

Editorial comment

It is with great sadness that the Occupational Therapy Association of South Africa learned of the death of Professor Phillip Tobias, Emeritus Professor at the University of the Witwatersrand. Professor Tobias, a world renowned palaeoanthropologist and anatomist, will be remembered by many occupational therapists who trained at the University of the Witwatersrand for the way in which he brought the second year subject of anatomy to life. Who will forget Professor Tobias jumping on to the desk at the front of the Hunterian lecture theatre in the old Medical School in Hillbrow, Johannesburg and showing the class how ancient man moved? Who will forget the living demonstrations of muscles at work when Reg Parks rippled his muscles for all to identify as well as the ballerinas demonstrating the wonders of the human body and the movements that it is capable of. Prof Tobias was the Director of the Sterkfontein Palaeoanthropology Research unit for many years and contributed to the Sterkfontein site's development as the Cradle of Humankind World Heritage site. He was a gentle caring person who never forgot the name of any of his students.

It is not only those of us who were students at the University of the Witwatersrand who will remember him but also the South African occupational therapists at large who will remember the assistance and mentoring provided by Professor Tobias in the dark days of apartheid for Professor Tobias was a well known anti apartheid activist and a member of the Association's Advisory Board. Prof Tobias will be fondly remembered by all who came into contact with him.

In this Journal we have published a "Letter to the Editor"¹. It is satisfying to know that some of the readers take up issues that are mentioned in the South African Journal of Occupational Therapy (SAJOT) and I hope that this is the beginning of discussions in SAJOT around important issues affecting Occupational Therapy in South Africa.

The first article² in this edition provides the results of the research into the relationship between developmental dyspraxia and sensory responsivity. The first part of the research was published in SAJOT in volume 40(3)³. This second part focuses attention on the importance of clinical analysis of test results in the diagnostic process and provides interesting information for those occupational therapists using sensory integration techniques in therapy.

The second article⁴ is the continuation of the series of three reporting on a study to develop an outcome measure for mental health treatment settings. In this instance the users of mental health services were interviewed to determine their needs and expectations of the occupational therapy service. The results were

compared to the domains identified by the therapists and described previously⁵. It is reassuring to note that domains identified by the occupational therapists who were linked to service delivery were congruent with the needs and wants of the patients.

The article entitled "Assessment of record keeping at schools for learners with special needs in the Western Cape"⁷ discusses the status of occupational therapy record keeping at these schools. The importance of accurate records of occupational therapy intervention cannot be over emphasised. It appears from this research that the keeping of records by occupational therapists is somewhat inadequate. The authors of this paper have provided guidelines in the form of a check list to assist therapists to do this important job. It seems that this is an aspect of the job of occupational therapists that should be given more attention in training.

The fourth article⁷ takes a look at the scores obtained by children completing the Developmental Test of Visual Perception, 2nd edition and the visual closure sub-test in particular as clinical experience showed that children often obtained a below average score on this particular sub-test within the DTVP. This was indeed proved to be the case and indicates the need for South African therapists to interpret the results of the visual closure sub-test with caution.

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Letter to the Editor: SAJOT

May 28, 2012

Dear Editor,

You posed a very good question in the April 2012 SAJOT: Why is the role of the Occupational Therapist (OT) so poorly understood after 70 years of the professions presence in SA?

My colleagues and I can confirm this lament. Working in the field of Vocational Rehabilitation we constantly have to explain our roles to employers, lawyers, labour and union representatives and human relations officers. The General Public out there does not know what an Occupational Therapist is.

May I approach your question with another question: Why are 'well known' professions - so well known - by the General Public? Everybody can tell you what a Policeman, Doctor, Dentist, Nurse, Lawyer or Teacher does.

The rule of 'needs' and 'wants' applies to these professions: "If I need it or I want it ... I'll know about it." The General Public has a high 'need and want' frequency and intensity for the services of these professions.

Apply this rule to the service of Occupational Therapy ... the

core business of Occupational Therapy being 'disability'. Only 10% of the General Public (world population) live with a disability (www.disabled-world.com) and most of the 10% are poor, elderly and have a low education level (www.statssa.gov.za). Our profession serves a 'voiceless minority' of the General Public and thus it follows that our service is not high on the "needs and wants" list of the General Public.

Other 'well known' professions that are not on the 'needs and wants list' are Politicians, Singers, Actors, Sportsmen and Businessmen. Power, sex, money and violence - grabs the attention of the General Public - but are not attributes associate with Occupational Therapist. (At least not in my experience.)

In addition Occupational Therapy is multi-faceted: Just when the General Public thinks: "Ah-ha. I know what an Occupational Therapist does! She works with learning disabled children." They meet an OT who works with people who have a psychiatric illness, or a therapist who works with Hand injuries or an OT doing Medico Legal work. It could confuse even the most studious of the general population.

But it's not only 'external factors beyond our control' that affect the General Public's understanding of Occupational Therapy.



There are also internal obstructions that impede the development of awareness and understanding of our profession, and before the profession acknowledges and addresses these constraints, obscurity (at least in the General Public's mind) will remain a constant threat.

The internal obstructions of:

- Gender and race distribution,
- Remuneration,
- Publication and research and
- Therapist to patient ratio

all interplay with each other and become a Gordian knot that many of us might feel is impossible to unravel.

So are Occupational Therapists doomed to be the LBJ's (Little Brown Jobs) of society?

In the interest of the very people we serve we dare not allow apathy and obscurity in the profession. We have to continue addressing both internal and external obstructions to the General Public's understanding of Occupational Therapy. With confidence and passion every therapist needs to be all he/she has been trained to be in their specific area of practice and actively support and participate in all efforts to enhance the professional presence of Occupational Therapy in South Africa. Examples of this are the 'Occupational Therapy Awareness Week' winners featured in FOCUS April 2012.

As I write this letter the HPCSA's OCP Board (Occupational Therapy, Orthotics and Prosthetics and Arts Therapy Board) are busy with the revision of the **Scope of the Occupational Therapy Profession** and the **Scope of Occupational Therapy Practice**, and they are asking for contributions and inputs from

all Occupational Therapists in South Africa. This brings me to this letter's last question:

Could it be that after 70 years, the Occupational Therapists professional presence in SA is still poorly understood, because Occupational Therapists themselves are not clear on what their role or scope of practice is?

My husband prides himself on his ability to 'spot an OT in a crowd' and he has uncannily done so on several occasions. Asked how he does it he said: "Look for sensible shoes, short nails, very little make up and an aura of 'down to earth goodness'. If she's wearing hand-made jewelry you can bet your pension on it. She's an OT."

Occupational Therapists will never be the Prancing Peacocks of society ... because we *choose* not be. When graduating we promised to serve a voiceless minority of our society. We do this best through hard work, dedication, loyalty, passion and professional conduct. We are enablers, motivators and bringers of hope to a section of society that are often misunderstood and sidelined. By enlarging our professional presence and the General Public's understanding of what we do, we enlarge the impact and influence of our service.

Long may Occupational Therapists bridge the gap between disability and ability.

Regards

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The relationship between developmental dyspraxia and sensory responsivity in children aged four to eight years — Part II

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ABSTRACT

The relationship between developmental dyspraxia and sensory responsivity was investigated through correlation of the SIPT, Sensory Profile and Sensory Profile School Companion scores. The statistical analysis of data did not reveal an unambiguous relationship, but offered some significant weak inverse correlations and one significant weak positive correlation that were discussed in a preceding article. These findings gave rise to suggestions for future research which will be discussed in this article. Furthermore, clinical analysis of the data set produced interesting results that are worth mentioning and discussion. The integration of results from statistical analysis and clinical analysis are provided in this article and may offer valuable information about children's sensory responsivity tendencies in the presence of certain types of developmental dyspraxia. The limitations of this study are given to guide researchers in the selection of methodology and measurement instruments for future research studies.

Key words: developmental dyspraxia, sensory responsivity, Sensory Integration and Praxis Tests, Sensory Profile, Sensory Profile School Companion, relationship

Introduction

This study was conducted to provide empirical research data that could assist in confirming a relationship between developmental dyspraxia and sensory responsivity and subsequently clarifying the nature of such a relationship. Evidence of a confirmed relationship and clarification of the nature of such a relationship could consequently be used to fill an existing void in occupational therapy literature and provide valuable information to guide and refine intervention approaches in the treatment of developmental dyspraxia.

The background to the research study was given in part I¹ of this article, indicating the lack of evidence in the literature to support a confirmed relationship between developmental dyspraxia and sensory responsivity. The lack of evidence and the consequent effects on the treatment of developmental dyspraxia was mentioned. In the literature review, the two frames of reference which form the theoretical and intervention backbone of developmental dyspraxia, namely, sensory integration (SI) and motor learning were discussed. The overlap or shared perspectives of both frames of reference were used to explain how both support

