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Article abstract

Vocational rehabilitation in industry is more and more important; this article intends to cover the social and economic aspects of this problem. There are two factors in rehabilitation: the first, purely medical (prevention, medical and surgical treatments), concerns industrial medicine and the second, medico-social, consists of directing and counselling the handicapped worker. Rehabilitation has brought to the disabled person his recovery as a citizen, as a worker and as a father of a family.

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Vocational rehabilitation in industry is more and more important; this article intends to cover the social and economic aspects of this problem. There are two factors in rehabilitation: the first, purely medical (prevention, medical and surgical treatments), concerns industrial medicine and the second, medico-social, consists of directing and counselling the handicapped worker. Rehabilitation has brought to the disabled person his recovery as a citizen, as a worker and as a father of a family.

Social security which places health of the population in line with the major objectives of public prosperity, has given rise to a more modern concept of the problem of Rehabilitation and Reeducation of invalids.

In what is to follow, we shall consider first of all the social and economic aspects of Rehabilitation in Industry. We shall attempt to clarify the part that Industrial Medicine has to play in the work of Rehabilitation. An effort will be made to prove that Rehabilitation is dependent on two distinct factors; the first purely medical in scope, emphasizing preventive medicine, medical and surgical care; the second, dependent on two distinct factors: the first purely medical in scope, professional guidance; or the action that should be taken to restore the handicapped workman to a job best suited to his capacity, in an industrial environment objectively and subjectively compatible with the pursuit of a decent living.

1—SOCIAL AND ECONOMIC ASPECTS OF REHABILITATION

Like other phases of Industrial Medicine, Rehabilitation of the injured Workman

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began to interest the "powers that be" when it became evident that Rehabilitation paid dividends. In the words of Shakespeare we can say that Rehabilitation "is more than twice blessed". It is a blessing not only for the Workmen, but also for Employers who can make use of this recovered man-power, for the family collectively which is dependent on his power to earn. But it is a boon also for the Government, for the Community and for Social Service groups who are concerned with supporting Rehabilitation.

1—Rehabilitation Pays Dividends

The dividends that Rehabilitation pays to the State are many and tangible.

You will find in the annual report of the Federal Security Agency of the United States of America the following: Prior to the creation of vocational rehabilitation agencies, the majority of handicapped Workers were unemployed, and were therefore unable to pay Income Tax. These people contributed little if anything in the way of taxes.

The existing Rehabilitation agencies were reorganized, and others created after July 1st, 1939. In 1949 it was noted that rehabilitated Workers earned a combined salary of 93 million dollars a year when the physical-demand requirements of the jobs had been taken into account. Of this amount, five million five hundred thousand dollars is returned in taxes to the Federal Government. At this rate, rehabilitated Workers will have paid back in four years the twenty-three million dollars spent by the Federal Government in its rehabilitation program for the year 1950. We can conclude from this that each rehabilitated Workman will, during his life-time pay back in taxes approximately ten dollars for every dollar the State has spent for his Rehabilitation. This does not include what they will also contribute in provincial, municipal and indirect taxation.

The social and economic aspects of Rehabilitation can also be considered from another angle: In 1949, the Rehabilitation program of the Federal Security Agency was realized at a cost of $492.00 per rehabilitated person. Now, by contrast, in cases where Rehabilitation has not been undertaken, and where disabled workmen can only look for help from some form or other of public assistance, the cost of such care may vary from 500 to 1400 dollars per person, per year. Indeed the cost may well exceed these figures, particularly if the handicapped person

is the father of a large family. This may affect the whole economic structure of the Community over a period of years.

2—Dividends Paid to the Individual

The benefits of Rehabilitation cannot be estimated in terms of dollars alone; even though an increase of from 17 to 93 million dollars paid in salaries to one group of rehabilitated persons, would indicate without doubt a marked improvement in their social and economic condition.

But the principal and invaluable contribution that Rehabilitation has brought to the handicapped person has been his recovery as a citizen, as a father of a family, who earns his own living and that of his family, without the need of public or private charity.

3—Vocational Rehabilitation Pays Dividends to the Employers

These dividends are computable, first in the reduction in Compensation Premiums which would otherwise have to be paid out for the upkeep of invalids, permanently and totally disabled Workers. Dividends to the Employer are also paid in the form of productive work done by the Rehabilitated Workman, his behavior in Industrial Relations, his prudence and assiduity while on the job. As a proof of this, we have the example of a group of 88,600 rehabilitated workers under observation in the U. S. A. in 1950. The following facts were established by the U. S. Bureau of Labor Statistics.

a) Less Absenteeism in the Rehabilitated Groups

Forty-nine per cent had better average attendance records; 44% had average records; and only 7% were absent from the job more frequently than their more fortunate non-handicapped fellow workers.

b) Less Labor Turnover in Rehabilitated Groups

They stay on the job much longer. In fact, 58% of handicapped Workers stay at their jobs longer than the unimpaired; 31% had average records for turn-over; and only 11% had inferior records at their jobs.

c) More Careful Work (handicapped workers are more cautious)

They have, as a rule, better safety records: 51% of the handicapped had better safety records (the number of hours accumulated without an accident) than the non-handicapped; 38% had the same records as the unimpaired; and only 11% had inferior records.

d) Production

For an equal number of working hours, 23% of the handicapped Rehabilitated subjects had a higher production index than the non-handicapped workers. The remaining 72% produced at a rate as good or better than their unimpaired fellow-workers on the same job. The facts mentioned above are worthy of consideration, because they recognize the position of rehabilitated Workers in Industry. There is no thought here of segregating disabled persons, but rather is an effort made to assimilate them into the working population group. They are not isolated from the rest of the Community as a group for whom special favors and privileges must be sought.

II—REHABILITATION AND INDUSTRIAL MEDICINE

How does Rehabilitation fit into the pattern of Industrial Medicine? Rehabilitation appears in the field of Industrial Medicine as one of the responsibilities of the Industrial Physician; and occupational therapy becomes a means of reintegration in Industry by Industry. Industrial Medicine as it is taught and practised in Canada aims at perfecting conditions of life and the betterment of human conditions by the following methods:

1) By biological orientation of man-power it makes it possible to place each individual in better working conditions. This prevents excessive organic wear and tear, and reduces considerably the number and gravity of accidents.

2) In considering working conditions from the aspect of physiological repercussions and from the angle of the working man himself, it completes the action of Safety Services to which it brings the help of biological and psychological facts.

3) And lastly, by a periodical and systematic survey of sanitary conditions, it facilitates early detection of symptoms of organic aberrations, and timely diagnosis. By so doing it makes it possible to direct

the sick or injured workman to his own family doctor or to a competent substitute; thereby furthering the general protection of the working man's health.

What Bearing Has Industrial Medicine as Defined above in Rehabilitation ?

Vocational Rehabilitation is a service to preserve as well as to restore the ability of people to do work. A service *to preserve.* Never was an ounce of prevention worth more than a pound of cure than in this instance.

a) First Step in Rehabilitation

Prevention — Prevention is the keynote of Rehabilitation, and "Preventive Rehabilitation" in wording and in practice will remain one of the finest achievements of Industrial Medicine.

Indeed, in industrial plants with efficient Medical service, it has been the established custom of making the correction of pre-existing defects discovered during the pre-employment physical examination, one of the necessary qualifications for employment. There is no doubt that therein lies a great field of preventive rehabilitation. Rather than reject, without any comment, an applicant who has some form of impairment or disability which can be corrected, the Industrial Psysician performing the preemployment examination should at once contact the local Rehabilitation Agency, and advise the examinee of his duty to report to this Agency without delay.

This practice is being carried out in many industries both in Canada and in the U.S.A. with such gratifying results, that it has been hinted that some form of compulsory registration and annual health assessment should be initiated. This however appears to us just as loathsome as any of the other forms of regimentation.

It should however be emphasized that the universal health record would serve a useful purpose, as a constant reminder of the individual's responsibility not only to himself and his dependents, but to his country, to his industrial group, who are all concerned in his adequate state of physical fitness. It is not enough to respond to the call of duty in time of national emergency; but when the call comes, a man should be physically fit to perform the required duties expected of him. The

filing of an annual health audit would be no greater task than the filing of an annual income tax report. The latter is a definite responsibility whereby the individual is called upon to share the cost of his country's financial obligations.

It is also a duty to be physically fit, for herein lies one's power to contribute to the country's resources of health, man power and productivity.

This is the initial step in reducing the consequences of physical defects: the early recognition and detection. The second step is an organized and integrated service of physical restoration.

Between these two very important steps in the pattern of Preventive Rehabilitation let us pause for a moment to consider one other form of prevention, which often comes into conflict with our own principles of Preventive Rehabilitation; we are referring to lay organizations, self-termed Associations or Leagues for the Prevention of Industrial Accidents. These organizations, from our personal experience in the Province of Quebec are private concerns, heavily subsidized by well-intentioned governing bodies, intent on reducing the number of Iudustrial Accidents. Their aims are honest, but their ways and means of functioning come into direct conflict with the elementary principles of Preventive Rehabilitation. These ways and means are briefly to establish a competitive spirit in the various departments of an Industry, or in the various plants of an Industrial group, to reduce the number of accidents, or rather to increase the number of accidentless working hours in such groups or sections.

We have warned the Governing Bodies that the first element of safety for the Worker resides in his physical fitness. In spite of all safety measures being applied to machines, there will always remain the "human element" which can not be controlled by warnings on sign-boards; nor can lapel-buttons and departmental competition do much better. Our warnings have not met with much response. We should therefore like to make it a point in this report, to condemn all these so-called safety practices; and to insist on the fact that if we hope to obtain from Preventive Rehabilitation its full measure of justice and force, all accidents, no matter how trivial in appearance, must be the Plant Doctor's responsibility, and therefore they should be reported within twenty-four hours. Educational measures in Safety must be above the present standards, and any form of competitive struggle to combat accidents, should take into consideration the fact that an acci-

dent is an act of Providence, more than a manifestation of human frailty, otherwise the whole idea will be a challenge to man's intelligence. After all, who wants to avoid the loss of a limb, just to win a lapel-button?

b) Second Step in Rehabilitation

Next to the prevention of accidents which cause disabilities we must put early an efficient treatment on injuries as the second step in Rehabilitation.

It is possible that many of our injured laborers are disabled because they were not given either highly skilled medical care, or that they were not given physical medicine in the early period of their recovery stage. Early treatment speeds rehabilitation truly, but not just any kind of treatment. As Dr. Galbraith has so aptly pointed out, the rehabilitation in its broad sense must be considered to encompass all activities undertaken on behalf of the seriously disabled individual to the end that his disability should be removed as fully as possible, his remaining abilities increased and capitalized, and the man placed again to his best — subjective and objective — avantage on a pay-roll.

Thus, medical care is an integral part of Rehabilitation and should be administered in such a way as to attain this result in the quickest and most efficient manner.

It is now an aphorism that Rehabilitation should begin in the ambulance. The old idea of exposing the individual to first-aid, then medical and surgical care and, at the conclusion of such treatment, weeks, months or years after the accident, turning him over to a new group of individuals who shall undertake to place him satisfactorily in industry, has become archaic. Rehabilitation must begin in the emergency dressing-station of the industrial plant. Everything done for the patient from this time onward should have his refitting or readjustment to industry as its main objective.

The more serious the injury, the more the principle applies. Unfortunately, to come near the ideal requires much education of the surgeons and nurses who are administering early care.

To facilitate Rehabilitation is one thing, to prevent its need is a more important one. To refit a disabled man to a new job is grand, but to prevent that disability and to return the man to his old job, while less spectacular, is more to be desired. To accomplish this result, it seems essential that, until the profession generally properly recognizes

these facts, the care of the seriously injured man should be assigned only to capable, well-trained individuals, traumatic or orthopedic surgeons who will know, and can rightly visualize the end result of their case.

Early Rehabilitation Reduces Disability

Our Rehabilitation officers begin their work as soon after the accident as possible, always within days in any serious case. Thus, cooperation and assistance of the claimant are early engendered. Any probable permanent disability will be discussed and his remaining abilities evaluated. He is encouraged to think constructively of his future. We endeavour to find out what he probably can do, what he would like to do, and how he can be fitted to use his remaining skills in a job in which he can take some pride. These mental processes of the claimant replace the usual worries and fears as to future. Thinking constructively, he avoids, in most cases, the neurotic state which is founded on fear of the future. Traumatic neurosis, once so common in the compensation case, is nearly always due to inadequate or incompetent treatment or an uncorrected fear of the future, and is thus capable of prevention.

Physiotherapy and occupational therapy begin in the active treatment wards as quickly as possible. Muscles are not allowed to atrophy; where possible, joints are not allowed to ankylose. Before the accident, the man was usually a healthy individual; his health, both mental and physical, should improve under treatment.

His surgeon, his nurses, his therapists, the rehabilitation officers and all who come in contact with him, are urged to think of his rehabilitation to industry as the primary goal and the union of bone and healing of tissue as only a part — and perhaps one of the less important features — of his case.

If all attending the patient, his family, and his friends thus assist in this early planning, and their efforts can be maintained through convalescence, neurosis rarely appear and the rehabilitation problem is usually well settled during convalescence.

It seems highly inconsistent to stand by while preventable disabilities are arising or being created through inadequate medical care, then endeavour to rehabilitate the cripple into another job.

c) The Third Step in Rehabilitation

Expert surgical care without medical and vocational rehabilitation, plus job placement is a task only partially completed.

By Rehabilitation, we mean the restoration of the injured workman to perform his duties — mentally, physically, technically and socially — as efficiently as he did before his accident. Failing this, he should be fitted and retrained for another job and should be remunerated for any loss of earning power he may have sustained.

The Rehabilitation of injured workers is not only wholly a matter of medical, surgery and hospitalization. Personal morale, the desire to carry on, the conviction that life is worth living and that there is a job and a future ahead, is as fully a part of total recovery as medical treatment. The bolstering of spirit is as integral a part of the Rehabilitation program as the massage and exercise of muscle.

III—PLACEMENT OF HANDICAPPED WORKERS

1—Selective Placement of Handicapped Workers

As we are informed by Dr. Kessler: "Industry has made serious attempts to set up a certain criteria and methods to facilitate the placement of the handicapped. Lists of jobs were prepared by the Civil Service Commission for each disability group, such as the one-eyed, one-armed and one-legged workers. Consulting such a list greatly simplifies the problem of putting the disabled worker in a job suited to him. Such lists have an educational value in helping to convince a skeptical employer. They indicate that very many jobs do not require completely able-bodied workers. This is of particular value not only to personnel men but to supervisors and foremen. However, the lists have distinct disadvantages as well. In the first place the patient's disabilities are emphasized and not his capacities. Secondly, all one-eyed men and all one-armed and one-legged men are grouped in a single category, although actually their psysical abilities vary widely. They live, not only with their disabilities but with their residual structure and function. Furthermore, by identifying workers with a specific job category, the lists limit work opportunities, instead of providing information that would enlarge them. Jobs bearing the same title may nevertheless vary significantly in physical demands to be met.

In the last analysis, the placement officer realizes that these lists cannot serve as a short-cut, because he is dealing not with an abstract situation but with a live individual with hopes, desires, interests and a definite need which must be satisfied. Lists of jobs cannot in any way intimate the emotional demands of the many personal relationships arising out of the work environment.

Because of these shortcomings an attempt was made to deal with both workers and jobs in terms of the physical and environmental factors required. An attempt was made to match the factors required by the job with the factors possessed by the worker. One method of making this comparison was the use of a rating scale. One rating scale classified all the physical demands and capacities into arduous moderate light.

Some attempts have been made to make these scales useful by the addition of considerable interpolative material with definitions and descriptions giving disability information.

Other attempts to modify the scales lead the authors and readers into a maze of medical abstract mathematics that has neither practical nor theoretical significance. It was seen that, in order to give a more accurate picture of the actual job requirement, it would be necessary to break down a job into its qualitative and quantitative components. To describe the qualitative term is not enough. The duration, intensity and frequency of the physical facts are important. By an actual description of the work involved a complete specification can be written for the job and the patient's capacities analyzed to see if they can meet the requirements.

This, then, is the technical side, but it would be a mistake to overlook the many compensatory factors, the emotional factors, the deep prejudices, the psychological urges and motivations that modify the future of hopelessness and futility even in the severely disabled into a future of hope and unlimited potentialities. No, the human personality cannot be put into fixed molds of work capacity. The limits are not prescribed by the fine mathematical calculations of the engineer but by the élan and the spirit. The fitting of the disabled worker to the job is a major responsibility of the rehabilitation officer, but it must be predicated not on the disability but on the range of human capacity of which the applicant is the lucky heir.

2—Special Placement of Handicapped Persons

Mr. J. C. Hudson, Supervisor of Special Placements of the National Employment Service in Canada, in his address to the recent Canadian Conference on Rehabilitation, tells us that:

"During the past five years, it has been proved definitely that the disabled can compete in normal labour markets and work with full efficiency."

It is often asked what type of work a man with a disability can do. In proper placement of the handicapped, it is not what a man has lost that matters. It is what he has left and the extent to which he is prepared to develop latent talents.

Variable circumstances control the proper placement of each individual. We must consider his background, his work history, his hobbies, home circumstances, his desires, the opportunities in his district and many other factors. Often the standard aptitude tests are helpful. The actual work tests are invaluably helpful.

But there are just as many rehabilitation problems as there are disabled workers, and it is quite impossible to classify suitable jobs according to disability.

To rehabilitate a man you must know him, and you do not get to know a man by ticking off his qualifications on a fancy form. This method is being advocated enthusiastically as an answer to all the problems of a Rehabilitation officer. It is a method of revealing some jobs that certain disabled people can do. But then a good rehabilitation officer can spot these jobs without all this formality, and the best placements are always where the man, through determination, will power and keen interest is doing something theoretically impossible with his disability.

The success of rehabilitation work depends upon the quality of the field representative and not upon stereotyped methods. He must be endowed with common sense and understanding. He must have a broad knowledge of industry and industrial processes, but above all, he must be sincerely interested in his fellow-men and an enthusiastic social worker.

In choosing Special Placement Officers, every effort must be made to choose people who have a genuine interest in the problem facing the disabled.

The placement officer must first have a thorough understanding of the rehabilitant's training, background and physical capacities. Handicapped persons must then be approached on an individual basis, and once the placement is made, continuous follow-up must be maintained.

IV—VOCATIONAL GUIDANCE AND COUNSELLING

As aptly pointed out by Mr. Edward Dunlop, Executive Secretary of the Canadian Arthritis and Pneumatism Society, vocational guidance is a process of assisting the disabled to choose, prepare for any successfully enter employment fields. The guidance worker must not attempt to tell people what they should do, but rather attempt to help the disabled reach a sound decision as to their vocational objective.

The process of Rehabilitation is complex. It requires a multitude of skills as well as humanitarian devotion to the task. Many steps may have to be taken and many persons may be involved in a single difficult case. Included are the professional and specialized services of the doctor, the psychiatrist, the vocational teacher, the social worker, the recreational leader, the physical therapist, the limb maker, the placement expert and perhaps others.

We may sum up the broad range of services encompassed by an Industrial Rehabilitation program as follows:

1) Medical examination in every case of injury, to determine the extent of disability, to discover possible hidden or secondary disabilities, to determine work capacity and to help determine eligility.

2) Individual counsel and guidance in every case to help the disabled person to select and attain the right job objective.

3) Medical, surgical, psychiatric, and hospital care, as needed, to remove or reduce the disability.

4) Artificial appliances such as limbs, hearing aids, trusses, braces, eyeglasses, and the like, to increase work ability.

5) Training for the right job where required in schools, colleges or universities, on the job, in the plant, by tutor, through correspondence courses and otherwise.

6) Maintenance and transportation for the disabled person, while he or she is undergoing treatment or training.

7) Occupational tools, equipment and licenses, as necessary.

8) Placement on the right job — in cooperation with the employment service — within the disabled person's physical or mental capacities, and for which he has been thoroughly prepared.

9) Follow-up after placement, to make sure the rehabilitated worker and his employer are satisfied with one another.

This, we believe, can be accomplished best by comprehensive Rehabilitation centers, organized as part of a hospital or as a community institution, well staffed and equipped, fully supported by Industrial Compensation Boards.

And to conclude this survey of the social aspects of Rehabilitation in Industry, may we draw your attention to an all-important factor in the success or the failure of a Rehabilitation Program, the attitude of the Public towards the disabled. It has been summed up by Dr. Kessler, and termed a National Challenge.

"It has been our thesis, says Dr. Kessler, that public prejudice toward the disabled is so great as to constitute the greatest obstacle to Rehabilitation.

"Can we not make reasonable people understand the important role they play in our national and international life? The basis for the hostile attitude rests on so powerful an emotion that intellectual arguments and demonstrations are of little value. No advertising campaign can modify it. The war periods were favorable not because of a change in attitude but because of need. Certainly we must arouse the general public and the professions to their responsibilities. But fundamentally and in the final analysis they cannot be trusted. There is only one real hope for the disabled: *rehabilitation.* Train them and develop them so that they can stand on their own. Provide them with the physical and vocational equipment that will enable them to face the challenge of competition. The physically handicapped are extraordinary in that they seek but an ordinary destiny. This then is their challenge to us: Give us the opportunity to realize that destiny !"

SOMMAIRE

La réhabilitation professionnelle dans l'industrie a un rôle de plus en plus important à jouer; aussi, l'auteur a-t-il voulu s'arrêter aux aspects sociaux et économiques de ce problème. La réhabilitation est avantageuse pour l'Etat car chaque travailleur réadapté rembourse, durant sa vie, en taxes, environ dix dollars pour chaque dollar que l'Etat a dépensé pour sa réhabilitation; le bienfait principal et inestimable que la réhabilitation apporte à l'individu est son rétablissement en tant que citoyen, père de famille qui peut gagner sa vie et subvenir aux besoins des siens sans recourir à la charité privée ou publique. L'employeur de son côté, bénéficie du travail productif accompli par l'ouvrier réhabilité, de son comportement dans les relations patronales-ouvrières, de sa prudence et de son assiduité au travail.

Dans une deuxième partie, l'auteur examine la réhabilitation en tant que responsabilité du médecin industriel. La médecine industrielle, au moyen d'une orientation biologique de la main-d'oeuvre, prévient une usure organique excessive et réduit considérablement le nombre et la gravité des accidents. L'analyse des conditions de travail en regard des répercussions psysiologiques sur le travailleur et l'enquête périodique des conditions sanitaires permettent de favoriser la protection générale de la santé de l'ouvrier. En ce sens, la réhabilitation professionnelle est un service pour prévenir, découvrir et reconnaître les symptômes et anomalies organiques des travailleurs et ensuite restaurer physiquement l'ouvrier incapable et le réadapter à son milieu de travail et à son milieu familial. Ces deux étapes, la première, purement médicale (prévention et traitements médicaux et chirurgicaux) et la deuxième médico-sociale (direction et orientation du travailleur) doivent être exécutées très soigneusement en commençant au poste de secours et en suivant de très près l'individu concerné au cours de son traitement et au cours de sa réadaptation à son ouvrage. L'individu, au début, est encouragé à penser de façon constructive à son futur compte tenu de ses goûts et de ses aptitudes. Son médecin, ses garde-malades, ses thérapistes, les officiers de réhabilitation et tous ceux qui viennent en contact avec lui doivent penser à sa réadaptation à l'industrie comme but premier. Par la réhabilitation, l'auteur entend la restauration des travailleurs blessés pour accomplir ses devoirs mentalement, physiquement, techniquement et socialement, aussi efficacement après qu'avant son accident. Le soutien de l'esprit est une partie aussi intégrale du programme de réhabilitation que le massage et l'exercice musculaire.

Une fois le travailleur réhabilité mentalement et physiquement, il s'agit ensuite de mettre en application les méthodes pour faciliter son placement. Cela exige une étroite collaboration avec la Commission du Service Civil et les bureaux de placement. Après ce placement, un entraînement continu doit être maintenu; les services professionnels et spécialisés du médecin, du psychiâtre, du travailleur social, du moniteur de loisir, du thérapiste et de l'expert en placement et peut-être d'autres sont requis. Avec l'aide de tous ces spécialistes, on pourra parvenir à redonner à l'individu frappé d'incapacité sa place au sein de sa famille, de son milieu de travail et de la société.