

Physiotherapy treats practically every medical condition at some stage. The best results are always obtained if patients are referred to physiotherapy as near to the acute stage as is possible. Physiotherapy must be utilized as a primary treatment. All too often patients are referred too late and the effect is minimal. e.g. all fracture cases should begin physiotherapy immediately post-reduction so as to prevent any joint stiffness or muscle weakness.

Physiotherapists may be indicated simply to instruct a patient who has had an abdominal operation how to stand and walk correctly, or on the other extreme, it may involve the prolonged treatment of a tetraplegic.

SUMMARY

The following points have been discussed in this survey.

1. The aims of a physiotherapist.
2. The role and duty of a South African physiotherapist emphasizing team work; community care and preventative physiotherapy.
3. Is the need for physiotherapy increasing or decreasing?
4. Correct usage and prescription of physiotherapy.
5. Problems of communication between doctors and physiotherapists.
6. The necessity for the recognition and acceptance of the usefulness of physiotherapy.
7. A scheme for educating the doctors—
 - (a) Instruction from the ward physiotherapist.
 - (b) A Guide to Physiotherapy pamphlet.
8. Selection of physiotherapy students.
9. The present and hopefully, the future physiotherapy training.

CONCLUSION

I feel it is imperative that surveys of this kind be regularly conducted both on National and International levels. Our understanding of our work and its problems, is an integral part of the diffusion and acceptance of physiotherapy by other medical personnel and society in general. These surveys should be designed to stimulate each individual to question and re-examine his/her role as a member of the health team. The problems can then be defined and changes can be made accordingly.

I hope that this survey will initiate future studies to be conducted on greater and more influential levels.

ACKNOWLEDGEMENTS

I would like to pay special thanks to the following people:

1. All those doctors, physiotherapists and students who gave up some of their time to complete my questionnaires. Their added comments initiated more ideas without which this survey could not have been possible.
2. My family and friends who assisted in the distribution of the questionnaires and who gave me general advice.

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TERUGBLIK OP FISIOTERAPIE

—'N PERSOONLIKE SIENING

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Om 'n kort artikel oor die ontwikkeling van Fisioterapie en die Fisioterapeut gedurende die afgeloede twee dekades te skryf, het aanvanklik maklik gelyk, maar om dit ten uitvoer te bring was egter 'n ander saak. Ondervinding vertroebel die insig en mens se geheue word gewysig deur die tyd. Soveel vooruitgang in wetenskaplike kennis en tegniek het plaasgevind; houdings en morele waardes het radikaal verander; politieke stryd, ontwikkeling van nuwe nasies, polarisasie en die bevolkingsontploffing het die balans tussen volkere verskuif; verbeterde kommunikasie het die grense van die wêreld laat krimp; die verspreiding van kennis en vaardigheid is bespoedig. Dit het egter ook erger mensgemaakte rampspoede veroorsaak. Wat eers na 'n redelike eenvoudige taak gelyk het, blyk na oorweging om ingewikkeld te wees en is dus slegs 'n poging om objektiwiteit te verkry.

Gedurende die vyftigerjare was mens bewus van voldoende andering en woeling in die beroep. Daar was 'n beweging weg van die tegniese en byna gestileerde beeld wat geskep is deur die spesifieke roetine en onbuigsaamheid van byvoorbeeld die Sweedse Heilginnastiek. Hierdie oefeninge, wat gebruik maak van apparaat en vanaf vaste aanvangposisies teen die weerstand van die Fisioterapeut of die pasient se liggamsgewig uitgevoer word, is beperk in hul gebruik en toepassing. Ook was daar al sterk gevoel teen die Spesialiste in Fisiiese Geneeskunde wat spesifiek wou voorskryf hoe behandelings gedoen moet word, watter modaliteite en selfs watter dosis gebruik mag word. Fisioterapeute het al meer begin voel dat hulle opleiding hulle in staat stel om self te besluit hoe en wat hulle kan gebruik.

Ook het die stryd om professionele erkenning op wetsgebied steeds dringender geword en is pogings aangewend om verpligte registrasie vir Fisioterapeute te verkry om sodoende die standaard van diens gelewer te verseker en om die publiek te beskerm.

Die begrip van fasilitasie en alles wat dit behels, het begin posvat. Saam met die Sweedse Heilginnastiek en stereotiepe oefentabelle het die Kåbat metode van oefening op die sillabus verskyn. Vandag alombekend as

P.N.F., het dit 'n wyer horison oopgestel. 'n Besoek van Mej. Gardiner in 1962, het die tegniek aan almal bekendgestel. Dit was meer buigsaam met meer moontlikhede en verrassende resultate, hoewel die oefeninge nog tot 'n mate stereotiep is. 'n Pasient was nie langer as 'n "toestand", wat aan 'n voorafbepaalde behandeling of reeks oefeninge onderwerp moes word, beskou nie. Daar was verskeie moontlikhede om elke aspek van die pasient te behandel, 'n geleidelike en natuurlike metode om behandeling te progresseer en, heel beste, funksie het byna onwillekeurig vanuit die oefeninge voortgevloeи.

Terselfdertyd het die Bobath metode begin aandag trek en veral by skole vir gestremde kinders is dieper op die neurologiese aspekte ingegaan. Bewegingsontwikkeling is noukeurig bestudeer, die oneindige moontlikhede van reflexe as manipulasie-werktuie word besef en ten volle benut en die beperking van wanontwikkeling of steurnis deur abnormale reaksies word aanvaar. Die Bobaths bied self hier 'n kursus aan en stimuleer meer mense om dit toe te pas en ander om die kursus in Londen te volg.

Gedurende 1969 bring prof. Rood van Amerika 'n lugbare paar maande hier deur en word die fynste detail van neurologie bestudeer, spieraksie ontleed en aansluit word die beste resultate bereik. Daardeur word nageboots in behandeling. Die benadering en evaluering word krities, presies en wetenskaplik georiënteerd.

Ok in chirurgie, en veral kardiovaskulêre en toraks-chirurgie, vind groot ontwikkeling plaas wat intensiewe verpleging en terapie vereis. Die Fisioterapeut word hierby betrek en kennis van die operasietegniek, anatomie en fisiologie van die toraksgebied en baie spesifieke behandeling word vereis. Met die kom van orgaanplantings en intensiewe sorgenothede verander die rol van die Fisioterapeut totaal. Diens word vier-en-twintig uur per dag, sewe dae per week veireis; meer inisiatief en selfs lewensredding word verwag en die diens brei uit na ander spesialiteite soos lugwegsiektes, hartvatsiektes, ens. Die Fisioterapeut word 'n onontbeerlike lid van die mediese span.

En spanwerk begin die kreet van die dag te word. Al meer word die waarde en essensie van 'n spanbenadering

in effektiewe rehabiliterasie duidelik. Slegs deur kennis van wat ander doen en waar Fisioterapie inpas en Fisioterapie self verryk en verder ontwikkel om aan die vereistes van die pasient te voldoen.

Die sestigerjare was seker by uitstek die tydperk waarin Fisioterapeute die waarde van reis en ondervinding buite landsgrense, veral in spesiale tegnieke en inrigtings, ontdek het, en dan die kennis na eie land teruggebring het. Daar was natuurlik diegene wat nooit weer gevestig geraak het nie, en die neiging was nie net tot Suid-Afrika beperk nie, maar wêreldwyd. Fisioterapeute is uit die aard van die saak 'n nuuskierge groep en ly blykbaar aan 'n onversadigbare en ewigdurende dors na meer kennis. Dis moeilik om weer in roetine en min opwinding ingeburger te raak en verg deursettingsvermoë. Dis egter die moeite werd. Nuwe ontwikkeling vind plaas en baie wend hulle tot opleiding van andere, in 'n meerder of mindere mate.

Die grootste prestasie van die sewentigerjare, tot dusver, is die verkryging van verpligte registrasie (in beginsel) en die totstandkoming van 'n eie Professionele Raad onder die beskerming van die Geneeskundige en Tandheelkundige Raad. Dit was die eerste Raad vir paramedici. Dit, plus die onvermoeibare en intelligente ywer van baie Fisioterapeute in die kliniese veld, het baie bygedra om status en respek vir die beroep te verower.

Die sewentigerjare bring ook 'n nuwe bewustheid mee. Die Fisioterapeut het nou 'n eiewaarde, 'n individualisme, 'n beroepstrots en -bekwaamheid. Navorsing word gestimuleer, specialisering is die orde van die dag en 'n wetenskaplike en presiese benadering tot behandeling werk kritiese ontleding van behandelingsmetodes, effekte en waarde aan die hand. Die Jubileumkongres van 1975 het finaal bewys dat die jong Suid-Afrikaanse Fisioterapeut inderdaad die beroep 'n uitdaging vind. daardie uitdaging aanvaar en die taak met toegewyheid en entoesisme verrig. Daar hoof geensins vir oorskede "eksperts" teruggestaan te word nie en ons kan res van die wereld 'n ding of twee leer. Die wetenskaplike be-roepsarena is betree en nou kan dit net voorspoedig gaan.

OBITUARY

MISS G. M. SUTHERLAND

Gwyn Sutherland, well known in physiotherapy circles in the Cape, died on 18th September at the age of 69.

She had been employed in the Cape Provincial Administration for five years before deciding to go to London in 1935 where she did her training at Kings' College Hospital under Miss Summers-hays.

She returned to South Africa in August 1938 working in Private Practice at first in Sea Point and later in Springs, until called up for Military Service in July 1941.

From Roberts Heights she was posted to Wynberg Military Hospital where she served until her release in December 1946 in order to take up the post of Physiotherapist-in-Charge of the Groot Schuur Department.

She retired in April 1962, during her term of office having been actively involved in the formation of the U.C.T. Physiotherapy School, and in the practical training of many students.

She was one of the earliest members of the Western Province Branch of the S.A.S.P. and kept up a keen interest in physiotherapy, assisting in a Private Practice from time to time for several years after her retirement in between going Overseas on holiday travels.

She was the first physiotherapist to be invited to become a Seroptomist in the Western Province and was President of the Cape of Good Hope Branch of the Seroptomist Club in 1974, largely instrumental in helping to found the Tygerberg Branch.

After undergoing a mastectomy in 1971, she became a Committee member of the Reach for Recovery Association for which she worked actively until shortly before she died, and was responsible for revising the post-mastectomy exercises for the new Reach for Recovery pamphlet.

She was on the Committee of the Rondebosch Division of the United Party, and also an active member of the Trefoil Guild, and was an enthusiastic worker for all the groups to which she belonged.

She was an efficient and dedicated Physiotherapist and an energetic and tireless worker, who was always ready and willing to lend a hand whenever necessary.

She was a person of great personal courage and coped bravely with ill health over the last few years.

The Western Province Branch and her many friends and acquaintances will miss her.