The importance of segregating spastic patients becomes more apparent after careful study of them as individuals is made. As orthopedic cases we know they lack motor control, and we know that "a loud noise, a simple clap of the hands or any stimulus brings about markedly increased contraction of the muscle groups." Obviously, it is our problem to rehabilitate the mind and body as far as possible, and to endeavor to teach control of their involuntary movements.

It is generally recognized that relaxation and muscle training are the fundamental principles of treatment to follow in an effort to establish motor control. This is done by teaching the patient to relax a tight muscle, consciously if possible, by calling attention to it, or by using light massage or warm under-water treatments as an aid to produce relaxation. The muscle reeducation begins with motion of the proximal joints, that is, doing a given exercise over and over again until a specific motor pattern is formed, or in simpler words, until they get the feel of the motion.

The spastic child has not only the problem of lack of motor control to overcome, but invariably a fear reaction is also present. Because of being unable to control involuntary motions he is constantly afraid of falling, afraid of physical discomfort, and afraid of being misunderstood either because of poor articulation or no speech at all. In an effort to eliminate the element of fear, and it must be to get conscious relaxation, all conditions which place spastic cases under physical and nervous strains, which are unnecessary, must be removed.

In institutions, it is impossible to keep noise and confusion, in the average ward, at the minimum required for spastic cases. Neither is it reasonable to expect the spastic child to be able to feed himself, or dress and undress in the same amount of time that the physically normal child does. After six months of just giving one hour of muscle training to patients and then returning them to the regular wards, we felt that their progress was impeded by the situations in which they were placed during the rest of the day. To keep them in an atmosphere of quiet and relaxation, to remove situations which caused emotional and nervous strains, and to provide for their physical comfort, seemed of equal importance to their muscle training. Therefore, in July, 1934, the cases under treatment were segregated from the patients in the rest of the institution.
Our new department consisted of a large day room, sleeping quarters and treatment rooms. The day room was equipped with furniture and toys especially adapted to their needs. Chairs had high backs and arms so that the child felt secure when placed in them. Tables were of a height suitable to allow the child to be at ease while eating or doing handwork. Beaver board table top covers allowed papers to be fastened securely with thumb tacks and this made coloring, writing or printing lessons easier. Toys were of the educational type calculated to aid in coordination.

As aids to leg coordination, during play time the children were encouraged to use such toys as an automobile with pedals, the old-fashioned type of velocipede having a seat with a back support, a three-wheeled bicycle, a scooter and a cart. Needless to say it was not necessary to use much persuasion to get them interested in learning to propel these, and the pleasure gained from being able to move about was almost as beneficial to them as the exercise in coordination. Even the most severely handicapped cases are able to sit in the small automobile, grasp the steering wheel, and with their feet tied on the pedals, if necessary, make the preliminary attempts at hip and knee flexion and extension without thinking of it as a tedious exercise. Walkers of the stationary type are at both ends of our day room and these are used as much during the rest of the day as during supervised exercise periods. Home-made movable walkers are also used by some children to get about during their free time.

To aid in arm and hand coordination, occupational therapy classes are held each day and the work given is designed to fit each individual case. For the severely handicapped, especially constructed looms are used for weaving with needles sometimes as large as an ordinary ruler. In the same way pencils, crayons, pegs, blocks, etc., are graduated in sizes from exceptionally large, easily grasped types to the ordinary sizes which demand finer coordination on the part of the user. The children are allowed to choose the materials in the sizes most satisfactory for them to handle, and they also seem to sense when they are capable of using a material or object more difficult to manipulate.

We have found toy typewriters of the dial type and alphabet boards invaluable in conjunction with their school work. Children incapable of handling a pencil can do all of their lessons that need writing with either of these educational toys.

Although our principal aims were to provide quiet, relaxation and a sense of physical security, we soon found that segregation was apparently an aid to the spastic's progress, both physically and mentally.