

The standard of physiotherapy in South Africa compares favourably with that of other countries. However, in a country no longer considered a developing country but one that is beginning to take its place with the industrial countries of the world, the scope and facilities available for the total population are sometimes woefully inadequate.

The rapidly developing standards of living of the Black and Coloured populations will inevitably lead to an increased demand for specialised medical services. It is officially recognised in South Africa that there is, and in the foreseeable future, will be, a shortage of skilled personnel. As far as physiotherapy is concerned, in view of the upsurge to University education and due to insufficient facilities and lack of suitably trained lecturing staff, the admission of additional students is often not possible, thus impeding the flow of qualifying physiotherapists. This makes it essential that the skilled personnel available are utilised to best effect, particularly in the hospital situation.

If one is going to optimise the use of highly specialised personnel, a lower level of competence must be created to cope with the work load. The merits and demerits of creating a category of "assistants" have been debated at length and it would appear that the establishment of such a category is inevitable. The more

recent flow from the Hospital Service to the private sector has, however, created an imbalance. Every effort should therefore be made to stem the flow as a shortage of skilled personnel in hospital services may eventually preclude adequate supervision of the essential in-service training which will be necessary for these assistants.

A new era lies before us. One in which we will have to prove and maintain our enhanced professional standards so that we may never feel threatened or fear that the image of physiotherapy is in any way in jeopardy by the introduction of physiotherapy assistants.

During this brief address, I have tried to stress the importance of professionalism which includes your image. The future of physiotherapy in this country lies not only in the hands of the upper echelons of the Society, but in the hands of each and every member of the profession.

Whether you respond to wild, near hysterical exhortations, or to bullying tactics of delegation, or to an earnest plea from an old-fashioned, but nevertheless dedicated, hardworking and sincere peer, my message to all professional physiotherapists is **RESPOND**.

K. M. Levy

ABSTRACTS

Young, Cheshire, Pierce and Vivian (1977): Cervical Ankylosis with Acute Spinal Cord Injury. *Paraplegia* 15, 133 - 144.

This very comprehensive and well-documented discussion of the incidence of spinal cord injury in cervical ankylosis includes a paragraph on "prevention". This should be read by all those who deal with people suffering from cervical ankylosis and spondylosis. It is quoted here in full: "Persons with cervical ankylosis commonly suffer low velocity injuries, particularly in the spondylitic group. Our colleagues in rheumatology, internal medicine and general practice should be alerted to this potentiality. They should caution and instruct their patients to observe such preventive measures as having night-lights in the bedroom, bathroom and dimly-lit halls. Handrails should be available in the tub and shower. Persons with cervical ankylosis should be instructed to use handrails when ascending or descending stairs. All should conscientiously use seat belts when riding in an automobile. Above all, they should report all incidences of head and neck trauma to their physician and limit cervical motion until they can be properly examined by their physician. The initial attending physician should take care to obtain cervical films, paying particular attention to protecting vertebral alignment in the process. Such simple measures would significantly reduce the incidence of spinal cord injury in this susceptible group."

The danger of such serious trauma to the neck in these high-risk subjects is not sufficiently appreciated, and simple preventive measures like those outlined above could well save the patient from the distress attendant upon fractures of the cervical spine. The severity of the disciplines which of necessity are imposed upon him in their treatment can be well-nigh intolerable to the elderly person and the difficulties he experiences frequently prove to be insurmountable and he succumbs.

H. C. Watts

Pridmore, S. A. (1978) Heavy Resistance Exercise Without Apparatus. *Austr. J. Physiother.*, 24, 1.

A set of twelve heavy-resistance exercises has been described in which a kitchen chair is the only necessary apparatus. Their value in rehabilitation and sports training has been indicated. The mechanisms involved have been discussed.

M. J. Runnalls

Roberts, G. M., Roberts, E. E., Lloyd, K. N., Burke, M. S., Evans, D. P. (1978): Lumbar Spinal Manipulation on Trial Part II — Radiological Assessment. *Rheum. and Rehab.* 17, 54.

In a trial of manipulation for chronic low back pain, radiographs of the lumbar spine and radiographic assessment of spinal motion were of no value in predicting or assessing the response of the patients to manipulation. Although radiography of the lumbar spine is a commonly requested investigation, it contributes little to the management of such patients except to exclude serious spinal pathology before any form of physical treatment is commenced.

M. J. Runnalls

Lifting, *Physiotherapy* 65, 238-251 & 277-292.

This is a comprehensive series of articles on this important subject, which includes the Biomechanics, Pathology, and Applied Anatomy and Physiology of the back in relation to lifting. Also covered are Back Care in Industry, Advising Patients on Back Care, and Physiotherapists as Teachers of the Public. There is a very well illustrated pull-out booklet which analyses and describes in detail the manoeuvres involved in effective and safe lifting. Safe, that is, from the point of view of both the patient and the lifter's back. The series provides excellent background knowledge and the booklet an equally good guide for the physiotherapist who finds herself in the position of teaching others, such as nursing staff, the techniques of correct lifting procedures.

H. C. Watts