and tendon management to activities of daily living and work hardening.

Janet Waylett-Rendall, OTR, CHT
Garner, NC

Author’s Response

I was delighted that Ms. Waylett-Rendall responded to my article, as it indicates that there is a heightened awareness surrounding the issue I attempted to articulate.

While she has raised several legitimate concerns, I believe that the text of her letter more clearly and succinctly specifies the problem than I was able to do in a two-page article.

Ms. Waylett-Rendall refers to the developing professions of occupational therapy and hand therapy as if they were one and the same when she states, "I cannot speak for other specialty areas, which have advanced above and beyond entry-level occupational therapy, but I can say without doubt that hand therapy is in no way treating narrow diagnostic populations." Why is it that she refers to hand therapy instead of occupational therapy for the treatment of hand dysfunction? As I pointed out in my article, the American Society of Hand Therapists was established to promote the development of the new profession of hand therapy, not just to stand as an advanced certifying body as she implies.

Occupational therapy has struggled for many years to become a defined and respected profession in health care and the human services. Hand therapy, pet therapy, art therapy, cognitive therapy, vision therapy, etc., all imply a very focused approach to the treatment of a specific part of the anatomy or the use of a specific medium. Occupational therapy exists to serve the whole person through intervention involving work, activities of daily living, and leisure. In this context, we need to promote occupational therapy as a specialty and continue to conduct research that further articulates its efficacy. Should the need arise for certification in the use of occupational therapy with special populations, which in now occurring in pediatrics, then the American Occupational Therapy Association should be the organization that develops and implements the standards. My point, however, is that it is premature to consider such specialization in light of occupational therapy’s small but growing body of knowledge.

Stephen L. Heater, OTR, EdD
Toledo, OH

Correction


The author of this paper was inadvertently omitted. Authorship of this paper is credited to Barbara L. Kornblau, JD, OTR, DAAPM, for the Commission on Practice, Jim Hinojosa, PhD, OTR, FAOTA, Chair. Approved by the Executive Board as a White Paper October 1991.

The American Journal of Occupational Therapy welcomes letters to the editor. If you have a comment about or reaction to something that has appeared in the journal or about an issue that affects us or the profession, let us know your views. Type the letter double spaced and forward it to Elaine Vielhauer, Editor.