diagnose, to accept those patients who can respond to physiotherapy treatment and to refer to other health professionals those who either cannot benefit or who need additional treatment outside the scope of physiotherapy. Most physiotherapists have proven themselves willing and capable of accepting this responsibility - but why is it so often taken to apply only to private practice? Consider the needs of the country! Why are we not offering our services at primary contact level in local authority clinics and polyclinics? Why are we not looking at community diagnosis in rural and peri-urban areas?

I am saddened that, at an international level, WCPT-Africa has so far not proved equal to the task of combining its resources to the benefit of patients in Africa. The encouraging progress made in Bulawayo in September last year, when so many common problems were identified and when consensus was reached on a Charter for the Region, has been blocked by the inability of two member-organisations to take part in the activities of the Region. To quote again from Ruth Wood1 "Before making any decision we must first ask 'What benefits or detriments will the patient derive from this decision?' We must subscribe to the theory that what is good for the patient is good for the physical therapist is good for the Association, and thus is good for the profession. To rearrange that series in a way that puts the physical therapist or the Association before the patient can only invite disaster". Sadly, this appears to be the case.

In conclusion, I am proud and honoured to have been involved in many of the Society's activities over the last decade - in the development of the specialisation and quality assurance programmes, in political statements made in the interests of our patients and colleagues, in the beginnings (however tentative) of WCPT-Africa. I would have been still more proud had we been able to formulate and present to this Congress a long-term physiotherapy health care plan in answer to our country's needs. This is the challenge facing the incoming National Executive Committee. The challenge facing Council this coming weekend is to make quite sure that we, as a professional association, associate ourselves with the emergent new South Africa and with the needs and aspirations of its people.

REFERENCES

SUMMARY OF CONGRESS PROCEEDINGS

Three days of often stimulating and thought provoking papers and workshops were presented to the participants at this congress. A wide variety of workshops were provided by a number of overseas speakers and local physiotherapists. Key-note addresses were delivered by specialists from abroad and thirty-nine papers were given by physiotherapists, one by a chiropractor and one by a homeopath.

A special poster session was provided which demonstrated that these poster presentations are considered as important as the delivery of papers.

The Poster Session

- J Doubell a private practitioner urged all physiotherapists, whether in private or hospital practice, to make more use of hydrotherapy.
- J A C Gilder demonstrated the cardboard seat insets which were developed and manufactured at Lentegeur Hospital. It has been shown that these insets enable handicapped persons to sit up and thus improve their level of functional ability.
- S Irwin-Carruthers of the University of Stellenbosch depicted a process of clinical specialisation as an alternative to academic post-graduate degrees. The steps involved in the design of the process and the functions of the College Council and Specialty Boards were shown.
- R Henn, M Tout and J van de Merwe of the Rand Mutual Hospital demonstrated the range of adaptations that injured miners made to their homes and environment to ensure independence.
- R Vos of the Karl Bremer Hospital presented an economical wheelchair and explained the development of this very useful chair.
- A Wenham, a private practitioner demonstrated through a series of photographs how care of posture in babies can be included in post-natal classes.
- M Wilson, a private practitioner had a video which demonstrated the use of martial arts as a therapeutic modality in the rehabilitation of brain injured persons.

ABSTRACTS

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 Townview 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

Continued on page 55...