

It has been long since I have read anything that made such a profound impression on me as the words by Patrick D Wall (2002): "I am convinced that physiotherapy and occupational therapy are sleeping giants". As I started thinking about this concept I became more and more certain that this was indeed the case

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but that it was also time that this sleeping giant started waking up. If this didn't happen soon in physiotherapy all that would result would be the gigantic demise of an essential and honourable profession.

Currently the most active members of the profession are those involved in private practice. With their daily interaction with the public and various members of the medical profession they have established physiotherapy as an essential and desirable component of patient care. They have given the profession the status that continuously attracts elite students into undergraduate programmes. Most physiotherapists are however not actively engaged in any service to disadvantaged communities. There is still enormous resistance to working in the more rural provinces such as the Northern Province, Mpumalanga and the Eastern Cape. There is also a lack of posts in country hospitals but nobody is motivating for additional posts because there is no possibility of filling the available posts. Will the introduction of community service make a difference? I sincerely hope so!

The HPCSA (Health Professions Council of South Africa) has introduced a policy that requires all foreign trained physiotherapists to work in communities as it is felt that their training would not have taken South African conditions into consideration. This policy is also experiencing enormous resistance.

In 2003 compulsory community service will be introduced for physiotherapists. The responsibility will now reside with many private practitioners to support these young professionals. The introduction of community service offers the profession a wonderful opportunity to make substantial impact on rehabilitation. Can we deliver what we have claimed that we can or have events overtaken us?

Physiotherapists are also not actively involved in managing the HIV/AIDS pandemic. Surely if we claim that rehabilitation is the name of our game we should be implicated not only in the research, but also in the prevention and treatment of those patients who suffer from HIV/AIDS as well as many other chronic conditions. We should be out there treating patients with neurological deficits and assisting infants with developmental delays as a result of Aids. We should be involved in health promotion, health education and preventative strategies and not only talk and write about such actions. In this edition of the journal there is information on the treatment of patients with diabetes

and hypertension as well as strategies to improve patient compliance and adherence. But where do we see the implementation of these research strategies in communities? We don't! The claims belong to the researchers and sleep there.

Physiotherapy is becoming a major player in the treatment of sports injuries. However, sluggishness prevails when it comes to the promotion of this professional intervention at sports events of schools, universities, clubs and competitions on a voluntary basis. The majority of physiotherapists expect to be reimbursed for any service rendered. The result is that those professions that wish to compete with physiotherapy are often more than willing to **give** their time and expertise at these events and in this way gain wide exposure to their professions. In many instances they do a good job and there is absolutely no input from physiotherapists to indicate what could have been different and better. It will be up to the sleeping giant to wake up and stake an unequivocal claim for the profession. It will take passion and commitment and a disregard for reimbursement for every service rendered.

We should be active in claiming a major portion of the rehabilitation sector for physiotherapy, but now no longer with research publications or presentations at academic meetings, but in being there and in doing the job. If we fail to do so now we will forfeit the right as a major player. In the recent Pick report, rehabilitation was identified as a major area for development in the Department of Health. This report had the strong support of the nursing profession. The MRC (Medical Research Council) has also identified rehabilitation as one of the key areas of research that would be supported by them. We are being shaken from all sides to wake up ... hopefully we heed the call.

Can physiotherapists still afford one on one "hands on" services or has the time come to educate our patients, to assist them to adhere to their medical and rehabilitation programmes and to take responsibility for their own disabilities and chronic diseases? Can we get out there to make a difference to the rehabilitation of those patients with chronic diseases or can we only treat individual patients who are present in our rooms? The difference is said to be "in our hands"- let's lend them.

**Celie Eales (Editor)**

**REFERENCE:** Wall P D 2002 Foreword. In: Pain: A textbook for therapists, Strong J, Unruh A M, Wright A, Baxter G D (Editors), 1st Edition. Churchill-Livingstone: xi- xii