(i.e., anatomy, physiology, kinesiology, neuroanatomy, neurophysiology, and psychology) equips us to deliver a more productive occupational therapy; it enables us to intelligently implement simple modalities in preparation for functional activity. Treatment to decrease edema, reduce pain, relax stiffened joints, followed by subcortical activity to elicit an adaptive response provides optimum benefit to patients.

I do not wish to practice physical therapy—but, I do wish to deliver good health care. I believe that this includes appropriate preliminary treatment that can often be more efficiently and less expensively delivered during the course of an occupational therapy session.

It is interesting to note that some of the modalities discussed are routinely available to the public over-the-counter or are dispensed by physical therapy aides. In addition, many physical therapists now engage in perceptual testing and hand splinting. It seems likely that both professions are moving in the direction of "separateness," identification of common areas of expertise would aid in implementation of "non-nonsense" health care. This approach would benefit both the consumer and the therapist.

Arlene L. Horan, COTA Carteret, New Jersey

The Author Responds

The letters from Horan and Weiss-Lambrou are appreciated. As Chair of the OT/PT Task Force I welcome comments from those who may agree or disagree with my stated position.

There are many questions that need to be addressed regarding the use of modalities (physical therapy or not) by occupational therapists: what are the modalities being used; what training has the therapist had that qualifies the person to perform them; what are the implications for educational programs and the Essentials; what is the impact on health care, etc.?

It is interesting to note that the American Physical Therapy Association has documented, in Competencies in Physical Therapy; An Analysis of Practice, APTA, 1977, the background needed in order to safely and adequately apply all modalities including heat and biofeedback. This includes but is not limited to: physics of heat gain and loss, heat absorption and penetration, electromagnetic spectrum, electrical currents, Ohm's law of electricity, impedance, and the physical laws related to passage of currents through various media; the physiology of temperature control, adaptation and pain and the electrophysiology of nerve and muscle, generation of bioelectric current in excitable membranes and conduction and transmission of electrical signals in nerve and muscle (pp 218, 222).

If one is to use these modalities, then one must be adequately prepared. One must also be aware of the state's physical therapy license law and its ramifications regarding practice.

In no way are we trying to put occupational therapists who work in physical dysfunction out of practice. I understand the confusion that now exists. The OP/PT Task Force will be addressing these issues in the coming weeks and months. We welcome your input and rationale. We may find that our position on some of these issues needs to be modified. The dialogue has begun. Let's keep it going.

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October Articles Have Useful Ideas

The October 1981 AJOT has been very informative and useful, particularly Cantor's article on pre-retirement resource planning and the two-part article on "Need Satisfaction of Older Persons" by Tickle and Yerxa.

These articles blend beautifully together. I have adapted Cantor's stimulating T.A.P. tools to patients in my home health care load who were undergoing changes—not in retirement planning per se—but who were undergoing painful but necessary self-assessment and personal adaptations caused by disabilities. I have used her tools for persons realigning their lives after amputation, CVA, and the onset of Parkinson's disease.

The articles by Tickle/Yerxa are valuable research for all of us, whether working in the community or working in institutions, to make us aware of the multifaceted needs of patients and how to respond to them.

Many other therapists will probably synthesize these useful ideas into their practice. My thanks to you for the October Journal and to the authors for their contributions.

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