To the Editor:

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ward are all beautifully decorated with pictures and murals. Their
comment was “but they can't even see the pictures”. One hopes that
these patients do not spend all their time in side lying but...

Man is a bipedal creature and he walks in this upright posture.
He needs balance to walk upright, he needs balance to stand upright,
he needs balance to sit upright. If he is not possessed of the intrinsic
balance ability, we physiotherapists can provide him with aids to
maintain the upright posture. If one can maintain the upright posi­
tion one has the ability to see the world and deal with it on the same
level. Being upright provides the vision to look further and see the
future.

We as physiotherapists are faced with a huge dilemma in this new
South Africa. Eighty percent of our workforce are in private practice.
The other twenty percent provide a physiotherapy service for eighty
percent of the population. The Health Service is trying to expand into
primary health care, this to a certain extent at the expense of the
tertiary health care system. Most of the physiotherapists in the public
sector work in the large academic hospitals. Their small number precludes much involvement in delivering their services in the com­
munity. And as a profession our services have a low priority in the
Health Service. It is this that we must change.

We need to develop strategies that will make our services avail­
able to the community in spite of low numbers. These strategies must
be of such a quality as to impress and involve the higher authorities in
the Health Service.

We must stand up and be counted. We should not display the
limited vision from a side-tyer, nor must we be levellers and bring
others down. The only way to go is UP.

L M DAVIDS

THE ONLY WAY TO GO IS UP

Your levellers wish to level down as far as them­selves, but they cannot bear levelling up to them­selves.

Samuel Johnson 21 July 1763

The theme of “up” for an editorial suggested itself to your editor
as a result of a remark made by two physiotherapy students. They
visited (with their lecturer) an institution for the profoundly mentally
and physically handicapped. There they found the majority of cere­
bral palsied patients being nursed in side-lying. The walls of their
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CORRESPONDENCE

To the Editor:

"An Investigation into Post-graduate Physiotherapy Education in South Africa" (SA Journal of Physiotherapy February, 1991) gave
evidence of the high level of training in our country and the direction
in which we are planning to go.

Unfortunately while this splendid achievement is of interest to the
profession here, it has little relevance to the overwhelming num­
ber of South Africans in need of our professional skills.

The majority of South Africans are very poor and live in grind­
ingly squilid conditions which contribute directly to their ill-health and
disability. 85% of physiotherapists in South Africa are said to be in private
practice. I'd like to suggest that training which is geared to private
practice will necessarily attract school-leavers interested in going into
private practice.

There are physiotherapists who are filled with goodwill and an
interest in working in impoverished communities, whether peri­
urban or rurally. Current undergraduate and post-graduate training
simply does not give them the skills they need. Work in the com­
munity (especially where there are cultural and language barriers)
requires a high level of relevant clinical and community skills.
Physiotherapists who have to pick up these skills on the job, and
without good professional support and backup, have great difficulty in
sustaining their commitment - and then even they end up in private
practice or going overseas.

It is high time that the main thrust of physiotherapy training is
diverted from the universities, private practice and hospitals towards
primary health rehabilitation and community-skills - with recruit­
ment into physiotherapy schools on that basis.

In response to the manifest need, training of Community Reha­
bilitation Workers had been initiated notably at Alexandra Health
Clinic and Tintswalo hospital. It may be nothing short of a disgrace
if we accept that once qualified these community workers should be
deprieved of professional back-up - because we have failed to wrest
ourselves from the ivory-tower to which our university training,
doctorates and professorships bind us.

It is a matter of great urgency that physiotherapy training should
be fundamentally reoriented to the needs of our country and our
continent. We are seeing momentous changes in many other sectors
in order to redress the gross neglect that characterises our society.

The leaders of our profession must be heard and seen to meet this
challenge both by focussing conferences and congresses in searching
for the way forward and by a rigorous drive to produce the kind
of physiotherapist who is committed to this country and all its people.

With our experience of training and high professional standards,
we have a unique opportunity to develop an excellence in community
rehabilitation which could make our profession relevant and proud.

S Kemp

CBR Programme, Alexandra Health Centre and University
Centre, First Avenue, Alexandra

Reply from Prof Beenhakker

I fully agree with some of the sentiments expressed in the letter
by Stephanie Kemp, and for many years have been pleading for a
more relevant curriculum at our universities. I do however believe
that there is, at most Medical Schools, a swing away from a mainly
hospital oriented, high technology education, towards community
health and primary health care. The wheels of change do however
ground far too slowly.

As regards Community Rehabilitation Workers, members of the
SASP were involved, together with the Occupational Therapy and
Speech Therapy Associations, in drawing up the role, function and
course outline for these workers many years ago.

The National Executive Committee of the SAPS has been involved
in several workshops over the past two years, to establish the
aim and objectives of the Society for the next ten years. One of the
areas discussed was the need to provide continuing education pro­
grames in primary health care. The first stage in the planning has
been completed and we now need to find a core of therapists in this
field who will be able to plan relevant programmes which can be
offered in different parts of the country. I would urge all concerned
physiotherapists who feel that they can assist us in any way to come
forward. Previous calls for assistance yielded a null response but
perhaps the time is now ripe for such a commitment to be made by
South African physiotherapists.

The role of the physiotherapist in primary health care has also
been drawn up by some members of the SAPS. Once we have
established courses for physiotherapists in the areas of community
and primary health and when there are some functioning facilities in
these areas, then we will be able to provide our students with the
necessary training in order to achieve the required skills.

Prof J C Beenhakker
Chairman, SASP

Physiotherapy, May 1991, vol 41 no 2

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