

I find the great thing in this world is, not so much where we stand, as in the direction we are moving.

Goethe 1749-1832

By the time this Journal is published, the National Council Meeting and the National Congress will be over. Many important issues will have been discussed and hopefully, decisions made that will not only be of benefit to our members and the improvement in the status of our profession, but will also more clearly define the business that we are in. This should include the care for our patients and the improvement in the well-being of the peoples of South Africa. Workshops have been arranged to cater for the interests of individuals, but at the end of the day, have we decided on the direction in which we should be moving?

After many years of investigation by the NEC, and after intensive efforts by members of the Society and of the various Special Interest Groups, South African physiotherapists can now take part in the process of specialisation. Previously, in order to advance in one's profession, physiotherapists usually moved away from direct patient care into administration, teaching and research.

The need for a career in the clinical field was recognised however, a decade ago and various models for specialisation were investigated. An Interim College Council was established in 1989 and twenty-four Founder Members of the College of Physiotherapists of South Africa were nominated and approved in 1991. At the Inaugural Meeting of the College, ten Founders were elected to the Council and were to be responsible for the business of the Council. Later Speciality Boards were established, as well as an Examination and Credentials Committee, and these committees together with the Founders of the College Council, finalised the process of Specialisation.

It is envisaged that physiotherapists who complete the specialisation process, will become the clinical scientists of the profession. As Helen Hislop said in 1975 "it is my dream that clinical specialists, born in service, nurtured in reason, seasoned with practice and blended with compassion, will begin to deal in physical therapy with questions that too long have challenged the human intellect and the human spirit"¹. It is also the hope of the College Council that our specialists in physiotherapy will provide even higher quality health services to the benefit of all people of South Africa and thus also enhance the status of our profession.

Two research articles in this issue cover widely divergent subjects. In the article by J Charteris, it is shown that simple testing equipment can be used in conjunction with the author's normative data, to measure the success of any muscle strengthening programme that a physiotherapist may use.

The author stresses that the Quadriceps/Hamstring ratio is not fixed and will depend on the subject's position when being tested, the type of muscle work and the speed of movement. The aim of the paper is to assist the therapist to restore ipsilateral and contralateral musculo-skeletal balance in various knee conditions.

In the study carried out by P Gounden, the effect of posture on the role of Pectoralis Major and Latissimus Dorsi muscles was investigated. Phasic electromyographic activity in accessory expiratory muscles in Tetraplegic patients was examined. In this good research project, it was found that the Pectoralis Major muscle was posture dependent in half of the subjects. However, the number of subjects was far too low to arrive at any definite conclusion. This stresses again that, when clinical trials are carried out, a large sample size must be used. This will provide more conclusive results and be less subject to criticism.

It is important for physiotherapists who attend international conferences to share their experiences and new ideas with colleagues. This is the subject of the article by S Pullen. The major thrust of the conference that she attended, was the need for clinical research in the field of spinal cord injuries as well as the need for the inclusion of large numbers of subjects in any trials. Some of the presentations given, which are of specific relevance to physiotherapists, are highlighted and discussed.

The first Respite Care Centre in the Transvaal has been established in Johannesburg and opened its doors to physically disabled persons who require temporary accommodation. Having visited several respite care centres for the Elderly in Great Britain, I realise the tremendous service this will provide to clients and their caregivers. The centres in the United Kingdom provide short term care in order to stabilise patients with acute problems or for intensive functional rehabilitation, after which the patients are once again returned to their own homes in the community. They also give respite to the caregivers enabling them to take a much needed break or a change from their daily chores. This service, which is relatively cost-effective, should be expanded to all areas of this country.

Perhaps we can, as individuals and members of branches and Special Interest Groups, investigate and if deemed necessary, lobby for more of these respite centres in other parts of the country. This may be one way of moving towards care in the community.

Reference

1. Hislop JH. The not-so-impossible dream. *Physical Therapy* 1975;55(10):1069-1080.

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WCPT-EUROPE FIRST CONGRESS 5-7 JUNE 1994

Physiotherapy in Stroke Management

The Danish Association of Physiotherapists is hosting this first WCPT-Europe Congress, 5 - 7 June 1994, in Copenhagen

Themes and Events

A wide range of topics in Stroke Management will be addressed. With an emphasis on practical implications the congress will discuss essential issues in current physiotherapy for the stroke patient in

modern society.

Keynote speakers, plenary sessions, open discussions and workshops will provide the basis for a critical look at aims and objectives in physiotherapy, presently and in the future.

Further information may be obtained from Danske Fysioterapeuter, Scientific Secretariat, WCPT-Europe Congress 1993, Nørre Voldgade 90, DK-1358 Copenhagen, Denmark.