

EDITORIAL

QUALITY CARE

The physiotherapist has been firmly established as part of the multidisciplinary team involved with rehabilitation and habilitation of the handicapped. It seems, however, that it is no longer enough just to give physiotherapy, but that the quality of that physiotherapy matters very much — in terms of results obtained and cost-effectiveness. It is high time for every physiotherapist to take an objective look at his/her work, deciding whether every patient is receiving the best treatment, guidance, counselling and assistance available at the moment.

In Canada the physiotherapy body itself has undertaken a long-term assessment of the quality of physiotherapy services delivered (Saarinen, 8th International Congress, W.C.P.T. Israel 1978). At the Congress the first results were presented of an ongoing study of facilities available, patient needs and service rendered by physiotherapists across Canada. The full report will no doubt make very interesting reading and give guidelines for the future.

Further south in Texas, a retrospective study of 95 patients undergoing surgery for hip fracture at Rosewood General Hospital in Houston (Liss and Wylie *Texas Medicine* 1978, 74, 69-73), with an analysis of results of rehabilitation emphasizes the importance of early effective mobilization in a specialized rehabilitation unit. The authors conclude that the results of a good mobilization and rehabilitation programme in a specialized rehabilitation nursing unit render surgery of hip fracture in patients of high age and with medical complications feasible, since the mortality rate was only 5,3%.

Another study in Britain takes a critical look at stroke patients receiving physiotherapy, occupational therapy or speech therapy at six hospitals in South Manchester (Brocklehurst, Andrews, Richards and Laycock, *Brit. Med. J.* 1978, 1, 1307-1310). It seems that the amount of physiotherapy a patient received was directly proportional to the degree of disability but had apparently little or no (and sometimes an adverse!) influence on the final outcome. In this detailed study no mention is made of the facilities available or of what type of physiotherapy was given or how, but only whether occupational and speech therapy were available or not. Knox and Horrocks (*Brit. Med. J.* 1978, 1, 1696) comment on this, as well as the danger that limited service under less than ideal circumstances may be withdrawn as a result of this study. Brocklehurst *et al.* point out in their study as well as in answer to the above comment that they tried to stress the need for better deployment of available expertise to those patients who could benefit most from it, whereas patients with limited scope for recovery could benefit as well by treatment from less highly skilled personnel. The emphasis of assessment and subsequent quality of care should thus be on degree of recovery envisaged rather than degree of disability.

In this country, where manpower and resources are limited, and disease and disability rife, it would seem reasonable to assess all situations carefully and critically in order to deploy such manpower and resources in a most effective and efficient manner, at the same time utilizing less skilled personnel effectively to maintain status quo and prevent complications in those situations where little or no change can be effected.

VAN DIE REDAKSIE

BIOTERUGRIGTING
(Biofeedback)

Hierdie tegniek het as 'n terapeutiese implement in gedragsmodifikasie in onguns verval as gevolg van buitensporige resultate wat daaraan toegeskryf is gedurende die eerste paar jaar van hierdie dekade. Die afgelope paar jaar egter het meer verstandige proefnemings in die kliniese situasie weer aanvaarbaarheid aan bioterugrigting verleen. Verskeie dissiplines in die mediese en paramediese geledere het gebruik gemaak van óf uitgesproke bioterugrigting óf 'n meer subtiel vorm daarvan.

Basmajian, in 'n redaksionele inleiding (*Canad. Med. Assoc. J.*, 1978, 119, 8), verwys na nuwe ontwikkelings op die gebied, as gevolg van nuwe insig in die metodes waarmee die mens beheer oor verborge neurale en psigosomatiese meganismes kan uitoefen. Meeste proefnemings in die rigting dusver het egter in die laboratorium plaasgevind. Kliniese proefneming is meesal op die beheer van gestreepte skeletspier gemik.

Twee rigtings is hoofsaaklik ingeslaan, naamlik die heropleiding van sogenaamde "verlamde" spiere of diskinesias (soos gevind in die slap voet van 'n pasiënt met hemiplegie of 'n pasiënt met serebrale verlamming), en die toepassing in ontspanningsopleiding in pasiënte met spanningshoofpyne, kroniese ruggyn of angsneurose.

Fisioterapeute maak ook nou meer en meer van bioterugrigting gebruik en het dit in beide rigtings ontwikkel. Spierheropleiding in boonste neuronletsels blyk nog die mees effektiewe resultate te lewer, maar ook in ontspanningstegnieke word bioterugrigting al meer gebruik. Tydens die agtste Wêreldkongres van die World Confederation for Physical Therapy, gehou te Tel Aviv, Israel, is 'n hele sessie aan 'n paneel-bespreking oor hierdie tegniek gewy. Daar word tans hoofsaaklik van gehoor en visuele elektromiografiese seine gebruik gemaak. 'n Driedaagse oriënteringskursus oor elektromiografie vir fisioterapeute het die kongres voorafgegaan.

'n Meer subtiel gebruik word in gedragsmodifikasie gevind. Marshall (*Canad. Med. Assoc. J.*, 1978, 119, 45) bespreek metodes om pasiënte, wat chirurgie in 'n hospitaal ondergaan het, te help om stremming te beheer. Informele, pre-operatiewe voorligting het 'n onvoorspelbare, dog voordelige invloed. Hipnose is baie meer effektief, maar onprakties weens die lang opleiding wat beide terapeut en pasiënt moet ondergaan. Positiewe gedragsmodifikasie word egter aanbeveel daar verplegingspersoneel maklik opgelei kan word om dit toe te pas en pasiënte aktief by hul eie verbetering betrek word en beheer daarvoor het.

Baie meer moet nog van hierdie tegniek ondersoek word, maar dit blyk 'n handige en effektiewe terapeutiese implement te wees wat fisioterapeute in 'n verskeidenheid van situasies tot voordeel van pasiënte en andere kan aanwend.