THE ROAD TO 2000

Molly Levy Lecture delivered by S Irwin-Carruthers*

Minister Ventier, Madam President, Madam Chairman, Ladies and Gentlemen -

In 1987 the Council of the South African Society of Physiotherapy bestowed upon Mrs Molly Levy its highest award – that of an eponymous lecture. This was only fitting, because the name of Molly Levy has been synonymous with that of the SASP over several decades during which Molly earned the respect and love of her colleagues both in South Africa and Internationally. It is therefore a great honour for me to stand here today to deliver the second Molly Levy lecture. I would like to thank not only those physiotherapists who nominated me, but also those colleagues and friends at work and at home who have ensured that I have been allowed time to work on SASP projects, I’d like to thank our Chairman – Professor Jo Beenhakker – for her constant support and, last but not least, Molly herself who, in my more youthful days, channelled what I had thought to be rightful indignation into more constructive courses of action.

It is hard to believe that we are in the last decade of the 20th Century. As we look backwards towards the early days of physiotherapy and forwards towards the year 2000 we can see that we are at a watershed in the history of physiotherapy in South Africa. This watershed did not occur mid-century – it was a long, slow haul up to the point at which we find ourselves now, but now we are poised on the verge of a new South Africa with its complex and challenging health needs. Are we top-heavy with our expertise, technology and professional image and liable to fall headlong through the last few years of the century? Or do we have a firm foundation upon which to analyse and solve problems so that, in the year 2000, we can look back and say that we, as a profession, truly have contributed to the quality of life of our fellow countrymen?

The priorities of the profession over the last decade have been many and varied. They include:

- our first Mission Statement, in 1987
- a strong stance taken against apartheid and all discriminatory practices
- the planned establishment of Divisions for CPE, Research and Publications
- the envisaged Education Foundation and Back Pain Foundation
- and finally, in 1991, the acquisition of our own property.

There is a strong lobby within the SASP which stresses the Society’s obligation to meet the needs of its members. This is good, but let us now forget the words of Ruth Wood, currently 2nd Vice-President of the World Confederation for Physical Therapy, when she delivered the 23rd Mary McMillan lecture to the American Physical Association in 1989:

“Physical Therapy is a service profession and as such has no acceptable reason for being except to affect individual needs by the treatment or prevention of disease and disability. Patients are our focus! Without them we are nothing! They are our reason for being!”

What has the Society achieved in terms of patient care during these last few years?

Most important, I think, was our Mission Statement of 1987, in which we unequivocally accepted responsibility to strive to ensure quality physiotherapy services to all people of South Africa, to eschew all forms of discrimination, and to support integration in health care and the provision of a unitary health service. In the same year we conducted a survey into the physiotherapy needs of detainees and published a code of conduct for physiotherapists involved in treating detainees.

Perhaps more obvious to the man in the street in Physiotherapy Back Week – initiated by the Action Committee and now conducted annually at both National and Branch level.More recently the Society adopted a long-overdue policy statement on community physiotherapy. This, and other matters related to the health needs of the land will be debated at the forthcoming Council Meeting.

Whatever the motive for specialisation, standards of patient care will be influenced by the specialisation process which will be initiated at the Inaugural Meeting of the College of Physiotherapists of South Africa, to be held later this week.

Malcolm Peat commented in 1983 that it was generally recognised that it was no longer possible for all physiotherapists to be equally competent in all aspects of clinical practice. Doreen Moore, as early as 1978, went as far as suggesting that specialisation might begin in the latter part of undergraduate training, since it was not possible to provide undergraduate students with clinical experience in all facets of physiotherapy.

Inasmuch as the accent in specialisation is on clinical competence, its advent is to be welcomed. The establishment of a specialisation procedure gives formal recognition to the process and provides motivation for physiotherapists to improve their expertise in certain areas of patient care. The granting of specialist status enables the public and other health professionals to identify clinical experts, thereby making their skills available to more patients in the surrounding community and even further afield. Identification of areas appropriate for specialisation may identify priority areas in health care and lead to appropriate changes in undergraduate education, but this is not always the case; it may in fact lead to bias in undergraduate and graduate education as well as in the priorities determined by the SASP. We have to ask ourselves whether specialisation and the areas so far identified for specialisation are in harmony with the country’s needs for primary health care services and for example, whether they make provision for the projected increase in the number of elderly people by the year 2000. Are members’ special interests perhaps in conflict with the perceived health needs of the majority of the people? It has been observed that increasing specialisation may result in very specific small group interests which may hamper the profession in its working towards overall goals.

It is strange and maybe a sad reflection on our priorities and motives that it has proved more difficult to get a quality assurance programme off the ground than it has been to establish a specialisation process. Nevertheless, we can look back on two years of hard work and enthusiastic participation by so many people from so many parts of the country - two years which have culminated in the beginnings of a national programme. To me this is even more exciting than achieving the reality of specialisation, because quality assurance can only be to the benefit or our patients. It represents the willingness of physiotherapists to evaluate their own performance critically, to acknowledge shortcomings in their service to patients and to seek remedies for these shortcomings in a quest for excellence. Let us never cease to pursue excellence in the performance of our professional acts.

I am convinced that the advent of primary contact has increased our role in health care and has improved our service to the patient. This is only so, however, if we accept our full responsibilities towards the patient. Today’s undergraduate students are trained to

* Miss S H Irwin-Carruthers, University of Stellenbosch

Physiotherapy, August 1991 Vol 41 no 3
Schwab Rehabilitation Center, a 77-bed teaching rehabilitation hospital with a national reputation for providing outstanding and innovative patient care, has professional opportunities for Physiotherapists.

Our rapidly expanding Physiotherapy Department needs motivated and dedicated professionals. Our needs offer you the opportunity to work within the areas of Pediatrics, Adult Neurology, Orthopaedics and Traumatic Brain Injuries as well as the opportunity to work in an acute care department managed by Schwab Rehabilitation Center.

We invite you to explore the possibility of joining our department which is represented by highly skilled therapists from many areas of the world.

Chicago offers world renowned opportunities for educational and professional affiliations, many of them which are within a short distance of our hospital, as well as a significant array of cultural, recreational and civic programs and institutions.

If you meet our qualifications and are interested in working at Schwab Rehabilitation Center, we will assist you with the Visa, licensing and relocation processes.

We invite you to contact Mr. Per Backstrom, Director of Physical Therapy, (who soon will be visiting your area) via telephone or in writing. You may call collect at (312) 522-2010, extension 5120, or write to: Mr. Per Backstrom P.T., Schwab Rehabilitation Center, 1401 South California Boulevard, Chicago, Illinois, 60608 U.S.A. An Equal Opportunity Employer M/F/H/V.
PLANNING OF CEREBRAL PALSY MANAGEMENT BASED ON LOCOMOTOR PROGNOSIS

by F M Bischof,
United Cerebral Palsy Association, Johannesburg

AIM: To establish the locomotor prognosis of the cerebral palsied child in order to set guidelines for physical management

METHOD: Certain predictive measures have been documented in the literature, which can be applied in the assessment of the young cerebral palsied child to prognosticate whether he will be able to walk or not.

Three case studies will be presented describing the use of these measures, and the subsequent implications to treatment of children assessed at the Townsview Cerebral Palsy Clinic.

RESULTS: Realistic long- and short-term goals of treatment could be defined

The type of orthopaedic intervention and the objectives thereof could be clarified

The parents could be counselled early about a predictable future for their child

CONCLUSION: Planning of the treatment of the cerebral palsied individual is optimised when based on the locomotor prognosis.

A MODEL FOR THE PHYSIOTHERAPEUTIC MANAGEMENT OF PATIENTS WITH SPINAL DYSFUNCTION

by R G Botha
H F Verwoerd Hospital, University of Pretoria

The confines of the field within which the Physiotherapist is working is given. This is defined as that area of function which concerns itself with the usability of an intact morphological structure.

In order to evaluate this entity a holistic approach is necessary. This entails an evaluation of Mobility, Pain and Muscle Integrity. These could be clarified

The parents could be counselled early about a predictable future for their child

CONCLUSION: Planning of the treatment of the cerebral palsied individual is optimised when based on the locomotor prognosis.