
EDITORIAL

A new year with its hopes and expectations has come around again. Will we as physiotherapists be able to make a contribution to the global goal of health for all by year 2000, and are we doing enough to prepare ourselves and future physiotherapists for the different role our profession will probably play in the new South Africa? Let us be proactive and decide what will be necessary to meet future challenges before someone else decides on our role.

At a time when the greenhouse effect and pollution of our planet is of concern to everyone, physiotherapists must realise that they too may need to make a contribution to improve the world's health. In the article by Esterhuysen and Irwin-Carruthers the effect of atmospheric dioxide and nitrate gases on the respiratory system is investigated. The authors found a decrease in the lung function of children tested due to the pollution, and have suggested that the acceptable limits for atmospheric SO₂ and NO₂ need to be redefined. As physiotherapists we do need to become involved and lobby for a cleaner environment to which our patients must return when discharged from our care.

In order to meet the challenges of first contact physiotherapists we need to give even greater attention to the assessment of our patients. It is important to find an objective method of assessing especially in the field of neurology where many of our evaluation techniques are

subjective and not always reliable. In the study by Morton et al the authors and selected physiotherapists experienced in the field viewed video recordings made of cerebral palsy children who had undergone selective posterior rhizotomy. They found that it was not possible to objectively assess these children using video recordings which were not standardised and have recommended a format to be used when making such recordings in the future.

In the article by van der Merwe et al the safety and efficacy of ultrasound therapy is discussed. In the experiment undertaken it was found that energy distribution of ultrasound is not constant and the high spatial intensities within the beam may cause damage to the patients' tissues. Because the effective radiating area (ERA) which was measured by the authors was consistently higher than the ERA rated by the manufacturers, it is important to be aware of the dangers that could be associated with ultrasound therapy, a modality which is commonly used by physiotherapists.

It behoves all of us to ensure that not only do we treat our patients effectively but we must also use reliable and valid methods of assessment before and after treatments. The modalities that we use must be safe and correctly applied and when our patients are ready for discharge we must attempt to make sure that they will be able to cope in their communities to which they return.