CONTENTS 1977 — 1978

MARCH 1977 — VOLUME 33, No. 1		North and D. W. Stuart	
Lubrication and wear of joints — V. Wright	2	Rehabilitation after Traumatic Amputation of the	3
The role of Physiotherapy in the management of		Lower Limb — M. Humphrey	9
Tuberculous Meningitis in children — C. A.	_	A Commonsense Approach to Amputee Check-out	
Liggins	5	— J. F. North & D. W. Stuart	11
Bernice Kegel	9	Movement — H. P. Maree	10
The Principle of Physiotherapy Workshops — G.			15
Oosthuizen	11	JUNE 1978 — VOLUME 34, No. 2	
JUNE 1977 — VOLUME 33, No. 2		Asthma — S. R. Benatar	4
Muscles of Respiration — I. E. Sellars	2	D. Gaskell	,
Diaphragmatic and Controlled Breathing — C. P.	-	Respiratoriese Aandoening in Kinders — J. C.	6
Rodseth	4	Thom	9
Coughing — M. J. Runnalls	6	High Velocity Gunshot Wounds of the Chest —	-
Inuence of Posture on the Effectiveness of Coughing — L. D. Curray and C. van Eeden	8	B. T. le Roux	13
	O	the Chest — S. H. M. Blackwood	1.4
SETEMBER 1977 — VOLUME 33, No. 3	•		14
The Changing Face of Burns — J. W. van der Spuy Treatment of Burns in a General Hospital —	3	SEPTEMBER 1978 — VOLUME 34, No. 3	
N. Gilder	5	Pressure Sores: Causation and Cost, Biomechanics	
The Psychiatric casualty of war — A. Levin	9	and Prevention — M. T. Manley	4
The Humanistic Approach in Physiotherapy — N.		Jaholkowski	9
Lennard	11	Physical Properties of Some Mechanical Vibrators	,
DECEMBER 1977 — VOLUME 33, No. 4		and their Clinical Relevance — K. E.	
The Surgery of Brain Damage — J. C. de Villiers	2	Brinkworth	11
Therapy in the Early Stages for a Head-Injured	,	Spinal Traction — B. Winter Writing Good Abstracts — A. C. Pal	12
Patient — H. P. Maree Chest Treatment of the Head Injured Patient re-	6		14
quiring Intermittent Positive Pressure Ventila-		DECEMBER 1978 — VOLUME 34, No. 4	
tion — R. Lewis	9	Flexor and Extensor Tendon Injuries — L. K.	
Training for the Future — J. C. Beenhakker	13	Pretorius	4
Psychosocial Relationships, Training and Attitudes		the Hand — J. du Plessis	6
with reference to Physiotherapists — L. Weinberg	14	Physiotherapy in a Specialised Hand Unit —	Ü
MARCH 1978 — VOLUME 34, No. 1	17	S. Holt	10
,		Diastasis of the Pubic Symphasis with Special	
Amputee Management in Groote Schuur Hospital; Problems in Using a Team Approach — J. F.		Consideration of Pregnancy and Parturition — G. Wilson	12
1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1		O. 17 HOUR	13

ABSTRACTS

Obstetrics and Gynaecology (1978) Physiotherapy, 64, 228 - 240.

This issue contains a series of articles covering various aspects of obstetrics and gynaecology in which the role, value and work of the physiotherapist is discussed. The need for more communication between the disciplines is well stressed by a midwife, who has had difficulties with the patient's ideas of "pain". Its function is described as being a safety-factor. Some of the larger firms in the U.K. provide antenatal care for their employees and this is discussed by an industrial physiotherapist. Traditional methods of treatment are compared and contrasted with the Mitchell method, which is matter-of-fact, and requires no soothing voices or quiet surroundings. The anatomy of the pelvic floor is described in detail and the aims and methods of treatment for incontinence outlined. The bibliography given is very comprehensive. For the physiotherapist involved in obstetrics and gynaecology, this series of articles can only be of use and interest.

H.C.W.

Van de Meene, L. W. (1978) Can and Should Physiotherapists Specialize? Austr. J. Physiother., 24, 2. A model concept of specialization is presented. The needs of the profession and the community are considered. Ninety-four comma four percent of the physiotherapists in the survey agreed with the model concer-Specialization would lead toward improved profession standards and superior individual competence.

M. J. Runnalls

Foster, A. L., Galley, P., (1978) Assessment of Professional Competence, The Clinical Teacher's Responsibility. Austr. J. Physiother., 24, 2.

The clinical teacher has to assume responsibility for (1) the patient being treated by the student; (2) the individual student; (3) society and (4) the physiotherapy profession. The clinical teacher has to guarantee utmost patient care, and that only competent students should qualify. It is thus important that the clinical teacher should constantly reassess his or her clinical performance, should be involved in clinical work themselves and should act as models of good professional behaviour. "Their personal warmth towards their patients, and demonstration of practical ability coupled with caring concern, will be appreciated by the students."

Guidelines for the assessment of interpersonal, intellectual and technical competence for the physiotherapy student as well as a student clinical assessment card

are suggested.

M. J. Runnalls