Comments:

My general impressions are are follows:

The people who called were interested in restoring back function but did not know what to do about it.

They were generally not aware that physiotherapy:

(i) exists
(ii) is a medical function
(iii) is capable of offering relief as well as prevention
(iv) is **not** related to chiropractic (a frequent question was "Is that the chiropractor?").

Of those who had seen physiotherapists, their impressions were of "well-meaning but ineffectual, even disinterested " individuals. Backache sufferers think they have three options:

(i) Keep taking their pills;
(ii) Have surgery, and then endure life-long suffering as a result;
(iii) Live with it, and endure life-long suffering.

Doctors do not fit physiotherapy into their scheme of options.

Discussion:

These results cannot by any stretch of the imagination be considered analytically representative; they only serve to confirm a long-held suspicion that outside our direct sphere of influence (i.e. at major provincial hospitals, and in private practice where there is very close contact between physiotherapist and referring doctor) we have very little power to influence the referrals of the medical profession.

As I see it, our next step is to use the momentum gained during Back Week to exert our not inconsiderable professional pressure to market Physiotherapy to the doctors as the first option to consider when a patient presents with a spinal problem. After all, aren't we best prepared to handle such a case?

The results of this survey motivated the author to bring the state of affairs to the attention of the medical profession. Refer letter published in the S. A. Medical Journal, 12th January 1985.

Preliminary Report of the Clinical use of the Magnetopulse PMF System at the SAB Sports Injuries Clinic, University of Cape Town

The Magnetopulse PMF system has been on loan at this clinic from the beginning of May 1984. It has been used in the same way as any other physiotherapy modality at this clinic; sometimes selectively, sometimes individually, sometimes initially, or interspersed with other modalities, e.g. ultrasound, exercise, frictions and Maitland mobilisations.

To date 76 injuries covering a wide range of soft tissue and bony conditions have been treated with the Magnetopulse. Most of the injuries were sports-accident related, consisting of contusions, haematomas, post-operative swelling, joint sprains, etc.

The number of treatments per condition ranged from 1 to 50 — the latter being an exceptional case in that the patient was a ballet student with a metatarsal fracture.

The second highest number of treatments was 31 — this was for a tibial stress fracture. Excluding the above two patients due to their very high treatment numbers as well as the six still receiving treatment, the average number of treatments per condition was 6,6.

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In the conditions we treated we found the Magnetopulse effective in reducing pain, swelling and bruising expecially in acute injuries, and the effects were usually evident after the first or second treatment. Only 3 patients exhibited a possible 'reactive phase' as referred to in the operating manual, and in each case occurred after the first treatment. Out of the 76 injuries treated, only 5 did not show any positive response after an average of 4,6 treatments. The first was a chronic neuroma between the metatarsal bones in the foot, the second was a "cauliflower" ear and the third and fourth were sprained metacarpophalangeal and interphalangeal joints of the hand. These four conditions did not respond to any other physiotherapy modalities either.

The Magnetopulse was used in conjunction with other modalities (mostly ultrasound) in 61 out of the 76 conditions. In the remaining 15 cases, most of which were 'shin splints' and stress or traumatic fractures, the Magnetopulse was the only modality used.

We found that the Magnetopulse PMF system was particularly effective in the treatment of iliotibial band syndrome, stress fractures and 'shin splints' syndrome. It seemed to prove as effective as the pulsed shortwave already in use at this clinic, and thus would have a place in any physiotherapy department which requires access to a non-thermal electro-static or magnetic field in their treatment range.