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An analysis of the recreational activities utilized by state and state subsidized orthopedic hospitals in the therapy of crippled children

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AN ANALYSIS OF THE RECREATIONAL ACTIVITIES UTILIZED BY
STATE AND STATE SUBSIDIZED ORTHOPEDIC HOSPITALS
IN THE THERAPY OF CRIPPLED CHILDREN

A THESIS
SUBMITTED TO THE FACULTY OF ATLANTA UNIVERSITY
SCHOOL OF SOCIAL WORK
IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR
THE DEGREE OF MASTER OF SOCIAL WORK

BY
JANIE MAE ROBERSON

ATLANTA, GEORGIA
JUNE 1942
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CHAPTER I

INTRODUCTION

The crippled child presents a problem which must be solved; it is a technical problem with social factors, the solving of which means a real challenge to Doctors and social workers. Unlike the physically normal child, the crippled child's problem is a complicated physical one with a mental sequela. The child grows socially through play; through it he becomes conscious of his relationship to a group. For the physically normal child recreation is an unconsciously accepted educative technique, it is no longer thought of by adults as a waste of time, but a necessary factor in the development of healthy well rounded personality.¹ What of the crippled child—the hospitalized crippled child? Of what value is recreation for him? Must he be denied the values of recreation; does recreation have a therapeutic value for him? Since the crippled child is limited in his ability to participate actively in games, what form can his recreation take?

PURPOSE OF THE STUDY

This study will attempt to analyze some of the recreational activities used by state or subsidized orthopedic hospitals in the therapy of crippled children. Is it the opinion of all state orthopedic hospital superintendents that recreation has a therapeutic value? In the light of social welfare and the theories of group work, what does it mean for the crippled

child to be able to participate in recreational activities? This study will attempt to answer these among other questions.

SCOPE

Because of the large number and variety of institutions engaged in the work of caring for crippled children, this study is confined to the recreational activities in state and state subsidized orthopedic hospitals. The study is limited by the necessity of gathering material through correspondence and the fact that all of the hospitals did not answer the questionnaires sent to them. The study will include some description of the hospitals' physical equipment as well as provisions for the education and recreation of the children, and the attitudes of the superintendents in regard to the value of recreation.

METHODS OF SECURING DATA

The material for this study was assembled from questionnaires sent to state and state subsidized orthopedic hospitals. A list of these hospitals was secured from the National Society for Crippled Children in America. Twenty-one questionnaires were sent to twenty different states, Massachusetts having two state institutions. Of the questionnaires sent, 16 were returned. Additional information was secured from annual reports of the hospitals studied and documentary sources were consulted for historical and background information.

ACKNOWLEDGMENTS

The writer desires to acknowledge with gratitude the valuable assistance given by superintendents of state and state subsidized orthopedic
hospitals. Thanks are also extended to the librarian of the National Society for Crippled Children in America. The interest shown was most encouraging.
CHAPTER II

SOCIETY AND THE CRIPPLED

The early history of the cripple as a member of society is marked with many unfortunate practices. In ancient days when the preservation of life depended upon strength and speed, a cripple was considered a burden to the family. Later, the Greeks destroyed their physically handicapped, because by so doing, their chances for supremacy were enhanced. The early Christians looked upon deformity as a "curse of God", and "an obvious sign of spiritual degradation."

During the Middle Ages, cripples were suspected, persecuted and frequently condemned for witchcraft. Through some irony of fate cripples, and especially crippled children, were exploited for the purpose of amusing the passing crowds and kings in their courts. They were dressed in costumes and rigged in caps and bells. When deformities became scarce, children were deliberately maimed to supply the demand for entertainers. Such action created an unfortunate psychological reaction on the part of both the crippled and the public.¹

However, all attitudes toward the crippled were not so unfortunate. In the fourth century B.C., Hippocrates laid the foundation for orthopedic surgery; then no further progress was made for 2000 years. Just a glance at the early progress of orthopaedia might bring to the front such men as: Francis Glisson, pioneer on infantile rickets; Hugh Owens Thomas, advoca-

tor of rest and sunlight; John Hunter, discoverer of joint surgery; Nicholas Andry, founder of orthopedic surgery in preventive medicine; John Ball, founder of the first private hospital for cripples in America; and Edgar Allen, founder of the National Society for Crippled Children in America.1

"The enactment of laws to provide and regulate machinery for the care and education of crippled children was a natural result of increasing social interest in their problem." The first recorded public provision for the care of cripples was made by the Romans in 590 A.D., when Pope Gregory classified them as destitute and infirm, to be supported by public funds. A thousand years later, England included the crippled among those offered asylum care as provided by the Poor Relief Act of 1601.2

The Royal Bavarian School and Home, established in 1832, was the first European institution exclusively for the care of crippled children.3 The first provision for the care of cripples in America was the establishment of the Hospital for the Ruptured and Crippled in New York, in 1863. During the period of 49 years, from 1863 to 1912, 37 institutions primarily for the care of cripples were established in the United States. The first publicly supported orthopedic hospital was established in Minnesota, in 1897.4

1Ibid., p. 8.
2Edward Abt, Care, Cure and Education of Crippled Children, (Elyria, Ohio, 1924), p. 9.
The American public began to grow more in favor of providing equal opportunities for its handicapped population. In 1905, Massachusetts conducted a survey to determine the number of crippled children residing within the state. This was the first scientific approach to a problem which was increasing in intensity as the years passed.¹ From 1905 to 1930, individual states passed more than 100 laws dealing with the care of crippled children²; this established the fact that the problem of the crippled child was a public as well as a private responsibility.

In 1930, President Hoover called the White House Conference on Child Health and Protection, to study the problems and the status of the health of the children in our country. One of the results of the conference was the Bill of Rights for the Handicapped Child. The philosophy underlying this bill is that crippled children are an intrinsic part of civilization, and if given the opportunity, will make their contributions to human progress. This bill further states that the handicapped child has a right to:

- A body, as vigorous as human skill can give him,
- An education adapted to his handicap,
- A chance to grow up in a world which does not set him apart,
- A life on which his handicap casts no shadow.³

Thus the American public moves toward its ultimate goal of equal opportunities for all people.

²Ibid., p. 181.
³Ibid., pp. 3-4.
Another forward step in the care of the crippled child was the passage of the Federal Social Security Act, in 1935. Title V, part 2 of this act assures each state with an approved plan federal aid in caring for its crippled children. The state programs are primarily directed toward physical restoration of the crippled child, with the hope that he will become an asset to his community both socially and industrially. Today all states, Alaska, the District of Columbia, Hawaii and Puerto Rico have services established for the care of crippled children.

In addition to public care of crippled children, private organizations are active supporters of this work. They were the first instigators of improved attitudes and legislation in behalf of these children. Notably among the private organizations engaged in aiding cripples is the National Society for Crippled Children in America, founded by Edgar Allen, in 1921.

This society fosters the development of voluntary crippled children's agencies in each state, conducts training courses for workers with physically handicapped children, holds an annual convention, participates in international conferences and publishes a magazine and other bulletins.¹

The National Foundation for Infantile Paralysis, a private membership corporation, was organized in New York, in 1937. Its operations are confined to research and medical and educational work among crippled persons.² This organization sponsors two institutions for crippled persons. These


²Ibid., p. 160.
Institutions are the Georgia Warm Springs Foundation¹ and the Tuskegee Institute Infantile Paralysis Center.² The funds are provided by the public through the President's Birthday Balls. Other organizations include the Rotary International, Kawanis International, American Legion, Civitan Club and the Shriners. The public has succeeded in changing its attitude towards the cripple from one of horror, fear and superstition, to one of acceptance, responsibility and helpfulness largely through the efforts of these organizations.³

¹Ibid., p. 160.
²The Tuskegee Institute Infantile Paralysis Center, (New York, 1941), pp. 5, 7.
CHAPTER III

STATE AND STATE SUBSIDIZED ORTHOPEDIC HOSPITALS

With the realization by the public that the care, cure and education of crippled children was in keeping with the American philosophy of equality of opportunities, the state of Minnesota took precedence in establishing a state orthopedic hospital. The need for a hospital for crippled children was brought to the attention of the state legislature in 1897 by a 12 year old crippled girl.¹ Other states followed this example; today, in the United States, there are 21 state and state subsidized hospitals caring for crippled children. The remaining states provide for the medical and surgical care of their crippled children in private and county institutions.

According to the information received from the National Society for Crippled Children, these hospitals may be divided into four groups.

(1) Special state orthopedic hospitals which care for all types of crippling conditions. There are 13 of these institutions.

(2) State general hospitals with orthopedic wards. This type of institution has been established in six states.

(3) State orthopedic hospitals caring for only special types of crippling conditions. There are two institutions of this kind.

(4) Private institutions subsidized by the state. One state has an institution of this type.²


²Letter from Lillian Dowdell, Librarian, National Society for Crippled Children, (Elyria, Ohio, December 23, 1941).
The 16 hospitals which furnished the material for this study fall into the above groups as follows. There were nine special state orthopedic hospitals, maintained by the state and caring for all types of crippling conditions:

The Gillette State Hospital for Crippled Children, Minnesota
The Massachusetts Hospital School
The Nebraska Orthopedic Hospital
The Carrie Tingley Crippled Children's Hospital, New Mexico
The New York State Reconstruction Home
The State Hospital for Crippled Children, Pennsylvania
The Hospital for Crippled and Deformed Children, Texas
The Wisconsin Orthopedic Hospital for Children
The North Carolina Orthopedic Hospital.

There were four state general hospitals with orthopedic wards. These institutions are maintained at public expense in connection with state universities and treat all types of crippling conditions:

The University of Missouri Hospital
The University of Oregon Medical School, Hospital and Clinic
The University of Kansas Hospital
The State University of Iowa Hospital

Two states have established orthopedic hospitals caring only for special types of crippling conditions:

The Babbitt Training School Hospital, New Jersey
The Lakeville State Sanitorium, Massachusetts

The Babbitt Training School cares only for children suffering from cerebral palsy. This project was designed to study the problem of palsy and its ramifications. The realization of such an institution was made possible in 1936, by a federal grant under the Social Security Act. The Lakeville State Sanitorium treats all forms of extrapulmonary tuberculosis and convalescent infantile paralysis.
There was one private orthopedic hospital subsidized by the state. This institution offers hospital, school and home care for children suffering from all types of crippling diseases. It is a private institution incorporated under the laws of the state of Connecticut:

The Newington Home for Crippled Children, Connecticut.

Hospital Capacity And Admission Policies

The facilities for caring for crippled children have greatly improved since the establishment of the first orthopedic hospital. This study does not show the extent to which the hospitals have sufficient bed capacity for caring for the needs of crippled children in their particular state. However, some hospitals reported that because of waiting lists it was their general policy to admit children in turn of application. So strictly is this policy enforced in New Mexico that the state institution has included in its by-laws the following sentence. "In justice to all applications, each being admitted in turn, it is not the policy of this institution to accept emergency cases." The combined total number of beds for orthopedic patients in 14 of the 16 institutions studied is 2,065. The capacity of one hospital is unknown, while in another institution the beds for orthopedic patients are not segregated. The Babbitt Training School Hospital has the smallest bed capacity which is 20, while the Lakeville State Sanatorium has the largest, which is 302. The average number of beds for the 14 institutions studied is 155.

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1Carrie Tingley Hospital for Crippled Children Report; 1939-1941 (Hot Springs, N. M., 1941), p. 6.
One of the questions asked the hospitals was, "How many children are hospitalized in one year?" The figures given were from their last annual reports, therefore, they do not represent the same year. However, it was clear from the answers given to this question that the 16 institutions cared for a total of 13,349 children during the period of one year. It is obvious that the length of time a child remains in the hospital influences the number of children a hospital is able to care for in a year and also has much to do with the type of program which can be developed for the children. For instance, the University of Oregon Medical School, Hospital and Clinic, which falls into the group of general hospitals, offers short time care to children in an orthopedic ward. It cared for 2,990 children in the period of one year, while Babbitt Training School Hospital, with a bed capacity of 20 offering both long and short time care, cared for 35 children in a year. This means that the turnover in this institution is relatively small.

The age limits for hospitalization do not vary greatly in the institutions studied. The majority of the institutions care for children from birth to 21 years. One cares for children from 5 to 15 years. The Carrie Tingley Hospital will not admit a patient unless it is the opinion of the chief surgeon that the child's treatment will be completed before his twenty-first birthday. The average length of time spent by children in 12 of the 16 institutions is 14 months. The age limits as reported by the hospitals were as follows:

<table>
<thead>
<tr>
<th>Institutions</th>
<th>Age limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Babbitt Training School Hospital</td>
<td>5-15 years</td>
</tr>
<tr>
<td>University of Oregon Hospital</td>
<td>Birth-14 years</td>
</tr>
<tr>
<td>Texas Hospital for Crippled and Deformed Children</td>
<td>Birth-14 years</td>
</tr>
<tr>
<td>University of Missouri Hospital</td>
<td>Birth-14 years</td>
</tr>
</tbody>
</table>
Institutions | Age Limits
--- | ---
State Hospital for Crippled Children | Birth-16 years
North Carolina Orthopedic Hospital | Birth-16 years
Newington Home for Crippled Children | Birth-19 years
Wisconsin Orthopedic Hospital | Birth-21 years
New York State Reconstruction Home | Birth-21 years
Carrie Tingley Hospital | Birth-21 years
Nebraska Orthopedic Hospital | Birth-21 years
Gillette State Hospital | Birth-21 years
Massachusetts Hospital School | Birth-21 years
University of Kansas Hospital | Not known
State University of Iowa Hospital | Not known
Lakeville State Sanatorium | Not known

With the exception of Babbitt Training School Hospital, which cares for boys only, all institutions care for both boys and girls.

In some of the institutions studied the cause of crippling conditions is one of the qualifications for admission. The Babbitt Training School Hospital admits only children crippled because of cerebral birth palsy, while the Lakeville State Sanatorium admits only children who are crippled by either infantile paralysis or extrapulmonary tuberculosis. The other hospitals admit a wide variety of orthopedic cases. The institutions studied reported the following as being the most frequent causes of admission:

- Poliomyelitis
- Cerebral palsy
- Osteomyelitis
- Congenital deformities
- Tuberculosis of the bone

Other causes mentioned less frequently include: Arthritis, Scoliosis, Trauma, burns, fractures, Rickets, club feet, Talipes equinovarus, Pes planus, Little's disease, Splastic paralysis and birth injuries exclusive of cerebral palsy.

Other admission policies had to do with residence, ability to pay and possibilities of the children's conditions being improved. For instance, the North Carolina Orthopedic Hospital admits only indigent
children who are residents of the state and for whom, in the opinion of
the surgeon, the prognosis is good. The Carrie Tingley Hospital admits
non-residents of the state if they can assume the financial obligations
of treatment. The Babbitt Training School Hospital which cares only
for boys 5 to 15 years of age who have suffered cerebral palsy from
birth, admits only ambulatory patients of average or better than average
intelligence. Admission is made on a basis of a three months trial and
at the end of this time if the child's response to treatment warrants
continuation of hospitalization, a longer period is authorized. The
Newington Home for Crippled Children requests parents to pay a small
weekly sum to supplement the cost of treatment. If the parents are
unable to pay, the town of which the child is a resident pays for this
care.

Educational Provisions

In America with "a government for the people, by the people and of
the people", it follows as a natural sequence that education should be
provided for every child having the mental capacity for learning. The
American system of education had to grow to its present status. In 1642,

2Carrie Tingley Hospital, op. cit., pp. 3-4.
4"Salient Facts About Newington Home" (Mimeographed)
5Ernest Rhys (ed.), "Address at the Dedication of the National
Cemetery at Gettysburg", Lincoln's Speeches and Letters, (New York, 1907),
p. 214.
the first compulsory educational law was passed in America by the Massachusetts colony. This law compelled parents to have their children taught to read. However, for many years educational opportunities did not include crippled children and compulsory education for them has never been strictly enforced.

The first attempt to educate crippled children was made at Munich in 1832. In this country the pedagogics of crippled children was begun under private auspices in New York in 1861. It was not until 1899 in Chicago that this service was given without cost.

This study showed that children remain in institutions from a few months to several years. An institution established for the purpose of aiding the physical development of children should not overlook their mental development. After being discharged from the hospital the child meets his normal playmates. Unless he has had the advantage of educational training and play experience, he will seem shy and backward. This may result in his becoming depressed and drawn within himself. If this happens, the adjustment of the child through orthopedic treatment will be of little value to his successful adjustment to life.

The educational provisions for two of the 16 institutions are not known. Thirteen hospitals have facilities for teaching through the eighth grade. Six institutions provide high school work; three have nursery and kindergarten classes for the small children. Five hospitals teach vocational guidance and two offer commercial courses. The New York

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2Ibid., p. 526.
State Reconstruction Home has provisions for teaching post high school graduate courses, including language, commercial and mechanical drawing.

All of the hospitals did not give information as to the machinery by which this education is given. One institution stated that it had special teacher visits and another reported that the children were taught by teachers from the university. Many of the teachers are regular members of the hospital staff. Several institutions reported both bedside and classroom teaching. The provisions for teaching at the North Carolina Orthopedic Hospital may be illustrative of the typical hospital school routine:

Monday through Friday there is School. Within the last year a school which conforms to the State Public School system has been established. There are five teachers including the Principal and the work is carried on just as it would be in any other school in the state. School continues through the whole twelve months of the year instead of the eight months required of other county schools. All the children of school age, both white and colored are registered as attending school.

When a child is admitted his home school record (if any) is obtained. Standard school records are kept here and when he is dismissed his record is sent to his home school so that he may continue without interruption. The School is graded, and all the children who can possibly be moved go to the Auditorium in beds, wheel chairs, on stretchers, or walking. Separate class rooms are formed by movable partitions which have black boards on one side making the whole atmosphere as nearly like regular schools as is possible. There are always some children for one reason or another cannot be moved but that doesn't make any difference. The teachers go to the wards and the lessons are carried on just the same.¹

It is evident from the information received that the education of crippled children is not neglected in state institutions.

¹Anne F. Hasbrouck, "Day by Day at the North Carolina Orthopedic Hospital", The Crippled Child, (June, 1940).
"Play is the most serious thing in the world to a child. To him it is the one understandable thing in a confused, ever-changing world." Adults have learned to utilize play for its therapeutic values. The psychiatrist uses play as a therapy to discover the inner most thoughts of the small child; the teacher of physical education uses play to develop strong bodies; the group worker uses it for the development of personality and wholesome attitudes in both children and adults. The use of play by specialists could be enumerated into a long list, which would include the occupational therapist, physical therapist, the nurse and the teacher. These persons specialize in recreational work with crippled children.

Although it has been only recently that recreational activities have replaced formal calisthenics for their therapeutic values, the trend is now to give recreational opportunities to all children. Some of the specific objectives of Physical Education, which is composed of

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recreational activities are as follows:

Prevent handicaps and improve physical efficiency
Improve individual posture
Decrease mental strain and improve mental health
Develop symmetry, control grace of bodily movement
Develop ability to meet physical emergency
Develop alertness and quick response
Develop courage, self-control, self-sacrifice, courtesy, kindness, loyalty, obedience, honesty, cooperation and initiative
Promote the desire for wholesome associations and recreation
Develop good character

No attempt will be made to determine how successfully state institutions having recreational programs are fulfilling these objectives.

Crippled children have the same drives for amusement, physical activities, achievement and satisfying social relationships as children who are not handicapped. The difficulties lie in the fact that these children are handicapped and thus limited in their ability to participate in activities which are beneficial for symmetrical development. Everything should be included in the activities of a recreational program which will convince these children that they are not apart from society and are not excluded from the games of life.

Extent of Recreational Programs

A child's leisure time activities should be both interesting and beneficial. Thus, orthopedic hospitals plan their recreational programs to be of definite therapeutic value. The majority of the activities used with crippled children may be termed "group activities."

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Group work is a leisure time, educational process carried on by a social agency to aid individuals in social groups under trained leadership to acquire, through recreational activities, knowledge, skills and attitudes which enrich personal experience and promote social cooperation and responsibility.¹

This process may include games, art, dramatics, music, reading, discussions and story telling. Recreational leaders with crippled children feel that one of the objectives of group work is physical development.

It is evident from the number of institutions which reported definite recreational programs that the values of recreation are realized. Thirteen of the 16 institutions studied have definite programs, another institution has a temporary W.P.A. program and two institutions reported no provisions for recreation.

Recreational Leadership.—An essential need of a recreational program for crippled children is a qualified leader. A leader should be a friendly tolerant person, who understands the child and his background, who must discover his interests and who must know his physical abilities and disabilities. One institution reported that in addition to knowing the child, the leader must be able to supervise activities for each individual case. For instance, tossing horseshoe might be the proper therapeutic activity for a child with a stiff elbow due to an old fracture, while it would be exceedingly dangerous and harmful to a child with a stiff elbow caused by an arthritic condition. The duties of a recreational leader as reported by one of the institutions are those of planning, supervising and consulting. She must plan some of the activities, and she must be present at the physician's visit to each

¹Henry Busch, op. cit., p. 27.
patient. The leader may consult the physician when there is any doubt about the type and amount of activity a patient should have. She often has conferences with the supervising nurse concerning the latest condition of each patient before the recreation periods.

According to the data received, institutions providing the largest recreational programs employ either an occupational therapist or a physical therapist as their recreational leader. These workers are usually aided by other workers.

<table>
<thead>
<tr>
<th>Types of Leadership Provided</th>
<th>Number of Institutions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Teachers</td>
<td>9</td>
</tr>
<tr>
<td>Occupational therapists</td>
<td>7</td>
</tr>
<tr>
<td>Supervisors</td>
<td>5</td>
</tr>
<tr>
<td>Volunteers</td>
<td>4</td>
</tr>
<tr>
<td>Physical therapists</td>
<td>3</td>
</tr>
<tr>
<td>Nurses</td>
<td>2</td>
</tr>
<tr>
<td>N.Y.A. and W.P.A. workers</td>
<td>2</td>
</tr>
</tbody>
</table>

It may be seen from the above list that the largest number of institutions use their teachers as recreational leaders. The next largest number use occupational therapists. All but one institution utilize more than one leader in the supervision of their recreational program. For example the Newington Home for Crippled Children has as play leaders, a supervisor, occupational therapist, teacher and volunteers. Most of the recreational leaders with crippled children are paid leaders in contrast to agencies working with normal children, such as the Y.W.C.A. and Y.M.C.A. where leadership is largely supplied through volunteer service.¹

Space provided for recreational activities.—While it is true that all recreational activities do not require considerable space, there are many activities for which space is essential. "A group work agency must

provide attractive, comfortable quarters with adequate equipment for specialized activities". The institutions studied were asked to describe the kind of play space provided for the children. Thirteen hospitals which reported definite programs all stated that space of one kind or another was provided.

<table>
<thead>
<tr>
<th>Types of Play Space Provided</th>
<th>Number of Institutions Utilizing these Spaces</th>
</tr>
</thead>
<tbody>
<tr>
<td>Auditoriums</td>
<td>8</td>
</tr>
<tr>
<td>Lawns</td>
<td>8</td>
</tr>
<tr>
<td>Garden plots</td>
<td>6</td>
</tr>
<tr>
<td>Gymnasiums</td>
<td>4</td>
</tr>
<tr>
<td>Roof tops</td>
<td>4</td>
</tr>
<tr>
<td>Workshops</td>
<td>3</td>
</tr>
<tr>
<td>Playgrounds</td>
<td>2</td>
</tr>
<tr>
<td>Courts</td>
<td>1</td>
</tr>
<tr>
<td>Groves</td>
<td>1</td>
</tr>
</tbody>
</table>

Auditoriums and lawns were most frequently provided. One institution has five different types of space: auditorium, gymnasium, garden plots, lawn and grove with play apparatus. Another institution reported that it provided five types of play space, but did not have a definite recreational program.

Time allotted for recreation.—Recreational programs must be based on an understanding of the play interests and the needs of the children. One of the important features of a good program is the proper division of time. The thought of hospitalization might lead one to think that crippled children have a large amount of leisure time. However, these children spend some very busy days. An example of a day in the North Carolina Orthopedic Hospital is given as follows:

1Henry Busch, op. cit., p. 29.
2Elmer Mitchell and Bernard Kason, op. cit., p. 472.
Tuesday is Planning Day, that is, dismissals are ordered and new patients that have been scheduled from the previous week are admitted. In the morning there is Ward Walk by Dr. Robert and the House Staff. Great excitement prevails and the children look forward to this eagerly. Case histories are reviewed, progress noted and further treatment planned. It may sound odd to hear that children look forward to this, but they do, proud to show that here one can walk even a few steps with the braces, crutches, new casts or walker given last week; there one shows a little more healing of a burn. Others want to show what they have done in school, maybe they can all play a new tune on their rhythm band instruments. Almost always in the Colored ward there is singing. They really can sing too! There are dismissals and that, of course, is the big event, not only for the lucky ones but for the ones who need to stay a while longer. It makes them feel that their turn is coming. Meanwhile, "I like it here" is the usual chorus.\(^1\)

According to the information gathered, an institution may have a recreational program but does not necessarily set aside definite time for this program. Seven of the thirteen hospitals reporting definite programs and space also set aside a definite time for the programs. This time ranged from two hours on Saturday to approximately three hours a day. One institution reserves one half hour a day, while another has eight hours weekly of supervised play. Two of the institutions schedule the recreation according to the availability of the children. Three other hospitals have no limited time schedule. The time schedule is not known for the other institutions.

Methods of securing recreational equipment.—It will be seen from a later discussion that the activities in which crippled children can participate require considerable equipment. Because public funds are frequently limited in the ways in which they may be used, the hospitals were

\(^1\)Anne Hasbrouck, "Day by Day at the North Carolina Orthopedic Hospital," *The Crippled Child*, (June, 1940), p.
asked the sources of funds to purchase their equipment. Nine of the thirteen institutions receive their equipment, partially or entirely, as gifts; eight hospitals secured their facilities as a part of the budget. It is evident by the existing legislative appropriations for recreational equipment, that the public realizes the importance of recreation for crippled children. Other sources of equipment were: private foundations, fraternal organizations, proceeds from the Canteen fund, and the Trustees' Endowment fund. Nine hospitals have more than one method of securing equipment.

Nature of Recreational Activities

The recreational activities engaged in by crippled children in the hospitals studied were varied. Both activities requiring group participation and some which could be engaged in individually were found. The following is a list of activities according to the number of times they were reported by the thirteen institutions:

<table>
<thead>
<tr>
<th>Activities</th>
<th>Number of Institutions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Handicraft</td>
<td>13</td>
</tr>
<tr>
<td>Toys and games</td>
<td>11</td>
</tr>
<tr>
<td>Singing</td>
<td>9</td>
</tr>
<tr>
<td>Bean bag target</td>
<td>9</td>
</tr>
<tr>
<td>Swimming</td>
<td>8</td>
</tr>
<tr>
<td>Swinging</td>
<td>8</td>
</tr>
<tr>
<td>Dramatics</td>
<td>7</td>
</tr>
<tr>
<td>Instrument playing</td>
<td>7</td>
</tr>
<tr>
<td>Rhythm bands</td>
<td>7</td>
</tr>
<tr>
<td>Art</td>
<td>7</td>
</tr>
<tr>
<td>Sliding boards</td>
<td>6</td>
</tr>
<tr>
<td>Horizontal bars</td>
<td>5</td>
</tr>
<tr>
<td>Basket ball throw</td>
<td>5</td>
</tr>
<tr>
<td>Baseball</td>
<td>5</td>
</tr>
<tr>
<td>Volley ball</td>
<td>3</td>
</tr>
<tr>
<td>Tennis</td>
<td>2</td>
</tr>
<tr>
<td>See saw</td>
<td>2</td>
</tr>
<tr>
<td>Archery</td>
<td>2</td>
</tr>
<tr>
<td>Croquet</td>
<td>2</td>
</tr>
</tbody>
</table>
Activities | Number of Institutions
---|---
Bicycling | 1
Lawn bowling | 1
Tether ball | 1
Horse shoe throwing | 1
Shuffle board | 1
Table tennis | 1
Roller skating | 1
Coasting and ice sliding | 1
Football | 1
Paddle tennis | 1
Swing ball | 1
Punching bag | 1
Sleigh riding | 1

It may be assumed that this is not a complete list of all the activities in which crippled children participate, but it gives an idea of the activities considered by the hospital official answering the questions important enough to report. These activities are not always prescribed directly by the physician, but often the person in charge of recreation is told what the objectives of the activities should be. The recreational leader then plans the child's activities, as far as possible, to accomplish the medical purpose.

The large group of activities in which toys and games are used contain certain therapeutic values. For the small child who is learning to walk with special apparatus, playing store often proves the ideal incentive to help him to gain the needed confidence. He must walk to the counter to purchase the desired article. Games such as checkers and pick up sticks have been found helpful in developing finger flexion. Games played with flashlights in semi-darkness are helpful for the very self-conscious, shy child. Ball bouncing, rolling and tossing games are used to develop coordination of the arms and legs. Games with arrows and parts to be snapped with the fingers are useful in promoting extension. Pyramid toys of various sorts are useful in gaining shoulder flexion. Swimming is
a valuable adjunct in the strengthening of paralyzed muscles. Children enjoy the water and it keeps them in a healthy mental state which is important for recovery. Walking is not only enjoyable to the ambulatory crippled child but it also aids metabolism and muscular development.

Many of the activities provide group participation. Games such as football, baseball, basket ball throw and tether ball are valuable for the growth and reeducation of muscles. These activities stimulate and aid in developing healthy organs of the body. Circulation is increased, the rate of oxygenation of the blood is increased and the excretory system is stimulated which causes an increase in elimination.¹

Volley ball, tennis, horse shoe tossing and bean bag target bring joy to the children and aid in social adjustment. As a result of participating in these and other games crippled children become more self reliant and are better able to overcome the feeling of hopeless incapacitation and isolation. In addition, tension is released and contentment is produced. Through games offering group participation, the hospitalized children find constructive expression for instinctive desires towards competition, comradship and cooperation. Enid Fifield says that a respect for authority and fair play and the ability to subordinate "self" finds impetus when participating actively in games.²

Not all of the activities are used to enhance physical development. Many are used to combat personality problems. Singing, dramatics, art and handicraft offer outlets for creative abilities. Through these activities

¹Elmer Mitchell and Bernard Mason, op. cit., pp. 200-201.
the child’s interest and knowledge are broadened; he gains self confidence and poise, which are essential for the development of personality and emotional maturity. Handicraft promotes natural childhood curiosity, increases the interest span and develops nervous stability and coordination.

The mental health needs of children may be summed up as: the need for security and response, the need for recognition and the need for new experience. Since the crippled child has all of the emotional and social needs of any child, a plan for meeting these needs should be provided at all times. Hospitalization accompanied by inadequate social contacts and insufficient recreation may result in such psychological reactions as self-pity, dissatisfaction and fear which may further complicate the physical disease. "Play enrichens and broadens the personality and develops an adjustive mechanism for meeting life situations."

The hospital superintendents were asked whether or not they felt that any recreational activities were especially helpful in building normal, healthy mental attitudes in the children. It was reported that many children admitted to hospitals have a feeling of insecurity, which expresses itself through loneliness, fear, timidity and avoidance. Often these feelings may be alleviated through play therapy. All group games are useful for overcoming self-consciousness and the tendency to seclusion. Here the children lose themselves and become part of the group. These group games are helpful in orientating the children to the new environment. They feel more secure in knowing that someone is interested in them, and they

1 I. Thomas, The Unadjusted Girl, (Boston, 1928), p. 4.
2 R. C. Hood, op. cit., p. 115.
3 Elmer Mitchell and Bernard, op. cit., p. 235.
find an outlet for response so necessary to childhood. The chance for participation in some activity enables the children to give vent to self-expression and achievement in activities satisfies the need for recognition. Play activities arouse interest, courage and confidence, and provide the circumstances which enable the children to pass from the stage of egocentricity to one of socialization. Hospitalized children must be given the opportunity for this development.

Participation of physically normal groups.—In the development of physical and mental health the hospitalized crippled children profit from participation and competition with physically normal groups of individuals. Such opportunities often stimulate their desires and efforts to be able to participate more actively in recreational activities. Six of the thirteen institutions have instances of outside groups participating in recreation with the crippled children. These groups include baseball teams which engage in contests with the patients and scout troops of which many hospitalized children are members. Mr. McIntire of the Babbitt Training School Hospital stated:

A former boy's supervisor has said of this endeavor, 'On a whole the team has shown splendid spirit this season, not by winning every game, but by competing in a fair sportsmanship way against good teams from the community. The boys appear to play for the fun of playing and have learned to view defeat and victory in their proper perspective. The training gained through this competition and outside contact is vital to their development.'

University students act as story tellers, Junior League members circulate books on carts and volunteer groups from the Rotary and Elks Clubs come in

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to play with the children. In some instances church members teach Sunday School. One hospital reported that the groups coming to play with the hospitalized children were "many and varied."

Therapeutic Values of Recreation

An attempt was made in this study to get the point of views of hospital authorities answering the questions as to whether or not recreational activities proved of any therapeutic value. One superintendent was of the opinion that recreational activities did not have any special value, except that group participation provided as nearly normal play atmosphere as could be arranged for hospitalized children. Another director stated that he questioned the therapeutic value of recreation. Three of the thirteen institutions did not answer this question.

Eight of the hospitals reporting recreational programs were of the opinion that recreation was of value for the following reasons:

1. Because the play approach to treatment usually receives spontaneous and cooperative response from children. They understand it and enjoy it, therefore their efforts are more lasting and more wholehearted.

2. It is valuable because emphasis is placed upon the fun of the game or on the materials used rather than upon the abnormality to be treated, thus gaining freer and more natural motion (without the fear and tenseness that is often present when concentration is placed upon the injury) and a more wholesome attitude (avoiding the self-centering emphasis on deformity).

3. Because the crippled child needs all the normal and broadening experiences that can be brought to him, because often
his inability to get about deprives him of experience necessary for normal intellectual and emotional growth.

4. Various recreational and handicraft activities offer ideally adaptable motions and processes desirable in the treatment of many physical and mental conditions and at the same time broaden the child's interests and knowledge.

5. Children are generally more their natural selves at (more or less) free play; this type of activity offers a valuable opportunity for observation of general condition, specific function or progress.

6. A well balanced program, including little duties and tasks, approached in the spirit of play, develop a sense of responsibility.

7. The patient takes more interest in recreation than he would in ordinary physiotherapy.

8. Recreation is essential and particularly necessary where a complete program of medical, nursing and educational care is not provided.


10. Simple games and handicraft develop nervous stability and coordination. With older pupils, team play, poise and social sense are the result of group games and musical and dramatic projects.

In general those in charge of recreational work with children felt that the therapeutic values of recreation lie in the fact that they are helpful with their physical development. The activities took their minds off their handicaps and made it possible for the children to develop a greater degree of sportsmanship, poise and social adjustment.
CHAPTER V

SUMMARY AND CONCLUSIONS

There were included in this study sixteen hospitals, nine of which were special state orthopedic hospitals, four were state general hospitals with orthopedic wards, two were state orthopedic institutions caring only for special types of crippling conditions and one was a private orthopedic hospital subsidized by the state. From the data collected from these hospitals the following conclusions may be drawn:

1. Admission policies of the institutions varied considerably. The majority care for children from birth to 21 years of age, all but one care for both boys and girls. Legal residence is usually required, but non-residents are sometimes admitted if they can pay the cost of care. Most of the hospitals admit all types of orthopedic patients, two limit their intake to special crippling conditions.

2. There is a good deal of variation in the length of hospitalization. The average length of the children's stay was fourteen months.

3. All of the hospitals studied have special provisions for the education of the hospitalized children. The majority of the institutions have facilities for teaching through the eighth grade, while as many as six provide high school work. Five hospitals have provisions for teaching vocational guidance or occupational therapy, two
offer commercial courses and one has provisions for
teaching post high school graduate work. Three
institutions conduct nursery schools or kindergarten
classes. The majority of the hospitals employ
teachers on their staff.

4. Thirteen of the sixteen institutions studied
have regular recreational programs, while one other
has a temporary W.F.A. program.

Recreational leaders are most frequently
employed in the capacity of teacher or occupational
therapist.

5. All of the thirteen institutions set aside
special play space for the children, including a
variety of facilities. Only six hospitals scheduled
a definite time for their recreational activities.
This may be in part accounted for by the fact that the
crippled child's day cannot be scheduled very
definitely. Some of the other hospitals stated that
the recreational programs were scheduled according to
the availability of the children.

6. A wide variety of activities were included in
the programs of the thirteen hospitals. These
activities ranged from the supervised use of toys and
games or organized singing to such active pursuits as
baseball, football, tennis and lawn bowling. The
activities are generally planned under the supervision
of the physician and are designed to be of definite
therapeutic value. The value may be along physical lines as muscle re-education through play activities or along mental lines through the prevention of neurosis and behavior problems by providing group participation.

7. Most of the hospitals studied recognize the value to crippled children of association with normal groups in play and encourage such groups to come to the hospitals.

8. Finally, the interest shown in the subject of this study, as well as the data furnished by the hospitals give evidence to the widespread conception of the therapeutic value of recreation in the lives of crippled children.
QUESTIONNAIRE

"An Analysis of the Recreational Activities Utilized by State and State Subsidized Orthopedic Hospitals in the Therapy of Crippled Children

I. Name of institution?

II. Number of beds in the orthopedic ward?

III. Number of children hospitalized in a year's time?

IV. Does your hospital furnish short or long time care?

V. What is the average amount of time spent by the children at present in the hospital? Please check.
   ( ) 3-6 months
   ( ) 6-12 months
   ( ) 1-2 years
   ( ) 3-4 years
   ( ) 4-5 years
   ( ) over 5 years

VI. What are the present age limits of the hospitalized children?

VII. Does your institution care for both sexes?
   ( ) yes ( ) no ( ) boys ( ) girls

VIII. What are the five most frequent causes of children's crippling conditions in the order of their prevalence?
1.
2.
3.
4.
5.

IX. Does your institution provide facilities for academic training?
   If so, what is the nature of this training?

*May I have the figures of your last annual report.
X. Does your institution have a definite recreational program?  
( ) yes  ( ) no

XI. Does your institution set aside any special time for recreational activities, if so, how much time?

XII. Is there any definite space provided for recreational activities, if so, what type of space?

( ) Auditorium  ( ) Gymnasium  ( ) Roof top  ( ) Garden space  ( ) Lawn  ( ) Others - please specify

XIII. Who directs your recreational program? Please check.

( ) Nurse  ( ) Social Worker  ( ) Supervisor  ( ) Occupational therapist  ( ) Physical therapist  ( ) Teacher  ( ) Volunteers  ( ) Others - Please specify

a.  
b.  
c.

XIV. Have you any instances of organized groups coming to the hospital to play with the hospitalized children? If so, what is the nature of these groups?

XV. Have you any special fund for recreational equipment?

( ) Private foundations  ( ) Gifts from individuals  ( ) Fraternal organizations  ( ) Part of budget  ( ) Auxiliary organizations  ( ) Other source
XVI. Do the physicians prescribe definite recreational activities for your children? If so, what is the general nature of these activities?

- Toys and games
- Rhythm bands
- Instrument playing
- Singing
- Dramatics
- Arts
- Handicraft
- Swimming
- Others

Baseball
Volley ball
Bean bag target
Basket ball throw
Swinging
Sliding boards
Horizontal bars
Tennis

(X) Others

a.
b.
c.
d.
e.

XVII. Are there any recreational activities which your doctors have found especially useful for physician and personality problems? If so, what are the activities and what are the problems?

<table>
<thead>
<tr>
<th>Activities</th>
<th>Problems</th>
</tr>
</thead>
</table>

XVIII. What is your opinion of the therapeutic value of recreational activities? Which ones do you think have the best values, which ones the least values? Why?


Miscellaneous Material


The Tuskegee Institute Infantile Paralysis Center. New York: 1941.

Articles


Hasbrauck, Anne. "Day by Day at the North Carolina Orthopedic Hospital," The Crippled Child. (June, 1940).


Unpublished Material

Burkhardt, Alice, "Play Therapy at Children's Memorial Hospital." New York: National Recreation Association. (Mimeographed)


Letter from Lillian Dowdell, Librarian, National Society for Crippled Children, Elyria, Ohio, December 23, 1941.

"Salient Facts About Newington Home." (Mimeographed)