Help for Handicapped Women

1958

Help for Handicapped Women

U. S. DEPARTMENT OF LABOR
James P. Mitchell, *Secretary*

WOMEN'S BUREAU
Mrs. Alice K. Leopold, *Director*

in cooperation with

U. S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
Arthur S. Flemming, *Secretary*

OFFICE OF VOCATIONAL REHABILITATION
Mary E. Switzer, *Director*

WOMEN'S BUREAU PAMPHLET FIVE: 1958

Until every American "is given full opportunity to display and utilize all the capacities he has, considering his physical condition, we still have more work to do."

—PRESIDENT DWIGHT D. EISENHOWER,

addressing the President's Committee on Employment of the Physically Handicapped, May 23, 1957.

U. S. GOVERNMENT PRINTING OFFICE: 1958

For sale by the Superintendent of Documents, U. S. Government Printing Office
Washington 25, D. C. - Price 40 cents

FOREWORD

Thousands of women in this country, handicapped by crippling injuries and illnesses, are leading active and useful lives today as a result of vocational rehabilitation. The rehabilitation program is rooted in the idea that modern developments in medicine, education, psychology, and vocational planning can be fused into a concentrated effort to restore the handicapped.

As rehabilitation services for the American people have improved, and as voluntary agencies and the State-Federal program of vocational rehabilitation have expanded, an increasing amount of attention has been given to disabled women. From 20,000 to 25,000 handicapped women are being restored to usefulness each year through the public program; other thousands are being helped by private agencies. These women are now performing jobs in a wide variety of occupations—in offices, in industrial production, in the professions, as homemakers, and in many other pursuits.

At the same time, many women—whether handicapped or not—will find job opportunities in the field of rehabilitation. For the girl interested in preparing for a professional career, the rehabilitation program offers a life of constructive service to people.

In this pamphlet, directed primarily to restorative services for disabled women through the vocational rehabilitation program, a full and informative description of the widespread work of the United States Employment Service and the State Employment Services has not been attempted. A brief description of the program as it relates to rehabilitation is included. It should be noted, however, that the Employment Services place thousands of handicapped women in employment each year and that each Federal, State, and local office has one or more staff members who specialize in job counseling and placement for the handicapped.

The agencies of the Federal Government primarily concerned with vocational rehabilitation and with women workers have joined in the preparation of this pamphlet explaining the importance to women of present-day rehabilitation programs, particularly the State-Federal program of vocational rehabilitation. Here is the story of how handicapped women can be aided to make full use of their remaining abilities; how those who are handicapped or have a handicapped member of the family can manage their homes and take care of their children; and how those who want paid employment can be helped to become wage earners. Here, too, is the story of what women in all the communities of America can do by mobilizing their energies and their influence toward restoring the disabled to lives of usefulness.

MARY E. SWITZER
Director of Vocational Rehabilitation
Department of Health, Education, and Welfare

ALICE K. LEOPOLD
Director of the Women's Bureau
Department of Labor

ACKNOWLEDGMENTS

This pamphlet is made available through the joint efforts of the Office of Vocational Rehabilitation of the Department of Health, Education, and Welfare, and the Women's Bureau of the Department of Labor. The writing was done by Miriam Keeler of the Division of Program Planning, Analysis, and Reports in the Women's Bureau. The manuscript was reviewed by Russell J. N. Dean and members of the technical staff of the Office of Vocational Rehabilitation.

Grateful acknowledgment is made to the directors and staff members of the many agencies which cooperated in the preparation of the pamphlet by providing printed materials, interviews, and photographs. Special mention should be given to the following: Mr. K. Vernon Banta, Deputy Executive Secretary, Office of the President's Committee on Employment of the Physically Handicapped; Dr. James S. Peters, II, Chief, Connecticut Bureau of Vocational Rehabilitation, Hartford, Conn.; Dr. Elizabeth Eckhardt May, Dean, and Mrs. Neva R. Waggoner, Research Assistant, School of Home Economics, University of Connecticut, Storrs, Conn.; Dr. Donald A Covalt, Associate Director, Dr. Leonard Diller, Coordinator, Clinical Training and Research in Psychology, and Mrs. Joan B. Spencer, Homemaking Counselor, of the Institute of Physical Medicine and Rehabilitation, New York University-Bellevue Medical Center, New York City; Miss Cele Dengrove, Coordinator, and Dr. Leo Stein, Chief of Rehabilitation Counseling, Bellevue Rehabilitation Service, New York City; Mr. Willis C. Gorthy, Director, The Institute for the Crippled and Disabled, New York City, and Miss Eunice Agar, of the Public Relations Department of the Institute.

The photographs were made possible by the courtesy of the following:

Institute of Physical Medicine and Rehabilitation, New York University-Bellevue Medical Center (New York, N. Y.), figs. 8B, 14B.

Institute for the Crippled and Disabled (New York, N. Y.), figs. 3B, 7, 15, 16.

Massachusetts Department of Education, Division of the Blind, fig. 5.

National Society for Crippled Children and Adults (Chicago, Ill.), fig. 13.

Office of Vocational Rehabilitation, Department of Health, Education, and Welfare (Washington, D. C.), figs. 1, 3C, 4, 14A.

Oklahoma City Times (Oklahoma City, Okla.), fig. 3A.

Performance, figs. 2, 3A, 5, 6.

Rusk, Howard A., M. D., et al., in "A Manual for Training the Disabled Homemaker," Rehabilitation Monograph VIII (The Institute of Physical Medicine and Rehabilitation, New York University-Bellevue Medical Center, New York, N. Y.), fig. 14B.

United Cerebral Palsy Industrial Production Workshop (Los Angeles, Calif.), fig. 6.

University of Connecticut, School of Home Economics (Storrs, Conn.), figs. 8A, 9A, 9B, 9C, 10, 11, 12.

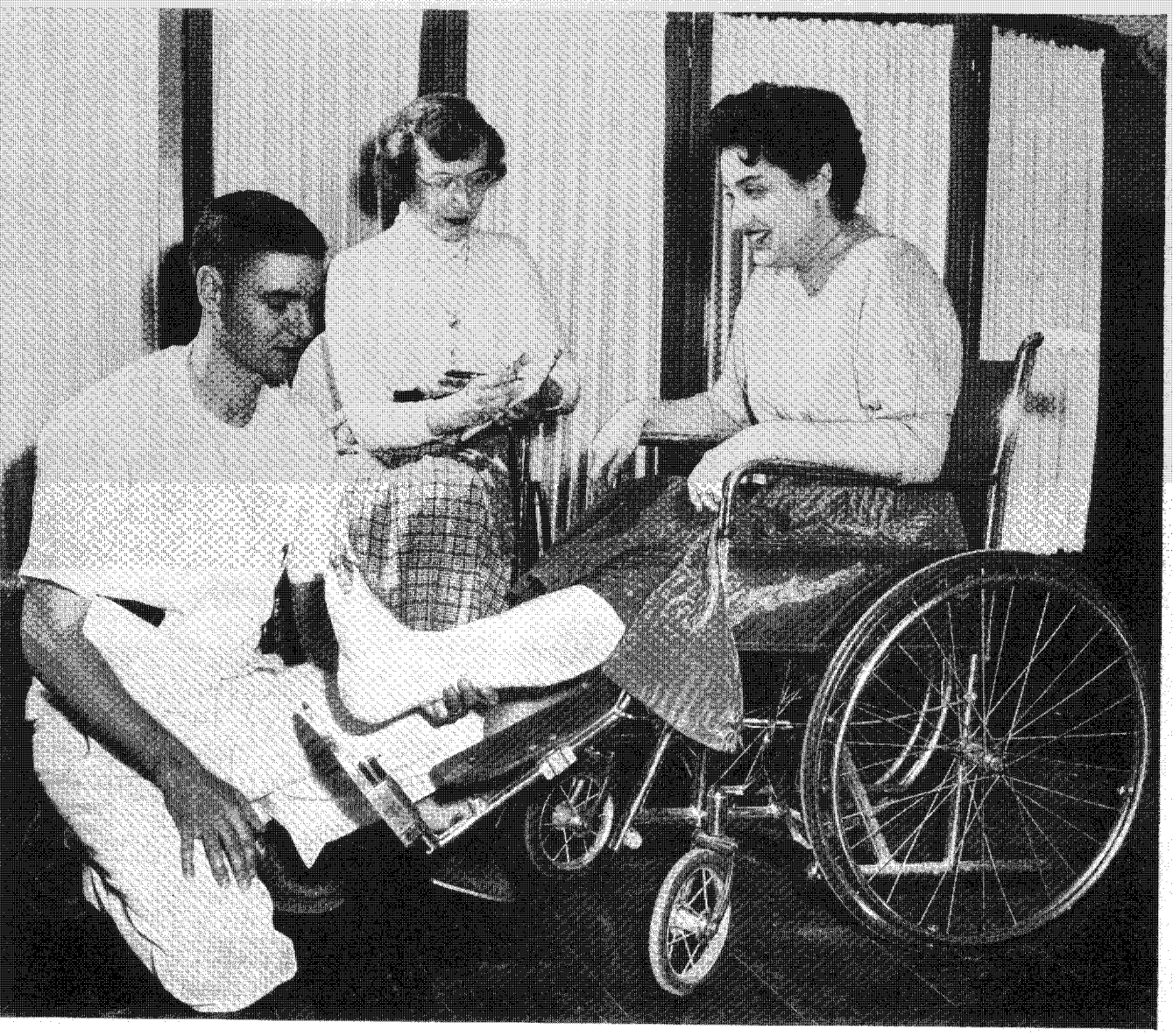
University of Oklahoma Medical Center (Norman, Okla.), fig. 2.

Woodrow Wilson Rehabilitation Center (Fishersville, W. Va.), fig. 17.

CONTENTS

Illustrations

Figure 1.—Patient and Ex-Patient.



Brunette Grace Ann tries on a cast with the enthusiasm of a girl shopping for new shoes, while blond Margie, a wheel-chair "graduate" of vocational rehabilitation, takes notes for the official medical record.

A New Outlook

Of the many changes that the 20th century has brought, one of the most promising is the changing attitude toward physical handicaps and other disabling conditions.

For centuries, people have accepted as inevitable the crippling that so often results from injury and illness and from congenital defects. Today, there is a growing conviction that something *can* be done about it; in fact, something *is* being done about it.

This change in attitude is reinforced by knowledge—by new medical procedures to eliminate or reduce the disability itself, by new understanding of the emotional and family problems which so often are involved in disability, by recognition of educational and job needs of many disabled persons—in short, by combining the knowledge of many professions into an individual plan to overcome the problems of a disabled person.

This is rehabilitation. It is not a cure-all, nor does it restore all people with disabling conditions. Rehabilitation has, however, transformed the lives of hundreds of thousands of Americans, both women and men. As new knowledge is developed, it offers hope to more and more of our people who are disabled.

For women with a handicap, many specialized rehabilitation methods have been developed, which not only help them become physically stronger and more active, but also give practical aid in preparing for their chosen work, whether it be in a salaried job or in managing a home.

Most American communities, except the smallest, have one or more agencies that provide some type of rehabilitation service. The voluntary agencies are widely known—the Easter Seal societies for crippled children and adults, the National Foundation for Infantile Paralysis and its March of Dimes, the national and local Goodwill Industries, the National Tuberculosis Association, and many others.

A public program of vocational rehabilitation services for the disabled is provided in every State, with most States having district and local offices spread through the major cities and reaching out to all communities. This program is jointly financed by the Federal Government and the States, with the State agencies providing services to

disabled persons and the Federal Government furnishing technical and professional help and national leadership for the total program. Under a Federal law enacted by the Congress and signed by the President on August 4, 1954,[1] this Federal-State program is expanding, both in the number of disabled persons it serves and in the variety and effectiveness of services provided.

This booklet deals principally with the services and activities of the vocational rehabilitation program as they affect women.

Rehabilitation service is provided by State agencies in all 48 States and in the District of Columbia, Alaska, Puerto Rico, Hawaii, and the Virgin Islands. In the majority of States there is a separate agency to serve blind persons, but in some, the Division of Vocational Rehabilitation serves persons with all types of disability, including blindness.

Applications for service may be made by letter or by visiting the nearest vocational rehabilitation office. The addresses of the State agency headquarters are listed on pages 51 and 52 of this pamphlet.

[1] Public Law 565, 83d Cong., 2d sess. A Federal program for rehabilitation of the physically handicapped has existed since 1920 and was expanded by Congress in 1943. A 1936 act first provided for State agencies to license blind persons to operate vending stands in Federal and other buildings.

The Vocational Rehabilitation Program

HOW TO SECURE VOCATIONAL REHABILITATION SERVICES

Each year, thousands of disabled men and women are being restored to useful activity through the State-Federal partnership program of vocational rehabilitation. Many others could be helped. If you are one of these—or if there is in your family or your community a handicapped person who wants to be able to work—you will find in this chapter information on the kinds of service offered.

Who Is Eligible for Service?

To be eligible for service, a person must (1) be of working age, or near it, (2) have a disability which interferes with employment, and (3) have a reasonable prospect of being employable when services are completed. (In some States, a person must be a resident of the State for at least 1 year or meet other residence requirements.) Both men and women are eligible, whether or not they have veteran status or have ever worked before.[1]

[1] Veterans with a service-connected disability, however, ordinarily are eligible for rehabilitation through the Veterans' Administration. Children not yet of working age may be eligible for the crippled children's program administered by the Children's Bureau of the Department of Health, Education, and Welfare.

Homemaking is recognized as useful work, and a woman who is needed as homemaker for her own family may be accepted for rehabilitation just as is the employed or self-employed person.

It does not matter whether the handicap is physical or mental, visible or invisible. It does not matter whether it was caused by a work injury, an accident (at home, in traffic, or elsewhere), or by a disease, or is a condition present from birth.

But it *is* important that the person could be—and wants to be—restored to usefulness.

What Services Are Available?

If a disabled woman wants to work and is eligible for service, the vocational rehabilitation agency will give her all the help it can. Some persons receive all the various services offered; others may need only one or two. The following are the principal services:

1. *Counseling.* The key to successful rehabilitation is good counseling. The disabled person and the rehabilitation counselor go over the situation, considering all the problems and deciding what can be done. Specialist advice is secured when needed. A

452330°—58 —2

rehabilitation plan is drawn up. The counselor arranges appointments for medical, educational, psychological, or other services required to carry out the plan.

2. *Medical services.* Medical treatment and, in some cases, an operation, may be needed to help a disabled person become physically able to work. Treatment may be given in a hospital or clinic, at a rehabilitation center, at home, or in the doctor's office. Physical therapy and other procedures are provided for those who need to strengthen and retrain muscles, to learn to walk, to perform self-care activities, or to master the use of artificial limbs and appliances.

3. *Physical aids.* Sometimes an artificial arm, a brace, a hearing device or other appliance is required. The counselor, in planning the individual's program, finds out what is needed, sees that the item is obtained, and arranges for training in its use when necessary.

4. *Job training.* If a disabled person needs educational or other special job training to carry out the rehabilitation plan, the vocational rehabilitation agency will arrange for it. The training may be given in a trade or technical school, university, special school or workshop, or through on-the-job training or home study courses.

5. *Living expenses and travel costs during training and hospitalization.* This covers the additional costs involved when the disabled person must be away from home to secure hospital care, or the specialized services of a rehabilitation center, or to carry out educational or other job training instruction.

6. *Tools and licenses.* In some occupations special tools, or licensing, or both are required (for beauty operators, commercial artists, physical therapists, for example). In these instances such aids may be furnished as part of the rehabilitation plan.

7. *Job finding.* The rehabilitation counselor is an expert in the local employment situation. Working with the State employment service, with representatives of the Governor's Committee on Employment of the Physically Handicapped, and through direct contacts with many employers, the counselor arranges for a suitable job.

8. *Help on the job.* Frequently, a disabled person needs advice or help in adjusting to new working conditions. The counselor keeps in touch during the early stages, to make certain things are going well and to help if needed.

For a person so severely disabled that planning for employment is impracticable, a rehabilitation goal of self-sufficiency within the home may be recommended. To be as nearly self-sufficient as possible within the home means being able to perform the activities of daily living, such as feeding and dressing oneself and moving about in a wheelchair. The rehabilitation counselor who is familiar with the services and resources of many community agencies can sometimes arrange for a disabled person to obtain rehabilitation services of this type through a voluntary agency.

Who Pays for the Services?

Certain services are free to everyone, regardless of financial situation. These include medical examination, diagnosis, and other evaluation to determine eligibility; rehabilitation counseling and guidance; training for a job (furnished without cost in nearly all States); job placement service; and followup on the job.

For other services—medical service, artificial limbs and appliances, living expense and travel, tools, equipment and licenses—the rehabilitation agency pays the costs if the disabled person is not financially able to bear such expense. This is decided by the counselor after discussing the facts with the individual.

NUMBER OF WOMEN HELPED BY THE PROGRAM

Nearly 90,000 women have been rehabilitated through the State-Federal program in the last 4 years. This represents more than a third of the total number of persons rehabilitated through the program during that time.

Year ended June 30	Number of persons rehabilitated	
	Total	Women
1957	70, 940	24, 750
1956	65, 640	22, 900
1955	57, 981	21, 310
1954	55, 825	20, 553

The average age of the persons rehabilitated in 1956 was 35 years, but among them were girls and boys 15 to 19 years of age and adults of all ages up to 65 and over.

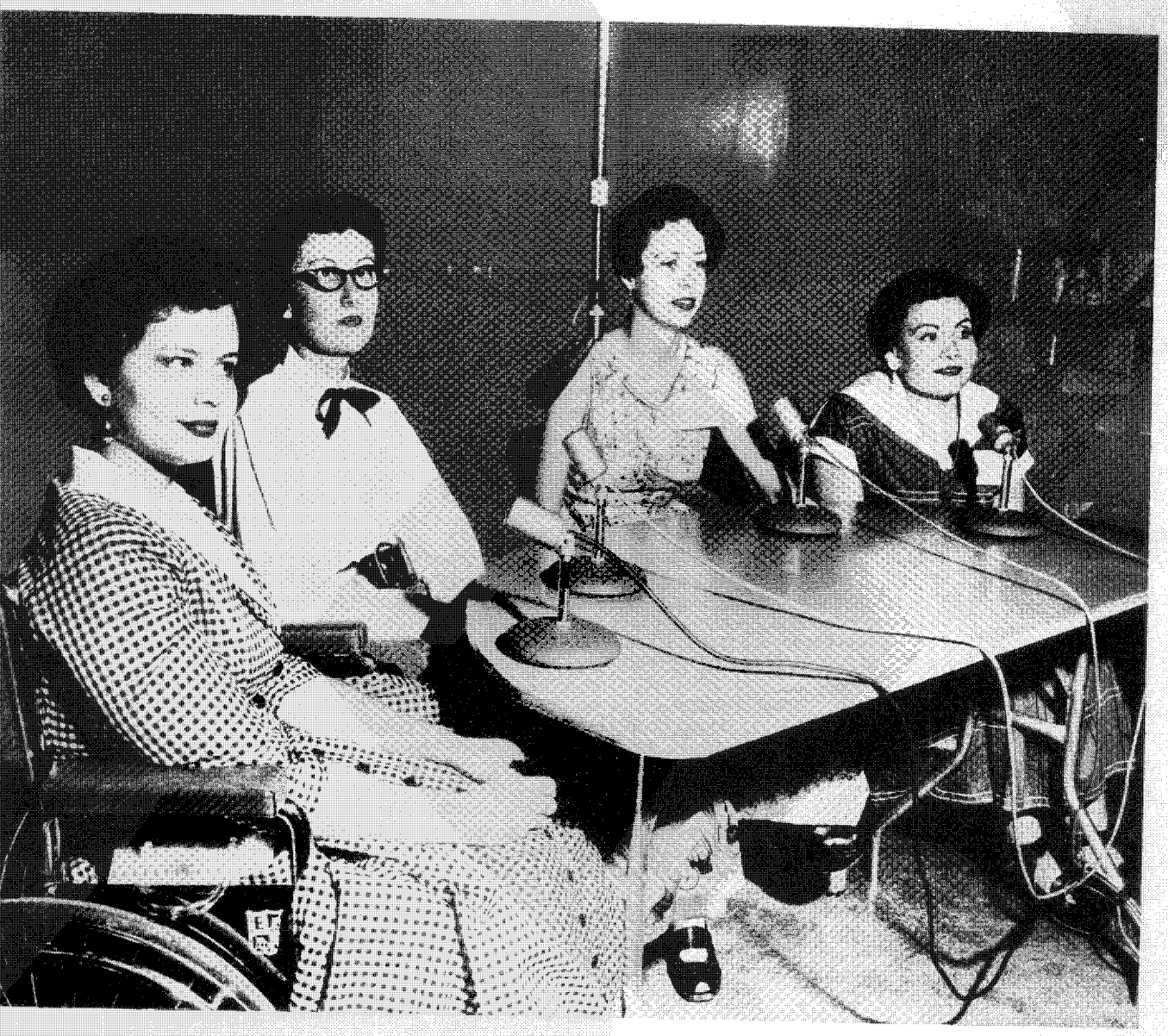
The time required for rehabilitation varied from 1 month or less to 3 years or more. Half of the total were rehabilitated within a year (30 percent within 6 months) from the time their cases were accepted.

Of the women rehabilitated in 1956, 70 percent were placed in jobs in which they earned wages and, of these, half received $35 a week or more. The other 30 percent were unpaid family workers or housewives caring for their own homes.

The occupational grouping of the women rehabilitated in 1956 is shown in the accompanying list:

Occupational group	Women rehabilitated in 1956	
	Number	Percent distribution
Total	22, 900	100. 0
Paid occupations	16, 109	70. 4
Clerical and kindred	4, 842	21. 1
Private household	2, 769	12. 1
Service, except private household	2, 533	11. 1
Crafts and other manual (skilled and semiskilled)	2, 466	10. 8
Professional and semiprofessional	1, 405	6. 1
Sales and kindred	706	3. 1
Unskilled labor	611	2. 7
Agricultural (farmers, farm managers, farm laborers)	541	2. 4
Managerial (except farm)	236	1. 0
Housewives and unpaid family workers	6, 790	29. 6
Occupation not reported	1	.....

Figure 2.—A Television Panel on the Handicapped Woman at Work.



Left to right: A research assistant (paraplegic from birth) at the University of Oklahoma School of Medicine; a social worker (industrially blind) with the Oklahoma Department of Public Welfare; a head bookkeeper (born without hands) employed by Oklahoma Goodwill Industries; a personnel director (crippled by poliomyelitis at the age of 2) with Oklahoma Goodwill Industries.

Occupations of Women After Rehabilitation

WAGE EARNERS

Women with a physical handicap are working in a great variety of occupations, carefully selected with the individual's abilities in mind. Many of them received their vocational training through the rehabilitation program. Some are doing more highly skilled work, and receiving higher pay, than before they were disabled. Some who had never held a paid job before are now supporting themselves through useful work.

Professional and Technical Work

Many professional jobs are well suited to handicapped women who are qualified for them by training and experience. It is entirely possible, for example, for a woman with certain types of physical handicap to be a highly competent librarian, pharmacist, laboratory technologist, or designer. The leading profession for handicapped women, as for all women, is teaching.

A woman who has training and experience in a professional field before she becomes disabled is likely to continue in that general field after rehabilitation. For example, a professional nurse crippled by arthritis, took advanced training and became a teacher of nurses.

Some women without professional training, on the other hand, have been enabled to enter a professional field through training received as part of the vocational rehabilitation program. This is the case with a woman psychologist in a large eastern rehabilitation center.

The need for professional workers who understand how to deal with disabled persons is increasing as the State-Federal vocational rehabilitation program expands. This creates attractive opportunities in hospitals, medical centers, rehabilitation agencies, and clinics all over the country for women qualified as nurses, teachers, medical or psychiatric social workers, physical, occupational, or speech therapists, vocational counselors, and home economists.

All four of the young women shown in figure 2 were disabled from birth or from early childhood. Three of them are professional workers, and the fourth a skilled

clerical worker. They appeared on a panel discussion of "The Handicapped Woman at Work," in connection with an industrial nursing workshop held at the University of Oklahoma Medical Center.

Over a thousand of the women rehabilitated through the State-Federal vocational rehabilitation program in 1956 were doing professional work. They included—

623 teachers	37 musicians
182 nurses	23 accountants
94 social workers	8 scientists
6 physicians and surgeons	

There were also a dentist, a chemical engineer, and an actress.

Among the 324 technical workers rehabilitated in 1956 were—

167 laboratory technicians and assistants
37 commercial artists
14 draftsmen and
a radio operator.

The proportion of women wage earners who entered professional and technical occupations after rehabilitation was nearly as high as the proportion of all employed women in these occupations in 1956 (9 percent compared with 11 percent as reported by the Bureau of the Census).

Another young woman, who prepared for professional work through the cooperation of several rehabilitation agencies, is Mrs. J, disabled by rheumatoid arthritis. Mrs. J was referred to the Arkansas Division of Vocational Rehabilitation by the District Office of Social Security. After medical treatment which somewhat stabilized her condition, Mrs. J started a course in junior accounting. When she completed the course successfully, the State Employment Service placed her in a job with a hardware company.

Clerical Work

In the country as a whole, more women are employed in clerical work than in any other occupational group; and still there is a shortage of well-qualified workers, especially for secretarial and stenographic jobs. Because this is the leading occupation for women, and also because the sedentary nature of many clerical jobs makes them possible for a person using a wheelchair or crutches, disabled women who want a paid job are likely to turn to clerical work if they have the educational background for it.

The decennial census of 1950 reported that one-fourth of all women secretaries, stenographers, and typists had had at least 1 year of college, and that most of the others were high-school graduates. Training in secretarial work, stenography, and typing is available in high schools and business schools throughout the country, and is provided for women in many cases as a part of a vocational rehabilitation plan.

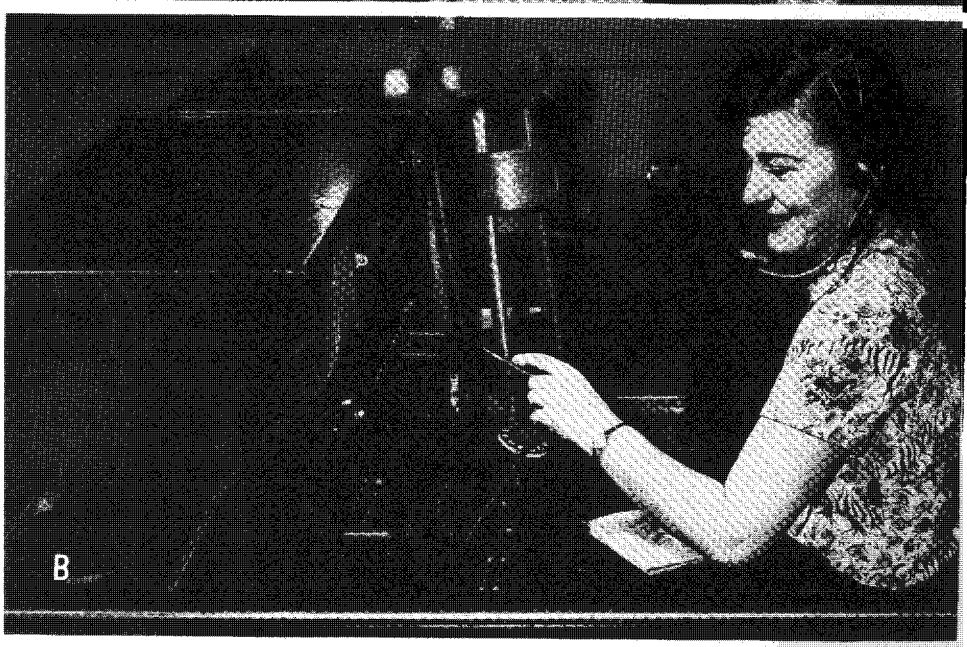
In many other kinds of clerical work, high-school graduation may not be required. For the operation of sorting, keypunch, and certain other office machines, for example, the amount of formal education is less important than finger dexterity, attention to detail, and accuracy. Although the large telephone companies prefer high-school graduates as operators, less schooling may be acceptable for the switchboard operator in a business firm. For other clerical jobs, such as file clerk and stock clerk, the amount of education required depends on the way the job is set up.

Handicapped women who are qualified for clerical work may be employed in the offices of rehabilitation centers or of other health and social agencies; or they may be

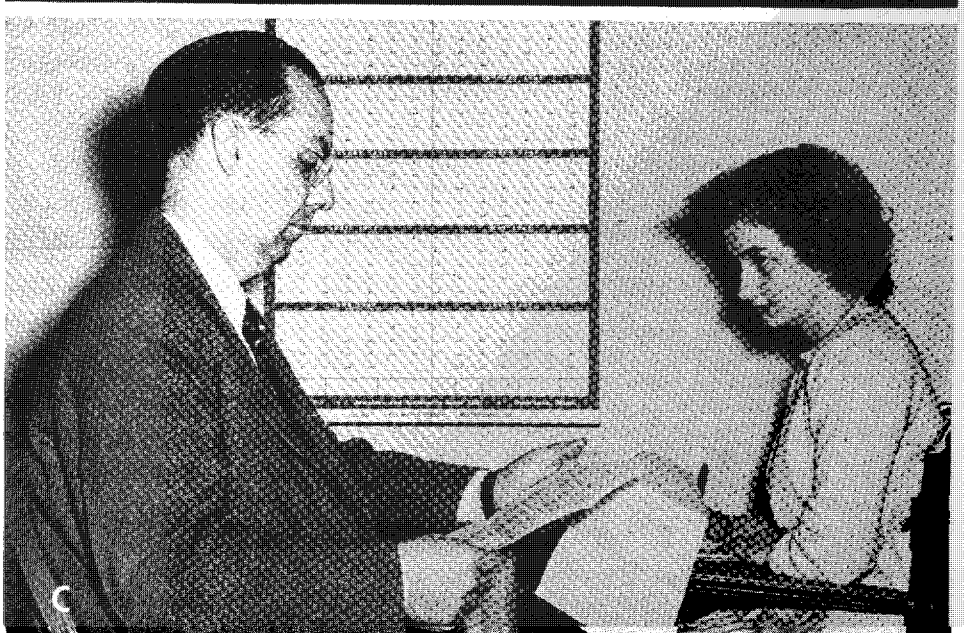
Figure 3
Clerical Workers

A. Because they are completely deaf, the noise and confusion of a brokerage office do not distract these two board markers.

B. Training in switchboard operation has provided ready employment for disabled women. Here, Frieda, her crutches parked within reach, operates a switchboard with smiling competence.



C. When her employer says "take a letter," Gwen wheels to his desk, pen poised. A secretary's notebook rests on a light board across the arms of the wheelchair.



placed in private business offices or industrial firms.

The frontispiece shows a stenographer in a rehabilitation agency taking down notes for a patient's medical record. Connie, whose story is given on page 11, does general clerical work in a photographer's shop.

Nearly 5,000 of the women rehabilitated through the State-Federal program in 1956 were clerical workers. They included—

1,232 stenographers and typists
1,062 general office workers
814 secretaries
544 bookkeepers and 30 bookkeeping machine operators
251 office-machine operators (other than bookkeeping)
169 telephone operators

Most of the others worked as clerks in banks, insurance companies, printing and publishing firms, hotels, trade, and general industry. Some were file clerks and stock clerks, payroll clerks and timekeepers, shipping and receiving clerks, vending-stand clerks or checkers. A few were assistants in libraries or in the offices of physicians and dentists, and a very few worked in the post office.

The percentage of women in paid occupations who were clerical workers was about the same as the percentage of all employed women who were in clerical and kindred occupations in 1956 as estimated by the Bureau of the Census (29 percent).

These jobs are typical. On the other hand, some of the clerical jobs in which handicapped women are placed are highly unusual. For example, figure 3A shows two deaf girls employed in a brokerage office as boardmarkers. They enjoy the work, and as they do not hear the hubbub around them, they are not disturbed by it. The office manager, who hired them at the suggestion of the Oklahoma Division of Vocational Rehabilitation, hopes that his problem of replacing boardmarkers who quit because of the noise is now solved.

Women with serious physical disabilities have sometimes succeeded, with the help of vocational rehabilitation services, in completing stenographic training and supporting themselves through secretarial jobs. One such success story follows:

In her first year after high school, Janet was severely crippled by poliomyelitis. Both legs and her left arm were paralyzed, and the use of her right arm was somewhat impaired. Through the New York State Division of Rehabilitation, she was given business school training and succeeded in passing the Federal Civil Service examination in stenography. Seven times Janet was called for a job interview, and seven times she was turned down by an employer unwilling to give her a trial. An opening then occurred as secretary to a vocational counselor in the rehabilitation agency. A few minor arrangements had to be made in the office: Janet must have space enough to maneuver her wheelchair in and out; she can reach only the second and third file drawers in the cabinet; she uses a headphone in telephoning. Janet does her typing with one hand on an electric typewriter provided for her use by the State Division of Vocational Rehabilitation. Her enthusiasm for the work makes it easy for her to memorize the facts about each individual accepted for vocational counseling. Moreover, Janet's example gives new courage to many a handicapped person afraid to undertake a job.

The Story of Connie

Connie shares her family's interest in art and the theater. In high school, she acted in school plays and made posters for dances and concerts. But the courses she chose did not give her much in the way of specific job skills, and after graduation she went to work as file clerk in a large department store.

This job offered little challenge. Connie grew more and more bored and dissatisfied with her job, but she was still there when, at the age of 20, she was stricken with poliomyelitis. She recovered, but was paralyzed from the waist down—a paraplegic.

After Connie left the hospital, she spent several months at home feeling sorry for herself. She became overweight and developed serious emotional problems. Finally, her doctor referred her to the Institute of Physical Medicine and Rehabilitation of the New York University-Bellevue Medical Center, where she was accepted for rehabilitation, with the State Division of Rehabilitation paying the bills.

After evaluation there, Connie received physical therapy which strengthened weak muscles, slimmed her down to normal weight and taught her to care for her personal needs. She learned to get about well, mostly in a wheel chair, and to drive a specially equipped car. Her appearance improved and her self-confidence returned.

Through vocational counseling, a job was found for Connie in a photographer's studio. She is the receptionist, answers the telephone, and assists in mounting and framing photographs. She earns $10 a week more than she did before she was disabled, and has the satisfaction of feeling that she is working in a field related to her artistic interests.

The Speech Department of the Institute arranged for Connie to coach the drama group of the Federation of the Handicapped. This gives her an outlet for her love of the theater, and an opportunity to make new friends and have some social life.

Connie—who now owns a car and drives it herself—has emerged as a busy, useful, and reasonably happy member of society.

452330°—58——3

Household Service

Nineteen out of every 20 persons employed in private households are women. Until World War II, household service employed more women than any other occupational group. But the number of women so employed is somewhat smaller now than it was in 1940, although the number of women employed in *all* occupations has increased by 60 percent. To some extent the adoption of labor-saving and automatic devices has enabled more homemakers to do their own work without the assistance of paid workers. On the other hand, the increasing number of married women who hold jobs outside the home has created a great and unsatisfied demand for dependable and competent household workers, especially in families where there are young children or invalids.

This is a situation which operates to the advantage of women with a physical handicap who need to earn their living but who may not be able to work in a factory, store, or office, or who cannot travel to a job.

Private families can usually be found by vocational rehabilitation counselors where a handicapped worker will be welcomed and where special consideration will be given to her needs. Moreover, this is one of the few types of employment where jobs can be found for workers who wish to live where they work.

About one-eighth of the women rehabilitated in 1956 were household workers. They included—

1,158	general maids
539	housekeepers
344	day workers
332	nursemaids and baby sitters
182	cooks
99	laundresses

Of all employed women, about one-tenth were private household workers in 1956, according to the Bureau of the Census.

Other Service Occupations

In addition to household service, the broad group of service occupations includes personal service occupations, protective services, and building services. Of these, the personal service group is by far the most important for women. It includes women who work in restaurants, hotels, boarding and lodging houses, hospitals and other institutions (see fig. 4). It also includes beauty service.

Figure 4.—Hospital Worker.

Born without legs, Hattie has learned to use artificial legs provided by the Virginia Division of Vocational Rehabilitation. She is employed by the Anderson Orthopedic Hospital in Arlington, Va., where she makes surgical dressings as she was taught to do, and helps in other ways.

Of the women rehabilitated in 1956, a total of 2,363 were in personal service occupations. Those employed in hotels, restaurants, etc., included—

587 waitresses
240 kitchen workers
122 maids
160 cooks
84 housekeepers, stewardesses, and hostesses

Those in hospitals included—

363 nurse aides, practical nurses, etc.
237 attendants

Also in this group were—

448 beauticians and manicurists, and,
70 keepers of boarding and lodging houses

Building service workers among the women rehabilitated in 1956 included—

78 charwomen and cleaners
37 elevator operators
32 janitors
6 porters and hall maids in motels, etc.

Only 17 of the women were in protective services. This included 7 who were Armed Forces personnel, and a few watchmen, guards, and detectives.

Crafts and Operative Occupations

Dressmaking, tailoring, and millinery are traditional crafts of women, and about half of all the women who enter a skilled trade after rehabilitation choose one of these specialties. In some other crafts where individual women have shown great aptitude there is a demand for skilled workers—in the grinding of lenses, for example. However, most crafts are learned through apprentice training which may take several years. Therefore, handicapped women usually prefer an occupation that can be learned more quickly, unless they are young or have already acquired some degree of skill. There are exceptions, however.

Figure 5 shows a blind woman working in a photographer's darkroom. Until she was over 40 and was left a widow, this woman had never been employed. She could hardly believe her luck, when the counselor of the Massachusetts Division of the Blind suggested that a certain photographer who cooperates with the Governor's Committee on Employment of the Handicapped was willing to hire her. She decided to try to learn the work, but was frightened

Over 900 of the women rehabilitated in 1956 were skilled workers—half of them, dressmakers and seamstresses.

Other women classed as skilled workers were—

37 weavers and 70 other textile workers
56 employed in the manufacture of television, radios, and other electrical equipment
23 in machine-shop and metalworking occupations
31 in photographic process occupations

This group also included a few lithographers and photoengravers, compositors and typesetters, jewelers and watchmakers, upholsterers, furniture makers, as well as leather craft workers, glass and pottery decorators, ceramics workers, and so forth.

Over 1,500 of the women rehabilitated in 1956 were semiskilled workers. Many of these were doing light bench assembly work or were engaged in packing, filling, and labelling in various industrial establishments. Others worked in laundries. Some were in the same occupations as the skilled workers but doing less skilled work.

Over 100 of the women rehabilitated in 1956 (12 skilled workers and 94 semiskilled workers) were employed in sheltered workshops.

Of the women in paid occupations 10.8 percent were skilled or semiskilled. This is much smaller than the corresponding percentage of all employed women who were in craft and operative occupations in 1956 (18 percent).

by the speed of the automatic developing machine. At first she spoiled much of the work and was highly nervous. But the photographer encouraged her to keep on trying, and personally helped her until she gained confidence. Eventually, she was able to operate the machine expertly and was working an 8-hour day.

Industrial production workers are often called "operatives." Most of the work they do is semiskilled and can be learned in a relatively short period. Many handicapped workers can perform semiskilled jobs successfully, even under competitive factory conditions. Others can do good work, but not at the speed or under the pressure of factory conditions.

←

Figure 5.—In the Photographer's Darkroom. Every 45 seconds, as the automatic developing machine completes its cycle, this blind worker attaches 10 rolls of films to the frame of the machine and weights each roll to keep it from rolling up as it goes through the developing process.

Sheltered Workshops

The sheltered workshop provides a protective, noncompetitive environment where seriously disabled persons can begin training for industrial work, can gradually build up good work habits and work tolerance, and can earn money by useful work. The work performed in a sheltered workshop

Figure 6.—Industrial Production in a Sheltered Workshop. This young cerebral-palsied woman, with disabled left hand, does aircraft small-parts assembly work at the Los Angeles County United Cerebral Palsy Workshop.

Figure 7.—A Sheltered Workshop Operated as Part of a Comprehensive Rehabilitation Program. Job demands are geared to the individual's capacity, in this workshop where disabled women and men earn their own income by stitching paper slippers for use in hospital and clinic.

may be on contract from private industry; or it may be the production of articles used in hospitals, rehabilitation centers, or public institutions. In many instances, the work is to turn discarded household articles into salable merchandise.

In some cases, a person may start to work in a sheltered workshop at piecework rates, and when she is able to earn the legal minimum wage, may be graduated to a regular job in private industry. Some may be able to work only a few hours a day at first, and must build up strength and good work habits gradually until they can put in a full 8-hour day. Disabled persons who cannot hold a regular job sometimes stay on indefinitely in the sheltered workshop.

One example of the training and employment of handicapped persons in a sheltered workshop is the United Cerebral Palsy Industrial Production Workshop in Los Angeles County. Training for industrial production is one of the free services offered at the workshop (see fig. 6). Payment by the piece-rate system gives the trainees incentive to improve their skills

and speed. When it had been in operation a year, the 48 on-the-job trainees—who were all young men and women with cerebral palsy—had earned a total of $30,000 through contract jobs for 12 Southern California industries. The participating industries include major aircraft companies, and novelty, toy, and plastic products manufacturers.

In New York City, the Institute for the Crippled and Disabled operates a sheltered workshop as part of its complete rehabilitation service (see fig. 7). Women or men, while receiving physical therapy, training in the use of an artificial limb, or other restorative services may be able to start work there and learn a semiskilled, or even a skilled job. The Institute considers that the workshop, with its therapy of useful work and its incentive of the pay envelope, is often an important factor in successful rehabilitation.

Other Occupations

Some handicapped women are employed in sales occupations, in agriculture, and in managerial work. The managerial group includes operators of vending stands—an important occupation for blind persons. Agriculture offers opportunities for outdoor employment, which may be essential for persons with certain types of disability. Agricultural specialties, such as poultry farming or seed growing, can be developed by women who have training and experience in them.

Women who need a wage-earning occupation but who have no specific skills are sometimes placed by rehabilitation agencies as unskilled workers in various industries or agriculture, according to whether they live in urban areas or rural sections.

Among the women rehabilitated in 1956 were about 700 in *sales* occupations. Most of these were listed as salesclerks or salespersons, but—

62 were doing canvassing and soliciting
11 were demonstrators
10 were selling insurance or real estate

More than 500 women were in *agricultural* occupations. In this group were 176 farmers engaged in general farming or in raising cotton, in dairy, livestock, or poultry farming, or in some other farming specialty. Another 12 were members of farm couples, and 2 were farm managers. A few were nursery and landscaping workers, or flower growers. A small number of women engaged in fishing occupations or hatchery work were also included in this group. Over half of the total were farm hands.

Over 200 women were working as *managers* or *officials* (exclusive of farm managers). They included—

74 operators of vending stands
73 managers, department heads, floormen in retail stores

The percentage of rehabilitated women workers who entered these occupations was much smaller than the percentage of all employed women who were in them in 1956 (9 percent compared with 19 percent).

Figure 8.—Household Devices for the Handicapped. A, Adjustable ironing board; B, Wheelchair tray.

HOMEMAKERS

How does a family manage when the homemaker is disabled?

Perhaps another member of the family—who otherwise could be earning or in school—stays at home to serve as homemaker.

If there is no one who can do this, it may be necessary to employ a housekeeper, or at least a helper, especially if there are young children.

When the homemaker is dependent on others for her daily needs, it may be necessary to have a nurse or attendant for her.

The burden—in terms of energy output, emotional strain, financial adjustments—is often more than the family can carry unaided, except on an emergency basis.

Help can be given to enable handicapped homemakers to manage their own households and take care of their children with a minimum of assistance. The contribution of the homemaker to family maintenance is fully recognized by the vocational rehabilitation program. Nearly 18,000 homemakers have been rehabilitated in the past 3 years.

Like any worker accepted for rehabilitation, a disabled homemaker may receive needed medical services, prosthetic appliances, training in daily activities and vocational skills, and other services. For the homemaker, training may include home management and child care as well as the development of other needed skills. Not all disabled housewives are eligible for rehabilitation, however; those are eligible who are substantially handicapped and yet offer promise of successful resumption of the duties of homemaker, at least part time.

45-230 O — 58 — 4

A young girl who is handicapped may learn to take limited household responsibility—perhaps to care for her own clothing. Men with housekeeping responsibilities are also eligible for rehabilitation.

The homemaker program is a relatively new aspect of vocational rehabilitation. Research projects are under way in universities and medical centers in various parts of the country to build up resources of information, techniques, and devices (see fig. 8). For example, one project is selecting and designing simplified clothing and equipment for children; another has analyzed housekeeping activities in order to find the easiest ways of performing them; a third has brought together an extensive collection of simplified work devices; others have designed kitchens for the use of women with cardiac, orthopedic or other defects.

Incidentally, a number of these devices have interesting possibilities for commercial production and use by the general population. Many a busy housewife would like to be able to break an egg with one hand while holding the baby with the other arm. Most mothers welcome attractive and durable garments that young children can put on without help. Energy-saving kitchens are proving popular among married women who work part time or full time outside the home.

Home Management

A handicapped homemaker must learn to plan everything she does in advance in order to conserve time and energy; she soon develops a new sense of values in determining which tasks are necessary and which can be omitted or postponed.

A study of home management for the handicapped, made by the Institute of Physical Medicine and Rehabilitation of the New York University-Bellevue Medical Center shows that one of the most important ways to save energy is *to sit* for as many jobs as possible, in a relaxed position. This means having a chair or stool of the right shape and height and a convenient work surface.

Special equipment is not usually recommended by the Institute. Most women find that with some suggestions as to arranging utensils within reach, they can use a standard stove, sink, and washing machine. Other devices can be bought inexpensively or made at home. For example, a woman who can use only one hand needs a wooden board with a nail or spike which will hold the vegetable she is peeling or the meat she is slicing.

Some ironing remains, even when paper napkins, plastic table cloths, and "miracle" fabrics are used. An adjustable ironing board (8A) is necessary for the wheelchair housewife, important for any woman who is not strong enough to stand while ironing, and desirable for every homemaker. It can also be used as a convenient work surface in cooking, preparing vegetables, or writing.

A wheelchair tray (8B) has multiple uses as a work surface or for moving utensils, dishes, groceries, and laundry. The tray may be made at home but should be carefully fitted and securely fastened.

Instruction may be obtained in the use of kitchen appliances through a demonstration kitchen. At the Institute, groups of patients use the kitchen during the last part of their hospitalization. If possible they take over the laundering of their own clothing in an automatic washer. They learn

about keeping much-used utensils within easy reach, not piling dishes of various sizes on top of each other, and using a wall can opener with one hand (see fig. 14B).

A planning unit is important for *any* busy housewife. It is doubly important, the Institute considers, for the woman with a disability. Usually the planning unit contains a desk or shelf of the right height for chair or wheelchair, a telephone, writing pad and pen; cookbook and recipe file, address book, and whatever else is needed to plan and order the meals, write checks, and keep accounts.

Child Care

A pilot study of 100 handicapped mothers made by the School of Home Economics, University of Connecticut, showed that discipline and supervision of play are the aspects of child care most likely to raise problems for the "wheelchair mother."

One of the mothers in the survey is Mrs. E, who contracted poliomyelitis 4 years ago, when her children ranged from 2 to 5 years of age. She is fortunate in having space enough for play equipment in the yard; a play room in the attic; and a play corner near the basement laundry. She encourages the children to bring their friends home with them and keeps an eye on them while doing the laundry.

The care of babies and preschool children offers special difficulties for mothers who are unable to walk, to lift a baby, or to use both hands. Each mother has to work out methods that fit her own situation—she is fortunate if she has the help of an experienced homemaking counselor. Figure 9 shows how three mothers cope with specific problems of child care.

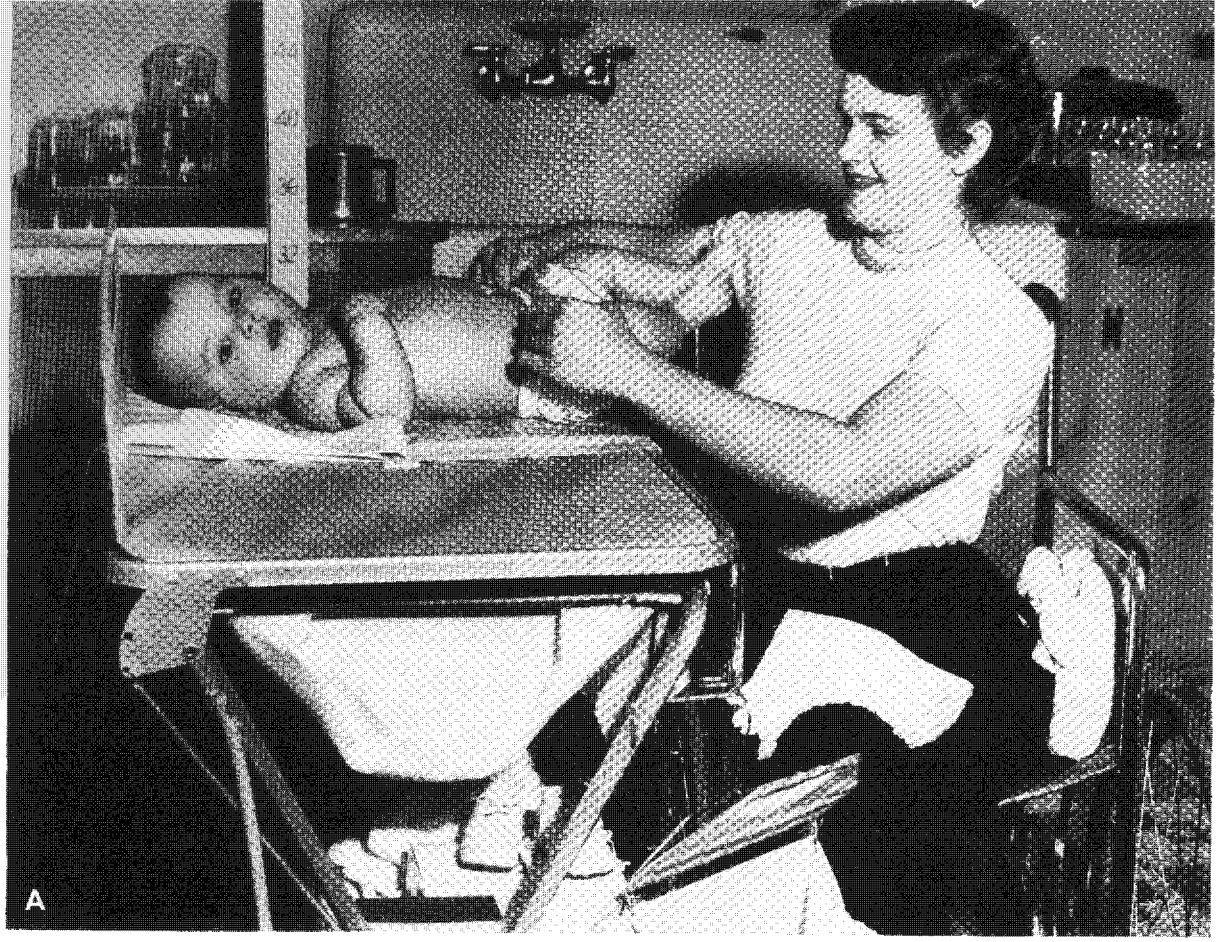
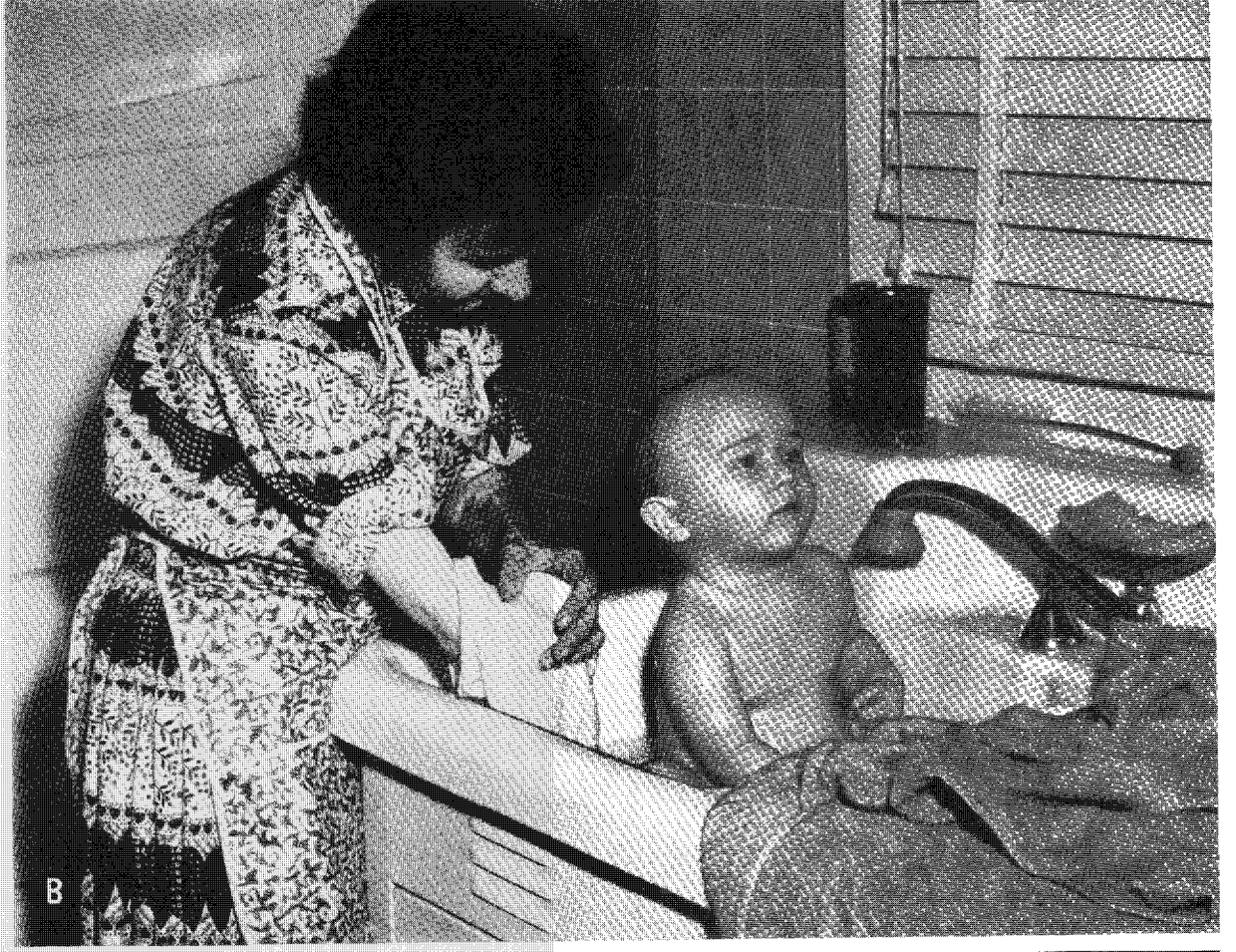


Figure 9.—Child-Care Procedures Used by Handicapped Mothers.

A. This young mother, paralyzed by poliomyelitis, assembles everything needed for bathing and dressing her baby, before starting his bath.

B. The baby's bath poses problems for the one-handed mother, too. This woman finds that a kitchen sink is convenient and offers baby firm support.

C. Unable to lift her 2-year-old daughter into a high chair, this mother has invented a substitute. June loves the child's auto seat, mounted firmly on an ordinary wooden chair, and can climb into it without help.



Mrs. M Does an "Impossible" Job

Competent Mrs. M was able to take care of her home, husband, and four small children, and still found time to supplement the family income by typing for an insurance company. In 1956, when she was 29, she was found to have cancer and had to undergo extensive surgery, which involved the loss of her left arm.

Mrs. M made a good recovery and by Christmas was ready to return to her job—the job of rearing her children and doing the cooking, cleaning, and laundry for her family of six. But, with one hand, she could not even manage to braid the little girl's hair, or to cut meat into bite-sized pieces for the youngest child. Her husband's take-home pay, as night-shift worker in a factory, was $260 a month; one-fourth of this went for rent on their 3 bedroom apartment. They could not afford to hire household help.

The local rehabilitation center told the School of Home Economics at Connecticut University about Mrs. M, and asked if she could be included in a study they were making of the problems of handicapped homemakers with small children. With the project director's consent the homemaking consultant visited Mrs. M bringing some gadgets that other one-handed women had found useful—a cutting board with a spike to hold vegetables or meat firmly in place; a flour sifter; an asbestos mitt to protect her remaining hand.

Between December and May, the homemaking consultant made 12 visits to Mrs. M, encouraging and instructing her. The Society for Crippled Children and Adults agreed to pay for a vacuum cleaner which Mrs. M selected with the consultant's advice. The Motor Vehicle Bureau provided a teacher to help Mrs. M get the driving license she longed for, and to advise on fitting a car to her needs.

With the consultant's help, Mrs. M mastered most of the housekeeping jobs that can be done with one hand. She developed the cooperation of the whole family, and learned to plan ahead so as to use to best advantage any offers of assistance from relatives or neighbors. Mr. M was glad to do the marketing and help with the heaviest tasks in the afternoons, before leaving for work (see fig. 10). The children washed dishes under their mother's supervision. Mrs. M had more time to spend with the children than formerly, and they all enjoyed doing "numbers" and "rhymes" together.

By spring, Mrs. M was typing the church weekly bulletin with one hand. She hoped soon to drive the children to Sunday school. With a very limited amount of assistance from rehabilitation services in the community, she was managing her own demanding job of homemaking and was ready to assume a useful role in church and community.

Figure 10.—Family Cooperation. Since Mrs. M lost an arm, her husband and children have learned to help with some of the household tasks. Here, Mr. M adjusts slip covers on the livingroom chairs.

Figure 11.—Lynn, Modeling Skirt and Blouse. The "blouse-slip" and skirt have proved popular with both children and mothers. The skirt has adjustable shoulder straps and a control slot to keep the straps from slipping. Buttons are few and large—at least as large as a nickel. Three other dresses for little girls were designed—a jumper dress, a yoke dress, and a coat dress.

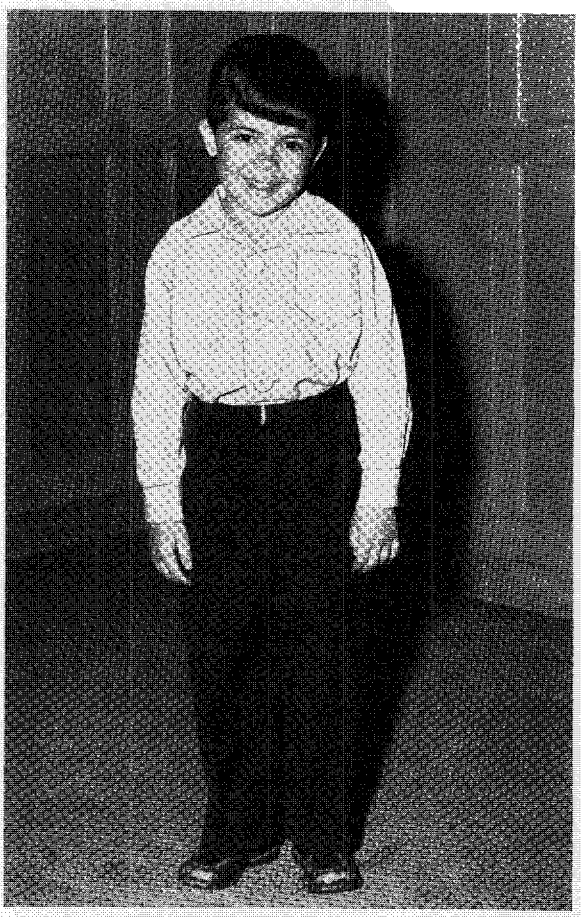


Figure 12.—Bobbie, Modeling a Shirt With Big Buttons. For small boys, two shirts were designed—one that opens in front and one that pulls on over the head. Bobby wears the shirt that opens in front and has an action pleat in back. The cuffs are wide enough to slip on without unfastening, and there are only three buttons. Bobby likes the shirt because it is comfortable and easy to put on; mother likes it because it launders easily and allows for growth.

Children's clothing presents many difficulties for handicapped mothers—the putting on, the taking off, the laundering, mending, and altering. The University of Connecticut project included a study of simplified clothing for children.

Children of 3 and 4 years, and in some cases even 2-year-olds, were able to put these garments on with little or no help. Outdoor garments that are simple and practical in design (also clothing for infants too young to help dress themselves) can be bought, the study showed, if mothers know what to ask for.

Easing the Financial Burden

FOR THE FAMILY

When either the wage earner or the homemaker is disabled, the family faces greatly increased costs, not only for medical care, but for family maintenance. At the same time, earning capacity may be drastically reduced.

If the husband is disabled, the wife may have to support the family by obtaining outside employment. The Bureau of the Census estimates that there are half a million married couples where the wife is in the labor force and the husband is not. Many of these, doubtless, are families where the husband is disabled. In other cases, the wife may have to stay at home to take care of her disabled husband and, perhaps, of young children.

On the other hand, if the wife is disabled, the husband may find it necessary to employ a housekeeper or a nurse, or possibly both; or to assume their duties in addition to his regular day's work.

In all likelihood, severe and prolonged disability of either husband or wife results in less money available for household needs and lower standards of living for the family. When neither husband nor wife is earning an income, the family must draw on other resources for support.

To ease the financial impact of disability on the family, Congress has enacted special legal provisions.

Aid to Dependent Children

The most widely known and long established of these provisions is aid to dependent children. This system, jointly financed by the States and the Federal Government, was set up in 1936 under the Social Security Act and has been gradually liberalized. It provides monthly benefits for children under 16 (or under 18 if in school) in families where the wage earner is dead, absent, or disabled. Its primary purpose is to enable the mother to stay at home with the children and keep the family together. Information about aid to dependent children can be obtained from the local department of public welfare.

Old-Age, Survivors, and Disability Insurance

If a disabled worker is 50 years of age or over and is protected by old age, survivors, and disability insurance under the Social Security Act, he or she may be eligible for benefits. A disabled child, and the mother who cares for him, may also be entitled to benefits if he is the dependent or the survivor of an insured worker. These benefits, under a recent amendment, may continue even after the disabled child reaches the age of 18 years.

When an insured worker under 50 is found to have a severe and prolonged disability, he or she may be eligible for what is called the "disability freeze" which means that his benefits, when he becomes eligible for them at retirement, will be based on his earnings before disability.

It is important, therefore, for a disabled worker who has been paying social security taxes to ask the district social security office about his eligibility for benefits under old-age, survivors, and disability insurance.

Income-Tax Deductions

Blind persons (and also persons 65 years of age and over) are entitled to a double exemption in the amount of income not subject to Federal income tax—$1,200 per person instead of $600.

A deduction not to exceed $600 from taxable income is allowed (under conditions which are explained in the instructions for preparing income-tax returns) for expenses paid for care of dependents to enable the taxpayer to hold a job. In general, a woman may claim the deduction, but in the case of a married woman she must file a joint return with her husband, and the deduction is reduced by the amount that their joint income exceeds $4,500. However, these limitations do not apply if the *husband is incapable of self-support* because physically or mentally defective. A man may claim the deduction only if he is a widower or is divorced or legally separated and has not remarried. The dependent may be a child or stepchild under 12 years of age or a person who is *physically or mentally incapable* of caring for himself, regardless of age.

FOR THE COMMUNITY AS A WHOLE

Disability of the wage earner accounts for thousands of families who are maintained by the community on welfare rolls. Nearly half a billion dollars of local, State, and Federal funds are being paid out annually in public assistance to support some 1,000,000 persons, including 325,000 dependent children, because of prolonged disability of the family breadwinner. Every taxpayer shares that cost, which is only a part of the total loss to society caused by disabling illnesses and injuries.

Among the disabled individuals receiving public assistance are several thousands who could be rehabilitated—some to activity and employment, some to self-care at home. The potential savings of public funds are enormous. The benefits to the family, in terms of stability and independence, are incalculable.

Mr. H had a wife and six children, and when, after a fight of 2 years against a circulatory ailment, he had to have one leg amputated, the family had used up all its savings and was being supported by

aid to dependent children funds. The Rhode Island Division of Vocational Rehabilitation undertook to provide a well-fitted artificial leg and to give Mr. H training in its use. While he was learning to walk again, the rehabilitation agency and the State employment service located a job for him as bench worker in a machine shop; this pays $10 a week more than his former job as a textile worker. During the years this family received public assistance the cost to the taxpayers totaled $6,500. Mr. H still has to have periodic clinic checkups, but the rehabilitation program has given him the satisfaction of being once more able to support his family.

Thousands of disabled persons—many of them heads of families—remain economically unproductive today, simply because they have never had the benefit of a thorough evaluation by a trained team of rehabilitation experts, followed by specialized services planned to meet their individual needs. The nationwide vocational rehabilitation program is aimed at bringing existing knowledge and vocational rehabilitation services within the reach of all who want and can profit by them.

As expressed by the President's Committee on Employment of the Physically Handicapped, the aims of community organization for rehabilitation include the following:

To increase community understanding of the value of rehabilitation and employment of the handicapped;

To perfect community organizations so that the handicapped are better served through early rehabilitation and job placement;

To study community needs of the handicapped and facilities and opportunities for meeting these needs for the future.

The pattern followed in any locality depends, of course, on local needs and local facilities, on the interests and resources of the group, and on the development of leadership and teamwork among the agencies and individuals cooperating in the program.

Community Resources for the Handicapped

ACTIVITIES OF WOMEN'S GROUPS

There are a multitude of activities in support of the rehabilitation services that can be carried on by nonprofessional groups, and it would probably be safe to say that every one of them is being carried on by some women's organization, somewhere in the country. However, there is probably no community where all is being done that could be done for the rehabilitation of disabled persons in the community.

Some women's organizations support and promote all phases of the rehabilitation program through a special committee or department. Others concentrate on disabilities of a certain type, such as blindness or cerebral palsy, or on volunteer services to disabled individuals.

Illustrative of broad rehabilitation programs are the following:

The General Federation of Women's Clubs has established a rehabilitation division in its Community Affairs Department. The division works to develop volunteer services to assist community rehabilitation teams headed by physicians. Suggested activities for the volunteers range from arranging transportation for the handicapped to providing employment opportunities (such as typing manuscripts, telephone-answering service, insurance and real estate brokerage, hand sewing, and so on) for the homebound. Special rehabilitation projects sponsored by women's clubs include the provision of fellowships and scholarships for the study of physical and occupational therapy and other professions related to rehabilitation. Clubs are encouraged to include the subject of rehabilitation in their regular programs through guest speakers, tours, films, and demonstrations.

* * *

Members of the women's auxiliary to the North Dakota State Medical Association have worked on rehabilitation committees, taken part in educational activities, and assisted with the program for crippled children. In the coming year, the auxiliary was planning a more extensive rehabilitation program which would include locating persons in need of rehabilitation, and developing a volunteer service for the new rehabilitation center under construction at the State Medical School.

Figure 13.—Transportation of Crippled Children—a Vital Service of Volunteers. →

Women's auxiliaries of veterans' organizations also plan programs to educate the public in regard to rehabilitation aims, raise funds for local rehabilitation projects, stimulate volunteer activities to assist disabled persons, and interest employers in hiring the handicapped. Especially active in this field are the Disabled American Veterans' Auxiliary, the Ladies' Auxiliary of the Veterans of Foreign Wars, and the American Legion Auxiliary.

Specific rehabilitation activities undertaken by women's organizations vary widely. Typical are the following:

The Council of Jewish Women in a Wisconsin city, in cooperation with the State rehabilitation agency, operates a work adjustment center for mentally retarded adults. About 40 persons were trained for employment in the first year of operation, and half of these were placed in jobs paying from $20 to $75 a week. In a New Jersey city, the council cooperates with the State Association for Retarded Children and the United Cerebral Palsy organization to provide a special vocational rehabilitation program for children who are mentally retarded or have cerebral palsy.

In one State the garden club undertook to landscape the dormitory and swimming pool at a camp for crippled boys and girls, which was sponsored by the State Easter Seal Society. Members of the Easter Seal Guild in various cities give volunteer service to drive crippled children to school, or to give wheelchair patients an airing (fig 13).

Quite a different type of work is done by the Girl Scouts and Campfire Girls, who encourage participation of physically handicapped girls in their organizations. The Girl Scouts offer their program as a bridge to carry the child with a handicap into "a world which does not set him apart * * * but which welcomes him exactly as it welcomes every child, which offers him identical privileges and identical responsibilities."

Members of two national sororities, in cooperation with the National Society for Crippled Children and Adults, help to raise standards for professional workers in the cerebral palsy program by raising funds for scholarships to provide advanced training and for a manual on cerebral palsy equipment designed for professional workers and used in 42 countries.

Various women's groups transcribe reading materials into Braille and carry on other projects for the blind, such as providing transportation to and from work, and giving personal and reading service.

THE EMPLOYMENT SERVICE PROGRAM

When a handicapped worker who could benefit by vocational rehabilitation services comes to the public employment office looking for a job, the person is referred to the State rehabilitation agency. Many hundreds of handicapped persons are given this service in a year's time. The public employment offices also cooperate with the State-Federal vocational rehabilitation program by working with the rehabilitation counselor to place in the right job persons who have been rehabilitated and are ready for employment.

In addition to this two-way cooperation with the vocational rehabilitation program, however, the employment service finds work for many thousands of handicapped workers who are ready for employment and not in need of rehabilitation. In the year ended June 30, 1957, the number of handicapped persons placed in nonagricultural jobs by the public employment service was 296,703. Of these, 54,982 (18½ percent) were women.

Selective Job Placement

Specialized job counseling and placement services for handicapped workers are provided through the State and local employment offices affiliated with the United States Employment Service of the Department of Labor. There were 1,750 of these public employment offices by the end of 1957. They are situated in every major city in the country, and in many smaller cities, and can be found in the local telephone directory under "Employment Service." These agencies are tax supported, and their services are given to both workers and employers without charge.

Developing Employer Cooperation

The public employment service has since 1933 been charged by Congress with responsibility for placing handicapped workers, but the program was greatly expanded through the 1954 amendments to the vocational rehabilitation act (Public Law 565) which provided funds for these specialized services.

In order to place job applicants, whether handicapped or not, the employment offices must develop contacts with local employers in every possible way. The State agencies have job analysts who can, by arrangement with an employer, study a business establishment and recommend job readjustments and modifications that increase the efficiency of the personnel, ease labor shortages, and, in many cases, provide work for handicapped persons in need of selective placement.

The State and local Committees on Employment of the Physically Handicapped also provide a channel of employer cooperation. The public employment offices work closely with the committees, and often serve as focal points for local and regional meetings and programs of the committees.

ACTIVITIES OF COOPERATING GROUPS

Government Agencies

State health and welfare departments cooperate with the rehabilitation division by referring to it clients in need of rehabilitation service. A substantial proportion of disabled persons rehabilitated by State agencies are heads of families receiving public assistance. By enabling the handicapped workers to support themselves and their families again, the rehabilitation program saves large sums for the taxpayers. The health and welfare departments also, in many instances, make surveys, furnish information on community needs, and keep the public informed of the services available.

The division of the State labor department dealing with workmen's compensation cases works closely with the State Division of Rehabilitation. In fact, restoration of workers injured in industrial accidents is one of the oldest functions of rehabilitation.

One of the newest aspects of rehabilitation, on the other hand, is the task of deciding whether persons applying for disability benefits or the disability "freeze" on their earnings record under social security are disabled under terms of the law, and

whether such individuals could be successfully rehabilitated for employment. The social security office and the rehabilitation division work together on all such cases.

Committees on Employment of the Physically Handicapped

The President's Committee on Employment of the Physically Handicapped with headquarters at the United States Department of Labor in Washington, D. C., is composed of 400 citizen organizations and individuals representing labor, business, industry, medicine, civic, women's, veterans', religious, professional, and other groups, as well as the major Federal officials who are associate members. The chairman, General Melvin J. Maas, points out that

> Major accent in the national program to hire the handicapped has always been placed on employer acceptance of the principle that such action is good business.

The President's Committee promotes the cooperation of employers in hiring handicapped workers. For this purpose it holds national and regional meetings, assists State and local groups in program planning, and coordinates informational plans throughout the country.

Working with the President's Committee in each State is a Governor's Committee, and many communities have organized local committees to cooperate with the Governor's and President's Committee. Pennsylvania claims the largest number of local committees—more than 80 in 1956. Typically, these Committees provide leadership for the promotional efforts of all the agencies and individuals cooperating with the State Division of Rehabilitation. Originally connected with observance of National Employ the Physically Handicapped Week, these efforts are increasingly being spread throughout the year and coordinated with daily services for the handicapped.

Employers

The most important way in which employers cooperating with the President's Committee help the handicapped, of course, is by being willing to employ them on jobs within their physical capacity. Vocational rehabilitation is not complete until the handicapped person is earning his way. Except for women who are homemakers, this means, in the majority of cases, finding an employer who will hire them.

From Policy Declarations Adopted by Members of the Chamber of Commerce of the United States, Washington, D. C., 1957—

Many employers throughout the Nation are giving increased recognition to the competence of physically impaired workers when properly selected and placed on suitable jobs. The experience of employers with these workers has demonstrated that their job performance records compare favorably with those of the able-bodied, with respect to productive efficiency, accident rates, and absenteeism.

There are many other ways in which employers further the vocational rehabilitation program. For instance, public utility companies have helped to furnish demonstration kitchens with equipment suitable for use by cardiac or orthopedic patients. Some manufacturers have become interested in producing self-help devices and other specialties for the handicapped. Retail stores sometimes market products which

have been made by handicapped workers at home or in sheltered workshops. For example, Christmas tree decorations made in the Denver Goodwill Industries Sheltered Workshop were placed on sale by a large department store in Denver. At least one enterprising woman proprietor of an exclusive shop for women's wear has featured fashionable clothes for women who use a wheelchair. In addition, there is probably a large potential market with the general public for some products designed for use by the handicapped—for example, simplified clothing for children (see p. 26).

An employers' guide to employing the handicapped was published in 1957 by the National Industrial Conference Board.[1]

Unions

Labor organizations have for many years recognized the right of a worker disabled by accident on or off the job to an opportunity to earn a living. They worked for workmen's compensation legislation, which is now in operation in all States, and have promoted second injury funds to protect the worker who suffers injury in employment.

The policy of the American Federation of Labor and Congress of Industrial Organizations since their merger is to use every practical means to insure equal opportunity in employment for all physically handicapped workers. It calls for opening more jobs for the handicapped through collective bargaining agreements and union-management cooperation. The program is outlined in detail in an AFL-CIO booklet entitled "Cooperation— . . the key to Jobs for the Handicapped."

Some large unions maintain health and welfare funds which can be drawn on to finance vocational rehabilitation services for members and their families.

[1] The Company and the Physically Impaired Worker. Studies in Personnel Policy, No. 163. National Industrial Conference Board (460 Park Avenue, New York, N. Y.). 1957. $2.50. While distribution of Conference Board reports is generally limited to members and associates, exception is made in the case of schools, colleges, and government agencies.

RESEARCH AND DEMONSTRATION PROJECTS

All over the country, rehabilitation agencies, hospitals, universities, national health organizations, foundations, and nonprofit voluntary organizations are undertaking research and demonstration projects to further the rehabilitation program.

A university research project—the study of handicapped mothers with preschool children conducted by the School of Home Economics of the University of Connecticut with the help of a grant from the Office of Vocational Rehabilitation—is described at length on pages 21–26.

Rehabilitation of the Homebound

No one really knows how many disabled individuals are confined to their beds, their homes, and their wheelchairs indoors; a million is probably a conservative estimate. This includes persons of all ages, but excludes those in hospitals and other institutions.

How many of these men, women, and children, remain confined to their homes needlessly is another unknown figure. From pilot studies completed and others under way, it appears that thousands could be removed from the "homebound" group if every community were to make a determined effort to help them.

In a report to Congress in February 1955, the Office of Vocational Rehabilitation stated: "Many individuals are homebound today not because they are beyond help, but because help is beyond them. It is not simply a case of the necessary funds being out of reach, although this problem is all too familiar among the homebound. It is equally—and perhaps predominantly—a lack of understanding of what modern methods of physical rehabilitation can contribute in freeing the person from confinement to the home or making life in the home more active and enjoyable." [2]

A description of a hospital project, a demonstration in vocational rehabilitation of the homebound, follows:

The Bellevue Rehabilitation Service in New York City undertook a study to learn how many homebound patients could be restored to regular employment, or to productive work within the home. For this project, a rehabilitation team at Bellevue Hospital accepted cases referred from the State division of Vocational Rehabilitation. The 25 patients (9 of whom were women) in the preliminary study were all certified by their physicians as being homebound but potentially capable of performing some work within the home.

The 25 patients in the group averaged 44 years of age and had been disabled, on the average, for about 10 years. Their educational backgrounds ranged from 15 years of schooling to none, with an average of 9.3 years.

When the rehabilitation team made its first summary report, the results looked like this:

Seven of the 25 were no longer homebound. Five of the 7 were in regular employment outside the home and the other 2 were in training for jobs.

Thirteen of the 25 were employed—5 in regular jobs and 8 in home employment. Another 4 had completed training and were awaiting employment. Three were in training in preparation for employment. Only 5 were still unable to perform any useful work in or out of the home.

Of the 9 women in the group, 5 went into regular employment following completion of rehabilitation service. One woman, who was 65 years of age and had a cardiac disability, found employment as a power sewing-machine operator, a job in which she had previous experience. Another woman, disabled by a hip fracture, was placed in an office where she does bookkeeping and handles telephone calls. A job as telephone operator was found for an arthritic woman, and 2 other women were placed in service occupations.

Through a research grant from the Office of Vocational Rehabilitation, the Bellevue Rehabilitation Service and the New York University-Bellevue Medical Center of which it is a part, have undertaken a larger study of 100 homebound individuals, in cooperation with the New York State Division of Vocational Rehabilitation.

Research in other localities likewise is producing new information, including better methods of restoring those who are homebound.

Other Research Projects

More than 30 national nonprofit organizations are listed as concerned with the problems of handicapped homemakers, which is only one of the aspects of voca-

[2] Study of Programs for Homebound Handicapped Individuals. H. Doc. 98, 84th Cong., 1st Sess. U. S. Government Printing Office, 1955.

tional rehabilitation. Among these are the great national health agencies, such as the cancer, heart, arthritis, muscular dystrophy, epilepsy, multiple sclerosis, tuberculosis, and cerebral palsy associations and the National Foundation for Infantile Paralysis; the American Foundation for the Blind, the American Hearing Society, and the American Speech and Hearing Association; service organizations such as the American Federation of the Physically Handicapped, the National Rehabilitation Association, and the Family Service Association; the professional societies of home economists, nurses, physical therapists, occupational therapists, and architects, as well as the American Medical Association, the American Hospital Association, and the American Red Cross.

Many of these agencies have funds available for research and training grants and for financing rehabilitation services to individuals disabled by the disease which they are fighting. Some undertake original research, organize community programs to promote rehabilitation, or sponsor special projects such as demonstration kitchens for the physically handicapped.

The Office of Vocational Rehabilitation awards research fellowship grants under the act of 1954. The purpose is to develop competent research workers in the various fields concerned with rehabilitation. Grants are made to graduate students or to those who have completed work on their doctorates to assist them in securing advanced training in research methods or to carry out research in rehabilitation problems and methods.

Among many local organizations and agencies which received grants for special projects in 1956 and 1957 are the John Tracy Clinic, Los Angeles, Calif., for a study of the intellectual and personality factors associated with success in lipreading; and the Highland View Hospital, Cleveland, Ohio, for a study of the vocational potential of patients hospitalized with severe chronic disabilities.

Many unsolved problems remain. Some are chiefly medical in nature; others are vocational, or psychological. Progress is achieved by simultaneous efforts of individuals and groups working in several sciences, and in many agencies and communities, to solve problems that concern us all.

Careers in Rehabilitation

The aim of rehabilitation is to restore disabled persons to the greatest effectiveness—physical, emotional, social, and economic—of which they are capable. This is a field especially satisfying to women who are interested in giving care to the sick or injured, in teaching, or in helping those in trouble.

Rehabilitation is an expanding field. State programs are being strengthened. Long-established voluntary agencies—such as the crippled children's societies—are growing, and new voluntary organizations serving the handicapped are being established. All these developments create an increasing demand for well-trained personnel who can help restore the disabled to activity and usefulness.

Women workers are welcomed in any capacity for which they are qualified (fig. 14). Especially great is the need for more women workers trained in speech and hearing therapy, in social work, in physical or occupational therapy, and in rehabilitation counseling. A newer specialty now opening up is that of homemaker counseling.

In a rehabilitation agency, the professional people who work with and for an individual patient make up the rehabilitation "team." The membership of a team varies according to the needs of the disabled person and the resources of the agency. The team may include several of the following, and sometimes other specialists:

- physiatrist
- psychologist
- psychiatrist
- orthopedic surgeon
- neurologist
- social worker
- physical therapist
- occupational therapist
- speech and hearing therapist
- rehabilitation counselor
- nurse
- teacher

In addition, rehabilitation centers and similar facilities often employ a medical records librarian, and perhaps a homemaking counselor. Also needed are specialized personnel who make and fit artificial limbs and braces. Many technicians and clerical workers are needed in rehabilitation centers and

Figure 14.—Careers in Rehabilitation for the Professional Woman. A, Rehabilitation counselor helping a patient plan her program; B, Homemaking counselor, demonstrating kitchen arrangement. →

A

B

agencies; service employees, such as elevator operators, kitchen workers, building cleaners, are also employed.

There is, thus, a wide range of jobs in rehabilitation which offer good opportunities for women, whether handicapped or not.

Sometimes a woman with a physical handicap becomes a highly successful rehabilitation worker. Her own experiences give her insight into the difficulties others are facing. Her example gives courage to persons seeking help.

For the young woman in college, or the high-school girl looking forward to college, rehabilitation offers possibilities for interesting work, pleasant working relationships, and an income comparable to what she would receive for similar work elsewhere. For women with professional training, work in a rehabilitation program offers status, economic security, the stimulation of a developing field, and opportunities for professional recognition and advancement.

TRAINEESHIP GRANTS IN REHABILITATION SUBJECTS

The shortage of professional personnel trained in rehabilitation techniques is acute. Because of this, the Congress has authorized financial awards, called "traineeships," to help college students meet the cost of becoming professional rehabilitation workers.

A special procedure has been set up for these awards. The Office of Vocational Rehabilitation makes grants to universities, colleges, and other institutions engaged in teaching rehabilitation subjects.[1] These institutions, in turn, make traineeship awards to selected students. Information on the universities and other institutions making such awards, the amounts, eligibility requirements, and so forth, may be obtained on request from the Division of Training, Office of Vocational Rehabilitation, United States Department of Health, Education, and Welfare, Washington 25, D. C.

The awards are available for long-term study in rehabilitation counseling, for residency training of physicians in physical medicine and rehabilitation, and for training in occupational and physical therapy, social work, speech and hearing therapy, and rehabilitation aspects of nursing.

By "long-term study" is meant basic or advanced academic preparation for a professional field. The awards are usually for an academic or a calendar year. If progress is satisfactory, the traineeship ordinarily may be renewed for a second year upon application to the educational institution.

To be eligible for a traineeship award a student must meet certain professional requirements which differ according to the field selected, and must be eligible for study at an educational institution which receives traineeship grants under the OVR program. Certain requirements are alike for all fields:

[1] Universities and colleges are establishing courses for specialized training of professional personnel needed in rehabilitation. To assist in this, Federal grants are available from the Office of Vocational Rehabilitation under the act of 1954. For the year 1957–58, 168 teaching grants were made to schools in 33 States and the District of Columbia.

(1) The student must have applied to the educational institution or agency selected, and have met the admission requirements.

(2) The student must be a citizen or a permanent resident of the United States, or be in process of becoming one.

(3) During the period of the Office of Vocational Rehabilitation traineeship, the student must receive no other Federal educational benefits.

In 1958, the awards ranged from $2,000 to $3,700 a year, depending on the field selected and the level of graduate training.

PROFESSIONS FOR WHICH TRAINEESHIPS ARE AVAILABLE

Traineeship awards are made by educational institutions receiving grants for this purpose through the program of the Office of Vocational Rehabilitation. For the school year 1957–58, traineeships were awarded in the following fields: Rehabilitation counseling; speech and hearing; physical medicine and rehabilitation; nursing aspects of rehabilitation; social work; physical therapy; and occupational therapy.

Rehabilitation Counseling

The rehabilitation counselor has been a key figure in the public program of vocational rehabilitation for many years. Some 1,150 were employed in State agencies in 1955, and the expectation was that as many as 4,500 would be needed by 1959 to meet the demand created by the expansion of the State-Federal program. Private agencies, rehabilitation centers, and hospitals also are employing an increasing number of rehabilitation counselors as members of rehabilitation teams (fig. 14A).

As friend and adviser to the disabled person, the rehabilitation counselor helps him to work out a plan that fits his needs, using information furnished by him, by the medical records, and by other members of the rehabilitation team. The counselor makes appointments for medical diagnosis and treatment and arranges for prevocational or vocational training as needed. When the individual is ready for a job, the counselor aids him in obtaining work that is consistent with his education, experience, interests and physical capacity, and keeps in touch until assured that both the disabled person and his employer are satisfied.

The rehabilitation counselor has a sustained and personal relationship to the individuals whom he counsels. The ability is needed to understand, and be sensitive to, all the factors that enter into the individual's total problem—medical, emotional, educational, economic, social, vocational. Maturity of judgment is important. In addition, the counselor needs the imagination, resourcefulness, and initiative to deal with problem situations.

As the assistance of private medical practitioners, hospitals, schools, and other agencies in the community is often needed, the rehabilitation counselor must maintain cooperative relationships with community agencies and have a knowledge of local resources. In addition, the counselor needs to know the laws relating to the rehabilita-

tion of disabled persons, the job elements in a wide variety of occupations, and the local employment market. Usually, the counselor works closely with the local and State employment service offices, for their selective placement staffs often can arrange prompt job placement.

The recommended training for a rehabilitation counselor is completion of a 4-year liberal-arts course in college, followed by 2 years of graduate work leading to a master's degree in rehabilitation counseling. Additional training and experience are usually needed by persons teaching on a university faculty or assuming supervisory or administrative responsibilities.

Traineeship awards for graduate study in rehabilitation counseling are offered by 30 educational institutions.

Physical Medicine and Rehabilitation

The need for more physicians to specialize in the techniques of restoring the crippled and otherwise disabled has mounted steadily in the last decade. A physiatrist (physician trained in physical medicine and rehabilitation) specializes in the medical rehabilitation of the patient. A number of other medical specialists also devote all or a large part of their time to rehabilitation work. As more women enter the medical profession, the expanding rehabilitation programs provide excellent opportunities for those interested to specialize in physiatry and take their American Board examinations in this field.

The physician in rehabilitation, as in other medical specialties, may engage in private practice, or in salaried work with private or governmental agencies. Opportunities in teaching, research, consultant work, and so on, are many and varied, according to the individual physician's interests, location and affiliations.

Traineeship awards under the Office of Vocational Rehabilitation program are available for graduates of schools of medicine or osteopathy approved by the American Medical Association. In 1957, 25 of these schools were receiving grants.

Speech and Hearing Therapy

When a person is unable to speak and be understood, or cannot hear, his communication with other people is shut off and he faces a formidable barrier. Work, play, family life, travel—all these call upon him to speak with other people, to respond to them and to the world in which he lives. A child born with a cleft palate must have speech training as well as surgical care if he is to speak properly. A deaf person or a person with impaired hearing may have difficulty in talking—or may be unable to talk—without special training (see fig. 15).

Speech and hearing therapists[2] in rehabilitation help patients overcome or reduce speech or hearing impairments. They give diagnostic tests to determine whether training in speech and hearing is indicated. They use various specialized techniques to overcome deficiencies of speech and hearing (fig. 15). Since speech problems may arise from both physical and emotional conditions, the therapist must understand the general physical nature of the different types of speech impairments and have an

[2] The term "Speech and Hearing Therapist" is in widespread popular use; however, the American Speech and Hearing Association advises that there is a preference among many professional members for the terms, "Speech Correctionist" and "Audiologist."

insight into the psychological reasons which often affect the control of speech.

As some patients make very slow progress, the therapist must have great patience, as well as responsiveness to the individual's needs and ingenuity in meeting them.

This is a relatively new and fast-growing profession. In 1957, the American Speech and Hearing Association listed nearly 5,000 members and associates, more than half of them women. The Association provides a program of certification for its members in speech correction and audiology.

For basic certification, at least 4 years of college is required, with a degree of bachelor of arts or bachelor of science. In college, the student should specialize in courses on the pathology of speech defects and rehabilitation procedures. As a sequence of courses leading to certification in speech and hearing therapy is not offered by all colleges, prospective students are advised to consult the Association before deciding where to take their training. In addition to having a college degree, a person must be registered for a year of supervised professional experience before being certified. The same person may receive basic certification in both areas. For advanced certification, a master's or doctor's degree, with 4 years of registered supervised experience is necessary.

Speech and hearing therapists are in such demand that rehabilitation centers, hospitals, clinics, and service agencies in practically all large cities, and many smaller places, are recruiting constantly. The demand appears certain to exceed the supply for several years, as rehabilitation programs expand to serve more persons with speech and hearing defects.

Five university schools of speech and hearing received traineeship grants from the Office of Vocational Rehabilitation for the year 1957–58.

Figure 15.—Speech correctionist, using mirror and tape recorder to improve a patient's speech.

Nursing in Rehabilitation

The nursing profession, in which women have excelled since its beginning, offers special opportunities for those who wish to specialize in helping the disabled. Graduate courses of 1 academic year are given to prepare registered nurses and graduates of collegiate nursing programs for work in rehabilitation. Short-term courses are also available. Employment may be with rehabilitation centers or with the numerous hospitals which have rehabilitation departments.

The Office of Vocational Rehabilitation made grants in 1957 to help six schools of nursing to teach rehabilitation principles and practices as a part of the basic nursing curriculum. Three of the schools have awarded traineeships for graduate study in the rehabilitation aspects of nursing, to help nurses prepare for teaching rehabilitation or for key jobs in rehabilitation programs.

The purpose of the long-term grants is to give enough nurses understanding and skill in rehabilitation to make it possible for every school of nursing to have one instructor who can teach rehabilitation principles and methods; and for every hospital and health agency to have one nurse able to teach rehabilitation principles and methods to other nurses.

Social Work in Rehabilitation

When prolonged or severe disability occurs, it usually means financial strain, separation from family, loss of contact with friends and community, emotional stress—in short, a constellation of serious personal problems surrounding the central fact of disability.

The social worker in rehabilitation is a specialist skilled in gathering facts about the problem and how it affects the disabled individual and his family, their finances, and their mode of life. She works with doctors, nurses, therapists, rehabilitation counselors and many others to use this information in developing a plan for rehabilitation.

A social worker in rehabilitation needs a strong and stubborn liking for people of all sorts, and a desire to help them. She has to put people at ease in situations that seem strange or frightening to them; she must be ready to recognize and consider their feelings. On the other hand, she must be able to form and sustain good relationships with specialists in various medical and physical sciences or in other fields. She should have flexibility, both emotional and intellectual.

The professional organization of social workers is the National Association of Social Workers, with 20,000 members. Within the Association are sections for social workers with particular fields of interest, such as group work, community organization, social research, medical social work, and psychiatric social work, providing opportunities for exchange of professional experiences.

Although only a small percentage of all social workers are employed in rehabilitation agencies, the opportunities are excellent. Several hundred vacancies for social workers in rehabilitation were reported in 1956.

The social work profession considers 2 years of graduate training in an approved school of social work a desirable standard. Undergraduate courses should be chosen to give a sound foundation in the social sciences, especially psychology, anthropology, sociology, and economics. The graduate

study includes both classroom study and field work, and leads to the master's degree. For teaching and research positions, it is increasingly recognized that a doctorate in social work is desirable.

Traineeships for college graduates interested in preparing for social work with the physically or mentally handicapped are available under the Office of Vocational Rehabilitation program, for study at the first or second graduate-year level. Applicants must be eligible for admission to a graduate school of social work to which the Office of Vocational Rehabilitation has made a teaching grant.

Occupational Therapy

The occupational therapist in rehabilitation helps disabled individuals take the important first steps toward recovery and usefulness by engaging in some type of purposeful activity. She uses the arts, crafts, mechanical equipment, dramatics—nearly

Figure 16.—Occupational Therapist, Teaching Prevocational Skills.

any of the activities which combine functional purpose and an outlet for creative expression. The activity program for a patient is selected especially to help overcome his particular disability.

Occupational therapy is useful in both physical and emotional illnesses and disability. Some therapists specialize in a certain type of patient—such as the amputee, the cerebral palsied, the emotionally ill, the tuberculous.

For selected patients, the therapist may utilize certain prevocational activities to help develop plans for employment which will be suited to their physical limitations, their individual interests and aptitudes (fig. 16).

The occupational therapist in rehabilitation must have a basic knowledge of human anatomy and physiology, and the nature of the major diseases and disabilities, along with the technical skills necessary to give instruction in arts, crafts, and other activity programs.

Some 5,500 occupational therapists—most of them women—were registered with the American Occupational Therapy Association in January 1957. About a fifth of all occupational therapists work in special workshops or in rehabilitation centers where patients come for treatment. Openings exist in nearly all States and in a majority of the larger cities.

Graduates of an approved school of occupational therapy are eligible to take the national registration examination given by the American Occupational Therapy Association. For high-school graduates the course consists of 4 years of college work plus 9 months of supervised practice in a hospital or clinic. This leads to a degree of bachelor of science in occupational therapy. College graduates can qualify for a certificate in occupational therapy in most of these schools through 18 months of specialized training.

Traineeships for study in 22 schools of occupational therapy were available in 1957 for the junior, senior, advanced standing, and clinical affiliation years.

Physical Therapy

The physical therapist provides treatment and special types of training for a variety of physical disabilities among both children and adults.

She uses equipment such as diathermy, ultraviolet rays, hydrotherapy; she examines patients to determine muscle strength, range of motion of joints, and functional ability in self-care. She gives massage and special exercises. In addition, she teaches patients to walk with braces, crutches, etc. (see fig. 16), and to perform the basic activities of daily living.

Physical therapists in rehabilitation ordinarily work in rehabilitation centers as a member of the "team"; in rehabilitation departments or services of hospitals, mobile physical therapy and rehabilitation clinics; or as consulting specialists on the staff of community or State service organizations.

Figure 17.—Physical Therapist, Teaching a Patient to Walk With Braces. →

The supply of physical therapists in rehabilitation is critically short of the need. This situation apparently will continue for several years. Openings exist in practically all types of institutions and agencies which furnish physical rehabilitation services—and the need exists in practically every

State. For those with experience, opportunities for advancement to supervisory and administrative responsibilitions are stated to be excellent.

Through the Office of Vocational Rehabilitation, traineeships for graduate study are available to experienced physical therapists interested in a teaching career. Scholarship aid through the National Foundation for Infantile Paralysis is available to students enrolled in approved physical therapy schools. Inquiries regarding scholarship assistance should be directed to the American Physical Therapy Association (1790 Broadway, New York 19, N. Y.).

Other Specialties

Prosthetists (specialists in making and fitting artificial arms and legs) and orthotists (those who specialize in making and fitting braces and certain other supports) are important members of the rehabilitation team in cases where amputation or paralysis of the limbs is involved. Training for this work is based upon high-school graduation, followed by apprenticeship (usually 4 years) during which the trainee earns and learns under certified members of the profession, through a system of training established by the American Board for Certification of the Prosthetic and Orthopedic Appliance Industry.

OTHER PROFESSIONS IN REHABILITATION

Women qualified in a number of other professions will find that rehabilitation is a promising field of employment. Three of these professions—psychology, homemaker counseling, and job counseling—are described briefly here.

Psychology

Psychologists are in demand by many agencies, public and private, which carry out rehabilitation programs for the disabled. Personality problems or emotional factors often complicate the total picture of disability. Psychological testing, evaluation, and other services frequently are key elements in planning and carrying out a rehabilitation program. This is an occupational field in which women already have established themselves as able professional workers.

Homemaker Counseling

A few large agencies offering complete rehabilitation services have installed demonstration kitchens where a homemaker counselor—usually a home economist—can instruct patients while they are still receiving treatment (fig. 14B). One of these has developed a large variety of devices to simplify housekeeping tasks for the women who cannot walk, who can use only one hand, or who have heart trouble. At least one research center is experimenting with home visits by graduate home economists trained in rehabilitation work.

This specialty is still on a small and somewhat experimental basis, but it may hold possibilities for the future, especially for part-time employment of married women who have suitable training and experience. The home economist, nurse, or

occupational therapist can be equipped for this work by courses in home management and in rehabilitation principles and methods.

Job Counseling

In each State the Employment Service has a supervising counselor in charge of the statewide program for handicapped workers. Moreover, each of the 1,750 local offices has a counselor designated to serve handicapped workers and make sure that they have access to all available placement and counseling service. Many have selective placement interviewers to serve handicapped applicants.

Selective placement interviewers and counselors are specially trained to understand the needs of handicapped workers and to exercise ingenuity and imagination in finding the right job for them. They must have an extensive and detailed knowledge of the local employment situation and maintain relationships of mutual helpfulness with local employers. To assist them in determining what kind of job can be performed by a person with a physical handicap, the United States Employment Service has prepared a variety of technical aids, among them special techniques for matching the individual's physical capacities to the physical demands of particular jobs, guides for interviewing job applicants who have specific types of disability, and tests of aptitude for many occupations.

To enter this work, a woman should have at least a bachelor's degree, with a major in psychology or personnel administration and a good foundation in other social sciences. A master's degree is desirable. She will also need a year or more of experience in employment counseling or personnel work before specializing in placement of the handicapped.

Up-to-date reports on the employment outlook in several of the fields important for rehabilitation are contained in the Occupational Outlook Handbook published by the United States Department of Labor. The section on health service occupations contains material on professional nurses, physicians, physical therapists, and occupational therapists; also dentists, osteopaths, pharmacists, medical laboratory technicians, and medical record librarians. Another section is devoted to material on social work. Earlier reports issued by the Women's Bureau of the Department of Labor give greater detail on the employment opportunities in nursing, occupational therapy, physical therapy, dietetics, and social work as they relate to women.

Appendix

REFERENCES ON VOCATIONAL REHABILITATION

A few of the many valuable sources of further information on vocational rehabilitation are listed below. For reasons of space the list is limited to publications of the Department of Health, Education, and Welfare and the Department of Labor. Those for which prices are listed may be purchased from the Superintendent of Documents, Government Printing Office, Washington 25, D. C.

U. S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

Office of Vocational Rehabilitation:

Annual Reports of the Office of Vocational Rehabilitation.

Doing Something for the Disabled, by Mary E. Switzer and Howard A. Rusk. Public Affairs Pamphlet No. 197. (Single copies available free from Office of Vocational Rehabilitation.)

New Hope for the Disabled—Public Law 565. VR–ISC–13. 1956. 15 cents.

Psychological Aspects of Physical Disability. Rehabilitation Service Series Number 210. 1952. 45 cents.

Self-Employment. Explanation of opportunities for self-employment of disabled. (Limited quantity.) 1948.

Workshops for the Disabled—A Vocational Rehabilitation Resource. 1956. 60 cents.

Social Security Administration:

If You Are Disabled. OASI–29. April 1957.

Public Programs for Crippled Children, 1955. Children's Bureau Statistical Series, No. 40. 1957. Processed.

Office of Education:

Education for the Professions. 1955. $1.75 (paper).

U. S. DEPARTMENT OF LABOR

Bureau of Employment Security: Interviewing Guides for Specific Disabilities. 1954. 5 cents each.

Pulmonary Tuberculosis (No. E–115).

Heart Disease (No. E–116).

Epilepsy (No. E–117).

U. S. DEPARTMENT OF LABOR—Continued

Bureau of Employment Security—Continued

Diabetes (No. E–118).

Arthritis and Nonarticular Rheumatism (No. E–119).

Orthopedic Disabilities (No. E–120).

Suggestions for Using Interviewing Guides for Specific Disabilities (No. E–114).

Bureau of Labor Statistics: Occupational Outlook Handbook. 1957 edition. Bull. 1215. $4. Reprints are available of the following sections: Teaching (15¢), Health Service Occupations (35¢), Dietitians and Home Economists (10¢), Psychologists (5¢), Social Workers (5¢).

Women's Bureau: The Outlook for Women—

As Occupational Therapists. Bull. 203–2, Revised 1952. 20 cents.

As Physical Therapists. Bull. 203–1, Revised 1952. 25 cents.

In Professional Nursing Occupations, Bull. 203–3, Revised 1953. 30 cents.

In Dietetics. Bull. 234–1. 1950. (Out of print.)

In Social Case Work in a Medical Setting. Bull. 235–1. 1950. 25 cents.

In Social Case Work in a Psychiatric Setting. Bull. 235–2. 1950. 25 cents.

PRESIDENT'S COMMITTEE ON EMPLOYMENT OF THE PHYSICALLY HANDICAPPED

Employment of the Physically Handicapped: A Bibliography. 1957. Contains nearly 550 entries with annotations, including bulletins, articles, leaflets, and legislative documents, published from 1950 to 1957 (with a few earlier works of special importance). Arranged by subject, with an alphabetical index by author. Also contains a list of rehabilitation agencies and organizations, and a list of films.

Handbook for State and Community Committees, 1956–1957.

Handbook for Regional Meetings.

Performance—The Story of the Handicapped. Monthly periodical.

Spotlight on Ability—Guide to Action, 1956–1957. Processed.

ADDRESSES OF STATE VOCATIONAL REHABILITATION AGENCIES

In States where a single address is listed, this agency conducts the rehabilitation program both for the blind and for the disabled who can see. The word "blind" in parentheses after an address means that the agency deals only with those who are handicapped in seeing.

ALABAMA:
416 State Office Bldg., Montgomery (17 local offices).

ALASKA:
P. O. Box 2568, Alaska Office Bldg., Juneau (3 local offices).

ARIZONA:
1704 West Adams St., Phoenix (4 local offices).
1632 West Adams St., Phoenix (blind).

ARKANSAS:
303 Education Bldg., Little Rock (15 local offices).

CALIFORNIA:
721 Capital Ave., Sacramento (26 local offices).

COLORADO:
510 State Office Bldg., Denver (7 local offices).
100 West Seventh Ave., Denver (blind).

CONNECTICUT:
33 Garden St., Hartford (11 local offices.
State Office Bldg., Hartford (blind).

DELAWARE:
11 Concord Ave., Wilmington.
305–307 West Eighth St., Wilmington (blind).

DISTRICT OF COLUMBIA:
819 Ninth St. NW., Washington, D. C.

FLORIDA:
105 Knott Bldg., Tallahassee (12 local offices).
416 South Tampania St., P. O. Box 1229, Tampa (blind, one local office).

GEORGIA:
129 State Office Bldg., Atlanta (22 local offices).

GUAM:
Department of Education, Agana.

HAWAII:
P. O. Box 2360, Honolulu (3 local offices).
1390 Miller St., Honolulu (blind).

IDAHO:
State House, Boise (2 local offices).
103 9th St., Box 1189, Boise (blind).

ILLINOIS:
Rm. 400 State Office Bldg., Springfield (22 local offices).

INDIANA:
145 West Washington St., Indianapolis (12 local offices).
536 West 30th St., Indianapolis (blind).

IOWA:
415 Bankers Trust Bldg., Des Moines (9 local offices).
State Office Bldg., Des Moines (blind).

KANSAS:
State Office Bldg., Topeka (8 local offices).
State Office Bldg., Topeka (blind, 5 local offices).

KENTUCKY:
State Office Bldg., High Street, Frankfort (11 local offices).

LOUISIANA:
2655 Plank Road, Baton Rouge (16 local offices).
State Dept. of Public Welfare, Capitol Annex, P. O. Box 4065, Baton Rouge (blind, 4 local offices).

MAINE:
32 Winthrop St., Augusta (5 local offices).
State House, Augusta (blind, 2 local offices).

MARYLAND:
2 West Redwood St., Baltimore (11 local offices).

MASSACHUSETTS:
37 Court Square, Boston (8 local offices).
14 Court Square, Boston (blind).

MICHIGAN:
900 Bauch Bldg., Lansing (10 local offices).
4th Floor, Lewis Cass Bldg., Lansing (blind, 4 local offices).

MINNESOTA:
517 Commerce Bldg., St. Paul (14 local offices).
117 University Ave., St. Paul (blind).

MISSISSIPPI:
316 Woolfolk State Office Bldg., Jackson (13 local offices).
614 State Office Bldg., P. O. Box 1669, Jackson (blind, 7 local offices).

MISSOURI:
Jefferson Bldg., 7th Floor, Jefferson City (8 local offices).
State Office Bldg., Jefferson City (blind, 2 local offices).

MONTANA:
508 Power Block, Helena (2 local offices).
10th and Ewing St., Helena (blind).

NEBRASKA:
State Capitol Bldg., 10th Floor, Lincoln (6 local offices).
State Capitol Bldg., Lincoln (blind, 2 local offices).

NEVADA:
103 State Capitol Bldg., Annex, Carson City (1 local office).
304 Clay Peters Bldg., 140 No. Virginia St., Reno (blind, 1 local office).

NEW HAMPSHIRE:
18 School St., Concord.
State House Annex, Concord (blind).

NEW JERSEY:
38 South Clinton Ave., P. O. Box 845, Trenton (12 local offices).
1100 Raymond Blvd., Newark (blind, 1 local office).

NEW MEXICO:
119 South Castillo, P. O. Box 881, Santa Fe (3 local offices).
P. O. Box 1391, Santa Fe (blind).

NEW YORK:
42 North Pearl St., Albany (11 local offices).
112 State St., Albany (blind, 6 local offices).

NORTH CAROLINA:
Dept. of Public Instruction, Raleigh (11 local offices).
Mansion Park Bldg., P. O. Box 2658, Raleigh (blind, 7 local offices).

NORTH DAKOTA:
University Station, Grand Forks (3 local offices).

OHIO:
79 East State St., Room 309, Columbus (10 local offices).
85 South Washington Ave., Columbus (blind, 8 local offices).

OKLAHOMA:
1212 North Hudson, Oklahoma City (11 local offices).

OREGON:
1178 Chemeketa St. NE., Salem (5 local offices).
535 Southeast 12th Ave., Portland (blind).

PENNSYLVANIA:
Labor and Industry Bldg., 1st Floor West Wing, 7th and Forster Sts., Harrisburg (10 local offices).
Health and Welfare Bldg., Seventh and Forster Sts., Harrisburg (blind, 6 local offices).

PUERTO RICO:
Edificio Zequeira, Stop 34½, P. O. Box 757, Hato Rey (10 local offices).

RHODE ISLAND:
205 Benefit St., Providence (1 local office).
24 Exchange Place, 7th Floor, Providence (blind).

SOUTH CAROLINA:
Rm. 217, 1015 Main St., Columbia (15 local offices).
State Dept. of Public Welfare, Columbia (blind).

SOUTH DAKOTA:
State Capitol Bldg., Pierre (3 local offices).
New State Office Bldg., Pierre (blind).

TENNESSEE:
1717 West End, Room 615, Nashville (10 local offices).
303 State Office Bldg., Nashville (blind, 6 local offices).

TEXAS:
Capitol Station, Austin (26 local offices).
1306 San Jacinto, Austin (blind, 5 local offices).

UTAH:
400 Atlas Bldg., 36 West 2nd South, Salt Lake City (3 local offices).

VERMONT:
16 Langdon St., Montpelier (3 local offices).
Dept. of Social Welfare, 128 State St., Montpelier (blind).

VIRGIN ISLANDS:
Dept. of Education, St. Thomas.

VIRGINIA:
State Dept. of Education, Richmond (13 local offices).
3003 Parkwood Ave., Richmond (blind).

WASHINGTON:
Old Capitol Bldg., P. O. Box 688, Olympia (14 local offices).
P. O. Box 1162, Olympia (blind, 3 local offices).

WEST VIRGINIA:
State Capitol Bldg., Rm. 673, Charleston (18 local offices).

WISCONSIN:
14 North Carroll St., Madison (10 local offices).
311 State St., Madison (blind, 5 local offices).

WYOMING:
123 State Capitol Bldg., Cheyenne (3 local offices).