

ARN Celebrates 35 Years of Progress

Elizabeth Sherman, ARN Senior Marketing Manager

Years of Excellence



Albiana Doll, RN,
founding Member and
Past President of ARN

The year was 1974. President Nixon resigned and the Six-Million-Dollar Man leaped onto our television screens. The minimum wage was \$2, gas cost \$.63 a gallon, and a postage stamp was just \$.10. Also during this year, a visionary woman named Susan Novak saw a need to support the many nurses who worked to enhance the quality of life of those affected by disability and chronic illness. With her leadership and help from Lutheran General Hospital in Park Ridge, IL, ARN was formed.

ARN has experienced amazing growth in its scope of services, knowledge sharing, and networking since its inception in 1974. Membership has grown from just 11 members to more than 5,000. It is not just ARN that has evolved since that time; advancements in rehabilitation medicine and care and best practices have been established across all disciplines.

This anniversary provides a fitting time to reflect on the progress the field of rehabilitation nursing has made during the past 35 years, as well as the opportunities for improvement that still

exist. New avenues are opening in health policy advocacy, safe patient care, and best practices. Nurses continue to share ideas, stories, and everyday challenges to help one another find better ways to accomplish goals. Patient and family education remain defining instruments of rehabilitation nursing as we strive to make life after an injury or with a chronic illness as independent as possible for our patients.

One of ARN's founding members and past presidents, Albiana Doll, RN, spoke at last year's Annual Educational Conference during the Founder's Address. She offers a wonderful perspective on how the world of rehabilitation has changed over the years. "If you lived close to a rehabilitation center you were fortunate. They were few and far between," recalled Doll. Doll went on to say, "It wasn't until World War II and the numerous men returning with spinal cord injuries, brain trauma, etc. that the decision became clear. Something had to be done to help injured individuals achieve a level of wellness that would allow them to go home rather than stay in hospitals or long-term care facilities."

In the early 1960s, patient and family education became a key factor in achieving this goal. Although many patients preferred returning home after being discharged, many had to be transferred to other facilities because, in many cases, families were unable to provide the level of continuing care that was required. "We wanted to teach everyone to stop believing disabled people were sick. They are disabled—there is a world of difference. Perhaps the word client would be more

appropriate," says Doll. "We began getting the families involved immediately, teaching at bedside. If someone came to visit a patient, we tried to figure out what that person could offer." The intention was to build confidence with direct patient care to ensure a smooth transition to home. That ideology has withstood the test of time.

Educating nurses also presented a challenge in the early years. Workshops at Doll's Kaiser Rehabilitation Center would fill up immediately, but there were few facilities and many were unable to relieve its staff to attend because of staffing situations. Doll spent many weekends traveling with a physical therapist and occupational therapist to various facilities to share their knowledge. Public health nurses were invited to her facility to share ideas and observe patient programs. "Community involvement was excellent. We were fortunate to have student nurses from nursing schools and junior colleges affiliated with our center.

The presence of many young students was often incentive enough for many of our 'late sleepers' to get up and get to therapy on time," recalled Doll.

There was a tremendous hunger for information among the general nurse population. On a visit to her sister's home in Illinois, Doll spied an advertisement for a workshop

conducted by ARN. Inspired by the potential for continuing education and collaboration, Doll started her own chapter in California, which was the second chartered chapter of ARN and the first chapter on the West Coast. The diverse chapters worked together to develop and teach best practices, share educational information, and ensure quality care of both patient and nurse.

Still, "the work was back breaking," commented Doll. "We didn't have the equipment that made it easier on the patient and nurse." Even the move in the 1950s from latex to plastic was a monumental improvement. According to Doll, her rehabilitation center on Saturdays looked more like a Laundromat because of all the time and cleaning necessary to ready the equipment for the following week. "Modern-day rehabilitation nurses will not have to experience those conditions," says Doll.

Reflecting on the progress made in treating people with disabilities is gratifying. From newly enacted civil rights laws for people with disabilities to handicap parking and building access, rehabilitation nurses can feel proud that many of these accomplishments are the result of their hard work, dedication, and commitment to their patients.

Please join us at a special 35th anniversary celebration during ARN's Annual Educational Conference in October. We want to acknowledge ARN and its members' fine accomplishments in improving the field of rehabilitation during the past 35 years. A wonderful party is planned with entertainment and fine food. Please be our guest. 

Please join us at a special 35th anniversary celebration during ARN's Annual Educational Conference in October. We want to acknowledge ARN and its members' fine accomplishments in improving the field of rehabilitation during the past 35 years. A wonderful party is planned with entertainment and fine food. Please be our guest.

Soaring to New Heights