manpower problems, creative solutions need to be started soon. Recruitment will be effective only if there are educational programs to attend. Existing programs have a very limited opportunity to expand. There must be more programs, especially in states where no program exists, or where only one level of education in occupational therapy is available currently.

In summary, manpower appears to be strongly related to the availability of educational programs. Such programs provide entry-level personnel, advanced education, and opportunities to participate in continuing education.

The Association, in the past 20 years, has rarely actively initiated the development of occupational therapy educational programs in manpower shortage areas. Perhaps it is time to modify the Association's long-range plan to identify shortage areas and develop strategies for building a better manpower pool through starting and supporting educational programs first at the technical and professional level, and then at the advanced level.

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Authors' Response

The writers are absolutely correct, and their point is well taken. In fact, the AOTA is planning to allocate resources for exactly the type of program they describe, and that program will begin in the fall of 1983.

Francis A. Acquaviva
Stephanie Presseller, M.S., OTR

Objects to Roll Slings

Having recently completed a 2-week Bobath (NDT) course on adult hemiplegia, I am appalled at the outdated information presented in the article "Modified Strapping of Roll Sling," which appeared in the February 1983 issue of AJOT.

The most recent theory on this subject is that no sling is necessary to support a pain-free, subluxed shoulder; that, in fact, slings can impair circulation, which can initiate shoulder-hand syndrome. A painful shoulder is not due to the subluxation, but is due to trauma caused to the arm.

I have seen radiologic evidence that a roll sling (or "Bobath Roll") does not give glenohumeral support and, in fact, even the Bobaths, themselves, no longer support the use of slings or the roll.

Although theories on management of adult hemiplegia change, I feel authors should present the most recent and updated theories in patient treatment.

Phyllis L. Botvinik, OTR
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The Author Replies

The controversy revolving around the efficacy of slings and selection of sling type is longstanding.

When treating a painful shoulder, the physician and therapist must consider the best means of supporting that extremity, which frequently includes the use of a sling to avoid overstretching soft structures. As stated in my article, "The sling is prescribed when patients experience onset of pain," and that "Any sling should be applied only after careful consideration by a therapist."

Until other positioning or handling techniques are shown to improve or prevent shoulder pain consistently, new methods of intervention should certainly continue to be exchanged and evaluated.

Julie K. Walker, OTR
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Likes Hand Therapy Articles

I want to commend you and the authors for compiling the March 1983 AJOT. It is an excellent issue with many good articles beneficial to me in my job. Keep up the good work in future issues!

Alice L. VanDerwerken, OTR
Augusta, Maine