



Humor in the Clinic

Debra Coty

The therapeutic benefits of humor in health care have long been lauded. After 23 years as an occupational therapist, I am a firm believer. Setting the tone in the clinical environment is very important. For instance, the fearful, new client with his mouth set in a rigid line needs only to read the sign on my wall to know where I stand: "If you are grouchy, irritable, or just plain mean, there will be a \$10 charge for putting up with you."

It sits just to the left of the poster of the baby who has dumped a bowl of spaghetti on his bald head.

Clients themselves are often the source of clinical levity. A sweet senior citizen whom I had been seeing for multiple proximal phalanx fractures recently greeted me by handing me a percutaneous pin that had been the loser in a tug-of-war with her telephone cord. She thought I might like to use the little round ball on the end to make myself a new earring.

Hmmm. Maybe she has something there. We could create a whole line of jewelry for therapists, featuring necklaces made out of theratubing strung with mini stacking cones, or bracelets of glued-together fingernail hooks. Haven't you ever considered how stunning those colored pinchpins would look as hair barrettes?

I treated a teenage boy who had sustained a traumatic brain injury in a bicycle accident. He was unresponsive to all attempts at therapy. I had left colored beanbags on the table and walked to the other side of the room for his chart. I turned around to catch a beanbag squarely between the eyes with a wicked chuckle from the grinning imp. At least I knew that altered perception was not a concern.

I once handed an innocent-looking elderly lady a handful of therapy putty and told her to squeeze it for the next

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5 minutes. She proceeded to laboriously hand-sculpt an anatomically correct male torso. For once, I was speechless. I bet a psychiatrist would have a field day with that one.

Of course, not all clients are open to friendly banter or occasional silliness, but in general, the clients take their cues from the therapist as to how to deal with their pain and disability. We must listen empathetically, but express an attitude of expectation and hope. Pain is never funny, no matter how you look at it, which is why we must try to make it as tolerable as possible.

A light clinical atmosphere is instrumental in relieving clients' anxiety and promoting the desire to try, even if it hurts. Gentleness and humor are invaluable in establishing rapport with the anxious client. After all, it's a lot more motivating to work toward a goal with your friend the therapist than with your taskmaster the therapist.

I use a wonderfully inane tool to "break the ice" with new patients, and it never fails to elicit a smile. The little rubber man, whose eyes and ears pop out of his head when you squeeze his belly, is marketed as "popping toy," but we affectionately call him Bulging Bob. Of course, it's rather difficult to maintain your professional dignity when documenting the above activity, so I use the secret code, "BB x 10."

About 10 years ago, the magician David Copperfield developed a program for occupational therapy and

physical therapy patients that used specific magic tricks to aid in rehabilitation. He included juggling to improve eye-hand coordination and forearm supination. As a wannabe juggler myself, I have since endeavored to teach clients with radial head fractures this ancient art, using whatever is handy—tennis balls, beanbags, staplers, rolled-up socks (just kidding about the staplers). The vast majority of them never make it past two items, but they sure have a great time trying.

Not all of us are as creative as one occupational therapist I know. For Halloween, she cut out gingerbread cookies for her patients in the shape of life-sized hands, complete with red icing scars and candy corn fingernails. It was too clever for words, but something was weird about biting off a distal phalanx.

For Christmas one year, a COTA I worked with created very, er, interesting Christmas ornaments out of thermoplastic splint scraps. She tied red ribbons around them and hung them all over the clinic. What they lacked in beauty, they made up for in originality. Sterile clinics are boring clinics.

I cringe every time a client tells me that he or she used to have therapy at such and such a clinic but didn't stay there because it was just work, work, work and nobody had any fun. I revel in snickers, giggles, and the occasional loud guffaw echoing throughout the clinic. Therapy can be serious work and serious fun at the same time. It's all in how the therapist approaches it. Environment and attitude are the keys to a productive but enjoyable therapeutic experience. ■

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