

EDITORIAL

To be Seventy years young is sometimes more cheerful and hopeful than to be forty years old

Oliver Wendell Holmes 1809-1894

In January 1992 a group of experts in the field of physiotherapy in ageing, met in Malta as a follow up to the recommendations made in the joint WHO; WCPT report of 1989, "The Role of Physical Therapy in the Care of Elderly People". Many long hours were devoted to the planning of a pilot course which would focus on physical therapy for older persons. The expert group also prepared a draft statement setting out some of the problems associated with ageing and emphasizing the need for all physiotherapists to be aware of the role that they will have to play both now and in the future. In the WCPT press release, the pilot course to be held in Malta next year is presented together with the draft position statement. A list of principles are given and member organisations of WCPT are urged to ensure that their country's legislative and regulatory bodies incorporate these principles in their national health plans and that physiotherapists are involved in the planning.

Once again South African physiotherapists are reminded to consider the implications of the escalation of the number of elderly persons in the country. Although the percentage of elderly in South Africa only accounts for 4% of the total population at present, by 2030 the number will have trebled while the number of adults below 64 years of age will decrease. This will throw a tremendous burden on the bread winner age group and health workers will need to make a determined effort to maintain the elderly in optimal health and as functionally active for as long as possible.

It is a sobering thought to realise that nearly 50% of all people throughout history who have lived to the age of 60 years are alive today.

One of the ways to prepare for this increase in the number of elderly persons is to form an Interest Group of Physiotherapists concerned with the elderly. This idea was mooted a couple of years ago without much interest expressed, but time is running out and we can no longer afford to be complacent regarding the number of elderly who will require our expertise in both the promotive and curative fields of health care.

The problem of pain and its treatment is continued in this journal. In part 2 of Myofascial Pain, S Pullen discusses the aetiology and various aspects of fibromyalgia as compared to myofascial pain and presents various modalities which may be used to treat this type of pain.

J Mitchell *et al* describe a comparative study of two pain rating scales which were used for determining the severity of low back pain in pregnancy. At the last WCPT Congress held in London a number of papers were presented regarding the evaluation of pain. These included the use of questionnaires, visual analogue scales and scales to measure sensory, affective and cognitive aspects of pain. Papers also described the measurement of muscle strength and joint range to evaluate pain as well as the assessment of the physical and psychological resources of the patient to cope with the pain. Accurate assessment of the patient's behaviour towards his pain and how it affects his functional ability is as important to establish as is his perceived severity of pain in order to plan a holistic treatment programme.

In the third article by J Fourie *et al* a simple method of relieving pain in patients with fractures of the pelvis is described. The main aim of this study was to find a way to facilitate bed pan use with the least amount of discomfort and pain to the patient.

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