THE ROLE OF THE SOUTH AFRICAN SOCIETY OF PHYSIOTHERAPY
IN SUPPORT OF THE
NATIONAL HIV & AIDS AND STI STRATEGIC PLAN FOR
SOUTH AFRICA
2012 - 2016

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PREAMBLE

The SASP is committed to support the three goals and four pillars outlined in the National Strategic plan for HIV/AIDS, STIs and TB.

The goals of the strategic plan include:

- Reduce new infections;
- Reduce infections in children and reduce HIV related maternal mortality;

The Pillars of the strategic plan include:
• Universal HIV testing;
• TB screening;
• Sustain health and wellness;
• Increase safety and reduce vulnerability;
• Change societal norms and values

The SASP has identified the following actions and goals which will be followed to support the Department of Health in achieving their National HIV/AIDS and STI strategic plan. The underlying approach adopted in contributing to the HIV strategic plan is one of mainstreaming where the SASP recognises the need to ensure taking HIV from the periphery and placing it into the centre and within physiotherapy practice, thereby ensuring that any area within the HIV strategy where physiotherapy and rehabilitation is needed and can contribute is accounted for.

1. **Prevention**
   1.1. Support marketing campaigns to promote HIV testing and disclosure;
   1.2. Contribute to patient education on health issues and HIV / AIDS;
   1.3. Develop clear, consistent HIV prevention messages to be delivered by leadership from all sectors at all available opportunities;
   1.4. Integrate appropriate HIV prevention messages into existing campaigns for example in campaigns to promote responsible alcohol consumption / drug use;
   1.5. Contribute towards reduction of HIV in the workplace, e.g.
      1.5.1. HIV policy in the workplace and procedures should the risk of infection due to a work-related accident occur;
      1.5.2. Continuously update guidelines for infection control procedures and needle stick injuries;
      1.5.3. Preventative strategies;
      1.5.4. Support system for HIV+ employees and families;
   1.6. Promote continuous supplies of PEP drugs in public and private sector facilities;
   1.7. Improve the health status and quality of life of both symptomatic and non symptomatic HIV + adults and children;
   1.8. As part to the multidisciplinary team encourage VCT amongst all patients and mothers with infants;
   1.9. Support PMTCT programmes e.g. recommended expansion of PMTCT guidelines to cover postnatal services including contraception, and services for mothers and infants beyond six weeks;
   1.10. Develop clear policy on the role of rehabilitation including physiotherapy in HIV and expand on the understanding of the relationship between HIV and disability both as
a consequence of HIV as well as a concurrent issue of HIV, i.e. how HIV affects people with disability.

2. **TREATMENT CARE AND SUPPORT**

2.1. Encourage all physiotherapists to assess people living with HIV in a holistic manner using the ICF principles (impairments, activity, participation and consideration of environmental factors);

2.2. Review and update clinical and programmatic physiotherapy guidelines for the management of HIV and AIDS;

2.3. Provide education on lifestyle;

2.4. Educate physiotherapists, medical practitioners and other role players about the importance of physiotherapy treatment for complications of HIV / AIDS including:

   2.4.1. Neurological complications e.g.:
   - Peripheral neuropathies
   - Neurodevelopmental delay in HIV positive infants

   2.4.2. Respiratory conditions e.g.:
   - Tuberculosis (TB)
   - Acute respiratory tract infections including PCP
   - General dyspnoea as a direct result of damage by HIV infection to lung structures and indirect damage due to infections;

   2.4.3. Chronic lung diseases

   2.4.4. Musculoskeletal conditions

   2.4.5. Chronic pain syndromes

   2.4.6. Muscle atrophy and weakness resulting in decreased exercise tolerance;

2.5. Facilitate provider–initiated testing of children of HIV positive adults accessing services;

2.6. Improve enrolment in quality of live interventions through wellness programmes;

2.7. Support capacity building in HIV management of health workers and managers to provide comprehensive care, treatment and support;

2.8. Investigate mechanisms to strengthen support, mentoring and supervision of health care providers;

2.9. Support vulnerable patient groups, and improve their access to physiotherapy and palliative care. These groups include but are not limited to children, pregnant and lactating women, older persons and disabled persons.
3. **MONITORING, RESEARCH AND SURVEILLANCE**

   3.1. Support and monitor research relating to HIV / AIDS specifically in areas of
   
   3.1.1. living with HIV, appropriate rehabilitation services for HIV effects of physiotherapy modalities on HIV;
   
   3.1.2. living with HIV across a life span and this would include HIV and aging, disability, rehabilitation access to services;
   
   3.2. impact on education of physiotherapists and rehabilitation services, outcome measures and impact on cognitive abilities;
   
   3.3. Understanding specific vulnerabilities of People with disability and the disablimg impact of HIV;
   
   3.4. Inclusion of rehabilitation aspects in national and regional HIV studies;
   
   3.5. Utilise existing databases for collecting and collating statistics on the HIV / AIDS pandemic in South Africa and contributing to statistics on disability and HIV.

4. **HUMAN RIGHTS AND ACCESS TO JUSTICE**

   4.1. Enhancing patients’ human rights generally, and specifically on access to healthcare by promoting access to ARVs;
   
   4.2. Support the development and distribution of guidelines for health workers on human rights and voluntary HIV testing and counselling, confidentiality and disclosure, children and HIV;
   
   4.3. Support and strengthen sectors and community-based campaigns that promote human rights;
   
   4.4. Empower vulnerable patient groups through education, and promote their access to ARVs. These groups include but are not limited to children, pregnant and lactating women, older persons, disabled persons and prisoners;
   
   4.5. Share health articles on the above activities, and statistical information, with SASP members, patients, general public, government and donor organisations;
   
   4.6. Ensure that our members are aware of the psychosocial impact and stigmatisation of HIV / AIDS and are sensitive to the needs of the patients and caregivers;
   
   4.7. Be an advocate for the needs and rights of patients living with HIV / AIDS;
   

5. **THE ROLE OF THE INDIVIDUAL PHYSIOTHERAPIST IN THE MANAGEMENT OF HIV/AIDS**

   5.1. Provision of holistic assessment (ICF);
   
   5.2. Referral of patients with symptoms, to medical practitioners for diagnosis and treatment;
   
   5.3. Provide education on prevention of HIV / AIDS;
5.4. Provide education on lifestyle, exercise, nutrition and wellness;
5.5. Provide treatment for complications of HIV / AIDS in adults and infants, e.g.:
   - Peripheral neuropathies
   - Neurological complications
   - Neurodevelopment delay in HIV positive infants
   - Muscle atrophy
   - Respiratory conditions, e.g. TB, acute respiratory tract infections, chronic lung diseases;
   - Chronic pain syndrome;
   - Musculoskeletal problems;
   - Decreased exercise tolerance;
5.6. Provide support and education on body mechanics and prevention of injuries, for caregivers of HIV / AIDS patients;
5.7. Contribute towards provider – initiated testing;
5.8. Show social responsibility by knowing their own HIV / AIDS status;
5.9. Monitor and follow – up HIV positive patients.

6. REFERENCES
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7. REVIEW HISTORY

<table>
<thead>
<tr>
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