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Editorial

OT and PT are equally foundational to Hand Therapy



All, too, will bear in mind this sacred principle, that though the will of the majority is in all cases to prevail, that will to be rightful must be reasonable; that the minority possess their equal rights, which equal law must protect, and to violate would be oppression. — Thomas Jefferson

The importance of constant renewal in a dual-profession specialty such as hand therapy cannot be overstated. This was a core value that was ingrained in the hand therapy specialty by the original six founders of the American Society of Hand Therapists, 4 occupational therapists, and 2 physical therapists (ratio 2:1). It is one that continues to this day. The ratio of occupational therapists to physical therapists varies in hand therapy contexts around the world, but the principle of inclusiveness and bringing the foundational knowledge of both professions together to optimize the outcomes for patients with hand disorders is universal.

One of the reasons that the specialty of hand therapy has been so successful is that it has embraced and built on the strengths in these two rehab professions. Physical therapy had stronger traditions in physical assessment, physical agent modalities, exercise, clinical measurement, and scientific methods and brought these strengths to hand therapy. Occupational therapy had stronger foundations in functional assessment, environment, orthotic fabrication, holistic methods, and mental health. Knowledge sharing and cross-training was the way that the two professions united to create a strong specialty. Hand therapy professional organizations and hand therapy journals have supported this principle by fostering integration.

The traditional strengths of occupational therapy and physical therapy were important foundation blocks in the development of the specialty. However, it is important to remember that the parent organizations and their associated scientific foundations evolve. Innovations in the foundational sciences of occupational and physical therapy are important to embrace in the clinical applications that are operationalized within the current hand therapy specialty. The professions have evolved in ways that will affect the next generation of therapists who enter the specialty. For example, occupational therapy has embraced occupation as a foundational principle for how assessment and intervention are focused and have increased their emphasis on mental health. Physical therapy has become more holistic, embracing cognitive-physical interventions, developing cross-system/disease exercises/programs and has become a direct-access profession in many countries. Owing to the larger size and larger number of scientists in the parent professions, many scientific advances that pertain to hand

therapy will be generated in the parent professions. We must be aware and adapt/test these innovations for their relevance to hand therapy. It is important as hand therapy scientists and clinicians that we engage with the clinical research that is happening in our parent professions and more broadly in the foundational science research that underlies our core principles. Continuous innovation through research is critical if we are to stay on the leading-edge of specialty care. Hand therapy was founded on such innovations and they must be a constant characteristic of our specialty.

The quote above, by the famous American president Thomas Jefferson, emphasizes how it is important for the majority to reflect on their actions and attitudes and how they might affect the minority. This is important in today's world, and it is important in our hand therapy specialty. It is all too easy for the majority, with best intentions, to fail to recognize that the minority is no longer fully welcomed or engaged in the development of the specialty. That is, the burden of ensuring full participation of physical therapists in the American Society of Hand Therapists and in the hand therapy specialty is not just the responsibility of physical therapists, but also of occupational therapists. Both professions have benefited from the other to support the vitality of the specialty. There are positive signs that these efforts are undertaken. Hand therapy societies actively seek the engagement of both professions, and our editorial board is conscious to make sure that both parent professions are represented. Physical therapists internationally are often championing for their occupational therapy colleagues to be recognized, in countries where this has not been the tradition.

However, in the United States, the relative decreased participation of physical therapists in the specialty is concerning. The current ratio of occupational to physical therapists in the United States is 7 or 8:1 (versus Canada 3:1). It is important that the majority i.e. OTs seek out methods for strengthening inclusion of the minority physical therapists. There is always the danger that if the proportion of physical therapists becomes too small in the hand therapy specialty, it may no longer be fully embraced by the next generation of young physical therapists as a dual-profession specialty. It would mean that the next generation of clinical science foundations might not adequately pull from both pools of

foundational knowledge. It might mean we do not have 2 parent organizations to support us in health policy advancement. It would mean that the credibility of the specialty would be undermined as it would no longer be interprofessional and could no longer claim it

has the expertise from both groups supporting competency in postprofessional skills. This would be seriously detrimental to the future development of the specialty and counter to the principles on which the hand therapy specialty was founded.