

CHALLENGES FACING THE NEW SOUTH AFRICA

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The 1980's had "infant stim" a term coined by Ferry in 1981 but the 1990's have heralded "pre-school stim". As part of the team dealing with school readiness and/or learning problems physiotherapists' treatment is directed towards low-muscle-toned children.

Can it be possible that in some nursery schools as many as 50% of children have low muscle tone and/or incoordination problems which need attention? How do we assess muscle tone and how low is too low? Is it possible for physiotherapists to change muscle tone? If so, will it really improve concentration, learning and hyperactivity?

Some of these children do improve with exercise and learning problems seem to diminish. Exercise and movement may well improve body image, self confidence and motivation to learn. It is not the therapy per se that worries me so much, but rather the unsubstantiated claims that improvement is due to the changes in muscle tone.

Most parents will do anything to assist their children to improve performance - we have a captive source of referral for treatment. I have seen far too many parents who admit to persisting with treatment for their children for many months and even years as they are "afraid to stop" or "in any case it won't do any harm" or "it makes me feel that I am doing something". Is that a good enough reason for long protracted treatment and what of the time and cost for such treatment? In the majority of situations it is no longer justifiable for physiotherapists in South Africa to carry out treatments on a one to one basis over extended periods of time on the assumed belief that it is necessary and effective.

What about the maturation of the nervous system? No reputable research has yet shown that the maturational process can be influenced. I have confirmed again and again that children improve as they mature by following their development and seeing them improve with no or minimal input - nevertheless regular therapy continues especially in private practice, for children with developmental disorders, as therapists cling to old beliefs.

In August 1994 a Physical Therapy Editorial note by Jules M Rothstein, refers to our endorsement of ideas, not because of proven evidence but rather by the strength of the purveyors and their ability to make presumptive arguments. He states "Cults based on dogma, no matter how widespread, do not bring honour upon anyone". Coincidentally this situation has arisen at a time when there is research evidence to suggest that children benefit most when services include a working partnership between therapist and patient or caregiver. This situation applies to all areas of physiotherapy and a good technician for one to two hours a week is inconsequential without appropriate teaching counselling and consulting with all team members.

Our energies must of necessity be directed towards the vast majority of needy children who receive no physiotherapy at all. In keeping with the ANC Health Policy, the South African Society of Physiotherapy has recently defined new strategies and goals which prioritise services to underserved communities at primary, secondary and tertiary care levels. It also advocates strengthening the role of physiotherapy in a comprehensive health care system by providing an efficient and effective partnership with mid level workers, in a milieu

where we know there are not sufficient professionals now or in the foreseeable future. I would like to acknowledge the clinical expertise of our private practitioners whose input however small would enhance the difficult task of extending our services into all communities in this country - do we not owe some community service to those who were deprived of services by our own omission?

How can we know what to treat and what not to treat? Dr Twomey at the World Confederation of Physiotherapy in 1991 alluded to the ability of physiotherapists to assess, treat and manage a vast variety of conditions efficiently with a minimum fuss. Only recently have physiotherapists become involved in their own research and development which is an essential component of a true profession.

I believe that every child has a right to be given every opportunity to develop to their fullest potential. This often requires specialised assessment, developmental guidance or in some areas relevant therapy. However, overservicing of children with developmental disorders will have to stop. We will be forced to justify our very existence in the new South Africa where resources are so limited and demands so great. To quote Dorothy Jewell in the Australian Physiotherapy Editorial 1994 Vol 40, No 3, "If we continue to produce highest quality clinical activity backed by the highest quality research, we have no need to fear the threats to our profession". I believe we have much to fear in South Africa as the challenges facing our profession are enormous.

No where and at no other time has the need for research in physiotherapy been more important than in South Africa today.