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South African Society of Physiotherapy

FOR THE PHYSIO
WHO CARES

PhysioSA MAGAZINE

LEARNING TO SERVE A COMMUNITY

GO TURQUOISE *for the Elderly*

UFS RESEARCH PROJECTS

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

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

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Parade on Kloof Office Park
Bedfordview

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CONTENTS

TURQUOISE FOR THE Elderly

Faizaan Mahomed

On 18 June 2026, the Physiotherapy Department at Moses Kotane Hospital hosted an awareness and wellness event for elderly members of our community as a part of the Go Turquoise for the Elderly Campaign (15 May to 15 June). The campaign aims to raise awareness about the rights, safety, dignity

and wellbeing of older persons, particularly those living in vulnerable communities.

To show our support for the campaign, members of the Physiotherapy Department dressed in black and wore turquoise ribbons. We also decorated the main entrance of the hospital with turquoise balloons. The hospital supported the initiative by providing a gazebo, tables and a microphone and speaker system which allowed us to create a welcoming space where elderly patients and visitors could stop, engage and learn more about healthy ageing.

The event was made possible through contributions from the physiotherapy team. Together, we purchased 15 beanies, 15 pairs of socks, 10 coffee mugs and three sacks of naartjies for distribution to elderly participants. One of the physiotherapists also generously prepared homemade soup and bread rolls for the day. In addition, the department carried rubber ferrules to replace worn-out ferrules on assistive devices used by elderly patients, helping to improve safety and reduce the risk of falls.

The timing of the event could not have been better. The temperatures in Ledig dropped to approximately 5°C, so the warm soup, fresh bread rolls and winter beanies were greatly appreciated by the elderly attendees and provided some comfort during the cold winter morning.

Educational pamphlets were specifically developed for the event by the community service physios and distributed to all the participants. The pamphlets highlighted the importance of physiotherapy for older adults, and drew attention to both common

conditions that physiotherapists manage as well as warning signs that indicate a need for physiotherapy intervention. They also gave information on home exercise programmes and practical fall-prevention strategies.

Throughout the day, elderly patients and community members were welcomed to our station as they entered the hospital. After being registered, participants were educated on healthy ageing, mobility, exercise, fall prevention and the services offered by physiotherapists. They were then provided with soup, bread rolls, naartjies, beanies, socks and educational pamphlets. A total of 30 elderly participants attended and benefitted from the awareness and wellness campaign.

Because we recognise that winter often brings an increase in musculoskeletal complaints, particularly back pain, the department also used the occasion to launch a monthly Back Care Class. Following the outreach activities, elderly participants experiencing back pain were invited to join existing out-patient physiotherapy patients for the inaugural session held in the Physiotherapy Out-Patient Department.

The class included stretching, mobility exercises, strengthening exercises, breathing exercises and simple yoga-based movements aimed at reducing stiffness, improving flexibility, and promoting functional independence. Participants were also educated on self-management strategies and

provided with home exercise programmes to help them maintain mobility and manage symptoms at home. After the session, tea, coffee and biscuits were served in the Physiotherapy Department's facilities which provided an opportunity for participants to socialise and interact with staff.

Ten people attended the inaugural Back Care Class and they gave glowing feedback on it. In response to the encouraging response, the Physiotherapy

Department plans to continue offering these classes every month as part of its commitment to health promotion and the prevention of musculoskeletal disorders within the community. The event was well received and successfully promoted healthy ageing, physical activity, fall prevention and awareness of physiotherapy services available to older persons. More importantly, it provided an opportunity to connect with elderly members of our community in a meaningful way while supporting the broader goals of the Go Turquoise for the Elderly Campaign. The cold winter weather served as a reminder of the importance of caring for and supporting older people, particularly those more likely to be vulnerable.

The Physiotherapy Department remains committed to promoting the health, independence and quality of life of older persons within the Moses Kotane community through ongoing education, health promotion and community-based initiatives

THE JOURNEY BEHIND THE PHYSIOTHERAPY EXPO Wits 2026

THABISO LETSI

Organising the Physiotherapy Expo was an intense, challenging and incredibly rewarding experience. The journey began towards the end of 2025 and continued throughout 2026. It involved months of planning, communication, coordination and preparation.

There were so many moving parts that had to come together for the event to become a reality, from contacting potential participants and securing sponsors, to booking venues and navigating the necessary faculty approval processes. As a student, the experience was particularly demanding because it required balancing student leadership responsibilities with academic commitments, clinical placements and my personal life. There were certainly moments when the pressure became overwhelming. However, through the grace of God, perseverance and the support of those around us, we were able to see the event through to completion.

I could not have done it without the Physiotherapy Student Council and my fellow council members who supported and assisted throughout the process. Their contribution was invaluable.

I would also like to express my sincere appreciation to the Physiotherapy Department and all the staff members who supported us behind the scenes. A great deal of work, coordination

and guidance took place behind the scenes to ensure that the event ran successfully. Their willingness to assist and support our vision made a significant difference, and we genuinely could not have done it without them.

Most importantly, I give thanks to God, because without Him, none of

this would have been possible.

Another significant part of the expo was the range of people who came to share their knowledge and experiences with our students. They provided incredibly valuable insight into the different areas of physiotherapy and helped demonstrate the diversity of opportunities within the profession.

A common challenge that physiotherapy students face is that so many enter the profession with a limited understanding of what physiotherapy encompasses. Physiotherapy is often immediately associated with sports, but this is a small part of the profession, and it extends far beyond sport, including areas such as neurology, cardiorespiratory physiotherapy, orthopaedics, paediatrics, intensive care and many others. Having professionals from different areas of the field engage with students allowed them to broaden their understanding of the profession and potentially see possibilities for their own future careers.

Our sponsors helped us provide refreshments and other necessities for participants and students, particularly those who were coming directly from classes and clinical placements. Their invaluable support demonstrated the value of collaboration in creating opportunities for students.

However, at the centre of the entire expo were the students. The Expo was ultimately created for them. An event such as this only has meaning if it benefits the student body. Although the number of attendees was not necessarily what we had initially anticipated, the students who did attend were genuinely interested in engaging,

learning and exploring the different aspects of physiotherapy. For us, that meant that the event was a success.

The journey was not without its challenges. There were moments when I genuinely wanted to give up and throw in the towel. There were setbacks, uncertainties and difficult periods where continuing felt extremely challenging. However, having the right people around me, having the support of the Council and the Department and, most importantly, relying on

meaningful. What matters is the difference that the initiative makes in the lives of the people it reaches. We believe that the impact of an initiative like this can create a ripple effect by influencing students who may eventually go on to influence their colleagues, patients and communities.

That is also why we hope that the Physiotherapy Expo will not remain limited to our institution. Our hope is that the idea can grow beyond Wits and eventually reach other institutions across South Africa

God gave us the strength to continue.

This experience taught me that impact should not always be measured by numbers. Even if the Expo only affected one or two students, that impact would still be

and, if the opportunity arises, internationally. We would love to see other physiotherapy student bodies take the initiative and create similar platforms for their students.

At the beginning of our term as a

Council, we asked ourselves a simple but important question: What is our intention? We wanted every initiative we undertook to have a clear purpose. For us, the intention behind the Physiotherapy Expo was to make a meaningful impact on the physiotherapy student body, not only at an institutional level, but ultimately at a national level and potentially even beyond.

As a Council, we felt the responsibility of the mantle that was passed on to us, and we were determined to carry it forward and build upon what had been started before us. We hope we have succeeded in this and that those who come after us take the initiative to greater heights.

Ultimately, our work was never just about organising an event. It was about creating opportunities for students, expanding their understanding of physiotherapy and inspiring them to become better clinicians for the people and communities they will eventually serve.

We hope that this is only the beginning. We hope that the initiative continues to grow, reaches more students and creates an even greater impact in the future. Most importantly, we hope that the intention behind it remains the same: to make a meaningful difference for the betterment of our students, our profession, our communities and society as a whole

SMART HEALTH SUMMIT 2026

Purpose in Practice

JUAN EEKHOUT

The 2026 Smart Health Africa Summit was hosted at Vodaworld, in Midrand, on 24 June, and brought together local and international thought leaders to address a critical question: how do we embed innovation into real systems, policy and daily behaviour?

This year's theme, "Purpose in Practice," challenged attendees to explore how digital tools can be adapted, scaled, and sustained long-term. The core message was clear: we must move from prototypes to practice because, ultimately, healthcare is about real-world application.

The summit's insights were structured around five central pillars:

1. Health equity and access by design: Turning innovation into equitable, connected care.
2. Resilient and interoperable systems: Building healthcare infrastructure that works under pressure.
3. Human-first healthcare:

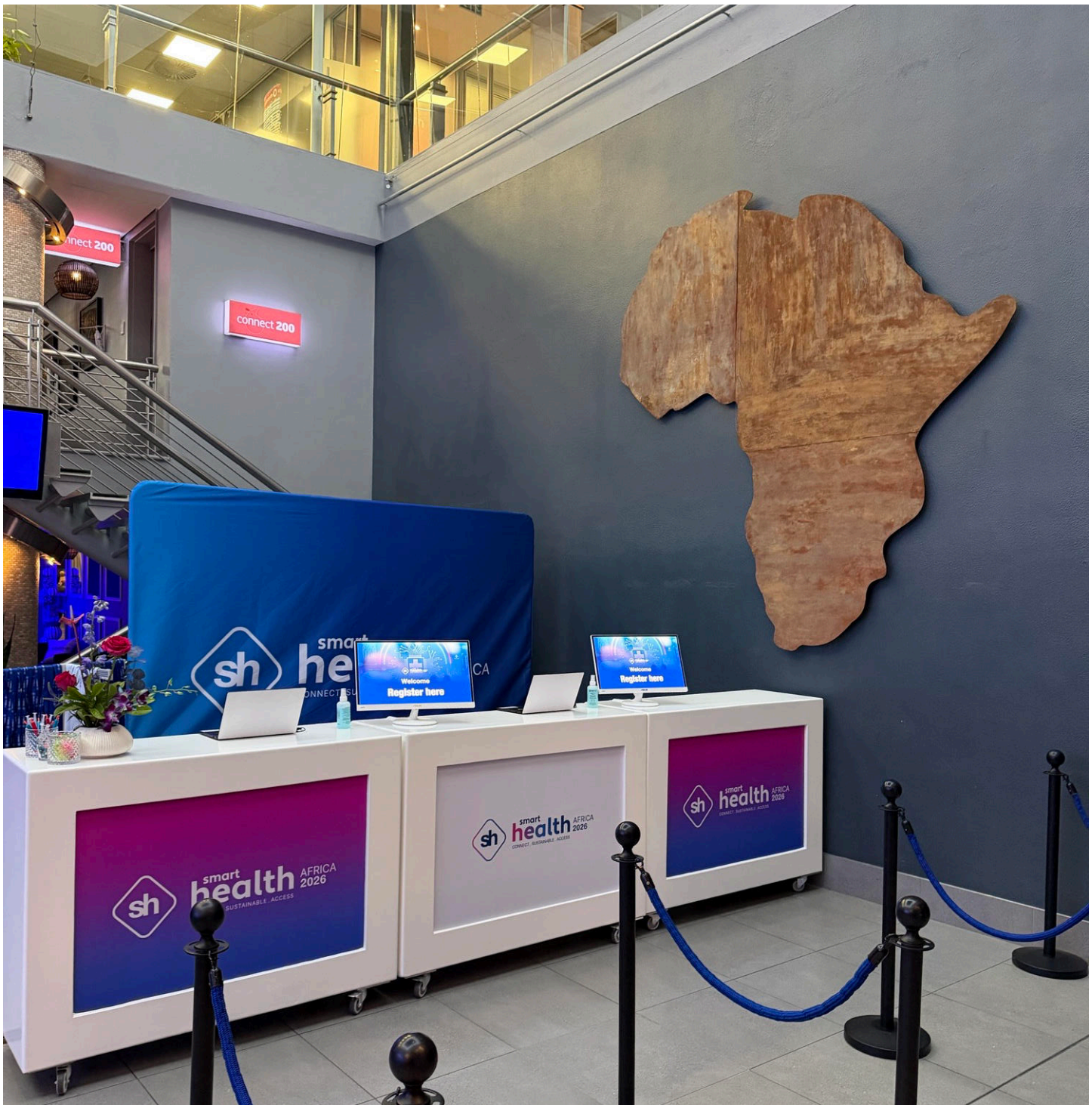
Designing care around patients, practitioners and communities.

4. Intelligence you can trust: Unlocking AI's potential while protecting people and data.
5. Longevity and preventative wellness: Shifting healthcare from reactive treatment to proactive vitality.

While the healthcare sector has traditionally lagged in technology adoption, artificial intelligence (AI) is driving a massive paradigm shift in the profession. AI Scribing is an example of this and is already being used to streamline clinical administration. However, true transformation requires more than simple digitisation.

Despite these advances, uncertainty around AI safety remains. Just as clinical practice relies on strict guardrails to ensure patient safety, AI requires a structured backbone with purposeful, transparent inputs. Much like human health, where what patients put into their bodies determines their well-being, AI data inputs dictate the safety of the output. To truly mitigate risk, we must evaluate the entire technological ecosystem, not just the AI itself.

In the South African context, access and affordability are inseparable, and both depend heavily on inclusive design. Culturally democratised technology, such as tools that reduce language barriers, can bridge equity gaps locally and globally. For true accessibility, health applications should ideally be free rather than subscription-based. Furthermore, utilising "on-device" AI and "cold apps" ensures that sensitive patient data remains strictly on the



device, safeguarding privacy within resource-constrained environments.

Finally, the summit explored behaviour change and looked at how wearables and health incentives can drive "human-first" care. Ultimately, the day succeeded in bridging the gap between what we healthcare practitioners know and what we do. Alongside the inspiring presentations, vibrant vendor displays encouraged rich collaboration and offered an exciting glimpse into the future of physiotherapy and broader healthcare across Africa

LEARNING TO SERVE A COMMUNITY

My Community Service Year at Moses Kotane

FAIZAAN MAHOMED

When I received my community service placement at Moses Kotane Hospital, I thought I knew what the year ahead would look like. I expected full outpatient lists, busy wards, long days and a steep learning curve. I did not expect to join a department that would constantly ask, "What more can we do?"

That question seems to shape everything we do.

Every Wednesday begins with yoga before work. It started as a team-building initiative but has

become a space where we slow down, stretch and breathe. It's a reminder to ourselves that we healthcare professionals need looking after too. Twice a week, we spend our mornings in the maternity department where we teach expectant mothers about movement, breathing, posture and exercise during pregnancy. Once a month, our stroke patients fill the gym, not for routine therapy, but for obstacle courses, outdoor activities and group rehabilitation that reminds them that they are not alone in their recovery.

Our cerebral palsy clinic is probably the best example of what makes this hospital special. Physiotherapists, occupational therapists, speech therapists, dietitians and audiologists come together to discuss a different theme each month. One month we discussed feeding, in another month, positioning, and in yet another, navigating special schools with representatives from the Department of Education. We also hosted Shonaquip to share practical solutions for seating and mobility, and while the children learn through play, their caregivers leave with knowledge they can use long after the session ends.

Learning is just as important behind the scenes. Every month, one physiotherapist teaches the rest of us about a topic they are passionate about. Every Friday, the hospital gathers for multidisciplinary CPD sessions where professions learn with one another. For me, a young physiotherapist, those conversations have been as valuable as any textbook.

I think the thing that has struck me most during my time here are the small things no one asks us to do.

I've often seen tea, coffee and biscuits offered to a patient waiting for an appointment from a refreshment station stocked and funded entirely out of our physiotherapists' own pockets. It's hardly what most people expect to find in a government hospital.

"it has been a year of discovering what physiotherapy looks like when a department embraces every part of its role."

Refreshments aren't the only things the physiotherapists have funded themselves. During the Go Turquoise for the Elderly Campaign, we bought beanies, socks, mugs and fruit, replaced worn ferrules on walking aids,

served homemade hot soup on a winter's morning and ended the day with an exercise class.

When nurses asked for help managing back pain, we built a wellness programme around them. More recently, in collaboration with Witwatersrand University, Chris Hani Baragwanath Academic Hospital and the Stroke Survivors Foundation, we introduced the Road to Recovery booklet for stroke survivors which gives patients a practical guide to understand and take ownership of their rehabilitation.
None of these projects appear on our duty roster, and none are measured by patient numbers or waiting times, yet they are some of the most meaningful times and often the moments our patients remember.

I've usually heard community service described as a year of growth. Of course, it has been that for me, but more than that, it has been a year of discovering what physiotherapy looks like when a department embraces every part of its role. Here, physiotherapy means teaching, preventing, advocating, collaborating and occasionally serving someone a cup of coffee while they wait.

Some hospitals teach you how to treat patients. Moses Kotane Hospital taught me how to serve a community

UFS 4th YEAR RESEARCH PROJECTS

The University of the Free State have implemented a new strategy to support their students' undergraduate research projects by launching the Faculty Research Forum of the University of Free State.

Two groups of 4th year students were selected to represent the Physiotherapy Department at the Forum with their research projects, and will present them in the 3rd week of August.

They will be competing against the Occupational Therapy, Dietician, Biokinetics, Medicine, Radiology, Nursing and Ophthalmology Departments for recognition as the top Research group in the Health Science Faculty.

The students involved have shared the Abstracts of their research projects with us, for which we are very grateful.

We wish them well with their participation in the Forum.

NEEDS, PREFERENCES, AND EXPERIENCES OF INDIVIDUALS DEALING WITH CANCER REGARDING EXERCISE AND PHYSICAL ACTIVITY INFORMATION: A SCOPING REVIEW

R Mostert, A Havenga, S Ngobese, TP Ntimba, N Veldtsman, ME Xaba

Study leader: J Welman

Background:
Exercise is an essential component of cancer care. It improves physical function, reduces treatment-related side effects and enhances quality of life (QoL). Despite existing exercise guidelines, individuals dealing with cancer report a lack of access to exercise and physical activity (PA) information.

Objectives:
Our objectives were to identify, map and describe the exercise and PA information needs, experiences and preferences of individuals dealing with cancer.

Method:
A scoping review was conducted using the JBI methodological framework. Electronic databases were searched for studies on exercise/PA information among individuals dealing with cancer. Eligible records were screened and selected, and the data charted by two independent reviewer groups. Findings were synthesised descriptively using frequency counts and percentages.

Results:
Thirty-nine studies across diverse cancer populations and healthcare settings were included. Participants consistently reported unmet needs for accessible, evidence-based and individualised exercise/PA information. Although healthcare professionals frequently provided exercise information, participants often perceived it as insufficient, inconsistent or lacking practical guidance. Twenty-seven studies identified a need for exercise/PA information among individuals dealing with cancer. Five studies reported that participants were not informed about the benefits of exercise/PA. Participants preferred individualised exercise advice

delivered by trusted healthcare professionals through face-to-face consultations.

Conclusion:
Individuals dealing with cancer have unmet exercise/PA information needs. Integrating tailored, evidence-based exercise/PA information into routine oncology care may improve participation, health and QoL.

Clinical implications:
Physiotherapists are well-positioned to provide individualised exercise/PA information and counselling throughout the cancer continuum. Integrating physiotherapy into oncology care may improve PA participation and survivorship outcomes

INTERVENTIONS TARGETING THE RESPIRATORY MUSCLES OF ICU PATIENTS PRESENTING WITH DIFFICULTY TO WEAN FROM MECHANICAL VENTILATION: A SCOPING REVIEW

C Botha , E Ludik , LI Kwetana, A Nel, EJ Enslin , H Coetzee
Study leader: S Hanekom

Background:
Prolonged mechanical ventilation is associated with respiratory muscle weakness, most notably Ventilator-Induced Diaphragmatic Dysfunction. This contributes to weaning difficulty, and increased ICU and hospital length of stay. Non-pharmacological interventions have been proposed to reduce this weakness and facilitate weaning; however, the overall body of evidence has not been comprehensively mapped.

Objectives:
Our objectives were to identify and explore non-pharmacological interventions that were aimed at improving respiratory muscle strength in mechanically ventilated patients with weaning difficulties, and to describe their effect on ICU/hospital length of stay, respiratory muscle strength, ventilation duration and weaning time.

Method:
This review was conducted in accordance with the PRISMA-ScR checklist. A comprehensive electronic search was conducted using EBSCOhost across six databases. Studies investigating non-pharmacological interventions in mechanically ventilated adults experiencing weaning difficulty were eligible. Screening was performed independently by two reviewer groups. A third reviewer resolved discrepancies.

Results:
Of 263 records identified, 54 studies met the inclusion criteria. Inspiratory muscle training emerged as the most frequently applied intervention, and featured in 83% of studies. Improvements in respiratory muscle strength were reported in 90.7% of studies. Reductions in ventilation duration

and improvements in weaning success were observed in most studies reporting these outcomes, whereas findings on ICU and hospital length of stay were largely inconsistent.

Conclusion:
Non-pharmacological interventions, particularly inspiratory muscle training, may improve respiratory muscle strength and weaning outcomes, though effects on length of stay remain unclear.

Clinical Implications:
These findings support the consideration of inspiratory muscle training within routine weaning protocols. Additionally, the findings highlight the need for standardised, high-quality research to guide implementation

CARDIOVASCULAR DISEASES AND STROKE IN OUR OWN LANGUAGE

CELEBRATING OUR SEPEDI TRANSLATION JOURNEY

MORONGWA PETJA

For the World Physiotherapy Day 2026, the South African Society of Physiotherapy, in collaboration with the World Physiotherapy, took a deliberate position that physiotherapy information must speak the language of the people it serves.

As the Language team lead for

"In clinical practice, especially in our deep rural communities, we see daily how a language barrier becomes a health barrier."

Sepedi, I am proud to share that our team has successfully completed the translation of the four official World Physiotherapy Day 2026 information sheets, which focussed on this year theme, “The Role of physiotherapy and physical activity in cardiovascular health and stroke recovery”.

South Africa recognises 12 official languages, yet patient education material remains predominantly in English. In clinical practice, especially in our deep rural communities, we see daily how a language barrier becomes a health barrier.

A patient may nod in understanding during a consultation, but that doesn’t mean that they truly understand what they’ve been told. Real health literacy only comes when they can take the information home and explain it to their family and community in their own language. Having informational material in their language is incredibly important for this.

The effectiveness of our clinical treatments, rehabilitation and patient-centred care is compromised if patients have limited ability to understand, access, evaluate and communicate information. And this is usually the case when information is shared in the language that is not well understood by most people in our communities.

This is why we put such an emphasis on translating informational material.

However, we didn’t want to put out direct translations of English material. It had to be culturally and clinically adapted. We had to ask ourselves questions like: *How do we accurately translate concepts like “stroke”, “non - communicable diseases”, “cardiovascular disease”, “physical activities” and “self-management” in a way that is clinically correct and linguistically pure but is also culturally relatable and intelligible?*
The question guided every review meeting.

The Process

The SASP Translation Project provided us with a structured

framework. Alongside the four review documents, we had a translation information pack that outlined the roles and timelines, as well as the rigorous review process.

The Workflow:

1. Translation: first draft by a physiotherapist fluent in Sepedi, ensuring clinical accuracy
2. Peer Review: Review by more senior Sepedi Speaking physiotherapists, ensuring language accuracy, clarity and consistency.
3. Clinical review: Academic reviewers, confirming that the clinical meaning and health messages are accurately reflected in the translations.
4. Final corrections

The collaboration was volunteer-driven and meticulous, and, above all, collegial. We all agreed that the translation was not easy and even started questioning our competency in our own language. We also found that disagreements over terminology – for example, the most appropriate term for "physiotherapy/ physiotherapist" – sparked rich discussions about our profession's identity in indigenous languages.

Why It Matters for Our Profession

This achievement aligns directly with World Physiotherapy's vision and SASP's commitment to equitable, people-centred care.

When we provide information in indigenous languages, Sepedi in this case, we do three things: We improve patient adherence, affirm patient dignity and advance the profession.

As a physiotherapist passionate about health education and patient-centred care, and who also worked in rural communities, I have seen how language can either be a bridge or barrier to recovery. Our hope is that this translation effort is a step towards building a bridge towards more consistent and effective recovery.

Ke a Leboga – Thank You

This success belongs to the team, so I extend sincere gratitude to the SASP for initiating this inclusive project, to World Physiotherapy for providing the accessible source

"I have seen how language can either be a bridge or barrier to recovery."

materials, and to every member of the Sepedi translation Team for their voluntary expertise and commitment and making it possible for us to the celebrate the World Physiotherapy Day in our own language, Sepedi.

Leading this team was humbling, empowering, deeply rewarding and an honour that connected my clinical work to my cultural roots. It reminded me that our impact is not just in the treatments we provide, but in ensuring that "Koko"

(grandmother) in Ga-Maboi can access stroke advice in Sepedi, the language she well understands .

We hope this initiative will inspire other language teams and demonstrates that when we say, “Moving for Health”, we truly mean that health information must move into all South African languages.

Team Members

Project Co-ordinator:
Ester Venter

Team Lead:
Morongwa Petja

Team Members:
Tebatso Molokomme
Kutlwano Mohlabeng
Monene Mogano
Misiwe Makate
Motheo Mohlamonyane
Blantina Senwamadi
Lerato Radebe

MEET YOUR HPCSA BOARD MEMBER

PROF. SORAYA MAART

Please tell us a little about yourself and your journey into physiotherapy. What first drew you to the profession?
I was born in Komani, what was then Queenstown, in the Eastern Cape. When I was a child, the profession of Physiotherapy was unheard-of, but I discovered it during my Career Guidance lessons.

I remember paging through a book on medical careers and careers such as Occupational Therapy and Physiotherapy grabbed my attention. However, neither my parents nor teachers could tell me about these professions, and, on paper, Occupational Therapy seemed more exciting than Physiotherapy.

"I was accepted into The Occupational Therapy Programme… and realised that I had chosen incorrectly"

I was accepted into the Occupational Therapy Programme at UWC, but during orientation on a clinical visit to Conradie Hospital the differences between the professions were highlighted, and I realised that I had chosen incorrectly.

Fortunately, a very emotional plea to the Head of Physiotherapy was successful, and I was able to transfer.

The pull to physiotherapy came from its more physical approach to rehabilitation. My hands could literally make someone feel better.

Following that, my interest in community-based rehabilitation was cultivated by home referrals to patients of low resource settings who lacked access to continuous rehabilitation. As part of my growing interest in this area, I sought opportunities to get more involved, and I was privileged to work as a consultant at the UWC Community-based Rehabilitation Project.

Looking back on your career, were there any pivotal moments, mentors, or experiences that significantly shaped your path as a physiotherapist and leader?
I started my professional career at Tygerberg Hospital in the Neurosurgery ward. Although I found this clinical area to be traumatising during my training, it became the area that I enjoyed the most. The consultant and neurosurgeons acknowledged the value of interprofessional practice.

Being part of a multidisciplinary healthcare team and navigating the traditional medical hierarchy challenged me to develop strong leadership skills, confidence and the ability to advocate effectively for both my patients and my profession.

Several pivotal experiences shaped my journey as a physiotherapist and leader. Antoinette Burger played a huge part in my private practice journey. She identified a practice for me to buy and mentored me through setting it up. Her view was that I should be working for myself and not others. She also referred patients who lived in the area to my practice. Her approach was collegial and professional, and I value the impact she had on my life.

However, years of private practice also made me see the ugly side of touting, overcharging and defaming competition, which was a major reason I left for academia.

Prof Jennifer Jelsma and Prof Dele Amosun mentored me through my academic journey. Prof Amosun

was the voice of reason, and he kept me grounded and focussed. Prof Jelsma introduced me to the World Health Family of International Classification Network. Their support, wisdom and steady encouragement helped shape my professional growth, often providing opportunities, clarity and perspective when I needed it.

relevant to South Africa and the continent are foregrounded.

A particularly formative experience was serving as Head of the Division of Physiotherapy at the University of Cape Town. Leading a team through curriculum development, interprofessional education initiatives, and efforts to strengthen rehabilitation services

"Applying the International Classification of Functioning, Disability and Health in my PhD broadened my perspective beyond individual patient care to the wider health system and the barriers many people face in accessing rehabilitation."

Applying the International Classification of Functioning, Disability and Health in my PhD broadened my perspective beyond individual patient care to the wider health system and the barriers many people face in accessing rehabilitation. This shift helped me see physiotherapy as a tool for social change as much as clinical practice, and it eventually led to me serving as the co-chair and South African representative on the Functioning and Disability Reference Group of the World Health Organisation Family of International Classifications Network.

This allows me to engage with global leaders on aspects of rehabilitation, disability and coding. As the country representative I ensure that items

taught me the importance of inclusive leadership, mentorship and creating opportunities for others to grow.

What motivated you to become involved in leadership, governance, and HPCSA board and committee work?

The decision to step into leadership, governance and HPCSA committee work is driven by a desire to bridge the gap between daily clinical realities and the overarching regulatory systems that shape the healthcare environment.

My WHO role has led me to be invited to serve on a Technical Advisory Working Group that oversees and advises on the implementation of the World Health Organisation suite of classifications in the South African Health System. To do justice to this

role, it was also important to understand the professional landscape and the intersection of WHO standards to the South African clinical and professional context.
Similarly, during my tenure as Head of Division, I had to prepare for the HPCSA evaluation. The requirements and detail needed in the evaluation form allowed for reflection on practice. It triggered my interest to be part of the HPCSA where I could explore aspects of regulation in detail and play a more active role in shaping professional ethical practice of physiotherapists.

I currently serve as the chairperson of the Education, Training and Restorations Committee, which gives me the opportunity to be at the forefront of ensuring that minimum training standards are relevant and updated and that members who apply for restoration to practice again after a leave of absence are competent.

Many physiotherapists may not fully understand the role of the HPCSA and its Professional Boards. Why is it important for physiotherapists to engage with these structures?
Many physiotherapists believe that the HPCSA is only there to collect annual fees and monitor CPD, but the main aim of the HPCSA is to protect the public and advance professions. We can only protect the public against rogue and unprofessional individuals if we are properly informed of these transgressions. Similarly, by engaging with the HPCSA and understanding the needs of the professions we serve, we can engage on regulatory matters to advance scope of practice.

Without the engagement of physiotherapists, we run the risk of our scope being encroached on, our training becoming outdated and ceasing to be evidence based, and issues of misconduct being decided on by those who do not understand our profession. We need engagement with stakeholders across all sectors of physiotherapy to remain relevant and globally competitive.

"Without the engagement of physiotherapists, we run the risk of our scope being encroached on"

The Physiotherapy, Podiatry and Biokinetics (PPB) Board consists of individuals from public, private, community and academic spaces who have a keen interest in serving their respective professions.

In your view, how has the identity and scope of physiotherapy evolved over the years, and where do you see the profession heading in the future?
In earlier years, physiotherapists were often mistakenly identified as masseuses and mentioning that you were a physiotherapist would frequently prompt requests for a massage. Fortunately, the profession has evolved significantly, with increasing recognition of specialised areas of practice such as paediatric, neurological, cardiopulmonary and musculoskeletal physiotherapy.

Today, our scope extends far beyond these traditional specialties. Physiotherapists are recognised for their contribution across the entire lifespan, from health promotion and disease prevention to rehabilitation and long-term management. Our role has also expanded beyond the individual patient to encompass population health, community-based interventions, and the promotion of physical activity and wellbeing at a broader societal level.

Currently, universities are already preparing the next generation in AI technologies and tele-health.

What do you think are some of the greatest opportunities and challenges facing the physiotherapy profession in South Africa at the moment?
The role and scope of health promotion and prevention are under-appreciated within the physiotherapy profession. The transition from a traditional, curative mindset to a proactive, population-health model is exactly where physiotherapy can secure its future relevance.

Moving away from one-on-one sessions toward community-based or corporate-based lifestyle intervention groups creates a highly scalable, financially viable model for managing non-communicable diseases (NCD).

Both the challenge and opportunity are found in claiming our space in disease prevention as experts in movement and exercise

"The role and scope of health promotion and prevention are under-appreciated within the physiotherapy profession"

prescription.

Healthcare is changing rapidly through technology, AI, telehealth, and shifting patient expectations. How do you think physiotherapists should adapt while maintaining the core values of the profession?
The world is becoming totally technology driven, but the value of physiotherapy is that our strength literally lies within our hands. No AI robot will ever be able to replace the human touch. We can embrace telehealth as a strategy to increase access to services, but not as a replacement.

Our current regulation asserts that telehealth cannot be used for first time assessment, however, by developing unique physiotherapy apps, physiotherapists can contribute to the guiding and monitoring of interventions. The use of technology can transform how follow-up and improved access is achieved.

What advice would you offer to young physiotherapists entering the profession today?
I would encourage them to embrace an approach of lifelong learning and to remain curious and open-minded throughout their careers. Physiotherapy is a dynamic profession that continues to evolve with advances in research, technology and healthcare delivery.
I would also advise them to look beyond treating a diagnosis and focus on understanding the person behind the condition. Building meaningful therapeutic relationships, communicating effectively and considering the social, psychological and environmental factors that influence health are just as important as technical skills.

Burnout and professional fatigue are increasingly discussed within healthcare. What has helped you maintain purpose, resilience and balance throughout your career?
As a mom of three and someone still building a career, I can say that this is very difficult. It is important to have “me” time and do something that you really enjoy preventing professional fatigue and burnout. I have always enjoyed dancing and was a professional ballroom dancer in my youth. Now,

“No AI robot will ever be able to replace the human touch”

I create time to engage in Flamenco dancing. Dancing also has the benefit of challenging the brain's neuroplasticity and the body's physical systems.

I have also learnt to keep family and personal time sacred. I used to make the mistake of continuing with emails and sometimes even meetings whilst on leave, which did not allow me to recoup or re-energise and spoilt family holidays.

Finally, what message would you like to share with physiotherapists across South Africa?
Don't become complacent in practice. As South Africa transitions toward National Health Insurance (NHI) and grapples with a soaring burden of NCDs, our current curative model is simply unsustainable. We must collectively shift our mindset. Our true power lies in proactive health promotion and NCD prevention, and if we do not claim our seat at the healthcare policy table, our role will be undervalued, underfunded and written out of the future NHI landscape.

Let us boldly step out of the wards and treatment rooms and into the heart of public health

GLOBAL AWARENESS TO LOCAL CLINICAL ACTION

Building the Cardiopulmonary Physiotherapy Skills South Africa Needs

World Physiotherapy Day 2026 placed an important global spotlight on the role of physiotherapy and physical activity in the prevention, management and rehabilitation of cardiovascular disease and stroke.

This year's focus also marked the beginning of a broader four-year World PT Day emphasis on noncommunicable diseases. It has highlighted the growing need for physiotherapists who can contribute across the complete continuum of care, from prevention and early intervention to acute management, rehabilitation and long-term community-based support.

The scale of this challenge is immense. Cardiovascular diseases are the leading cause of death globally, claiming more than 20.5 million lives each year, and more than three-quarters of these deaths occur in low- and middle-income countries.

This is particularly relevant in South Africa, where physiotherapists work within a complex health environment shaped by communicable and noncommunicable diseases, trauma, inequality and significant differences in access to healthcare and rehabilitation.

The World PT Day message therefore challenges us to consider not only the contribution physiotherapy can make, but also whether physiotherapists are adequately equipped to fulfil this increasingly important role.

Looking Beyond the ICU

Cardiopulmonary physiotherapy is still sometimes viewed primarily through the lens of the Intensive Care Unit, and one tends to think of ventilated patients, airway clearance and early mobilization. These remain essential areas of

practice, but the role of the cardiopulmonary physiotherapist extends far beyond the ICU.

Physiotherapists encounter people living with cardiovascular and respiratory conditions throughout the healthcare system. They may be treating a patient following cardiac surgery in an acute hospital ward, while supporting someone living with chronic obstructive pulmonary disease or post-tuberculosis lung disease, as well as delivering cardiac or pulmonary rehabilitation and much more, all at the same time.

to rehabilitation, long-term condition management and participation in everyday life.

The Skills Required for the Future of Practice

Meeting this need requires more than clinical knowledge alone. South African physiotherapists must be able to evaluate evidence critically and translate it into appropriate clinical decisions. They need to communicate their reasoning clearly, collaborate effectively within multidisciplinary teams and advocate for patients

CPTPlus places the reality of the South African clinical context at the centre of the learning experience.

Physiotherapists can also contribute to the prevention of cardiovascular disease by identifying people who may be at increased risk, promoting physical activity, designing safe and personalised exercise programmes, recognising warning signs and encouraging early action.

This means that cardiopulmonary physiotherapy neither begins when a patient enters ICU, nor ends when that patient is discharged from hospital. It follows the patient across the continuum of care, from prevention and acute intervention

who may struggle to access rehabilitation.

They must also understand how social, environmental and economic factors influence a person's health and recovery. They need to be able to select meaningful outcome measures, adapt interventions to the resources available and demonstrate the value of physiotherapy to patients, healthcare teams, funders and decision-makers.
Additionally, leadership, advocacy, evidence-based practice,

reflection and digital literacy are becoming central to effective physiotherapy practice.

The World PT Day focus on prevention, management and rehabilitation reinforces this broader professional role. It asks physiotherapists to look beyond an isolated episode of treatment and consider how their knowledge can contribute to improved health outcomes across a person's lifespan.

From Acquiring Knowledge to Developing Competence

Short courses and workshops can provide valuable exposure to a specific condition, treatment technique or area of practice. However, developing advanced clinical competence requires physiotherapists to connect knowledge across different situations and apply it within the realities of their own working environments.

This is the thinking behind CPTPlus, an advanced cardiopulmonary professional development programme presented by the South African Society of Physiotherapy's Cardiopulmonary Rehabilitation Group (CPRG).

CPTPlus's integrated curriculum develops competencies across seven domains:

- Clinical excellence
- Evidence-based practice
- Communication and multidisciplinary team leadership
- Advocacy and health-system navigation
- Reflective practice
- Cultural and contextual competence
- Technology and digital literacy

Additionally, five conceptual threads run throughout the programme:

- Evidence-based practice
- The International Classification of Functioning, Disability and Health framework
- Advocacy and leadership
- Reflective practice
- The realities of healthcare delivery in South Africa and other low- and middle-income settings.

Instead of treating these as separate subjects, CPTPlus applies them throughout the learning journey. Participants are encouraged to consider not only which intervention may be clinically appropriate, but also what the evidence says, how the patient's context affects care, how outcomes will be measured and how the physiotherapist can advocate for improved services.

Learning Grounded in South African Reality

Any useful and meaningful course must take South Africa's unique context into account in its design. International research, clinical guidelines and technological developments are essential to contemporary practice, of course, but they cannot always be

transferred directly into every South African setting.

A rehabilitation programme designed for a highly resourced urban hospital may not be feasible in a community clinic without specialised equipment. A standard treatment pathway may not sufficiently account for the effects of tuberculosis, HIV, trauma, multiple chronic conditions or limited access to follow-up care.

CPTPlus, therefore, places the reality of the South African clinical context at the centre of the learning experience. Participants explore the country's burden of disease, resource-appropriate assessment and outcome measures, public- and private-sector challenges and community-based approaches to rehabilitation.

Beyond that, problem-based learning runs throughout the programme, and participants return to authentic South African patient cases as their knowledge develops. This allows them to integrate new evidence, clinical reasoning and contextual understanding into increasingly complex clinical decisions.

Relevant Across the Profession
It's important to point out that CPTPlus is not only intended for physiotherapists working in ICU.

The programme is also relevant to physiotherapists working in acute hospital wards, general medicine and surgery, outpatient departments, primary healthcare clinics, community health centres, private practice, cardiac and pulmonary rehabilitation programmes, and academic or teaching environments.

The curriculum covers advanced cardiopulmonary physiology, comprehensive assessment using the ICF framework, functional assessment and outcome measurement, ICU and acute management, chronic rehabilitation, evidence-based practice, advocacy and professional leadership.

The breadth of the course's curriculum reflects the reality that cardiopulmonary care does not exist within a single clinical setting.

Cardiovascular diseases are the leading cause of death globally, claiming more than 20.5 million lives each year

An Active Learning Journey
CPTPlus also recognises participants as adult learners who bring valuable professional knowledge and experience into the programme.

Self-directed online learning is supported by facilitated discussions, written and reflective activities, problem-based learning and three in-person practical

weekends. These contact sessions allow participants to consolidate their knowledge, practise clinical skills and learn alongside peers and experts in the field.

The purpose is to develop physiotherapists who can think critically, communicate their reasoning, apply evidence and contribute to better cardiopulmonary care within their own contexts.

Turning Awareness into Sustained Action

World PT Day creates an important moment of global awareness, but its message must continue beyond 8 September.

Strengthening physiotherapy's contribution to the prevention, management and rehabilitation of cardiovascular and other noncommunicable diseases requires sustained investment in the profession's clinical capability.

CPTPlus aims to help build this capability within the South African profession. It prepares physiotherapists to contribute across the cardiopulmonary patient journey, whether their work takes place in an ICU, an acute ward, a rehabilitation programme, a primary healthcare facility, a private practice, a university or a patient's home.

It also provides an opportunity to strengthen the knowledge, confidence and professional leadership needed to make that contribution real within South African healthcare.

Take the Next Step

CPTPlus begins on 1 February 2027 and combines self-directed online learning with facilitated learning and three in-person practical weekends.

Flexible payment options are available, with preferential rates for SASP and CPRG members.

Scan or click the QR code to learn more and register for CPTPlus 2027.

Sources and Further Information

- World Physiotherapy. 2026. World PT Day 2026 materials launched. 8 June 2026. Available at: https://world.physio/news/world-pt-day-2026-materials-launched

- South African Society of Physiotherapy. 2026. CPTPlus course information. SASP Featured Courses. https://www.saphysio.co.za/featured-courses/cptplus-2027/

South African Society for Physiotherapy

CPTPlus • CARDIOPULMONARY REHABILITATION

LEAD THE EVIDENCE. CHANGE THE PRACTICE.

Cardiovascular and respiratory disease drive a growing share of SA's disease burden

> "Empowering physiotherapists to tackle the cardiopulmonary burden is essential for healthier communities."
>
> SASP CPRG

Understanding the cardiopulmonary landscape is crucial for effective patient management and outcomes in various settings.

8

Intensive Course Modules

cover essential cardiopulmonary rehabilitation topics.

12

Months to Complete

Designed for part-time study with flexible options.

CPD

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Continuing professional development hours included – confirm your points on registration.

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Self directed learning supplemented by 3 live sessions

Payment

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Built for South Africa

Contextualised from the ground up for SA's quadruple burden of disease – real, impactful and poorly adapted.

The ICF Framework, Throughout

One unifying clinical language for assessment, goals, and MDT communication – across every clinical module.

Advocacy as a Clinical Skill

Graduates learn to make the case for reh-bilitation services and lead quality improvement in under-resourced settings.

Register Your Interest Here