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PhysioSA MAGAZINE



REMEMBERING TWO PILLARS
OF PHYSIOTHERAPY:
ELSA WAKEFIELD & CRAIG SMITH

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DR SHANE NAIDOO

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Please send all text in Word or Word-compatible format (preferably not PDF) to chrisjb36@gmail.com

Articles should ideally be between 300 and 2,000 words. Please do not embed pictures in Word documents; instead, send them separately as JPEG files with a minimum size of 1 MB.

If you have ideas or queries regarding submissions, contact the editor.

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ELSA

WAKEFIELD

A TRIBUTE

CONTRIBUTERS: ELSJE SCHEFFLER, SURONA VISAGIE, ELMARIE DU PREEZ, ANNETTE FRIEG, ED BAALBERGEN & JP LUGT

It is with deep sadness that we announce the passing of Elsa Wakefield, a remarkable person and pioneering figure in the field of physiotherapy. Considering that she began her illustrious career in 1965 and the tremendous impact she had, Elsa must be considered as one of the proverbial oak trees of our profession.

She is best known for her work in the then-named Conradie Spinal Cord Injury Rehabilitation Hospital in the Western Cape where she established a world class physiotherapy department at the spinal unit that attracted many international physiotherapists and physiotherapy students for elective placements. She was a powerful and authoritative figure, strict, but also fair and supportive of all her staff. She embodied knowledge and wisdom, and this, along with her vision and leadership, motivated a strong team culture with a joint vision.

Whilst she had very high standards and expected the same commitment and standards of her team, she allowed therapists to develop as individuals and encouraged creativity and initiative, as long as the outcomes of patients were not jeopardised. She was a visible and hands-on manager and was often seen coming alongside therapists with quiet authority and diplomacy to expertly guide them to think critically and become reflective practitioners long before these concepts became popular in healthcare. Inspiring through quiet and gentle guidance, she built the confidence of those who were cowed by the undergraduate teaching programmes and checked the pride and enthusiasm of those who were too sure of themselves. Through this committed

support and mentoring, Elsa became the lifelong “go-to” person and mentor for many of the physiotherapists who worked under her as junior therapists. To this day, many therapists hold her in the highest regard as being instrumental in their professional development.

Later in her career, Elsa opened a private practice, “Wakefield and Stevens”, with long-term friend and colleague, Gail Stevens. Someone asked Gail why the practice names were not alphabetical and ‘Stevens and Wakefield’ instead. Gail’s quiet response was, “Elsa has the name in the profession.”

In this period of her life, Elsa focused on medico-legal work as an expert witness in personal injury claims where she fought as hard for the rights of the claimants to receive the appropriate rehabilitation and assistive products as she did for those in the spinal unit.

JP Lugt, who was a patient in Conradie Hospital during Elsa’s reign remembers: “One tends to remember the time around a life-changing event like a spinal cord injury with mixed emotions. It’s a time in life when things suddenly slow down and everything feels like it’s happening in slow motion. So much changes, and the path of life as we knew it becomes uncertain and unstable. So many questions rise as one tries to understand the implications and assess the chances of recovery. But it’s in those spaces, when we are at our most vulnerable, that we meet people like Elsa Wakefield.

“Although she wasn’t my physio, her reputation preceded her, and her mere presence brought calm and stability to

both me and my family. She had done all of this so many times and had so much experience that we hung onto her every word. She brought hope even when my prognosis was to be paralysed from my neck down. She exuded such confidence that it overflowed to the rest of her team. When she was around, everything was going to be okay no matter how things turned out. And nearly 34 years, one wife, three children, a thriving business and great life later, that is how I will always remember her! Thank you, Elsa. Bless you!"

A true trailblazer, Elsa was widely respected as a strong leader and mentor, and she was held in high esteem by therapists and other medical professionals alike. Her guidance shaped generations of physiotherapists, and her legacy will continue to inspire those in the field of spinal cord rehabilitation. She will be dearly missed by her colleagues, patients, friends and family.

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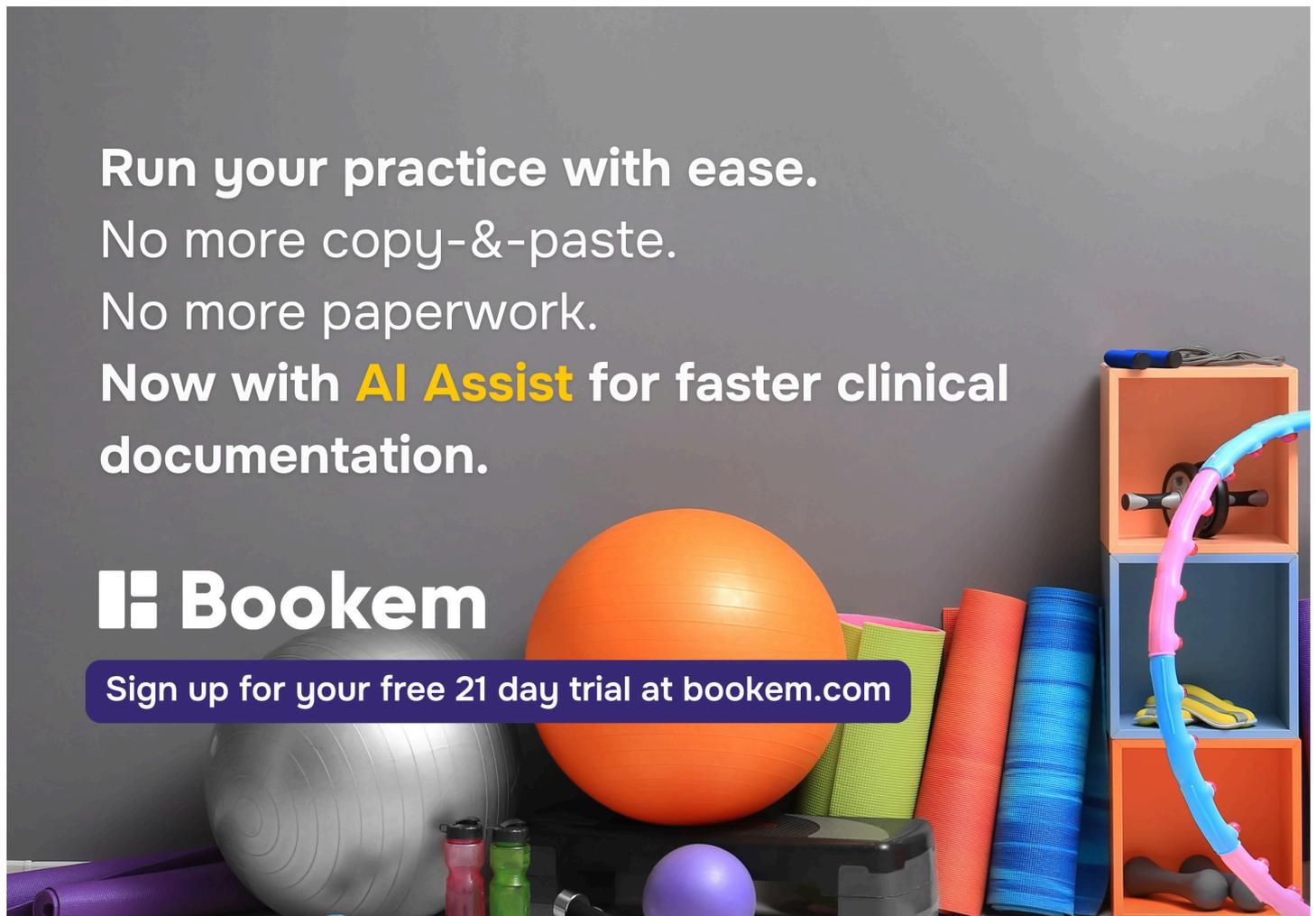
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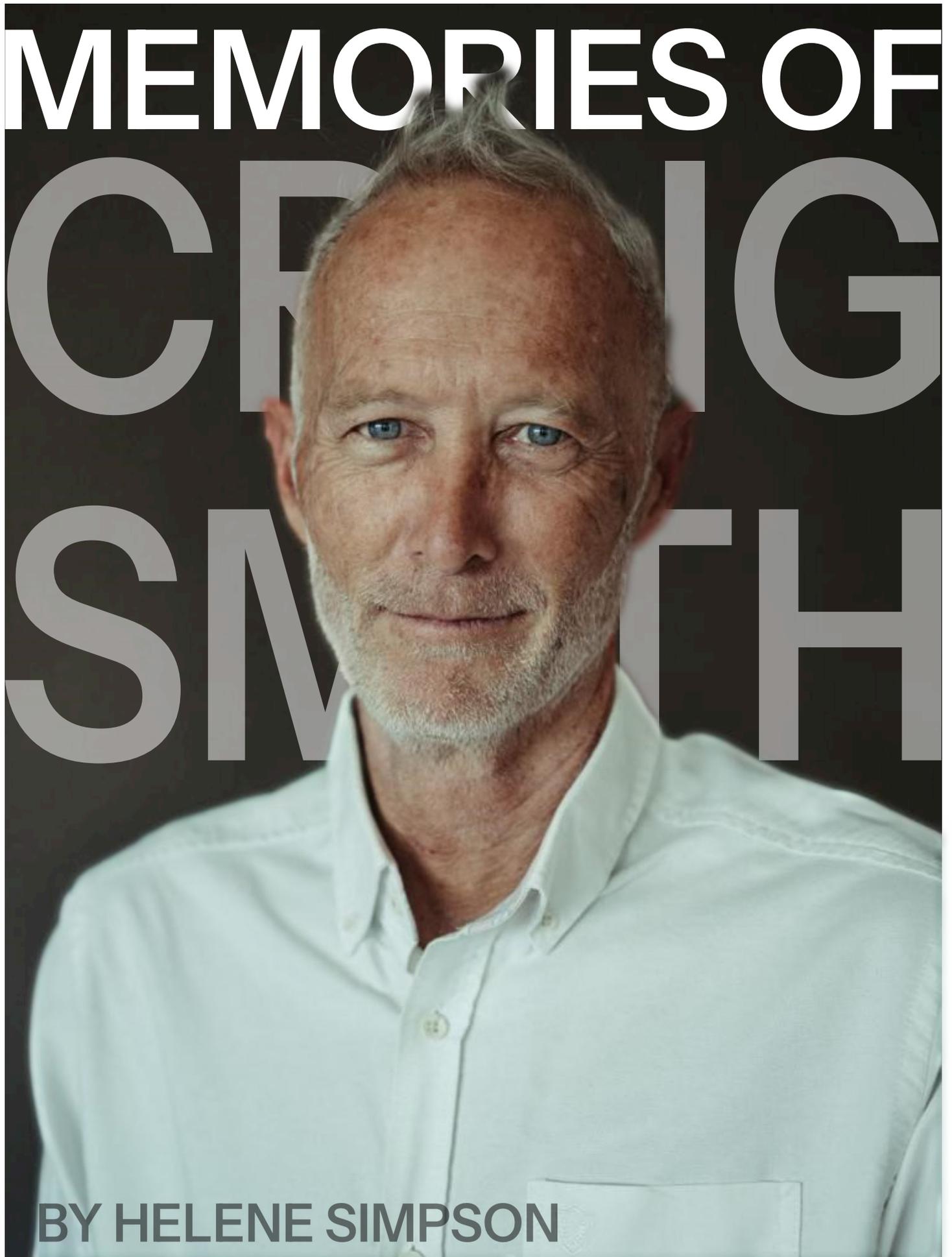
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BY HELENE SIMPSON

Craig and I met in 1991. He was bouncing with enthusiasm and energy! Fresh out of physio school, he came to “help” me at the Sport Injuries Clinic, full of plans!

Craig was a guy who put ice on a patient’s knee for ten minutes and quickly ran down into the Sports Centre to plan indoor soccer for seven minutes. Then he bounded back up the stairs and carried on the treatment. The patients loved it.

And he called me “H”! When Craig called me and the “H” was all drawn out, I knew he had a scheme. The first was to join the cricket tour in a week’s time – during the busiest time of the Sports Injuries Clinic. What to say? Well, all I could say was, “Yes, Craig...” and off he went.

But there were more tours and Craig was an instant hit with the cricketers and management, and nothing dampened his zest for the job. Not the travelling to faraway places, long hours and many injuries; he just embraced it all.

We always stayed in touch. Back in the early 2000s, Craig had new ideas. It followed a familiar pattern:

“H.....”

“Yes, Craig?”

“H, we need to go into lecturing!”

H was not keen, but Craig persisted in his typical can-do way, and, of course, my practice (then private practice) became the venue for his courses. He even brought in Michael Hodges right in the beginning!

Then Craig started contacting me to lecture! And he wouldn’t hear any objections from me, so he started booking Foot and Ankle Courses. If I was going to Dublin for a congress, he would insist that I lecture there.



He pushed me far out of my comfort zone, but I am forever grateful. I would never have grown as a clinician in my field of ankles if it were not for the lecturing he made me do. As you prepare and teach, you continue to learn. I’m also so grateful for his ever-encouraging demeanour. I can’t count how many times I heard him say, “Come on, H. You can do it.”

He also pulled off two huge conferences for sports physiotherapists in South Africa. He got Prof. Gwendolyn Jull, Prof. Alfredsson, Dr Wayne Diesel and other international speakers to take part. One congress was held in Gauteng and the other at the Vineyard Hotel in Claremont. Typical of Craig, he aimed high and was successful.

When COVID hit in 2020, I gave a sigh of relief. There would be no more travelling and lecturing for Club Physio.

But Craig had other great plans. “H....., we are going online. We can Zoom,” he said. Before anyone ever thought about the concept, he had it up and running. It was a huge success, as usual because Craig made it work.

In 2024, I was seriously reconsidering the travelling and lecturing all day. I was not well. “No problem,” said Craig. “We can go online.” Once the reason for my malaise was discovered, he shared with me that he was also fighting the cancer battle. And so our professional friendship became more personal. While I was in the bone marrow unit, Craig regularly checked in to show support. “We can fight this, H. We can beat this, H...”

However, at the end of 2025, he finally admitted that he was morphined out

and in a lot of pain. At the time, we were planning an online lecture series in Mumbai. He sounded dreadful but he was still talking to the Mumbai organisers! But then there was a strange message in January 2026: “H, I am done, finished, retired...”

I could not believe my ears. A week later, he passed.

Craig, you inspired me. You pushed me way out of my comfort zone. You shaped my professional career in ways I never could dream of. You were a positive force of life, always with a smile and a great plan.

You did so much for the profession of physiotherapists. Whenever you interacted with a colleague, you made an impression. You will be missed!

The advertisement features a central image of a TransAct patch box. The box is white with blue and green accents. It displays the brand name 'TransAct' in large blue letters, followed by 'Medicated Pain Relief Patch' and 'For Muscle & Joint Pain'. Below this, there are three small images showing a person's back, knee, and shoulder with red areas indicating pain. A circular icon with '12 HRS' and a clock face is also present. At the bottom of the box, there are three checkmarks: 'Soothing', 'Anti-inflammatory', and 'Long-lasting'. The bottom right corner of the box says '10 PATCHES'. To the right of the box is a large circular graphic with a blue and green border. Inside the circle, it says '12 HRS' in large blue letters. Above the circle, it says '+ANTI-INFLAMMATORY' in white letters. The background of the advertisement is a gradient of blue and green with large, curved arrows.

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MEET YOUR HPCSA BOARD MEMBER: SHANE NAIDOO

Dr Shane Naidoo was recently elected to the HPCSA Professional Board, and we think it's fitting to celebrate him by featuring an interview-style article on his professional journey that took him to the Professional Board for Physiotherapy, Podiatry and Biokinetics of the HPCSA.

You've been in physiotherapy for over 25 years. What initially drew you to the profession, and what has sustained your engagement over such a long career?

I was drawn to physiotherapy because it is a profession where science translates directly into dignity, independence and improved quality of life through movement. From early on, I was inspired by physiotherapy's ability to influence a person's health outcomes across their lifespan, from enabling elite athletic performance to preserving function and independence in an ageing person.

What has sustained me for more than 25 years is the profession's depth,



relevance and responsibility. It sits at the heart of many of South Africa's most pressing health challenges, including non-communicable diseases, disability and healthy ageing. South Africa has the largest and fastest-growing population of older adults in Africa, a demographic shift with profound consequences for healthcare delivery. We also have a significant chronic disease burden and rehabilitation demand. Physiotherapy can help.

It also continuously demands critical thinking, adaptability and lifelong learning. Being able to contribute

multimorbidity and long-term functional decline, it became clear that robust, context-specific research in Sub-Saharan Africa remains limited which necessitates a deliberate focus on generating evidence that is both locally relevant and clinically meaningful. This led me into postgraduate study and research at the University of Cape Town, where I completed both my MSc and PhD.

My doctoral research focused on healthy ageing, examining how targeted physical activity interventions can improve functional health, mental well-



meaningfully at individual, community and system levels has kept the work purposeful and deeply fulfilling.

Your work has spanned clinical practice, academia, research, and now professional governance. How did this journey evolve, and what threads connect these roles for you?

My professional journey evolved organically from clinical practice, where patient care consistently exposed gaps between clinical need and available evidence in Africa. In working with older adults, particularly in contexts of

being and quality of life while mitigating the burden of non-communicable diseases among older adults living in under resourced long-term care facilities across urban and rural South Africa.

Alongside this, I have authored numerous peer-reviewed publications in internationally recognised journals, including BMJ Open, PLOS ONE and the South African Journal of Physiotherapy (ORCID ID: 0000-0002-3876-6031). My work has been disseminated through platform presentations at two World Physiotherapy Congresses, in

Cape Town (2024, SASP celebrating 100 years in SA) and Tokyo (2025), where I represented both the University of Cape Town and South Africa. It has also been advanced through international collaborative research, including an invitation to co-author a scoping review protocol and full review on nutrition interventions for older adults across Africa in collaboration with colleagues from Bristol Medical School and other leading academic institutions. I inadvertently travelled to Japan four days after undergoing major emergency orthopaedic surgery to my right upper limb to present at the World Physiotherapy Conference. In pain, immobilised in a brace, and struggling with basic tasks, I questioned how I would manage. Walking away would have been easier, but the journey was never about convenience, it was about having an impact by giving a voice to the older people behind the data.

The unifying thread across these roles is a sustained commitment to evidence-based practice, contextual relevance and public interest. I am committed to research that informs practice, practice that strengthens education and education that supports resilient and sustainable health systems.

What motivated you to stand for election to the HPCSA Professional Board at this point in your career?

At this stage of my career, I feel a responsibility to contribute at a governance level. Education standards, professional conduct and scope of



practice are shaped at the board level, and these decisions have lasting implications for both practitioners and the public. In November 2025, I was appointed by the National Minister of Health to the Professional Board for Physiotherapy, Podiatry and Biokinetics of the HPCSA for the 2025-2030 term. I view this role as an extension of my academic and clinical responsibilities, and I am working to ensure fairness, transparency, ethical practice and evidence-informed decision-making, particularly in the areas of Education and Training, Preliminary Disciplinary Hearings and Biokinetics Internship Programmes.

From your perspective, what are the most important advocacy or governance challenges currently facing physiotherapy in South Africa?

Key challenges include protecting professional scope, maintaining consistent and high-quality education and training, and addressing inequities in access to physiotherapy services, especially for older adults and underserved communities. There is also a pressing need to strengthen the



profession's research culture and translation of evidence into policy and practice. Governance must balance innovation with accountability, while advocacy must be underpinned by credible, peer-reviewed evidence. Journals such as SAJP play a crucial role in this ecosystem by ensuring that locally generated South African evidence informs both practice and policy.

You've been a long-standing member of SASP. How has the society featured in your professional journey, and how do you see its role in the profession today?

The South African Society of Physiotherapy has been central to my professional journey through advocacy, continuing professional development and fostering a shared professional identity. Publishing in the SAJP has been particularly meaningful, as it ensures that South African evidence directly informs local practice while contributing to the global physiotherapy literature. Today, SASP's role is more important than ever. It needs to advocate for the profession, support research and publication pathways, nurture early-career clinicians and academics and work collaboratively with regulators to protect both professional standards and public interest.

Many feel physiotherapy is at a crossroads. Where do you see the greatest risks and the greatest opportunities over the next decade?

The greatest risks lie in the fragmentation of professional identity, the erosion of scope and insufficient engagement with evidence generation. However, the opportunities are also substantial. Physiotherapy is uniquely positioned to lead in healthy ageing, non-communicable disease prevention, chronic disease management and interdisciplinary models of care.

My own research and international collaborations, including an invitation from Bristol Medical School to co-author a scoping review protocol and full review on nutrition interventions for older adults across Africa have reinforced the growing global recognition of physiotherapy's role in health equity and systems strengthening.

What message would you most like younger physiotherapists to hear about building a meaningful and sustainable career?

Build depth before chasing recognition. Invest in your clinical reasoning, ethical practice and lifelong learning. Engage with research early, whether through critical appraisal, publication or peer review because that is how we strengthen our profession's credibility. A sustainable career is built through integrity, service, mentorship and contribution to the broader profession, including societies like SASP and governance structures (HPCSA) when the time is right.

Are there particular achievements or moments in your career that you feel were especially formative or impactful?

My early professional development was strongly shaped by work in elite sport. From 2000 to 2008, I served as physiotherapist for the Sharks Rugby franchise, including the Sharks Sevens, Sharks Under-21, Sharks Under-19 and the Wildebeest (Sharks XV) teams. In 2000, I was awarded national colours as physiotherapist to the South African Schools Springbok side. I also served as Assistant Physiotherapist to the Italian National Rugby Team during their South African tour. These roles established a foundation in performance-based rehabilitation, injury prevention and high-stakes clinical decision-making.

Academically, the completion of both my MSc and PhD in Physiotherapy, at the University of Cape Town represent key milestones. This work was accompanied by extensive publication in peer-reviewed journals and invited platform presentations at two World

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Physiotherapy Congresses. Leadership of a large multidisciplinary private practice and my appointment to the HPCSA Professional Board have further strengthened my engagement with professional governance, education standards and clinical accountability.

How has your academic and research work influenced your clinical thinking?

My academic and research work has fundamentally refined my clinical thinking and has strengthened my reliance on outcome-driven, evidence-based decision-making rather than

lifestyle- and movement-based strategies, physiotherapy interventions can contribute meaningfully to the long-term mitigation of NCD prevalence.

Serving as a peer reviewer for journals such as the British Medical Journal, BMC Geriatrics, the Journal of Medical Internet Research and the American Journal of Health Promotion has further deepened my appreciation for methodological rigour and clinical relevance. It has also reinforced the role of physiotherapy not only in recovery,



isolated symptom management. Research in healthy ageing and physical activity has sharpened my clinical reasoning and reinforced the importance of context-sensitive care, particularly in resource-constrained settings.

This work has also reframed my approach to rehabilitation by deliberately aligning short-term clinical goals with longer-term functional, behavioural and health outcomes. As a result, my clinical focus now extends beyond immediate recovery to include sustained physical activity, functional independence and reduction of risk factors for non-communicable diseases. By integrating rehabilitation with

but in prevention and long-term health optimisation.

Looking ahead, what impact would you most like to feel you've had on the profession?

I would like to feel that I contributed to strengthening physiotherapy as a research-active, ethically grounded and socially responsive profession in South Africa. If my work helps normalise clinician-led research, publication in academic journals, participation in governance and improve access to high-quality rehabilitation for underserved communities, that would represent a meaningful legacy.

INSIDE TERTIARY HOSPITALS:

The Experiences Of a Community Service Physio

ELIZE-MARI CLAASEN

While walking through the corridors of Steve Biko Academic Hospital from my community service in 2025, I quickly learned to expect the unexpected, not only from my patients but also from myself. I entered the hospital motivated and eager to learn, but I did not expect how profoundly this year would challenge me, reshape my professional identity and forge resilience within me.

Tertiary hospitals manage complex medical and surgical cases while also functioning as an academic training institution. The reality on the ground is that it is fast-paced and demanding, and care must often be delivered within the constraints of the hospital's limited resources.

I quickly realised that no textbook, lecture or undergraduate clinical rotation could have fully prepared me

for the complexity of some cases or the emotional weight that accompanied them.

One of the challenges I faced was that many of the patients I treated did not fit neatly into a single category. A trauma patient might present with multiple fractures, neurological involvement and respiratory compromise. Others admitted for orthopaedic surgery developed complications that prolonged their hospital stay. Some patients faced life-altering diagnoses such as spinal cord injuries, strokes or progressive neuromuscular diseases that changed not only their physical function, but the course of their lives.

My role as a physiotherapist shifted constantly from respiratory management to early mobilisation and rehabilitation in the ICU and in the



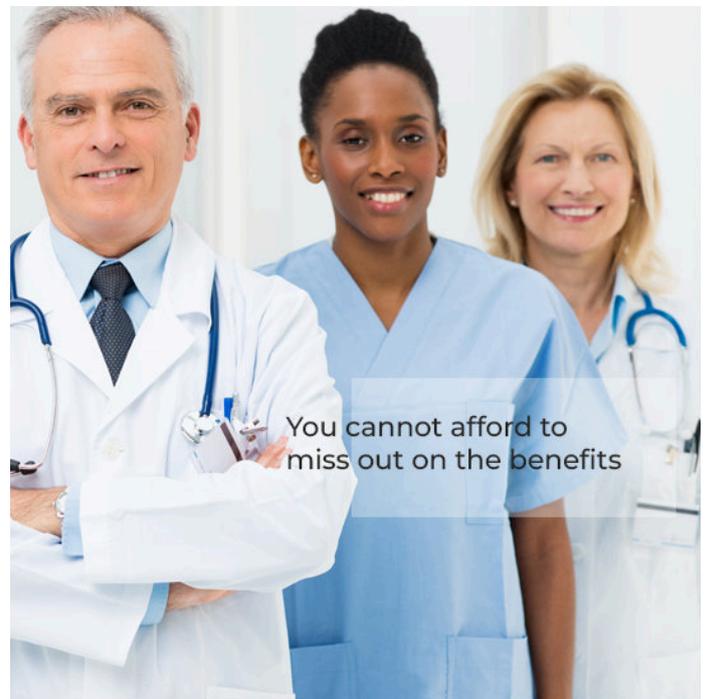
lived clinical practice. I had to attend ward rounds, present patient cases and received mentorship from senior clinicians. I also had the opportunity to mentor physiotherapy students from the University of Pretoria. While supporting their learning alongside my own was challenging, it was deeply rewarding, and I wouldn't have wanted it any other way.

My time at Steve Biko Academic Hospital was demanding, humbling and fulfilling. It strengthened my clinical confidence, deepened my empathy, and reshaped my understanding of what it means to be a physiotherapist. Most importantly, it taught me that resilience is not just found in recovery, but in showing up no matter what happened during the previous day – day after day – for my patients, colleagues and myself.

wards. Despite the constant change, one goal remained at the centre: to walk alongside patients as they navigated the slow, uncertain journey back to being fully functioning or, at times, toward the acceptance of a new reality.

Progress was measured in small victories like sitting on the edge of the bed independently, taking a first assisted step or breathing without support. With each little victory, physiotherapy extended beyond exercise prescription and became a source of encouragement for my patients, their families and me.

The academic nature of the hospital helped me to bridge theory and real,



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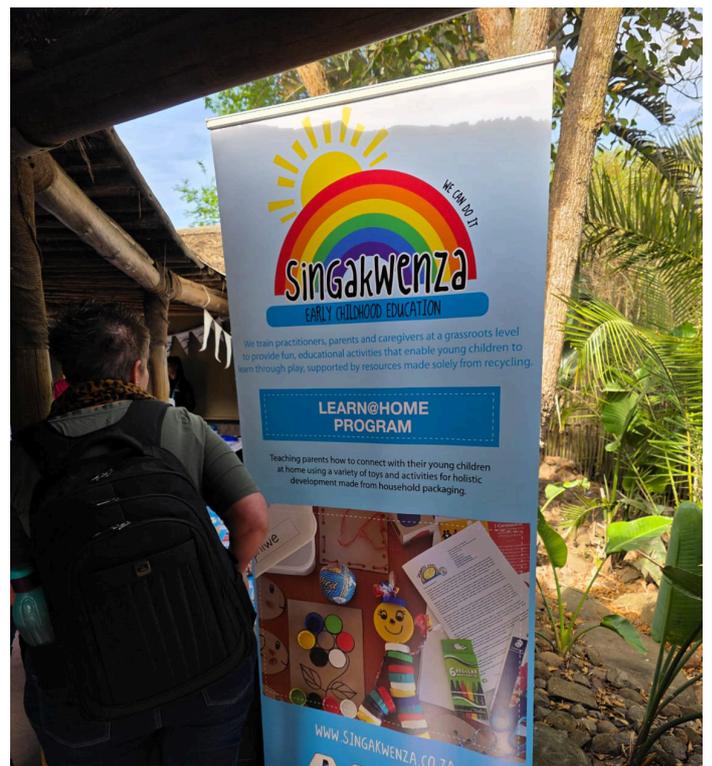
ROSWYN KOHLRENKEN

Every year, the Rural Health Conference brings a diverse group of healthcare workers, activists, researchers and community members who are united by their passion for rural health. It gives attendees the opportunity to hear what's happening at local, provincial and national levels from the advocacy organisations who fight for better rural budgets and policies. It also provides the opportunity to connect with people from different provinces and professions and hear different perspectives on rural health. Everyone's participation is welcome, whether they be an expert clinician, student, activist, official or a mother of a disabled child.

The Rural Health Conference was started as a conference for rural doctors by the Rural Doctors Association of South Africa (RuDASA) in 1996, but has grown into a vibrant meeting of doctors, nurses, therapists, clinical associates, students, NGOs and university lecturers who are interested in improving healthcare in rural areas. Reflective of this growth, the conference is now run by a partnership between RuDASA,

The Rural Health Conference of 2025 was held from 16 to 18 September 2025 at the Ascot Conference Centre in Pietermaritzburg and centred around the theme "Rural Health in Real Life".

The conference sought to explore the lived realities, challenges and innovations that shape healthcare in rural communities, as well as the





resilience of healthcare workers, the ingenuity required to deliver services in resource-limited settings and the voices of the patients whose experiences define the system.

In the knowledge that the burden of disease is at its peak in rural areas, the conference engaged with the warranted allocation of “rural proofing” resources that reflect rural needs. As such, it looked for contributions that



reflected on practical solutions, community-driven initiatives, policy implications and personal stories of those working in the heart of rural healthcare.

Whether it was addressing workforce shortages, leveraging technology for better access or navigating the social determinants of health, the purpose of the conference was to capture the essence of rural health as it is experienced.





ROSWYN KOHLRENKEN

On Friday, 28 November 2025, the KZN Public Sector Physiotherapy Forum proudly hosted the 2025 Community Service Physiotherapists of KwaZulu-Natal at the Senate Chamber, University of KwaZulu-Natal.

Our audience was enriched by delegates from the public, private and academic sectors, alongside a guest speaker whose multidisciplinary perspective highlighted the collaborative nature of healthcare. We were further honoured by judges representing all three sectors which brought a balanced and experienced lens to the evaluation process.

This special event, supported by the University of KwaZulu-Natal, the South African Society of Physiotherapy, Thokomala and S&P Medical, celebrates the exceptional Quality Improvement Projects completed throughout the year by these dedicated professionals. The projects addressed the challenge of service delivery in a cost-contained environment across the province.

We want to again congratulate all participants. Your commitment to improving patient care and strengthening service delivery shines through every project. As a gesture of appreciation, each attendee received a gift bag acknowledging their hard work and contribution to physiotherapy in our province.



We also issue prizes for the project at the event to recognise excellence, with 1st prize (a free general SASP membership for 2026 sponsored by the KZN GEC) going to Gugulethu Ndhlovui from Emmaus Hospital in Winterton. In addition, three Tier 1 memberships were presented to the other winners from the project, sponsored by the NMSPG SIG.

The event shone a light on the excellence, innovation and bright future of physiotherapy in KZN. It also displayed the importance of physiotherapy in the South African healthcare system, as well as the way that physiotherapy acts as an advocate for optimal health amongst all populations served.



THE HEARTBEAT BEHIND THE BALANCE SHEET:

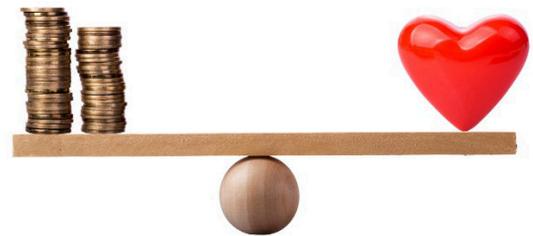
WHY A FINANCIALLY SUSTAINABLE PHYSIOTHERAPY PRACTICE IS AN ETHICAL ONE

ESTHER NIEMAND

Valentine's Day invites us to reflect on the heart and what sustains us, motivates us and keeps things alive. In physiotherapy, we often speak about the heart of our work in terms of compassion, care and clinical excellence. We speak about money far less comfortably. Yet the financial health of a physiotherapy practice is inseparable from its ethical core. The balance sheet and the treatment plinth are not opposing forces; they are deeply connected. A practice that cannot sustain itself financially will, sooner or later, struggle to sustain ethical, high-quality care. The true heart of a physiotherapy practice lies in how it balances clinical integrity, patient interests and economic reality.

Physiotherapists enter the profession driven by a genuine desire to help people. This is one of the profession's greatest strengths. However, it can also create tension when financial decisions feel at odds with caring values.

There is often an unspoken belief that discussing fees, profitability or business sustainability somehow undermines



professionalism. However, the HPCSA's General Ethical Guidelines for Health Care Professions make it clear that ethical practice is not limited to clinical decision-making alone. Ethical conduct includes honesty, responsibility and accountability in all aspects of professional practice, including financial arrangements.

The reality is that physiotherapists operate within a uniquely challenging

**Physiotherapists operate
within a uniquely
challenging healthcare
environment**

healthcare environment in South Africa. Medical aid reimbursement rates have not kept pace with inflation or rising operational costs. Administrative and compliance demands continue to

increase. Practices must absorb costs related to rising rental and utility expenses, staff salaries and statutory obligations, professional indemnity insurance, CPD requirements, equipment purchases and maintenance, just to mention a few of them. To top it all off, we have to manage all of this in an economy that is in distress.

The problem is that a practice under sustained financial pressure may operate with the best intentions, but strain inevitably changes behaviour. Over time, the financial pressure can lead to reduced treatment time per patient, fewer opportunities for patient education, reactive rather than reflective clinical decision-making, and practitioner burnout and emotional withdrawal.

The HPCSA’s ethical guidelines emphasise that practitioners must

- Providing patients with clear information about costs
- Maintaining transparency in coding and claims

In addition, every physiotherapy practice should have clear internal policies on appointment duration, treatment structure, coding and claiming procedures, fee setting and payment expectations. There is no rule requiring practices to align their rates with a specific medical aid. Pricing your session remains your professional choice. However, your practice must have a consistent and defensible structure.

Currently, treatment codes are linked to the National Health Reference Price List (NHRPL). Each procedure code on the NHRPL carries a specific Rand Value Unit (RVU), reflecting the complexity, skill, and resources required for that

Financial pressure can compromise patient care

always act in the best interests of patients and maintain professional standards of care. Part of that is making sure that you look after the finances of your practice because financial stress can compromise ethical practice.

Having a financially stable practice can assist you in allocating appropriate time per patient, investing in staff development, maintaining equipment and facilities, upholding consistent clinical standards and planning for continuity of care.

There are several things that can be done to ensure that your practice is operating ethically in a financial sense and begins with ethical billing.

Ethical billing includes:

- Charging only for services rendered
- Avoiding unnecessary or excessive treatment for financial gain

service. These RVUs are fixed and cannot be altered. Medical schemes then apply their own Rand Conversion Factor (RCF) to the RVUs to determine what they will reimburse.

For example:

If code 72303 has an RVU of 23, and a medical scheme applies an RCF of 12.50, reimbursement is calculated as:
 $23 \times 12.50 = R287.50$

When setting your own private rates, you may decide on a consistent RCF that reflects what you believe is fair and sustainable for your practice and apply it across your entire coding structure.

For example:

If your practice chooses an RCF of 14.00, then:
 $23 \times 14.00 = R322.00$

The medical aid will pay out according to their set rates for the code and therefore the patient must be informed if there will be any shortfall. You may not arbitrarily increase certain codes while leaving others unchanged. Consistency is essential.

Alternatively, some practices choose to align their rates with a specific funder (for example, charging Discovery rates). This is acceptable if the structure is clear and consistently applied.

Importantly, even if you do not submit claims directly to medical schemes or receive payment from them, you are not exempt from audits. If your billing does not comply with NHRPL principles, funders may still initiate an audit. It is, therefore, important that you have a

and patients should sign informed consent forms acknowledging that they have received and understood this information.

For physiotherapists wanting to strengthen their business and management skills, several practice management courses are available through EduSASP, including Kim Riley's "Build, Grow, Lead: Business Essentials for Therapists". The Private Sector Group (PSG) also hosts in-person practice management networking sessions throughout the year, as well as monthly Coffee Talks held online on the first Monday of each month.

This Valentine's Day, the question for physiotherapy practices may not be whether they have heart, but whether

Good practice involves explaining your fees up front, providing a rationale for treatment frequency, inviting questions from your patient, and respecting your patient's autonomy

consistent and defensible fee structure documented.

The HPCSA's ethical guidance repeatedly emphasises honesty and transparency as cornerstones of professional conduct. This obviously applies to clinical information, but it also applies to financial arrangements. That means that your patients need to have easy access to all information that relates to their finances. Good practice, then, involves explaining your fees up front, providing a rationale for treatment frequency, inviting questions from your patient, and respecting your patient's autonomy in financial decision-making. Practices should also ensure that informed consent documentation clearly outlines billing structures, payment expectations and timelines,

that heart is supported strongly enough to keep beating. The balance sheet is not the enemy of care; it's the chief facilitator of care that enables it.

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WHAT EVERY PHYSIO SHOULD KNOW ABOUT PELVIC HEALTH

FIONA MORGAN

We've all had that one patient. You've checked their hip's range, dry-needled their glutes and perfected their deadlift technique, but that nagging low back pain or 'tight' hip just won't budge. It feels like you're missing that elusive piece of the puzzle.

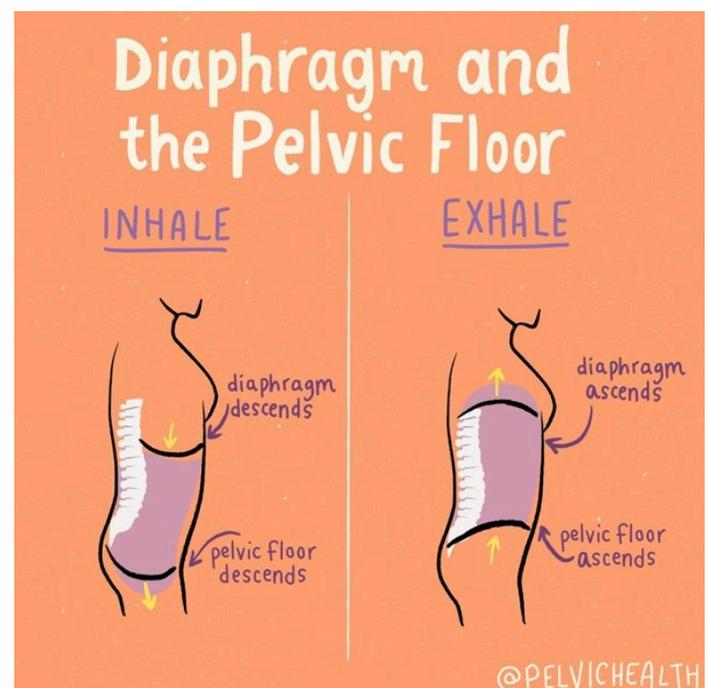
Often, that piece is hidden in plain sight, or, more accurately, hidden within the pelvis itself. For a lot of us in the physiotherapy world, pelvic health has been seen as a very niche field, a silo separate from NMS, orthopaedics, sports or even respiratory physiotherapy. It's an area of interest only a relatively small number of physios choose to work in. I've lost count of the number of physios who, when they hear of my special interest in this area, visibly shudder and emphatically say how they would never be able to do internal assessments or talk about pee, poo or sexual health with patients. But the reality is that the pelvis and the pelvic floor structures make up a junction that connects every part of our body together. It doesn't care in which of our clinical fields we're practising. It's working (or not working) alongside the diaphragm during a heavy squat or run, and it's reacting to the same central nervous system that's influencing a patient's chronic pain or COPD.

If you treat patients for back pain, hip dysfunction or chronic respiratory issues, you are already practising pelvic health, you just haven't started screening for it yet. It's time to bridge

the gap and show why this overlooked and possible missing link is a key aspect to unlocking better outcomes across nearly every physiotherapy field.

Pelvic health physiotherapy is often thought of as working solely with the pelvic floor muscles and structures, but, in fact, it encompasses so many other aspects of the human body as well. This is true no matter who you are or what stage of life you're in.

The pelvic floor structures have a deep connection with our diaphragm in that they mirror the movement of our main breathing muscle like a piston. Changes to our breathing pattern, like apical breathing or breath-holding, can change how our pelvic floor functions



and can lead to problems like urinary incontinence, overactive bladders or pelvic pain. This deep connection is part of the myofascial structure known as the deep front line (Anatomy Trains) and connects not only the plantar area of the feet, medial knees, anterior and posterior hips, pelvic floor and

a chance for reoccurrence and less than optimal outcomes.

Research has also shown a high correlation between chronic low back pain and pelvic floor dysfunction, especially in the female population. Research suggests that when the deep stabilising system (diaphragm, transversus abdominis, multifidus and pelvic floor) is disrupted due to pain, changes in movement patterns and central nervous system dysregulation, the pelvic floor often can become overactive or weak in an attempt to compensate for spinal stability or nervous system changes. One study found that up to 95% of women



The reality is that the pelvis and the pelvic floor structures make up a junction that connects every part of our body

diaphragm together, but also the lateral and anterior aspects of the neck and the temporomandibular joint (TMJ). Those patients of ours with niggly TMJ symptoms? They may have the same or other issue mirrored in the pelvis as well. Unless both areas are addressed, there's

presenting with lumbopelvic pain had some form of pelvic floor dysfunction (most commonly muscle tenderness and weakness). This makes a strong case for screening our lower back pain patients for pelvic floor symptoms.

What about our male patients though? I once had a female patient ask, "Do men even have a pelvic floor?" While this was said in a tongue-in-cheek way, with a mischievous smile accompanying it, it does emphasize the fact that the general public may think that men are immune to pelvic floor, bladder or bowel issues. In fact, the prevalence of pelvic issues in men is on the rise. Global statistics show that women generally take

anything from 5 to 10 years to seek help with a pelvic issue, such as pelvic organ prolapse or incontinence. Men are even longer, sometimes waiting easily 10 years or more for issues like chronic pelvic pain syndrome, incontinence or erectile dysfunction. Men also undergo prostatectomies, usually because of the presence of prostate cancer, and are highly likely to struggle with incontinence post-op. Luckily, there is strong research that shows that pre- and post-op rehabilitation around pelvic floor muscle strengthening and voiding awareness plays a big part in recovery and becoming continent again.

Another area of physiotherapy where pelvic health needs to be screened for is in our paediatric population. Whether you're a parent, Auntie or Oom, you've probably had to go through the "toilet training" phase with your little ones in some shape or another. It's a time of great change and patience and isn't always a smooth ride. But what about when your children or young patients have been toilet trained for years, are active youngsters and then start having accidents at night or out on the playing field? Apart from it being highly embarrassing for them, and they'll try and hide it if they can, it may also be thought of as a once off, "Oh, they forgot to go to the toilet before practice," scenario. Constipation can also be a primary driver of urinary incontinence in children. It may even seem like they're having regular bowel movements, but is it a sneaky stool working itself around some blockage or actually a fully formed stool? Asking your patients and their parents a few simple screening questions can help shed some light on the scenario.

Here's a quick list of screening questions you can use with your next patient that will help flag any potential pelvic health problems:

- Do you ever experience any leakage

Did You Know?

The pelvic floor is one of the few muscle groups that reacts to perceived threats. A patient's high-stress job could be the primary driver of their "tight" hip flexors and pelvic floor guarding

of urine or stool when you cough, sneeze, lift or exercise?

- Do you feel you have to rush to the toilet frequently, or do you have difficulty emptying your bladder or bowels?
- Do you experience any heaviness or pressure in the pelvis or feel constipated?
- Do you experience any pain in the pelvis with exercise or intimacy?
- Do you wake up at night to use the bathroom more than once or twice?

If your patient answers, "Yes," to any one of the above questions, it's a good indication to get your local physiotherapist who works in pelvic health involved.

In the physiotherapy world, we don't need every physio to be trained to work internally or be able to teach bladder training, but we do need every physio to be "pelvic-literate" enough to screen for those elusive puzzle pieces and know when a patient requires a referral to a physio with a special interest in pelvic health to further their progress.

2025 STUDENT RESEARCH

SEFAKO MAKGATHO HEALTH SCIENCES UNIVERSITY (GROUP 2)

Student Team

Jiyane S, Mahlangu TS, Ntsoalिकane MS, Tsangwani MC, Ngoepe MB, Sibuyi MM

Research Title

Profile of Paediatric Patients with Blount's disease admitted in a tertiary hospital: A Retrospective study.

Abstract

Blount's disease is a developmental growth disorder of the tibia that results in progressive varus deformity of the lower limbs in children. Despite its recognized prevalence, limited data exist on the demographic and clinical characteristics of paediatric patients affected by this condition in South Africa. Identifying these characteristics is critical for guiding early diagnosis, effective intervention and multidisciplinary rehabilitation.

This study aimed to describe the demographic and clinical characteristics of paediatric patients diagnosed with Blount's disease admitted to a tertiary hospital in Gauteng Province and to explore associations between clinical indicators and demographic factors.

A retrospective, descriptive study was conducted at Dr. George Mukhari Academic Hospital, Gauteng Province, covering the period January 2021 to December 2024. Medical records of patients under 18 years diagnosed with Blount's disease were reviewed. Data were collected using a piloted data abstraction tool with strong internal consistency ($\alpha = 0.81$). Descriptive statistics summarised demographic and clinical profiles,

while Spearman's correlation analysis explored variable relationships. Ethical approval was obtained from the Sefako Makgatho Health Sciences University Research and Ethics Committee (SMUREC). Despite encountering challenges such as data management issues and missing information, the study's findings provide valuable insights into Blount's disease characteristics and outcomes in paediatric patients.

Twenty patient records met inclusion criteria: 11 females (55%) and 9 males (45%), with a mean age of 9 years (SD ± 3.3). Most (55%) were adolescents and of Black African origin. Obesity was prevalent in 95% of cases,



correlating strongly with disease severity. Bilateral involvement dominated (85%), and common symptoms included bowing deformity, knee instability, pain, and difficulty walking. Tibial osteotomy was the most frequent (40%) surgical procedure, followed by combined procedures (30%) and epiphysiodesis (20%). All patients received postoperative physiotherapy and assistive devices. Mean hospital stay was 17 days, though records showed variability due to missing or inconsistent documentation.

Blount’s disease predominantly affects obese, Black African females in adolescence and is characterised by bilateral deformity and mobility limitations. Early screening, improved record management, and multidisciplinary rehabilitation are essential for enhancing outcomes and reducing long-term disability.

Reflection

This study was born from a shared sense of curiosity and compassion among five physiotherapy students from the Department of Physiotherapy at Sefako Makgatho Health Sciences University (SMU). During clinical

placements at Dr George Mukhari Academic Hospital (DGM AH), we encountered numerous paediatric patients with pronounced leg bowing which caused difficulty walking, participating in play and attending school. These children were diagnosed with Blount’s disease, a developmental disorder of the tibia that, while well described internationally, remains under-explored within South African healthcare literature.

Our curiosity was sparked after reviewing the study by Mehtar, Ramguthy & Firth (2019), which profiled patients with Blount’s disease at Chris Hani Baragwanath Academic Hospital (CHBAH). That study revealed a predominance of bilateral involvement and highlighted obesity as a major contributing factor. However, it also exposed persistent knowledge gaps, particularly around regional variations, demographic trends and rehabilitation outcomes. We were motivated to build upon the foundation that study laid and resolved to conduct a similar but context-specific investigation within Gauteng’s northern referral centre, DGM AH. Our goal was to complement existing findings, explore

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whether similar demographic and clinical patterns existed and document the rehabilitative and surgical interventions available to affected children.

Under the dedicated mentorship of Dr M. M. Sibuyi, the team – S. Jiyane, T. S. Mahlangu, M. S. Ntsoalike, M. C. Tsangwani, and M. B. Ngoepe – transformed their clinical observations into a structured, ethically approved retrospective study. Dr Sibuyi's patient guidance, emphasis on methodological precision and passion for paediatric musculoskeletal research shaped the project from concept to completion.

Our collective effort was driven not only by academic interest but also by empathy for children living with deformities that limit mobility, confidence and quality of life. By expanding upon previous South African evidence, our study seeks to strengthen national data on Blount's disease and advocate for early diagnosis, targeted rehabilitation and equitable access to care.

This publication stands as a testament to collaboration, mentorship and the enduring pursuit of knowledge that improves the lives of young patients.

AN APPEAL FOR ARTICLES

Thank you for reading another edition of the SAPHYSIO Magazine, and thank you to everyone who contributed to this edition; obviously, it would not happen without your wonderful submissions.

On that note, we would like to appeal to you, the readers of SAPHYSIO, to submit articles for future editions.

If there is a particular topic that you'd

like to share your insights on, raise a physiotherapy-related issue or share about an event that involved physiotherapy, please send your articles through to us (along with pictures), and we will do our best to include your articles in future editions.

And with that said, we wish you well and every success for 2026!

