Supports Specialization in Occupational Therapy and Use of Physical Agent Modalities

I wholeheartedly support Kylie Ahlschwege's comments in the July 1992 AJOT regarding physical agent modalities and specialization within occupational therapy ("The Issue Is—Specialization Within Occupational Therapy: A Rebuttal," pp. 650-052). I have been in practice since 1973 and have specialized in hand and upper extremity rehabilitation for the last decade. As a specialist in hand therapy and like other hand therapists, I have received support from the American Society of Hand Surgery, the American Society of Plastic and Reconstructive Surgery, and the American Society of Microsurgery in both research and publication activities for using physical agent modalities. This support is beyond that provided to hand therapists by the American Society of Hand Therapists.

The need for specialization in the practice of hand rehabilitation is clear. Therapists who are generalists probably will not have the expertise, background, or training to pass the clinical/peer review requirement of quality assurance in order to treat patients with complex hand injuries. The global theorists among us do not understand the complexities of the health care system. The issues of reimbursement, medical management, cost containment, and federal and state budget deficits necessitate an efficacious and accelerated approach to health care provision. In a variety of settings, a dual usage of therapists (one who uses modalities and one who does not) would ensure rising health costs. I suspect the current demand for occupational therapists in health care is based on a need for a specialist's skills as opposed to those of a generalist.

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We Need Research on Psychosocial Occupational Therapy

Kathleen Kannenberg, in her June 11, 1992, article in OT Week ("Wanted: Mental Health Practitioners," pp. 12-13), asked, "Just what can the association do and what can you as a practitioner do" to recruit and retain occupational therapists in mental health? As a result of the awkward position in which we find ourselves, we say, "Do research and publish the results."

Psychosocial occupational therapists here at Oregon Health Sciences University Hospital were recently required to prove the efficacy and cost-effectiveness of occupational therapy in mental health and were appalled by the lack of such published evidence. In our quest for this information, we contacted the American Occupational Therapy Association and therapists from some of the more outstanding psychiatric institutions in the United States and were able to locate only one article with statistics in either efficacy or cost-effectiveness.

The one thing we have not done is research, due partly to the many variables over which we have no control.

Now, in an effort to save our program and possibly our department, we are trying to substantiate statistically that occupational therapy is effective, and we are unable to do so. This makes it difficult to interest others in becoming mental health practitioners, even though those of us in the field find it interesting and vital and, we believe, effective. We are, however, unable to supply concrete published evidence to bolster us in this belief.

If we wish to continue practicing in mental health and to encourage others to join us, we must remedy this situation by doing research and publishing the results so that we have efficacy and cost-effectiveness studies to back our beliefs.

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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 Viselhear, Editor.