

Report on the Telephone Response to National Back Week

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Introduction

During National Back Week an advertisement displaying two telephone numbers was televised on the Wednesday evening. The resulting phone calls received on one of the numbers were recorded and analysed. The enquiries were from all over South Africa, and represented a cross-section of middle-aged persons, with existing back problems. 90% had not previously heard of physiotherapy, nor had conservative treatment prescribed.

The telephone calls:

There were 35-40 calls.

The advertisement appeared at 9.30 p.m. on Wednesday 5th September and the first response was at 10 p.m. the same evening, and the last at 3 p.m. on Saturday afternoon.

All but 2 were from Whites (1 was a Black from Sebokeng, 1 was a Coloured from Cape Town).

The calls came from Johannesburg, Cape Town, White River, Witbank, Kathu, Brakpan, Boksburg, Kempton Park, Kimberley, Pretoria, Klerksdorp, Olfantsfontein, Bothaville, but many places were not recorded.

The problems presented:

Most of the callers were middle-aged to elderly, wanting advice relating to existing back problems.

The ratio of men to women callers was about 30 to 70.

Of the younger callers, some were asking advice about postpartum backache or problems related to sport and even scoliosis.

The most distressing calls were not from patients asking for advice, but from those asking for a shoulder to cry on regarding their condition after surgery.

Many of the callers had concomitant moderate to severe headaches, which they had never thought to ascribe to possible spinal origin.

Past and present treatments:

The most surprising finding was the fact that a large proportion of callers had never taken their backache to a doctor!

Those who had sought medical advice were always given a prescription, but there was great variation in what was prescribed — mostly painkillers, sometimes muscle relaxants, rarely anti-inflammatories.

X-rays were rarely prescribed.

Several patients called on chiropractors, but of these many were now complaining that "it doesn't help anymore".

One person was told to wear a corset.

All the callers were convinced that a complaint of backache to a doctor would automatically lead to surgery.

The status of Physiotherapy:

Most (about 95%) had never been offered or prescribed physiotherapy. Most (about 90%) didn't know what physiotherapy is or does. Few (about 5%) had had physiotherapy:

Some had found relief, but didn't realise that further visits were required or necessary ("but after a year my backache came back");

Some had found no relief ("it only got worse"), and felt that the physiotherapist was to to blame ("she worked so roughly that she damaged me further"), but didn't think that the doctor should have given clearer instructions.

Few (about 5%) had heard about physiotherapy, but only in connection with foot operations, chest treatment, or "massage for fibrositis".

None had considered

- (i) Exercise
- (ii) Correct posture
- (iii) Weight control
- (iv) Correct lifting

as possible management procedures.

Of the few who had had physiotherapy one had been taught home exercises but no other management procedures.

The Doctor's advice:

The most frequent advice given was:

"Take these pills, and if it isn't better you'll have X-rays and possibly surgery".

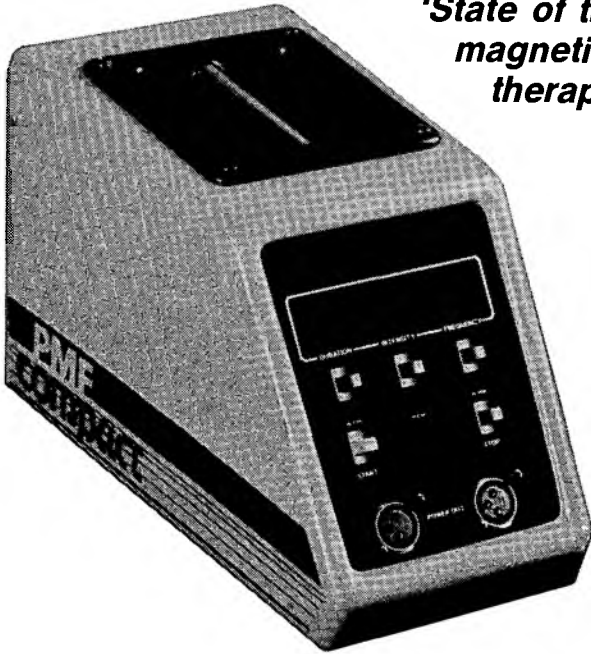
Others advised:

"You are older now, so learn to live with it."

"No, physiotherapy isn't necessary."

P.M.F. compact

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magnetic field
therapy**



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As tested and installed in the UCT Sports Injuries Clinic.

The Magnetopulse Compact unit is micro-computerised with digital read-out. It took two years to develop and comes with a 100 per cent guarantee for one year on the computer board. It is the only multi-voltage unit on the market and can be used in any country in the world.

The Benefits of Magnetic Field Therapy

- *Magnetic fields penetrate soft and hard tissue, plaster casts, and metal or ceramic implants.*
- *At certain frequencies, pulsed magnetic fields produce vaso-dilation.*
- *Pulsed magnetic fields have a beneficial effect on inflammatory conditions.*
- *Magnetic field therapy is a drug-free form of treatment, with practically no side effects, which will not harm healthy tissue. Normally acute conditions will heal in half the expected time.*

P.M.F. System has successfully treated:

- *Sports injuries*
- *Chronic migraine*
- *Non-union fractures*
- *Respiratory conditions*
- *Varicose ulcers*
- *Osteo and rheumatoid arthritis (depending on degree of degeneration)*
- *Conditions helped by improved blood circulation*



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Comments:

My general impressions are as 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.

In the conditions we treated we found the Magnetopulse effective in reducing pain, swelling and bruising especially 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.

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