

CORRESPONDENCE

Dear Madam,

Would you be good enough to bring to the notice of your readers who do not belong to the Private Practitioners Association the fact the Government has laid down a tariff of physiotherapy charges for Medical Aid Patients which was gazetted in October 1977. For Private (i.e. **NON** Medical Aid patients) the fee has to be a minimum of 25% higher than the corresponding Medical Aid Tariff for the type of treatment given.

Many physiotherapists seem to be unaware of this and are unwittingly causing difficulties for members of the Private Practitioners Association by apparently charging patients they treat whatever fee they think appropriate. This is leading to accusations against Private Practitioners Association members of overcharging, and entails a lot of extra work for the Executive Committee as well as embarrassment to the Private Practitioners member or members involved.

A recent case of a hemiplegia for instance, who was a member of a Medical Aid Society was charged the gazetted Medical Aid Fee of R6,60 by a Practitioner, and later went on holiday to a country district where he was charged a flat rate of R5,00 by an S.A.S.P. member who obviously had no idea of the correct fee. The irate and confused patient complained bitterly to the original P.P.A. member that he had been overcharged, and the case was referred to the Executive Committee to try to sort out in order to prevent an unnecessary complaint being sent on to the Professional Board.

Let me hasten to add that all fees may be reduced if the Physiotherapist considers the case warrants a lower fee, but it is essential that the laid-down fee be quoted and then the reduction stated.

Would non-P.P.A. members who accept the occasional Private case from time to time **PLEASE** contact their local Private Practitioners Association Chairman before quoting fees.

The names and addresses of Branch Chairmen are printed in the Journal, and the Private Practitioners Association Secretary is — Miss B. Winter, at 936 Libertas Medical Centre, Goodwood. 7460. Phone No. 98-2792.

Even better — if you take on Private patients why not become a Member of the P.P.A. and then all relevant information will be supplied to you.

MRS. P. PILKINGTON

Dear Madam,

I am a part-time physiotherapist, acting head of a department, working in a small hospital with only part-time staff.

In what way have I benefited from being a member

of the National Hospital Group? We all benefit greatly, not only as part-timers but also as married women coming back into practice after having our children.

I have learnt about the "red tape" involved in running a hospital department and how to approach this problem. As I have met the physiotherapists and heads of other hospitals, I can now contact them when I need help.

We are kept completely up to date, sometimes even more than the Doctors are. I learn a lot more and quicker from a few hours' discussion once every two months than from reading journals or books because it is real and so practical.

A "returning-into-practice" physiotherapist will feel less inadequate after attending a few of these meetings. At any rate she will know to whom to turn in an emergency for advice.

I think that there would be many more part-time staff if the salaries and working conditions were better. We can only achieve this if we unite and work together towards this goal.

MRS. C. M. BENNETTS

Dear Madam

The Inaugural Meeting of the South African Trauma Society was held on 27th March 1978 during the 11th Biennial Congress of the Association of Surgeons of South Africa in Bloemfontein. Affiliation of this body under the South African Medical Association has been applied for and the Executive Committee consists of:

President: Prof. A. E. Wilkinson (Johannesburg).

Vice-President: Prof. P. H. Krynauw Cilliers (Pretoria).

Honorary Secretary and Treasurer: Dr. J. W. van der Spuy (Cape Town).

Members: Dr. A. Steyn (Johannesburg), Dr. E. J. Theron (Bloemfontein), Dr. J. V. Robbs (Durban).

The aim of the Society is to promote the management, teaching and study of trauma and we are keen to draw into our ranks all those sharing this common interest. Associate membership is offered to Registered Physiotherapists with a special interest in trauma at a nominal annual subscription fee of one rand. Several such Associate Members have already joined and our total membership now exceeds 100. It is planned to start local groups in the larger centres in the near future.

Persons interested in joining our ranks are invited to write to me at The Accident Unit, Grootte Schuur Hospital Observatory, 7925.

J. W. VAN DER SPUY
(Honorary Secretary/Treasurer)

**GEVIND IN 'N FISIOTERAPIE-LESINGLOKAAL
GOUE REËLS VIR 'N ORTOPEDIËSE SAALKLAS**

1. Frakture bene: Draai skroewe los en verwyder penne.
Rede: Pasiënt moet vrylik kan beweeg.
2. Sny alle gipspalke versigtig los met 'n skerp lemmetjie.
Rede: Verwydering van styfheid en voorkoming van immobilisasie.
3. Alle gewigte moet terstond verwyder word.
Rede: Dit val op die Fisioterapeut se tone.
4. Fraktuur-been moet volle gewig dra gedurende heropleiding van loop.
Rede: Voorkom atrofie van spiere.
5. Nooi die tannie met die tee vriendelik om dit te kom uitdeel.
Rede: Die pasiënte word dors van al die oefen.
6. Skakel die radio's aan op Radio Bantoe — dit sal die ritme aangee vir die ritmiese bewegings.
7. Nooi die besoekers vriendelik om manuele weer-

stand te kom gee.

8. Beweeg die fraktuurstukke om 'n ekstra gewig te vorm vir groter mobiliteit.
9. Hou kiere- en krukkevegte om arms te versterk.
10. Leer die spesifieke pasiënte hygasemhaling in die oorgangsfase van 'n regter onderbeen amputasie.
11. Indien die pasiënte lomerig raak, gooi hulle met medisyneballe of sandsakke.
12. Kou ys vir groter vitaliteit en frekwensie.
13. Trek die pleisters van die veltraksie vinnig af om beenhare te verwyder.
14. Druk 'n groot stuk watte in pasiënte se monde wat geseliger is of laat hulle statiese asemhalings-oefeninge doen.
15. Sluit af met Russiese dans vir beenversterking van fraktuur-been se spiere en mobilisasie van nuwe gewigte.