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PhysioForum

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MISSION STATEMENT OF THE SOUTH AFRICAN SOCIETY OF PHYSIOTHERAPY

The SASP affirms that:

1. It provides a structure within which the needs of its members are met.
2. It strives to ensure the quality of physiotherapy services to all peoples throughout South Africa.
3. It does not discriminate on grounds of race, colour, creed, national origins, social status or gender in the practice of physiotherapy or in the administration of its organisation.
4. It safeguards the welfare of its members and makes representation against any form of discrimination against its members.
5. It acts as a planning, development and information resource to its members, to other health professions, to health planners at all levels and to the general public.
6. It supports unequivocally the provision of unitary health service and encourages all progress made in the integration of health care services.

PUBLISHER
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SUBSCRIPTIONS
Non-SASP Members: R220 pa incl VAT
(7 issues – included in SASP membership fee)

DESIGN AND TYPESETTING
Kat Graphics Tel / Fax: (012) 653-5813

CIRCULATION MANAGER Fax: (011) 485-1613

DEADLINES
PhysioForum is published 7 times a year in February, April, June, July, September, October and December/January

The deadlines are listed below - late submissions should be cleared by telephone. We cannot guarantee the publication of any late contribution.

ISSUE	DEADLINE
April 2003	**28 February 2003**
June 2003	**2 May 2003**

CLASSIFIEDS
Please use the coupon for placing classified advertisements

CONTRIBUTIONS
The editor accepts contributions from any author, either directly or through your local PhysioForum representative.

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Member of

Editor's Note

The Power of Positive

I was reading *Time* magazine recently, an interesting article on the growing HIV epidemic in India. There they were, the familiar characters: the HIV-positive mothers running AIDS awareness projects, desperately poor people clubbing together to provide needed resources, terribly exploited prostitutes finding the courage to campaign for condom use...

"Small victories add up, but neither the Kalighat kids nor the Sonagachi sex workers will transform a nation..." the article went on to say. "Fortunately, big players are now embracing that goal. The Gates Foundation has yet to work out the details of its new $100 million program, but its immediate goal..." etc, etc, etc.

Far be it from me to slag off Bill and Melinda Gates - I think it's fantastic that they choose to use some of their wealth to support good causes - but I had an instant of revulsion there. Big players? Sorry, but money doesn't make you a big player. For me, some of the biggest players in the AIDS epidemic are those the world would count as the smallest, those very HIV-positive people, usually poor, usually disempowered in more than one way, who get their life sentence, their HIV status, and decide to make the most of the time ahead.

All over South Africa, I can tell you from personal experience, there are people whose faces glow with light, people before whom I stand in awe, people who rise above the worst circumstances of all to make a profound difference to the lives of others around them. There are women who rescue girl-child prostitutes off the streets, old ladies looking after whole spans of babies, men going from house to house helping with arduous nursing tasks, young boys and girls rearing their siblings and somehow keeping their souls clean of the grime of crime and evil. Many are themselves HIV-positive, many are not - and I truly don't know which are the more admirable, those driven by the impetus of the disease in themselves or those driven by nothing but altruism.

No-one knows their names, but they really are the Big Players, giants who bestride the world like a Colossus.

No-one knows their names, but they really are the Big Players, giants who bestride the world like a Colossus.

Will they transform a nation? Well, peace be upon you, *Time* magazine, and with all due respect - they're the only ones who really can.

You see, we've learnt this truth with particular force in Africa: you can throw money at a problem (and heaven knows we need money!), but without the hearts and souls of the people, money is simply the proverbial micturition into the storm. And the hearts and souls of Africa are rising in their thousands to face and fight this dreadful pandemic.

I am intensely, fiercely proud of them, and I am learning from them all the time:

- First, that my country is not the turgid cesspool of misery and evil depicted so often in the press. We may have a million criminals; we may have many million apathetic do-nothingers; but we also have this glorious army of saints, marching into a fray so frightening it hurts to think of it, with their heads and their hopes high. Oh, brave new country, that has such people in it!
- Second, that there is no situation so dark there is no light to be seen. That you can never know the true courage and quality of any human being until that person faces the dark alone. And there in the dark, courage lights the tiny spark that sends the shadows fleeing. It's so moving, that human defiance of massive odds, that small, squeaky voice that says, "Damn you, I will live, I will make my life matter!"
- Finally, I'm learning all the time about true values. What matters most? Compassion, comradeship, caring; nourishing the sacred flame of life, reaching out to others; love. I'm learning from the masters how to face bad things with grace and hope. I'm learning how to find meaning and good in the worst of experiences. I'm learning about the Power of Positive.

Wild Waters

Physio at the Dusi Canoe Race

January is one of the hottest and wettest months in KZN, so it's a good month to hold a canoe race. But for those who are neither on nor in the water, those who work to keep the competitors upright and mobile, the Dusi Canoe Race can be - well, a bit of a doozey!

On 16 January this year, between eight and twelve physiotherapists from KZN and students from the University of Durban-Westville gathered to assist canoeists en route past Cato Ridge and the Inanda Dam to the Blue Lagoon finish line. The Dusi is a three-day event, so it's quite demanding in terms of time, and of course, in the valley it gets quite hot, but physios enjoy the event enormously. "Even though we're not needed at the end, the great thing is to go to the finish and watch them all come in," says Debbie Andrews. "You don't always recognise the faces of the canoeists you've assisted, but you recognise your strapping, and it's great to think that you helped them make it!"

On the first night, the physios are stationed at Dusi Bridge just below Cato Ridge; on the second night they're at Inanda Dam just below Hillcrest. Some will go home after the last competitor has been helped; others stay over in the medical tent. At Dusi Bridge there are showers for the physios, at Inanda Dam they get rid of the heat and grime in the Dam. One year, a physio who wanted to wash her hair went up the hill a stretch and found an abandoned sports complex with open air showers. She duly soaped up under a shower head. What she didn't know was that the water she was enjoying was just the residual water remaining in the pipes, so once she had worked up a fine froth of shampoo, the water dribbled to an end, and she was left standing there looking like a white poodle, and suddenly realising that she was not alone - a local resident was watching her activities with immense curiosity...

Those who sleep over on stretchers in the medical tent obviously have a lot of fun hunting out snorers and throwing pillows at them after a hard day's work and a bit of a party! "We also prefer to have people staying over because then we have physios to strap the competitors first thing in the morning, when it's really needed."

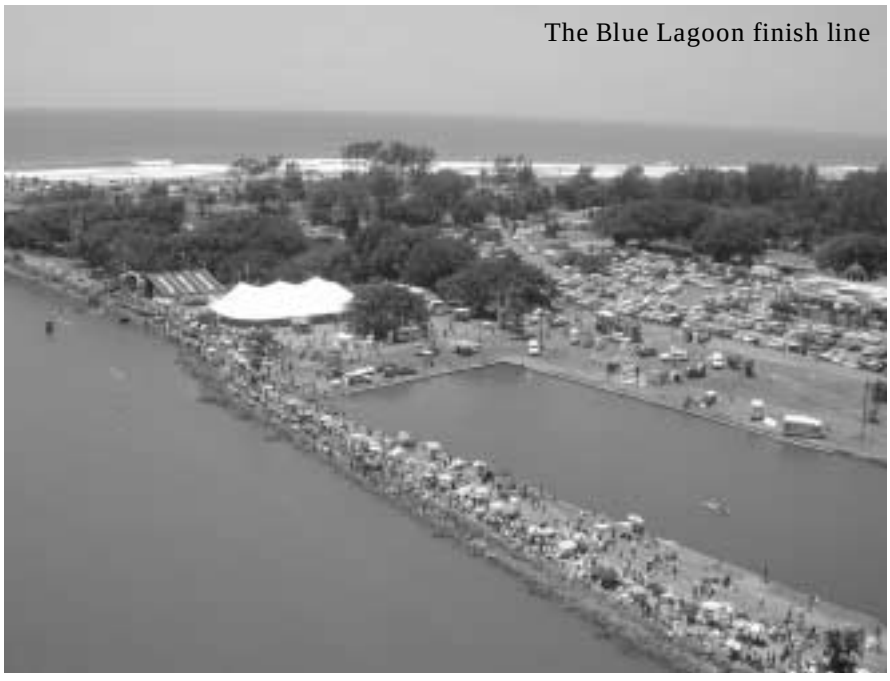
The fun and the rest is essential, because it can be very hard work. "In the valley, there's not a breath of wind and it gets very hot," says Debbie. "I remember one day working and feeling nauseous, dehydrated and headachy from the heat."

But the celebrities lift the physios' days. The Dusi organisers have a special section which pairs celebrities with experienced canoeists, and the celebs tend to need help. "Last year, we had Ferdi come into the tent for a rub," remembers Debbie. "It was so funny, because he instantly had a student working on each arm and each leg and several on his body! He enjoyed it so much that after that, he was in the tent whenever he got the chance..."

The portaging of canoes causes strain on canoeists' shoulders, which of course take quite a lot of strain anyway in the act of canoeing. "We get subluxations from when they reach out with a paddle to push off rocks, ankle sprains, knee problems, necks, and lots of thumbs and wrists. We really need our strapping skills!" says Debbie.

But it's all worthwhile, because the physios' work is really appreciated. Pippa Rowe, Medical co-ordinator of the 2002 Hansa Powerade Dusi, said in a letter sent to Debbie last year, "There are two things that the paddlers look forward to at the end of a hard day's paddling, viz a cold beer and treatment by a physiotherapist."

In our next issue, we'll update you on events at this year's Dusi, which was underway as we went to print.



The Blue Lagoon finish line

BONE & JOINT DECADE 2000-2010

For the prevention and treatment of musculo skeletal disorders

On 11th October 2002 Lynn Fearnhead, President of the SASP, was one of the principal co-signatories of the national declaration for Bone and Joint Decade. This took place at a symposium to launch the national action network of South Africa, and was the result of several years of activity by involved parties, including the SASP, represented by Helen Gardiner.

The Bone & Joint Decade - whose motto, 'Keep people moving', should bring a smile to every physiotherapist - was formally launched at WHO Headquarters in January 2000. Lack of adequate financing hindered the development in South Africa, but sponsorship has been obtained for the time being. This initiative is extremely important for our profession and we must use the opportunity to market ourselves in the multi-million industry of bone and joint care.

The key goals of the decade are:-

- Keep people moving
- Reduce the burden and cost of musculo-skeletal disorders to individuals, carers and society

And the strategies developed to achieve these are:

- Raise awareness of the growing burden of musculo-skeletal disorders on society
- Promote prevention of musculo-skeletal disorders and empower patients through education campaigns
- Advance research in prevention, diagnosis and treatment of musculo-skeletal disorders
- Improve diagnosis and treatment of musculo-skeletal disorders

This should make every physiotherapist sit up and take note. It throws down a challenge, which we need to rise to, in order to retain our role as key role players in the management of muscular-skeletal disorders.

This is a decade of opportunity for every physiotherapist to do his or her bit in promoting the profession. The occasion of IFOMT in 2004 will provide an ideal situation to encourage the International Community to embrace the philosophy of the Bone & Joint decade.

At the symposium for the launch, funders from the health care industry reiterated time and time again the cost implications of back surgery, time off work for injury and the implications of fractures in the elderly. In discussion, they expressed interest in working together on strategies to promote physiotherapy - backed up by evidence-based research - that would ultimately lead to cost curtailment.

Let's work together as a profession to make the Bone & Joint Decade successful, for those who suffer from musculo-skeletal disorders and for ourselves.

The difference is in our hands!

PhysioFocus

IMPORTANT INFORMATION FOR PRIVATE PRACTITIONERS

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Medscheme request that any EDI claim, which requires motivation, be sent in paper format due to the limited functionality within EDI.

Joint Effort

Tuli Ngobane and the arthritis team at Bara are true healers

"The patients call me Tuli and they do feel free to talk to me about anything - their family problems, very personal stuff. You become like part of their family." Physiotherapist Tuli Ngobane is talking about her work with the arthritis team at the Chris Hani Baragwanath Hospital, and her enthusiasm and commitment is very evident.

What Tuli is most enthusiastic about is the team she works with - a professor, four doctors, an OT, an arthritis nurse and a nurse from the Arthritis Foundation, a patient representative, a social worker, plus psychologists and other health professionals who can be called on by the core team if needed.

On Mondays, the full team meets to discuss patients and deal with any issues of concern. Does a patient need an appliance? Can they assist a patient to get a disability grant? What treatment would be appropriate for a particular case? "We sit and plan what to do together. It's a very, very caring team - you just know that their whole aim is to get the patients better. It is so helpful to me as an individual working here - it's very motivating," says Tuli. "It motivates the patients, too. They keep their appointments - and they know that if they miss an appointment, one of the team will make an effort to find out why and do something about it."

TRAGIC TALES

The patient population that Tuli and the team work with is, on the whole, young people afflicted with rheumatoid arthritis, and often the obstacles they face can be intimidating. "We had a young girl, only 16, who came here - she was not walking at all when she arrived, she'd received no treatment whatsoever. We rehabilitated her for three months and got the arthritis under control - our professor provides good medicines, cutting edge treatment - and then she went home, mobile and doing well. Six months later she was back, as bad as ever. I was furious. I phoned the mother straightaway - and she told me such a sad story. The family has no income at all, no money even to get the girl to hospital - they don't even have food to eat. In such circumstances, how are they going to find the R13 you need for the medicines? And of course, she can't apply for a disability grant because the child is under 18." Tuli says that the most common reason for defaulting on treatment is financial.

But Tuli and the team keep battling against all odds. Between 60 and a hundred patients come to the exercise class on Thursdays, where physios talk about how to keep their joints healthy and the OT discusses how to cope in daily life. "Where necessary, we give them assistive devices, too."

A common perception in the community is that a person with rheumatoid arthritis has been bewitched. "If a patient understands the illness, it's better - and when they sit together in a big group of a hundred or so people, they can't say they've all been bewitched! Group discussion also helps them - we give them ideas of how to cope, and they learn from each other."

The team goes out into the community as much as possible to build awareness of arthritis. "The sooner we see someone, the better - we can do more if we see them before deformities develop." Recently, for instance, the team did an awareness drive at Southgate Mall, the closest big shopping centre. Much of the funding for such drives comes from the pharmaceutical companies, who also provide some funding for staff to attend conferences and seminars.

A number of support groups have been initiated in the community by the Arthritis Foundation which has had a branch in Soweto for about a year - for the first time in history! Tuli and the team go out to these groups to offer advice and tips for management. "We assure them that arthritis can be controlled. Yes, it hurts, but we can do something about it. And just having a chance to talk about it helps." The team also does home visits to assess the setting and educate the family. "Sometimes the worst thing for a patient is a good mother who does everything for the child!"

HEALING HISTORY

Tuli is obviously a natural healer, so it comes as no surprise to learn that she decided quite young that physiotherapy was for her. "I was born in northern Zululand at Mangozi, and went to primary school there. I did my high school at Inanda Seminary in Durban, and one day, a physio came and spoke at the school. I thought, I want to do that!" Tuli grew up around post-polio victims: "There were quite a few people near my home who had problems walking."

After qualifying at MEDUNSA, Tuli went back home to work for six years. She got wheelchairs for some people; for those who qualified, she arranged disability grants; and for a few, she was able to organise that they go to hospital and have operations. She says with quiet satisfaction, "They are still walking to this day; it's very satisfying to me."

Continued on page 7 ▶

News from the Wide, Wide World!

Our WCPT-Africa representative, Joyce Mothabeng, updates us

In this article, I report on WCPT Africa activities in the last six months of 2002. Details of the coming WCPT International congress are also provided. Due to frequent requests, the next issue will give a detailed explanation of WCPT and WCPT Africa.

WCPT-AFRICA

The 'WCPT-Africa Conference Swaziland' was held from 11 to 13 October 2002 in Mbabane, Swaziland. The Association of Physiotherapists in Swaziland worked very hard in the six months since Kenya to ensure the success of the regional conference. The entire APS membership was involved in the organizing and planning of the event, and they secured the services of conference professionals, called Events Consultants, to ensure a conference of a high standard.

Delegates from ten African countries (Botswana, Ghana, Malawi, Kenya, South Africa, Swaziland, Uganda, Zambia and Zimbabwe) attended the conference. The conference took the form of practical workshops in order to ensure the refinement of the African Physiotherapists' skills. The focus was on musculo-skeletal problems (in line with the Bone and Joint decade of WHO!) and the physiotherapeutic management thereof.

THE OPENING

The conference was opened in style, with entertainment by Swazi traditional dancers in line with the goal of the Bone and Joint Decade - to 'keep people moving'. The Minister of Tourism, Mrs B Lukhele, officially opened the congress in the place of the Health Minister, who could unfortunately not attend. In response to challenges from the regional chairperson regarding the physiotherapy situation in Swaziland (for instance, there are only ten physiotherapists in the country, all working in urban areas), the minister promised that their government would look into all recommendations that would come out of the conference. A Swaziland Manifesto has subsequently been drawn up by WCPT Africa and submitted to the Swaziland Ministry of Health.

THE WORKSHOPS

Mrs Annalie (Basson) Henning, chairperson of OMTG South Africa, presented Mobilisation with Movement (on the Friday) and the headache workshop on Saturday morning. The Mechanical Backache workshop (Mackenzie), was presented by the WCPT Vice President - Dorcas Madzivire on Saturday afternoon.

THE REGIONAL MEETING

A special regional meeting was held on the afternoon of Friday, 11 October, to once more put heads together regarding regional issues as a follow-up to the April meeting in Kenya.

THE SOCIAL EVENT

The group had an opportunity at the end of two days of intense learning, to socialise and party. Prior to the wining and dining, Zola Dantile performed the official closure of the 'academic programme'. Preety Daya from the APS gave the vote of thanks - and the dancing began!

WCPT Africa is very grateful for the support of the Swaziland Health Ministry and the Swaziland WHO, who were the major sponsors of the event. Two days before the conference, the Swaziland Health Ministry provided a kombi to come and pick up six Malawi delegates who were travelling by public road transport from the Johannesburg Bus station to Mbabane!

NEWS FROM WCPT-AFRICA MEMBER COUNTRIES

Tanzania (APTA)

On 14 August 1992, the Association of Physiotherapists in Tanzania was officially formed. This year, APTA celebrated its 10th anniversary with a very successful congress and an AGM at the Peacock Hotel in Dar es Salaam. Topics delivered at the congress were very relevant to Africa, and included HIV/AIDS, CBR and Disability. There was also a presentation on Evidence-Based Practice.

Dignitaries included delegates from the Ministry of Health and senior officials from the Muhimbili Hospital and the MOI Institute. Members from other professionals like Occupational Therapists, Social Workers and Orthopedic Surgeons attended the congress in support of their Physiotherapy Colleagues.

Uganda (UAP)

Workshops and meetings

A UAP-Norwegian Physiotherapy workshop was organised with the aim of re-organising the UAP Association to meet its present needs. Topics discussed were

Professionalism, Ethics and Ethical Code of Conduct. There is a plan for another twin workshop in November2002 on HIV / AIDS. Both facilitators and topics relevant to physiotherapy needs have been identified and NORAD will sponsor the event.

Training

On a sad note, however, the training of physiotherapy at degree level in Uganda has not taken off this year because of delays in presenting and defending the curriculum to the University Senate. It is hoped that next academic year (2003 / 2004) all the requirements will be in place.

Ethiopia (EPTA)

Our dedicated exiled friends sent this note to the regional chairperson during their regular communication:

"No matter what it takes us this end, we will continue working for EPTA and supporting our colleagues at home to promote physiotherapy in Ethiopia. We will also remain part of WCPT-Africa and WCPT-International to move physiotherapy forward.

"We wish you excellent conference,

"With best regards,

"Desalegn Damtew, EPTA-President and Fasil Abay, Secretary."

Swaziland (APS)

Ergonomics workshop

The Association of Physiotherapists of Swaziland held an Ergonomics workshop on 29 and 30 June 2002. The workshop was about Workplace Rehabilitation, focusing on the Musculo-skeletal problems of manual handlers and was facilitated by Joyce Mothabeng. Delegates came from Swaziland, South Africa and Botswana.

The APS also organised the successful WCPT-Africa Conference in October 2002.

Zambia (ZSP)

Zambia has sent us a welcome invitation:

WCPT Africa Congress 2004

"The Chairperson of the organising committee for the 5th WCPT-Africa Congress to be hosted by Zambia in 2004 would like to take this opportunity to invite you to the Lusaka Congress Meeting. The Congress takes place from 26 April to 5 May 2004."

INTERNATIONAL NEWS

WCPT International Congress

The World Confederation for Physical Therapy is holding its Congress in Barcelona, Spain on 7th-12th June 2003. For further details e-mail: 14thcongress@wcpt.org

All members whose registration forms and payment are received prior to 31 December 2002 will be entered in a prize draw to win one free Congress registration and one free ticket to the 'Tapas and Rumba'. The winner will be notified by 20 January 2003.

Registration forms will be accepted at the Congress Office until 20 May. After this date, please register at the Congress.

Rural Health Conference

The 6th Wonca Rural Health Conference will be held on 24th-27th September, 2003 in Santiago de Compostela, Spain. The theme is Rural Health in a Changing World. For further details contact: SemFYC Congresos, Carrer del Pi, 11.Pl. 2a, Of.13, 08002, Barcelona.
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Fax: +34 93 318 6902.
E-mail: congresos@semfyc.es.
Web: www.rural-wonca2003.net

Registration Fees in Euros (Ç)

Category	To 31 December	Up to 1 May	After 1 May and on site
Member, WCPT Member Organisation	590	695	860
Non Member	1020	1020	1180
Student	320	430	430
Daily* - Member and students	190	295	295
Daily* - Non member	350	350	350
Accompanying Guest	145	145	145

Continued from page 5 ▶

But Mangozi was never going to be enough for Tuli - she needed bigger challenges. She moved on to Empangeni, to Zwelizane, for a time. In 1994, she registered at Wits to do further studies. "Afterwards I went back to Zwelizane, but I felt I needed more qualifications, and I applied to do my MSc at Wits. So that's why I ended up at Bara!"

Tuli's MSc has just been completed - her subject was stab wounds to the chest - and she admits that she has thought of doing "something on arthritis". But with a husband and son back home in KZN, and two years of intensive work and study behind her, she feels she needs a break. "Doing my MSc while working was very demanding." It's been hard being separated from her family for so long, too (there've been many flying visits to KZN!), and no doubt she'll be heading for home fairly soon. "It's been lovely working here - a really good experience - but not for too much longer!"

Well, maybe Chris Hani Baragwanath will lose her, but whoever gains Tuli Ngobane's services will gain a real gem, the sort of physio who makes a difference wherever she goes!

PRESCRIPTION RIGHTS FOR PHYSIOTHERAPISTS.

I would like to respond to the debate as to whether physiotherapists should be allowed to prescribe certain medications. My response is a resounding yes. We physiotherapists should not be afraid of broadening our scope of practice. If we don't we might become obsolete. Medicine is constantly evolving and we should not be left behind.

There are many reasons why I support physiotherapists prescribing. Firstly, it will benefit our patients. How many times have we seen patients on a first contact basis and recommended certain medications? How many times have physiotherapists working or travelling with sports teams been unable to treat players efficiently because of inability to prescribe or administer certain medications? Patients who need these medications have to be sent to a doctor for a prescription. This not only wastes time but is also an added cost to the patient and his or her medical aid. In the public sector it could also help by alleviating the added patient load on doctors if we could prescribe certain medications for musculoskeletal injuries (and respiratory conditions), preventing the need for referral back to the doctor. Imagine the benefit in outlying communities where doctors are a scarcity.

How will this benefit us? Well, the benefits are numerous. It would cement our first contact status. I have read various articles where first contact status of physiotherapists is in question. The bottom line is the more responsibility we are given, the more indispensable we become. Prescription rights could result in the medical fraternity regarding us as specialists in physical medicine. This added responsibility has implications for salary structures as well.

The profession will also benefit by the exposure we will get from drug companies. These drug companies market to doctors and pharmacists and we also stand to benefit (provided this is done within ethical boundaries). I am not saying we should routinely prescribe medications, but the option should be available to us if needed, to the benefit of our patients.

We as physiotherapists should not be afraid of change, we should embrace it. Managed health care is a reality and evidence-based practice is the buzzword in medical circles. The effectiveness of some modalities we use is being questioned. Some electrotherapy modalities are now being questioned (after all Robin McKenzie himself in the book Physical therapy of the low back* by Taylor and Twomey, calls it 'the useless trappings of physiotherapy'). Why not replace ineffective modalities and add other ways of treating our patients such as through medication? Yes, it is not traditionally within our scope of practice, but why can't it be? We should be looking to our patients' well-being and not hopelessly trying to stay within confines set years ago.

Many other professions are utilising modalities and techniques traditionally within the scope of physiotherapy. Biokineticists have almost taken over rehabilitation using exercise, massage therapists are doing most of our soft tissue techniques, and even our cousins the occupational therapists are doing joint mobilisations to stiff joints. They are expanding their professions and we are trying to hang onto old regimes. Physiotherapy should evolve with changing times.

These are but a few of the benefits prescribing certain medications will have (This is provided physiotherapists are properly trained and policed, or else negative repercussions will arise). Everyone is set to benefit, from the patient to the medical aids. We need to embrace this opportunity before other professions do. It won't steer us away from being hands-on, it will only make us more effective in our hands-on approach.

Munsief Khan
by e-mail

* Taylor JR, Twomey LT, Physical Therapy of the low back, 3rd Edition, Churchill Livingstone, Chap.5 pg 142

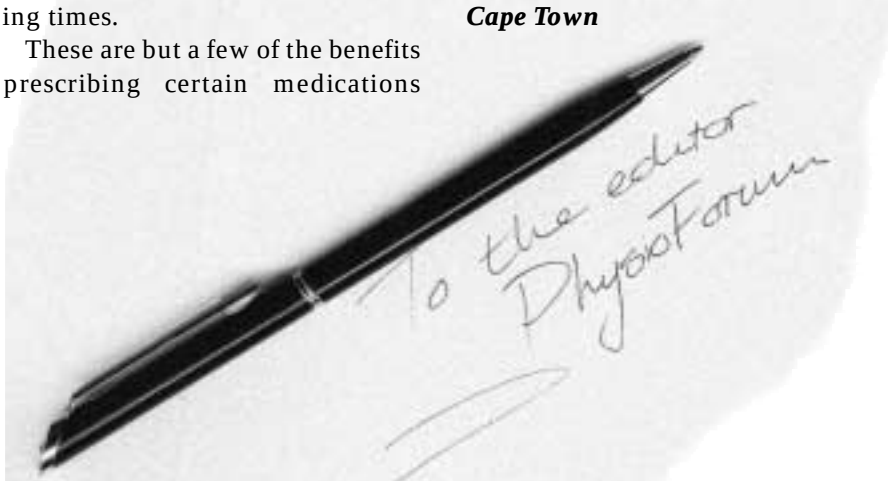
THOUGHTS ON ANXIETY

In response to the article, "High Anxiety - severe anxiety can compromise your patient's health" (PhysioForum October 2002), I would like to share a Biblical principle which was brought to my attention when I struggled with the same symptoms early on in my Christian life and which I now share with patients in the same boat.

In a booklet by Jay Adams called You Can Stop Worrying! it becomes clear that worrying is in fact unbelief in God/Jesus. The Bible calls unbelief sin.

The only thing to do with sin is to confess it, ie admit to God that you don't trust Him, ask for forgiveness and based on 1 John 1:9 see how wonderfully, albeit often gradually, Jesus, by the power of the Holy Spirit, brings about changes in this area of one's life.

Katie Schoeman
Cape Town



Evidence-based Physiotherapy

Aimee Stewart reports on issues arising from the EBP meeting in London October 2001

I was able to attend the expert meeting on evidence-based practice arranged by WCPT in London in October last year. There were one or two delegates from many of WCPT member organisations. Ina Diener was the official South African delegate. A basic course in evidence based practice was run on the day preceding the meeting, and following the meeting was an advanced course on critical review of the literature.

Both courses were very informative with much food for thought. The first course was designed to bring everyone up to speed on EBP terminology with useful presentations on accessing evidence; using appropriate outcome measures to evaluate management programmes and the development of clinical guidelines. The advanced course, which I really enjoyed, concentrated on critical appraisal of the literature. This was a very useful course as it contained numerous tips on how to read effectively and quickly-skills that we all need as we battle to keep up with the literature that is growing at an alarming rate.

COMMITMENT TO EBP

The meeting was arranged in order to establish the status of evidence-based practice within the profession and resulted in a very strong commitment from the delegates that WCPT should ensure that evidence-based practice become the norm for physiotherapy in all its member countries. Part of the meeting was spent in debating the best way to take the process forward. As a result of the impetus generated at the meeting an international advisory group of eight members was established in order to plan the process of developing an evidence-based culture within physiotherapy internationally. I am in the group and have really enjoyed the international interaction, even though it is all electronic! Tracy Bury, head of Research and Development at the CSP, has been seconded to WCPT to head up the process.

To date a number of issues have been addressed. As there was a strong feeling at the October meeting that the WCPT congress should have an evidence-based feel, numerous workshops and expert panel discussions are in the process of being developed to be held during the congress. Those of you who have already seen the programme will have seen the potentially interesting workshops, both basic and advanced, as well as the workshop on developing an evidence-based culture in the training of physiotherapists. The panel discussions are being planned so as to be as inclusive as possible with representation from the developing as well as the developed world. Hopefully we will be able to have as many South African physiotherapists as possible attending the various workshops and panel discussions.

DECLARATION OF PRINCIPLE

The advisory group has had input into the development of a Declaration of Principle which will be tabled at the WCPT meeting that is held in conjunction with the congress next year. The Declaration of Principle will commit member countries to integrate clinical expertise with the best available evidence and to ensure that techniques that are known to be ineffective are not used. In addition there is a commitment to life-long learning opportunities and critical appraisal skills. Hopefully member countries will vote in favour of this declaration, as I believe that it has the potential to take our profession to the level where there is general acknowledgment of the science of our profession. In addition to this declaration, various changes have been suggested to some of the existing declarations of WCPT to enhance the evidence-based philosophy that the meeting in October felt was so important.

There was also a strong feeling at the October meeting that member organisations should be kept up to date in EBP. One of the most useful developments has been the establishment of an EBP website in conjunction with WCPT's existing website. Tracy Bury has been the driving force in its development and once it is up and fully operational it will be very useful for all of us.

The delegates at the October meeting all felt that their own organisations should be involved in creating an evidence-based culture of practice within their own countries. I believe that it is important that we in South Africa all familiarise ourselves with this way of thinking. It really involves using the literature appropriately, using appropriate outcome measures to establish the effectiveness of our practice and research and adapting and developing suitable clinical guidelines. The most important aspect is that we think, critically appraise what we are doing and commit to life-long learning.

CPD Points and Your Course Provider

Arie Michaeli, M.Sc Physio (Wits), of Clinical Solutions clarifies some issues

This is a practical guideline to assist you in selecting courses in order to get value for your money.

Before enrolling for a course, check the following:

Topic - Should give you an idea at a glance of the course content and whether it is applicable to your needs. The amount of CPD points approved or applied for should follow the course topic.

Course description - A detailed course description should be available on request. It is recommended that you read this to avoid disappointment or unrealistic expectations. The provision of a detailed course description is a requirement of the accrediting authorities.

Lecturer/s - You should ascertain the following:

- The clinical experience of the lecturer;
- The lecturer's academic qualifications (this should appear next to his / her name);
- The lecturer's previous teaching experience (a cheaper fee could possibly be negotiated with the provider if it is the lecturer's first course). If uncertain, request to see the lecturer's CV (a detailed CV of the lecturer is required by the CPD office and the lack of such a CV could indicate the course provider's standing with regards to the accreditation process).

Course fee - This depends mainly on the length of the course and the presenter's requirements. The length of the course will be reflected in the number of CPD points applied for, or approved, e.g:

- 14 points CPD-approved course consists of two full days of tuition;
- 11 CPD points are usually only for a day-and-a-half course;
- A full one-day course is awarded 7 CPD points;
- The correct number of CPD points applied for, or approved, should appear next to the course title. This will indicate the exact hours of tuition you will be paying for;
- The going rate for a full two-day course is between R850 and R950;

Presenters - It pays to attend well-subscribed courses conducted by reputable lecturers. Courses presented by unknown lecturers, or those presented by lecturers for the first time, should cost less.

- Many physiotherapists are only too keen to be given the opportunity to share their knowledge with colleagues without charging a fee;
- International lecturers are costly, but provide a high standard of tuition;

CPD points - You are unlikely to earn any CPD points if you do not sign the attendance register, do not provide the correct HPCSA number and fail to complete the CPD 12 form. It is your course provider's responsibility to accredit your course with the CPD office and to provide you with the necessary forms to complete.

Trouble free CPD

The Wits CPD Office gives guidelines on running courses for CPD providers

Welcoming and thanking Practitioners and Service Providers for attending a Wits accredited and approved CPD Activity.

Verify with Practitioners the actual points allocated to the meeting.

The general rule of one point per hour will be applied.

- **Presenters** - Encourage presenters to provide handouts / notes of their lecture and / or presentation. This will give the practitioner something of value to take home with him / her. *(Presenters at local meetings get 2 points per hour)*

- **CPD Smart Card** - if Smart Card Readers are available this will ensure that points will be captured electronically.
- Providers of CPD Activities would need to provide the Smart Card reader at CPD Activities. Practitioners in possession of a CPD Smart Card will be able to insert their CPD Points Logging card, those who do not have can be captured manually on the Reader.

Please take an attendance register and capture after the meeting - submit to the CPD Office for updating of records and to ensure Practitioner receives a card.

- **Contact the Wits CPD Office for more information regarding the rental of and training on the Smart Card Readers.**

- **Attendance Registers** - Confirm at the meeting that the Original Attendance Registers will be submitted to the Wits CPD Office to facilitate the correct logging of their points.

- **HPCSA number** - is of vital importance for the efficient logging of practitioner's points - *(Please note: 7 digit number).*

PRACTICAL GUIDELINES FOR CPD ACCREDITED MEETINGS

APPLICATIONS FOR CPD ACTIVITIES AND ADVERTISING

- Please ensure that applications for accreditation are received well in advance, **at least six weeks** before the event to ensure that accreditation and approval is received for your CPD Activity.
- The **accreditation number** is essential for you to be able to proceed with the Activity and to facilitate the use of the Smart Card Reader and the use of the CPD Swipe Card.
- The Health Professions Council of SA has stated that **all advertising** should include the Accreditors name and the Accreditation number.

ACCREDITATION NUMBERS

- **It is important to note** that if an activity is applied for, your Accreditation number will be for that **specific Activity only** - the number does not cover any other Activity and cannot be used as a blanket number for any other Activity provided by you or an Organisation.
- Please also be advised that the number is only current for the year of application and should be **reviewed annually**.
- The CPD Accreditation number will be allocated and the Provider will be invoiced according to the specific activity on application.
- If a series of Activities are applied for, these will each have an accreditation number as per the programme supplied with the relevant information including presenter's details, dates and venues of the series. (If applicable). The Provider will be invoiced accordingly.

CERTIFICATES AND ATTENDANCE REGISTERS

- If Smart Card readers are not available, a **Pro Forma Certificate** of attendance should be issued by Providers to Practitioners attending the Activity, in conjunction with an Attendance register if necessary, the **HPCSA accreditation number needs to be recorded correctly on the Certificate / Attendance Register** to facilitate the correct capture of attendance.
- If a certificate is not presented at a meeting by the Provider / Sponsor please assure practitioners that these will be mailed with the correct information including the accreditation number of the activity. **Confirm your contact details for follow up procedures.** (Wits CPD Office does not provide these unless **requested** by the Provider, these are provided at a cost of R15,00 each).
- Please note that ***only original Attendance Registers / Certificates (or certified copies)*** are to be submitted to the Wits CPD Office for capturing.

Wits CPD Office:
Suite 189, P / Bag 2600, Houghton, 2041
27 Eton Road, Healthcare Park,
Parktown 2193
Telephone: **011 717 2861/2/3/4**
Fax number **011 717 2860**

UNIVERSITY OF THE WITWATERSRAND - FACULTY OF HEALTH SCIENCES

USER GUIDE
FOR THE COMPLETION OF CPD 10 - APPLICATION

Header: (to be completed by applicant)

CPD Providers Ref	-	Leave blank
Accredited CPD Number	-	Leave blank
Providers name	-	Name of Company / Hospital - Department
Applicant name	-	Enter name of Applicant
Address	-	Postal / Physical address
Tel / Fax / Email	-	Enter relevant data

COLUMN	TITLE OF COLUMN	EXPLANATION
Col. A	Item Number	Consecutive numbering in ascending order (1 , 2, 3 etc)
Col. B	Category Number	See Categories and points allocation list attached
Col. C	Format of Activity	Activity name: e.g., Journal Club / Lectures / Congress / Publications etc
Col. D	Description	A brief description of the activity including Day / Date / Time of Activity **(start and end time)** / Venue and Name of Presenter
Col. E	Frequency code	Weekly = 1xW, Monthly = 1xM, Yearly = 1xYr etc.
Col. F	Hours Each	Duration of above activity in hours and total for the year
Col. G	Target code column Discipline or Specialty	Discipline or Specialty as per list attached
Col. H	Monitoring code	01 = Attendance Register 02 = Certificate
Col. I	Responsible person	Name of contact person responsible / organizer / applicant / of the event plus telephone contact number

Postscript for Applications;
Please include and attach to application

1. **Letter of motivation** - in support of your CPD activity and the content thereof and state how programme is of academic value
2. **Detailed programme/invitation** - this guides the accredited for the point allocation
3. **Short CV of presenter** - a profile or short summary
4. **Topic and content** of programme.
5. State how programme is of **academic value**, included in the letter
6. **Cost** per attendee
7. The Wits CPD office is requesting that applications be paid on submission.
8. Pricing structure attached
9. Invoice details - who should be invoiced

UNIVERSITY OF THE WITWATERSRAND, FACULTY OF HEALTH SCIENCES

Form: FAC W-CPD10

Details of *EXTERNAL ACTIVITY - PHYSIO'S*

CPD Provider's Ref:

Provider's Name: (Company / Organisation etc)	ACCREDITED CPD NUMBER	
	Name/Position of Applicant:	Tel:
Postal Address:	Fax:	Email:

A	B	C	D	E	F		G	H	I
Item (1,2,..)	Category 1,2 or 3	Format of External Activity - Conference / Seminar / Workshop / Lecture / Journal club etc (see user guide list)	Description e.g. Hypertension, Neuropath meeting	Frequency code	Hours each Activity	TOTAL HOURS per year	Target Code - Discipline	Monitoring code	Responsible Person / Organiser for event. Please include telephone number of contact person

Details of Activity: PLEASE COMPLETE DETAILS

Venue:	Address:	Postal Code:
Presenter:	Day:	
Start Time:	Date From:	
End Time:	Date To:	

NB

Postscript for External Application - Please include and attach to application:

1. Letter of Motivation	*4. Topic and Content of Programme*
2. Detailed Programme / Invitation	*5. State how Programme is of Academic Value*
3. Short CV of Presenter - Summary Only	*6. Cost per Delegate*

For Accreditor's use ONLY

COMMENTS	APPLICATION NUMBER
	INFORMATION 1. Points to be logged 2. Attendance Certificate Attached

ELECTRONIC LOGGING

SMART CARD

Please mark the appropriate application required

1. Per Session (1 pnt/hr)	Once / or / In - Out
How many sessions	
2. Per half-day (max 3 points)	Once / or / In - Out
How many half-days	
3. Per full-day (max 6 points)	Once / or / In - Out
How many full-days	

Name Applicant	Date of Application	**EXTERNAL ACTIVITY**
Signature of Applicant	Stamp of Company or Organisation	Accreditor's Signature
Position of Applicant		Name
HPCSA REGISTERED No - MP / DP etc		Date

Return to: Wits CPD Office, Postnet Suite 189, Private Bag X2600, Houghton, 2041 Tel: 011 717 2861/2/3/4 Fax: 011 717 2860

I Am Woman

What can the Association for Women's Health do for you? Hester van Aswegen tells all!

Do any of your patients leak when they cough or sneeze? Do they need to go to the toilet more than 6-8 times daily? Do they ever suffer backache while pregnant? Do they enquire about exercises to flatten that floppy tummy, get rid of their backache or tighten their pelvic floor muscles?

The physiotherapist with a special interest in women's health has the necessary clinical skills to help patients to manage any of the above conditions optimally. If you want to know more, perhaps you should contact the Association for Women's Health Special Interest Group!

HOW THE GROUP BEGAN

The AWH originated in the early seventies because physiotherapists working in the ante- and postnatal fields were worried that other professions were taking over their line of work. The group was then known the as the Obstetric Association. The founder members were Audrey MacFarlane, Margie Pretorius and Louise Hack and they received a lot of encouragement from Brenda Kastell, who was living in Zimbabwe at the time. Brenda joined the committee once she was back in South Africa and she and Margie served on the committee for many, many years!

There was a lot of interest in ante- and post-natal work then and the group went from strength to strength, holding workshops and symposiums several times a year. They were also involved in giving input to the curriculum that was taught to the undergraduate students and Margie and Louise were also founder members of the College of Physiotherapy. Even in those days they felt that the undergraduate training in the ante-and post-natal fields was perhaps not what it should be; partly because young students were not really interested in the field and were still immature. It was always hoped that a recognised postgraduate course would be established, but unfortunately that has not been possible yet (perhaps in the near future we might get enough people interested!)

Unfortunately interest in this line of work dwindled as it is time-consuming and not as profitable as other areas of physio might be, and also because midwives were getting more and more involved in the field. In the last couple of years, since we became more involved in the field of women's health, there has been a growing interest again as more and more physiotherapists are treating patients with incontinence.

In 1996 the group changed its name to The Association for Women's Health (formerly the Obstetric Association) of the SASP to incorporate all the areas involved with women' health, not only the ante- and post-natal fields, but also incontinence and related problems, women with mastectomies etc. We believe that we can play a very positive role in preventative medicine as well, advising and teaching patients the necessary exercises to prevent problems as they become older. We still need to do a lot of education, not only to the general public, but also to doctors in all specialities as many are not aware of what physiotherapy can offer to their patients.

Since 1999 we have belonged to the IOPTWH (the International Organisation of Physiotherapists in Women's Health) and receive a newsletter twice a year from them. We hope that we would be able to really broaden our horizons through this avenue of communication.

A new organisation was formed in 1999: CASA - the Continence Assossiation of South Africa. CASA is a non-profit organization whose main aim is to be a leading source of education, advocacy and support to the public and medical profession about the causes, prevention, diagnosis and treatment of incontinence. They want to create a representative body for all health professionals treating people with incontinence in South Africa, develop a referral base of health care practitioners who have a special interest in the treatment of incontinence and promote clearly defined standards of diagnosis and management of incontinence.

Anyone with a special interest in the treatment of incontinence can become a member of CASA. Currently the membership fees for Allied Health Professionals are R20.00. I think it is worthwhile joining as this gives us as physios a wonderful opportunity to spread the word about what we can offer in the management of the incontinent patient, and also learn more from the other professions. If you are interested in joining, please contact CASA's Secretary, Catherine Watters at (011) 444-9046.

We are hoping to regain more recognition again in the ante- and post-natal fields as well and would really like to encourage all physios to think about this wonderful rewarding area of physiotherapy

where you could use your training to educate moms and moms-to-be. If we don't do something about it and make our voice heard we will not be a factor in this field anymore - which will be so sad, as we have a lot to offer!

The AWH aims to promote the role of physiotherapists not only in the ante-and post-natal fields, but also in the caring for and education of women in all fields concerned. We need to prove what we are able to do and not allow other professions to take over the role that has traditionally been ours. It is a valid concern world-wide, especially with the use of electrotherapy techniques and in the teaching of ante- and post-natal classes.

So many things are changing in the field of Women's Health - as the treatment of incontinence become increasingly challenging, we must strive to keep up high standards and not allow obstetrics to take a back seat. It was in the field of antenatal care that we had our roots as the Obstetric Association and we must not forget that.

We want to appeal to all physios involved in our field to consider joining the AWH. We really want to promote our role in the field of women's health and the more input we get from people doing this type of work, the better we can do it. Please contact Hester van Aswegen or the SASP Head Office for application forms if anyone is interested in joining.

WHAT WE DO

Women's health physiotherapists specialise in the physiotherapeutic care of women in relation to:

- Promotion of continence and treatment of incontinence (bladder and bowel) and pelvic floor dysfunction.
- Childbirth preparation and postnatal care
- The pre/post operative management of women undergoing obstetric and uro/gynecological surgery e.g. hysterectomies, bladder lifts, repair operations
- Diagnosis and treatment of musculoskeletal pain and dysfunction during pregnancy and postnatally, such as upper and lower back pain, pelvic joint pain, carpal tunnel syndrome and headaches.
- Exercise prescription including muscle strengthening exercise for pregnancy and postnatal safe stretching, safe lifting and osteoporosis.
- Women's health physiotherapists may also have a special interest in lactation, breast feeding problems, lymphoedema management and stress management

MEMBERSHIP

In July 2002 our membership stood at 140 physios.

We have representatives in each province, but most of our members are concentrated in Gauteng and Western Province. The Western Province physio's have also formed a committee, chaired by Mariette Pitlo. Her contact number is (021) 531-7279.

Fees:

A once-off joining fee of R25,00 and thereafter R55,00 yearly. An extra R25,00 is charged if you want to appear on the register that is sent out with the Physiofocus directory.

HOW THE GROUP FUNCTIONS

Newsletters

We send out a newsletter twice a year to all our members and the training centres. The newsletter is our main line of communication and contains summaries of articles from overseas journals, book reviews, newspaper clippings, new developments and news of courses or workshops. In between we communicate via Email keeping you up to date with the latest happenings, courses and anything else of importance.

Courses and workshops

Courses and workshops are held throughout the year - every area is responsible for organising their own.

Library

We do have a small library that is stationed at Maj Stuve's house and our members can borrow books or get photocopies of articles from the library if they are interested. Maj has joined the Wits University Library and we hope to get interesting articles from overseas journals for our library to update the current information.

Aims:

- To form a representative body which may be consulted and will act in the professional interest of the physiotherapist working in women's health
- To promote and further the role of the physiotherapist in women's health and inform members of relevant professional and political developments
- To encourage physiotherapists to improve their specialist therapeutic skills and understanding of the specialty and to promote relevant courses, workshops and research
- To foster mutual understanding and provide opportunities for inter-professional learning in order to facilitate good working relationships between members of the health-care teams and their professional bodies
- To promote all relevant aspects of health education and patient care
- To maintain and further a high standard of our physiotherapy treatment by means of discussion groups, lectures, congresses and postgraduate courses

Specific short-term goals:

1) Marketing:

We really feel that there is not enough awareness about the available treatment options for incontinence: not only do the public not know that physiotherapists can help in the treatment of incontinence,

but many doctors (that includes GPs and specialists) do not know what we offer. It is imperative that we find ways to promote ourselves and every physiotherapist involved in treating incontinence should take the responsibility to make this information known to the doctors in her area.

We have representation at CASA (Continence Association of SA) as well, and will partake in their "Incontinence Awareness Promotions" as part of a public awareness campaign.

Other promotional activities will take place during Pregnancy Awareness Week (Feb); on the "International Day of Action for Women's Health" (May); Breastfeeding Week (Aug); and possibly Breast Cancer Awareness Month. The aim should be to let both the public and doctors know what services we offer in all the relevant fields of physiotherapy in Women's Health and empower the public with knowledge on how to help themselves.

2) Continuing professional development and education:
The AWH committee is looking at the development of a postgraduate course on incontinence and the management thereof, possibly to be held once or twice a year. We feel that there is a great need for this, as many physios are showing an interest in the field but have no formal training.

Several workshops will be held during the year to provide an opportunity of furthering one's knowledge.

We hope (through our involvement with CASA and contact with pharmaceutical companies) to persuade them to include physiotherapists in their CPD-workshops as well.

3) Tariffs
We will keep on motivating for better tariffs for lymph drainage and urinary and faecal incontinence, as we feel that our current tariffs do not allow sufficiently for the time spent with each patient. We have not yet succeeded in obtaining a tariff for ante- and postnatal classes and will motivate for that once again.

Committee :
Our current office bearers are:

Chairman: Hester van Aswegen
PO Box 6479, Westgate 1734
(011) 763-6681
Chairman-elect & librarian:
Mrs Maj Stuve Verploegh
8 Pomegranate Str
Randpark Ridge ext 41
(011) 792-5118
Cape Chairman: Mariette Pitlo
(021) 531 7279

Wot's it all about?

We explain the Practice Code numbering system

A letter reached us from an anxious physio not long ago:
To whom it may concern
I have recently received a registration renewal reminder from 'PCNS', a division of BHF, for the annual renewal of my practice code numbering registration which, according to the letter, will allow my practice number to remain active for reimbursement by medical schemes. According to the letter payment is in arrears and I now owe R190 (R95 per year).

I've never heard of this company / division in my life and I have been practising for four years. This does not sound right to me and other colleagues of mine has been complaining about this as well. I contacted the SASP office of the Western Cape and was asked to refer this matter to you. I would appreciate it if the SASP can investigate this and advise us.

Greetings

Hester Huysamen replied on our behalf:
The company you refer to is the Board of Healthcare Funders (BHF); they are a voluntary Board for Medical Schemes. The Medical Schemes Act stipulates that all providers providing a service to medical aid patients must have a practice code number which they have to use for billing purposes even if a private scale is used. The Act says that a body will have the custodianship of this registration and the BHF was appointed to do this for two years. The providers were in dispute regarding several issues around the running of the practice coding system and several meetings were held between the providers, the BHF and the council of medical schemes. The SASP then advised their members not to pay the yearly registration fee until the dispute had been resolved. An SASP advisory forum was formed called the PCNS Advisory Forum, and we are in agreement with the payment and the fee structure proposed for the year 2003. As this is a regulatory requirement your PR number can be discontinued if you do not pay.

Regarding the payment for this year the advice from the Medical Schemes Council is that the money should be paid. The initial amount agreed with the BHF for 2002 is R45 and not R95. You will pay R95 for 2003, so the total due would be R45

+ R95 = R140, covering both 2002 and 2003.

For those who want further information about how this system works, here's an official document from the Board of Healthcare Funders.

THE PRACTICE CODE NUMBERING SYSTEM

The Practice Code Numbering System is a unique database of registered healthcare professionals and institutions whose business it is to render relevant healthcare services defined by Act 131 of 1998 to the general public. The information from the database is required by all medical schemes registered in terms of this Act for the assistance in defraying expenditure incurred in connection with the rendering of any relevant health service. Simply stated it is a legal requirement that any service provider treating a medical scheme member must include their practice number on any statement or claim in respect of services rendered should they, or the member, wish to be reimbursed in accordance with the medical schemes' rules.

The PCNS database contains details of approximately 55 000 healthcare professionals and facilities from the public and private sectors of South Africa and Namibia. This database integrates all the different registration numbers from the seven official councils registering healthcare professionals into a single system. Therefore, the practice code number is the only uniform recognised identifier that provides the entire healthcare industry with the guarantee of legitimate registration of all practitioners in the SADC region.

CORNERSTONE OF BUSINESS

It has become the cornerstone around which all healthcare business revolves. It provides an immediate systems check in any administration subscribing to the database and as such facilitates all financial transactions between providers of service, medical scheme members and medical schemes. In the case of EDI transactions it facilitates online checking and payment. Without this system administration costs would escalate enormously, time delays would be considerable and third party reimbursement would be made impossible.

Broadly speaking information from the PCNS system could be used to assist in improved healthcare planning and allocation of resources.

To an individual provider of service a PCNS number ensures that all their updated information is regularly distributed electronically to every medical scheme in the region. This information is also made available to most software houses involved in healthcare business, administrators, co-administrators and managed care organisations. Insurance companies, the Road Accident Fund and the Compensation Commissioner would also be updated with the PCNS information regularly, thus ensuring efficient payment to providers of service where required.

With the exception of the medical disciplines, all providers of service who annually renew their registration are entitled to a free annual copy of the relevant BHF Benchmark tariff schedule as well as any additional tariff information. For those providers of service using electronic media a free subscription to the BHF newsletter, the BYTE, is included in the registration fee.

BHF'S ROLE

As you are all aware BHF is the organisation accredited by the Council for Medical Schemes to administer the Practice Code Numbering System. A condition of the accreditation was that BHF would be required to convene a forum where representatives of the different subscriber groupings together with representatives of professional councils would meet regularly. The objectives of this forum are firstly, to exchange information to ensure that the integrity and accuracy of the system is maintained and secondly, to ensure that good governance is adhered in respect of the financial management and future development of the system.

It has been agreed that the professional Councils would regularly transfer updated information in respect of new registrations and deletions from the respective registers to BHF. This would ensure that the PCNS system would reflect the legitimate registration status of any practitioner at all times. Unfortunately practitioners not informing BHF of changes to their details have necessitated this requirement. There has been a significant increase in investigations into fraudulent activity and, where cases are brought to court, it is critical that the PCNS registration status of the practitioner concerned is a correct reflection of the Councils' records.

Following considerable debate, it was further agreed that there was an equal benefit derived from the system by the medical scheme members and individual PCNS users in the claiming and reimbursement of services rendered. Consequently the principle of funding the system should be equitable to all concerned. This would entail funders and PCNS subscribers equally sharing the financial risk.

An in-depth audit of the costing of the system has been carried out. It was agreed that all outstanding renewals should be paid in respect of practice code number renewals by September 2002 in order to prevent significant increases in the annual subscription for 2003.

It has been brought to our attention that many medical schemes are now referring to the banking details reflected on the PCNS system. We would urge you to validate this information in order to prevent possible non-payment of claims.

Courtroom Drama

Kristy Allanson, Medical Malpractice Manager at Glenrand MIB, writes about what to do when the issue of malpractice arises - and how to avoid the courtroom!

As a lawyer and a medical malpractice insurance provider, it is easy to despair when I am first contacted by a client practitioner who has had an 'incident' with a patient. This despair arises out of the opposing ends which the practitioner and I serve. The practitioner is in the caring profession and strives to keep the patients happy, and to make immediate amends when their patient for one reason or another (whether justifiable or not) does not appear to be happy. In the legal profession, my first and primary concern is to protect the legal interests of my client, the practitioner. Doing so often requires me to advise the practitioner against doing the very thing their first instinct is telling them to do, that is, 'to keep the patient happy and make this problem go away as quickly as possible'.

Often the practitioner, in her efforts to keep the patient happy, unwittingly exposes herself to future problems arising from the legal implications of their actions. I have provided below some do's and don'ts, to act as a guideline to help practitioners to avoid ending up in a position where they have compromised their own legal interests:

NOTIFY, NOTIFY, NOTIFY!

1. As soon as you become aware of a problem or a potential problem with a patient, notify your professional indemnity providers/insurers immediately and confirm notification in writing. It is a condition of your medical malpractice cover that you notify your professional indemnity providers as soon as is practicable of any claim or any event that may potentially result in a claim being made against you. Should you not provide notification of claims/potential claims in accordance with the conditions of your cover, 'as soon as is reasonably practicable', you risk ending up in a position where insurers can repudiate/deny your claim at a later stage based upon your failure to notify them timeously in accordance with your policy/cover provisions.
2. Many practitioners believe that they are safe and complying fully with their notification provisions if they wait until a summons arrives on their doorstep and forward the summons that has been served on them on to their insurers. This is not always true. In South African law, a person generally has three years (the prescription period) after the occurrence of an incident which he alleges has caused him harm to institute legal action against the 'wrongdoer'. If a practitioner waits for the summons to arrive before notifying his/her insurers of a potential claim, the insurer may argue that given the circumstances alleged in the summons, the practitioner should have been well aware prior to the serving of the summons upon him or her, that a potential claim could arise from their treatment of the specific patient and repudiate/deny the claim based on failure to notify them timeously of such claim. Obviously there will be situations where receipt of a summons is the first time the practitioner becomes aware of a patient's intention to claim against him or her and insurers cannot expect to receive prior notification of the circumstances alleged in the summons. Where in doubt - even if the patient has not even hinted that they intend to sue you but there has been an adverse event or happening- even if you do not believe that your actions were blameworthy in the circumstances - notify your insurers. This notification only serves to protect your interests if at some future stage a claim is made against you. If no claim is forthcoming, the file will simply be archived at no cost to yourself and no further action will be taken.
3. Another advantage of immediately reporting any adverse incidents with patients to your indemnity providers is that you then have instant access to legal advice regarding all further action to be taken or avoided by yourself. This notification should preferably take the form of a phone call, always followed by written confirmation. You should keep a copy of the written confirmation in a safe place for at least three years, as this is your proof of notification to your insurers. All those physiotherapists who have their medical malpractice cover through the South African Society of Physiotherapists Scheme can notify Kristy Allanson of Glenrand MIB

(the brokers and administrators of the scheme) of any claims or potential claims at (011) 329 1919 or fax: (011) 328 1921. Kristy can also provide you with legal advice regarding any potential claims if you are uncertain as to how to handle a patient complaint etc.

NO MORE MR NICE GUY

4. Never admit an alleged wrongdoing to a patient. Never apologise or take responsibility for any adverse incident. Never offer to pay a patient's medical accounts or waive your own account following an adverse event. Why? Because all of these actions imply a legal admission of liability on your part which has at least two negative implications for you:

   a. An apology, an admission, a waiver or agreement to pay the patient's medical accounts can all be used against you in a court of law to show that you admit liability for the losses or harm the patient alleges. It is then difficult to refute this admission if other circumstances have come to light in the meantime which reveal that your treatment is in fact not the cause of the patient's alleged harm, eg you treat a patient on their foot with a hot pack. The patient returns to you with medical accounts for hospital and medical expenses which he alleges were incurred as a result of his being burnt during treatment with the hot pack. You pay the accounts. It later turns out that the blister which the patient alleges was caused by the hot pack was in fact caused by an ill-fitting pair of shoes and a vigorous squash game.

   You may think that you are solving the problem in an amicable and expedient way by waiving your account. You may believe after doing so that your problem has been solved and that nothing further will come of it. You could very easily be wrong. We live in a litigious society. Payment of a patient's accounts - or waiving your own - is really no guarantee that they will not still proceed to institute legal action against you at a later stage. In fact your action makes it easier for them to do so- as the lawyer they might consult, will be quick to point out - you have already admitted liability by paying their account, etc. And your admission of liability is not severable when it comes to considering damages - in for a penny in for a pound, as they say. Where you thought you were just admitting liability to pay for the patient's R200 chemist bill, your admission can be extended to liability for all consequential damages alleged by the patient- eg pain and suffering and loss of amenities of life, future loss of earnings, past loss of earnings, future medical expenses, which claims can run into many thousands or even hundreds of thousands of Rands.

   b. Your insurer has something which is called a 'right of subrogation'. Basically this means that the insurer is entitled to 'step into your shoes' and defend any legal action brought against you in your name. If you have made an admission of liability, for example by paying a patient's hospital account, you have compromised your claim- you will not have certain defences open to you due to your admission and therefore your insurer (who by subrogation enjoys only the same rights which you do, having 'stepped into your shoes') also has a limited defence to any claim by virtue of your admission. In these circumstances the insurer has a right to deny / repudiate any claim which you may make, because you have compromised the claim without referring it to them.

   So take for example, the patient who wants a medical bill of R200 paid by yourself as a result of treatment obtained by him for harm which he alleges you have caused. You think, R200 is very little to make this problem go away, and you pay it to the patient, thereby admitting liability. The patient is a little short of money, has heard of the vast sums being awarded in medical malpractice claims and decides to visit a lawyer. The lawyer points out that you have already made a legally binding admission of liability and draws up an inflated claim for damages in the amount of R200 000. Summons is served on you and you notify your insurers so that you have cover for any legal expenses that you may have to incur in the defence of the claim as well as any compensation that the court may order you to pay out. Your insurers establish that you admitted to the plaintiff that you were liable for his injuries and that you paid his medical bills. Your insurers repudiate your claim, because you have effectively compromised any defence which they could have raised. You then sit with the obligation to pay your own legal costs which can in themselves amount to many thousands of Rand as well as any order for damages which is made at the end of the day- all because you thought the problem would go away if you paid R200. Obviously there will be some patients who would gladly accept the payment of the R200 and take no further action. Your problem is that there is no fool-proof means of identifying such patients and the ones who will institute action. So rather don't take the risk. Always notify your indemnity providers as soon as possible and seek their advice for the further handling of the matter before you make any admissions or offer to pay for anything. Do not allow an overbearing patient or their

family member to bully you into making any admissions or payments. Remember, to do so would be to compromise your own position if there is a future claim against you.

RECORDS

5. Prepare a report as soon as possible of any events that you believe could lead to a potential claim and forward this report to your indemnity provider. This serves a dual purpose- it counts as notification to the insurer and a record to be referred to later when memories have faded. Report only the facts. Do not assign blame. Do not document opinions as to causes of adverse events. Why? Because you may change your mind at a later stage and your report could be used against you to point out inconsistencies in your evidence and thereby discredit you and anything you may have to say. Try to obtain reports/statements from all those involved- with their names clearly printed thereon together with their contact details.
6. Where you believe that it is likely that a claim will be brought against you, preserve any evidence. Notify your indemnity providers of any evidence available. Where for example, a piece of equipment is involved, your indemnity providers can then decide whether to have the equipment evaluated by an expert. Where equipment is involved, keep the maintenance records for that piece of equipment pertaining to that period of time and immediately prior thereto. This would be important in establishing that you were not negligent in the upkeep and maintenance of your equipment.
7. After an incident, when communicating with patient or family, avoid terms such as 'mistake', 'error' or 'apology'. Express concern and compassion without using words that could be interpreted as an admission of liability. Prepare detailed reports of all communications, to avoid dispute at a later stage as to what was actually said.
8. If the patient or family requests 'something in writing' provide a copy of the patient's treatment records with proper authorisation. Do not provide any other written statement.
9. If a patient obtains legal representation and leaves your care as a result of harm alleged to have been caused by your treatment, you should avoid direct contact with both the patient and his/her attorney for your own legal protection and from that point on all communication should be through your insurer.

The above guidelines should assist you in protecting your legal/insurance interests. Remember that if ever in doubt about how to proceed when confronted with an incident, the golden rule is, contact your medical malpractice indemnity provider.

Chronicles of an MSc student

Ronel Roos talks about her experiences

I am at present registered as an MSc student in physiotherapy at one of our country's beloved universities. (Just thinking about it still gives me goose bumps!) The reasons for writing this article were to illustrate the process one goes through, add a humorous side to a serious subject and hopefully assist future students to learn from my experience.

When I decided to start the MSc as my new endeavour, a colleague asked me: "Why do you want to do your MSc?" A very relevant question and one you need to ponder frequently before you start. She said. "Considering that you won't benefit financially from this added qualification when you apply for a physiotherapy position, what do you wish to gain by doing it?" Some time later I attended a research course and one of the speakers mentioned that the reason he started his PhD was the red gown. He loved the red gown. Very profound! I always thought it must be a mind-altering experience that leads you to do postgraduate study, but this shows that it could be something as simple as a preference for a specific colour. Every student needs to find an answer to this question and get it clear in his or her mind, because in future it will come back and haunt you when you least expect it.

TAKE WING

Contrary to belief, I did not wake up one morning and have a revelation - shoot, wouldn't it be great to do an MSc! No, in my case I just felt it was the next thing that I had to do in my life. It sounds simple but let me explain. My profession has led me to view the world as my oyster. Since graduating I have spread my wings and flown. I have worked in the public and private sector, in the USA and the UK. It is

one of the greatest assets of being a physiotherapist: the ability to travel with your job and pay for your travels with it as well. In my travels I had learnt a lot, personally and professionally, but I needed a new challenge. You could ask, why not take up pottery - that would be a new challenge? But alas, I needed to take the road less travelled by. Enrolling for postgraduate study would be my new challenge. The need to exercise my brain, and further my knowledge in my specific physiotherapy field had increased. The travel bug, that had controlled my life for the past five years, was hibernating and my parents were glad to know that for the next two years I would be closer than a long distance phone call.

It took me a while to answer my colleague, but in the end I was able to waffle something out. If she were to ask me for my reasons for enrolling as a postgraduate student now, they would be clear and concise: to take up a new challenge, learn new concepts and processes, exercise my brain and grow as an individual personally and professionally.

RESEARCH TITLE

When you register for an MSc by research work at my University, you need to have your specific research title formulated. First obstacle on the road to nirvana - you can't enter the university library until you are registered as a student. It is a tad difficult to review articles to facilitate the formation of a title, and support your query title, without access to the library.

A bridge to cross this obstacle is the wonderful world of IT. It is amazing what you are able to do with your personal computer and the Internet in the privacy of your home. I was able to gather enough information to guide me into a research direction and formulate a temporary title. I felt so hot and happening - sitting having a coffee and cruising the net! It took me a while to figure out how to work on the computer and access all the websites I wanted (having not had any formal training or easy access to a computer before). My philosophy regarding the world of IT - just do it! You will make mistakes, but learn by trial and error. It is quite amazing thinking that you can collect data from different parts of the world without stepping out of your home. I once accessed an Italian library by mistake. Pity I could not understand a word, but at the time it was good for my psyche and I felt so European.

The need to further my knowledge in my specific physiotherapy field had increased.

So at last, I was registered and received my passport (student card) to the new exciting world of Knowledge - the University Library! I felt like a child being let loose in a sweet shop, knowing you have enough time and money to sample all the different goodies. I had my list of articles that I gathered off the net. Now I could pull the different journals and sample my list of articles. A startling fact I learned: even though the library has a fantastic journal section, when you go in with a list of twenty articles you might find five. Not to worry, it is enough to start with and by cruising the references of your articles, you will find additional information to divert you in a different direction that you may never have considered.

You are able to cross boundaries in the journal section of the library, not just physiotherapy journals but medical ones as well. All the different questions that were not answered sufficiently by your medical colleagues can now be assessed to your heart's content. I travelled between Critical Care Medicine, Heart and Lung, Chest, Journal of Rehabilitation, Intensive Care Medicine, Journal of Trauma, JAMA, Thorax, Physical Therapy and I am happy to say, my all-time favourite - Archives of Physical Medicine and Rehabilitation. It is peculiar how many times my path crossed this particular journal. In this journal the medical and rehabilitation aspects are interwoven to form a majestic tapestry. Wonderful! Let me stop at this point and just say, University Library Journal Section- Wow!

RESEARCH PROPOSAL.

During our research workshops on a Wednesday evening, an eerie silence descended upon the group whenever the words were spoken: "Research Proposal or Protocol". It reminded me of the movie The Lion King - the scene where Whoopi Goldberg's character says to Ed the hyena, "Mophasa! Mophasa!" and he goes into a rage of hysteria. This is very similar to the effect of mentioning the word 'protocol' to a postgraduate student.

Now is the time to sit and get down to the nitty-gritty. What exactly do you want to do and how are you going to do it? Formulate your aims, hypotheses, literature review, study design, sampling method, stats and your method of doing the research.

Use any and every source of information that is available to you. This is where your supervisors and the postgraduate lecturer play an integral part.

Remember, this is a whole different world you are moving in. So, learn from the experienced people who have walked this path before you.

A statistician should be consulted regarding the stats. Statistics, it seems to me, is like a whole different world. Everyone knows the language except me. He or she will be of immeasurable value, being able to home in on the finer details of your study.

When you're busy and ploughing

your way through the protocol, it is difficult to remember why you decided to do this in the first place. Take time out - give yourself a moment to reflect on your initial motivation, or better yet hit the gym and let go of all your frustrations. Never underestimate the effect of running on a treadmill or pumping some iron. You will feel so much better and receive renewed clarity.

When the going gets tough I tend to remember the following: "People are like teabags - you never know how strong they are until you put them into hot water "

It is a momentous occasion when you officially go and hand in the protocol. Sad to say, there is no red carpet, but in my mind I was walking on one. Such bliss! It is done; come what may, I did my best! Now you can relax, clean your filthy aura and revel in a large cappuccino.

The protocol assessors meeting is held a couple of weeks after the submission of your protocol. You have time to re-group and prepare. This is held to enable the assessors to ask you any questions about your proposed field of study. They will also make suggestions about how to overcome potential problems. In essence, it could be a friendly chat. Be it friendly chat or walking out in front of a firing squad, I believe you need to dress the part. You go girl! Start from the inside out - wearing beautiful underwear will make you feel like a million dollars even though you are wearing the stand-up physiotherapy uniform on the outside - Navy and White!

This meeting also tends to pass and your proposal is accepted or in many cases subject to suggested changes. I am happy to say, I passed the finish line and my proposal was accepted as it was.

ETHICS.

The next hurdle you need to cross is getting ethical clearance of your study from your specific University committee. When conducting research on animals or humans you require ethical clearance. It is a very sound principle, because the subjects of your study need to be protected at all times. Just make sure you know exactly how to fill in the forms, what the committee expects to be in a subject-information sheet and informed-consent form. They do provide you with guidelines to make the process easier. The information is not the only important aspect - it also needs to be consumer-friendly. When writing, be friendly and introduce yourself. This is very important. Remember, ethical clearance takes time and when you need to make adjustments it takes longer. So, consult the specific office and clarify any queries. It will assist you in the long run and shorten the waiting period.

NETWORKS.

One thing you need to remember when enrolling as a postgraduate student, you will not be the only one doing the MSc - a whole support network is involved.

The action that you took will affect everyone around you. Let me illustrate by this simple example. My knowledge about computers will receive a poor to fair audit rating. Luckily for me, I was born into a family which already included three sons! When asking for advice, friends have the opportunity to decline helping when busy. Alas, blood ties overrule that opportunity, especially if you look supremely hopeless at the task at hand. My computer skills, or lack there of, facilitated a quick conference call to my youngest brother in Cape Town regarding Power Point when making a slide presentation. An hour's explanation by my Ouboet on how to draw tables using Excel came in very handy when putting my Protocol together.

Friends and acquaintances will ask how everything is going and lend moral support, but will also remember to toss in the question, "So what are you going to do when you've completed the MSc?" My answer is normally something to the effect of, "I have no idea, let's see where the spirit leads me".

Close friends do understand that you are unable to see past the next project due date. I received a wonderful letter in which a friend wrote: "Stand in your own space and know you are there!" A wonderful thing to share, especially if you are unsure about your present position in the circle of life.

The University is an interlinking network in itself. If your supervisors aren't able to assist with a specific problem, they will be able to introduce you to the right people.

The networking with your fellow postgraduate students is an added bonus. During our Wednesday evening research workshops, facilitated by the postgraduate program Director, it was good to brainstorm about our specific research projects. Getting additional viewpoints regarding a subject enabled me to clarify aspects of the research process, which were unfamiliar and difficult to understand. It lends great moral support to have a chat with someone who is going through the same experience at the time. Even your supervisors have been "stuck in the trenches before reigning victorious in battle", and it is good to know that you are not the only one having difficulties.

CONCLUSION.

My experiences have been similar to VT or VF on an ECG strip. It has been full of ups and downs, and as Murphy's Law would have it, normally they come very close together. I don't know what the future holds but hopefully it will go full circle.

If you want to do your MSc, I leave you with these famous phrases and hope you take them to heart: "Go forth and conquer... Go and slay the dragon", or better yet "Let the force be with you!"

The AIDS Conference with A Difference

Professor Jerry Coovadia, chairperson of the XIIIth International AIDS Conference held in Durban July 2000, recently announced the launch of the South African AIDS Conference 2003. The Conference will be held at the ICC Durban from 4 - 8 August 2003.

Professor Coovadia says, "There is a complaint, probably justifiable, that there are too many meetings and conferences on HIV / Aids. While this may seem to be so, we in South Africa are exposed to a catastrophe of massive proportions. This conference aims at nothing less than providing a comprehensive, holistic and precisely relevant programme for all stakeholders, including community representatives, business and the media. There is no equivalent meeting serving such a purpose."

The South African Aids Conference 2003 is unique in that it unites science and the community to get a broader African perspective. Scientists researching HIV / AIDS, medical professionals, government departments, NGOs, industry specialists, international organisations, businesses and media will all be present. For more information contact Tilda Reyneke at the South African AIDS Conference 2003 office on (012) 481-2059 or tildar@samedical.org.

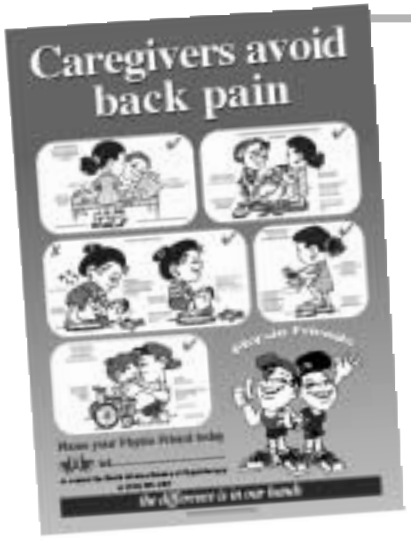
OW, THAT HURTS!

Journal Watch, Pediatrics and Adolescent Medicine, reported on 9 September 2002 that "in a prospective study of Canadian newborns, investigators examined whether repeated painful stimuli resulted in the anticipation of pain or hyperalgesia.

"Full-term newborns with uncomplicated births were compared with full-term infants who were born to diabetic mothers (IDMs) and had undergone repeated heel-stick studies in the first 24 hours of life. Both groups underwent skin cleansing with alcohol swabs followed by venipuncture for genetic screening at 24 hours of age. Videotapes of the venipunctures were graded for signs of infant pain (grimacing, overall facial and body language, and crying time).

"The IDM group exhibited significantly more grimacing in response to the alcohol swabs, suggesting anticipation of pain, and also demonstrated significantly more pain from the venipuncture on each of the 3 pain measures...

"These results further emphasize the need for adequate pain control in newborns and indicate that a conditioned response may cause newborns to exhibit pain without an apparent cause."



BackWeek News!

BackWeek 2002 went off very well - albeit with a few unavoidable glitches! One of these occurred when the bakkie belonging to the courier tasked with taking our posters down to the Free State was involved in an accident. The bakkie capsized, and of course, it had to be a rainy day... New material had to be sent!

However, physios all over the country got into the swing of things and used their initiative to get the message across. In Limpopo Province the physios are few and far between, so putting up posters on lamp-posts (this was the first time we had these posters) required a little creative thinking. A Louis Trichardt physio did a barter deal with a patient who needed lots of treatment but had not been able to pay for it: posters for treatment. The patient went out and put up posters happily.

In the Western Cape, one of our physios happened to be treating the MD of the 7 / 11 group, so she had a chat to him about BackWeek. The end result was that he agreed to put up BackWeek posters in all 7 / 11 branches.

When a physios representative called a municipality official in KwaZulu-Natal to get clearance to put up posters, she hit a brick wall. The official, an Indian man, said, "No, sorry, I'm tired of all these whiteys and their nonsense!"

In a panic, the physio phoned SASP CEO Saira Khan. Saira immediately got on the phone to the official. "Listen," she said, "South Africa has changed. We're in the new South Africa now - all the whiteys have to do the work, the black people are in leadership roles. I am CEO of the SASP, and that physio you spoke to, she's the whitey who has to do the job. Now you speak to her again, and make sure that she can do the work she has to do!"

They got the job done...

South Gauteng BackWeek

News from Veronica Mamabolo

BackWeek 2002 in South Gauteng was fairly similar to 2001. Most of the hospitals or institutions only had talks within their workplace, using posters from Head Office. The reason why most physios couldn't get out of their workplace to do health promotion within their communities is because of the increased staff shortages, and in some instances, lack of transport. Some of the physios just need to be sensitised about the need for back education in their area.

The toll-free line at Head Office went well except for the shortage of manpower - but then the South Gauteng physios were only requested to man the phone on short notice due to communication problems. I would like to thank those who managed to make themselves available in such a short time.

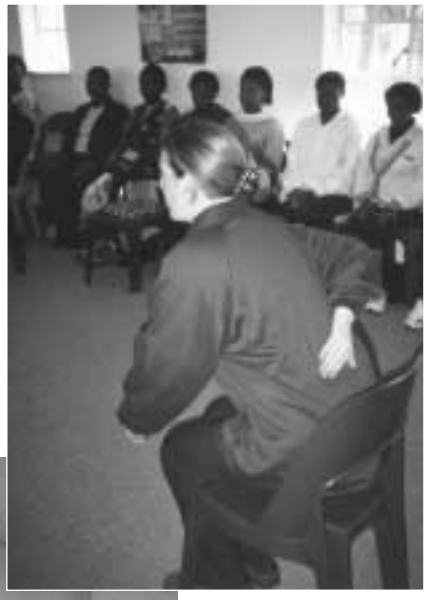
Wits students did a wonderful health promotion within their various community blocks (Hillbrow, Alexandra and Diepsloot). The photos show that they were really involved. They also had to use their creative juices by designing some of the posters. Another group of students used posters from SASP but sadly, they couldn't take photos. The students focused on caregivers and various conditions that might predispose clients to backache (e.g. pregnancy). These students deserve a pat on the back for making such a contribution to the community despite the university workload, especially this time of the year when they are beginning to have exam fever. I would like to thank Douglas Maleka (Wits community lecturer) for enabling the students to do this during their community block.

I organized a radio interview with Naledi Community Radio station in Senekal (Free State). Some of you may wonder what South Gauteng is doing in the Free State - well, this is just to show you that when you visit or go on holiday, you need to take your profession with you! I happened to be in Senekal just before BackWeek, and took along a lot of BackWeek posters from Head Office to distribute to various organizations along the way and at Senekal. Fortunately one of the local radio station DJs had an interest in these posters and decided to phone for an interview the following day. I requested Helen Mampuru (Mazwi) of Welkom to do the 20 minutes interview. I would like to thank her for agreeing to help out at such short notice - I am looking forward to maintaining a relationship with this radio station because people in its feeder area have little exposure to physiotherapy. I think having people like Helen down there will make this task easy.

Ingrid Sellschop (South Gauteng Chairperson) did a study to determine the need for BackWeek education in two companies. Her findings appear below. Thank you Ingrid - talk about leading by example! What more can we ask for from our leader? I hope the results of this study will help physios to realize that we really need to reach out to our communities in order to prevent backache from crippling our nation.

We are looking forward to the next BackWeek and hope that it touches the BACKS of many South Africans.

South Gauteng students doing their bit for Backweek 2002.



They also had to use their creative juices by designing some of the posters. ▶

A Successful BackWeek initiative!

INGRID SELLSCHOP REPORTS

A Back Awareness Campaign was introduced into a corporate environment during the September BackWeek. The study consisted of a company with 60 employees.

The aim of the study was to determine the extent and effect of work related injuries in the corporate environment and to verify the need for an intervention program.

The method of study used was an assessment and intervention program designed by Gary Arenson, the Director of Ergotherapy Solutions. This comprised of a one-hour presentation, pre and post questionnaires and a one-on-one consultation at the employee's workstation, followed by a comprehensive report back to the managing director.

While in practice, Gary Arenson, a qualified physiotherapist, realized there is a general lack of awareness regarding ergonomic principles and injury management in the workplace. He found this lack of awareness to be the primary cause of the high degree of recurrence of injuries related to prolonged sitting, awkward sitting postures and repetitive tasks at an office workstation. This led Gary to research and design a unique and effective ergonomic programme called "Ergotherapy Solutions". This educational programme incorporates ergonomic principles with physical treatment expertise. The programme is both preventative and responsive: preventative in that it teaches the individuals about correct ergonomics and the types of injuries occurring in the workplace; responsive in that it demonstrates physical treatment principles in managing injuries, allowing the individuals to take responsibility for their health.

A pre-questionnaire was given to the employees prior to the Ergotherapy presentation. The purpose of the questionnaire was to determine the nature and extent of worker discomfort in the workplace. A one-hour presentation was then given, educating the employees about correct ergonomics, types of workstation-related injuries and physical treatment principles to apply in the workplace. Following the presentation, a one-on-one consultation was implemented at each of the employees' workstations, which addressed specific problems that they were experiencing, and optimised their immediate environment according to their requirements.

A month after the Ergotherapy Programme was implemented, a follow-up questionnaire (post-questionnaire) was completed to determine the effect that the programme had on each individual. A full report was then presented to the Managing Director to assess the overall effectiveness of the intervention programme.

Results:

The results showed that an average of 90% of employees had been suffering from workplace discomfort. Neck pain was the most common symptom experienced, followed in equal proportions by the head, shoulder and back areas.

Workstations were identified as the major factor contributing to worker discomfort, followed by stress and tension. One hundred percent of the respondents found the presentation to be useful and informative. They found the recommended strategies increased comfort and well-being, and were easy to remember and easy to implement.

Overall, the employees felt that the Ergotherapy training helped them to understand the nature of their problems better and reduce their discomfort in the workplace. The primary interventions most used by respondents were:

a) Carrying out the learnt stretches
b) Changing position of their workplace equipment.

Conclusion:

The above results confirm that there is a need for implementing education within the workplace regarding correct ergonomics, types of work-related injuries and management principles. The results also indicate that there is a high degree of injuries occurring in the workplace that if managed correctly, can be significantly reduced. A successful intervention programme can therefore lead to increased worker productivity and consequently increased morale within the organisation.

DVT breakthrough?

The launch of the world's first manual compression foot pump as an aid to the prevention of deep vein thrombosis (DVT) in the seated position provides hope to many people potentially affected by this condition, especially those embarking on long haul air flights of more than five hours.

Vascular surgeons R Britz and J Pillai described the mechanisms of action and results of a recent clinical trial of the First Manual Compression Foot Pump at a launch at the Park Hyatt Hotel on 24 October 2002.

Electronic lower limb pumps are used extensively in recumbent hospitalised patients to prevent DVT and treat venous hypertension. The first manual pump was based on the positive effects of the complete electronic device and is used as a slipper (VASS - Venous Anti Stasis Slipper). A hand pump drawn onto the lap of the seated individual, when activated creates positive pressure gradients around the foot.

The product, which combines the functionality of both graduated compression stockings and electronic compression devices, has been clinically proven to prevent venous stasis in the seated position. Other benefits of utilising the device are the prevention of leg venous ulcers and the prevention of ankle swelling in the seated position.

Dr. Britz described the "Bubblegum Effect" of the device when the foot is moved. Dr. Britz said that at-risk groups' incidence of DVT, according to literature, is between 5 and 10%. Foot pumps have shown to decrease DVT in hip surgery from 35% to 5%. He also described the active and passive mechanics of action of VASS.

Pilot studies have previously described a 21% decrease in blood flow after prolonged periods of sitting. In a recent pilot clinical study, Dr. Pillai described a 500% increase in venous velocity in proximal groin veins when VASS was used. It also relieved symptoms of pain and discomfort caused by prolonged sitting. He also stated that swelling of the foot and ankle decreased by 100% after eight hours of prolonged sitting.

The product is aimed not only at the traveller, but also at other groups, which include those with venous ulceration, pregnant women, smokers, obesity, recent surgery, varicose veins and cancer.

On going studies are being conducted to determine the effect of VASS on venous ulcers and the prevention of DVT in seated hospital patients.

The product is available at the Johannesburg International Airport Duty Free Stores, selected pharmacies and directly from Australis Comm (Pty) Limited.

For any additional information please visit the VASS website - www.dvtslipper.com or contact Australis Comm (Pty) Limited on 011 4783243.

GREAT RESULTS

"I had a patient who had had a knee replacement. He developed a terrible spasm which he was quite unable to break until his wife used the Novafon on his hamstring." Veronica Hiemstra is commenting on an very useful little device which she uses a lot in her practice. "We've been using it for many years on all our sinus patients - it loosens the phlegm so it comes out more easily and is comfortable for the patients. We also use it on trigger points."

I asked Veronica for her comments because I was considering buying one of these devices myself. Chronic neck and shoulder pain has me constantly on the lookout for ways to prevent spasm and 'freezing', and when Dalmain Untiedt visited me to introduce me to the Novafon, I was instantly very interested - I have seldom felt anything so good! Novafon apparently uses intra-sound waves, or audible sound waves, which penetrate more than five cm into the body tissue. This is combined with a magnetic field which intensifies the therapeutic effect.

"I bought my Novafon ten years ago in Germany," says Dalmien. "The applications are endless, and I grab every opportunity to experiment. I recently treated a boil in the left ear, cured it with Novafon, and no longer use my hearing aid! Buying a Novafon is one of the best health investments I have made."

Dalmien feels that physiotherapists could not only use the device in their rooms but rent it out to patients - as Veronica lent hers to the knee replacement patient - for a fee per week of, say, R50. He would be keen to hear from physios who think this might be a workable arrangement.

Meanwhile, I am eagerly awaiting my Novafon, which I am assured will arrive in December. I will then give it a good workout on my neck and my husband's knee, and will report back to you in the next issue of *PhysioForum*.

For enquiries, please contact Dalmien at e-mail: novafon@absamail.co.za
Tel & Fax (012) 361-4057

Bio-Oil Ad to go on this page

Full Page Ad
Black & White and 1 spot colour: orange

Die Hexriviervallei-tak hou 'n mini-kongres vir mediese beroepe

Op Saterdag 24 Augustus 2002 het ons 'n baie geslaagde mini-kongres vir mediese beroepe by Nuy-vallei net buite Worcester gehou. Die idee was om dokters en fisioterapeute (ook radiografiste en arbeidsterapeute) bymekaar te bring, kennis op te knap en brûe te bou.

Kursusgangers het sover as Saldanha en Mosselbaai gekom. Daar was ongeveer 40 mediese praktisyns en 50 fisioterapeute (ook 'n paar radiografiste en arbeidsterapeute)

Na 'n lekker koppie koffie saam met registrasie het dr Joe de Beer sy kennis en ervaring oor die praktiese benadering tot algemene skouerprobleme met ons gedeel. Saam met Prof Don du Toit het hulle 'n praktiese kadawer sessie aangebied waar die mediese praktisyns en ortopede die presiese lokalisering van skouerinspuitings kon oefen.

Na die tee het dr Spike Erasmus aan die beurt gekom. Hy bly maar die koning van knie! Hy het ons weer daarop gewys dat jou kliniese ondersoek so goed moet wees dat jy met selfvertroue 'n diagnose kan maak. Daarna het Prof de Villiers ons meer vertel van CPD akkreditering dmv die internet. Voorwaar 'n geleentheid wat ons moet aangryp, omdat dit veilig is, maklik bekombaar en goedkoop.

Die ete was smaaklik en die geselskap daarmee saam ook goed! Daarna het dr Fisher-Jeffes aan die beurt gekom. Hy het gesels oor die kliniese interpretasie van radiologiese bevindinge, en die neuro van behandeling of verwysing is bespreek.

Laaste aan die beurt was Ina Diener wat tans besig is met haar doktoraal. Sy het die bekende "klagte" van hoofpyne aangespreek en ons weereens gewys op die belangrike rol wat ons as fisioterapeute in die behandeling en hantering daarvan kan speel.

Die terugvoering wat ons ontvang het was baie positief, en wel soos volg: "wonderlike dag", "herhaal asseblief iets soortgelyks" en "goeie akademiese kapitaal is ontgin!" Die kursus is geakkrediteer en ons kon elk 6 punte verdien.

Ons voel baie positief oor ons poging en is baie dankbaar dat alles so goed verloop het. Die idee dat fisioterapeute en dokters, asook spesialiste, kan byeenkom rondom dieselfde onderwerpe, is iets wat op nasionale vlak ontgin behoort te word. Die CPD akkreditasie sisteem maak dit vir ons net so maklik! Wat van 'n reeks artikels oor fisioterapie onderwerpe wat geakkrediteer is, sodat dokters dmv die internet hul kennis oor fisioterapie kan opknap?

Disabled bus in technicolour!

Here's the fabulous Putco bus for disabled people we told you about in our Dec/Jan issue.

COURSE NOTES

CPD accredited Hand Therapy Course with Carmen Stuart. Carmen Stuart is the past President of the South African Society of Hand Therapists and an honorary lecturer at the University of the Witwatersrand.
Two courses are available:

• **HAND THERAPY 1.** Covers essential Introductory theory and background. This course includes evaluation and concepts of treatment. 05 April 2003. 08h00-16h00. R200.00 including lunch and course notes. • Very good feed back from last years course participants.

• **HAND THERAPY 2.** Surgical and therapeutic management of specific hand injuries.This course tackles those aspects that make hand rehabilitation a challenge. 27 September 2003. 08h00-16h00. R300.00 including lunch and course notes.

Wits Physiotherapy Department, Conacher Building, Wits Education Campus (formerly JCE), Parktown, Johannesburg.

Tel: (011) 717 3702, Fax: (011) 717 3719, Email: stiemensmc@therapy.wits.ac.za . For more details visit our website: www.wits.ac.za/physiotherapy

CPD Seminars 2003

Excellent courses, presented by highly recommended speakers and hosted in Pretoria.

		CPD Points	EB	Normal
Jan 25-26	Module 1: Causes of Sports Injuries Occurring in the Lower Limb - Related Medical Aspects; the Team Members; the Role of the Physio; Biomechanics; Other Possible Causes. *Dr Philda de Jager, Harry Engelbrecht, Hennie Kriel, Jo Aumuller*	12 Applied	R 750	R 800
Feb 22	Alternative Modalities for Physiotherapists: Homeopathy; Reflexology; Aromatherapy; Iridology, Acutouch *Sr Lilian, Christine Smith, Lilian Terry, Derek Johnson, Bieke Jelley*	7 Applied	R 400	R 500
Feb 28	Advanced Amazing Nervous System *Duffy Sweatman*	7 Applied	R 500	R 550
Mar 1-2	Amazing Nervous System *Duffy Sweatman*	12 Approved	R 750	R 850
Mar 15-16	Craniosacral Therapy *Duffy Sweatman, Claire Waumsley*	13 Applied	R 850	R 950
Apr 12-13	Whiplash Associated Disorders: Assessment & Management *Ina Diener*	14 Applied	R 800	R 850
Apr 26-27	Chronic Pain Management. Causative Factors and Management. *Prof Helgard Meyer, Dr Nellie Silvis, Liezel Scheepers, Phyllis Berger*	13 Applied	R 800	R 900
May 10	On the Ball with Pilates, including Theraband *Jacqui Stewart*	8 Applied	R 450	R 500
May 17-18	Cervicogenic Headaches: Assessment & Management *Ina Diener*	14 Applied	R 800	R 850
31-Jun 1	Clinically Applied Postural Analysis and Biomechanics. Identification and Management of Biomechanical Risk Factors. *Tanya Bell-Jenje*	15 Approved	R 850	R 900
June 7-8	Ergonomics - Assessment and Intervention for Enhanced Outcomes *Trish Schlotfeldt, Linda Hunter*	15 Applied	R800	R850

Early bird fee for registrations up to two months prior to the date
All courses will be accredited for CPD points

ENQUIRIES: Johan Talma
Tel & Fax: 012-803-8711
email: talma@mweb.co.za
www.cpdseminars.co.za

2003 Course Calendar

Clinical Solutions - CPD approved workshops

E = Early, N = Normal

ENROLMENT & DISCOUNT OPTIONS
Michelle/Yolanda, Tel: (011) 485-3447, 084 499 7755,
Tel/Fax: (011) 640-3970, E-mail: clinisol@mweb.co.za
Enrolment and course description on line:
http://www.physiotherapy.co.za

FEBRUARY

15 Sat

Novel Concepts in back rehabilitation. *Dr Paul Hodges - International lecturer. 8 CPD pts applied.* R600

21 - 23 Fri - Sun

Craniosacral Therapy Part 1 - "Tuning In". First of 5 parts. *Dr. AL Pelowski, Certified CST International instructor. 24 CPD pts applied.* E - R1700, N - R1750

MARCH

7 - 8 Fri - Sat

The sporting knee: anterior knee pain, pelvic dysfunction and lower limb kinematics. *A. Van der Merwe, and Dr. IM Rogan. 13 CPD pts applied.* E -R800, N - R850

8 - 9 Sat - Sun

Dry Needling: lumbar spine and hip. First of 3 modules. *Dr. Barrett Lasco. 12 CPD pts applied.* E - R800, N - R850.

29 - 30 Sat - Sun

Pilates for Physiotherapists. *Natasha Madel, and Jacqueline Swart. 13 CPD pts approved.* ***Repeat of the successful 2002 course.*** E - R800, N - R850

29 - 30 Sat - Sun

Nags & Snags: Revision and new clinical concepts & techniques. *Ina Diener. 14 CPD pts approved.* E - R825, N - R875

APRIL

5 - 6 Sat - Sun

Clinical Kinesiology. *Adrian Stevens, BSc Physio (Wits). 13 CPD pts approved.* ***Repeat of the successful 2002 course.*** E - R825, N - R875

11 & 13 Fri & Sun

Brain Gym Module 1: Hands On. M. *Goldsmith, BSc (OT) and I. Cohen, International Brain Gym instructors, 15 CPD pts applied.* E - R825, N - R875

MAY

10 Sat

Back rehabilitation. *B. Van Vuuren (Biokineticist) and Dr F. Theron (Orthopaedic surgeon). 7 CPD pts applied.* E - R550, N - R600

17 - 18 Sat - Sun

Dry Needling Module 2: Cervical spine and Shoulder. *Dr B. Lasco. 12 CPD pts applied.* E - R800, N - R850

23 - 24 Fri - Sat

Lumbar Pelvic dysfunction, lower back pain and related sports injuries. *A. Van der Merwe. 13 CPD pts approved.* E - R800, N - R875

JUNE

7 Sat

Basics of Ethics. *H. Huysamen. 5 CPD pts applied.* E -R275, N - R300

7 - 8 Sat - Sun

Pilates: Focus on Pilates Chair Exercises, Pilates on the Ball. *N. Madel and J. Swart. 12 CPD pts applied.* E - R800, N - R875

27 - 28 Fri - Sat

An Osteopathic Biomechanical Model for the Assessment and Treatment of the Lumbar spine and Pelvis using Muscle Energy Techniques to restore function. *S. Rosenberg - International lecturer. 12 CPD pts approved.* E - R850, N - R900

28 - 29 Sat - Sun

Current Concepts in Hand Therapy. *Coriane Van Velze - Internationally renowned lecturer, MSc OT (Wits). 14 CPD pts applied.* E - R800, N - R850

AUGUST

2 Sat

Pilates: Focus on the Small Barrel, Ladder Barrel and Spine Corrector. *N. Madel and J. Swart. 7 CPD pts applied.* E - R500, N - R550

16 - 17 Sat - Sun

Whiplash-associated Disorders. *I. Diener. 14 CPD pts approved.* E - R825, N - R875

16 - 17 Sat - Sun

Clinical Kinesiology: Wedge Technology. *A. Stevens. 11 CPD pts applied.* E - R725, N - R775

23 Sat

CPR. *5 CPD pts applied.*

OCTOBER

4 - 5 Sat - Sun

Amazing Nervous System. *D. Sweatman. 13 CPD pts approved.* E - R725, N - R800

17 - 18 Fri - Sat

Lumbar Pelvic dysfunction, lower back pain and related sports injuries. (Advanced workshop). *A. Van der Merwe. 13 CPD pts applied.* E - R800, N - R850

NOVEMBER

8 - 9 Sat - Sun

Peripheral Nervous System Dysfunction: assessment and management. *I. Diener. 15 CPD pts applied.* E - R825, N - R875

14 Fri

Advanced Amazing Nervous System (Clinically orientated workshop). *D. Sweatman. 7 CPD pts approved.* E - R500, N - R550

International Courses in JHB: **CRANIOSACRAL THERAPY (CST1) UPLEDGER INSTITUTE UK.**
A world renowned educational and research organization. CranioSacral Therapy is used to treat headaches and migraines, neck and back pain, TMJ dysfunction, chronic fatigue and motor co-ordination problems, hyperactivity, dyslexia, colic, feeding and sleeping problems, difficult-to-treat cases. March 8-11, 2003. Limited numbers R5800.00.

Stott Pilates International Certification Courses from Toronto, Canada. *Intensive Mat, Advanced Mat, Reformer, Advanced Reformer, Injuries and Special Populations & day workshops. June 2-25, 2003.*

Contact: Riverclub Physiotherapy and Pilates Clinic. Joanne Enslin or Rina (011) 706-9159/60 or fax (011) 706 7259

COURSE: AMAZING NERVOUS SYSTEM

Date: 8 & 9 March 2003
Time: 8h00 - 17h00
Venue: Physio Dept, Jhb Hospital
Presenter: Duffy Sweatman
Fee: R850.00
Enquiries: Lintle (011) 488-3258/9
- CPD Accredited -

CLASSIFIEDS

SITUATIONS VACANT

The Essence of Life Physiotherapy and Rehabilitation Centre requires full- or half-day physiotherapist with interest in acupuncture, pain management, hydrotherapy and/or rehabilitation from January 2003. Training will be given. Please contact Phyllis Berger. Tel (011) 802-1275 / 8072

Parktown: Physiotherapist required for part-time position in dermatology practice. Ideal position for retiree or person with a young family. In-house training provided. Very pleasant working conditions. Violet Phillips, 482-4716.

George: Fisioterapeut benodig vir besige algemene fisioterapiepraktyk. Kontaknommer (044) 873-5974.

Benoni: Full-time physiotherapist required in diverse orthopaedic practice. Contact Lauren/Caroline at 849-3721 (w) or 083 227-2915.

Benoni: Locum wanted for one week-end per month. Mainly hospital work. Contact 083 448-5292.

Centurion: Friendly stimulating practice in Centurion requires full-time enthusiastic physiotherapist. Contact Wilna Foot, (012) 653-4406 or (cell) 082 416-7213.

Cresta: Physiotherapist needed for sport and orthopaedic practice. Contact Brigitte, 083 478-2111/ (011) 476-2471.

Secunda: Voldag, halfdag of locum pos beskikbaar in privaatpraktyk. Kontak 082 756-9748.

Secunda: Voldag fisioterapeut benodig vir privaatpraktyk. Kamerwerk. Kontak Marleen, 082 468-7639 of (017) 634-8533.

Dowerglen/Edenvale: Part-time locums required for general private practice from April 2003. Comfortable and professional working environment. Contact Linda, 453-5284 or 082 928-9902.

Sandton/Rivonia: Part-time physio required. Sports and orthopaedic practice. Contact Jacqui 083 324 8424.

Howick, Natal: Full-time position available in busy private practice. Available January 2003 or a.s.a.p. thereafter. OMT experience an advantage. Contact Debbie on 082 820-3223.

SITUATIONS VACANT (CONTINUED)

Johannesburg: Physiotherapist required for private practice. Pleasant working conditions. Contact Jenny, (w) 838-6961 (h) 477-1608.

East London: Full-time physiotherapist needed for hospital and rooms practice. Salary negotiable. Contact Gerda, 082 659-8517 / (043) 722-1001 / 722-5550.

Bedfordview: Full-time or part-time (afternoons) physiotherapist required in a busy sports and orthopaedic practice at the Virgin Active Gym. No hospital work. In-service training. Contact Mercia/Anne at (011) 450-3323 or 083 463-3720.

Physio Connections. For a permanent or locum employment connection, please contact 678-5212 / 476-3810. Reasonable once-off placement fee.

Port Elizabeth: Urgent vacancy. Physiotherapist required for full-time post. The applicant should be in possession of a BSc Phys Degree, NDT qualification an advantage. The applicant's duties would be to develop and implement individual programs for children with special needs and to work as part of a multi-disciplinary team. Forward applications to: The Administrator, Aurora Special Care centre, PO Box 34368, Newton Park, 6055, PE or E-mail ebba@progen.co.za. Closing date 26 February 2003.

Pretoria: Fisioterapeut benodig in dinamiese algemene en sport praktyk. Harry Engelbreght, (012) 344-0802.

Pretoria, Mountainview: Permanente halfdag, namiddag of voldag pos vanaf 1 Januarie 2003. Kontak Amor, 083 276-2859.

Rivonia: Experienced physiotherapist required for an association at an established sports practice. Tel: 083 527-7834.

Full-time physiotherapy position Launceston Tas, Australia Private Practice
Great life style, stimulating and interesting job. Skills in sports injuries, muscle energy and core stability work desirable, ongoing training provided and encouraged. Drivers license essential. Able to gain registration in Tasmania, or by already having registration that would be recognised in Australia (e.g. Current New Zealand registration). This position is recognised for sponsorship under current Australian immigration policy.
A suitable applicant would be able to apply for permanent residence status after completion of a two year contract.
Contact Karl Thomas on
0011 613 6331 3811
Email: Lton_physio@vision.net.au
PO Box 677, Launceston TAS 7250, Australia

Rosebank: Full-time and part-time posts available for general rooms and hospital practice. Contact Fiona, (o/h) 447-1815 / 880-5365.

Sandton/Parkmore: Wonderful opportunity in orthopaedic private practice. Fabulous working conditions. Contact Carol, 083 452-1950 / 883-1065 (a/h).

Nelspruit: Voldag fisioterapeut benodig in privaatpraktyk vir 2003. Uiteenlopende praktyk en hospitaalwerk wat naweekwerk insluit. Kontak Christa, 083 241-1900 / Elmarie, 082 338-1360.

Scottburgh: Physiotherapist required for private practice on the Natal South Coast. Contact Chris de Wet, (039) 976-0008.

Vanderbijlpark: Voldag fisioterapeut benodig vir hospitaal en kamerwerk. Maart 2003. Kontak Gerda / Ronel, (016) 950-8150.

Ermelo: Sport, ortopediese en algemene praktyk benodig voldag fisioterapeut so gou moontlik. Kontak Jacqueline, (017) 819-3405 of 082 920-1882.

Rustenburg: Dinamiese buitepasient praktyk het 'n pos beskikbaar vir fisioterapeute wat belangstel in muskuloskeletale kondisies, sportbeserings en algemene fisioterapie. Uitstekende werksomstandighede, vergoeding en professionele ontwikkelingsgeleentheid. Vanaf Jan / Feb 2003. Marius de Bruyn, (014) 533-2070.

PRACTICE FOR SALE

Blairgowrie: Well-established client base for sale. Contact 083 272-8225.

Howick: Long-established practice for sale. Good patient base. Well-equipped in centrally situated medical center. Contact Annette, (033) 330-3792 (a/h) 072 368-6525.

Meyerton: Goed gevestigde praktyk te koop. Ongelooflike goeie geleentheid om eie besigheid op 'n baie billike wyse te bekom. Kontak Laurika, 082 872-6571.

Port Shepstone: Fully-equipped two-man practice for sale. Large client base. Hospital and rooms. Contact Fern, (039) 682-0673.

Pretoria / Brooklyn: Busy one-man practice in growing business area. No goodwill involved. Contact (012) 346-0764 or 083 417-8230.

Pretoria / East Lynne: Voltydse algemene praktyk. Goed gevestig vir 7 jaar. Wye verwysingsbasis. Kontak Magriet, (012) 800-1552 or 083 340-3920.

Hartbeespoort: 50% aandeel in goedgeleë tweemanpraktyk in besige mediese sentrum, snelgroeiende, welaf omgewing, gevestigde pasientbasis. Baie billike prys, onderhandelbaar. Carina, (012) 252-5510.

FOR SALE

Johannesburg: Unilaser TM 201 for sale. As good as new. Price negotiable. Please contact Gerda at (011) 484-0933.

Scottburgh: Edomed 582 Interferential + accessories for sale. Excellent condition. R8000.00. Contact Chris de Wet, (039) 976 0008.

POSITION/LOCUM REQUIRED

Durban: Permanent / temporary position required as from mid-June / 1 July. Basic and advanced training completed in NDT and Dry Needling. Works in UK currently. Contact Heidi, E-mail: heidistef@hotmail.com

Gauteng: Available for weekend locum. Contact, 083 353-1706.

Oops, my mistake!

Agnes Wenham was horrified to discover that I had misquoted her in an article in the December/January issue of *PhysioForum*. This is what I had her saying:

"Mild versions of faults like bandy legs can be improved simply through frequent play with ortho-toys."

This, Agnes points out, is simply not true. I plainly misunderstood her. She has asked me to correct this to:

"Mild versions of, for example, round shoulders and valgus ankle, can be improved through frequent play with ortho-toys. More severe weaknesses and bony deformities, such as pronounced bandy legs after infancy, require physiotherapy."

My sincere apologies to Agnes and readers for the mistake.

Mandi Smallhorne

CLASSIFIEDS COUPON 2003

Please insert at R7,00 per word (or R8,00 to include on Website with immediate effect), in the next available issue of *PhysioForum* or *The South African Journal of Physiotherapy*. (Note: a minimum of R65,00 will be charged for every advert). The SASP request payment upfront for the placement of advertisements in our publications.

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