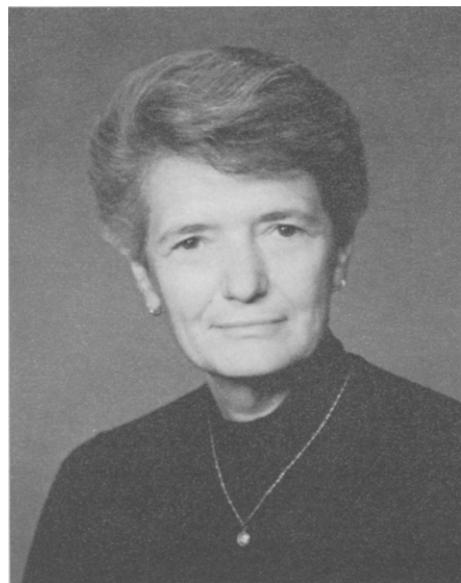


## FIFTH NATHALIE BARR LECTURE



Gloria DeVore, OTR

### High Level Hand Therapy: A Matter of Art and Attitude

Andy Warhol has suggested that in these contemporary times everyone will have the opportunity to be famous for 15 minutes. I greatly appreciate being selected to give this year's Nathalie Barr Lecture as my "opportunity to be famous for 15 minutes," perhaps even 20 minutes or so.

As I approach my transition toward retirement, I look back over my experience in the evolution of our profession as hand therapists. But even as I look back, I continue to scan the current landscape for the trends that portend our continuing development as well, for my heart is firmly anchored in our wonderful work together.

I have had a most rewarding, exciting, and stimulating career up to this point. I was particularly fortunate to move into this field while it was in its infancy and to work with two prominent hand surgeons, Earl Peacock and John Madden, who were far-thinking and open to the role I could play. They were also open to my intense interest in growing professionally *with* them in this specialty field.

With that as a starting point, I maintained a perspective on the full spectrum of hand therapy, including the wonderful technological aspects of our

development and growth, but also on the equally important *artistic* dimension of our therapeutic process. I have enjoyed the human, personal sense of working with patients and physician colleagues.

Many people are acutely concerned that the health care system has become all too impersonal and dehumanizing. Our focus on technology and on economics forces this distortion. I share with Dr. David Green the deep concern he articulated in his recent presidential address to the American Society for Surgery of the Hand, when he asked, "Have we really become high-priced technicians instead of compassionate [care-givers]?"<sup>1</sup> And I ask, is there a danger that we are drifting away from the true *art* of our complex profession as hand therapists?

I want to reflect on this question from an artistic perspective. However, I also view our work and my concern for excellence from the analogous metaphor of team sports. As with the traditional arts and with athletic team endeavors, we may view the art of hand therapy and the professional position of the hand therapist at many levels.

I am an avid fan of the University of Arizona Wildcat basketball team in Tucson and of many sports

generally. Perhaps it is for that reason that I am particularly drawn to the writings of Arthur Ashe, an outstanding tennis player and mentor to many athletes. In addition to being a top athlete himself, Arthur Ashe has chronicled the history of black athletes around the world in a three-volume compendium called *The High Road to Glory*.<sup>2</sup> As he writes about the characteristics of success in various forms and eras of professional athletics, he repeats a constant theme that seems to apply to us as well. The bottom line, he observes, is that to win and to achieve personal and professional success, you must play the game at the highest level.

At what level do you see yourself? And how would you *like* to see yourself, and to be seen by others, as a therapist in the healing arts? Are you "playing the game" at the highest level?

Our work as hand therapists is certainly a process that derives from exacting and sophisticated science. It is a craft of skill and precision based on research, on clinical and laboratory data, and on the rigors of academic discipline. But it is more.

We play on the field with a complex professional team. The game we play involves participating in an exciting expression of the healing, regenerative capacity of the human body and of the human spirit.

You may find yourself, as a certified hand therapist, at any number of points along a continuum of autonomy and sophistication as a professional. However, the original philosophical concept of hand therapy was that we had something more than most PTs and OTs—including a desire and skills to play the game at a higher level. I encourage all of you to play this game at the highest level every moment.

In a small book entitled *Hands in Nature and Art*,<sup>3</sup> Heidi Lenssen notes that "Even more than the surgeon or psychologist, the artist knows how expressive of moods are a person's hands, and how revealing they can be of his inner nature."

In portraiture, sculpture, dance, and mime, the great artists of all eras have appreciated the significance of the hand in disclosing the character of their subjects. As art is sometimes created to mimic life, we also mimic art to learn about life. So we look now to images of the hand created by artists to think more fully about *our* work. These images remind us of the artistry in our healing art of working therapeutically with hands.

Truly successful hand therapy is a vehicle for, and a result of, an intimate human relationship between the therapist and patient. It involves the art of engendering trust, expressing care, and encouraging belief in what seems at times impossible. It involves the art of expressing and empowering the human spirit. So in addition to its science and its technology, our work is a profound expression of *agape*, of human love.

Our professional identity also reflects the *process* of the artist in the community. It is interesting to notice that professions don't emerge out of scientific or legal decisions.<sup>4</sup> Rather, each profession arises out of an imprecise process of *custom* that is cultural, or sociological, in nature. Over time, a group of people

perceive they have developed a unique craft, skill, or service that is needed by the larger community. A body of specialized knowledge, a collection of processes, and a commitment to a standard of excellence evolves. At some point, that group steps forward and professes its specialized status, promising a specific and reliable standard of quality and a code of behavior in which the community is to place its trust. This initial step of creation evolves from *within* the professional body, just as creative expression evolves from within the artist.

Like the evolution of an artist, the creative process of the hand therapy profession has expressed itself in the evolution of the American Society of Hand Therapists. We started with imagination, a sense of what could be created in our collective minds. Fifteen years ago, a few of us met together and decided it was time to stand up and stand out as a new profession. We asked to be recognized, and we promised in return a high quality of participation in the larger community of health professionals concerned with caring for hands.

As does the maturing, dedicated artist, our young profession has developed a clear sense of *purpose*—to bring that imagined possibility into being in the larger context of our playing field. And as the artist must be dedicated to the expression of his soul through his work, we are committed to the value of defining, developing, and practicing this healing art at the highest level for our patients.

The art of hand therapy includes our personal investment of ourselves in the work, in the continuing quest for improvement of understanding and skill. It includes our personal investment in nurturing our patients' sense of well-being. We continually strive for excellence, for ever higher levels of quality of our work, based on our values and our commitment.

And like most artists, our work is an expression directly through our own hands of our science, our knowledge, and our commitment; our gifts are shared through our *therapeutic touch* upon our patients.

Yet we do not play the game alone. An outstandingly skilled basketball player, for example, must not only shoot baskets well, but be well connected as part of his team, playing his position with sensitivity to the team's goals, to the team's particular personality.

And like many artists, as in the performance of the musician in the string quartet or the dancer in the ensemble, the hand therapist must perform in concert with the surgeons, the nurses, with the entire orchestra of health care, where each person must excel with his own instrument, playing his part uniquely, yet in precise synchronism, well blended, with all the other players.

The American Society of Hand Therapists has come a long way as a profession in 15 years since that first organizing meeting in 1975. Each year you have heard about our growth, our successes (and our frustrations), and our emerging professional status in relationship to the medical community. Yet, the shape of our playing field and the level at which we have chosen to play, as it were, have shifted. The

economic forces of health care continually seem to mitigate against the high quality of therapy we can and should bring to our patients.

DRGs, HMOs, prepaid health plans, insurance cut-backs. The pressure—the highest priority—is to become more efficient. If we succumb to that pressure, our tendency may be to spend less time with a patient than we feel is needed and to give less of our direct, personal attention. The real pressure is to earn less income per patient visit, which suggests that survival and growth must be based on a more crowded schedule of ever-higher patient volume.

One response we have is to rely more on therapeutic technical devices, to rely on routine, impersonally applied procedures. We can—and do—seek yet more technological development to move us away from time-consuming, costly, hands-on therapy. But the touching/healing art can become lost if we drift back too far toward a technician role, merely responding to the physicians' and financial managers' prescriptions for meeting contractual agreements. It becomes an issue of *touch* versus *technology*.

The potential to drift in this technical, impersonal direction is greater than ever before, even as we learn to become more competent and sophisticated in our work. We are in danger of diluting the quality of our service and the quality of our professional lives, as we feel the pressure of inadequate time, both for our patients and our own personal lives. There are also many pressures against our autonomy as professionals, and for the substitution of technology for the personal focus that is a major part of the *art* of our profession.

Remember that the process of our evolution as a profession is to *profess*. To organize around our skills and specialized knowledge, and to step forward and *claim* the status of professional. This status is not conferred by those outside our profession, except in response to our own claims and commitments. As professional hand therapists, we must each—in our own working arenas and in this Society—realize the continuing need to publicly profess our status, our authority by virtue of our skill and role, and our autonomy and significance for the teams on which we play.

The success of the storekeeper, the vendor of most consumer goods, is generally measured in relation to the maximum volume of possible sales—whether the goods are needed, or are even healthy, for the consumer. The caveat is “buyer beware.” However, the recognized professional pledges to provide the highest quality of available service and products that best meet the needs of the client, over and above his or her own personal needs; the caveat is “trust me.” We have to earn and then maintain that trust, not only with our patients, but with our surgeon colleagues as well. It is a balancing act based on our sense of autonomy as an artist and our status as a team player.

What does it mean to pursue our professional calling by “playing the game at a high level,” as we are all encouraged to do by Arthur Ashe? This includes a lot of things, according to Ashe, but it has

mostly to do with attitude. That attitude, deep from within, is a commitment to excellence, to always getting better at what we do, to always striving for better results than before.

That attitude also has to do with the balance between yourself and the other team players. A group of the finest basketball players in the world must gel as a team, in a set of working relationships, of skills, and of mutual respect, if the game is to be played well. Each player must be focused on the goal—the quality of the outcome—and not be distracted by diluting demands. In our case, the distracting pressure is for short run economic gain in the DRG world, with changes that we know will sacrifice the quality of our work, of our art, in the long run.

Attitude has to do with believing in yourself as a player, as a professional. It has to do with believing that your role is important, that your perspective is significant, and that you have a right to be a respected member of the professional team, both in carrying the load and sharing the control.

Attitude also has to do with belief in the other players and in the integrity of the game, of each player's role. As specialists “hybridized” out of the arenas of both occupational and physical therapy, we must share through *giving to*, as well as *receiving from*, our surgeon and other team colleagues.

Attitude also has to do with *belief in the possible*, that you as an individual can have a significant impact on the system if you play the game at a high level. We can play our game at the highest level through our commitment to imagination, to purposeful action, and to the value and payoff of perseverance. We play the game at the highest level in our commitment to the validity of our professional values, to the attainment of ever higher levels of excellence.

Right now you may be saying to yourselves, “Of course! This is the way I want it to be. But what about reality? Given all these economic pressures, I can't really play the game at the highest level?” But what are the real risks if we succumb to these pressures?

Perhaps one of the biggest risks to you and to the profession is for us to adopt a sense of powerlessness. To feel like there is no possibility of working with our patients in the way we know is right; rather that we must succumb to the system, as dictated both by economic pressures and by the proclivity of the medical community to view us as something less than full partners in this process.

Yet we are not powerless; in fact, though it may be annoying and time-consuming, we can and must often take extraordinary steps to intervene frequently in the system on behalf of our patients.

For example, I spend 1 or 2 hours daily on the phone to assure the financial resources for adequate patient treatment. I recently had a patient referred to me for therapy following a flexor-tendon repair. The surgeon had ordered the use of the Kleinert postoperative protocol, but the insurance constraint was for a maximum of three visits! I had to call the primary physician at the HMO to begin the chal-

lenge. This took two or three calls to get past the clerk and talk with the physician. Then I called the referring surgeon to ask him to also intercede in the HMO review process to assure adequate care for this patient. In a few days, we had approval for the necessary treatment before the initially approved treatment visits ran out.

In this case, as in about 75% of the challenges I submit, the patient was adequately supported by the system—but only because I took a stand as a fellow professional on the team.

In another similar case of flexor-tendon repair, treatment that should have begun 3 weeks postoperatively was delayed an additional 2 weeks while the matter was diverted to a utilization review committee. The standard of care is clearly to begin such work at 3 weeks. As we can predict, starting therapy at 5 weeks postoperatively was too late; the patient had to undergo another procedure to relieve adhesions that had formed in the interim. Nobody wins in these cases, including the third-party payers.

Even when there are such payment limits, by holding to a high standard of excellence in your practice, you will find that patients will choose to come to you nevertheless, knowing that you won't compromise quality under such pressures, but rather that you will always play the game at the highest level.

In this HMO/DRG environment, the likelihood of falling behind professionally is significant. With so much pressure to see a high volume of patients during inadequate periods of time, the time and energy left for your own study, experimentation, and renewal are scarce. And if you extend yourself beyond the prescriptions handed to you, it may be at the expense of the time and energy available for keeping up professionally. But you must carve out time for nurturing yourself this way, as well as for your patients.

A related risk looms large, that of becoming numb to the uniqueness of each patient and each situation and instead falling into survival routines. Yet every patient is unique, both in terms of the details of the situation and in the temperament of the patient, which factor so strongly into his or her care.

In a good professional relationship, the physician will use the expertise of the hand therapist to do more extensive testing and assessment in order to refine a patient's diagnosis. In turn, the therapist who forms a good, professionally intimate relationship with each patient will know best how to motivate, encourage, and teach the patient the necessary steps toward the fullest recovery possible. Standardized, off-the-shelf, technologically based therapies will never fully do this part of the healing; the art and the heart are left out.

Remember that no one on the outside conferred our professional status in the first place. We stood up to be counted by stating our case, and we must continue to do so, with the assurance of our right to do so based on our unique point of view by virtue of our training and experience, and by our obligation to our patients.

Ultimately, the risk we face against the current

trends I am referring to is premature burnout—that phenomenon all too common in the health care professions. Actually, burn-out goes hand in hand with a feeling of powerlessness and an overwhelming sense of engulfment by processes that prevent us from being fully present, authentic, and successful as we know we can be.

Paradoxically, we confuse the pursuit of *excellence* in our work, which is exciting, rewarding, and energizing, with the pursuit of 100 percent *perfection*, which can be overwhelming, frustrating, and de-energizing. For absolute perfection is ultimately, humanly impossible. This confusion between excellence and perfection can be seen as the root of and the route to burn-out for all too many of us in the "helping professions." This is not a new idea; Gloria Hershman, a past president of ASHT, spoke to us about burn-out 9 years ago. Certainly, this experience we call burn-out diminishes the artist in us, diminishes our curiosity, aliveness, and relatedness with our individual patients.

What, then, are the antidotes? How do you confront and overcome the risks and play the game at the highest level?

First, be clear about your professional principles. Know why you are in this profession and in this Society in the first place. Know that your own constant renewal, as a person, as a professional seeking excellence, as an *artist*, is fundamental to maintaining your energy and ability to express your compassion through your work. Stay conscious of the values you place on excellence and artistry along with economic values in your life. Respect yourself in these ways, and others will respect you.

Commit to a schedule that will give you the time and energy for your own growth and renewal. Look for and provide support from and to your fellow therapists, your fellow artists.

Protect yourself and your patients by negotiating your financial agreements adequately up front. Don't succumb to a contract with an inadequate reimbursement rate, or without a limit or review feature that will prevent your practice from being swamped by patient encounters that either don't pay the bills or require substandard performance by you and your staff.

Build an independent practice with a broad base of referring physicians. Do not get trapped into reliance on too few referral routes that limit your ability to sustain playing this game at the highest level.

Maintain a strong, sensitive, political voice within this Society and the larger professional arena, where you create and feel your power to be effective. You will find energy in the shared process of empowered, uncompromising commitment.

We have long noted and prided ourselves on being a profession developed from the combined knowledge and skills of occupational and physical therapy, and that as a result we are more than either one. Realize, too, that, although you call yourself a hand therapist, you are also functioning as a psychologist, a social worker, a business manager, a

professional negotiator, and a life-long student as well in this work.

Keep focused on the *art* of your work and how the expression of that art is the expression of your caring, your authentic participation in the game of life. You will enjoy the game even more as you play your position at the highest level in every way.

In the well-known writing of Kalil Gibran entitled *The Prophet*, he speaks of *Work*<sup>5</sup>:

And I say that life is indeed darkness  
save when there is urge,

And all urge is blind save when there is  
knowledge,

And all knowledge is vain save when  
there is work,

And all work is empty save when there is  
love

And when you work with love you bind  
yourself to yourself, and to one another,  
and to God.

And what is it to work with love?

It is to weave the cloth with threads

drawn from your heart, even as if your beloved were to wear that cloth.

It is to build a house with affection, even as if your beloved were to dwell in that house

It is to sow seeds with tenderness and  
reap the harvest with joy, even as if your beloved were to eat the fruit,

It is to charge all things you fashion with  
a breath of your own spirit,

.....

Work is love made visible.

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