

A PERSONAL ANALYSIS OF PHYSIOTHERAPY

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The following is a condensed version of a survey conducted in Johannesburg and submitted to the Faculty of Medicine of the University of the Witwatersrand in May 1975, as partial fulfilment of the requirements for the Degree of B.Sc. Physiotherapy.

Ask any medical student and most doctors what is physiotherapy and their reply will undoubtedly fall into that of "bake-em, beat-em, fake-em or massage". Are these the doctors being produced whose responsibility is the prescription of every patient treated by a physiotherapist? No physiotherapist may accept or treat a patient who has not been referred by a registered medical or dental practitioner. And yet medical students are not taught the basic principles or uses of physiotherapy. Undergraduate medical training emphasizes diagnosis and primary treatment, so that as doctors, many of them lose interest when the acute phase has ended. But in many cases this is when the real problems begin.

Recent advances in medicine are decreasing the rate of mortality and thus increasing chronic disease or permanent disability. Therefore, because of the aging population and the growing number of seriously disabling injuries due to more accidents and the increased tempo of modern living, there is a greater need for physical medicine and rehabilitation.

Rehabilitation is now defined as the "3rd dimension of medicine" having a place side by side with public health and clinical medicine. It is no longer regarded only as tertiary prevention, but also plays a role at the primary and secondary levels. If rehabilitation confined itself exclusively to restoring the disabled, its future would become very limited.

There is a shift of emphasis from institutional to community care and for an increasing number of patients hospital care is of short duration only. This is due to high costs and shortage of hospital beds and staff. But treatment must continue for the discharged patient because those inadequately treated may develop additional ailments which were not present in the initial impairment, thus increasing the need for care, increasing expenditure and wastage of manpower. Prevention and rehabilitation decrease dependency and thus decrease care costs.

But many doctors do not appreciate the true therapeutic contribution that can be made by the remedial professions. And so it will remain, until physiotherapists take it upon themselves to educate the medical profession that rehabilitation follows diagnosis and primary treatment, and is an intrinsic part of the management of all disease.

WHY I CHOSE THIS SUBJECT

I had completed three years of physiotherapy and had learned in intricate detail, the structure and function of the human body, its capabilities and its breakdowns. I had been taught the various methods that I as a physiotherapist would use in restoring or maintaining the body's optimal workings. I had seen the relationship between physiotherapists and other hospital workers. Most of my day was spent doing or thinking medicine.

And yet I was confused. I knew how to teach breathing and crutch walking and how to mobilize every joint in the body and strengthen every muscle, but I still did

not know what physiotherapy was all about. I did not know what reactions to expect from doctors or what part I played in the health care system. I was not fully convinced that physiotherapy was an integral part of treatment. I did not really believe in physiotherapy and was just going along with it day by day, waiting for something to happen.

I knew I would never be satisfied or fulfilled until I had proved to myself that I was studying something worthwhile. So I decided to try and find out, from the people involved, their impressions of physiotherapy, hoping that this would give me some insight. From talking to people and from initial reading, I started learning and appreciating the problems of communication between doctors and physiotherapists. I asked questions on communication so as to get some feedback on personal problems encountered by both doctors and physiotherapists. I was hoping to come out with facts that would prove doctors' inadequate knowledge of physiotherapy and thus be able to lay all the blame of non-existent communication on them. I was led to believe that we were a downtrodden profession and were used solely for our pretty faces and tender, loving care.

Well, there was no-one more shocked than I when the results came through. I was correct in believing that most were not convinced of its effects. But whereas I had thought that the fault lay with the doctors and the medical curriculum, I concluded that most of the onus falls onto the physiotherapists. Do we want the situation to remain as it is, with both doctors and physiotherapists doubting what physiotherapy can do, or do we want to be recognised as an essential part of all medical treatment?

These are some of the problems that I will analyse, and attempt to give suggestions on methods of improvement.

ANALYSIS OF QUESTIONNAIRES

(a) Method of Distinction

Two hundred and five questionnaires were personally delivered to 65 doctors; 41 physiotherapists; 50 medical students and 50 physiotherapy students. Selection of subjects was carried out as randomly as possible and included a broad spectrum from different fields of medicine. I distributed an equal amount to private practitioners and hospital employees. Physiotherapy students were used from all four years of study. Medical students were either in their fifth or sixth year.

MEDICAL STUDENTS'

Rationale

- (a) To demonstrate medical students' non-existent knowledge of physiotherapy.
- (b) To show that if anything was known, it was not much more than the layman.
- (c) To make them aware of their inadequacy.
- (d) To find out if they were interested in some basic tuition.

I came to the conclusion that the majority of medical students agree to the necessity of some physiotherapy instruction. Physiotherapy cannot be utilized correctly if cases are referred from doctors who are taught nothing about this service in their training. It is up to the heads of both medical and physiotherapy departments to appreciate its necessity, and see that medical students receive it for the benefit of physiotherapy, medicine and patient care.

I propose the following scheme which aims at improved understanding at all levels:—

There is already too much for medical students to absorb in their course as to diagnosis and primary treatment. Just as the physiotherapy training is only a basis, so the medical student training is also only a grounding for what they need to know as doctors. It is only on a post-graduate level that patient management becomes of primary importance, and so this is the time to impress that physiotherapy is an integral part of treatment. This is the time when it is applicable and will be absorbed and utilized. Therefore I suggest that a pamphlet on physiotherapy be routinely distributed to housemen at the beginning of their intern year.

This must be accompanied by the physiotherapists on each ward educating them on the utilization of physiotherapy. The initiative must come from the physiotherapist. They must be the instigators of communication and referrals. They should select from the ward cases relevant for physiotherapy and then approach the houseman in charge of the case and explain why physiotherapy is indicated and what can be achieved. For the first time the new graduate is regarding the patient as a total entity instead of merely a diseased organ. Now is the time for physiotherapy to be stressed.

Physiotherapists should be taught in final year how to teach the doctors. This cannot be over-emphasized because the only way physiotherapy will be recognised for what it can provide, is by enthusiasm, interest and initiative from the physiotherapists themselves.

The housemen who will, in turn, become medical student instructors, will then automatically include physiotherapy when mentioning treatment procedures. In this way the knowledge will eventually reach the medical student. This can be supplemented by the physiotherapist on the ward giving lecture demonstrations on various techniques and showing positive results. I think that a physiotherapy ward-round, given to one medical student firm at a time, will be far more beneficial than straight lectures.

Physiotherapy is a teaching profession, not only to patients but to doctors, medical students and laymen as well.

PHYSIOTHERAPY STUDENTS

Rationale

- (a) To prove that I was not the only physiotherapy student who was confused.
- (b) To find out what made a person choose physiotherapy as a career and if they were satisfied with their choice.
- (c) To show that the physiotherapy course did not stimulate a belief in physiotherapy.

The results pointed to how vitally important it is for intending students to know the role they will be expected to play as a qualified physiotherapist, BEFORE they undertake to make physiotherapy their career. It is far more important that physiotherapy is studied for the challenge it imposes and not because it is something medical and the MBCh degree was too long. All applicants should have lecture demonstrations by the department lecturers on the type of work they will be doing. It should be impressed upon all applicants that the new move of health care in South Africa is towards the community, and as we are part of the team, we

must go along with this. They should appreciate that the spectrum ranges from service within a private practice to a large hospital setting, from offering close individual attention to education and treatment of the masses.

The applicants can then reconsider their applications, knowing what is expected of them. In this way, students who are still interested will be selected out and will already be on the correct road to the making of a dedicated physiotherapist.

A COMPARISON BETWEEN QUESTIONNAIRES DISTRIBUTED TO DOCTORS AND PHYSIOTHERAPISTS

I asked that all questions be answered on the basis of personal experience.

Rationale

To establish the attitudes of doctors and physiotherapists to the profession of physiotherapy.

QUESTIONS AND RESULTS

This will be arranged so that the answers of doctors (D) are on the left-hand side and those of physiotherapists (Pt) are on the right.

QUESTION 1.

I drew up seven aims of physiotherapy and asked that they be placed in order of importance, they are the following:—

- (A) TO BE PART OF THE PRIMARY CARE TEAM BY PREVENTING UNNECESSARY COMPLICATIONS OF INJURY OR DISEASE SUCH AS CHEST INFECTIONS, JOINT STIFFNESS, MUSCLE WEAKNESS ETC.
- (B) TO PROVIDE THE PATIENT WITH A LISTENING EAR AND AN ACCESSIBLE CHANNEL FOR ADVICE (PSYCHOLOGY).
- (C) TO CONTRIBUTE TO A DETAILED ASSESSMENT OF THE PATIENT AND THE MAKING OF DECISIONS ABOUT FURTHER TREATMENT.
- (D) TO CONTRIBUTE TO THE TOTAL HEALTH AND WELFARE OF THE COMMUNITY AS WELL AS THAT OF THE INDIVIDUAL i.e. PREVENTION OF BACK STRAIN, CORRECTION OF POSTURE ETC.
- (E) TO FORM PART OF THE "AFTERCARE TEAM" PROVIDING A SKILLED AND INTEGRATED SERVICE FOR THE PATIENT, OR REHABILITATION BACK TO HIS OPTIMAL LEVEL MEDICALLY, SOCIALLY AND VOCATIONALLY.
- (F) TO PROVIDE HIGH QUALITY PATIENT CARE IN AN EFFICIENT MANNER AND TO CONSTANTLY IMPROVE THE QUALITY OF PHYSIOTHERAPY THROUGH RESEARCH AND HIGHER EDUCATION.
- (G) TO STRIVE FOR RECOGNITION OF REHABILITATION, THROUGH HIGH QUALITY SERVICE AS BEING EQUALLY IMPORTANT AS PRIMARY CARE AND PUBLIC HEALTH.

There was a key word in each aim and this has been underlined in the above aims. It is interesting to note that both the doctors and the physiotherapists gave the same average answer.

The aims were placed as such:

1. Preventing complications.
2. Aftercare Rehabilitation.
3. Research and Higher Education.
4. Assessment and decisions.
5. Community Care.
6. Recognition of Rehabilitation.
7. Psychological aspect.

However, I do not agree at all. I think that the most important aims of any physiotherapist should be that of professional recognition and community care (placed 5th and 6th respectively above). Only after there is acknowledgement of the importance of physiotherapy by the medical profession will we be able to fulfil the other aims i.e. only through high quality service and research of the methods used will physiotherapy be accepted for its usefulness in preventing complications, assessing and rehabilitating the patient back to his optimal level.

Education of the community could prevent much unnecessary work for the physiotherapist, not only by preventing back strain, but by teaching other family members to assist in certain necessary procedures and exercises. The patient may be treated in the hospital but he must eventually live in the community. The community physiotherapists follows up discharged patients to ensure that instructions are being carried out correctly. This is as important an area of treatment as prevention of chest complications. I realise that this was a very difficult question to answer as all physiotherapists should attempt to carry out all the aims.

QUESTION 2.

Is Physiotherapy being used to its Maximum Capacity?

	D		Pt	
No	—	49	No	— 32
Yes	—	4	Yes	— 4
U unsure	—	2		
Both	—	1		

As these were personal answers, I can assume that as only 11 % of the subjects interviewed are using physiotherapy maximally, only 11 % are fully satisfied with the service.

QUESTION 3

Are there Sufficient Physiotherapists to Cope with Medical Advances which are Decreasing Mortality but Increasing Chronic Disease and Permanent Disability?

	D		Pt	
Yes	—	8	Yes	— 2
No	—	34	No	— 27
?	—	14	?	— 6

Comments included:

- (a) Yes, in hospitals and cities only.
- (b) Yes, but there is a great wastage because the profession is predominately female and therefore many leave for "maternity or motherhood". There is a need for more male physiotherapists.
- (c) Not enough rurally or in industry.
- (d) No, therefore should be placed where needed most.
- (e) Would help if those qualified did a better job.
- (f) As physiotherapists are in great demand, you can assume that the demand is greater than the supply although there are no available figures.
- (g) Because physiotherapy is physically taxing, many cannot work through to the normal retirement age.

In 1954, a South African orthopaedic surgeon said; "Physiotherapy staff, although anxious to help, are swamped with a high percentage of derelicts and undiagnosed cases receiving palliative therapy". I do not think that, in many situations, much has changed even after twenty-one years. There is no doubt that if physiotherapy were used correctly, a considerable and unnecessary burden on the physiotherapy units would be decreased and thus there would be more time to treat those cases in which efforts were rewarded.

QUESTION 4

In your Experience is there Adequate Communication and Co-operation between the Physiotherapist and other Members of the Health Team?

	D		Pt	
Yes	—	11	Yes	— 7
No	—	35	No	— 22
?	—	7	?	— 1
Sometimes	—	10	Sometimes	— 5

Only 24.5 % of those interviewed are satisfied with their communication levels.

If not, is it due to the following:

	D	Pt
(a) Lack of knowledge of the doctors about the uses of Physiotherapy ...	31	31
(b) Inadequate follow up by the doctors of their referred cases ...	28	23
(c) Lack of knowledge of other paramedicals about the uses of physiotherapy	18	18
(d) Physiotherapists being unaware of the role of other paramedicals ...	7	14
(e) Others:		
(i) Too much professional isolation and not enough overlap because one may be offending medical ethics.		
(ii) Lack of case discussions and conferences.		
(iii) Frequent turnover of hospital staff decreases communication.		
(iv) Physiotherapists not reporting back to consultant.		
(v) Inefficient physiotherapists — unwilling for extra work.		
(vi) Physiotherapists do not realise their importance.		
(vii) Physiotherapists not taking the initiative.		
(viii) Physiotherapists not attending enough ward rounds, clinics, operations and out-patient departments.		
(ix) Physiotherapists lack of basic knowledge at ward rounds.		
(x) Physiotherapists not being included in ward rounds.		
(xi) Lack of physiotherapists.		
(xii) No total health team.		
(xiii) Lack of physiotherapy propaganda.		
(xiv) Inadequate undergraduate training.		
(xv) No initiative from top physiotherapy levels.		
(xvi) Physiotherapists act as technicians and not as scientifically trained personnel.		
(xvii) High cost of private physiotherapy.		
(xviii) Physiotherapists working in opposition to doctors — in private practice they become a law unto themselves.		
(xix) Patients negative relief from physiotherapy.		
(xx) Physiotherapists not given the respect and status they deserve.		

QUESTION 5

Would it be Improved by:

(a) Lectures ...	24	29
(b) Social contact ...	13	15
(c) More contact in undergraduate years	32	26
(d) Establishing a rehabilitation hospital	20	19
(e) Others: These are listed below:		
(i) Physiotherapy propaganda.		
(ii) More combined ward rounds, discussions and contributing ideas.		
(iii) Physiotherapists integrating into medical specialities.		
(iv) Giving doctors proof of success—by example.		

- (v) Full reports by physiotherapists on patient's treatment and progress.
- (vi) More professional contact.
- (vii) Creation of a structure where the whole medical team can work as one.
- (viii) Improving staff status.
- (ix) Selective choosing of students—trial period.
- (x) Improve physiotherapy training i.e. discard old techniques.
- (xi) Combined lecture demonstrations to medical and paramedical students.
- (xii) More student-patient contact in first two years of training.
- (xiii) Communication at top levels.
- (xiv) Research.
- (xv) Doctors and paramedicals welcome to attend post graduate physiotherapy courses.
- (xvi) There should be yearly surveys and meetings carried out by the Physiotherapy Society on problems of communication and unsatisfactory methods of treatment. These should include both physiotherapist and other members of the health team.

QUESTION 6

Do you Consider the Physiotherapy Training to be Adequate?

	D		Pt
Yes	—	21	8
No	—	10	29
?	—	25	1

As can be seen, only 28.5% of doctors and physiotherapists think that the physiotherapy training is adequate. The majority suggest emphasis in one or more fields. I think that if the department were to increase the time spent on all the recommendations, the course would probably have to be extended another year. The training does give a basic academic grounding and as with anything else, practice, experience and specialization come after graduation.

However there are four points which I feel need elaboration. These are changes, not in terms of quantity, but rather quality and re-organisation. They will be discussed below:

1. Stimulating Students

I feel that more important than lectures on theory, (which can be read in any textbook) is providing students with a challenge. Interest and enthusiasm in a subject can only be transmitted through personal teaching. This is what provides the initiative for further reading and investigation.

Much of physiotherapy has not been proved by physiology or experimentation; therefore its merits and achievements are doubted. But results demonstrate that our methods do work. If lecturers are in any way uncertain, they pass this uncertainty onto students who, as physiotherapists will in turn pass it onto doctors and patients. We must be stimulated to respect and believe in physiotherapy. It must be emphasized that only physical effort and application of the knowledge we have, will show successful results. Before students are willing to make that effort, they must believe in its effects and be encouraged to do so. We must be taught to have confidence in our work.

2. Community Physiotherapy

Nowhere in all the four years of study are we taught any community or domiciliary physiotherapy. Here in South Africa, where its need is so great, we are given no insight into the problem. It is essential that physiotherapists work in conjunction with other members of

the health team in providing health care to all the people of South Africa. I hope that with the creation of the two new chairs in Community Medicine at the Medical School, our Physiotherapy Department will ensure incorporation of physiotherapy into this scheme.

3. Student Electives

Many consider the third year of study to be dull and unstimulating, but we agree, very necessary. I think that if an elective period were introduced at the end of the third year, students' attitudes would change. This would expand ideas and broaden experiences, and individual students talents and abilities could be discovered. Students could then see how physiotherapy is being practised in other hospitals or countries. The fourth year project could be based on the elective with each student presenting their experience to the class so that all can learn.

4. Post-Graduate Intern Year

As the degree of physiotherapy has only two clinical years, it has been suggested that one year of compulsory work in a general hospital post-graduation would be beneficial for the following reasons:

- (a) Further practical training and experience could be gained under supervision.
- (b) All knowledge from the four previous years would be consolidated.
- (c) Hospitals would have additional help.
- (d) Students would become confident and thus better equipped to branch off on their own.

This could operate on the same basis as the medical housemanship. I feel that everyone taking part in this exercise can only benefit and this may even stimulate the new graduates to remain in hospital posts where conditions for close integrated teamwork are most favourable.

QUESTION 7

In the Physiotherapy that you Prescribe or Treat Mainly Curative or Prophylactic?

	D		Pt
Curative	21	Curative	22
Prophylactic	5	Prophylactic	1
?	3		
Both	27	Both	13

These results again prove the lack of physiotherapists working in the field of prevention. Physiotherapists know that their work could probably be reduced by half, if cases had been referred to them sooner. Why spend months trying to "break" a contracture or heal a bed sore, when simply ensuring that a patient, by lying on his stomach, could have prevented it? A few static exercises and full range passive movements to an immobilised limb could have prevented that now permanently stiff and painful joint.

It is very easy for physiotherapists to blame the doctors for this situation and the doctors I agree, lack the knowledge that physiotherapy could prevent certain problems, but they will not change unless the physiotherapists emphasize the importance of immediate physiotherapy as a prophylactic measure.

Prevention is more economical than cure, and far less frustrating.

The following Chinese proverb can be applied to all fields of medicine.

"The superior doctor prevents illness.

The mediocre doctor cures imminent illness.

The inferior doctor treats actual illness."

The following questions were completed by doctors only:—

QUESTION 1

Do you Think your Knowledge of Physiotherapy is Sufficient?

13 replied Yes
42 replied No
1 ?

QUESTION 2

Should there have been some Instruction in Physiotherapy During Your Training?

48 — Yes
2 — No
2 — ?
4 — Did have instruction.

QUESTION 3

Do you Consider Physiotherapists as Technicians or do you Consider that they are Sufficiently Qualified to make their own Decisions on Treatment?

- 30 doctors consider physiotherapists sufficiently qualified to make their own decision on treatments.
- 7 stated that the decision must be made as a team.
- 7 considered physiotherapists as technicians.
- 9 replied that physiotherapists were both technicians and decision makers.
- 3 did not reply.

QUESTION 4

General Comments on Questionnaire

These included the following:

- (a) It is a problem to keep up to date with newer advances.
- (b) What is needed is a place with an integrated health team at both hospital and community levels.
- (c) The spread of physiotherapy is very necessary.
- (d) There is a need for community and domiciliary physiotherapy service.
- (e) There is not enough manual physiotherapy e.g. massage.
- (f) One paediatrician wrote that his contact with physiotherapists is minimal except for cerebral palsied children and perhaps cystic fibrosis.
- (g) One doctor stated that he has lost a lot of respect for physiotherapists.
- (h) Another said that sometimes physiotherapists were better qualified than the doctors in charge of the case.
- (i) Physiotherapists lack of confidence in their ability to cure patients dampens enthusiasm and results. But they can.
- (j) Physiotherapists do not display their knowledge enough and therefore are regarded by some doctors as technicians.
- (k) A doctor commented that physiotherapists are not trained to make their own decisions about treatment — this being the rules of medical council. (this, as has been shown further on in the pamphlet section, is incorrect).

The following questions were completed by physiotherapists only:

QUESTION 1

Are you Satisfied in your work?

27 replied Yes
3 replied No
2 replied Sometimes
4 — ?

If not Fully, Which is your Problem?

- (a) Salary 10
- (b) Status 7
- (c) Inability to use your initiative because of stereotype prescriptions 4
- (d) Disillusionment because you did not realise the work of physiotherapists when you first started 3
- (e) Others — Stated:
 - (i) Inadequate facilities for post-graduate study and specialization in South Africa.
 - (ii) The tax of married women.
 - (iii) Lack of communication and not working as a team for the good of the patient.
 - (iv) No time for research and continuing education.
 - (v) The Transvaal Province and lack of social assistance.
 - (vi) There is need of better organisation of the physiotherapy service, better equipment and facilities.
 - (vii) Academic frustration — can never know enough.

QUESTION 2

Would do Physiotherapy again as your First Choice?

Yes — 26
No — 5
? — 3
Yes/medicine — 2

Some answers were accompanied by the following comments:

- (a) Would not do it again if status remained the same; but still enjoy working with people.
- (b) There is not enough intellectual stimulation in present work, but will exploit other fields.
- (c) An inadequate demand is placed on the physiotherapist.
- (d) Feels restricted because of not being allowed to do certain treatments.
- (e) Is satisfied with her temporary job, but feels that if it were the only source of income and stimulation, she may have different views.

QUESTION 3

General Comments on Questionnaire

Many of these comments are repetitions of what has been previously stated and discussed.

1. The worth of physiotherapy is unfortunately underestimated, often misunderstood and sometimes ignored by doctors.
2. Communication is low because of lack of interest and participation of the physiotherapy department.
3. The doctors attitude depends on the kind of service physiotherapists provide.
4. A good name is not conferred, but earned. Medical work is not an eight to four job and physiotherapists need greater responsibility and concern for their patients. Reading and learning does not stop at graduation. The best learning is still at the patients bedside.
5. There is a need in physiotherapy for post-graduate study with an aim towards specialization.
6. There is a need for concentrating on health education and teaching the general public, but old ladies still like the heat, massage and tender, loving care which physiotherapists provide.

The following is an example of the type of pamphlet I would like to see being read by all new medical interns:

**A GUIDE TO PHYSIOTHERAPY—
WHAT A PHYSIOTHERAPIST CAN DO
THE PHYSIOTHERAPY SYNTHESIS
TECHNIQUES**

Mobilisations Passive Movements Manipulations Massage Mechanical Aids Traction	Electrotherapy Heat & Cold Therapy Inhalation Therapy Breathing Exercises Hydrotherapy Sports Group Activities	Facilitating Normal Inputs Functional Activities Inhibiting the Abnormal Exercises
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**TO HAVE EFFECT
ON**

Joint Range Deformities Adhesions Pain Relaxation Maternity	Skin Conditions Bed Sores Draining Sinuses Respiratory Function Oedema Circulatory Disorders	Gait Neuromuscular Control Co-ordination Balance Muscle Endurance & Power
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WITH-IN

Medicine Paediatrics Geriatrics Obstetrics & Gynaecology	Community Health Intensive Care Dermatology	Neurology Rehabilitation Surgery Orthopaedics
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A GUIDE TO PHYSIOTHERAPY

**WHAT DO YOU KNOW ABOUT
PHYSIOTHERAPY?**

It is your duty as head of the medical team, to have a basic knowledge about your auxiliaries. This pamphlet is being distributed to all housemen, to establish a better understanding and usage of the service physiotherapy supplies. However this is only a guide and must be used in conjunction with explanation from a physiotherapist.

CONSULT A PHYSIOTHERAPIST

Physiotherapy is a speciality — it's diversity being almost limitless. It offers treatment to almost every patient and therefore every patient has the right to be assessed by a physiotherapist.

**PHYSIOTHERAPY OFFERS TREATMENT TO
ALMOST EVERY PATIENT**

This pamphlet aims at promoting:

- (a) Team work.
- (b) Integration of skills.
- (c) Improved patient care.
- (d) Generalized satisfaction.

1. What is the role of the Physiotherapist?

The physiotherapist's role is that of total patient care, having a place in primary; secondary and tertiary levels of treatment i.e. health education; acute and chronic treatments.

- The physiotherapist
- (a) Evaluates and assesses the patient.
 - (b) Establishes treatment goals.
 - (c) Plans and implements treatment programmes.

Each patient is assessed for his individual needs and treated accordingly e.g. the treatment post meniscectomy of a young sportsman has different aims from those of a middle-aged housewife.

A large proportion of the physiotherapist's role is that of prevention. A few examples are listed below.

- (a) Preventing chest complications pre and post operatively and in the chronic chest patient.
- (b) Preventing back strain and incorrect posture which may lead to bony deformities.
- (c) Preventing muscle weakness; adhesion formation; the developing of contractures and joint stiffness.
- (d) Preventing the patient who is able to be independent, from becoming bedridden.

2. How to prescribe physiotherapy

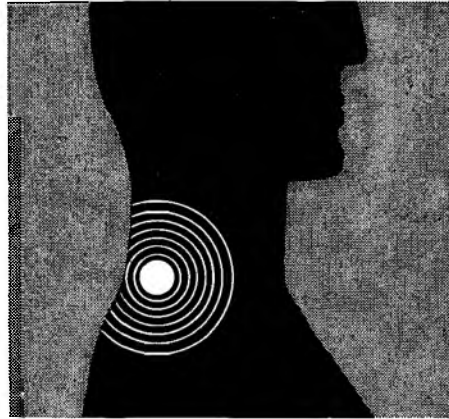
Physiotherapists must have a prescription in writing from the doctor, before treatment can proceed. The doctor must specify the diagnosis and objectives of treatment. It may be necessary for the type of treatment to be specified, but generally the choice of treatment should be left to the therapists own initiative.

It is essential that there is regular contact between the doctor and physiotherapist on the patient's progress. Reassessment by the doctor must be carried out at regular intervals.

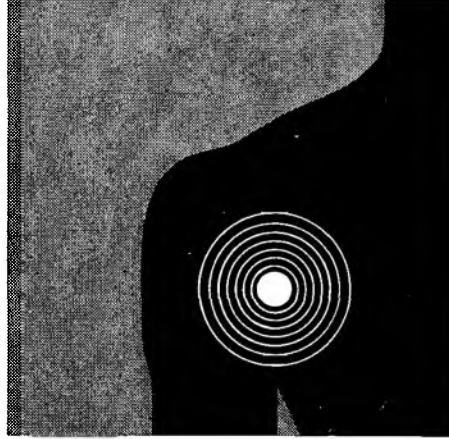
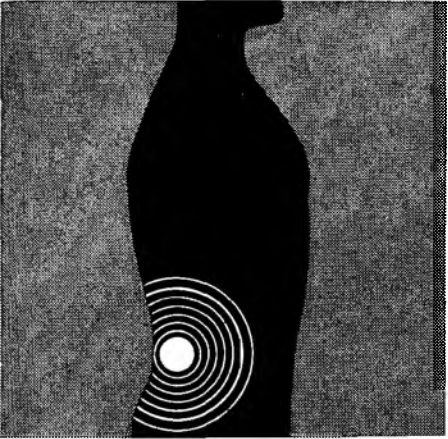
- 3. What are the uses of physiotherapy and when is it indicated?**



1. Rheumatic pains in joints and muscles
3. Muscle cramps and stiffness



2. Fibrositis
4. Other local pains and aches



S1
Formula:
Diethylamine
Salicylate 10 g
Nopoxamine 1 g
Excipient q.s.ad. 100 g

pain is our scene...

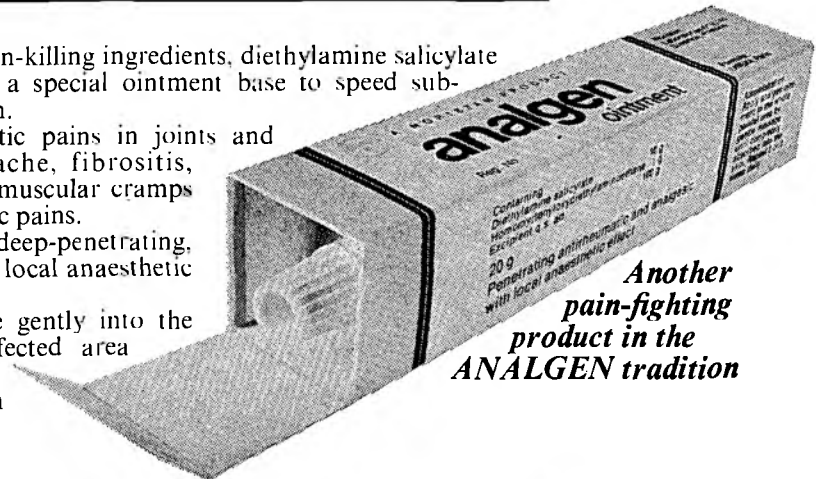
analgen ointment

Formulation: Two pain-killing ingredients, diethylamine salicylate and nopoxamine, in a special ointment base to speed subcutaneous penetration.

Indications: Rheumatic pains in joints and muscles, low backache, fibrositis, sprains and bruises, muscular cramps and stiffness, neuralgic pains.

Action: Soothing, deep-penetrating, rapid pain relief with local anaesthetic effect.

Application: Massage gently into the skin around the affected area until completely absorbed. Apply as often as required.



*Another
pain-fighting
product in the
ANALGEN tradition*



Noristan Laboratories (Pty) Ltd, Silverton, Pretoria. Formula: Latéma, Paris.
For full prescribing information, contact Noristan Laboratories direct.

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Physiotherapy treats practically every medical condition at some stage. The best results are always obtained if patients are referred to physiotherapy as near to the acute stage as is possible. Physiotherapy must be utilized as a primary treatment. All too often patients are referred too late and the effect is minimal. e.g. all fracture cases should begin physiotherapy immediately post-reduction so as to prevent any joint stiffness or muscle weakness.

Physiotherapists may be indicated simply to instruct a patient who has had an abdominal operation how to stand and walk correctly, or on the other extreme, it may involve the prolonged treatment of a tetraplegic.

SUMMARY

The following points have been discussed in this survey.

1. The aims of a physiotherapist.
2. The role and duty of a South African physiotherapist emphasizing team work; community care and preventative physiotherapy.
3. Is the need for physiotherapy increasing or decreasing?
4. Correct usage and prescription of physiotherapy.
5. Problems of communication between doctors and physiotherapists.
6. The necessity for the recognition and acceptance of the usefulness of physiotherapy.
7. A scheme for educating the doctors—
 - (a) Instruction from the ward physiotherapist.
 - (b) A Guide to Physiotherapy pamphlet.
8. Selection of physiotherapy students.
9. The present and hopefully, the future physiotherapy training.

CONCLUSION

I feel it is imperative that surveys of this kind be regularly conducted both on National and International levels. Our understanding of our work and its problems, is an integral part of the diffusion and acceptance of physiotherapy by other medical personnel and society in general. These surveys should be designed to stimulate each individual to question and re-examine his/her role as a member of the health team. The problems can then be defined and changes can be made accordingly.

I hope that this survey will initiate future studies to be conducted on greater and more influential levels.

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TERUGBLIK OP FISIOTERAPIE

—'N PERSOONLIKE SIENING

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Om 'n kort artikel oor die ontwikkeling van Fisioterapie en die Fisioterapeut gedurende die afgelope twee dekades te skryf, het aanvanklik maklik gelyk, maar om dit ten uitvoer te bring was egter 'n ander saak. Ondervinding vertroebel die insig en mens se geheue word gewysig deur die tyd. Soveel vooruitgang in wetenskaplike kennis en tegniek het plaasgevind; houdings en morele waardes het radikaal verander politieke stryd, ontwikkeling van nuwe nasies, polarisasie en die bevolkingsontploffing het die balans tussens volkere verskuif; verbeterde kommunikasie het die grense van die wêreld laat krimp; die verspreiding van kennis en vaardigheid is bespoedig. Dit het egter ook erger mensgemaakte rampspoede veroorsaak. Wat eers na 'n redelike eenvoudige taak gelyk het, blyk na oorweging om ingewikkeld te wees en is dus slegs 'n poging om objektiwiteit te verkry.

Gedurende die vyftigerjare was mens bewus van verandering en woeling in die beroep. Daar was 'n beweging weg van die tegniese en byna gestileerde beeld wat geskep is deur die spesifieke roetine en onbuigsaamheid van byvoorbeeld die Sweedse Heilgimnastiek. Hierdie oefeninge, wat gebruik maak van apparaat en vanaf vaste aanvangsposisies teen die weerstand van die Fisioterapeut of die pasient se liggamsgewig uitgevoer word, is beperk in hul gebruik en toepassing. Ook was daar al sterk gevoel teen die Spesialiste in Fisiese Geneeskunde wat spesifiek wou voorskryf hoe behandelings gedoen moes word, watter modaliteite en selfs watter dosis gebruik mag word. Fisioterapeute het al meer begin voel dat hulle opleiding hulle in staat stel om self te besluit hoe en wat hulle kan gebruik.

Ook het die stryd om professionele erkenning op wetsgebied steeds dringender geword en is pogings aangewend om verpligte registrasie vir Fisioterapeute te verkry om sodoende die standaard van diens gelewer te verseker en om die publiek te beskerm.

Die begrip van fasilitasie en alles wat dit behels, het begin posvat. Saam met die Sweedse Heilgimnastiek en stereotiepe oefentabelle het die Kábat metode van oefening op die sillabus verskyn. Vandag alombekend as