

OPENING ADDRESS AT THE 13th NATIONAL COUNCIL MEETING OF THE S.A. SOCIETY OF PHYSIOTHERAPY/OPENINGSREDE BY DIE 13de NASIONALE RAADSVERGADERING VAN DIE S.A. FISIOTERAPIE VERENIGING

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It is a great pleasure for me to be here on the occasion of the thirteenth National Council Meeting of the South African Society of Physiotherapy. Luckily I have no fears about the number thirteen and willingly and eagerly join you today during your deliberations.

Ek waardeer hierdie uitnodiging terdeë, veral as kardioloog waar ek vir baie jare bewus is van die rol wat fisioterapie kan speel in die rehabilitasie van hartpasiente. Volgens die program wat vandag voorafgegaan het, lyk dit vir my asof meeste van die aspekte rakende die fisioterapeut goed gedek is gedurende die verskillende Werkssimposia. Tog is daar 'n aspek wat miskien goed in my kraal pas en wat wel waardevol vir die fisioterapeut kan wees, en dit is die rol wat die fisioterapeut in die mediese navorsingswêreld in Suid-Afrika kan speel.

GROWTH OF PHYSIOTHERAPY

The physiotherapy profession has grown in leaps and bounds over the past 15 years. I was interested to learn recently from the S.A. Medical and Dental Council that 1 683 physiotherapists are registered with the Council and I believe that your organisation (the S.A. Society of Physiotherapy) represents some 70% of the registered physiotherapists in the country. Despite a growing level of professional expertise, there does seem, however, to be an urgent need for research in the field of physiotherapy. Particularly as it appears as if most physiotherapy treatments of today are still largely empirical. It is interesting to note that the South African Medical Research Council has not had a significant number of applications from physiotherapists for research grants in the past.

I believe that the physiotherapists can play a bigger role in the research activities of South Africa, particularly in view of the fact that there are now 5 universities offering degree courses in physiotherapy — which means that there is a growing nucleus of physiotherapists in academic environments who could take the lead in any research efforts in the field of physiotherapy.

With these thoughts in mind I was interested to note that an "Interest Group for Research in Physiotherapy" has recently been formed at the University of the Witwatersrand — this is a very promising development and if carried through to its logical conclusion will, I am sure, result in worthwhile research projects.

WHAT IS THE VALUE OF RESEARCH ENDEAVOUR FOR THE PHYSIOTHERAPIST?

Research activities by physiotherapists will not only help to place physiotherapy treatment along less empirical lines and provide data on which improvements

can be based, but also provide the physiotherapist with an opportunity to evaluate her treatment methods accurately. The strict research discipline that has to be adhered to in order to achieve results has valuable spin-offs in the clinical environment. It teaches one humility in that one knows that one does not have all the answers to every problem; it encourages the development of a logical and scientific approach, which together with understanding and compassion for the patient, is essential for effective treatment. Further advantages to the physiotherapy profession of research endeavours may well prove to be a better acceptance by the medical profession of the "science" of physiotherapy. If the doctor accepts it as a science in its own rights, he will be less likely to assume that he knows the best physiotherapy techniques and to prescribe them exactly! He maintains, however, a responsibility with regard to the therapy that he is prescribing. At this particular juncture a few words about the Medical Research Council, its purpose and policies may, I believe, be useful to your profession, poised as it is at the entrance to the scientific research world.

THE MEDICAL RESEARCH COUNCIL AND ITS ROLE IN RESEARCH IN SOUTH AFRICA

The Medical Research Council, established in 1969, is responsible for medical research in South Africa in the areas of medicine and related areas.

Wetsopdragte

Die Wet op die Suid-Afrikaanse Mediese Navorsingsraad (Wet nr. 19 van 1969) stip die oogmerke van die Raad duidelik uit. Benewens al die ander opdragte moet die Raad mediese navorsing stimuleer op binnelands sowel as buitelandse gebied, samewerking ten opsigte van navorsing bevorder, plaaslike navorsingspogings koördineer, gekonsentreerde inspanning bewerkstellig, en oorvleueling tot 'n minimum terugbring.

Eie beleidsformulering

'n Belangrike beleidsbeginsel is dat daar nie met *buitelandse navorsers* kompeteer moet word op gebiede van navorsing wat elders net so goed as plaaslik gedoen kan word nie.

Hierdie beginsel impliseer dus dat plaaslike geleenthede optimaal benut moet word, soos bv. die navorsing oor siektes wat uniek is aan hierdie land (byvoorbeeld porfirie, sekere kardiomiopatieë, tropiese siektes, ens.), navorsing wat gerig is om die inter-etniese verskille na te speur en te verklaar, asook die optimale gebruik van sekere proefdiere soos primate wat plaaslik nog redelik beskikbaar is in teenstelling met die toestand oorsee.

Hierdie beleid impliseer verder dat vaardigheidsbenutting van plaaslike navorsers, sowel as die optimale gebruik van bestaande fasiliteite in die RSA nougeset nagestreef moet word

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Student Research Grants

Perhaps what is little realised about the Medical Research Council is that aside from the very sophisticated research that it undertakes, it is a great believer in the development of research expertise in the young person who has just joined the medical environment. In this way we provide a R200 bursary which is specifically designed for student-use and can be used, for example, by students on a research project which can then be presented at a University academic day or as part of the activities of a larger scientific meeting. Perhaps it should be the role of the physiotherapist in educational institutions to encourage her student-physiotherapists who are undergoing training to make use of this facility in their undergraduate days and thus establish a feel for medical research.

This is, of course, a very modest start in medical research, but these small steps, we believe, are essential to a successful research career. At a more specialised level the MRC makes a certain amount of money available annually for university research in the form of short-term grants. These grants normally cover a period of 3 years and the projects which we support tend to be projects which will be able to be completed in the 3 year period.

Short-Term Research Grants

We believe that this short term research link to the university environment is of considerable value. The advantages of supporting research at the universities is obvious in that it ensures that expensive facilities do not have to be re-created for the research environment. We have in effect, over the last couple of years, increased our support of university research to the extent that in 1976/77 we were spending R1,5 million on university research and in 1977/78 nearly R1,7 million. Even so, we find it difficult to support more than two out of three of the worthy applications.

HOE WORD AANSOEKE VIR 'N MNR-TOEKENNING HANTEER?

Aansoekvorms vir MNR-toekennings is beskikbaar by die Administratiewe Hoof van u inrigting. Die sluitingsdatum vir hierdie aansoeke is gedurende Mei elke jaar en die presiese datum word jaarliks bepaal. Aansoeke in hierdie verband is verkrygbaar by die Administratiewe Hoof van u inrigting. Plaaslike navorsingskomitees aan die onderskeie universiteite sif dan eers alle aansoeke om finansiële steun aan die MNR en maak dienooreenkomstig aanbevelings by die Raad oor die meriete van elke aansoek. Nie-amptelike terugvoering van hierdie komitee na die individuele navorsers oor gebreke in hulle aansoeke het in die verlede van groot waarde gebleek te wees. Hierdie goedgekeurde aansoeke word dan na die MNR se Toekenningskomitee verwys. Elke universiteit betrokke by genesekundige navorsing benoem 'n verteenwoordiger op hierdie komitee wat dan jaarliks oor die navorsingsaansoeke besin. Hierdie komitee is dus verteenwoordigend van die mediese wetenskap in Suid-Afrika en spesiale sorg word geneem dat soveel as moontlik van die verskillende mediese dissiplines in hierdie komitee verteenwoordig word.

The MRC's financial resources cannot, as I have said earlier, support every worthwhile applicant, and if a researcher has not received MRC support, he or she should not regard it as a lack of confidence in the research project as such, as often we would like to support the project but cannot. My advice, if there are physiotherapists here today who have applied to the

MRC for funds and have not obtained any, is to try and get the research project off the ground within your own university environment, with other support perhaps, even if it be on a smaller scale than you initially anticipated, and then apply again when you have put your shoulder to the wheel and are able to show what can be done with limited resources. This can, I believe, turn the vote in your favour.

Over and above the financial support of research, the MRC has other specialised facilities to offer the researcher.

SPECIALISED FACILITIES

The MRC has gone to great lengths to establish these specialised facilities which will support the researcher in his research endeavour.

Institute for Medical Literature

Perhaps one of the most important of these is the bibliographic retrieval service offered by the Institute for Medical Literature. This Institute is able to access the MELLARS DATA BASE via international telecommunications links to the main computer which is situated at the National Library of Medicine in Washington, D.C. This service offers the researcher the opportunity to obtain a rapid and efficient search of the literature in his particular field. This can be of particular value at the start of a research project, in that one can have access to what has been done in a particular field before embarking on your particular project.

This literature is available on-line with information dating back as far as 1966. The service has been available in the Republic since 1976 and there is a growing demand for the services of the Institute; thus for example, in 1978, 373 bibliographic searches were made during the year. Of interest to physiotherapists from the Transvaal and the Free State is that decentralised terminals have been established at the University libraries of the Witwatersrand and the University of the Orange Free State where trained librarians are able to assist you with your literature search. If your research project involves numbers in any way, numbers of patients, numbers of experiments, in order to show whether a particular treatment method is better than another, then a second MRC facility is of value.

Institute for Biostatistics

The Institute for Biostatistics, situated at the MRC site, Medicina, was established by the MRC in 1974 to render a consultation service to MRC sponsored research and other worthwhile research projects in respect of the planning of the research work as well as the statistical analysis of the results. In other words, the Institute for Biostatistics is able to help you in the planning of your experiment so that maximum results can be obtained from minimum effort. This facility also provides the opportunity for making your data compatible with computer analysis, which can save a great deal of tedious mathematical analysis.

The Institute for Biostatistics has a Transvaal branch situated at the University of the Witwatersrand which is also available for consultation.

The Institute has grown tremendously over the first 5 years since its establishment and has presently a staff of over 20 trained statisticians and epidemiologists together with supporting clerical staff. They have particular experience in the design of clinical trials, for example, which would have particular relevance to

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research that physiotherapists may well be interested in.

COMMUNICATION IN THE RESEARCH ENVIRONMENT

An important part of any research undertaking is the opportunity to discuss its value with one's peers. The MRC has a number of schemes to encourage communication amongst members of speciality groups and in this way foster co-operation and ensure that there is not a duplication of effort. For example, the MRC will support attendance at local conferences and assist scientists in this way to communicate with one another.

The MRC also provides the opportunity for scientists to apply for funds to spend a period of time at another research establishment within the country where a particular expertise is available. For example, one might wish to spend 3 months at a particular university working on a research project with physiotherapists of standing and this sort of visit could well be sponsored by the Medical Research Council.

The MRC also makes bursaries available for overseas study in a particular technique or area where South Africa does not have the necessary facilities. The question of the availability of similar facilities

in South Africa is an important one, as the MRC must encourage the full utilization of its own scientific facilities before scientists go abroad to other establishments. So in effect we only support overseas visits if it involves something which cannot be done in South Africa and which has value for the South African situation. Scientists who obtain these overseas travel bursaries or overseas study bursaries, have to enter into an undertaking with the Medical Research Council to return to South Africa for a period of time so that what they have learned can be transferred to their colleagues in South Africa.

The MRC also supports the undertaking of international or national conferences. It does not, however, assist societies with their meetings; there are so many in the country that this would be a virtually impossible task. However, if an area of medicine warrants a scientific meeting and the research can clearly profit by the visit of overseas scientists to such a conference the MRC will support the undertaking financially and offer the facilities of its Conference Division for the organisation of such an MRC conference.

I hope from what I have said that you will not believe that "research endeavours" will cure all the problems facing the physiotherapist. But certainly I believe that it will offer an enriched career and improved treatment for the patient — an aim that everyone involved in health care shares!

THE NEUROSURGEON AND CHRONIC PAIN †

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The neurosurgeon is concerned predominantly with the management of chronic pain. His dealings with acute pain are similar to those of most other surgeons in that he attempts to remove the cause of the trouble, as in acute disc prolapse with back and leg pain.

Acute pain seems to serve a purpose. It causes avoidance of the injuring agent and induces rest. Some recurrent attacks of acute pain, however, may lead to a chronic disability e.g. backache with or without sciatica. Some recurrent acute attacks of pain, such as in trigeminal neuralgia, serve no purpose and can drive the sufferer to suicide.

Patients with persistent pain can be divided into two categories: (a) Those with long-standing pain of continuous or recurring nature due to a lesion which is not life-threatening but in which the pain may threaten the patient's social integrity. (b) Those with severe pain of prolonged duration due to life-threatening lesions.

Whatever one believes about acute pain does not hold for chronic pain. Chronic unrelieved pain is a disease in itself. The patient does not adapt to it; on the contrary the sufferer seems to become sensitized. Lack of sleep, inability to concentrate and irritability are common associated features. The pain becomes the focal point of the patient's existence and he loses interest in everything else. He has seen many doctors, is disillusioned, disheartened and suspicious. Depression is a frequent feature of this state, the treatment of which can never be straightforward, simple or rapid.

THE PATIENT, THE PAIN AND THE PHYSICIAN

It has been a traditional concept that surgeons should be concerned with the excision of lesions which are held to be useless or deleterious in their effects. Similarly it appeared logical that nerves, tracts and "centres" concerned with the transmission or interpretation of impulses concerned with the appreciation of pain should be divided or abated if such pain served no purpose. The history of surgery for pain shows that this attitude has been followed by disaster. Usually, when all surgery has failed, someone miraculously discovers that the patient is an individual with problems, worthy of consideration by a psychiatrist. All other "abstract" aids are then invoked to absolve the surgeon from any guilt feeling which he may have engendered as a result of having become part of the natural history of the patient's disease.

Any surgeon who embarks on surgery for chronic pain, without having spent time with his patient is set on a disaster course. Other people who will talk to the patient, no matter who they are — psychiatrists, psychologists, social workers, a nursing sister or paramedical staff — can learn about the patient and his reactions and should share their views with the surgeon; there is therefore everything to be said for a team approach.

The surgeon must get to know his patient and get to know him well and this knowledge can be gained only by repeated conversation in depth. An attempt should be made to establish the following points: What sensation does the patient call "pain"? How does he describe it in his own words without any provocation on the part of the examiner? What does this sensation, call it pain if you must, do to him, what does it do for him and what does he do with it? One

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† Paper read at Pain Symposium, preceding 13th National Council Meeting 23-27 April 1979.