

## ABSTRACTS

**Cyriax, J. (1978) Mechanisms of Symptoms. Dural Pain.** *Lancet*, 1, 919 - 921.

Except in bone disease, the tissue which causes awareness of backache is the dura mater. As soon as the insensitivity of the lumbar joint to internal derangement becomes accepted, the difficulty for men with scientific training to accept treatment methods that are, on the face of it, illogical, will be obviated. It is the disc, the dura mater, or the dural sleeve of the nerve root that requires treatment. Recognition of the insensitivity of the lumbar joints also dispels the notion that some unspecified joint condition known as the "osteopathic lesion" causes trouble. Adherence to this idea has denied credibility to lay manipulators and hampered the evolution of their craft.

M. J. Runnalls

**Barnes, W. J. and Allison, J. D. (1978): Isometric Torque of the Finger Extensors at the Metacarpophalangeal Joints.** *Phys. Therap.* 58, 1.

A pilot study was undertaken to evaluate the isometric torque produced at the metacarpophalangeal joint during finger extension. The mean torque at the joint angle of 60 degrees was significantly greater than at 0 degrees but not at 30 degrees. Therapists should place the fingers in a relatively flexed position when asking for active contraction of the finger extensors, especially in patients with weakness or paralysis of these muscles. The wrist should also be slightly flexed when exercising the finger extensors.

M. J. Runnalls

**Van Zuiden, E. en Hoitink, G. J. (1978): Puvatherapie.** *Ned. Tijdschrift Fysiotherapie*, 88, 158.

Dit is die behandeling van psoriase met 8-metoksiporsalinen of metosalinen in kombinasie met langgolwige ultravioletlig (3200 - 3900 Å). Na bespreking van die patologie van psoriase en die verskillende ander terapieë, word nader ingegaan op behandeling met metoksaliene en ultravioletlig. Metoksaliene word twee uur vóór bestraling in tabletvorm ingeneem. Ultravioletlig aktiveer die metoksaliene wat dan 'n verbinding aangaan met D.N.S. (Desoksiribonukleïensuur) in die selle van die vel. Seldelingsaktiwiteit word hierdeur gerem. Die liggevoeligheid van mense veroorsaak deur metoksaliene bereik na 2-3 uur sy maksimum en het na 8 uur heeltemal verdwyn. Uitvoerig word ingegaan op die tegniek van behandeling en hoe resultate gemeet word. Daar word aangegee watter pasiënte met psoriase vir hierdie behandeling in aanmerking kom. Die bywerkinge van puvaterapie word bespreek asook die voorsorgmaatreëls wat geneem moet word. Die resultate van hierdie terapie lyk goed te wees hoewel daar nog baie navorsing gedoen moet word, o.a. die kortste effektiewe bestralingstye om potensieël beskadigings by langdurige behandelings te verminder.

B.G.

**Kesselmann, G. en Burggraf, H. (1978): Theoretiese en praktiese inleiding tot die "Mototerapie".** *Ned. Tijdschrift Fysiotherapie*, 88, 169.

Mototerapie is die bewegingsdiagnostiese en bewegingsterapeutiese metode vir die behandeling van retardasies (vertragings) en psigo-motoriese probleme en/

of stoornisse in die motoriese funksionering van veral kinders en adolessente. In die kontak met die omgewing word gevoelens en emosies uitgedruk deur motoriese handelinge (psigomotoriek). Stoornisse in motoriek en gedrag het 'n uitwerking op die hele persoon, waardeur dit moeilik word om op normale wyse met jou medemens te kommunikeer. Die mototerapie wil nou deur middel van liggaamsbewegings hierdie kommunikasieprobleme probeer ophef. Die belangrikste hulpmiddel hierby is die pedalo, 'n apparaat van 2 x 3 wiele agter mekaar met 2 plankies tussen-in waarop die kind homself voortbeweeg en allerhande opdragte uitgevoer kan word. Een en ander word met foto's verduidelik en verskillende oefeninge word genoem. Hoewel hierdie terapie veral vir die psigies gestremde kind beskryf word, kan die pedalo moontlik ook 'n plek verower in die arsenaal van die algemene fisioterapeut.

B.G.

**Kolb, Mary Elizabeth, (1978) Dantrium: Een hulpmiddel bij de fysiotherapie van de spastische patient.** *Ned. Tijdschrift Fysiotherapie*, 88, 172.

In hierdie artikel word die invloed van die relaksasie-middel dantroliennatrium (fabrieksnaam dantrium), wat regstreeks op die spiere werk op 'n plek verby die neuro-muskulêre sinaps, bespreek. Deur die vrystelling van kalsiumione uit die skeletspiere teen te gaan deur middel van dantrium, word die eksitasie-kontraksie meganisme van die spiere ontkoppel. Die resultaat van behandeling hang in groot mate af van die dosering van dantrium: duidelike vermindering in weerstand teen passiewe strek, vermindering van klonus, verlaging van hiperrefleksie, vermindering van onwillekeurige spastiese totaalpatrone, ens. Die bywerkinge van dantrium mag wees 'n algemene slegte gevoel, vermoeidheid, duiseligheid en 'n gevoel van spierswakte en soms diarree. Hierdie bywerkinge, as hulle aanwesig is, is gewoonlik van verbygaande aard en is veral afhanklik van die dosering van dantrium. Op hierdie dosering word dan nader ingegaan. Die ernstigste bywerking van dantrium is hepatitis wat veral kan ontwikkel by baie hoë doserings van dantrium. Reëlmatige lewertoetse sal hierdie gevaar sterk verminder.

B.G.

**Gray, S. D. Haematoma and Myositis Ossificans (1977):** *Austr. J. Physiother.* 23, 4.

The treatment of haematoma between skin and fascia, between fascial planes or muscle planes, within muscle bulk or beneath the periosteum of the bone, where physiotherapy plays a major part in rehabilitation is discussed. The routine first aid of cold, compression and rest in elevation forms the immediate treatment of such a trauma. Treatment thereafter rests on determining the site of the bleeding and the severity of the condition. Treatment of intermuscular lesions should be dynamic and resolution rapid. Treatment of intramuscular and subcutaneous lesions, where there is a possibility of calcification, should be cautious, particularly when introducing exercises. Rehabilitation should not only be directed towards the affected limb but also towards maintaining general fitness. Specific training should not be resumed until resolution is complete.

M. J. Runnalls

**Physiotherapy and Psychiatry. *Physiotherapy* 64, 23-24.**

This is the report on *The Role of the Physiotherapist in Relation to Long-stay Psychiatric Patients*, which was sponsored in December 1977 by the North-West Thames Regional Health Authority. Several opinions given are of interest and some are quoted below.

"Members all agreed that Physiotherapy services should be available in mental hospitals — the only disagreement was on whether Physiotherapists working there should have additional psychiatric training. Generally it was agreed that psychiatric knowledge would be helpful to understand the patient's primary illness and avoid disturbing their mental state, but physiotherapists should never attempt therapeutic intervention in this sphere".

"Physiotherapists had been able to help throughout the hospital by ensuring that patient's chairs were the right height for them, by advising on aids and access in lavatories, by teaching ward staff to position patients so they could rise from chairs without expecting help every time, by encouraging patients to wear shoes, and showing how correct positioning could prevent pressure sores".

"The main task for physiotherapists was to teach senior nurses as well as juniors and helpers how to move and position patients. This was often most tact-

fully accomplished by asking them to help in a demonstration.

"Experience in a psychiatric hospital should be included in the physiotherapy student-training programme".

An interesting article, of relevance to all who have dealings with both psychiatric, the elderly long-term, and geriatric patients.

H C WATTS

**Godwin, R. J. (1978): Chest X-rays after Abdominal Surgery. *Physiotherapy* 64, 34-39.**

A well-illustrated article describing the various post-operative chest conditions that may occur, and how to recognise them from X-ray appearances. The complications that may occur are divided into:

Immediate (up to 24 hours post-operatively)

Intermediate (1-7 days) and

Late development (7 days +).

The dangers of uninformed physiotherapy treatment are described, particularly in the case of acute pulmonary oedema. This is a most interesting and useful article.

H C WATTS

**EIGHTH INTERNATIONAL CONGRESS AND NINTH GENERAL MEETING OF THE WORLD CONFEDERATION FOR PHYSICAL THERAPY: 28th MAY TO 2nd JUNE 1978**

The theme of the congress was "The Evaluation of Physiotherapeutic Practices" and sessions ran simultaneously at the Hilton Hotel and Holiday Inn, Tel Aviv. Registration on Sunday 28th May was followed by an informal social gathering at the Hilton Hotel.

On Monday 29th, the scientific sessions commenced with an Opening lecture, followed by a Keynote lecture at each venue. This was followed by four panel discussions, on *Muscle Strengthening, Muscle, Testing Public Health and the Image of the Physiotherapist*, discussed by medical and allied professions. Eleven Special Interest Group discussions took place that afternoon and were continued on Thursday afternoon, 1st June. On Tuesday free papers were delivered in sessions on *Developmental and Paediatric Physiotherapy, Anterior Physiotherapy, Respiratory Physiotherapy, Orthopedic Physiotherapy, Cardiac Rehabilitation, Vascular Diseases and Neurology*. Two Keynote lectures on Thursday morning were followed by four panel discussions on *Effects of Sensory Input on Function in Neurological Disorders, Biofeedback — Its uses in Physiotherapy, Criteria for Evaluation in Neurology and Criteria for Evaluation of Gait*. On Friday morning three simultaneous sessions of miscellaneous free papers preceded an open session — Market Place. This was followed by a plenary session on a two year physiological and psychological follow-up of traumatic paraplegics and the closing address by Mr. Eugene Michels, who was re-elected as President of the World Confederation for Physical Therapy.

South Africa was well represented by six speakers, namely Pat Bowerbank, Narina Gilder, Poobalam Gounden, Louise Hack, Gillian Oosthuizen and Moira Runnalls.

On the Tuesday and Thursday mornings four practical demonstrations on the treatment of ataxic and athetoid children, the rehabilitation of injured workmen, new plastics used in making orthoses and simple aids for physiotherapy in a confined space were repeated twice to enable participants to attend all.

The Ninth General Meeting was preceded by a Special Meeting where two procedural decisions were made: alternate delegates would be permitted to speak to motions, each delegation being limited to speaking once and alternates could vote if the voting delegate was unavoidably absent; the mechanism for election of vice-presidents, altered at the Eighth General Meeting, was revoked and the old system was restored. At the Ninth General Meeting the national organizations of Egypt, Hong Kong, Luxembourg, Thailand and Venezuela were admitted to membership.

There was lengthy discussion on motions proposing changes in the ethical principles. The principle dealing with medical referral was altered substantially by the addition of the words *if expressly required by the code of ethics of their national association*, a motion proposed by Australia. A further motion proposed by Denmark, which was passed, altered the wording *prescribed by a registered medical practitioner to in responsible consultation with a registered medical practitioner*. In both instances *or dental practitioner* was added.

A motion to recognize the need for specialization in physiotherapy was passed and one to rescind the 1974 decision to permit the formation of geographical and functional subgroups was not passed. The manipulative therapists (International Federation of Orthopaedic Manipulative Therapists) were the first to have a subgroup recognized.

The results of the election were:—

President: Eugene Michels (U.S.A.).

First vice-president: E. Simon (Belgium).

Second vice-president: C. Shavitt (Israel).

Third vice-president: I. Odeen (Sweden).

Executive committee: Australia, Canada, Poland plus (for the remainder of their term): Germany, Mexico, Switzerland.

The next congress and the Tenth General meeting of the World Confederation for Physical Therapy will be held in Stockholm, Sweden, in May 1982.