

## *Contents:*

|  |                |
|--|----------------|
| <b>Editorial</b> .....   | <b>Page 3</b>  |
| <b>The Medical Approach to the Resettlement of the Disabled</b> .....                    | <b>Page 4</b>  |
| <b>Some Useful Equipment in the Rehabilitation of Permanent Spinal Paraplegics</b> ..... | <b>Page 6</b>  |
| <b>Personal</b> .....  | <b>Page 9</b>  |
| <b>Post-Natal Rehabilitation</b> .....   | <b>Page 10</b> |
| <b>General</b> .....   | <b>Page 12</b> |
| <b>The Place of Occupational Therapy in Rehabilitation</b> .....                         | <b>Page 14</b> |
| <b>The Habilitation of the Cerebral Palsied Child</b> .....                              | <b>Page 17</b> |
| <b>Fibrositis and Non-Articular Rheumatism</b> .....                                     | <b>Page 20</b> |
| <b>Branch News</b> .....   | <b>Page 23</b> |
| <b>Spring Gymnastics</b> .....   | <b>Page 24</b> |
| <b>Avalon</b> .....  | <b>Page 26</b> |

## **EDITORIAL**

**I**T is surely a sign of the times that the theme of this year's Medical Congress is Rehabilitation, and this prompts us to consider what is meant by that term. How many of our patients are truly rehabilitated? We may consider them "cured" if they have strong muscles and full joint movement after injury or illness, but how far have we assisted in the psychosocial adjustment which is so often necessary, particularly if the patient is left with a permanent disability?

Apart from medical and surgical treatment, the patient must be assured of full co-operation from the ancillary medical services which are so often called upon. To be a member of a team is not a catch phrase; it should be a very real thing. Full discussion should be possible between doctor, nurses, physiotherapists, occupational therapists, orthopaedic technicians, social workers—in fact, all those who have a contribution to make towards the fullest possible recovery of the patient. There are occasions when this is difficult, particularly in large organisations where members of the team are overworked and departments are short staffed. However, it is far too often lack of energy and even lack of genuine interest.

As physiotherapists we have a specially privileged position in that we often have to spend more time with the patient than others, through the very nature of our treatment. Frequently the patient confides in his physiotherapist, and by passing on relevant information to other members of the medical team much time could be saved and a fuller picture of the patient's condition and progress could be made. Perhaps, too, the trying situation of patients receiving conflicting information and advice could be avoided. How often this does occur to add to the patient's worry and confusion.

Advances are being made all the time in the different branches of medicine, but unless we advance too, they are of no avail. There still exists in many places petty jealousies and antagonisms towards other members of the rehabilitation team, and these can only serve to hinder and frustrate. If we are dealing with sick people, we should be mature enough to realise that co-operation between all groups is the only way to help them. Rehabilitation of our own attitude towards those with whom we work, and sometimes even towards our patients, may be the first step towards rehabilitating those who put their confidence in us and believe we are doing all we can to return them to as normal a life as possible.