Viewpoint

Wilford E. Park, M.D., director of adult health for the Minneapolis Health Department, advocates the development of a new member of the paramedical team, the preventive therapist, who would fill a major need in rehabilitative care. 35

VIEWPOINT

Preventive therapist could fill major need in rehabilitation

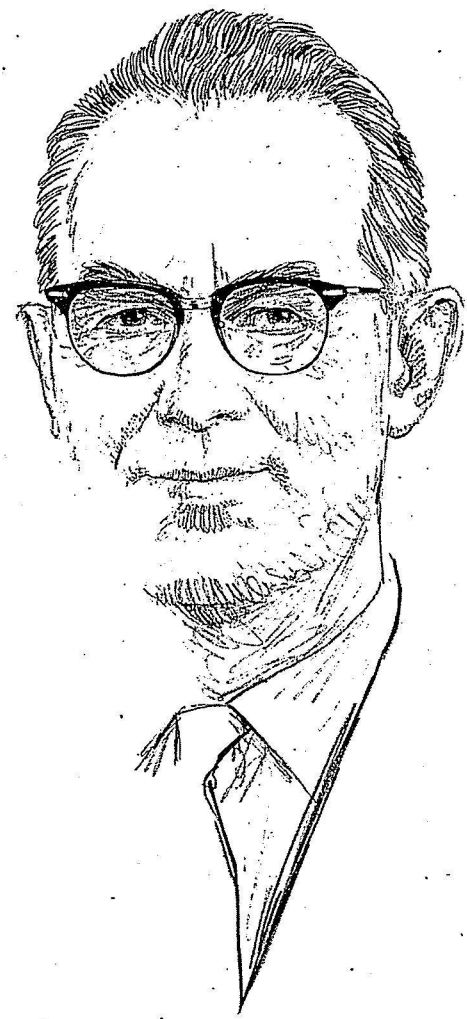
QUESTION TO WILFORD E. PARK, M.D., director of adult health for the Minneapolis Health Department: *You have said that a gap exists in rehabilitative care. Where do you think it lies?*

DR. PARK: It seems to me that the gap is in preventive care, in the prevention of disabilities. And this problem is caused by a lack of manpower. *Nobody*—physician, nurse, or physical therapist—has the time or the will to tackle adequately or energetically the job of preventing disabilities, and the result is that contractures, foot drop, edema, pressure sores, and other conditions still occur unnecessarily in some nursing homes and extended care facilities.

Q. *What do you propose as a solution to this problem?*

DR. PARK: I suggest the development of a new member of the paramedical team, the preventive therapist, who would be expected to take over full responsibility of all preventable complications in all patients in his assigned area. He would be expected to assume this responsibility as a matter of course immediately upon the patient's admission, regardless of whose patient he would treat. This action would be as routine as nurses taking over nursing. Although the scope and extent of the required training and education for

Continued on page 39



■ Wilford E. Park, M.D., director of adult health for the Minneapolis Health Department, is also director of the Active Care Satellite Project and of the Minneapolis Nursing Home Surveillance Program. Dr. Park, who earned his M.D. degree at the University of Toronto, is a certified specialist in occupational medicine, a fellow of the American College of Preventive Medicine and of the American Industrial Medical Association, and a founder and first president of the Minnesota Academy of Occupational Medicine and Surgery.

VIEWPOINT

Continued from page 35

the preventive therapist would be the function of the educational institutions and disciplines involved, the preventive therapist would have to be sufficiently well-grounded in medicine, physical therapy, and nursing so that he would know, from the physician's diagnosis, what complications might develop, what should be done to prevent them, and what he could do responsibly with the approval of the physician, the physical therapist, and the nurse. The preventive therapist would have to be free to do what needs to be done on the basis of indefinite orders such as "Prevent disabilities," "Condition for weight bearing," "Maintain mobility," "Support circulation," "Maintain alignment," "Splint as necessary," and "Teach patient necessary precautions."

Q. *Do you mean the role of the preventive therapist falls somewhere between that of the doctor and that of the physical therapist?*

DR. PARK: It could, or the preventive therapist could be a special type of physical therapist or physical therapy assistant. He would be oriented primarily toward physical therapy, but his work would be equally important to occupational therapists and others. He would not be a doctor, but he would have to assume some responsibilities which now rightfully belong to a doctor. He would not be a nurse, but he would work on the wards with nurses, perform some of their functions, and relate closely to them. Certainly he would fit into none of the present categories. In a hospital or an extended care facility, he would be a full-time, salaried employee. I do think, however, that the preventive therapist would have to be given professional status—probably certification or registration or even a special degree.

Q. *Why is professional status so important?*

DR. PARK: Mainly because the duties of the preventive therapist would have to be so well accepted by the medical and paramedical disciplines that he would be fully free to make decisions on his own and to institute whatever preventive measures he thinks wise. Without this freedom to practice his profession, his role would be foredoomed to failure; with acceptance of this principle, he would undoubtedly be trained to carry the responsibility safely. Prior acceptance of this principle would be the key to adequate training.

Q. *Does this mean that the preventive therapist should not be responsible to either the medical or the paramedical staff?*

DR. PARK: Yes, essentially. The nature of his work would place the preventive therapist in a unique relationship to the medical and paramedical disciplines. He would already be active at a stage in the development of chronic disabilities when most treatment-oriented physicians would not yet be alert to the needs. If the preventive therapist were required to wait for disabilities to appear in order to obtain approval for preventive measures, much of his purpose would already be defeated.

In other words, I think the preventive therapist should primarily offer a pretherapy patient care service. He would *not* be under the administrative control of the medical staff specializing in physical medicine, but would use it as a resource. His services would be available to all physicians regardless of their special interests. He would *not* be an extension of the physical therapy department nor administratively responsible to the physical therapist who operates that department. Similarly, he would not be responsible to the occupational therapy department. The preventive therapist would work on the wards where patients are located as freely as nurses do, but he would not be administratively responsible to the director of nursing service. He would, however, coordinate his work very

Continued on page 40

VIEWPOINT

Continued from page 39

closely with that of nursing, and his relationship with the medical staff would closely parallel that of the director of nursing services.

Q. *Would the preventive therapist be able to draw on other resources besides those of the hospital or extended care facility?*

DR. PARK: Of course. If his own training were weak in such areas as social work, mental health, and the behavioral sciences, he would certainly draw from resource people in these areas and particularly from those who might be valuable to him in motivating patients.

Preventive therapists working in hospitals, extended-care facilities, nursing homes, and home-care agencies would understand each other's needs and maintain close working relationships. If a patient were moved from one facility to another, and from one service to another, preventive therapists would transmit pertinent information to one another so that maximum continuity of care could be maintained.

Q. *Could the preventive therapist apply his skills in the care of patients at home?*

DR. PARK: Yes. In such a case, he might be an employee of a private physician, or of a number of physicians engaged in group practice. In such situations he would be a member of the group and would practice under medical direction and supervision. He should, however, be discouraged from serving patients in their homes on his own fee-for-service basis as an independent practitioner. □