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# PhysioSA MAGAZINE



PAYE  
INFO

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BLOEM

w/LOURNÉ  
LOURENS

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

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# WHAT EVERY PRACTICE OWNER NEEDS TO KNOW ABOUT PAYE

**ESTHER NIEMAND**

Running a physiotherapy practice in South Africa means wearing many hats. You have to be a clinician, business owner, team leader, and, whether you like it or not, tax administrator. One of the areas that often creates uncertainty for practice owners is PAYE (Pay-As-You-Earn) tax. While permanent employees are usually straightforward from a tax perspective, locum physiotherapists can fall into a grey area. When it comes to PAYE, however, grey areas can quickly become costly.

PAYE is an employee tax that an employer is legally required to deduct from remuneration paid to

an employee in terms of the Fourth Schedule to the Income Tax Act. In simple terms, if someone is regarded as an employee for PAYE purposes, the practice must deduct tax and pay it over to SARS. It is not optional. It is not determined by what the contract calls the relationship, and it is not something that can be left for the individual to “sort out” in their personal tax return. SARS looks at the substance of the working relationship rather than the label used by the parties.

The definition of “remuneration” is wide and includes salaries, wages, bonuses, overtime, commissions, allowances and certain fringe benefits. Employees’ tax must be deducted when the amount is paid or becomes payable, whichever occurs first. Importantly, these withheld amounts are regarded as being held in trust for SARS by the employer. Additionally, all the liability rests with the employer.

According to the Tax Administration Act, if PAYE should have been deducted but was not, the liability rests with the employer, not the employee, together with potential penalties and interest.

For permanent staff members, the position is generally clear. If a physiotherapist or administrative employee works regular hours, uses the practice's equipment and rooms, is integrated into the daily operations and is subject to supervision or direction, that person is an employee for PAYE purposes. In those circumstances, PAYE must be deducted monthly and the usual compliance obligations – EMP201 submissions, timely payments and annual IRP5 certificates – must be met.

The complexity arises with locum physiotherapists. Locums play an important role in healthcare practices. They step in during busy periods and cover leave, amongst other reasons. Because they are often engaged temporarily and may submit invoices for their services, many practice owners assume that PAYE does not apply. However, issuing an invoice does not automatically mean someone is an independent contractor. SARS Interpretation Note 17 (Issue 5) makes it clear that both statutory tests and common-law principles must be considered when determining whether a person is an employee for PAYE purposes.

The critical question is whether the



locum is operating as an independent business or whether, in substance, they are functioning as part of the practice. On the one hand, a locum is more likely to be regarded as an employee where they work mainly from the practice's premises, use its equipment and systems, treat its patients, have their working hours determined by the practice and are subject to clinical or operational supervision. If they are integrated into the normal workflow and carry little or no financial risk, the arrangement may resemble employment rather than independent contracting. In certain circumstances, the statutory tests in the Fourth

Schedule may even deem the individual to be an employee for PAYE purposes if they are subject to supervision or control and do not operate independently.

On the other hand, a locum is more likely to qualify as an independent contractor where they operate their own physiotherapy business, work for multiple practices, control how and when the work is performed, invoice for services rendered rather than merely for hours worked, provide their own equipment and bear meaningful financial risk. In such cases, the locum would generally account for their own income tax through the provisional tax system. However,

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the classification must reflect the reality of the working relationship. If SARS determines that the arrangement resembles employment in substance, the practice may still be held liable for unpaid PAYE, even if the locum has already paid tax personally.

The consequences of incorrect

## “SARS looks at the substance of the working relationship rather than the label used by the parties”

classification can be significant. If PAYE should have been deducted but was not, the practice remains liable for the unpaid employees' tax. A late payment penalty may be imposed, interest will accrue and further penalties could apply depending on the circumstances. Even if the arrangement began as short-term, it is important to review it periodically, as roles can evolve over time into something that more closely resembles ongoing employment.

A good guiding principle is to take a practical and cautious approach. Each working relationship, whether permanent or locum, should be assessed on its own facts. Consider who controls how the work is done, who carries the

financial risk and whether the individual is truly operating an independent business. Again, if the arrangement looks like employment in practice, PAYE is likely required. Where uncertainty exists, obtaining professional tax advice at an early stage is far preferable to dealing with the consequences of a SARS audit.

Locum physiotherapists provide valuable flexibility and continuity to healthcare practices. However, that flexibility should not translate into uncertainty in tax compliance. PAYE is a statutory obligation, not merely a payroll formality, and proactive management of these obligations protects both the financial stability and the reputation of the practice. Taking the time to classify working relationships correctly allows practice owners to focus confidently on delivering quality patient care, knowing that their tax affairs are in order.

Keep an eye out for the in-person NeXus events (that are open to all physiotherapists to attend) where we discuss issues like these and so much more with professionals in the field.

**Disclaimer:** This article is intended for general informational purposes only and is based on current South African tax legislation and SARS interpretation at the time of writing. It does not constitute legal or tax advice. Professional advice should be obtained based on your specific circumstances.

# W/ LOURNÉ LOURENS:



# TECH IN PRACTICE

Lourné Lourens is a physiotherapist based in Douglas, an hour’s drive west of Kimberly. She’s also the new Treasurer for the Northern Region. We got hold of her to hear her story and find out how she’s been using technology in her practice.

**What has your journey as a physio been to this point?**

My journey started in Grade 11 with a job shadow assignment for Life Orientation at a practice that specialised in sports in Paarl. At that stage, I thought physios only worked with sports, but the physio showed me the different facets of physiotherapy and I was hooked on the idea of becoming a physio. Some years later, I graduated from

University of Western Cape in 2017 and completed my community service year in Prieska a year later. From 2019 to January 2021, I worked at Lizahn Henecke Foundational Physiotherapy and was a part-time locum in Paarl and Bellville.

I learnt a lot from Lizahn and I’m grateful for how she helped me on my journey as a physio, especially by helping me develop my clinical reasoning, treatment planning and time management. Going back to basics (especially when I over-complicate things and in selecting treatment and testing methods) has been a very valuable lesson.

In March 2021, I opened my own

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practice in Douglas in the Northern Cape. I started in a small room in our town's gym, but after a year, I moved to a much larger location with space for rehabilitation and a receptionist.

And late in 2024, I added Pulse Electrical Muscle Stimulation (EMS) to the practice, and my practice serves as a Recovery Partner of Pulse, which I'll talk about later.

I've come a long way from thinking physiotherapy was just about sports to running my own practice! I started off wanting to travel with a rugby team as a sports physio, but have grown to simply valuing the privilege of having someone trust you with their pain. I've also grown in compassion and become a much better listener in treating my patients.

Looking back, it's surprising how

much I immediately enjoyed the direct person-to-person interactions with my patients. As I've often joked with my patients, I'm an introvert who doesn't normally like speaking to strangers, but now I do that for a living and I cannot imagine doing anything else. So I can say that physiotherapy has also grown me as a person.

But I must also say that I'm so grateful for all the people who helped me on this journey, from my parents to the people like Lizahn who helped me along the way. I really wouldn't be where I am without them.

**How has your approach to physiotherapy evolved with your career?**

My confidence has increased and I back myself more. I had the tendency to second guess myself. I still do, really. I think a lot of



physiotherapists share that trait; it's why the "call a fellow physio friend" card is an important one to play.

My approach to physiotherapy has always been patient-centred and hands-on. I try to be very intentional with listening to the things the patients do not necessarily communicate, especially when it comes to chronic patients and non-specific mechanisms of injury. I've also learnt to seriously consider the bio-psycho-social factors of a patient's situation and not just the biomedical factors of a patient.

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(Advanced Neuromusculoskeletal; previously OMT) built on the basics for me, so I've found that my ability to communicate, understand pain and recognise how external factors can play a role in the processing of said pain to have improved. My ability to think logically when assessing and structuring a treatment plan has also got better. It's also just a natural effect of experience, I think.

By incorporating the EMS training with some of the treatment plans, I have also realised how much stationary positions influence our bodies' aches and pains, and that simply getting the patient moving more makes a world of difference. There is a place for hands-on and electrotherapy modalities, but it has to be combined with exercise-based therapy if you want long-term solutions. If anything, getting patients moving has become an even more important part of my approach.

### **You're the newly elected Treasurer for the Northern Region. What brought you to this position?**

Yes, I am newly elected and it's the treasurer of the Northern Region. This includes the Northern Cape, North West, Gauteng and Limpopo. Jokingly, I would say Lizahn bullied me into it, but it's just because she knows we both have a heart and passion for our profession.

I have been attending the NC

AGMs since 2019, and I always remember I had questions about the Treasurer's report. The questions came from me not understanding the full picture, so curiosity and the desire to understand how things operated behind the scenes was also a motivating factor.

Since my community service year, I have also wondered how private and public physios can work together to run sustainable

**What are some of the big challenges that you've had to face in your context?**

When I think about challenges my mind jumps to the personal challenges I faced in 2024. A number of personal things happened one after the other, and it affected my work and emotional capacity, but it's also a story about how helping hands can make such a difference.

It started with me needing an ACL



projects that could help patients in need of assistive devices or prosthetics due to the long waiting list public patients face.

I'm not exactly sure how or what can be done, but it's something that I feel strongly about. Getting involved in a higher level of organised physiotherapy seemed to be a pathway to being able to make a difference. I don't want to just complain about things; I want to be part of the solution.

reconstruction which had me off work for six weeks and on light duty work for another six weeks. Luckily, I could get a locum on short notice to help out a few weeks during recovery.

Soon after returning to full-time work again, I went through the process of getting ready to launch Pulse in my practice. However, just before launching Pulse, my grandfather passed away, which really knocked me. Luckily, I had a

trainer around to help me continue with the Pulse launch, but I had to close the physio part of the practice. A month later, I was involved in a motor vehicle accident which caused a tear in my C5 disc and was booked off for another month. Two weeks after my return to work, my father passed away.

These unexpected events occurred one after the other and, collectively, they took a major toll on my well-being. It also meant that the practice had to be closed because I could not get a locum to work in our small town.

I'm very grateful to Lizahn for jumping in to work at my practice one day in the week and serving

## THE BIGGEST CHALLENGES HEALTHCARE WORKERS FACE ARE THE INTERNAL CHALLENGES

the community of Douglas. If she hadn't, they would have had to drive 100-140km to receive physiotherapy treatment.

Anyway, getting back to work after this was difficult. I'm someone who gets invested in my patients and I have a lot of compassion for them. However, after my Dad's passing just listening to a patient's situation or even touching them was incredibly difficult and a serious challenge for me.



It's made me realise that some of the biggest challenges healthcare workers face are not necessarily about having to shut up shop for a few weeks or stressing about finances, time management or finding a locum for a small town practice, but rather the internal challenges and having to deal with life.

A more light-hearted challenge has been understanding my role of treasurer. I had zero knowledge

**We hear you've been using technology in your practice to improve the standard of care. What does this look like?**

I mentioned Pulse EMS - Electrical Muscle Stimulation - earlier. That's the big thing I've introduced to the practice.

An EMS session takes about 20 minutes, which allows about 95% of the muscle fibres to activate simultaneously. But the thing that stands out for me is the



about the workings of that world, so I've had to figure it and my responsibilities out and discover how the lines of communication work. It's self-inflicted, I know, but it's been a challenge!

On the positive side, I know that I am getting a better understanding of financial reports and how an organisation such like the SASP works, as well as the importance of workflow and structure. Difficult things make you grow!

incorporation of the EMS suit with rehab techniques and hands-on treatment. I take physiotherapy sessions where I administer the physiotherapy treatment, and then the exercises are done in the EMS suit itself afterwards. I think it's done wonders for my patients.

**What was the spark that got you to start using tech in your practice?**

The first time I was introduced to this concept of a full-body EMS



suit was in 2019 when I visited a friend that opened a Body20 studio in Hermanus. When she showed me the body analysis they do and I saw the person's muscle imbalances, it definitely made me very curious about how technology can assist you with getting stronger.

I remember I was thinking about all the patients that were struggling with severe pain that were mainly due to weakness and how they cannot do strengthening because they had too much pain which meant they were basically stuck in this never-ending loop.

It got me thinking, and the result was me introducing Pulse EMS in my practice.

### **Can you share some of the ways that Pulse EMS has improved your experience as a physio and your patients' experience at your practice?**

To be honest, giving patients exercises to do at home often feels like a waste of time because only a handful of patients actually do the work. But since I introduced Pulse EMS, the positive feedback from my clients is amazing and I've seen the difference it makes for them.

Many of my clients started Pulse EMS training for the weight loss or aesthetic reasons, but almost all those clients now report minimal lower back pain - if at all! The majority of these patients only visited monthly or could not do any ab exercises due to back pain.

They've also reported fewer headache, a drastic improvement of balance, increased performance during running or cycling, and even better or healthier bowel movements.

There are a few specific patient stories I want to share:

I had a T3 SCI patient from 2013. She is someone who really gives her all in physio sessions and in doing her exercises at home. I saw an improvement when we started using the suit with her.

For context, we started with normal strengthening exercises in the suit and moved on to more neuro-specific rehabilitation. The activation of the suit allowed the patient to do more controlled and area-focussed work at home. At this stage, she is crawling independently, pulling up into two-point kneeling and even standing while in the suit.

I had another patient who went for a neck operation. Post-op, the doctor told her during surgery the C5 nerve was damaged, and that she would have neurological deficits. The doctor told her to try physiotherapy to see if rehabilitation would help with some function.

She arrived unable to lift shoulder pass 30 degrees flexion. There was some abduction activation, but there was no range, and external shoulder rotation was limited. To put her hands on her hips she had

to crawl with her fingertips!

Every week for about three months, she had a normal physiotherapy session and a rehab specific Pulse EMS session on the "Neuralgia" setting. At her 6-month check in at the doctor, he was extremely surprised with her recovery, especially her shoulder movements.

She is now able to get a few reps of full range of motion in shoulder flexion and abduction with a 1kg weight, and she also has full range with external rotation with a weight. The patient has said that when she tries the exercises at home (without the suit) it feels more controlled and as if she was more aware as to what she needed





to feel in the muscle.

A post-ACL reconstruction patient reported constant discomfort in her knee which made normal home exercises difficult, but every time she had an EMS session, the discomfort became minimal and the knee felt stronger.

One patient, a cyclist, had recurring lower back pain on one side for three years, but since starting the EMS sessions, 18 months ago, the back pain has vanished.

A patient who had a suspected labral tear and who was a few weeks post-hip surgery has told me that he is able to do his exercises in the suit with no discomfort, but that it's sometimes

painful to do the same rehab exercises at home.

Several mothers have also reported having stronger pelvic floors and overall stronger cores with less low back pain after giving birth thanks to the EMS sessions they took.

**Do you have any new ideas that you're going to be trying out in your practice in the future?**

Neuro-coaching has really caught my attention at the moment, so I am reading up more about that. I'm interested in how some pains are not always physical, and how this can block someone in more ways than just their functionality at work or on a sports field. We'll see where it takes me in time.

Something that I would really want to incorporate more in the practice for the future - a girl can dream - is to be able to use EMS and other technology to improve high performance athletes and neurological rehabilitation. I do not know how yet, but I want to do it.

**What advice do you have for others who might be interested in introducing tech in their practices?**

Make sure you know why you want to include tech from the beginning. There will always be people in support of something new and others who will break down the idea. You want to have a good idea of what you are trying to achieve and why you want the tech in the first place.

Having said that, I discovered more benefits to the technology when I started using it with my patients. There's always an element of the unknown.

With new tech, come other frustrations. You might not understand or be able to fix these frustrations right away, so you need to be patient and adaptable.

Other than that, I think we need to be adaptable. As the world evolves, we can try and use tech in our favour. Technology or AI, might take over in several areas, but as we incorporate tech in treating patients we still need to have the personal interaction the patient requires and do our best to help them.

**Are there any other initiatives that you're part of or any special concerns you have that you'd like to share?**

This year I want to try and start a project to get interested Grade 11s, Grade 12s and maybe even university students involved with me at sport events to gain community service hours. It is still a work in progress, but in this way, the next generation can be exposed to physiotherapy and will have the chance to see what it can entail.

This is especially important in a small town since learners do not always get exposed to other type of careers. I usually try to include the community service physio in town (if there is one) also with

school events I am involved with, so I want to continue that too.

With regard to physiotherapy more broadly, I think it's important to build relationships and support each other but also keep each other accountable. There have been a few occasions in which a patient from a completely different town or province has come to my practice with very low expectations regarding physio treatment due to previous negative experiences with a physio. It's our responsibility to both serve our community as well as we can and to protect our profession while doing that.

I think we also need to keep on encouraging and supporting each other as healthcare professions, reminding each other why we became a physiotherapist in the first place.

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# BEHIND THE SCENES AT THE SASP

## THE ENGINE THAT KEEPS US MOVING

### ESTER VENTER

A significant portion of the SASP's work happens quietly behind the scenes. While our members regularly engage with CPD opportunities, events, advocacy efforts and communication updates, the success of these initiatives rests on the shoulders of a dedicated network of volunteers and administrative staff. Together, they form a powerful partnership that ensures SASP continues to serve, uplift and empower physiotherapists throughout the country.

#### **Our Volunteers**

Volunteers are the heart of SASP's creativity and momentum. As physiotherapists working directly in their communities, they

understand the needs, challenges and practical realities of both practitioners and patients. Their insight drives the meaningful suggestions, activities and initiatives that shape our society's offerings.

From planning webinars and in-person courses to spearheading promotional events and advocacy campaigns, volunteers generously give their time, expertise and energy. Our General Executive Committee members serve as essential connectors between members and the society, playing a crucial role in championing the profession, supporting colleagues and guiding the Society's continuous growth.

## **Our Administrative Staff**

Supporting the work of our volunteers is a small but fiercely dedicated administrative team. They are the professionals who bring structure and continuity to SASP's vision. They work behind the scenes to ensure effective communication and coordination, as well as the successful execution of initiatives and member-facing activities.

Our Regional and Group Administrators are often the first point of contact for members. Beyond managing meetings and minutes, they transform volunteer ideas into successful events, courses and projects.

## **What It Takes to Run a Successful SASP In-Person Course**

To make an in-person course possible, our administrative staff manage a carefully sequenced process:

### **1. Planning & Preparation**

Before a course can take shape, the team first lays the groundwork by identifying a suitable date that fits in the regional calendars, securing an experienced presenter who is available on that date, and discussing presenter requirements such as travel, accommodation, payment and course materials

### **2. Accreditation & Logistics**

Once the concept is set, the staff move on to co-ordinating the administrative and logistical details by submitting CPD accreditation applications to the SASP CPD

Accreditation Panel, sourcing venue options (including catering, if it's needed), and working with the Treasurer to develop a course budget.

### **3. Promotion & Registration**

After all this groundwork is in place, the team brings the course to SASP members by uploading course information to the SASP E-commerce and EduSASP platform, designing and distributing infographics and marketing materials, and monitoring registrations and addressing queries as they arise.

### **4. The Day of the Event**

When the day finally arrives, the staff are often the first to arrive and last to leave and dedicate themselves to ensuring that every detail is ready.

They do this by checking the setup of the venue, ensuring that all administrative materials – like attendance registers and course packs – are prepared, handling unexpected challenges to keep the day running smoothly, and photographing the event for documentation and future promotion.

### **5. Post-Event Wrap-Up**

After the venue lights are off and course attendees have left, the work continues. The staff submit attendance registers for CPD allocation, process payments to service providers and reimbursements for volunteers,



and collect feedback and compile end-of-course reports.

There is a tremendous amount of work behind every successful course, and our staff apply themselves to it with an abundance of precision, patience and passion.

**Acknowledging Our Administrative Champions**

Today, we want to acknowledge and express our sincere gratitude to:

- **Makola Matsaung**, in the Northern Region, who supports the Limpopo, Gauteng, Mpumalanga and Northern Cape Provinces.
- **Vimla Pillay**, who supports the KwaZulu-Natal, North West and Free State Provinces.
- **Marion Dawson**, who supports the Eastern Cape and the Public Sector.
- **Leona van Wyk**, who supports the Western Cape and its branches.

- **Futhi Mchunu**, who supports the Private Sector Group.
- **Tammy Riekert**, who supports all our SIG groups.

They are invaluable to the SASP, and their professionalism, reliability and commitment make a real difference.

Much of what our members experience as painless, from registration to accreditation to event execution, is made possible by these exceptional people of our administrative team and our passionate volunteers.

Together, they ensure that the SASP remains not only functional but thriving organisation. Their combined efforts uplift the profession, strengthen our community and help to keep physiotherapy moving forward in South Africa.

We appreciate you!



# FROM SILOS

# TO

# SYNERGY

TAKING STEPS TO PROMOTE  
INTERDEPARTMENTAL ENGAGEMENT  
THROUGH A FUN, COLLABORATIVE EVENT

MAYLENE SALO

**“The 21st century patient population is complex, with multiple comorbidities requiring an interprofessional collaborative approach to optimize care” – Spaulding *et al.***

Students within the health sciences frequently report experiencing a sense of isolation during clinical rotations, even when students from other departments are placed at the same clinical site.

One contributing factor is that students from the various departments within the Faculty of Community and Health Sciences seldom have structured opportunities to engage with one

another during the theoretical component of their training. As a result, they often enter clinical spaces with little awareness of each other's professional roles or potential for collaboration.

**The Faculty's Amazing Race**

To address this gap, the Department of Physiotherapy at the University of the Western Cape took a proactive step to promote interdepartmental engagement by hosting an event designed to

Padmanabhanunni.

Inspired by the popular reality game show The Amazing Race, the event invited teams from across the faculty to compete in both physical and intellectual challenges.

The initiative was made possible through the support of the faculty's strategic partner, Standard Bank, who sponsored the prize money, while Red Bull



foster meaningful student interaction.

The initiative was Led by staff members Maylene Salo and Hudaa Kariem, together with the Physiotherapy Student Representative Council, the PR & Marketing Officer Dalphia Mojela. It was also supported by Head of Department, Prof Liezel Ennion, Deputy Head of Department, Dr. Farhana Karachi, and the Dean of the Faculty, Prof Anita

provided music and entertainment. Food trucks catered the event, and additional support and spot prizes were offered by partners including HGT and TFG.

**Building the Foundation for Future Collaboration**

While we aimed for a fun and competitive atmosphere, the deeper purpose of the event was to highlight the importance of collaboration in healthcare and to

Team Psychology



respect in clinical settings (Ainsworth; 2021). Fostering these relationships has the potential not only to reduce feelings of isolation among students but also to strengthen the functioning of future multidisciplinary healthcare teams which will ultimately benefit patient care and student morale.

**Looking Ahead**

The success of the first annual Faculty Amazing Race lays a foundation for ongoing



create an opportunity for this to happen.

By providing a space where students could meet, interact and learn about one another's disciplines, the faculty aimed to break down the silos that often persist during clinical training.

Our hope is that these early conversations will translate into improved communication, teamwork and mutual professional



interdepartmental engagement. New cohorts join the faculty every year, so continuing and growing initiatives like this will be vital to make this interdepartmental crossover a feature of our programmes that benefits everyone.

Looking ahead, the possibility of expanding the competition to include other universities (such as UCT and Stellenbosch) opens the exciting opportunity for inter-university collaboration among students who will be entering the healthcare enterprise.

The more students engage across departmental and institutional boundaries during training, the

stronger our healthcare system becomes in the long term. By creating spaces for shared practice, teamwork and mutual learning, we help to graduate holistic, well-rounded physiotherapists and other healthcare professionals who understand the value of the multidisciplinary team and are equipped to deliver collaborative care that puts the patients at the centre of it all.

Who won this year's Amazing Race? Team Physio, of course, taking the gold medals, prize money and bragging rights with them.

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# SASP FREE STATE BRINGS THE HEAT



## TO PENTAFIT HYROX >> BLOEMFONTEIN



Over the weekend of 21 March 2026, Bloemfontein hosted an exciting PENTAFIT Hybrid League Hyrox event under sunny skies. The athletes brought energy and enthusiasm and pushed themselves to their limits which created memorable experiences for all involved.

The Free State branch of the South African Society of Physiotherapy was happy to host a stall at the event, providing strapping, sports massages and valuable injury-prevention advice. Beyond clinical support, the team contributed to the overall spirit of the day through their friendly engagements with both the athletes and the spectators.

Our stall also featured a variety of branded merchandise (from buffs, moon bags and water bottles to skipping ropes, keychains and hats) which we gifted to athletes who supported the initiative. In addition, SAPHYSIO Free State sponsored two vouchers that were awarded to the event winners. Overall, the event was a great success. We had a wonderful time with each other and the athletes



we got to interact with, and, more importantly, we were able to highlight the role of physiotherapy in supporting athletic performance.



# MOVING COMMUNITIES FORWARD

## THE CRITICAL ROLE OF SPORTS PHYSIOTHERAPY IN COMMUNITY-BASED REHABILITATION AND UNIVERSAL HEALTH COVERAGE

### MUHAMMAD ABUBAKR REIS

Sports physiotherapy is a branch of physiotherapy that applies advanced biomechanical assessment, injury prevention strategies, exercise prescription, manual therapy and functional rehabilitation to optimise musculoskeletal performance and movement efficiency. While it is commonly associated with elite and competitive athletes, its principles are directly applicable to community settings, particularly in South Africa, where musculoskeletal injuries, sedentary lifestyles and chronic non-communicable illnesses contribute to functional impairment and long-term disability. Embedding sports physiotherapy within community-based rehabilitation (CBR) programmes offers a vital mechanism for early intervention, functional optimisation and population-level health impact.

In the community context, sports physiotherapists play a critical role in both acute and chronic injury management. Detailed movement analysis, targeted exercise programming, neuromuscular



re-education and evidence-based manual therapy facilitate restoration of joint function, strength and proprioception. These interventions reduce recurrence of injury and prevent secondary complications which is particularly important in resource-

## Physiotherapists contribute to preventive health

constrained settings where delayed treatment can result in prolonged disability. By integrating these interventions within CBR frameworks, physiotherapists can extend specialised care beyond clinical settings, supporting mobility, independence and occupational participation across populations.

Sports physiotherapists also have a central role in multidisciplinary teams and can provide important contributions when collaborating with primary care practitioners, occupational therapists, community health workers, and rehabilitation assistants. This approach enables the delivery of context-specific interventions, including group exercise programmes, functional retraining workshops and home-based rehabilitation protocols. The emphasis on scalable, community-

adapted strategies ensures accessibility and sustainability while maintaining clinical fidelity.

From a health systems perspective, embedding sports physiotherapy into the National Health Insurance framework aligns with universal health coverage objectives. Physiotherapists contribute to preventive health by addressing modifiable musculoskeletal risk factors, promoting physical activity, and mitigating the burden of lifestyle-related conditions such as obesity, diabetes and cardiovascular disease. Furthermore, early rehabilitation interventions enhance functional outcomes following trauma, surgery or chronic musculoskeletal disorders, reducing reliance on secondary and tertiary care and improving quality of life.

In summary, sports physiotherapy is not only a clinical intervention but also a public health strategy. Its integration into community-based rehabilitation ensures evidence-based, preventive and functional care is accessible to all, reinforcing physiotherapy's central role in achieving universal health coverage and population-level health optimisation in South Africa.

# PHYSIOS IN ACTION: THE HERALD CYCLE RACE

MARION DAWSON

A sincere thank you is extended to Zenobia Thaver (the Eastern Region Chair and PBS Rep) and Erin Dawson (Community Service Physiotherapist at Livingstone Hospital) for your support at the Herald Cycle Race.

It was a very early and exceptionally busy morning, and your ability to calmly manage the influx of exhausted riders was amazing.

I was privileged to witness your passion for the profession and to be your "assistant" for the day.

Truly, thank you for your help!

