COMMON TERMINOLOGY, ABBREVIATIONS AND SYMBOLS FOR THERAPEUTIC RECREATION AND OTHER ACTIVITY THERAPIES

ABOUT THE AUTHOR

Dr. Jewell is a full professor and the former chairperson of the Department of Recreation and Leisure Studies at SUNY College at Brockport in Brockport, New York. For twenty of his twenty-two years at Brockport he has served as the Coordinator of Field Placement, and it is through his supervision of Therapeutic Recreation interns in this capacity that he became aware of the need for the text which follows. He is the author of numerous articles, of the anthology *Reflections on Leisure, Play and Recreation*, of the two editions of the text *Confronting Child Maltreatment Through Recreation*, and of three editions of the *Professional Practicum Manual: Experiential Education In Leisure Services, Recreation, Parks, and Tourism*. Over his thirty-seven year career he has been a frequent speaker at local, state, and national conferences, workshops, and symposia.

COMMON TERMINOLOGY, ABBREVIATIONS AND SYMBOLS FOR THERAPEUTIC RECREATION AND OTHER ACTIVITY THERAPIES

A Glossary and Workbook

By

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To my past, current, and future students and all of my colleagues over the past 37 years.

PREFACE

This text has been inspired by the numerous charges of practitioners across the spectrum of clinical or rehabilitation settings to college/university faculty to do more to prepare students to be clinically conversant prior to the fieldwork, practicum, or internship experience. Being responsible practitioners and true mentors, a number of those issuing the aforementioned charge have assisted in the mission of the following text by contributing their insights with regard to actual terminology, charting abbreviations and symbols, as well as to suggestions on how to instruct students in their use. However, the text is also seen as an instructional aid to agency in-service training personnel in their efforts to assist new hires in becoming conversant in the language of the work setting, regardless of their professional affiliations or roles within the treatment setting. The text should be a useful resource to the emerging professionals in Therapeutic Recreation and the other activity therapies as they progress through the course of their careers as caregivers.

The text consists of terms, abbreviations, and symbols that have been identified by numerous clinical services administrators and practitioners across the spectrum of clinical areas, including mental retardation/developmental disabilities, mental health services, and physical medicine/rehabilitation services. Since being conversant means more than simply recognizing terms in their written form, pronunciation guides are also provided. These hopefully will assist in the new professional's role as a participant in the numerous meetings required of treatment team members.

The worksheets are designed to assist college faculty and in service training personnel in their instructional missions. They not only require students to define terms and abbreviations, but they also require the students to demonstrate their ability to apply the contents of the text in a clinical practice context. Yet, the worksheets may be

applied as seen fit by the instructor, since they are not specific to content areas of the text. The instructor is free to identify the specific content of each response area.

Finally, undergraduate students or new employees who demonstrate mastery of the following content should not assume parity with those of advanced degrees or those with more extensive experience in a specific clinical area, since it is appropriate to view the text as only a primer or foundation for building a true mastery.

INTRODUCTION

The first position I held as a hospital recreation worker (before the time of Therapeutic Recreation) was memorable for a number of reasons. Almost 37 years later I still have many vivid and pleasant memories of that job. However, as most people who worked in state hospitals during the 1960s recall, such institutions were also places of desperation and symbols of society's inhumanity to a select group of its members–those with mental illness and mental retardation. Other than the sense of futility my most unpleasant memory relates to an experience that I will never forget.

I had recently graduated with my bachelor's degree and had been accepted into the graduate program in Recreation for Special Populations at Southern Illinois University in Carbondale. Consequently, I was feeling rather self-confident or assured in my ability to make a significant contribution to the efforts that were being made by the grossly limited number of professionals on my assigned unit, one which housed 158 patients for which I was the only recreation worker.

I was on the job for only a week or so when the chief nurse stopped by the woodshop and crafts room where I was working and asked me if I would like to attend the treatment meeting which was held every Thursday morning and was conducted by the psychiatrist responsible for the treatment of all 158 patients. I responded by first inquiring as to what my role would be. She advised me to not worry about that too much, since it probably would not require any significant input on my part. The doctor would likely ask me no more than a couple of general questions. Besides, she said, it would be a great way to meet all of the staff and become familiar with the unit's routines and its patients. I agreed to attend after she further advised me that It can be an exciting and interesting part of the job.

It became painfully apparent to me no more than five minutes into the meeting that the nurse had neglected to use two other adjectives to describe that part of the job. Namely, it also could be extremely embarrassing and humbling. As my luck would have it, the psychiatrist was almost instantaneously attracted to the new face opposite him or across the conference table. My chair was not yet warmed before he directed a barrage of questions my way concerning the first patient being discussed, one that I had not yet even met. He lost me, however, before the first question when he advised those gathered of the medical and psychiatric issues facing the patient. He used medical terminology that must have been discussed during classes I had missed or in courses I was not required to take. I had little, more accurately no, understanding of what he was talking about; so, when the first question was directed to me I felt as if I was a) terminally stupid, b) in the wrong room, c) about to be extremely embarrassed, and d) the victim of a cruel rite of initiation. I had no choice but to publicly admit that I did not understand the question or even know the patient. After asking me what I had been doing the first week or so of my job, he graciously ignored me for the remainder of the meeting, which seemed to last for the whole day rather than for just an hour. However, immediately following the meeting he suggested that my attendance at future meetings would be a waste of everyone's time until I could contribute to the meetings. I had to agree, for in fact I understood very little of what the doctor, nurse, and others related during the meeting. To say the least, my self-confidence and self-esteem were at a very low point.

One emotion that was elevated, however, was anger. I was angry with my college professors and my supervisor for not preparing me or exposing me to the terminology pertaining to the special population. Yet, years later I put the experience into the proper historical perspective. Ironically, I had not been employed to be a therapist. My major responsibility was to provide enjoyable, diversionary activities to help in the management of the unit and to make the patients more amenable to treatment by the psychiatrist, psychologist, and the nurses. At that time schools were not charged with the task of preparing Therapeutic Recreation Specialists, but hospital recreation workers. As for the supervisor of recreation at the hospital, my anger towards him subsided when I realized that attending treatment meetings was not even mentioned in my job description. So, why prepare me for

something I was not expected or required to do? The painful lesson of that morning served me well for the remaining sixteen years I worked in clinical settings.

Today students are expected to be trained as recreators and therapists in order to be contributing members of the treatment team. It is essential that the students graduating with degrees or options in Therapeutic Recreation be prepared to converse with others in the treatment milieu. Students must strive through course requirements and extracurricular activities to develop a working knowledge of the terminology pertaining to the diverse populations to which they will be exposed.

The purpose of the following text is to prepare entry level professionals to converse intelligently with and about their charges, as well as with their professional peers. The ability to do so will likely influence significantly how new professionals will be perceived and respected by fellow team members, including other Therapeutic Recreation Specialists. A second, but no less important, reason for the glossary is to hopefully prevent the new professional from experiencing my embarrassment of 1964.

Immediately following most terms is a pronunciation guide. The vowels in bold type (**a, e, i, o, u**) are to be pronounced as long vowels. For example, as in the first term *ab**a**z**e**a* the two vowels in bold type are pronounced as long a and long e. The first and last letters are pronounced as short a, as in the word ah.

Following the pronunciation guide is one or more keys–(G), (MH), (MR/DD), or (PM/R). (G) refers to General, meaning that the term is likely to be confronted when working with all populations. (MH) suggests that the term will likely be found when working primarily in the Mental Health environment. (MR/DD) refers to terminology most likely to be confronted in agencies providing services to those with Mental Retardation/Developmental Disabilities. Terms most likely to be found in Physical Medicine/Rehabilitation agencies are followed by (PM/R). It is essential to remember, however, that no particular environment has ownership of a specific bit of terminology and that a great deal of crossover may be discovered as the individual progresses through her or his career.

The worksheets that follow the clinical/charting abbreviations and symbols are provided to assist in the instructional process. College or staff development instructors may opt to use them as examination or review sheets to test student comprehension of selected material.

In closing, the glossary is an attempt to make students aware of only the terminology, abbreviations, and symbols most frequently encountered. It is only a beginning and the student is encouraged to view it as a foundation in the effort to become conversant in the language of the treatment or clinical communities.

Good luck. The task is enormous and will require ceaseless effort. Remember, effectiveness as a clinical team member depends upon the ability to communicate. Do not allow 1964 to happen to you.

D.L.J.
July 2001

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This glossary and workbook of terminology and charting abbreviations and symbols reflects the contributions of a number of current and former colleagues that represent a variety of clinical settings. I have had the privilege of working with these individuals over the past twenty years in my capacity as the Coordinator of Field Placement for SUNY Brockport's Department of Recreation and Leisure Studies. I extend my most sincere appreciation to Carol Barrett, St. John's Home; Bonnie Beiswenger, Hilton East Residential Home; Stacy Clark, Highgate Manor of Rensselaer; Gail Garcia, UCLA Neuropsychiatric Hospital Rehabilitation Services; Martin Golub, Rochester Rehabilitation Center; Kathy Gross, Bath Veterans Administration Hospital; Karl Hahn, Helen Hayes Hospital; Lee Myers, Children's Hospital in New Orleans; Donna Sims, SUNY Health Science Center Department of Medicine and Rehabilitation; Charles "Chuck" Tokarz, Western New York Developmental Disabilities Services; Michael Tyler, Springfield Hospital Center; Nancy VanderMolen, St. Ann's Community; and Elizabeth Zubow, Holly Patterson Home. Appreciation is also extended to the Therapeutic Recreation staffs of the Baylor Institute of Rehabilitation and of Lifetime Assistance, Inc.

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Finally, my gratitude to the numerous practitioners over the years who have provided our students with superb fieldwork experiences, particularly the semester long practicum or internship. Their constant

mention or reminding that students need to know the language in order to become contributing professionals has served as a major inspiration for this text.

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TERMINOLOGY

A

Abasia [*a-b**a**-z**e**-a*] (G)–the functional inability to walk, even though legs can be used for other purposes, or motor incoordination in walking. Specific types of abasia are:
Astasia [*a-st**a**-z**e**-a*]–inability to stand or walk.
Atactica [*a-tak-tik-a*]–uncertain, jerky movements in walking.
Paralytic [*par-a-lit-ik*]–caused by paralysis of the leg muscles.
Choreic [*k**o**-r**e**-ik*]–related to chorea of the legs.
Paroxysmal [*par-ok-siz-mal*] trepidant [*trep-**i**-dant*]–resulting from the trembling and sudden stiffening leg muscles on standing which make walking impossible.

Ablepsia [*a-blep-s**e**-a*] (G)–blindness, the lack of or loss of sight.

Abnormal psychology (MH)–the study of maladaptive and deviant behavior.

Abortion (G)–the termination of a pregnancy prior to the fetus reaching viability. (States differ in legal definition of viability, but it is usually 20 to 24 weeks.) Symptoms include vaginal bleeding, abdominal cramps, passing of clots and bits of fetal tissue.

Abreaction [*ab-r**e**-ak-shun*] (MH)–a full and dramatic release of suppressed emotion that is associated with some dramatic happening of the past; presumed to result in the permanent disappearance of the symptom that had been established for that occasion.

Abscess [*ab-ses*] (G)–caused by the displacement or breakdown of tissue, a localized mass or collection of pus that can be located on any part of the body.

Abscission [*ab-**si**-zhun*] (PM/R)–the removal of tissue by excision.

Absentia epileptica [*ab-sen-sh**e**-a epi-lep-ti-ca*] (G)–a momentary or short loss of consciousness with the absence of convulsion.

Abstinence syndrome (MH, PM/R)–refers to the partial collapse of an individual which results from the withdrawal of addictive substances.

Abulia [*a-b**u**-l**e**-a*] (G)–the inability to exercise (or absence of) willpower or to make decisions. It also relates to lack of spontaneity, slow reactions, and brevity of verbal response.

Abuse (G)–an improper or excessive use; misuse. Examples include:

Aged–the physical and/or emotional neglect and/or maltreatment of the elderly.

Child–the physical and/or emotional maltreatment and/or neglect of an individual under the age of 18, or the age specified by the state in question, by a person providing his or her care which indicates the child's health or welfare is threatened.

Drug–the misuse of prescribed or illicit drugs, particularly narcotics or psychoactive substances or drugs.

Emotional–abuse that most frequently results from excessive verbal abuse and demands on (usually) a child's performance that results in a negative self-concept on part of the individual or/and in disruptive behavior or/and impairment of the individual's emotional, psychological, and physical growth and development.

Physical–any nonaccidental physical injury inflicted by a parent or caregiver on a child deliberately or in anger.

Sexual–interaction between an adult and child when the child is being exploited for the sexual stimulation and gratification of the perpetrator or another individual. The perpetrator may be under 18 years of age if in a position of power or authority over the victim.

Spouse–the emotional and/or physical maltreatment of one's spouse or mate.

Acalculia [*a-kal-k**u**-le-a*] (G)–the inability to do arithmetic operations; a type of aphasia.

Acatamathesia [*a-kat-a-ma-th**e**-z**e**-a*] (G)–the loss of the ability to understand spoken words; occasionally occurs as the result of a brain lesion.

Acathisia [*a-ka-thiz-**e**-a*] (MH, MR/DD)–the inability to sit down since the idea of doing so results in extreme anxiety. The individual has strong feeling of restlessness and the compelling need for movement.

Accessory symptoms (G)–the secondary symptoms of a disorder.

Acculturation (G)–the process of a member of one culture assuming the behaviors, attitudes, and values of a hosting culture in order to become an accepted member.

Acetylcholine [*ac-e-til-k**o**-l**e**n*] (PM/R)–chemical involved in the transmission of nerve impulses.

Acheiria [*a-k**i**-r**e**-a*] (PM/R)–the congenital absence of one or both hands, also the loss of sensation in or sense of loss of one or both hands.

Achievement age (MR/DD)–refers to the age of an individual with regard to level of acquired learning. It is determined through the use of standardized proficiency testing and expressed in terms of the chronological age of the average individual demonstrating the same level of achievement or acquired learning.

Achromasia [*ak-r**o**-m**a**-z**e**-a*] (G)–the absence of normal skin pigmentation.

Achromatopsia [*a-kr**o**-ma-top-s**e**-a*] (G)–total color blindness.

Acroanesthesia [*ak-r**o**-an-es-th**e**-z**e**-a*] (G)–the lack of sensation in one or more limbs.

Acrocontracture [*ak-r**o**-kon-trakt-**u**r*] (G)–the drawing-up or contracture of feet and/or hands.