INTRODUCTION

Mary Powell in her book on Orthopaedic Nursing writes, 'The word 'Orthopaedic' was coined by a French Surgeon, Nicholas Andry in 1741. It is derived from the Greek words 'Orthos' meaning 'Straight' and 'Paedics' meaning of a child, and has therefore been taken to mean 'the rearing of straight children.'[1]

Orthopaedic surgery thus, has its roots firmly embeded in the art and science of preventing and correcting deformities in the young. It is wonderous to note that this objective, upon which the study of orthopaedics is based, forms a large part of modern orthopaedic surgery. If this be the very meaning of the word 'Orthopaedic', surely, it should also be the aim of the surgeon who practices it. This basic tenet is maintained in the present work.

Mankind is a race of optimistic beings who hope for a better 'tomorrow' even when the present is dismal. Thomas Hardy in his poem 'To an unborn pauper child' says at the end,

"Must come and bide. And such are we -
Unreasoning, sanguine, visionary -
That I can hope, health, love, friends, scope,
In full for thee; can dream thou wilt find,
Joys seldom yet attained by human kind."[2]

Present Need:

Those in responsible positions today who wish to contribute to the building of a happier nation for succeeding generations, should concentrate on the physical and mental betterment of tomorrow's citizens i.e. today's
children. These thoughts have initiated the outlining of the Aims and Objectives of this work.

The Health of a Nation's population, acts as a catalyst in its socio-economic development. In order to ensure healthy living, the recent trend is to lay emphasis on 'health expectancy' rather than 'Life expectancy'.[3] The disabled, who form an unfortunate section of society, are now receiving the means to enjoy the benefits of human dignity and human rights i.e. the capacity to become self reliant and form an integral part of the community. This revolution was made possible by the dedicated work of some stalwarts of national and international standing who developed a time and need based philosophy and concept of Rehabilitation.

After World War II, Rehabilitation Medicine emerged as a separate discipline, due to the co-ordinated and concerted efforts of agencies such as WHO, Rehabilitation International and Council of World Organisations Interested in the Handicapped (CWOIH).

There is an inherent dynamism in the concept and philosophy of Rehabilitation causing it to mould itself to the socio-economic values and technological advances of the times. Hence, it would be worthwhile to see how people down the ages have dealt with the identification and care of the problems of the disabled.

Pre and Post World War Era:

The edict of Ashoka in the 3rd Century B.C. mentions the provision of care for the disabled. Even before his time, the Mauryas had supplied
vocational aid for the handicapped. In the Mughul era, later, giving of food and shelter to the disabled was a socially sanctioned act of charity.\textsuperscript{[4]} However, little thought was given to the possibility of offering a more creative and meaningful life to the crippled.

Some isolated efforts were made in European countries in the first decade of this century, to provide vocational training to the disabled. The greatest stumbling blocks in the path to rehabilitation were created by the indifferent or excessively sympathetic psycho-social environment prevalent then. This pressurised the disabled person into a submissive acceptance of his lot and to a life of dependency on the community.

The economic strain of the World Wars created a dearth in manpower and finances. Subsequently the countries had to face the problem of rehabilitation of war victims. This induced workers in the field of rehabilitation to revolutionize age old concepts and practices.

The Remploy Company of U. K. employed 7,500 disabled persons in 86 factories in 1945.\textsuperscript{[5]} Many pioneers in the field like Dr. Henry Kessler (Father of Rehabilitation Medicine) described safety factors, physical fitness and social prejudices towards the disabled.\textsuperscript{[6]} Mr. Howard Rusk highlighted the administrative problems of rehabilitation, while George Deaver and Elkin emphasised its clinical aspects. The social and vocational components of rehabilitation which had been neglected in the past, were explored by Mary Switzer.\textsuperscript{[7]} In 1980, Rehabilitation International of U.S.A. declared a Decade of Rehabilitation.\textsuperscript{[8]} The 1980 Rehabilitation International charter, is a unique document that has given guidelines and objectives like prevention,
medical rehabilitation, social integration and dissemination of public inform­

mation, to develop community oriented rehabilitation programmes for socio-

economic development. Most developed and developing countries have

signed the Alma Ata Declaration of 1978 proclaiming Health for All by

2000 A.D., through development of Primary Health Care approach.

Need of rural oriented studies :

Studies undertaken at Narangwal and Rohotak in Punjab have shown that only 5 percent of the total rural population was reported to receive modern medical care and 10 percent population sought medical aid from traditional practitioners. Hence, mere provision of new health care system in the existing framework, will not suffice. There is a need to identify the means and to narrow the gap between the providers and the receivers. There is a definite reason here to study and remedy the special difficulties of rural orthopaedically handicapped persons. The practice of imposing new methods of rehabilitation developed in other countries without adaptive modifications dictated by indigenous economy and life-style, is a futile exercise. Technology should be implemented to make rehabilitation measures economical, socially meaningful and psychologically acceptable to the Indian people.

Most of the analytical and therapeutic studies done so far have had an urban bias. A definite vacuum exists in the knowledge about the pattern of disabilities and various problems and needs among the people residing in rural areas. This study, which projects rehabilitation as a part of Primary Health Care, becomes more pertinent at this stage when the Government
of India proposes to incorporate the National Plan of Action for Rehabilitation of the disabled, in its 7th Five Year Plan.\textsuperscript{[12]}

Retrospective evaluation in the field of Rehabilitation in our country and the appraisal of the problems and the needs of the disabled at this stage, has necessitated an in-depth study. The community - oriented service and research component of this work will considerably help in developing rehabilitation programmes which can be subsequently integrated with Primary Health Care.

Statement of Terminology used:

1. **Mass campaign** :

   Recommended by Gonzalez in 1965, this is a technique of tackling morbidity problems of large magnitude by studying the patients and their disease in natural settings.\textsuperscript{[13]} Specialist services are thus rendered where they are most needed. Simultaneously, diagnostic and therapeutic research studies can be done.

2. **Environmental barriers** :

   Factors that act as obstacles in the process of rehabilitation. They may be physical, psychological, social and vocational.

3. **Beneficiaries** :

   Disabled persons who have been clinically, psychologically and environmentally assessed and recommended a form of therapy, (viz., surgery, technological appliances, or physiotherapy) to aid them on the road to rehabilitation.
4. **Intervention** :

Any therapeutic procedure that limits disease progress and morbidity and helps in the restoration of functional capacity.

5. **Impairment**[^14] :

In the context of health experiences, an impairment is any loss or abnormality of psychological or anatomical structure or function.

6. **Disability**[^14] :

In the context of health experiences a disability is any restriction or lack (resulting from an impairment) of ability to perform an activity in the manner or within the range considered normal for a human being.

7. **Handicap**[^14] :

In the context of health experiences, a handicap is a disadvantage for a given individual, resulting from an impairment or a disability, that limits or prevents the fulfilment of a role that is normal (depending on age, sex and social and cultural factors) for that individual.

8. **Rehabilitation**[^14] :

Rehabilitation includes all measures aimed at reducing the impact of disabling and handicapping conditions and enabling the disabled and handicapped to achieve social integration.

9. **Accessibility** :

The ability of a patient to reach specific goals aiding him in the direction of complete rehabilitation.
10. **Clinical profile**: 

Whole spectrum of disease from onset to complete rehabilitation.

11. **Environmental profile**:

A wholistic picture of all factors external and internal, that affect the course of a disease in a particular patient.