

## EDITORIAL

**T**IME and again we are faced with the problem of patients being sent to us for some form of rehabilitation, and an almost impossible task is presented, simply because our work has been asked for too late in their convalescence, or because our help was not sought pre-operatively. The omission of physiotherapy in the treatment of these cases delays their recovery considerably, and is often responsible for some of the unhappy results seen after surgery has been carried out. It is also a point to be remembered in these days of acute bed shortages when the quickest possible turn-over of patients is essential. It seems unfair to a patient, that after first class surgery, the optimum result is not achieved due to lack of proper after-care.

One could quote many instances of this having happened. How often have we seen uninjured joints which have become stiff due to immobilisation of some other part of the body, muscles which have atrophied from quite unnecessary disuse, post-operative pneumonias and thromboses, the chances of which could probably have been lessened by teaching the patient breathing exercises and leg movements? It is particularly important that chests should be trained pre-operatively; and where possible the strength of muscles, whose function is to be limited post-operatively by pain or immobilisation, should be built up before operation takes place. This is perhaps of most value in muscles which waste

quickly, such as the quadriceps, glutei, and the deltoid.

There is at least one hospital in London where every in-patient routinely receives physiotherapy, at the discretion of the Physical Medicine Department. There is, of course, the closest co-operation between the surgeon or physician and the physiotherapist, and the best result for the patient is obtained. It is an ideal situation which has been proved possible and extremely valuable. The sooner the patient realises that physiotherapy is now an integral part of medicine, and not a fancy treatment which some of the patients in the ward have to undergo, the sooner his co-operation is gained.

It is difficult to know where the answer lies in the establishment of these conditions. Very probably a greater understanding of physical medicine in the training of the medical student would help tremendously.

Eventually, however, it depends on physiotherapy being carried out conscientiously, intelligently, and at the correct stage in the progress of the patient. Seeing is believing, and if we can prove our worth as medical auxiliaries, the rest will follow automatically. It is up to us to try and educate, and often re-educate, the medical world in this direction, so that it can recognise our particular value and the great advances which have been made in recent years.

## GENERAL

### COURSE OF LECTURES

It is hoped to arrange for a set of lectures and demonstrations on the treatment of medical and surgical chest conditions, to be held in Johannesburg. The probable dates are the evening of Friday, September 5th, and the whole of Saturday, September 6th. The lectures are planned to include the anatomy of the chest, and the physiology of normal and abnormal breathing. It is felt that these will be welcome refresher subjects to many of us before we start considering the best methods of treatment. Such great strides have been made in the techniques of physiotherapy of the chest in recent years, that nearly all of us must benefit from a course of lectures on this complex subject.

Details of arrangements are unfortunately impossible to complete before the publication of the Journal, but Branch Secretaries will be notified and anyone interested may communicate with the Secretary of this Journal, at the Johannesburg General Hospital after August 1. It is hoped that as many as possible will attend.

The S.A.S.P. is holding its next Conference in Pretoria on October 10th, 11th and 12th. Branch Secretaries will be notified of details.

The Annual Congress of the Chartered Society of Physiotherapy will be held in London from September 18th to September 21st. An invitation has been extended to all members of the S.A.S.P. Those who can attend should communicate with Miss Neilson of the C.S.P.

We welcome Miss Smith as our new part-time secretary, in place of Mrs. Marais who had to resign owing to pressure of her other work. Miss Smith has already shown us what a tremendous help she will be.

### ERRATUM

It is regretted that in the April issue of Physiotherapy, in Dr. Coplan's article on Lumbar Disc Herniation, Dr. Ronald Singer's name is printed as Dr. Roland Singer. We apologise for this error.