

GUEST EDITORIAL

■ by Moira van Oordt

BROADLY SPEAKING

Amongst the current "buzz" words being bandied about are "Vision", "Values", "Credibility" and "RDP". This edition of the journal has been allocated to matters mainly pertaining to orthopaedic manipulative therapy (OMT) and as such, the ideas mentioned in this editorial will refer to OMT. However, the principles suggested can be translated to meet the needs of whole gamut of special interests in physiotherapy in our country.

A "Vision" is described as "something we have yet to do". It is measured by the values we set for ourselves. If we are to survive as physiotherapists who have a special interest in OMT we have to decide what our problems are, what we are going to do about them and how we are going to measure the outcome. We should be motivated to play our part, especially since a study in Time magazine, January 4, 1993 indicated that physiotherapists were among the people who would be most in demand in the next decade. Further, we should also take note of the advice given by immediate past President of WCPT, Professor A J Fernandez. In an address delivered at the 5th International Congress of the International Federation of Orthopaedic Manipulative Therapists in Vail, Colorado 1992, he said that we should do everything in our power to bring the Third World up to our standards and not drop our standards to meet the Third World. We will have to cast our nets widely to envelop all these factors in the challenge that faces us.

It is my opinion that our main problem remains the pursuit of excellence in the services we provide. Times do however change, and emphasis in our pursuit has to be constantly re-evaluated. Besides upholding clinical excellence we have an urgent need to become involved as health promoters. Ruth Grant, addressing the Centenary Congress of the Chartered Society of Physiotherapy in 1994, said that there is increasing support for encouraging a healthy lifestyle and stressed that physiotherapy should maintain a strong relevance to the needs of the community. One area she targeted was physiotherapy prevention and intervention programmes in industry. Physiotherapists with OMT as a special interest could make an immense contribution in this sphere. One of the aspects where our prevention skills are not fully realised is the management of neck and shoulder pain.

Medical literature frequently refers to the fact that at some time during their lifespan 80% of people will have some form of mechanical back pain. The aetiology is usu-

ally ascribed to the structural weakness incurred by humans in attaining the upright posture. Literature also refers to the loss of work days incurred in industry due to back pain. As mechanisation creeps further and further into our current lifestyles, it seems to me as if the sedentary positions and neck postures imposed on us when we use computers and view television screens is not only increasing the incidence of back pain but also increasing the incidence of neck and shoulder pain.

In fact the incidence of neck and shoulder pain seems also to be fast approaching an incidence of 80% amongst people engaged in these sorts of activities whether in the line of duty or in pursuit of leisure. In addition stress levels are an acknowledged factor in our lives today and Janda draws our attention to the close association of the limbic system which processes these stresses to the shoulder-neck complex. One asks the question, "how many man hours are currently being under-utilised and/or lost due to neck pain?"

The essence of quickly restoring our clients to optimal function in the working environment involves manual therapy techniques, clinical reasoning, differentiation of body structures, specifically directed counselling, and treatment. *We should also apply these skills to exploring the prevention of this syndrome.* Today more than ever it is essential to keep our working population productive because it is only through them that our economy can be supported and will survive.

Manual therapists must continue to strive for excellence in service and must endeavour to uphold their standards of practice. Under-graduate, post-graduate and continuing education programmes must be equally excellent. Clinicians, as part of the community, should be helping to identify current needs and guiding researchers to find answers.

Manual therapists should redefine their "Visions" and measure them against the values they set for themselves. Perhaps, once again, the wise but simple words of Professor A J Fernandez at the 12th International Congress of the World Confederation of Physical Therapy, 1995 (Hansford, 1995), could guide us and we could use his ideas on credibility as a measurement. "Have we done something good, have we served, have we cared and have our clients benefitted?" For these, after all are surely our "Values".

References

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4. Hansford P. Letter to Editor, *SA Jnl. Phys.* 1995:51(4):69.