ISSUE 5
AUGUST 2026

South African Society of Physiotherapy

FOR THE PHYSIO
WHO CARES

# PhysioSA MAGAZINE

## SASP Podcast

## MORE THAN JUST A HORSE RIDE

## UCT OATHTAKING CEREMONY

**PUBLISHER:**
Physiotherapy Publications
TEL: 011 615 3170
www.saphysio.co.za

**EDITOR:**
Chris Barnsley
chrisjb36@gmail.com

**ADVERTISING**
TEL: 011 615 3170
pr@saphysio.co.za

**DEADLINES:**
PhysioSA is published eight times per year. Please contact the editor or advertising for information about advertising deadlines. Late submissions should be cleared by telephone. We cannot guarantee the publication of any late material.

**Issue 6 Submission Deadline:** 17 August 2026
**Issue 7 Submission Deadline:** 15 September 2026

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

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

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

**SASP© HEAD OFFICE:**
TEL: 011 615 3170
FAX: 086 559 8237
EMAIL: pr@saphysio.co.za

Unit 4
Parade on Kloof Office Park
Bedfordview


PO Box 752378
Gardenview
2047



## MEMBERS' BENEFIT PROGRAMME:

Members of the society can receive discounts from the following companies:

**CLICK FOR MORE INFORMATION**

MY Appointment

Real-time booking platform and mobile app with an optional business management component.
**SASP members receive a 16% discount.**

PENCIL ME IN™

PENCIL ME IN is a smart booking solution that gives you all the benefits of your existing diary and a whole host more!
It gives you total control of your bookings and appointments. It gives you total confidentiality for yourself and your customers. You need an always-on, smart booking service that will never let you down. It's easy to schedule, easy to manage and easy to arrange and rearrange, and all the tracking, chasing, notifying and reminding is automatically done by the system. You set the level of transparency you want your customers to have. Allow them to see free time slots, make their own bookings, or run it yourself. The choice is yours.
**SASP members receive a 16% discount.**

Garth Hampshire & Associates
Accounting • Advisory • Automation • Efficiency • Tax Planning
Let us drive your business forward

As your preferred accounting and business advisor, we add value to your business by driving your business forward through partnering with you and focusing on clearly defined growth enablers.
**As an SASP member, you will receive 50% discount on our services.**
For more information, email us at office@garthhampshire.co.za or call us on 021 462 1785

**TO GIVE FEEDBACK**
**CLICK HERE**

# CONTENTS

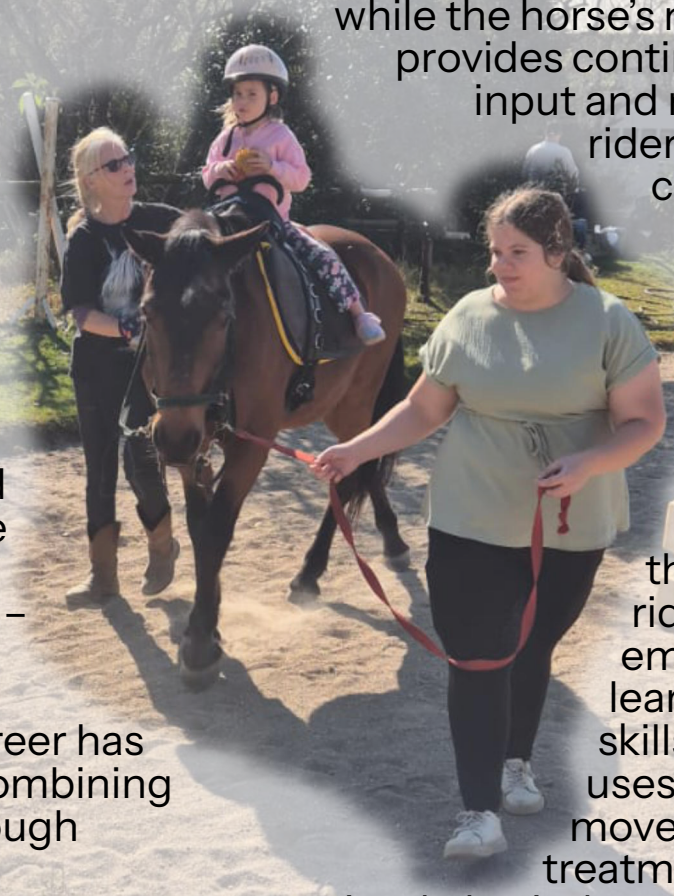
INGE BOTHA

# MORE THAN JUST A HORSE RIDE

*The Science and Magic of Hippotherapy*

Watching my daughter's first hippotherapy session with Jane Merber and her horse, Junior, reminded me why I fell in love with rehabilitation.

Before we even mounted, it was clear that Jane isn't simply a physiotherapist who enjoys horses. She is, in every sense of the term, a horse person. Even after more than four decades in physiotherapy, she still speaks about her work with genuine excitement, and her enthusiasm is infectious.



Jane qualified as a physiotherapist in 1980 and has worked across Africa in paediatrics and neurorehabilitation. She is trained in the Bobath concept and – uniquely – is registered as both a human and animal physiotherapist. Her career has naturally evolved into combining these two passions through hippotherapy.

Her warmth immediately puts children at ease, so much so that my daughter was completely unaware that she was "doing therapy" during the session. She laughed, played games, reached for objects and followed instructions, all while riding Junior. However, every activity was carefully designed to challenge her balance, trunk control, coordination and proprioceptive system.

One of the first things I noticed was that Junior wore only a thick sheepskin pad instead of a conventional saddle. Jane explained that this allows as much of the horse's natural movement and warmth as possible to be transferred directly to the rider. The warmth helps muscles relax, while the horse's movement provides continuous sensory input and requires the rider to make constant postural adjustments.

This is extremely important for hippotherapy. Unlike therapeutic riding, where the emphasis is on learning riding skills, hippotherapy uses the horse's movement as a treatment tool, which trained physiotherapists or occupational therapists use to improve posture, balance, mobility and functional movement. The horse is an integral part of the treatment itself.

If you're unfamiliar with hippotherapy, this might sound a bit far-fetched, but the science behind it is both solid and fascinating. As the horse walks, it generates rhythmic, repetitive and

multidirectional movement that closely resembles the movement of the human pelvis during normal walking. These subtle shifts require the rider to make continual automatic adjustments to remain upright. Research and clinical experience have shown that a walking horse can transmit up to 100 movement impulses per minute to the rider's pelvis and lumbar spine, all of which provides intensive neuromuscular practice that would be difficult to replicate in a clinic.

The benefits extend far beyond balance. Hippotherapy has been shown to improve trunk and pelvic mobility, coordination, muscle strength, postural control, attention, confidence, self-esteem and social participation. Perhaps equally important, children are highly motivated during hippotherapy. Unlike traditional therapy sessions, many eagerly anticipate spending time with their equine partner, often working harder without realising they are participating in rehabilitation.

**About Jane**

- She has lived the definition of Rural Physiotherapy. She cannot just stick to her scope of practice. She has to "forget" everything she learnt in school and get creative!
- During her time in Africa, she has also fulfilled the roles of social worker, theatre sister, butcher (actual butchery!) and bamboo splint maker.
- She worked at Rob Ferreira Hospital and was known as the troublemaker.
- She was trained by the Bobaths themselves.
- She is a qualified Reflexologist, Halliwick Hydrotherapist and Cranio-Sacral Physiotherapist

As physiotherapists, we often speak about patient-centred care and meaningful activity. Watching my daughter smile from ear to ear while unknowingly working on multiple therapeutic goals was a powerful reminder that rehabilitation can take place under

an open sky, not only within the confines of clinic walls.

All it takes is a patient, passionate therapist and a remarkably patient horse named Junior.

Winston Churchill famously said, “There is something about the outside of a horse that is good for the inside of a man.” After spending an afternoon with Jane Merber, I couldn’t agree more. I saw, firsthand, Jane and Junior facilitating purposeful movement, building my daughter’s confidence and conducting rehabilitation disguised as the greatest of fun.

When I asked her what has made her stay in the field of physiotherapy for all these years, especially since we are seeing more and more physiotherapists shift careers, Jane smiled and gave a simple answer: “My passion for working with those who need help to live a better daily life” and “listening to those who don’t have a voice, two- or four-legged and assisting with 24-hour management, becoming part of a team, family or support system.”

Her message to other physiotherapists?

“Follow your passion, find your niche. It’s not always easy, and life can change in a heartbeat, bringing challenges and opportunities. Be brave. At the end of the day, you have to be true to yourself. Secondly, our hands are our biggest asset/ equipment. Sometimes we have to put ourselves first and look after our own health. If we are no good for ourselves, we can’t help anyone else.”

Jane is an inspirational physiotherapist who has made a difference in the lives of so many people around the world, my daughter and me included. Thank you, Jane.

# When SURVIVAL Is Only the Beginning:

## PHYSIOTHERAPY AND POST-INTENSIVE CARE SYNDROME

ILSE DU PLESSIS

More people are surviving critical illness than ever before, but many of them carry the physical, cognitive, psychological and social effects of that survival for months or years afterwards, a cluster of problems known as post-intensive care syndrome or PICS. Discharge for people with PICS is the start of a long rehabilitation journey that continues in outpatient departments, community services and primary healthcare settings. Because physiotherapists often treat these ICU survivors, often without realising it, it's important that they are able to recognise PICS and know what to do about it.

**What Is PICS?**
PICS refers to new or worsening problems after critical illness that affects four recognised domains:

- Physical: weakness, reduced exercise tolerance, fatigue, balance loss and persistent pain
- Cognitive: poor concentration, forgetfulness, slowed thinking and difficulty following complex instructions
- Psychological: anxiety, depression and post-traumatic stress symptoms
- Social: inability to return to work, reduced participation in family life and strain on caregivers, reflecting disrupted social and occupational roles

**Why does this happen?**
Prolonged bed rest, sedation, delirium, inflammation, hypoxia,

sleep disruption and the distressing experience of critical illness can all contribute to long-term impairment. Even when patients appear medically "recovered", they may still be living with the downstream effects of severe illness and intensive care. Recent reviews also highlight long-term fatigue, pain and reduced social and occupational recovery as important but sometimes overlooked features of post-ICU survivorship.

**How Common Is It?**
Around a third to a half of critical illness survivors develop features of PICS. This is common enough that most physiotherapists will encounter it at some point in their careers. Although most research comes from high-income countries, a similar picture is emerging in the South African that is coming out: A substantial proportion of ICU survivors continue to experience reduced quality of life, difficulties returning to work and persistent participation restrictions months after discharge.

**Why Should this Matter to Physiotherapists Outside the ICU?**
These patients rarely arrive with a referral labelled "PICS". Instead, they are referred for deconditioning, falls, chronic pain, weakness, poor balance or poor exercise tolerance. A musculoskeletal physiotherapist may see muscle weakness, pain and fatigue after prolonged ventilation; an orthopaedic physiotherapist may treat slow functional recovery after trauma; a neurology practice may notice balance problems and reduced attention; a cardiopulmonary physiotherapist may see marked breathlessness and exercise intolerance.

Some patients will struggle to remember instructions, tolerate busy environments or manage graded progression. Others may appear fearful, hypervigilant or emotionally overwhelmed, particularly when symptoms remind them of their ICU stay. This wide range of symptoms may all trace back to a prior ICU admission, and across settings. The common mistake that physiotherapists can make is to focus only on the main presenting symptom and miss the larger post-critical illness picture.

For many patients, a previous ICU admission is the missing piece of the rehabilitation puzzle, and if a

*Around a third to a half of critical illness survivors develop features of PICS.*

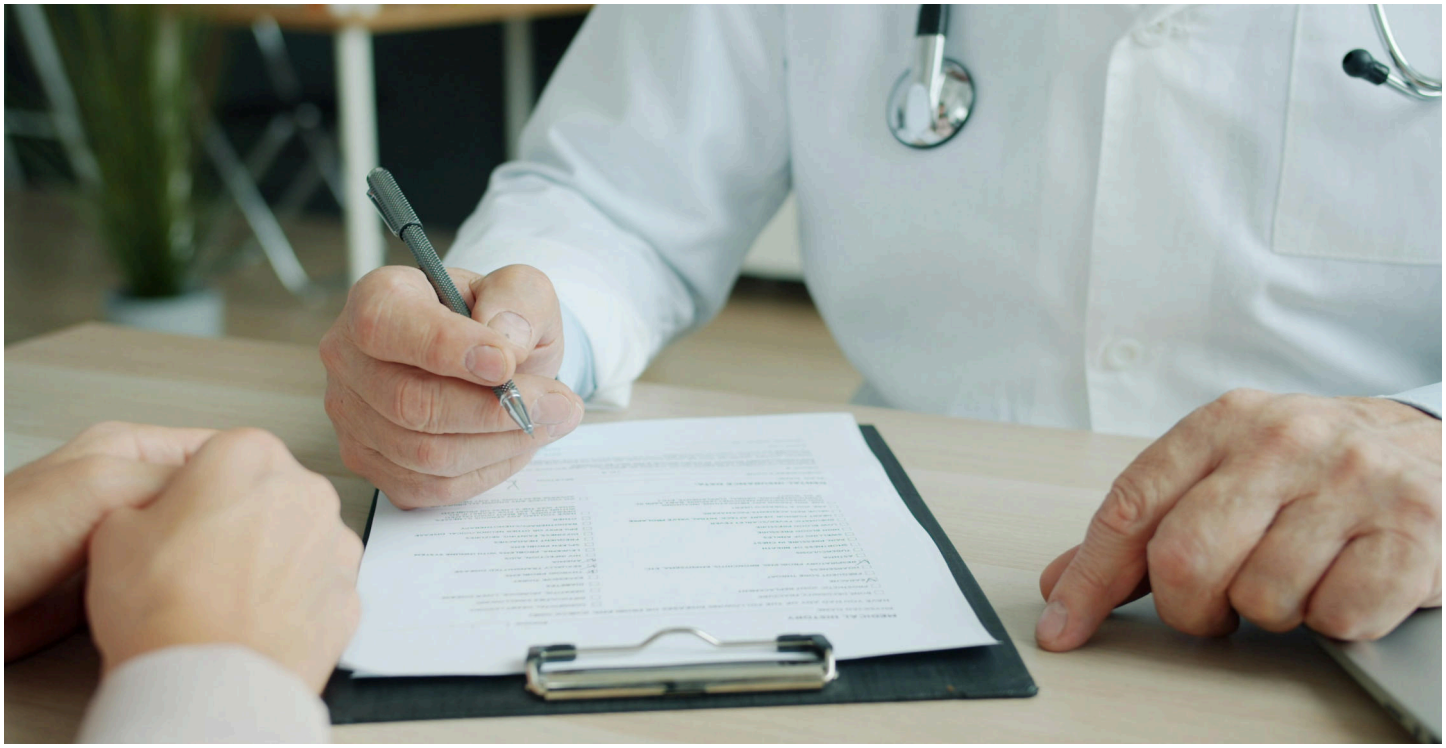
physiotherapist knows that a patient has survived a stay in the ICU, their clinical reasoning incorporates this and is reshaped. This knowledge could, for example, explain fatigue that seems disproportionate, persistent functional limitations despite improving strength, anxiety associated with breathlessness, or even ongoing difficulties returning to work. Recognising these long-term consequences enables physiotherapists to develop rehabilitation programmes that are better aligned with the patient's history and recovery needs.

**Caregivers Matter Too**

Since physiotherapists also interact with caregivers, it is important to note that family members can be affected by an adjacent condition known as "PICS-family", which describes the emotional, psychological and practical burden carried by caregivers, who may themselves develop anxiety, depression and fatigue related to the ICU experience. This can occur as a result of the burden of transport, supervision, financial support and emotional containment that caregivers have to manage while also dealing with their own distress after a loved one's critical illness.

**A Call to Action: Screen, Refer, Support**

It is important that physiotherapists are aware of PICS and PICS-family so that they can step in and intervene when necessary. Of course, physical rehabilitation is the domain physiotherapists are best placed to address directly, but the cognitive and psychological domains of PICS are just as disabling and are far less likely to be picked up unless someone asks. It is important,



then, to screen for the psychological and cognitive signs of PICS. A brief cognitive screen, such as the MoCA, an anxiety and depression screen, such as the HADS, or PTSD tool like the PCL-5 built into routine outpatient assessment can flag problems that would otherwise go unnoticed until they affect a patient's return to work or independence.

Screening, however, only has value if it leads somewhere. Physiotherapists who identify cognitive or psychological red flags should refer these patients on.

pass through in South Africa, and no default route from ICU discharge to psychological or cognitive support. In this absence, physiotherapists are frequently the ones best placed to notice that something is wrong and to start the referral chain themselves becasue they tend to see these patients more regularly and over a longer period than any other clinician.

**Our Responsibility**

PICS is not only the responsibility of ICU clinicians. Every physiotherapist has a role in identifying ICU survivors and recognising the lasting effects of critical illness and supporting recovery over time, including the cognitive, psychological and family dimensions that fall outside the scope of physiotherapy but within their reach to notice and refer. Adding routine screening questions about past ICU admissions and referring patients on who show any warning signs is a simple but powerful habit that prioritises patient well-being and gives the physiotherapist more information to work with.

*Every physiotherapist has a role in identifying ICU survivors*

Caregivers deserve the same attention. It is well worth asking a family member how they are coping and pointing them towards counselling or support if they need it. This sort of vigilance, even for caregivers, should be a routine part of post-ICU rehabilitation.

Becasue there is no clear, standardised recovery pathway for ICU survivors, the intervention that primary healthcare professionals can provide is incredibly important. There is no dedicated post-ICU follow-up clinic that most patients

# UNDERSTANDING MOTOR NEURON DISEASE

## AND THE ROLE OF PHYSIOTHERAPY IN ITS TREATMENT

DR KHOLOFELO MASHOLA
NRPG CHAIR

Moto Neuron Disease (MND) is a life-shortening incurable condition that has a debilitating effect on people afflicted with it. Nevertheless, the disease can be managed with an appropriate multidisciplinary approach. In this article, MND will be discussed briefly with reference to the African context, as will Physiotherapy's role in managing the disease in patients.

MND is a progressive neurodegenerative condition that damages the motor neurones responsible for controlling voluntary muscle movement (Stern et al. 2025). As these nerve cells deteriorate and die, the messages between the brain, spinal cord and muscles are disrupted, resulting in muscle weakness, loss of function and increasing disability. The most common subtype is Amyotrophic Lateral Sclerosis (ALS), although other forms include Primary Lateral Sclerosis (PLS), Progressive Muscular Atrophy (PMA) and Progressive Bulbar Palsy (PBP) (Stern et al. 2025). MND symptoms include muscle weakness, fatigue, muscle cramps, fasciculations (muscle twitching), speech difficulties, swallowing problems and breathing difficulties. These symptoms often begin in one arm or leg, although some individuals can also present with speech and swallowing difficulties initially (bulbar symptoms). As the disease progresses, daily activities such as walking, dressing, eating and communication become increasingly difficult (Stern et al. 2025).

Historically, MND has been regarded as a condition that is

more common in Europe and North America. However, recent African research has highlighted that MND is increasingly recognised across the continent, although it remains underdiagnosed and underreported because of limited neurological services, diagnostic challenges and restricted access to specialist care (Floudiotis et al. 2023; Heckmann et al. 2026). An important observation from African studies is that people often develop symptoms at a younger age than reported in Western populations (Floudiotis et al. 2023). Whereas the average age of onset in high-income countries is typically between 60 and 70 years, African studies frequently report symptom onset in the fifth decade of life, which may be due to a combination of demographic, socioeconomic and healthcare access factors contributing to these differences (Heckmann et al. 2026).

There is currently no single diagnostic test for MND, with diagnosis primarily based on a detailed clinical assessment by a neurologist and key inputs from the physiotherapist as a member of the team, as well as other investigations that exclude other conditions with similar symptoms (Heckmann et al. 2026). The diagnostic process generally includes a comprehensive neurological examination assessing upper and lower motor neurone signs; electromyography (EMG) and nerve conduction studies to identify characteristic patterns of motor neurone dysfunction; magnetic resonance imaging (MRI) of the brain and spinal cord to exclude structural disorders; blood tests and, in some cases, cerebrospinal fluid analysis to rule out alternative diagnoses; and genetic testing when there is a family history or suspected hereditary disease.

Early diagnosis is important because it enables timely referral to multidisciplinary services, initiation of disease-modifying treatment such as Riluzole, access to rehabilitation, and advance care planning (Stern et al. 2025; Heckmann et al. 2026). MND remains incurable, and disease progression varies between individuals. Globally, average survival following diagnosis is typically between three and five years (due to respiratory failure), although some people live

*An important observation from African studies is that people often develop symptoms at a younger age than reported in Western populations*

considerably longer (Stern et al. 2025).

Although it is incurable, evidence consistently supports the idea that multidisciplinary management is a key factor in optimising outcomes for people living with MND (Stern et al. 2025). This management should be individualised and responsive to the person's stage of disease. Physiotherapy plays a vital role in any multidisciplinary management of MND throughout the disease trajectory and forms an essential component of the multidisciplinary MND care.

*Physiotherapy plays a vital role in any multidisciplinary management of Motor Neuron Disease*

Physiotherapy cannot halt the progression of the disease progression, but it helps maximise function, maintain independence, manage symptoms and improve quality of life. Key physiotherapy interventions may include:

- Prescribing appropriate exercises that can help maintain mobility, cardiovascular endurance and physical function. Current recommendations favour moderate-intensity aerobic and strengthening exercises while avoiding overexertion and excessive fatigue (Clawson et al. 2018).
- Maintaining safe mobility and preventing falls through tailored gait training, balance exercises, falls prevention strategies and prescription of mobility aids such as canes, walkers, wheelchairs and orthoses.
- Managing stiffness, spasticity, muscle cramps and reduced joint mobility through stretching programmes. These can also include positioning techniques, range-of-motion exercises and physical management strategies to minimise discomfort and prevent contractures.
- Monitoring respiratory function, teaching breathing exercises, optimising airway clearance and introducing cough-assist techniques when necessary (Benzo-Iglesias et al. 2025).
- Providing education to patients and caregivers regarding energy conservation, fatigue management, safe transfers and equipment use. As the disease advances, physiotherapy increasingly focuses on comfort, quality of life, positioning and symptom relief within a palliative care framework. Education, supporting family members and

caregivers is also an important aspect of care (Heckmann et al. 2026).

South Africa offers three MND referral-based clinics with dedicated neurologists, physiotherapists, speech therapists and other key healthcare professionals:

1. Chris Hani Baragwanath Academic Hospital (CHBAH) in Soweto, Gauteng (011 933 8099 / 011 933 9111)
2. Groote Schuur Hospital Neurology Department in Cape Town, Western Cape (021 404 3198 or 021 404 3205)
3. Tygerberg Hospital in Bellville, Western Cape (021 938 5500)

For more information about MND, please visit https://mndasouthafrica.org/, or https://www.physio-pedia.com/Motor_Neurone_Disease_MND, or call 0834678018

*recent African research has highlighted that MND is increasingly recognised across the continent*

## References


Benzo-Iglesias, M. J., Rocamora-Pérez, P., Valverde-Martínez, M. L. Á., García-Luengo, A. V., Benzo-Iglesias, P. M., & López-Liria, R. (2025). Efficacy of respiratory muscle training in improving pulmonary function and survival in patients with amyotrophic lateral sclerosis: a systematic review and meta-analysis. *Therapeutic advances in respiratory disease*, *19*, 17534666251346095. https://doi.org/10.1177/17534666251346095

Clawson, L. L., Cudkowicz, M., Krivickas, L., Brooks, B. R., Sanjak, M., Allred, P., Atassi, N., Swartz, A., Steinhorn, G., Uchil, A., Riley, K. M., Yu, H., Schoenfeld, D. A., Maragakis, N. J., & neals consortium (2018). A randomized controlled trial of resistance and endurance exercise in amyotrophic lateral sclerosis. *Amyotrophic lateral sclerosis & frontotemporal degeneration*, *19*(3-4), 250–258. https://doi.org/10.1080/21678421.2017.1404108

Heckmann, J. M., Floudiotis, N., Makanjuola, A., Ogunniyi, A., Mochan, A., Mongwe, R. R., Sokhi, D. S., & Nel, M. (2026). Motor neuron disease in Africa: a critical appraisal of the literature. *Nature reviews. Neurology*, *22*(7), 428–438. https://doi.org/10.1038/s41582-026-01221-y

Floudiotis, N., Modi, G., & Mochan, A. (2023). Motor neuron disease in black African patients at a tertiary care hospital in Soweto, South Africa. *Journal of the neurological sciences*, *451*, 120710. https://doi.org/10.1016/j.jns.2023.120710

Stern, C., Semendric, I., Shrestha, N., Beasley-Hall, J., Hasanoff, S., Barker, T., Pollock, D., Schubert, C., Giles, L., Vucic, S., Merlin, T., & Munn, Z. (2025). Guidelines addressing Motor Neurone Disease (MND): a scoping review. *Neurodegenerative disease management*, 1–16. Advance online publication. https://doi.org/10.1080/17582024.2025.2573608

# KEEPING YOUR PRACTICE RUNNING WHEN YOU ARE NOT THERE

ESTHER NIEMAND

Keeping a physiotherapy practice running smoothly when you're not physically present is one of the most challenging parts of private practice ownership. For one reason or another, every physiotherapist eventually has to step away, whether it's by choice or involuntarily. Despite this, the unspoken belief that the owner or lead therapist must always be available is incredibly common. Women's Month offers an opportunity to rethink that expectation, both for women specifically, and, more generally, every physiotherapist who carries the weight of a practice on their shoulders.

The truth is that preparing for an absence has to begin well before the actual leave starts.

Physiotherapists carry an invisible workload that includes planning patient handovers, ensuring continuity of care and organising administrative tasks and processes. This means that the preparation is both logistical and involves thinking about the individuals affected by your time off. You have to consider how patients will respond, how the team will cope, and how the practice will function without the familiar and reassuring presence of the therapist who usually anchors it.

In South Africa, the realities of taking time away from a private practice are also shaped by practical and legal considerations. While the Basic Conditions of

Employment Act requires leave rights for employees, private practice owners tend not to have employer-funded leave. Instead, they have to rely on UIF benefits if they have been contributing and personal financial planning. In addition to this, they have to pay compensation to a locum or for the extra work their team needs to pick up to cover them.

The HPCSA's ethical guidelines add another layer of responsibility. Continuity of care remains essential, and practitioners have to ensure that patients are not abandoned. Proper clinical handover, clear communication and the maintenance of accurate records are all required. These tasks can be delegated to another but only when the person taking over is appropriately trained. It's also important to note that you remain accountable for the quality of care provided.

The Protection of Personal Information Act (POPIA) also plays a significant role when someone else steps into your practice. Patient information must be protected through secure access controls, confidentiality agreements and compliant digital systems. It is not enough to hand over a laptop or a password. As the practice owner, you have to ensure that the locum or colleague accessing patient files does so lawfully and ethically, and that the systems you have in place safeguard sensitive information.

The physiotherapists who navigate these challenges most successfully are those who have invested in building resilient practices long before they need to step away. A practice that can function independently is not created in a moment of crisis; it is built through thoughtful planning. This includes developing clear processes for booking, billing and note-keeping, as well as creating clear channels of communication, so that anyone stepping in knows exactly what to do in any given scenario that arises. It also involves training and empowering your practice's team, whether that team consists of administrative staff,

junior therapists or a trusted practice manager, so that the daily operations do not depend on one person, you.

Using the strengths of others and delegating the various tasks and responsibilities of your practice is a sign of good leadership. A practice is drastically weakened and is more vulnerable to disruption when everything depends on one person. A culture of shared responsibility also has the benefit of helping everyone to understand the purpose behind the systems you have in place which makes them more invested in maintaining them.

Thus, one of the most important shifts physiotherapists can make is moving away from the idea that they must personally hold everything together. The expectation to "just make a plan" or "push through" is common in healthcare because there are so many situations in which that is the only option, but it is neither sustainable nor healthy as a general approach to everything. A practice built on systems rather than individual heroics is far more resilient and effective than the alternative.

Automated booking platforms, digital clinical notes with controlled access, billing systems, communication templates, and shared calendars all reduce the mental load and ensure continuity even when the primary therapist is not present. These tools, of course, do not replace the human element of physiotherapy, but protect it by reducing unnecessary stress.

*A practice built on systems rather than individual heroics is far more resilient and effective than the alternative.*

During the leave, some physiotherapists choose to check in periodically with their team, while others prefer to step back completely. Both approaches work. The key is trusting the systems and people that have been put in place. Once you return, however, it's always a good idea to hold a debrief to help identify what worked well and what needs improvement.

Although this conversation is especially relevant during Women's Month, when we reflect on the roles, responsibilities, and pressures often carried by women, it is equally important for every physiotherapist. The ability to step away from a practice without fear of collapse is not a luxury; it is a marker of a healthy, sustainable business. It is also a recognition that physiotherapists are human beings with families, health needs, personal goals and lives beyond the practice.

As we celebrate Women's Month, it is worth remembering that resilience in physiotherapy is not being able to do everything alone. Rather, resilience requires building systems, empowering teams and designing practices that honour the full humanity of the people who run them. A practice that can function without you is a sign that you are a thoughtful, ethical and forward-thinking professional who understands that sustainability is part of good clinical care. Ultimately, a resilient practice is not just good for business. It is good for physiotherapists, good for patients and good for the profession as a whole.

# THE SASP PODCAST

## Practice with Purpose

For those of you who enjoy your podcasts, look out for the launch of the SASP Podcast this August, the SASP's first podcast.

In it, hosts Esther Niemand and Ester Venter, who also came up with the idea, will host a conversation every two weeks with an expert to explore a different practical topic, though the episodes will normally revolve around a specific ethical dilemma or concern.

Their hope is that the podcast will draw attention to important issues that physiotherapists face, particularly of an ethical nature so that they help make the HPCSA's ethical guidelines understandable, known and relevant to daily practice.
The first seven guests have already been lined up, so you can look forward to some interesting and informative discussions with:

- Prof. Veronica Ntsiea, Chair of the Professional Board of Physiotherapy, Podiatry, and Biokinetics at the HPCSA, on the HPCSA ethical guidelines.
- Prof. Karien Mostert of the University of Pretoria for practical tips on navigating ethical decision making in daily practice.

# PRACTICE WITH PURPOSE

PRIVATE SECTOR GROUP™

SOUTH AFRICAN SOCIETY OF PHYSIOTHERAPY

# SASP PODCAST

- Bruce Barker, Chair for the Professional Practice Committee and the Preliminary Committee of Enquiry at the HPCSA, to talk about ethical marketing.
- Neo Mandewo, a 4th year physiotherapy student and influencer, for practical tips on social media use.
- Tasneem Abrahams, an Occupational Therapist and founder of the Private Practice Growth Club, for a conversation on ethical pitfalls with payment structures and financial literacy.
- Brent Petersen and Fiona Morgan, physiotherapists and experts on telehealth, on how you can use telehealth

effectively in your practice.
- Karen Coetzee, the SASP Private Sector Group Liaison Officer, on financial audit myths.

You can find the podcast on Spotify and Youtube

**Esther Niemand** has a special interest in neurology, physiotherapy research and understanding ethical dilemmas in everyday practice. She is passionate about the profession and changing people's lives for the better, one person at a time. Apart from being a physiotherapist in private practice and the Practice Management representative of the Private Sector Group of the SASP, Esther spends her time gardening, reading and being in nature.

**Ester Venter** is a physiotherapist and Professional Officer at the SASP. She has over 18 years of experiece in clinical practice, private healthcare and professional leadership. Her work focusses on professional development, governance, policy, ethics, student engagement and advancing the physiotherapy profession in South Africa. When not immersed in something related to physiotherapy, she enjoys engaging in creative pursuits, reading and spending time with her husband and two children on their farm in Tzaneen.

# FINDING THE EVIDENCE YOU NEED

## *Smarter Searching for Evidence-Based Physiotherapy*

Evidence-based practice begins with a clinical question. However, even the best question is of limited value if clinicians cannot efficiently identify the evidence needed to answer it. However, considering how much literature is out there, efficient searching is far easier said than done, so effective literature searching has become even more of a core professional skill than it once was.


### A Reminder of Basic Search Principles

Whether searching PubMed, Google Scholar, Cochrane Library, CINAHL or PEDro, the same search principles that were taught at university apply: define your question clearly, use appropriate keywords, and search strategically. For physiotherapists, PEDro (the Physiotherapy Evidence Database) provides a particularly valuable resource because it focuses exclusively on research evaluating physiotherapy interventions and includes clinical practice guidelines, systematic reviews, and randomised controlled trials.

*Good evidence starts with a good search. Learn how to find the right research quickly and use PEDro to locate physiotherapy-specific evidence.*

**Start with a Clinical Question**
Before typing anything into a search box, take a moment to define what you want to know.

A useful framework is **PICO**:
- Patient or problem
- Intervention
- Comparison
- Outcome

For example:
*In adults with knee osteoarthritis, does exercise therapy improve function compared with usual care?*

A focused question helps identify the key concepts that should drive the search strategy and improves the likelihood of finding relevant evidence.

**Search for Concepts rather than Questions**
Databases work best when searching key concepts, which means you should avoid searching full sentences.

By way of example, instead of searching:
*Does exercise therapy improve pain in chronic low back pain?*

Search:
*low back pain exercise*

A good guiding principle is to start with the most important concepts, usually the condition and the intervention. If the search produces too many results, additional terms or filters can be added later to focus the search.

A common mistake is making searches overly complicated from the outset. In fact, PEDro recommends that most searches use only one to three search terms or fields.

**Use Filters Carefully**
Most databases allow filtering by factors such as:
- Publication date
- Study design
- Population
- Clinical area

Filters can improve efficiency, but applying too many restrictions early in the search process may exclude useful studies. A practical approach is to begin broadly and refine the search only if and when necessary.

**Prioritise Higher Levels of Evidence**
When searching for evidence about treatment effectiveness, it is usually most efficient to start with clinical practice guidelines, systematic reviews and randomised controlled trials.

Higher-level evidence provides a synthesis of multiple studies and can often answer clinical questions more efficiently than reviewing individual trials.

## Using PEDro to Find Physiotherapy Evidence

The great advantage of PEDro is that it is designed specifically for physiotherapy and provides access to a large collection of evidence evaluating physiotherapy

interventions. If you use it correctly, it can also make your research significantly more efficient which is something that every physiotherapist can do with, considering how busy our lives are.

**Start with the Advanced Search**
PEDro offers several search options, but the Advanced Search page is recommended for health professionals because it allows more precise searching using multiple fields.
These include:

- Abstract & Title
- Therapy
- Problem
- Body Part
- Subdiscipline
- Method

In many cases, beginning with keywords in the **Abstract & Title** field is sufficient to identify relevant studies.

**Example Search**

For the question, “Does exercise improve function in people with knee osteoarthritis?”
a simple PEDro search might begin with:

- knee osteoarthritis
- exercise

If required, the results can be refined further using PEDro's physiotherapy-specific filters such as Problem, Body Part, or Therapy.

**Review Search Results Strategically**
One of the advantages of PEDro is that results are displayed with clinical practice guidelines first, systematic reviews second and randomised controlled trials third.

This arrangement encourages clinicians to start with higher levels of evidence before exploring individual studies, which is, again, a time-saver.

**Use PEDro Scores**
PEDro also provides methodological quality ratings for randomised controlled trials using the PEDro Scale. These ratings can help clinicians identify trials that are more likely to be methodologically robust. However, quality ratings should always be considered alongside clinical relevance and applicability to the patient being treated.

### A Simple Search Workflow

When faced with a clinical question:

1. Define the question using PICO.
2. Identify the key concepts.
3. Start with a simple search.
4. Look for guidelines and systematic reviews first.
5. Refine using filters if needed.
6. Assess the relevance and quality of the evidence.

Following this process can save time and improve the quality of evidence you find.

## Conclusion

Searching for evidence is a skill that every physiotherapist can develop. Effective searches start with a clear clinical question, focus on key concepts rather than lengthy phrases and use filters strategically. While these principles apply to all health literature databases, the physiotherapy-centric nature of PEDro offers physiotherapists a powerful, physiotherapy-specific resource that makes identifying relevant evidence faster and easier than ever before, and considering the sheer volume of information out there, that is a particularly valuable thing indeed.

If you want more detailed information to basic and advanced searching of the PEDro Database, visit Skill building campaigns – PEDro

UCT PHYSIOTHERAPY

# OATHTAKING CEREMONY

ILSE DU PLESSIS

On 21 May 2026, the Division of Physiotherapy at the University of Cape Town celebrated a significant milestone as the second-year physiotherapy students participated in their annual Oath-Taking Ceremony. The event marks the transition from predominantly classroom-based instruction and learning to clinical education as the students prepare to enter their first clinical placements in the second semester.


The oath-taking ceremony also serves as an important reminder of the professional values, ethical responsibilities and commitment to patient-centred care that underpin the physiotherapy profession. By taking the oath, the students formally acknowledge their responsibility to uphold the profession's standards as they begin engaging directly with patients and healthcare teams.

The keynote address was delivered by Inge Croy, a UCT Physiotherapy graduate who qualified in 2001 and is currently the Lead Physiotherapist for the DHL Stormers United Rugby Championship team. Inge shared insights from her inspiring professional journey which has included work in private practice in London, international experience in Saudi Arabia, clinical education at UCT, community healthcare and high-performance sport. She reflected on the perseverance, resilience and growth required throughout her career, and highlighted how taking diverse opportunities within physiotherapy

ultimately led to her appointment as Lead Physiotherapist for the Stormers team.

Inge's message emphasised the value of mentorship, compassionate patient care and the unique impact


physiotherapists can have across a wide range of settings, from community health services to elite professional sport. Her experiences provided students with an inspiring example of the many pathways available within the profession.

The Division of Physiotherapy extends its sincere appreciation to the SASP for generously sponsoring bags and pens for all students attending the ceremony. This support was greatly appreciated and contributed to making the occasion memorable for students as they embark on the next stage of their professional journey.

The UCT Physiotherapy Division also congratulates all second-year students on reaching this important milestone and wishes them every success as they begin their clinical training.

# 2026 WORLD PT DAY

*Celebrating a profession that makes a difference*

There are very few moments in the year when an entire global profession pauses to celebrate who they are, what they do and the difference they make. World PT Day, celebrated annually on 8 September, is one of those moments.

Across more than 120 countries, physiotherapists come together to recognise a profession built on movement, evidence, compassion and hope. It is a day that reminds us that although we work in different healthcare systems, cultures and communities, we are united by a common purpose: helping people live healthier, more active and more independent lives.

For many of us, the work of physiotherapy is so familiar that we can sometimes forget just how extraordinary it is.

However, if we stop to think about it, every day, physiotherapists help people reach meaningful milestones. From guiding someone through their first steps after a stroke and helping an athlete return to the sport they love, to enabling a child to participate more fully in life and supporting an older adult to remain independent, the impact of physiotherapists is profound. They restore confidence after injury, prevent complications through movement and empower people with chronic conditions to take charge of their health.

These moments may happen out of sight, without fanfare, one patient at a time, but each little moment contributes to a profound contribution to human flourishing and marks physiotherapy as a profession as a force for good in the world.

This year's World PT Day theme highlights the role of physiotherapy and physical activity

in the prevention, management and rehabilitation of cardiovascular disease and stroke. It is a reminder that physiotherapists are more than rehabilitation specialists. We are movement experts who play an essential role in preventing disease, promoting healthier lifestyles and supporting people throughout their recovery.

In South Africa, this message has particular significance. As our country continues to face growing rates of non-communicable diseases, physiotherapists have an increasingly important role to play in both treating illness and helping people stay healthy for longer through movement, education and evidence-based care.

Put simply, physiotherapists are an incredibly important group of professionals, so we, the SASP, believe that one day is simply not enough to celebrate what our profession does in the lives of South Africa's citizens.

That is why we encourage physiotherapists across the country to embrace #PhysioWeek and use the entire week of World PT Day to celebrate the profession, raise awareness about it, educate patients, engage with communities and proudly show off the important daily work happening in our practices, hospitals, universities, rehabilitation centres, schools and communities.
You don't need to organise a major event or plan a grand gesture. The most powerful moments are the small conversations we have with patients, the stories we share, the students we inspire and individual acts of service in our communities.

Together, those moments shape how the public perceives physiotherapy and celebrates our role in the world.

*This year's World PT Day theme highlights the role of physiotherapy and physical activity in the prevention, management and rehabilitation of cardiovascular disease and stroke.*

As World PT Day approaches, we encourage every physiotherapist to take a moment to reflect on the lives you have touched and the difference you continue to make. Then, join colleagues across South Africa and around the world in celebrating a profession that is transforming lives through movement.

Do this because World PT Day is about looking back at what we've achieved and celebrating who we are today so we can be an inspiration for tomorrow.

# World PT Day 2026

8 SEPTEMBER