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AFRICA

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WHEN  
**IFOMPT**  
 CAME  
 TO  
*Africa*

**DALE LINSTROM**

I still remember the moment in May last year, at my first IFOMPT Strategic Planning session, when the words “IFOMPT is going to Africa” floated across the room. My heart skipped a beat. Humbled, excited and a little awestruck, I scribbled the words in my notebook, not quite daring to believe that the world’s musculoskeletal physiotherapy leaders would soon gather on our soil.

In a room full of Member

Organisation Reps from around the world, and they chose Africa? But as Paolo Sanzo (the IFOMPT President) explained, the footprint of IFOMPT in Africa is sparse, with only Tunisia, Egypt and SA having any representation. As Shakira’s song says, it is time for Africa!

It may have helped to have two representatives on the Executive Committee from South Africa in Pierre Roscher and Timoreta Gray, but the African roots also run deep in

the organisation, with previous NMSPG chairs and members having had major influence in IFOMPT since its inception back in 1974, so we've surely had some great voices in our corner!

Back when those words first floated across the room, however, it was a dream, one that felt both audacious and a little fragile. Could we really bring the world to Africa? Could we create a symposium that would not only meet but exceed the gold standard of our profession? Pierre's wild idea, as he called it, was infectious, though. "Let's do something never seen before," he said. And so, the planning began, and every spare moment was filled

with a flurry of emails, planning sessions, social media posts and late-night calls. The vision grew with every conversation.

Months blurred into weeks, and weeks into days. Suddenly, I was standing at the back of the room at the Cape Sun, holding my opening address, listening to the hum of voices – both familiar and new – filling the hall. IFOMPT was in Africa!

Colleagues I see regularly on tiny Zoom squares were shaking my hand and offering hugs of support, their energy rippling across the room. The air was thick with anticipation, and I felt the weight of it all.



As I stepped up to the podium on 17 April, a wave of gratitude washed over me. “Sanibonani, molweni, dumelang, sawubona, good morning, goeie môre, aweh, and howziiiit colleagues, honoured guests and friends!” I began, my heart racing and knees shaking. I felt a flash of pride and a lump in my throat as I spoke of our resilience, our innovation, our tenacity and the bridge we were building between global excellence and African ingenuity.

I looked out at the sea of faces from the podium and saw old friends, new friends and many faces that I’d only known as names on research papers or voices in webinars until that

moment. But there they were, flesh and blood. They had been sharing coffee, stories, an end of day glass of wine and the intangible magic that only happens when people gather in person. I saw colleagues reuniting after years apart, and others meeting for the first time, finally putting faces to names after countless online sessions. The energy was electric, the conversations vibrant and the sense of community heartwarming.

I presented Paolo with a South African Rugby Jersey, a gift from the NMSPG in an attempt to improve his street cred, which carried some light-hearted murmurs across the



conference.

## The Talks and Panels

The scientific programme was a feast for the mind. We kicked off with Paolo Sanzo’s vision for musculoskeletal physiotherapy in the new millennium, followed by Laura Finucane’s masterclass on detecting serious spinal pathology. Dusty Quinn and Bronagh Quinn brought fresh perspectives on concussion recovery and the cervical spine, while Bart Vanthillo challenged us to translate evidence into clinical practice.

Nathan Hutting’s session on vascular screening for neck



pain was a reminder that safety must always come first. The live masterclass demonstrations – “I Still Have a Headache, and I’m Dizzy... Why Am I Not Better?” and “A Musculoskeletal Approach to Orofacial Pain” – were enlightening. They blended clinical reasoning with hands-on skill. Timoreta Gray and Bart Vanthillo’s collaboration was a highlight, showing the power of cross-continental teamwork.

Day two brought a global panel, with perspectives from around the world, as well as Tim Noblet’s insights on advancing MSK practice. Annalie Basson’s talk on paediatric spinal manipulation, Richard Ellis’s

guidebook on osteoarthritis management, and Cobus Breytenbach's fresh look at ACL management kept the momentum going. Nathan Hutting also returned to reframe manual therapy, putting the person at the centre of care.

The masterclass sessions were more than lectures. They were immersive, practical demonstrations. Delegates had the chance to clinically reason together, to practice techniques on and with each other and to



challenge their thinking in real time. The energy in the room was palpable as we moved from theory to practice, learning not just from the experts on stage, but from each other as we connected. It was a celebration

of hands-on skill, collaborative inquiry and the joy of learning together.

The afternoon panel, "The Art of Uncertainty", was a masterclass in clinical reasoning led by Laura Finucane, Paolo Sanzo

and Richard Ellis. Dr Pierre Röscher's session on pelvic floor dysfunction and Paolo Sanzo's closing address on plantar fasciitis rounded out a programme that was as diverse as it was inspiring.

## Workshops

Before the symposium even began, Laura Finucane led a pre-symposium workshop titled "Red Flags or Red Herrings?", a deep dive into screening for serious pathology. She challenged us to sharpen our

***It's all about the right treatment, for the right patient, at the right time.***

clinical reasoning, to distinguish between genuine warning signs and misleading symptoms and to always keep patient safety at the forefront of our practice.

Running concurrently was the Africa Connect Day, when stakeholders from our neighbours in Africa were invited to explain their current situations and their dreams hindered by the challenges that they face in Africa. Throughout the afternoon, they worked through solutions and a vision

of connecting to IFOMPT.

After the main event, Duncan Reid and Richard Ellis hosted post-symposium workshops focused on "Neck to Nerve" in which they taught assessment and treatment techniques. These sessions went beyond learning from scratch; they were about honing skills, refining techniques and applying clinical reasoning to ensure that every intervention addressed the patient's unique needs.

## A Memorable Quote

One phrase echoed through the workshops and panel discussions, becoming a guiding thread for the entire event:

"It's all about the right treatment, for the right patient, at the right time."

This simple truth made person-centeredness the common thread, reminding us that every clinical decision, every technique and every conversation must be tailored to the individual in front of us.

At its core, the symposium celebrated manual therapy as a deeply human endeavour. As a few of the Advanced NMS Course lecturers and assistants gathered, it was wonderful to hear how the course is so well aligned with international

standards.


The NMSPG's leadership ensured that while methods remain scientific, the impact is felt in restoring movement and dignity to people. The event was a catalyst for growth, a celebration of community, and a reminder that together, the profession can go far. It echoed the African proverb often repeated by Desmond Tutu: "If you want to go fast, go alone. If you want to go far, go together."

This sentiment echoes the IFOMPT's ideals of turning bold ideas into reality, coordinating across continents and celebrating the achievement of hosting world-class leaders on African soil. The symposium

was a testament to the power of teamwork, innovation and the desire to connect Africa with the global physiotherapy community.

## Conclusion

The IFOMPT Africa Symposium, hosted by the NMSPG was a reunion, a forging of new connections and a celebration of African physiotherapy's place on the global stage. Delegates left not only with new knowledge, but as ambassadors for the spirit and excellence of the continent.

If you missed it, follow IFOMPT and NMSPG posts across Social media following [#IFOMPTAfrica2026](#) 



# MEET YOUR HPCSA BOARD MEMBER:



# PROF. NTSIEA

**Prof. Veronica Ntsiea (Nee Mamabolo)** is a Full Professor and the Head of the Wits Physiotherapy department. She achieved her BSc Physiotherapy from MEDUNSA, and her Master of Public Health and PhD from Wits. She has published more than 60 original research articles, focussing primarily on the rehabilitation of stroke survivors. In addition, she has been the keynote and guest speaker at several international conferences and has supervised 22 MSc and six PhD students to completion. Veronica holds a C2 NRF rating.

Some of Prof Ntsiea's key activities include being a WHO Peer review member for Stroke Rehabilitation Packages, a convener of the NRF Health Sciences rating panel, and a Research leader of the Gauteng stroke working group. She is a Board member of the Health Professions council of South Africa and has served as a member of the Clinical Expert Advisory Panel member of the South African Council of Medical Schemes.

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**You have had a distinguished career in physiotherapy, spanning clinical work, academia, research and now professional regulation. What first inspired you to pursue physiotherapy, and what were some of the formative experiences early in your career?**

My journey into physiotherapy was shaped by an early desire to work in a profession that combines science with hands-on care and has a social impact. I trained as a physiotherapist at the Medical University of Southern Africa (now Sefako Makgatho University of Health Sciences) and graduated in 1995.

I only learnt about physiotherapy when I was already at the university and planning to study to become a clinical psychologist. Physiotherapy immediately appealed to me because it allowed me to work closely with patients over time, and support recovery, independence and dignity. There was also no blood involved!

My early clinical career began at Tembisa Hospital, first as a physiotherapist and later as Head of the Physiotherapy Department (1996–2001). Working in a busy public sector hospital exposed me to the realities of high disease burden, limited resources and the long-term consequences of neurological conditions such as strokes. It was during this period that I became deeply aware of how early discharge, fragmented rehabilitation services and poor access to follow-up care profoundly affect patients' functional outcomes and quality of life.

These early experiences shaped my long-standing interest in neurological and stroke rehabilitation. I was particularly struck by the gap between what patients needed to reintegrate meaningfully into their families, communities and workplaces, and what the health system was realistically able to provide. This prompted important questions for me about participation, return to work, caregiver strain and long-term outcomes, questions that would later define my research career.

Transitioning into academia at the University of the Witwatersrand (Wits) in 2001 allowed me to address these issues from another angle: teaching and research. My clinical background was a

real advantage as it grounded my academic work in real-world challenges. Over time, this clinical foundation expanded into postgraduate training, research leadership and contributions to national and international rehabilitation policy. My early years in clinical practice did more than shape my technical skills; they instilled a strong sense of responsibility to improve rehabilitation services beyond individual patient encounters. That ethos continues to guide my work today across academia, research, and professional regulation.

**Your career has evolved from clinician to academic leader and now Chairperson of the Professional Board for Physiotherapy, Podiatry and Biokinetics. What motivated you to take on leadership roles within the**

**profession?**

That’s something that developed progressively and organically and was shaped by my exposure to physiotherapy across clinical practice, education, governance and policy.

In my early career as a clinician at Tembisa Hospital, I became acutely aware that patient outcomes are influenced not only by individual clinical competence, but also by systems, standards and leadership. These experiences planted an early interest in contributing beyond my immediate clinical role.

When I transitioned into academia, my motivation for leadership became clearer and more focussed. I was appointed to coordinate the Diploma in

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Therapy Assistance, which produced the first cohort of physiotherapy technicians in South Africa. This role required deep engagement with professional scopes of practice, ethical training, curriculum design and compliance with HPCSA training standards. From that point onwards, much of my academic work involved ensuring that physiotherapy education remained aligned with regulatory requirements while remaining responsive to service delivery needs in South Africa.

Over more than two decades in academia, serving in roles such as course coordinator and Head of Department, I was repeatedly involved in preparing documentation for HPCSA accreditation visits, participating in curriculum reviews, serving on

education and quality assurance committees, and contributing to the revision of minimum physiotherapy training standards through professional bodies. These responsibilities reinforced my belief that leadership within the profession is essential to safeguard standards, support transformation and ensure that graduates are fit for practice in diverse and resource-constrained contexts.

My involvement at national and international level as an external examiner, programme evaluator, internal reviewer (Wits), and international accreditor for World physiotherapy, further strengthened my motivation to contribute to professional regulation.

Accepting leadership roles within the

HPCSA, including my current role as Chairperson of the Professional Board for Physiotherapy, Podiatry and Biokinetics, was therefore a continuation of this long-standing commitment. I was motivated by the opportunity to contribute meaningfully to regulatory oversight, professional ethics, education and training standards, as well as public protection.

Having worked as a clinician, educator, researcher and academic leader, I bring a holistic understanding of the profession and its responsibilities to society. Ultimately, my motivation is grounded in the desire to serve the profession, and ensuring that Physiotherapy, Podiatry and Biokinetics remain credible, ethical, contextually relevant and responsive to the health needs of the population, while also supporting practitioners and institutions to meet these expectations.

**You currently serve as Head of the Department School of Physiotherapy at Wits, Chairperson of the Professional Board and as a member of the HPCSA Council Ethics Committee. How do these roles complement each other, and what perspectives do they give you on the profession?**

These roles are deeply interconnected rather than separate, and together they give me a comprehensive, systems-level view of the physiotherapy profession, from education and training, through regulation and ethics, to public accountability. As Head of Physiotherapy at Wits, my primary responsibility is to ensure that physiotherapy education is rigorous,

relevant and socially responsive. This includes curriculum design, clinical training, assessment standards, postgraduate supervision and ensuring that our programmes meet and exceed HPCSA minimum training requirements. In this role, I engage daily with students, academic staff, clinical supervisors and health service platforms, which gives me direct insight into how future professionals are trained, the challenges facing academic institutions, and the realities of preparing graduates for practice in a complex and resource-constrained health system.

***Patient outcomes are influenced not only by individual clinical competence, but also by systems, standards and leadership.***

My role as Chairperson of the Professional Board for Physiotherapy, Podiatry and Biokinetics (PPB) allows me to view the profession from a regulatory and national perspective. At Board level, the focus shifts from one institution to the entire professional pipeline. Having worked extensively in programme accreditation, external examining and curriculum review over many years, this role allows me to apply that experience to ensure consistency, quality and fairness across institutions, while also appreciating the diversity of contexts in which education and service delivery occurs.

Serving on the HPCSA Council Ethics Committee adds another critical dimension to my experience. The role brings a cross-professional and societal perspective, reminding me constantly that regulation and education ultimately exist to protect the public and uphold trust in the health professions. It reinforces the importance of embedding professionalism, ethics and accountability throughout training and lifelong practice, rather than treating them as isolated requirements. Collectively, these positions give me a high-level overview of the profession, from student selection and training, right through to accountability and

My interest in neurological rehabilitation, and stroke rehabilitation in particular, emerged very early in my career and was strongly shaped by my clinical experience in the South African public health system. As a young physiotherapist at Tembisa Hospital, I worked extensively with people who had sustained strokes and other neurological conditions. What struck me most was not only the severity of impairment that many patients presented with, but the significant gap between survival and meaningful recovery.

I was confronted daily with patients

*regulation and education ultimately exist to protect the public and uphold trust in the health professions.*

professional conduct. My involvement in these positions has highlighted the importance of there being alignment between education, regulation and ethics. This integrated perspective continues to shape how I approach leadership, policy discussions and decision-making within the profession.

**Much of your research has focused on neurological rehabilitation, particularly stroke rehabilitation in the South African context. What drew you to this area, and what do you see as the biggest rehabilitation challenges facing patients in South Africa today?**

being discharged from acute hospitals long before they were functionally independent, often into environments with limited access to further rehabilitation, support services or assistive devices. Many were of working age, yet unable to return to employment or participate fully in family and community life. These early experiences made it clear to me that recovery after stroke is about more than motor impairment, but about participation, dignity, economic survival and quality of life, both for the individual and their caregivers. This understanding fundamentally shaped my academic and research trajectory.

When I transitioned into academia, I deliberately focussed my postgraduate training and research on stroke rehabilitation outcomes, particularly functional independence, participation restrictions and return to work. Over time, my research niche evolved to address the realities of stroke recovery in low- and middle-income contexts, where health systems are fragmented and rehabilitation is often undervalued or under-resourced.

In terms of the biggest rehabilitation

preventable long-term disability.

Secondly, participation restrictions, particularly the return to work, remain poorly addressed within standard rehabilitation pathways. South Africa has a relatively young stroke population, yet vocational rehabilitation and workplace-based interventions are not routinely integrated into stroke care. My research has consistently shown that without targeted intervention, many stroke survivors face long-term unemployment, financial hardship and



challenges facing patients in South Africa today, several interconnected issues stand out. Firstly, access to timely and continuous rehabilitation remains a major challenge. Rehabilitation services are often delayed, brief and fragmented, particularly once patients leave the acute hospital setting. There is a shortage of dedicated stroke units, limited inpatient rehabilitation beds, and insufficient community-based rehabilitation services, especially in rural and under-resourced areas. As a result, many stroke survivors experience

social exclusion, despite having the potential to re-enter the workforce with appropriate support.

Thirdly, caregiver burden and limited health literacy continue to undermine rehabilitation outcomes. Family members are frequently expected to assume caregiving roles with little training, emotional support or guidance. Community health workers often play an important role, but they are not always adequately trained in stroke-specific rehabilitation needs.

Fourthly, there are systemic challenges related to outcome measurement and service planning. Inconsistent use of appropriate, context-relevant outcome measures means that patients may be incorrectly classified as dependent or independent, which in turn affects discharge planning, service allocation and long-term support. Without robust outcome data, it becomes difficult to demonstrate the value of rehabilitation or to advocate effectively for investment in services.

Finally, rehabilitation is still not prioritised within broader health policy in South Africa, where attention and resources are understandably drawn toward communicable diseases and acute care. However, there is an urgent need to reposition rehabilitation as an essential, cost-effective component of the health system that supports both health outcomes and economic participation.

**Many physiotherapists interact with the HPCSA mainly through registration and CPD requirements. From your perspective as Chairperson of the Professional Board, what is the broader role of the Board in supporting and protecting both the profession and the public?**

It's understandable that that's the experience of many physiotherapists because those are the most visible points of contact. However, from my perspective as Chairperson of the Board for PPB, the Board's role is far broader and more strategic. At its core, the Board exists to balance two equally important responsibilities: supporting and advancing the profession and

protecting the public.

The Board plays a critical role in setting and safeguarding professional standards. This includes developing and reviewing scopes of practice, minimum standards for education and training, and criteria for registration. By ensuring that training programmes across the country meet consistent standards, the Board helps protect the integrity of the profession and ensures that newly qualified practitioners are competent, ethical and fit to practise in the range of South African contexts. Of course, this work often happens behind the scenes.

The Board has a strong educational and developmental function by accrediting training programmes, evaluating institutions, and engaging with academic departments. Having worked extensively in physiotherapy education and programme evaluation myself, I see this as a key way in which regulation can be enabling rather than punitive. The aim is to help institutions and educators

*The Board plays a critical role in setting and safeguarding professional standards*

to address gaps, adapt curricula and respond to evolving healthcare needs, rather than simply policing compliance.

The Board also plays a vital role in ethical governance and public protection. Together with the HPCSA structures, including ethics and

preliminary committees, the Board ensures that complaints and professional conduct matters are handled fairly, transparently and in line with due process. While this aspect of the Board’s work is sometimes viewed negatively, it is essential for maintaining public confidence and for protecting practitioners who conduct themselves professionally. Clear ethical guidance, consistent processes and proportional responses ultimately serve both patients and practitioners.

Beyond that, the Board also provides an important professional voice within the broader health system. It engages with national policy discussions, regulatory reforms and inter-professional matters. This advocacy role helps ensure that the perspectives of Physiotherapists,

Podiatrists and Biokineticists are represented when decisions are made that affect scopes of practice, service models and access to care.

Essentially, the broader role of the Board is therefore not just about control or compliance, but about stewardship of the profession.

**As a member of the HPCSA Council Ethics Committee, you are closely involved in ethical oversight across health professions. What ethical challenges do you believe physiotherapists should be particularly mindful of in modern healthcare?**

Working at Council level on ethics has reinforced for me that ethical

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challenges in physiotherapy today are less about isolated misconduct and more about how practitioners navigate increasingly complex healthcare environments. Physiotherapists are generally deeply committed to patient care, but modern practice presents pressures that require constant ethical awareness and sound professional judgement.

One area that physiotherapists must remain mindful of is professional boundaries and relationships. Physiotherapy involves close physical contact, repeated interactions over time and patients that can be emotionally vulnerable. Maintaining clear therapeutic boundaries and ensuring that patients always understand the nature and purpose of interventions are fundamental ethical obligations.

In busy clinical settings, time constraints and resource limitations can influence treatment decisions, but ethical practice requires that

***The Board also provides an important professional voice within the broader health system***

physiotherapists respect patient autonomy. We have to be careful that the pressures we face do not get in the way of involving patients in decision-making.

Documentation and record-keeping is another area that deserves careful

attention. Accurate, truthful and timely documentation is not only a legal requirement but also an ethical one. Incomplete, retrospective or inaccurate records can place patients at risk and compromise professional accountability. Physiotherapists should also be mindful of ethical challenges related to scope of practice and competence. Ethical practice requires practitioners to work within their scope, recognise the limits of their competence, and seek appropriate referral or supervision when needed. Physiotherapists need to be cautious about adopting new techniques or interventions without adequate training or evidence.

The rise of digital health, tele-rehabilitation and social media has introduced additional ethical complexities. Protecting patient confidentiality, maintaining professional conduct online, and ensuring ethical use of digital platforms are areas where practitioners must exercise caution. What may seem like harmless information sharing or informal advice can easily cross ethical boundaries if confidentiality, consent or professionalism are compromised. It is also important to always remember not to provide tele-rehabilitation across borders for patients outside South Africa without knowledge of the country's regulatory framework.

**As an academic leader, you are involved in training the next generation of physiotherapists. How do you think physiotherapy education in South Africa needs to evolve to prepare graduates for the realities of our healthcare system?**

Physiotherapy education in South Africa has made significant progress over the years, but the realities of our healthcare system require that we continue to evolve thoughtfully and deliberately. From my perspective, the key challenge is ensuring that graduates are adaptable, ethically grounded and prepared to go out and work effectively in our complex, resource-constrained environment.

That’s why I think Physiotherapy education needs to place greater emphasis on contextual competence. Graduates need to be prepared for the realities of the South African healthcare system, where high patient loads, limited resources and fragmented referral pathways are common. This means we need to strengthen students’ exposure to primary

healthcare, rural and community-based settings. We need to equip them to manage patients across the continuum of care from acute hospitalisation to community reintegration. Training should consistently link clinical reasoning to the social, environmental and economic factors that shape health and disability in South Africa.

Modern healthcare is delivered through multidisciplinary and interdisciplinary teams, and thus graduates need to be confident collaborators who understand their professional role while appreciating the contributions of others.

Developing critical thinking, leadership and advocacy skills is also important. Many physiotherapists find themselves in leadership roles early on, coordinating services, supervising junior staff and



advocating for patients within constrained systems. Education should, therefore, consciously develop the necessary leadership capacity so that our graduates are prepared to engage constructively with governance structures such as the HPCSA and to uphold professional standards.

The use of appropriate context-specific outcome measures also requires continued emphasis. Graduates need to be able to select and apply outcome measures that are relevant to the South African context, interpret data meaningfully and use evidence to guide clinical and service-level decision-making.

Graduates must be equipped to engage with innovation responsibly and ethically such as tele-rehabilitation and the use of technology. These things can expand access, especially in under-served communities, but they also raise questions around equity, confidentiality and quality of care and our approach to educating physiotherapists needs to take this into account.

**Your research has explored rehabilitation services and stroke care in South Africa. What role do you believe physiotherapy should play in strengthening the country's healthcare system, particularly in the context of public health and rehabilitation services?**

Physiotherapy has a critical and still under-recognised role to play, particularly in the context of public health, rehabilitation and the growing burden of non-communicable diseases such as stroke. My research has

consistently shown that rehabilitation is a core health system function. When rehabilitation is delayed or fragmented, the health system ultimately carries a heavier burden through repeat admissions, long-term care needs and caregiver strain. Thus, physiotherapy plays a central role in

***Opportunities for growth into research, education, leadership or policy emerge from everyday clinical experiences***

reducing long-term disability and dependence.

Physiotherapists can also contribute meaningfully to primary and secondary prevention through physical activity promotion, education on lifestyle modification, early identification of functional decline and support for self-management programmes. In this way, physiotherapy aligns closely with broader public health goals of reducing morbidity and improving quality of life.

Another important contribution lies in service planning, outcome measurement and health system decision-making. My work on outcome measures has shown that when rehabilitation outcomes are not measured appropriately or consistently, patients may be incorrectly classified as dependent, services may be poorly allocated, and the value of rehabilitation remains invisible to policymakers. Physiotherapists must, therefore play,

an active role in generating data and demonstrating the impact of rehabilitation on patient and system-level outcomes.

Physiotherapists must be able to engage with structures such as the HPCSA, professional associations and policymakers, contribute to guideline development, and advocate for rehabilitation as an essential component of universal health coverage and future health reforms, including National Health Insurance.

**Many young physiotherapists are looking for ways to grow professionally, whether in clinical practice, academia, or leadership. What advice would you give to physiotherapists who aspire to**

**contribute to the profession beyond their clinical work?**

For physiotherapists who want to contribute beyond clinical practice, my advice is to start by building strong clinical foundations while remaining curious about the systems around you. Many opportunities for growth into research, education, leadership or policy emerge from everyday clinical experiences and the questions they raise about patient outcomes, service gaps and professional practice.

I strongly encourage young physiotherapists to seek mentorship, engage in lifelong learning and become involved in professional activities early, whether through postgraduate study, research projects, professional

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associations or committee work. Anyone interested in shaping the future of the profession also needs to understand ethics, regulation and governance.

Most importantly, contributing beyond clinical work is about service, using your skills, insight and voice to strengthen the profession, support colleagues and improve care for patients and communities. Careers evolve over time, and there is space in physiotherapy for many different forms of leadership and



impact. Some physiotherapists serve as case managers, others as CEOs of hospitals, and others still as managers at Insurance and medical aid companies. There are so many directions open to you. There is also a need to do non-clinical courses linked to one's career pathing interest such as business.

**Looking back on your career so far, what aspects of your work have been**

**the most meaningful or rewarding?**

Looking back on my career, the most meaningful and rewarding aspects have been those moments where I could see a direct and lasting impact on patients' lives, on the growth of others, and on the profession as a whole. Helping patients regain function, independence and hope, and advocating for their needs within constrained systems shaped my professional values and continues to inform everything I do.

Equally rewarding has been my work in education and mentorship. Training undergraduate and postgraduate students, supervising MSc and PhD candidates, and seeing them grow into confident clinicians, researchers and leaders is one of the most fulfilling aspects of my career.

In more recent years, serving in academic leadership, contributing to the accreditation of programmes abroad and playing a role in regulation has also brought a sense of purpose. I'm honoured and proud of being able to influence the profession.

**As Chairperson of the Professional Board, what is your hope or vision for the future of physiotherapy in South Africa over the next decade?**

As Chairperson of the Professional Board, my hope for physiotherapy over the next decade is a profession that is confident in its identity, expanded in its scope and firmly embedded in South Africa's healthcare system. I would like to see physiotherapists practising with greater autonomy in all sectors,

supported by modernised regulatory frameworks, clear competency standards and well-governed pathways for advanced practice or specialisation. Ultimately, my hope is that physiotherapy in South Africa will be more recognised as a profession that contributes meaningfully to the health system and the lives of the people it serves. I also hope that physiotherapists will be rewarded meaningfully for this.

**What message would you like to share with physiotherapists across South Africa?**

My message to physiotherapists across South Africa is one of shared purpose and responsibility. We work in challenging contexts, often with limited resources, yet we continue to make a meaningful difference in the lives of patients and communities. Together, we must take pride in our professional identity, remain ethically grounded, and commit to evidence-informed practice that strengthens trust in our profession.

As physiotherapy evolves, regulation, education and professional engagement should be seen as enablers. By working collectively through collaboration, leadership and lifelong learning we can ensure that physiotherapy remains relevant, trusted and impactful in supporting South Africa’s health system now and into the future.

**Outside of your professional responsibilities, what activities or interests help you relax and recharge?**

I find renewal through activities that help me reset both physically and

mentally. I enjoy serious hikes as a way to reboot and regain clarity, and I’ve summited Mount Kilimanjaro and reached the Everest Base Camp. Being in nature, pushing physical limits and spending time in quiet reflection are essential for my sanity and overall well-being.

I am also deeply anchored by fellowship with fellow believers through our church. My community there provides spiritual grounding, strength and perspective, and helps me cope with life’s many challenges alongside work responsibilities. Faith and fellowship have been particularly important in navigating personal loss, including the passing of loved ones such as my husband and parents. Together, these practices sustain me, build resilience and allow me to show up fully in both my professional and personal life. 🌍

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# ADVANCING PHYSIOTHERAPY IN SOUTH AFRICA STARTS WITH US

Formal recognition of **Advanced Scope of Practice (ASP)** and/or **specialisation** has the potential to influence:



Professional growth pathways



Recognition of advanced competencies



Leadership and career development



The future delivery of physiotherapy services



All qualified physiotherapists are encouraged to participate in the HPCSA survey.

Your contribution will support the development of an **evidence-informed proposal to the HPCSA.**



**Take part. Add your voice.**  
Help shape what comes next.



**COMPLETE THE SURVEY TODAY.**

**Stronger profession.  
Stronger recognition.  
Better patient care.**



**YOUR VOICE. OUR PROFESSION. STRONGER TOGETHER.**

An appointed task team is exploring the potential establishment and recognition of Advanced Scope of Practice (ASP) and/or specialisation for physiotherapists.

If you would like to assist the task team by completing the survey, please click or tap on the image above. Alternatively, you can [follow this link](#).

The survey closes at the end of May.

# CURRENT CODING IN SOUTH AFRICA: CRACKING UNDER THE *Pressure?*

**Juan Eekhout**

Times are tough. Continual fuel, electricity and food price increases, like the ones we faced in April, are making it difficult for many physiotherapy practices to stay sustainable. We seem to be working harder than ever before but getting less for it when all is said and done. That raises the question: how did we end up in this situation?

There are, of course, many answers to that question, but one of the big ones for physiotherapists is coding. Coding in the physiotherapy sector

remains complex, ambiguous, confusing and often inadequate.

There are several coding systems in place, including diagnostic (ICD-10/ICD-11) and procedural (NHRPL 2006/COID/RAF/SASP 2017), amongst others like Nappi codes, International Classification of Health Interventions (ICHI) and International Classification of function (ICF). The most contentious of these is often the National Health Reference Price list (NHRPL) because this directly relates to remuneration for



A recent Coding course presented at Unitas Hospital by the SASP Private Sector Group

physiotherapy services rendered to patients in both the public and private sector, but the NHRPL was last updated in 2006 – 20 years ago!

You may well wonder why it has not been updated for so long, and you would be right to do so. Be assured, it's not from a lack of the SASP trying. Here's some background to the current procedural coding.

The NHRPL is a government

gazetted document which forms the basis of the current coding structures that are used by all funders. This was last gazetted in 2006 due to the Competition Commission declaring it non-competitive. However, as there was no new coding structure, most medical schemes continued to use the NHRPL as a base for calculations, with each scheme using their own rand conversion factor. Thus, they determine their

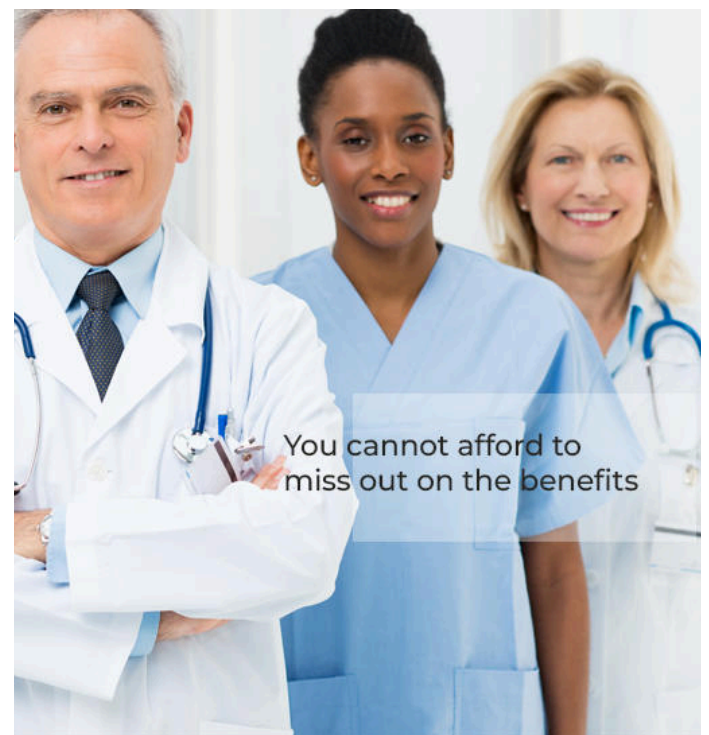
own rates.<sup>1</sup> Interestingly, the High Court of South Africa declared the 2008 and 2009 NHRPL regulations invalid in July 2010.

The NHRPL remained unsuitable, and, as such, the South African Society of Physiotherapy (SASP) developed their own coding structure to counter the shortcomings of the NHRPL in 2017. Unfortunately, only three schemes accepted the new structure, with the others all sticking with the NHRPL. The SASP is a member organisation, not an industry regulator, so it could not exclusively represent the whole profession. However, as the largest physiotherapy organisation, they got the process of exploring a new coding structure started. The Physiotherapy Association of South Africa (PASA) and the HPCSA were invited to send a representative to be part of this committee but neither participated. Surveys were sent out to help the establishment of a new coding structure, and considerable time, effort and money was spent on an application for exemption to the competition commission to negotiate the structure. At this time the National Health Insurance (NHI) was being explored, and the competition

commission then ruled that they couldn't deal with cases on an individual basis while there was a block exemption application. It also proved difficult to get one structure for all medical schemes because some programmes, like Discovery's Spinal Programme, are specific to each scheme. This process is ongoing.

As we stand under mounting financial strain, we are caught between a rock and a hard place. Do you stick with NHRPL structure, or do you bill private rates? We also have to bear in mind that a practice can still get audited regardless of

<sup>1</sup> You can determine your practice's own Rand Conversion Factor – the formula is available on the SASP website.



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which option you choose. We also have to be careful to remain ethical in our coding and billing, often deciding between what the patient needs versus what you want to bill despite the severe stress we find ourselves under.

Ethical coding is discussed at length in the HPCSA booklet 19 for reference, and we encourage you to go through it so you are fully aware of the principles of ethical coding. Members are also encouraged to attend regular coding courses whilst using the NHRPL to make sure they are billing according to the rules and modifiers. Doing this will help avoid unnecessary audits and added financial pressure.

Physiotherapists are resilient and tough in nature; we are hardworking and determined, and we don't crack easily. Nevertheless, the reality is that the coding structure will need to change in the future. The SASP will continue to do its part, but the society cannot do it on its own. We need buy in from members, other stakeholders in the physiotherapy profession, as well as health regulators such as the HPCSA. The more members we have on board, the louder our voice and, thus, the more influence we will have in getting the necessary parties involved in the process. There is still a long way to

go before the NHI is implemented, so we may have a while to wait for a new coding structure, but we physiotherapists need to be prepared and raring to meet this.

One thing that we can do is create data to use as evidence when we have the chance to advocate for our position. Outcome measures can be a very good tool for this as they are becoming pivotal in showing our worth to funders as a profession. Producing this data will place us on the front foot and mean that we cannot be left behind or ignored when it comes to coding structure. We have to stake our claim in the healthcare sector, and this is a pivotal moment!

For those who are new to the profession or established practices who may need a refresher, the SASP PSG group is currently running in person coding courses. We had a great turnout at Cracking the Code in Gauteng on 27 February in Centurion. We will be hosting two more courses this year: 16 May in Durban and 4 July in Cape Town. Please keep a lookout in your bulk emails for more information. 🌐

For any coding queries please email [privatesector-coding@saphysio.co.za](mailto:privatesector-coding@saphysio.co.za)

# A REFLECTION ON THE 'INTRODUCTION TO FEMALE PELVIC HEALTH FOR PHYSIOTHERAPISTS' COURSE

## LINDIE MTHETHWA

I was fortunate enough to have the opportunity of attending the Introduction to Female Pelvic Health for Physiotherapists – Module 1 course thanks to the funding I received from the Special Interest Group (SIG). In response to the generous funding I received, which helped me cover the cost of the module and the cost of travel from KwaZulu-Natal to Gauteng, I am going to reflect on the experience with the reflection based on Gibbs' Reflective Cycle.

### Description

I am a physiotherapist with a special and growing interest in pelvic health, something that is shown by it being the focus of my doctoral studies. I am currently pursuing a PhD in Physiotherapy on the management strategies of pelvic floor dysfunction in



gynaecological cancer survivors in South Africa. Because of this research focus and my clinical work with gynaecology patients, I have been eager to gain formal training in pelvic health physiotherapy. My led to my trying to find an opportunity to attend Module 1 of the pelvic health training for several years, but while I frequently came across advertisements for Module 2 (which has Module 1 as a prerequisite course), I just did not come across Module anywhere.

### Feelings

When I finally saw an opportunity to attend Module 1, I was determined to participate, even though it was being held in Gauteng and I was in KZN. When the SIG approved my application for funding, enabling my participation in the module, I was extremely grateful and excited to pursue training in an area that aligns with both my clinical interests and research area.

The support I got enabled my participation, of course, but it also made me feel encouraged and supported in my professional development which is a special thing and is a credit to the SIG. During the course, I felt both

inspired and surprised by the extent of physiotherapy's role in pelvic health. Before attending the training, I had limited knowledge about the full scope of pelvic health physiotherapy, so attending helped me realise that physiotherapists can play a much greater role in the assessment and management of pelvic floor dysfunction than I had previously thought.

### Evaluation



The course provided valuable knowledge about pelvic floor anatomy, assessment techniques, and management strategies for pelvic floor dysfunction. It also highlighted the many conditions that affect women, including urinary incontinence, bowel dysfunction, pelvic organ prolapse and sexual health concerns. Many of these conditions tend to be underreported because women feel uncomfortable discussing them. The training emphasised the importance of creating a safe, respectful environment where patients feel comfortable sharing sensitive health concerns.

One of the most impactful lessons for me was learning about the

influence of lifestyle and behavioural habits on pelvic floor function. For example, the course explained how posture during toilet sitting can significantly affect both urination and bowel function.

Interestingly, this knowledge had a personal impact on me. Prior to attending the course, I experienced infrequent bowel movements. After learning about proper toileting posture and bowel habits, I applied the strategies taught during the course and noticed significant improvement in my bowel health. This personal experience reinforced how important education and behavioural interventions are in pelvic health management.

## Analysis


The training helped me realise that pelvic floor dysfunction is often under-recognised and undertreated within healthcare systems. Many women experience symptoms but do not seek help due to embarrassment, stigma or a simple lack of awareness that treatment options exist. Physiotherapists, therefore, have an important role in improving awareness, screening and management of pelvic floor conditions.

From a research perspective, the course deepened my understanding of the challenges surrounding pelvic floor dysfunction management in clinical practice. This insight is highly relevant to my PhD

research, which focusses on developing evidence-based implementation strategies to improve the management of pelvic floor dysfunction among gynaecological cancer survivors in South Africa. The knowledge gained from this module has helped to further my understanding of current clinical practices and has informed my research approach.

## Action Plan

Moving forward, I fully intend to make the most of this experience by integrating the knowledge I gained from the course into my clinical practice and my academic work. In my clinical setting, I will be more proactive in assessing pelvic floor dysfunction and providing education to patients about pelvic health. I also plan to advocate for increased awareness of pelvic health issues among healthcare professionals and patients.

In the academic domain, the knowledge I gained has already directly contributed to my doctoral research by strengthening my understanding of pelvic health management and the barriers to implementing evidence-based practices in clinical settings. Ultimately, I hope to contribute to improving the quality of care and quality of life for women affected by pelvic floor dysfunction, particularly gynaecological cancer survivors in South Africa, and this course has helped me in this endeavour. 



## MARION DAWSON

In a powerful demonstration of community commitment, the Eastern Region has selected Zwide Soup Kitchen as its official social responsibility project for 2026. This initiative reflects a growing recognition of grassroots efforts that provide essential support to vulnerable communities.

We feel that Zwide Soup Kitchen stands as a beacon of compassion and hope in the community and is exactly the kind of initiative that should be supported. By directing

our focus and resources toward this vital organisation, the Eastern Region is not only addressing immediate needs of the vulnerable, but also reinforcing the importance of collective action in building a more caring society.

The initiative is led by a group of dedicated women from the local church, who volunteer their time and resources once a week to prepare and serve free, hot meals to anyone in need. The meals are

cooked over an open fire in a traditional manner.

However, despite their incredible dedication, the soup kitchen faces significant operational challenges. They have found it difficult to secure consistent funding to cover their basic operational costs, including ingredients, cooking equipment and firewood. The team, at times, even has to donate from their personal SASSA money to purchase meat and vegetables.

outreach. The Zwide Soup Kitchen team plans to offer meals on additional days, and it might even organise outreach activities like food drives for other community initiatives if there is sufficient funding.

By supporting the soup kitchen, the SASP has directly contributed to alleviating hunger in a community where many individuals and families struggle to afford basic meals. The official handover to the dedicated

In response to this worthy



initiative, the SASP Eastern Region decided to collect funds to support their ability to sustain and expand their activities.

Specifically, the funds we allocated to Zwide Soup Kitchen were designated to:

- Purchase cooking equipment and supplies. With more resources, they can replace the open fire with a gas stove and a small refrigerator, as well as improve hygiene and food safety practices.
- Help them expand their

women of the Zwide Soup Kitchen committee took place on 21 April 2026.

SASP Eastern Region Chair, Zenobia Thaver, officially handed over essential equipment, including a freezer, a four-plate gas cooker, a nine-cylinder gas bottle and a bain-marie to the committee of the Zwide Soup Kitchen as part of the 2026 social responsibility project.

This meaningful initiative was made possible through the collective support of Eastern Cape members,

whose decision to allocate accumulated funds reflects a shared commitment to uplifting and empowering communities in need.

Wednesday, 22 April marked the first day of cooking on the gas burner and the following response was sent from Koleka Madikane (Chairperson), Nombulelo Violet Gwaxu (Treasurer) and Mabel Bulukazi Kumkani:  
“God bless you South African society of Physiotherapy Eastern Cape members – No more open

fires – we can now more safely and efficiently serve our community with care and dedication.”

The women of the committee expressed immense gratitude and joy upon receiving the equipment, noting how this support will strengthen their efforts and expand their impact. The Eastern Region is proud to be part of this worthy initiative, and we fully support the meaningful and important social work that the Zwide Soup Kitchen does. 🌍



# THE 2026 HERALD MOUNTAIN BIKE AND ROAD RACE



MARION DAWSON

The 40<sup>th</sup> Herald Mountain Bike and Road Races were held on 8 and 15 February 2026 respectively. Just over 3000 riders took part over the mountain bike and road race events this year.

### Mountain Bike Race

A sincere thank you has to go out to the Eastern Region SASP: Private and Public Sector physios who got out for an early start at 3:30am at the Addo Polo Club. They served the public admirably throughout the event.

The team included Robynne MacDougall and community service physiotherapists Thato Monare (Uitenhage Provincial Hospital), Jesse Nyman

(Uitenhage Provincial Hospital) and Rolivhuwa Mabasa (Sundays Valley Kirkwood Hospital).

In the Extreme men's category, Philip Buys dominated the event, winning the event in a time of 2:58:40. In the Extreme women's category, Kelsey van Schoor took the victory with an impressive time of 3:30:05.

### Road Race

The day started with a beautiful sunrise over the city at Summerstrand Pollok Beach, and the buzz of hundreds upon hundreds of cyclists channeling their energy for the start of the race, which the SASP team was ideally situated to witness.

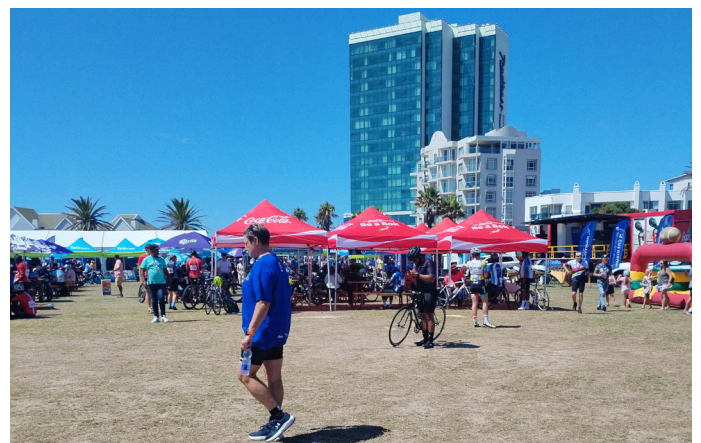


Marion Dawson, the SASP Eastern Region Administrator supported the team on the day and was impressed with the dedication she saw from the team, especially considering the 4am start.

“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,” she said.

The Eastern Region SASP Public Sector Physios who got involved in supporting the race included



Zenobia Thaver (Eastern Region Chair) and Erin Broadbent (community service physiotherapist, Livingstone Tertiary Hospital).

Tyler Lange won the Men's 106km Classic Road Race with a thrilling

sprint finish in a time of 2:32:03. Tiffany Keep took the victory in the Ladies' 106km Classic Road Race in a time of 3:04:31. This was particularly impressive considering that she had an early puncture which interrupted her race. 🚴





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Move Your Minute is a national campaign developed by the SASP to encourage simple, everyday movement habits that support long-term health and well-being. It provides practical digital resources to bring movement conversations into everyday patient care. Members can access the Move Your Minute digital toolkit (including social media assets, movement content and downloadable resources) by [following this link](#).

To everyone who contributed to this edition of PhysioSA, we want to THANK you for your time and effort!

If you have anything that you would like to contribute in the future, please get hold of us - we'd love to feature what you have to share in a future edition!