

Therapy Impact in the Yucatan

Carissa Minniear

The Ohio State University

## Therapy Impact in the Yucatan

### Report

The nature of my trip to Merida, Mexico was a collaboration of physical and occupational therapists and students with local therapists. This is the fourth year for Ohio State University to visit Merida, and because of the trip being designed in conjunction with what the Wheeling Jesuit University had already started, it has been sustainable. I worked primarily in a local school called Patronato. Patronato has both a school for children with special needs and a clinic with a therapy gym. Occupational therapy is not recognized in Merida; however, there are physical therapy and a rehabilitation degree, which is a basic compilation of physical and occupational therapy.

At Patronato I worked in both the classroom and in the therapy gym. My three primary goals after my first day on the job included: 1) To be able to identify what the professionals at Patronato view as areas of need and/or strength; 2) To be able to problem solve and develop a solution/assistance that meets some aspect of the need and help strengthen areas that they are doing well; and 3) To work on my Spanish speaking by continuing to try and speak it. I discovered at Patronato while trying to accomplish my goals that a lack of resources and a rudimentary education are hindrances to what the therapists and the teachers are able to do for the students.

However, I was very inspired by the passion that the professionals had for their students. They offered love willingly and worked very hard to offer what they had to the students. The majority of the time treatment ideas were related to strengthening what the therapists and teachers were doing already. For instance, the teachers and the psychologist were concerned about one eighteen year old student with mental retardation who had only been at the school for

a little over a month. This student had behavioral problems, such as aggression, especially when requests were made of him. The teachers and the student's therapist were trying to address the student's attention deficits through activities that were not challenging to the student. Through collaboration with the physical therapist and another occupational therapy student from OSU, we suggested activities that were similar to what was already being done but that provided the just right challenge and required attention.

The majority of the students that the doctor, psychologist, and teachers wanted us to evaluate and treat were more complex cases, such as children with severe cerebral palsy (CP) that had poor positioning affecting their organs and skin integrity. Treating cerebral palsy in Merida, Mexico is challenging. In Merida, Mexico there are several approach areas to strengthen in order to increase the treatment effectiveness of professionals when working with individuals with cerebral palsy. Some areas are the theory behind treatment, wheelchair accessibility, and scoliosis and spasticity management.

During the two weeks at Patronato, I observed that the local professionals tend to focus on physical impairment. For example, the doctor at Patronato mentioned several times her concern over a patient's foot being positioned at rest in an abnormal way. However, current research supports the idea that "activity-based intervention to reduce activity limitation in children with CP is more effective than impairment-based intervention" (Kim and Park, 2011, 72).

At Patronato the primary focus of treatment is often on being able to walk even if the possibility seemed unrealistic. Lower limb orthotics are fitted for many children with cerebral palsy in Merida with the hopes of correcting deformity and increasing walking abilities; however, there is the concern of the orthotics becoming too tight and rubbing since there is not a lot of follow up as the individual ages. Also, Karen Krigger (2006) reports the results from literature

reviews that demonstrate “poor evidence-based support for the use of lower limb orthoses to prevent deformities or improve activities in children” (98). While I was surprised by the push to walk instead of being independent in wheelchair use, I quickly became aware of the lack of accessibility within the community. There were not many wheelchair ramps, and the few locations that had ramps were at such a high incline that they were not usable. The curbs in some streets were two feet or more off of the road for the rainy season. I found that getting off and on buses required quickly finding a seat and getting off promptly due to the drivers not waiting and accelerating rapidly. I did see a handicap sign near one business; however, there was no ramp and the curb was easily over two feet off of the street. The majority of sidewalks in Merida were challenging to walk on. In some locations the sidewalk was no bigger than two feet wide, and in other locations, while the sidewalk was wider; there were electrical wires, wood beams, or metal poles coming out of the middle of the sidewalk. “In probably all countries where progress has been made with disability issues, it has been characterized by vigorous advocacy of disability groups themselves” (Venter et al, 2002).

There were several children with severe cerebral palsy that had scoliosis affecting their organs and skin integrity in Merida. Some of the current recommended treatment options for scoliosis in individuals with cerebral palsy include seating adaptations, spinal braces, surgical correction, and spinal arthrodesis (Tsirikos, 2010). However, many of these options are not feasible for individuals seen in Merida due to age, severity of deformity, decreased resources, and the increased risk of infection and decreased availability of care associated with surgeries that are already precarious. We made some seating adaptations, but because the seating adjustments were for older children the goal was not deformity corrections but for better positioning for increased skin integrity and increased participation in activities of daily living.

Addressing spasticity in the individuals with cerebral palsy is challenging in Merida because of limited resources, such as a clean environment or qualified medical professionals to

be able to have such treatments as a baclofen pump. Lundy, Lumsden, and Fairhurst (2009) identify some of the problems with baclofen pumps as “empty pump reservoir, catheter leaks or displacement, pump malfunction, programming error and refill of pump with improper drug concentration are the possible mechanisms which could lead to an ITB withdrawal syndrome which can lead to muscle breakdown and multi system failure.” An individual from Merida with cerebral palsy should consider several factors before receiving a baclofen pump: difficulty with transportation to a qualified hospital, concern surrounding paying for the cost the procedure, and the required upkeep.

### Site Evaluation

My experience at Patraonato was a positive one for several reasons. The doctor and the psychologist at the facility have gained trust in the physical therapists from OSU because of the respect, consistency, and expertise that they bring. The staff at Patronato welcomed us warmly, and we tried to be respectful of all that they do. We tried to be mindful of their customs and traditions, and we attempted to speak and understand their language. We did not come into the facility presuming we knew best, but we tried to learn from the professionals and strengthen what they were already doing.

The experience that left the greatest impact on me was a twelve year old girl that we met at the school. She was still in a diaper and was dependent on others for many things. We were able to teach her out to get in and out of her wheel chair independently and transfer to and from a commode. We were also able to work with her on reading, writing, and feeding herself. We also addressed options for communicating better as her speech was hard to understand. You could see the joy light up her face as her world was opening to new possibilities.

We used a local translator during our two weeks working at Patronato. I found that I was able to learn a lot from her about the area and culture, and not only was she able to interpret what we were saying but she was able to translate what we were trying to convey into what was appropriate culturally. I would highly recommend getting a local translator instead of bringing someone in who speaks the language but who is unaware of the culture and the traditions.

I felt safe while in Merida. I did not have any situations that made me feel uncomfortable. It was a shock to see police officers that were heavily armed; however, our translator explained that the security was increased over our stay in Merida because it was during the holiday season and stores had more cash and people were receiving their end of the year bonuses.

I would recommend this experience to other students. However, I would suggest being open and sensitive to the local culture while there. I felt like I was able to learn more about the people because I was willing to try new foods and observed the customs of the area. I appreciated the fact that we stayed within the community instead of a fancy hotel. It was an adjustment to remember to put toilet paper in a trash can rather than in the commode and to brush my teeth with bottle water instead of water from the tap. I discovered that my favorite drink there is la chaya juice which is a locally grown vegetable similar to spinach but higher in nutritional value and very refreshing. I came to appreciate the fresh limes and mangoes that we had at least once a day. Understanding and learning about the history of the Mayan people and the significance of the Yucatan becoming a part of Mexico also increased my appreciation of the people. While I am not Catholic, attending a Catholic mass while there enhanced my learning experience of the culture.

It was very beneficial at the end of the trip to have a discussion about what we had seen and done and about returning back to our life in the United States. The poem "This is What we

are About” by Oscar Romero helped me appreciate all that we were able to do in Merida and not be discouraged by all the lives left untouched.

We plant seeds that one day will grow.

We water seeds already planted, knowing that they hold future promise.

We lay foundations that will need further development.

We cannot do everything and there is a sense of liberation in realizing that.

This enables us to do something, and to do it very well.

It may be incomplete, but it is a beginning, a step along the way, an opportunity for God’s grace to enter and do the rest.

We may never see the end results, but that is the difference between the master builder and the worker.

We are workers, not master builders; ministers, not messiahs.

We are prophets of a future not our own.

## References

- Kim, W.H., and Park, E.Y. (2011). Causal relation between spasticity, strength, gross motor function, and functional outcome in children with cerebral palsy: a path analysis. *Developmental Medicine & Child Neurology*, 53, p. 68-73.
- Krigger, K. (2006). Cerebral palsy: an overview. *American Family Physician*, 73, 91-100.
- Lundy, C., Lumsden, D., and Fairhurst, C. (2009). Treating complex movement disorders in children with cerebral palsy. *The Ulster Medical Society*, 78, p. 157-163.
- Tsirikos, A.I. (2010). Development and treatment of spinal deformity in patients with cerebral palsy. *Indian Journal of Orthopaedics*, 44, p. 148-158.
- Venter, CJ, Bogopane, H., Rickert, T., Camba, J., Venkatesh, A., Mulikita, N., Maunder, D., and Savill, T. (2002). Improving accessibility for people with disabilities in urban areas. Proceedings: CODATU X. Lome. Retrieved on December 26, 2010 from [www.transport-links.org](http://www.transport-links.org)

Visual Story



Young adults working at the workshop on jewelry that they sell at local stores



All the students participating in the Christmas production



All of us with the staff from Patronato



The student I worked with on English at a school for girls





