**Application of Theory of Creative Ability as Applied to the Physical Field**

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I will be doing a case study about a spinal patient whom I will call Johannes. Johannes, a 27 year old, sustained a cervical spine / neck injury with resultant C7 quadriplegia in October 1993. Initially, Johannes functioned on a level of positive tone. Johannes would, at times, answer Yes or No when asked questions by staff members. He didn’t communicate with fellow patients even when they directed questions to him. He even accepted that we call him by an incorrect name, because the person who brought him to hospital, gave his name, instead of the patients name to the nurse on admission.

The patient required total care by the nursing staff. The nursing staff also had to anticipate what his needs were, because he didn’t even tell them when he was thirsty. At this time, there was total therapist compensation.

My treatment consisted of talking to the patient each time I was in the ward and then orientating him with regard to date, person and place and introduced him to fellow patients in the ward. I also adjusted his overhead mirror to show him what was going on around him in the ward and how his fellow patients look.

Johannes then slowly progressed to function on a level of self differentiation. He now started communicating with us but not without the other person initiating the conversation and as long as questions related to Johannes, i.e. where die he live, how old was he, etc. He also didn’t enlarge on answers.

His actions were limited initially, due to the nature of his spinal injury. He didn’t move his limbs without therapist direction. The action would be one step, i.e. lifting the arm from the bed. Emotionally he smiled if he was praised and was otherwise emotionally blank.

Treatment at this stage was still in bed. I couldn’t do activities because he was only lifting his arm a little bit from the bed and this was not at all enough to use functionally.

I encouraged Johannes to move his arms and included him in conversation with his family even though Johannes didn’t really take part. I also started encouraging Johannes to be more aware of others in the ward and adjusted his mirror so that he could see them and see what they were doing, i.e. feeding themselves with a palmar cuff.

He later progressed to self presentation when he started experimenting with the amount of movement that he had in the upper limbs.

He also started being more difficult for the nursing staff to handle. He would refuse at times to lie on his stomach or refuse to come on a stretcher to O.T. This was his way of experimenting with controlling his environment.

I tried to encourage him to exert some control on his environment in a constructive way by rather requesting when he wanted to drink water, whether he wanted to wear his splints in the afternoon or morning. There is unfortunately little control that he could have in the ward situation.

Johannes then started sitting up in a wheelchair. In the wheelchair he asked to be pushed next to another patient in the wards bed. This patient had a radio and the other more mobile patients were jiving to the music and with encouragement experimented with his own body to see how he could jive to the music.

In O.T. he was still more interested in the action he was doing than in the product he was making. He would put maximal effort into playing swing ball. In woodwork he didn’t mind which article he made but he was prepared to put maximal effort and to try and experiment with what his maximal effort was when sanding the wood.

Recently, Johannes has started to almost look after the other patients in the ward and to remind ward staff about other patients' needs.

Many weeks ago, I explained to the patient that he must try to exercise his arms more and especially try to get his hand to his mouth to feed himself. He was unable to do this due to elbow stiffness. We had not talked about this for quite a while. On Monday, the patient told me he had something g to show me. He was able to get his (R) hand to his mouth. He asked me if I would now be able to teach him how to feed himself.

He also told me later that he wanted to make a wooden aeroplane, similar to that made by a fellow patient, for his sister’s kids. These two incidents showed me that Johannes was now becoming more produce-centred and was at the beginning of passive participation.