

ABSTRACTS OF PAPERS

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GROSS MOTOR CLASSES FOR SEVERELY TO PROFOUNDLY RETARDED MENTALLY HANDICAPPED

by *J A C Gilder*
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A simple gross motor "circuit" consisting of a balance bench, stepping stones, tyres, stairs and a hollow drum is used to improve gross motor function in semi-mobile and mobile clients that are profoundly mentally handicapped.

Up to fifteen residents from a ward are brought to the Recreation Hall of the Lentegeur Care and Rehabilitation Centre twice a week with nursing staff as escorts and assistants. They are taken around the circuit individually with various levels of assistance being given. A three level score is used to assess progress.

The programme is being extended into the wards where gross motor "playgrounds" are being constructed for formal classes as well as free activity. Alternatives are given for indoor activity during the inclement Cape Winter.

A clinical description of the development of the gross motor classes will be given, as well as the progress achieved in gross motor function, as well as progress in self-care skills, communication and socialisation.

PHYSIOTHERAPEUTIC MANAGEMENT OF GUILLAIN-BARRÉ PATIENTS IN THE JOHANNESBURG HOSPITAL

by *L Hale*
Johannesburg Hospital Physiotherapy Department

AIM

A retrospective study of all the cases of Guillain-Barré syndrome admitted to the Johannesburg Hospital during the period January 1985 to December 1989 with the view to improving the efficacy of physiotherapy management.

METHOD:

A review of the patients' clinical records and a survey of the recent literature.

RESULTS

77 patients were admitted during this period. The incidence increased from 10 cases in 1985 to 18 cases in 1989. The statistics of sensory and cranial nerve involvement, and the number of cases requiring ventilatory support were in keeping with those reported in Scandinavia, Australia, America and Israel.

In 1988 and 1989, an average of three severely affected patients were receiving physiotherapy at any one time. The therapy was intense and involved two hours per day per patient.

CONCLUSION

The increase in incidence of cases admitted was primarily due to the increase in referrals to the Johannesburg Hospital as it offers the current treatment of choice - plasmapheresis - and the facilities for intensive care and prolonged hospitalisation.

There was inconclusive evidence that the intensity of physiotherapy rehabilitation given is indeed efficient. The need to research the effects of the different modalities used to treat patients with Guillain-Barré is a necessity especially as the ratio of the number of

patients per physiotherapy is on the increase.

PRESSURE SORES IN PARAPLEGIA - WHERE ARE WE NOW?

by *R Henn*
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INTRODUCTION

Pressure sores are currently one of the main complications which will lead to hospitalisation in paraplegia. It is also the most expensive complication at present.

There are numerous causes for pressure sores according to the literature available and a true understanding and knowledge of every possible cause is necessary in the prevention and treatment of pressure sores. This paper will mention all possible causes.

TREATMENT METHODS

Up to now a variety of methods are being used in the treatment of pressure sores, and a review of all surgical and conservative methods will be given according to the literature. Various physiotherapy modalities have been used up to now and will be discussed.

CONCLUSION

The main factor in the management of pressure sores however is the prevention of pressure sores and here it is the sole responsibility of the paraplegic, if he was effectively rehabilitated.

A multi-disciplinary team approach is necessary to prevent, treat and prevent recurrence of pressure sores in paraplegia.

LOW POWER INFRA-RED LASER IRRADIATION IN THE TREATMENT OF CHRONIC TENDINITIS IN ATHLETES

by *L Jankelowitz*
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The purpose of this study was to investigate the efficiency of low power infra-red laser irradiation on the treatment of chronic overuse injuries in athletes.

Twelve athletes presenting with chronic tendinitis were matched for injury site and severity and randomly allocated to either an experimental or a control group. Patients were instructed to rest over the fourteen day duration of the study and both groups received the same standard physiotherapy treatment. In addition, low power laser irradiation was administered to both groups in a double blind placebo controlled fashion. On days 1 and 14, patients performed a functional treadmill running test during which they reported pain on a scale of 0-10, for each minute run.

Area under the pain vs time curve, average pain per metre and average pain per minute were then calculated. Daily 24 hour recall scores for rest, walking and overall pain were also recorded. Pain scores decreased significantly ($p < 0.05$) for both groups over the 14 days of treatment, but no difference were observed between the two groups.

Muscle power torque strength tests were conducted on day 1 and day 14 and percentage change for these measurements over the 14 days was calculated. No significant improvements ($p < 0.05$) were found. Standard physiotherapy is therefore sufficient in the treatment of chronic tendonitis and combining this with a low power laser irradiation does not appear to influence clinical outcome. ♦