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EDITORIAL

HOW many of us really know how to treat patients suffering from poliomyelitis? This is a problem which must be stirring our consciences at the present time when so many new cases are being referred for treatment throughout the country.

In the early stages routine methods are followed to alleviate muscle spasm, to prevent deformities and to maintain as good function as possible while waiting to see which muscles or muscle groups will be probably permanently affected. Then comes the problem of muscle re-education and rehabilitation in its full sense. There are so many theories, some diametrically opposed, that one is liable to be confused and bewildered. However, there is only one logical approach for the physio-therapist. All available literature must be read and studied and as many ideas as possible put into practice. It may well be that the same form of treatment cannot be used for different patients,

and only experience and trial will show what is best for each particular case.

Far too often we are content to jog along with our old ideas, not realising what ineffective treatment the patient is receiving. No matter how rushed we may be, whether it be in private practice or in a Hospital Department, it is our duty to see that each polio patient receives a thorough and detailed treatment with our knowledge applied intelligently.

Nor does it end there. Co-operation with others involved in helping the patient is essential and frequent discussions may have to take place with doctors, occupational therapists, orthopaedic technicians and any others who may have an important part to play.

A specialised knowledge of poliomyelitis is essential for all of us, since so much of the patient's recovery and adaptation to his disabilities rests with us and therein lies a great responsibility.