PLAY FOR WORK—

in Three Acts

by S. H. McLaren M.C.S.P.
Superintendent Physiotherapist,
Durham Miners' Rehabilitation Centre.

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There is an old saying which goes "You can only take her anywhere **twice** — the **2nd** time to apologise for the first" — and here I am apologising on the **1st** occasion! You are squashed in to a smaller room because of me and my antics and if you don't know your next door neighbour **now,** you **will** do before you leave here this afternoon! There is a rationale behind it—higher ceiling; better accoustics; less plate glass to smash and a better chance of making 'contact' with you which is **vital.**

Please bear with me for 40 mins: or so — you can get up and stretch your legs later!

May I introduce my Chairman to you . . .!

Professor du Toit

Thank you for the introduction . . . and for inviting me here in the **first place** . . . This is proving to be a "day of firsts" . . . for me . . .

To begin with:

"TODAY IS THE 1st DAY of the rest of my life" and of **yours** too — so I **hope** you are not going to feel as if you've wasted it by the end of this lecture/demonstration.

2. It's the 1st time I've lectured outside the British Isles and I really **do** thank you for the opportunity to do so.

3. To **get here** — it was the 1st time I'd flown since 1934 and in those days 'planes were open cockpit affairs held together by string and optimism. I was taken up for a ½ hour spin at a garden fete in a 2-seater bi-plane and was lent a pair of goggles by the pilot. In 1934 I was somewhat smaller than I am today and the goggles fell down off my nose within the first minute. For the rest of the exhilarating and adrenaline-producing flight I wore them like a bra round my chest and just let the wind bring tears of joy to my eyes. This 1975 and **Jubilee** *time* sat in luxury inside a Jumbo Jet with 359 others and contemplated the extent of aviation progress with awe and amazement — my 1st time in a modern aircraft.

4. It is also the first time I have met my "victims" — I suppose we **could** have cheated and had a rehearsal but I promise you we have not done so . . . I am endeavouring to prove a point by working on unsuspecting volunteers and if we had a rehearsal and I failed to make that point, I would have no excuse at all . . . As it is, I have left a **small** door open for myself by allowing for the retort — "well — we never had a rehearsal — so **that's** why it didn't succeed!" . . .

5. Finally — because of the honour bestowed on me by your Society in sending me the invitation in the first place, the Hermitage Rehabilitation Centre **and I** found ourselves spending the whole of July either on **television** or doing **radio programmes** — or involving reporters in a full day's Hermitage activities before granting them an interview on the work we were doing — and so I thank you again for enabling me to have my first shot at being a television star! . . .and I offer many congratulations on your Golden Jubilee!

We heard yesterday that: "An Expert is someone who comes from more than 50 miles away — and brings slides" . . . **I've** certainly come from more than 50 miles away — but I haven't any slides — just the **'Real Thing' . . .**

My audiences tend to react **violently** throughout the performance — it is one of the quickest methods I know of making enemies — but equally one finds friends who are prepared to believe in one's methods and support one's efforts . . . vocally.

The sweeping statements I make may cause you to applaud or 'boo' — but seldom to remain neutral — and this is how I like it . . . It keeps my adrenaline supply flowing! So please 'cheer' the winners and 'boo' the cheats as if you really were at the theatre.

My introductions are **always** longer than the rest of the performance put together — please bear with me! I **am** getting down to explaining the title of this session!

Let me ask you a simple question —

Q. **Why do you voluntarily make the effort to go to the theatre?** The facetious retort to that is "Because someone gave me a free ticket" — but a more serious answer to the question is "To be entertained" . . .

All right — so what do we mean by "being entertained"?

A. Dictionary definition is: "To be AMUSED OR DIVERTED and another phrase for ENTERTAINMENT IS HOSPITABLE RECEPTION . . . I've certainly had my share of "entertainment" since I came to Johannesburg — I hope **you're** going to get a little this afternoon! So — **Let's** go to the theatre to be entertained — namely to be amused or diverted.

Let's take **any** play and divide it roughly into 3 ACTS.

ACT 1

We are introduced to the main characters and get our first inkling of the direction of the story.

ACT 2

The plot (or at least the **essence** of the plot) is revealed and the characters all take on a definite shape and personality, so that they are easily recognisable.

By ACT 3

All loose ends are tied up **(neatly** for the most part) for the conclusion of the stage performance and we file off home feeling refreshed or invigorated (or whatever) to tackle "tomorrow" with a renewed zest.

That's **you and me** going to the theatre — what has all this to do with Rehabilition of Injured Industrial Workers?

A great deal in my opinion.

Consider the title

PLAY FOR WORK IN 3 ACTS

Act 1 We are introduced to the patient who, at this stage, is merely a name, a sex, an address, an age and a diagnosis on a piece of paper. (This piece of paper is equivalent to the theatre programme which gives us a little biographical detail of each of the artistes).

The patient is at **this** point an unknown quantity — **personalitywise . . .**

His bread-earning working capacity has been abruptly

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curtailed by some form of accident — and he presents a worried — frightened, nervous, uncertain, reticent, possibly somewhat **belligerent** face to his audience.

At **this** stage the "audience" comprises doctors; nurses and physiotherapists and it is the "getting to know each other" period. It can present quite a variety of problems.

Slowly his character emerges so that by the Theatre Interval (end of Act 1) we know roughly what makes him **tick** and what his capabilities really are.

After the interval, during which he might have been lulled into a state of false security, we open fire with every weapon at our disposal — and shatter the last of his defences. We **DIVERT** his attention from the injury which has become paramount during the enforced rest period to counteract SHOCK so that by **ACT III** we have proved to him how much he is capable of doing — despite his reservations on that score. We have tied up all the loose ends concerning his return to the bosom of his family — his work resettlement and any financial or social problems and so down comes the final curtain on the 'new' man — He has passed muster, and we, in the auditorium, feel satisfied that the time spent involving ourselves with the "play" has been worthwhile and uplifting, and has diverted **our** thoughts from our **own** dilemmas towards those of **other** people.

By helping to untangle **their** physical and mental problems, surely we help ourselves and so there is a reciprocal audience/performer reaction for the good of both?

There is a form of censorship (which I expect is worldwide) on all films and theatre productions, and here it is:

(i) "U" — Universal — for anyone of any age.
(ii) "A" — for adults only.
(iii) "X" — again for adults — denoting either:
  (a) Horror — modern science fiction or a Frankenstein's monster story, or
  (b) "naughty" — the sexually uninhibited type of production.

These last two categories — "A" and "X" are **technically** for those over 16 years old — and it is at this age that we admit male patients for treatment at the Hermitage — with an upper age limit of 65.

My type of treatment is **NOT** geared for:

(a) very small children,
(b) very pregnant women, or
(c) geriatrics,

and those who have been to the Centre will be saying "She's UNDERSTATING there — its "X" category — not just "A"; — Surely you don't blame us for not advertising the "X" bit on the bill poster outside the gates? — it's a little surprise for them when they arrive!

At this moment in time — you are the audience — and I am producer, director, and to a **certain** extent — author of what you are about to witness! and I **hope** you'll find some of it educationally entertaining.

My six 'VICTIMS' are the stars of the performance — who will enact the comedy — or drama — or whatever — and there is no **script** for them... Their comments will be asides — (theatrically audible I hope!) and ad-libbing plus plus — I have "prompt sheets" for my own use (exercise cards) and they wear their own "programme information" — their names...

Their **personalities** will emerge during the unrehearsed performance. Man is a histrionic animal and I'm sure these volunteers will not fail to grab the opportunity of performing fluidly before such a distinguished audience!

Throughout this I shall be peripatetic — and thus, I hope, give the erroneous impression that I'm working harder than anyone else...

Are there any guide lines for me as the director/producer? These are the ones I work along...

Altho' some of you may have heard my long list o **dogmatic, sweeping statements** which I dare to cal "rules" — I am going to produce them again — becaus they **work** in **my** kind of **CHALLENGING** rehabilitatio and, therefore, I feel, have a bearing on the **type** o **activity** you'll see this afternoon (if the **volunteers** haven' **escaped** thro' a **side entrance)...**

In a **Residential Centre** like the **Hermitage** — onc again has a **captive audience...** I can't see it would **eve** work at a **Day Centre** — patients are just not **self destructive animals!**

Most of you have heard all this before... but here goes: My "RULES FOR RUNNING A REHABILITATION CENTRE" are simple, basic and uncomplicated and **OFTEN CONTROVERSIAL...**

(1) Never ASK a patient if he **thinks** he can do an exercice — **EXPECT** HIM TO DO IT — and 9 times out of 10 he **will...** We are 99% PSYCHOLOGISTS!

(2) NEVER SHOW CONCERN if he sprains the **other** ankle during a class... it will CURE the **ORIGINAL INJURY** 'cos he won't know which one to limp with!

REMEMBER... **Confucius — He say...** "What you fussing about? You've GOT LEG ON OTHER SIDE!

(3) NEVER concentrate on the **INJURED LIMB** — give competitive, **general** activities during a class — and thus **TRICK** HIM INTO using his injured limb...

USE **WHOLE MAN** — NOT TWIDDLEY BITS OF HIM!

I don't care tuppence whether a man walks or runs **correctly** once I've whipped his sticks or crutches away from him. I WANT HIM TO WALK AND RUN **anyway he can** until he's forgotten which leg he was supposed to limp on in the first place — and **then** correct him.

Take his mind off his injured limb — **DON'T** concentrate all his attention on to it!

(4) **Never** use the **same exercises** twice... The patient will be **bored and** learn to do **trick movements** if he knows what's coming next.

THIS KEEPS THE **THERAPIST MENTALLY ALERT** TOO!

This is **another cheat** because I've done **several of these exercises** before an audience — but, one hopes, in front of **different people** in most instances!

(5) **Always mix everyone up** — different ages, sexes and injuries.

Your patient is **NOT** going out of hospital into a world composed entirely of people with the **same disability** at the **same age as himself...** OR **ALL** UNI-SEX!

BUT LASSES Remember that —

THE **INJURED** MAN IS STRONGER THAN THE AVERAGE **HEALTHY** WOMAN — and can do **much** stronger exercises than **you** can — so don't waste **his** time on wishy washy exercises...

Offer a man a **challenge** and he will respond.

The caveman days are not so far behind when brute strength combined with cunning were required for mere survival...

Lots of competitive games and activities to stimulate brain and body...

There's a play on the words "PLAY FOR WORK" — in the title — **all** this is in the form of games — adult "PLAY SCHOOL"!

I'm often asked if some of these activities are not **lethal** to an already injured man...

Selfpreservation is the strongest of all the instincts and provided the patient is "free to escape" when the pain is too great he will not harm himself.

(6) **Always use names** — The only **personal** part of a patient — otherwise he's just a **computerised number** on a **filing card...**

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FOR THE SAME REASON —

Always use **contact** . . . patient to patient — therapist to patient . . . **SO** much conveyor belt; mechanised, computerised work goes on that he has often lost the ability to 'touch' and 'FEEL TOUCHED'.

(My contact was to **shake hands** "Mice or Men" grip.) . . .

"TOUCH" is going out — in the form of **massage** . . . P.N.F. is taking its place but not by everyone — so I do "Group touching" — "subtly," I hope . . . and by that I mean I hope I don't lead the patients into thinking we're about to have an orgy!

(7) Always find out what his **hobbies are** . . . These may require a **greater degree of physical fitness** that his **bread and butter work** . . .

viz. DRAUGHTSMAN who was keen AMATEUR CYCLIST . . .
BANK CLERK may be keen mountaineer . . .

(8) Alway teach **LIFTING** in some form . . . saves endless 'back injury' patients in future years.

(9) Use a **piece of apparatus** to take the **patients mind** off his **injury** . . .

(10) **NEVER STRIP OFF YOUR PATIENT** to the **minimum of clothes** — he or she may be genuinely self-conscious about **acne or scars** or, like me, being the wrong shape . . . Let them **EXERCISE** in any loose garments they like — and when **THEY** are **ready** to shed them — they will . . .

(11) Always find the **winners of a race** . . . all of us like to be praised and the patient works much harder if he has the chance of a "pat on the back" . . .

He may **cheat** a bit in order to win — but it's all part of the **small boy** coming out of the **grown man** and is to be **encouraged** — PROVIDED THE **THERAPIST** IS **OBSERVANT ENOUGH** TO SEE THE **CHEAT** HAPPEN! Keeps **me** alert . . . Press-ups make a GOOD "PUNISHMENT" . . .

(12) Always make him **laugh** — with you **and** at himself — and be prepared to laugh at **yourself,** too . . .

Remember Three Things:

(i) If a man gets wrapped up in himself it makes a very small parcel . . .
(ii) LAUGHTER IS A GOOD ABDOMINAL EXERCISE, and
(iii) HE WHO LAUGHS — LASTS!

And lastly —

ALWAYS MAKE HIM WORK **SO** HARD THAT HE **WANTS** TO GO back to **work** because it's **less strenuous** than being **'rehabilitated'!**

Let's have a look at the "play for today" —

CLASS — (a) with blankets,
(b) with poles and quoits.

ABSTRACTS

"AIRWAYS OBSTRUCTION IN CHILDREN" by Thelma Morony.

Aust. J. Physiother., XX(2), 107-111 (June, 1974).

The role of physiotherapy in thoracic conditions has changed over the years and has become increasingly important in cases of airways obstruction in children. In this article, the author attempts to "emphasise differences which exist (in the treatment of such cases), because of differences in years, from the neonate to the adolescent."

A close examination of basic anatomical and physiological principles is made in order to put forward a more scientific explanation of the different clinical picture in children. As the author suggests, "Airways obstruction . . . tends to be much more severe in infants than in older patients" because "the smaller the radius of the airway, the greater tendency to collapse", and thus there is a more common occurence of atelectasis in children.

The types of airways obstruction in "the paediatric age group" are mentioned and a detailed account of the physiotherapy which the author finds beneficial is given. Teamwork and parent co-operation are regarded as important in the successful treatment of such cases. Mention is also made of "oxygen therapy", "inhalation therapy" and resuscitation, and the author points out the value of "objective testing of pulmonary function . . . for satisfactory diagnosis and assessment of treatment and progress . . ."

BOOKS RECEIVED FOR REVIEW

"A POCKET BOOK OF EXERCISE THERAPY"
Author: M. Dena Gardiner, F.C.S.P.
Publishers: G. Bell & Sons Ltd., London. 1975.
Available: Book Promotions (Pty) Ltd., 311 Sanlam Centre, Main Road, Wynberg, Cape, S.A.
Price: R2,50.

BOOKS AVAILABLE from William Heinemann (South Africa) Pty. Ltd., P.O. Box 11190, Johannesburg.
Publications relevant to the Study & Cerebral Palsy in Childhood.

Title: Handling of the Young Cerebral Palsied Child at Home (2nd Ed.).
Author: Nancie R. Finnie.
Price: R5,90.

Title: Orthopaedic Aspects of Cerebral Palsy.
Author: Robert L. Samilson.
Price: R12,50.

Title: Physiotherapy in Paediatrics.
Author: Robert A. Shepherd, M.A.P.A.
Price: R12,50.

Title: Motor Development in the Different Types of Cerebral Palsy.
Author: Bertha Bobath, F.C.S.P. and Karel Bobath, M.D., F.R.C. Psych. D.P.M.
Price: R4,70.

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