

Chapter 15

Aquatic Therapy: Transitioning From Acute Care to Lifestyle

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1. The reader will understand the value of community transitioning
2. The reader will understand the key linkage components between the health care system and community facilities
3. The reader will gain awareness of options to create a more vibrant and efficient wellness community serving a broader range of individuals

One of the most important qualities of aquatic therapy is its utility across the full spectrum of health care, from the acute management of musculoskeletal injuries to its use as a health-maintaining, physically preserving lifelong activity. The physical properties of water provide a margin of therapeutic safety unequaled by most other treatment methods as described earlier in this book. The opportunity to create a single environment that facilitates both health restoration and maintenance has been left largely undeveloped, however. Most aquatic facilities have specialized in either diseased or healthy populations, but not both. This fragmentation of care divorces disease management from health restoration and rehabilitation as well as from healthy living. As a consequence, the health of the population continues to be impaired by an increasingly sedentary lifestyle, while aquatic facilities continue to be underused, and rehabilitative efforts continue to be disconnected and inefficient. This chapter describes the continuum across a typical community.

During the late 1800s, preventive and therapeutic health care took place in several distinct venues: hospitals, asylums, sanatoria, and health spas. Patients generally spent little time in hospitals because they were viewed as frightening places generally for the very ill or dying, and convalescence often occurred at home or in sanatoria, which usually specialized in a single disease, such as tuberculosis.¹ The healthier segment of the affluent population often used spas for extended recovery and for health maintenance. But during the post-Civil War era, changes in transportation and communication facilitated the development of the general hospital as the primary site of health care, so that from 1873 to 1920, the number of hospitals in America grew from 200 to 6,000.¹

From the mid-1800s until the early 1900s, hydropathic facilities were built in the major American cities, serving the needs of the public afflicted with chronic illness but rarely those with acute illness. Both spas and urban water cure establishments underwent a significant de-