

Rural Physiotherapy: A Challenge

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SUMMARY

The type of work, the challenges and the rewards of work in the rural areas are described. Special reference is made to the rôle of physiotherapy assistants and to the lack of opportunities for promotion for qualified physiotherapists in these areas. The ignorance of the function and scope of physiotherapy existing in rural areas is discussed.

OPSOMMING

Die tipe werk, uitdaging en beloning verbonde aan werk in die platteland word beskryf. Besondere aandag word aan die rol van fisioterapie assistente gegee asook aan die gebrek aan verhogingsgeleenthede vir fisioterapeute in dié gebiede. Die onkunde omtrent die omvang en funksie van fisioterapie gevind in die platteland word bespreek.

Introduction

The purpose of this paper is to draw the attention of physiotherapists to the urgent need of their services in the rural areas. The type of work, the problems, the challenges and above all the rewarding results are discussed in the light of my experience in Gazankulu.

I have worked for the past two years at Nkhensani Hospital in Giyani which is the capital of Gazankulu. The hospital serves some 159 670 people, most of whom live in traditional villages. There are 70 such villages each with a population ranging from roughly 200 to 8 000 but the usual size is about 1 800. Only about 9 000 people live in Giyani but urbanization is proceeding rapidly and this number is increasing annually by about 7%.

Nkhensani Hospital, like many in the rural areas is a pavilion style ex-Mission hospital. It was taken over by the Gazankulu Government a few years ago and it is the Gazankulu Health Department which employs and administers the black staff of the hospital. The Department of Health & Welfare in Pretoria is responsible for the white staff. The hospital provides Medical, Surgical and Gynaecological specialist services, a SAIMR laboratory service and an X-Ray department. All types of patients are admitted to the hospital which has a total of 304 beds. The clinical staff in addition to hospital duties are responsible for the running of 8 outlying clinics, the nearest being only 3 kms. from the hospital, the farthest some 57 kms. Two nursing sisters live at each clinic which is visited weekly by a hospital doctor and when required by the physiotherapist.

Work Load

In 1984 the hospital treated some 7 300 in-patients and roughly 40 000 out-patients. The outlying clinics had a total of about 100 000 attendances. The physiotherapy department recorded 4 500 in-patient treatments and 800 out-patients some of which were undertaken at outlying clinics.

Staffing

There are only 5 qualified physiotherapists serving in two hospitals in Gazankulu which has a population of 476 694 served by 7 hospitals, 5 health centres and a school for the handicapped. It can be appreciated that the physiotherapy department in dealing with the area served by Nkhensani Hospital reaches only a fraction of the population. It is clear that throughout the country there are thousands of people in the rural areas whose quality of life could be vastly improved by physiotherapy. The problem of meeting this demand is twofold. On the one hand there is the difficulty of finding physiotherapists who are willing to work in rural areas and on the other hand there is the regrettable ignorance on the part of some local authorities, potential patients and even amongst the medical and nursing staffs of the role and function of physiotherapy. Some even are unaware that physiotherapy exists and others judge our professional standards and capability by the track records of *unsupervised* physiotherapy assistants.

Physiotherapy Assistants

An attempt has been made in this area to overcome the lack of qualified physiotherapists by training physiotherapy assistants. This is a solution which appears satisfactory in theory but which in my experience has serious built-in disadvantages. The very nature of the problem means that these assistants must work *without direct supervision* by a qualified physiotherapist and

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unfortunately it is by the standard of their *unsupervised* work that physiotherapy as a profession is judged. Not only are their handling of patients and their results unsatisfactory but the image of physiotherapy is downgraded. These remarks I must stress refer to *unsupervised assistants*. Assistants under the direct supervision of a physiotherapist in fact render invaluable service. In addition they are of vital importance as interpreters and in advising about local customs.

Work Base

The rural physiotherapist is responsible for the area served by the hospital at which he or she is based. This entails regular visits to the outlying clinics. However, as there are no facilities for physiotherapy in these clinics the visits are mainly for follow-up purposes and to select patients for transfer to the base hospital for treatment.

Working Conditions

Few rural hospitals have an adequate physiotherapy department or have at any time employed a qualified physiotherapist. Therefore, the physiotherapist appointed to such a hospital must be prepared to establish a department and to motivate for equipment. This is no light task as the authorities in these hospitals all too often have no conception of the aims and capabilities of our profession and require convincing that there is more to physiotherapy than breathing exercises and massage. Having succeeded thus far, competition with other departments for floor space and for funds, both of which are usually scarce will be encountered. If motivation for a new building for the department should succeed then the physiotherapist must be prepared to submit a design for the guidance of the architect. My own experience was to find my department housed in a small room in a poorly ventilated hut at the back of the hospital grounds. Plans have now been drawn up for the building of a department but because of the depression this will be delayed. In the meantime the department has been moved to occupy two large rooms in the main hospital building. It is adequate but not ideal.

Type of Work

The work at Nkhensani Hospital is similar to that of any small general hospital and the physiotherapy cases dealt with are listed in Tables I and II. It can be seen that the spectrum of cases is similar to that encountered by the urban physiotherapist. However, the patients may live far away and transport may be difficult, necessitating treatment as an in-patient. This can usually be arranged in consultation with the doctor in charge of the case who naturally is well aware of this problem.

Community Work

Because physiotherapy has previously been unavailable there are many potential patients who are unaware that such a service has been established and that they can benefit from it. The best way of dealing with this problem is for the physiotherapist to visit the outlying

Table 1. Conditions Treated in Adults During 1984

	<i>In-patients</i>	<i>Out-patients</i>
Neurological	38	5
Paraplegia	2	0
Chest	23	3
Burns	11	1
Orthopaedic	103	93
Others	27	2

Table 2. Conditions Treated in Children During 1984

	<i>In-patients</i>	<i>Out-patients</i>
Post-polio	13	34
Talipes equino-varus	6	14
Cerebral palsy	9	21
Burns	8	0
Fractures	9	5
Chests	5	2
Others	9	2

clinics and to find out from the villagers if they might have potential patients amongst them and also to instruct the resident nursing sisters to transfer such patients when they encounter them, to the base hospital. There is fortunately an adequate ambulance service available. My own experience illustrates this situation. When I arrived at Nkhensani Hospital I found that there were 60 or so children who had sent back to their villages with various types of post-polio paralyses following hospital treatment during the epidemic in 1982. Since then they had been lost to follow-up, but by means of the hospital records it was possible to find their names and whereabouts and to visit them in their homes. They were then assessed and arrangements made where necessary for their transfer to hospital. Treatment was then carried out and a record kept of each child so that regular visits could be made to their homes to ensure that appliances were being used properly and were in good condition. It was not unusual to find that children had out-grown appliances or that parents had not bothered to put them on or that they had been broken.

Frequently the parents had to be convinced that the trouble involved in on putting on these appliances every day was worth while. The fitting of these children with appliances was made possible by the co-operation of the Department of Orthotics and Prosthetics at Pietersburg Hospital who were most helpful.

This work was most rewarding. Victims of the polio epidemic who had never walked after their discharge from hospital in 1982 were traced and with simple surgical procedures, exercises and appliances, were able to walk again.

During the past 12 months this service has been extended to a school for the handicapped some 150 kms from Giyani. I visit the school from time to time and assess patients for transfer to Nkhensani Hospital for intensive physiotherapy or surgical procedures. When rehabilitated they are sent back to their school and another group is assessed and transferred. Only 4 or 5

can be dealt with at one time and there is still a great deal of work to be done. The returning patients are greeted at the school with great enthusiasm and there is no shortage of applicants for treatment. From these examples it can be appreciated that the physiotherapist must reach out into the rural areas and make contact with the community.

Community Education

In addition to the issues already discussed the community in general must be made aware of the efficacy of physiotherapy. A start should be made with the clinic nursing sisters who should be instructed how to pick up patients requiring physiotherapy and to transfer them to hospital or to arrange for the physiotherapist to assess the patient at the clinic. Success at this level depends upon the sisters' understanding of what physiotherapy can achieve.

Another factor is the lack of candidates interested in a career in physiotherapy. Most high school pupils, perhaps because they have never heard of physiotherapy, choose Nursing, Medicine or Teaching as a career. Because of this I make a point of attending school career conventions where I can tell the pupils about physiotherapy and invite them to come to the hospital to see its practical application. Use too, has been made of the local press and radio station to inform the public about physiotherapy and recently to promote "Back Week". Another important factor is co-operation inside the hospital and a course of lectures was given to the sisters last year to promote the physiotherapy department by informing the nursing staff about how helpful our work can be to them and in return about how they can help us.

Problems Encountered

There are some vital problems that are peculiar to rural physiotherapy and there is a pressing need to solve them if physiotherapists are to be attracted to this type of work.

1. Working Conditions

Inadequately housed departments and lack of equipment.

2. Lack of Professional Communication

Distance makes it impossible for rural physiotherapists to attend professional meetings, lectures and evening courses. Further, with no other physiotherapists nearby there is no opportunity for discussion with colleagues and this leads to a situation of *all out-put* and no *in-put*.

3. Lack of Promotion Opportunities

There are only basic physiotherapist rank posts in rural areas. To get promotion the rural physiotherapist must move to a large centre and her valuable experience of rural work is wasted. There is an urgent need to establish a structure that opens the full range of promotion in rural areas. It is essential that the promotion ladder is promising enough to attract suitably enterprising candidates to this otherwise satisfying and rewarding work.

Conclusion

In spite of all the problems and difficulties which I have encountered I have found the work stimulating and challenging. It offers great scope for an experienced physiotherapist. I feel that we as members of the caregiving professions should look seriously and closely at the role we play in the improvement of the quality of life of the sick in the rural areas.

BOOK REVIEWS

Mobilisation of the Spine: Notes on Examination, Assessment and Clinical Method

by Gregory P. Grieve
4th edition

London: Churchill Livingstone, 1984. Price: R28
Distributed by Maskew Miller, Longmans

Those readers who know the third edition published in 1979 and reprinted in 1980 will want to know if it is

worth buying the fourth edition. It is. The book is much enlarged (from 118 to 246 pages) and even the title has an addition! The changes in layout make it a more logical text — starting with surface anatomy (a new addition) and then dealing with vertebral movement, segmental innervation, autonomic nerves in vertebral pain syndromes and referred pain. This is followed by chapters on examination: introduction, regional procedures (including the temporo-mandibular joint and shoulder girdle now) and recording. The recording charts have been "filled in", making them more useful