

Rehabilitation of the Disabled

by RALPH TREITEL*

FOR MANY WORKERS who are disabled, the negative consequences of incapacity—unemployment, social isolation, and limits on mobility—can be reduced or minimized through the mediation of rehabilitation services. According to the findings of the 1966 Social Security Survey of Disabled Adults, however, only a small proportion of the disabled feel a need for such services or are referred to the agencies that provide them.

In 1966, of the 18 million persons aged 18–64 with some work limitation that was the result of a health condition, about 1 in 8 reported having received some type of rehabilitation service in the past and about 1 in 7 expressed an interest in obtaining any service or additional services in the future. Among those who did not receive any services, fewer than 1 out of 20 tried to get them.

This article presents data from the Survey on the receipt of rehabilitation services and on the current interest in obtaining services that was indicated by the disabled, in terms of selected demographic and disability characteristics.¹ These characteristics include age, sex, severity of disability, employment status before and after the disablement, income-maintenance status, education, and family status.

The Survey was based on a national household sample of the civilian noninstitutionalized population aged 18–64. Disability was defined as a limitation in the kind or amount of work that was the result of a chronic health condition or impairment lasting 7 months or longer. The extent of incapacity ranged from the inability to perform any kind of work to secondary limitations in the kind performed.

All the disabled persons interviewed in the Survey were asked (1) if they had received re-

habilitation services in the past, (2) if they had tried to get services, and (3) if they were currently interested in receiving services. Information was obtained on the kind of services received or wanted and the reasons why services were not received.

Rehabilitation was identified in terms of the type of service provided: job training; job placement; tools, equipment, or licenses; guidance and counseling; physical therapy; special devices such as a brace; training for leisure activity; or other services. The services were those furnished by any agency or individual “regularly providing such services,” including clinics, physicians, and public agencies such as vocational rehabilitation agencies.

The Survey data show that 2.1 million of the disabled, or 12 percent of the 17.8 million disabled noninstitutionalized adults aged 18–64 in the United States, had received services. For one-third of the 2.1 million persons, the services were received in 1965; two-thirds of them received services before that year. Not included in these estimates were persons who received services in the past and had recovered from the disability, died, or become institutionalized.

The treatment for a medical condition and the services to reduce the disabling effects of that condition may not be readily distinguishable. For this reason and because some persons may have forgotten the source of the services received, underreporting of services may exist. On the other hand, overreporting could occur for persons who received only medical services but listed them as types of rehabilitation services.

SEVERITY OF DISABILITY

The total number of disabled persons aged 18–64 in the 1966 Survey of Noninstitutionalized Disabled included: 6.1 million severely disabled who were unable to work regularly or at all; 5.0 million occupationally disabled who were able to

* Division of Disability Studies, Office of Research and Statistics. For a fuller report, see Ralph Treitel, *Rehabilitation of the Disabled*, Report No. 12 from the Social Security Survey of the Disabled: 1966, Office of Research and Statistics, September 1970.

¹ The Survey methods and sampling design are described in the Technical Note in Reports Nos. 1–14 from the Social Security Survey of the Disabled: 1966; see also the *Social Security Bulletin*, May 1968, page 22.

TABLE 1.—Receipt of rehabilitation services and current interest in obtaining services: Number and percent of disabled non-institutionalized adults, aged 18-64, by age, sex, and severity of disability, spring 1966

Age and severity of disability	Number (in thousands)			Percent who received services			Percent currently interested in services		
	Total	Men	Women	Total	Men	Women	Total	Men	Women
All disabled, total.....	17,753	8,430	9,323	12	15	10	15	16	14
18-44.....	6,562	3,060	3,502	17	21	13	17	18	17
45-54.....	5,072	2,456	2,617	12	16	8	17	17	17
55-64.....	6,119	2,914	3,205	7	7	7	10	12	8
Severely disabled, total.....	6,100	2,300	3,800	13	17	11	18	25	15
18-44.....	1,810	578	1,232	18	24	15	24	36	19
45-54.....	1,515	558	957	15	23	10	22	30	17
55-64.....	2,774	1,164	1,611	9	10	9	13	17	10
Occupationally disabled, total.....	5,014	2,420	2,594	13	19	8	16	17	15
18-44.....	1,692	861	830	19	27	10	21	21	21
45-54.....	1,787	888	899	13	19	6	20	18	21
55-64.....	1,535	671	864	7	9	6	6	12	1
Secondary work limitations, total.....	6,639	3,710	2,930	10	11	9	10	9	12
18-44.....	3,060	1,621	1,440	15	17	13	11	10	13
45-54.....	1,770	1,010	760	8	10	6	10	10	11
55-64.....	1,810	1,079	730	4	3	5	8	7	10

work regularly but not full time or at the same work; and 6.6 million with secondary work limitations who were able to work full time at the same job (including housework) after they became disabled (table 1).

The proportion of the severely disabled who received rehabilitation services was about the same as that for the occupationally disabled, and it was higher than the proportion for those with secondary work limitations. The same pattern was evident with respect to current interest in receiving services: roughly similar proportions of the severely disabled and of the occupationally

disabled expressed such interest, with a smaller percentage of those with secondary work limitations interested in seeking services.

It might have been expected that those with less severe disabilities would use rehabilitation services more often. Persons with partial disabilities are more likely to be capable of sustained productive work, and help can be provided for them with less expense and less effort than for the more severely disabled. But it is the loss of ability to carry on a job or other personal tasks that provides a strong incentive to the individual to seek help. Thus, if the impairment

TABLE 2.—Type of rehabilitation services ever received and functional limitations: Percentage distribution of disabled non-institutionalized adults aged 18-64, total and severely disabled, by type of limitation, spring 1966

Type of functional limitation	Number (in thousands)	Percentage distribution							Did not receive services	
		Total	Any services, total ¹	Received services						
				Selected types						
					Job training	Job placement	Guidance and counseling	Physical therapy	Special devices	
All disabled										
Total.....	17,753	100	12	3	1	2	2	6	4	88
No loss.....	4,659	100	9	4	2	3	2	1	1	91
Minor loss.....	5,095	100	11	3	(?)	2	6	3	89	
Moderate loss.....	3,465	100	11	2	1	1	6	5	89	
Severe loss and functional dependency.....	4,446	100	17	4	1	3	10	6	83	
Severely disabled										
Total.....	6,100	100	13	3	(?)	2	7	3	87	
No loss.....	792	100	12	5	2	4	2	(?)	87	
Minor loss.....	1,532	100	8	3	(?)	2	4	1	92	
Moderate loss.....	1,185	100	9	2	(?)	(?)	4	2	91	
Severe loss and functional dependency.....	2,551	100	19	4	(?)	3	12	6	81	

¹ More than one type of service may have been received.

² Less than 0.5 percent.

does not threaten the immediate work role or produce dependency at home, the individual and family may look to their own management of the incapacity rather than to professional rehabilitation agents for help. The costs of professional services, the limits on available services, and the social conventions inhibiting concern with minor health problems may all contribute to less involvement with rehabilitation services on the part of the partially disabled than of the severely disabled.

When receipt of services is related to functional limitations, a greater involvement in rehabilitation services by persons with more exten-

sive restrictions is clear from the data in table 2. Participation in these services was about 50 percent higher for persons with severe functional limitations or those functionally dependent than for those with less extensive limitations. This substantial difference reflects primarily the receipt of physical therapy and special devices. Twelve percent of the severely disabled with severe functional losses had received physical therapy services but only 4 percent of those with moderate losses. These services, often provided by physicians, may be related to treatment for particular types of disabling conditions such as nervous system disorders (table 3).

TABLE 3.—Type of rehabilitation services ever received and diagnostic group: Percentage distribution of disabled noninstitutionalized adults aged 18-64, by severity of disability and diagnostic group, spring 1966

Diagnostic group and severity of disability	Number (in thousands)	Percentage distribution						Did not receive services
		Total	Received services					
			Any services total ¹	Selected types				
				Job training	Guidance and counseling	Physical therapy	Special devices	
All disabled, total.....	17,753	100	12	3	2	6	4	88
Musculoskeletal.....	5,492	100	17	4	2	10	7	83
Cardiovascular.....	4,409	100	6	2	1	2	1	94
Respiratory.....	1,986	100	7	3	2	2	1	93
Digestive.....	1,288	100	7	3	2	2	2	93
Mental.....	1,114	100	17	7	7	5	1	83
Nervous system.....	921	100	32	6	6	23	9	68
Neoplasm.....	301	100	6	4	2	1	1	94
Genito-urinary.....	451	100	3	31	-----	2	1	97
Diabetes.....	487	100	7	4	1	2	1	93
Visual.....	433	100	17	9	5	4	4	83
Other.....	877	100	12	3	5	5	5	88
Severely disabled, total.....	6,100	100	13	3	2	7	3	87
Musculoskeletal.....	1,635	100	12	2	1	8	5	88
Cardiovascular.....	1,574	100	6	1	1	4	1	94
Respiratory.....	530	100	13	5	2	3	2	87
Digestive.....	333	100	9	4	(?)	2	4	91
Mental.....	601	100	21	10	10	5	1	79
Nervous system.....	587	100	37	7	5	27	10	63
Neoplasm.....	165	100	4	1	-----	1	2	96
Genito-urinary.....	171	100	4	(?)	-----	1	3	96
Diabetes.....	184	100	6	4	1	1	(?)	94
Visual.....	155	100	16	7	4	1	2	83
Other.....	265	100	10	2	5	5	1	90
Occupationally disabled, total.....	5,014	100	13	4	3	6	5	87
Musculoskeletal.....	1,848	100	21	5	3	11	10	78
Cardiovascular.....	1,235	100	5	2	1	2	(?)	95
Respiratory.....	476	100	6	4	1	(?)	(?)	94
Digestive.....	446	100	10	4	4	3	3	90
Mental.....	278	100	16	6	3	9	(?)	84
Nervous system.....	180	100	23	1	14	12	4	77
Neoplasm.....	73	100	7	6	1	-----	(?)	93
Genito-urinary.....	115	100	-----	-----	-----	-----	-----	100
Diabetes.....	93	100	2	2	(?)	-----	-----	98
Visual.....	95	100	18	9	7	6	14	82
Other.....	170	100	6	1	(?)	5	2	94
Secondary work limitations, total.....	6,639	100	10	3	2	5	3	90
Musculoskeletal.....	2,108	100	16	4	2	9	5	83
Cardiovascular.....	1,600	100	6	2	1	2	(?)	94
Respiratory.....	981	100	4	1	2	2	-----	96
Digestive.....	503	100	3	(?)	1	-----	-----	97
Mental.....	235	100	10	3	4	3	(?)	90
Nervous system.....	148	100	25	6	2	19	11	75
Neoplasm.....	63	100	8	8	8	-----	-----	92
Genito-urinary.....	165	100	4	(?)	-----	4	-----	96
Diabetes.....	210	100	10	6	3	4	2	90
Visual.....	183	100	17	10	4	5	1	83
Other.....	443	100	16	5	6	4	8	84

¹ More than one type of service may have been received.

² Less than 0.5 percent.

AGE AND SEX

Advanced age clearly has a negative effect on prospects for return to work and on the performance of other social activities, apart from the biological association with decrease in function and susceptibility to chronic disease. According to a Survey study, "Social usage and employment practice suggest that chronological age influences capacity evaluation as an independent status attribute."²

As the data given in table 1 show, the proportion of the disabled receiving services drops from 17 percent of those under age 45 to 7 percent of those aged 55 and over (including 4 percent of the retired workers aged 62-64). This decline with advancing age occurs even though aging may increase vocational problems and is associated with a gradual process of deterioration. Rehabilitation services thus seem to be provided for older persons in accordance with productivity expectations rather than potential usefulness.

Because of their limited resources and the need to show results for their efforts in providing

services, referral agents and rehabilitation agencies may be expected to give greater consideration to younger disabled persons. The young are more likely to have traumatic injuries or the kind of impairments that often show significant improvement after rehabilitation services are provided—unlike the chronic, progressive diseases associated with aging. Younger persons also tend to have fewer multiple conditions and greater residual capacity.

The older disabled persons themselves express lessened interest in services. Despite their prospects for progressive reduction in capacity, fewer of the disabled at ages 55-64 were interested in receiving services than those under age 55 (1 in 10, compared with 1 in 6).

Relatively more men than women received services. At the younger ages, the differences were greatest: Among the severely disabled aged 18-54, about 25 percent of the men obtained services, compared with fewer than 15 percent of the women.

Among all the disabled, men and women were about equally interested in obtaining services. Among the severely disabled, however, 25 percent of the men said they were currently interested in services but only 15 percent of the women. The

² Lawrence D. Haber, "Age and Capacity Devaluation," *Journal of Health and Social Behavior*, September 1970.

TABLE 4.—Type of rehabilitation service received and sponsoring agency: Percentage distribution of disabled noninstitutionalized adults aged 18-64, total and severely disabled, by agency and type of service, spring 1966

Agency providing or arranging services	Total ¹	Type of service received			
		Vocational services	Guidance and counseling	Physical therapy or special devices	Other
All disabled					
Number (in thousands).....	2,136	679	423	1,338	201
Total percent.....	100	100	100	100	100
State vocational.....	19	36	22	10	40
Public welfare.....	9	9	14	7	8
Veterans Administration.....	18	28	26	14	14
Private agency.....	8	7	6	10	15
Other public agency.....	10	10	13	11	7
Own doctor.....	33	12	17	47	18
Other person.....	4	6	3	5	14
Not reported.....	5	5	7	6	6
Severely disabled					
Number (in thousands).....	802	241	149	508	127
Total percent.....	100	100	100	100	100
State vocational.....	20	37	19	11	37
Public welfare.....	11	13	9	8	9
Veterans Administration.....	12	22	17	7	4
Private agency.....	9	12	12	12	19
Other public agency.....	10	6	13	12	9
Own doctor.....	37	22	27	51	24
Other person.....	6	13	1	9	21
Not reported.....	5	2	8	4	6

¹ More than one type of service or agency may have been selected.

greater involvement of men in paid employment may account for their greater interest in rehabilitation services.

DIAGNOSTIC CONDITIONS

More than 40 percent of the 2.1 million disabled who received rehabilitation services had musculoskeletal disorders as their primary disabling condition. This high proportion is not entirely explained by the sizable representation of that diagnostic group among the disabled (31 percent of the total). Many musculoskeletal impairments are caused by injury and not by progressive disease processes, and injuries to the spine, back, or limbs are usually more subject to improvement or stabilization than degenerative disorders are.

Among those with musculoskeletal disorders, higher proportions of the occupationally disabled (21 percent) than of the severely disabled (12 percent) received services (table 3). For most of the other diagnostic groups, the severely disabled had the highest percentage of recipients. The occupationally disabled with musculoskeletal disorders were more likely than the severely disabled to receive physical therapy and special devices.

The disabled with nervous system disorders had the highest recipient rate (32 percent), largely because of their particular need for physical therapy and special devices. A high proportion of persons with mental and visual disorders also received services. Those with genito-urinary disorders, neoplasms, cardiovascular disorders, respiratory disorders, digestive disorders, and diabetes were less likely to have received services.

TABLE 5.—Type of rehabilitation services ever received and income-maintenance program status: Percentage distribution of noninstitutionalized adults aged 18-64, total and severely disabled, by type of service received and OASDI beneficiary status, spring 1966

Public income-maintenance program status	Number (in thousands)	Percentage distribution						
		Total	Received services				Did not receive services	
			Any services, total ¹	Selected types				
				Job training	Guidance and counseling	Physical therapy		Special devices
All disabled								
Total.....	17,753	100	12	3	2	6	4	88
Receiving OASDI benefits:								
Disability benefits.....	978	100	22	4	4	13	6	78
Disabled workers.....	842	100	22	4	4	14	6	78
Disabled children aged 18 and over.....	136	100	18	7	5	5	2	82
Other OASDI benefits.....	1,527	100	4	(?)	1	1	1	96
Retired workers.....	664	100	4	(?)	(?)	1	3	96
Wives and widows.....	863	100	4	1	1	2	(?)	96
Not receiving OASDI benefits:								
Public assistance.....	1,079	100	21	6	5	7	5	79
Other public income-maintenance payments.....	1,679	100	24	9	5	10	7	76
Not receiving public income-maintenance payments.....	12,490	100	10	2	2	5	3	90
Severely disabled								
Total.....	6,100	100	13	3	2	7	3	87
Receiving OASDI benefits:								
Disability benefits.....	847	100	21	4	4	14	6	79
Disabled workers.....	739	100	22	4	3	15	6	78
Disabled children aged 18 and over.....	108	100	15	4	5	5	2	85
Other OASDI benefits.....	778	100	5	(?)	1	2	2	95
Retired workers.....	363	100	5	(?)	(?)	1	3	95
Wives and widows.....	414	100	5	(?)	2	4	(?)	96
Not receiving OASDI benefits:								
Public assistance.....	710	100	18	4	3	8	4	82
Other public income-maintenance payments.....	498	100	13	4	2	5	3	86
Not receiving public income-maintenance payments.....	3,268	100	12	4	3	6	3	88

¹ More than one type of service may have been received.

² Less than 0.5 percent.

PROVIDERS AND TYPES OF SERVICES

One third of all disabled who received services reported that their doctor either provided the services or arranged for them—an indication of the close relationship between treatment of the medical condition and help directed at the need for rehabilitation (table 4). About half of those who received services had physical therapy; about half of the recipients of physical therapy or special devices said that those services had been arranged for or provided by the recipients' own physician.

Public agencies involved in providing services included State vocational rehabilitation agencies (19 percent), the Veterans Administration (18 percent), and public welfare agencies (9 percent). For more than a third of those receiving vocational services, State vocational rehabilitation agencies had sponsored or arranged for the services. (These agencies reported nearly 500,000 disabled persons in rehabilitation service status in the fiscal year 1966.)

Public agencies that do not directly provide rehabilitation services may act as referral channels to providers of services. Social security and public assistance agencies refer applicants for disability payments to vocational rehabilitation agencies as a part of their regular procedures. Since 1966, the social security trust funds have been used to reimburse the State agencies for rehabilitation services to selected disability beneficiaries.³

RECEIPT OF INCOME-MAINTENANCE PAYMENTS

Approximately one-fifth of those getting disability benefits under OASDHI received rehabilitation services; only about one-tenth of those not getting public income-maintenance payments received such services (table 5). Relatively more of the disabled with income-maintenance payments than of those without these payments showed interest in obtaining rehabilitation services. Among the severely disabled, as might be expected, there was less difference with respect

³ Ralph Treitel, "Financing of Disability Beneficiary Rehabilitation," *Social Security Bulletin*, April 1969, pages 29-34.

to interest in services between those with and those without payments from income-maintenance programs.

The large number of disabled-worker beneficiaries who received physical therapy (14 percent) largely accounts for the high proportion (22 percent) of these disabled beneficiaries receiving any rehabilitation services. This fact may indicate, for the disabled beneficiaries, a greater degree of medical impairments rather than any greater involvement in vocational rehabilitation programs.

CLIENT EVALUATION OF SERVICES

Of those who received services, nearly 3 out of 4 felt that the services helped them, as the data below indicate. Among those helped, the largest proportions indicated that the help consisted of increased mobility and self-confidence. Obtaining a job was the type of help less often

TABLE 6.—Reason for not obtaining services: Percentage distribution of disabled noninstitutionalized adults aged 18-64 who did not receive rehabilitation services, by severity of disability and attempt to get services, spring 1966

Reason reported for not obtaining services	Total	Severely disabled	Occupationally disabled	Secondary work limitations
Total number who did not receive services (in thousands).....	15,598	5,291	4,352	5,955
Tried to obtain services				
Number (in thousands).....	490	238	144	108
Total percent.....	100	100	100	100
Wouldn't help or didn't need.....	2	4	1	1
Didn't know how to apply.....	4	4	5	3
Didn't qualify.....	20	25	12	21
Not available.....	10	6	17	6
Didn't know of any.....	2	3	-----	-----
Couldn't afford.....	2	2	4	1
Health reasons.....	11	22	-----	(¹)
No definite reason.....	8	3	10	16
Other.....	40	31	48	51
Not reported.....	2	(¹)	4	3
Did not try to obtain services				
Number (in thousands).....	14,868	5,002	4,135	5,731
Total percent.....	100	100	100	100
Wouldn't help or didn't need.....	70	58	70	80
Didn't know how to apply.....	6	9	6	3
Didn't qualify.....	1	1	1	1
Not available.....	1	1	1	(¹)
Didn't know of any.....	4	5	3	3
Couldn't afford.....	1	1	1	1
Health reasons.....	5	10	2	2
No definite reasons.....	7	8	9	5
Other.....	5	6	4	4
Not reported.....	1	1	2	2

¹ Less than 0.5 percent.

received than any of the other specific kinds of help.

Kind of help	All disabled		Severely disabled	
	Total	Currently employed	Total	Currently employed
Number (in thousands).....	2,136	1,041	802	134
Total percent.....	100	100	100	100
Services helped ¹	73	74	69	63
Obtaining job.....	14	21	8	9
Self-care.....	19	17	20	13
Getting around.....	34	35	36	25
Self-confidence.....	28	28	26	41
Helped in other ways.....	14	14	13	9
Services did not help.....	16	15	21	22

¹ More than one type of help may have been received.

In general those who did not receive services felt that such services would not be useful: The majority stated they did not need the services or that services wouldn't help (table 6). Those who had previously received services were more likely to be currently interested in obtaining them.

TABLE 7.—Interest in obtaining rehabilitation services: Percentage distribution of disabled noninstitutionalized adults aged 18-64, total and severely disabled, by past receipt of services and selected characteristics, spring 1966

Selected characteristics	All disabled				Severely disabled			
	Number (in thousands)	Percentage distribution			Number (in thousands)	Percentage distribution		
		Total	Interested in services	Not interested in services		Total	Interested in services	Not interested in services
Total.....	17,753	100	15	85	6,100	100	18	81
Ever received rehabilitation services:								
Previously received services.....	2,136	100	28	72	802	100	34	65
No services received.....	15,598	100	13	87	5,291	100	16	84
Current employment status:								
Employed.....	8,444	100	12	88	981	100	25	75
Men.....	5,705	100	12	88	487	100	31	69
Women.....	2,739	100	12	87	494	100	19	81
Not employed.....	9,084	100	17	83	5,045	100	17	82
Men.....	2,651	100	24	76	1,792	100	23	77
Women.....	6,433	100	14	85	3,252	100	14	86
Adequacy of income: ¹								
Below poverty level.....	5,728	100	23	77	2,885	100	23	76
Between poverty and low income.....	1,849	100	18	82	644	100	16	84
Above low income level.....	10,476	100	9	90	2,572	100	14	86
Education:								
Elementary.....	7,446	100	16	84	3,376	100	20	80
High school, 1-3 years.....	3,552	100	18	81	1,159	100	20	78
High school, 4 years.....	3,958	100	13	87	945	100	17	83
College.....	2,533	100	8	92	538	100	10	90
Not specified.....	274	100	11	89	82	100	9	91
Family status:								
Dependent young.....	1,523	100	23	77	544	100	29	70
Married.....	12,332	100	13	87	3,754	100	16	84
With children.....	7,412	100	15	85	1,929	100	18	81
No children.....	4,920	100	10	90	1,825	100	12	87
Not married, including widowed.....	2,842	100	16	83	1,218	100	22	78
Dependent, older adults.....	1,056	100	21	79	584	100	19	81

¹ Adequacy of income was measured for disability unit income on the basis of the Social Security Administration poverty and low-income index.

VOCATIONAL AND FAMILY CHARACTERISTICS

Attachment to the labor force might be expected to lead to greater involvement in rehabilitation services. Among those currently employed, 1 in 5 who received services said they were helped in obtaining a job. In the proportion receiving services among all the disabled, however, there was little difference between those currently employed and those who were not, as the tabulation that follows indicates.

Current employment status	Number (in thousands)			Percent who received services		
	Total	Men	Women	Total	Men	Women
All disabled ¹	17,753	8,430	9,323	12	15	10
Employed.....	8,444	5,705	2,739	12	14	9
Not employed.....	9,084	2,651	6,433	12	17	10

¹ Includes some persons for whom employment status was not available.

Interest in obtaining services was related both to adequacy of income and to dependency. Table 7 shows that a greater proportion of the poor than of those with more nearly adequate income

expressed interest in obtaining services. Among the severely disabled, those with less than 4 years of high school expressed interest in services at twice the rate of those with a college education—a reflection, clearly, of the greater vocational handicaps of the former group. Labor-market opportunities may play as great a part in return to work as individual efforts to manage impairment. (Studies of recovery among disability beneficiaries have indicated that a large percentage of those who return to substantial competitive employment go back to work for former employers.)⁴

Dependent family members were more interested in obtaining services than were household heads or their spouses—an indication that such interest may be the expression of the undesirability of dependency as much as the obligations for work performance.

⁴ Barbara Levinson and Jerome Green, "Return to Work After Severe Disability," *Journal of Chronic Disease*, 1965, pp. 167-180. Robert Ferguson, "A Follow-up of the 1963 Levinson and Green Study Sample," Social Security Administration, 1967.

CONCLUSIONS

Loss of work is a critical, undesirable situation. The survey data show that the severely disabled tend to be more interested in rehabilitation services than persons with less incapacitating disabilities. A greater proportion of men received services, possibly because of their greater labor-force obligations.

It is sometimes argued that compensation will act as a partial disincentive to recovery, but the data show a higher rate of receipt of rehabilitation services and interest in obtaining services among those with income-maintenance payments than among the other disabled. This difference may be partly explained by such factors as the greater severity of the impairments of those receiving earnings-replacement benefits, the routinized referral by social agencies such as social security offices and welfare agencies to vocational rehabilitation agencies, and the inadequacy of benefits to meet the economic needs of the disabled. Dependent family status, low income, and inadequate education were all related to increased interest in obtaining services.