

## 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 cerebral palsied patients being nursed in side-lying. The walls of their 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 position 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 community. 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 available 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-lyer, nor must we be levellers and bring others down. The only way to go is UP.

L M DAVIDS ♣

## 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 number of South Africans in need of our professional skills.

The majority of South Africans are very poor and live in grindingly squalid 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 community (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 recruitment into physiotherapy schools on that basis.

In response to the manifest need, training of Community Rehabilitation 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 deprived 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

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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 grind 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 SASP 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 programmes 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 SASP. 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 ♣