

Table I:

	Time From Amputation to Prescription	Length of Training	Independent Ambulation	Ambulation with Assistance
1. Sex				
Male	3 months	1,8 months	84%	16%
Female	4,6 months	1,8 months	50%	50%
2. Age				
0-30 years	2 months	1,9 months	91%	9%
30-60 years	3 months	1,6 months	56%	44%
60 and up	3 months	1,8 months	69%	31%
3. Cause				
Frostbite	No information	No information	100%	0%
Peripheral Vascular Disease	3,5 months	1,9 months	63%	37%
Diabetes Mellitus	3,4 months	1,6 months	65%	35%
Tumour	4 months	1,2 months	66%	44%
Trauma	5 months	2,5 months	90%	10%
Infectious	3,5 months	1 month	50%	50%
Congenital	No information	None	100%	0%

Discussion

Eight months is a long time for any patient to wait to be fully ambulant again. Efforts should be directed to reduce that time. Length of time from amputation to prescription appears unaffected by age, sex, and original aetiology for amputation. The only way to decrease this time is improved wound healing and shaping of the residual limb. Several research programmes are under way attempting to make improvements in this area. Two-and-a-half months from prosthetic prescription to delivery is indeed excessive. Actual fabrication of the prosthesis takes only a few days. This is due in part to slowness of third party payment. The major reason for this delay appears purely administrative in nature and could probably be decreased. At this facility a private prosthetic company not situated within the actual hospital was utilized. Perhaps by having a certified prosthetist on the staff of the Rehabilitation Medicine Department, this time lag could be significantly reduced.

Length of training averaged at 1,9 months, regardless of age, sex, or cause of amputation. Results presented are those for patients treated on an out-patient basis. Perhaps having the patient admitted to the hospital for shorter, more intensive rehabilitation would be the solution. Investigation into this matter should be instigated. Also interesting to note is that it takes approximately the same length of time to train a 20-year-old as it does an 80-year-old. The reason for this is probably that the 20-year-old is pushed to greater degrees of perfection, and taught many more things. The fact that 69% of patients over 60 years of age attained independence is impressive.

As can be seen from the independence levels achieved, in spite of age and poor vasculature, prosthetic training is obviously worth the effort. It is a question of level of achievement versus price in time! Continued emphasis is required to decrease the time involved.

Summary

A group of amputees seen at the Amputation Clinic of the University of Chicago are reviewed, with special reference to breakdown of length of time involved in completing rehabilitation, and independence levels achieved. Attempts were also made to see if age, sex and cause for initial amputation played any role in determining length of training or functional ability achieved.

Acknowledgements

I would like to thank the Director and staff of the Physical Therapy Department at the University of Chicago for their advice, criticism and assistance in accumulation of data.

References

1. Kerstein, M. D.; Zimmer, H.; Dugdale, F. E.; Lerner, E.; "Amputation of the Lower Extremity; A Study of 194 Cases". Arch. Phys. Med. Oct. 1974.

THE PRINCIPLE OF PHYSIOTHERAPY WORKSHOPS

The concept of Physiotherapy Workshops was first put to use by the Obstetric Association and has been used successfully in recent months by the S.A.S.P. Northern Transvaal Branch.

A Workshop takes the form of an informal, round-table gathering of physiotherapists at which both theoretical and practical aspects of a particular subject are thoroughly discussed and demonstrated. The subject is introduced by one or two more experienced members, after which any member may put forward ideas on the subject and demonstrate the technique forthwith. A treatment mat, plinth, apparatus or machine under discussion can be displayed and used at such a workshop.

The Workshop leader sums up at the end and defines areas of uncertainty which can be researched before a later, report-back workshop. A panel of experts may also be invited to guide discussion.

The aims of Physiotherapy Workshops can be summarised as follows:

1. to enable physiotherapists to interchange ideas and learn from one another in an informal, practical atmosphere;

2. to define controversial or uncertain areas of a subject requiring research, and therefore
3. to stimulate interest in research;
4. to create an opportunity for presenting and discussing available research literature which is otherwise often overlooked.

The Workshop evenings are characterised by lively comment, pauses of furious concentration and, needless to say, frequent bantering which, while ensuring a headache or two for the Workshop leader, makes the evening both educational and enjoyable.

Subjects dealt with so far were hemiplegia and low back pain. The latter proved too vast an area, as experts on the various causes spoke and after 2½ hours the Chairman had to interrupt lively and interested discussion and promise a second session!

Physiotherapy Workshops need not replace the more conventional lecture form of Branch meetings, but do provide a refreshing variation on many an old theme. Workshops have, however, proved to be very popular with all categories of members and attendance at these has increased both in numbers and active participation.

MRS. G. OOSTHUIZEN

Reproduced by Scabinet Gateway under licence granted by the Publisher (dated 2013).

SPECIAL INTEREST GROUPS

South African Society of Physiotherapy

Obstetric Association:

Secretary: Mrs. B. Kastell,
11 Bath Avenue,
Parkwood,
Johannesburg,
2193,
Tel.: 42-7410.

Manipulative Therapists Group:

Secretary: Miss C. de Smidt,
Erin Villa,
5 Lower Trill Road,
Observatory,
7925.

S.A. Neurodevelopmental Therapy Association:

Secretary: Mrs. L. Freeling,
P.O. Box 792,
Krugersdorp,
1740.

Hospital Group:

Secretary: Miss Pat Bowerbank,
605 Tivoli Flats,
9th Avenue,,
Wonderboom South,
Pretoria,
0084.

PROGRESS MADE IN FORMING A HOSPITAL GROUP

Why form a Hospital Group? There were very many reasons.

The largest percentage of physiotherapists in employment are working in hospitals; because of this the National Council in 1971 recommended to the N.E.C. of the S.A.S.P. that a Hospital Group should be formed. Hospital members were continually complaining about problems and conditions of service and therefore it was felt that the time had come for the hospital physiotherapists to take some responsibility towards solving their problems.

Hospital members on the N.E.C. were asked to take the initiative. In January 1972 Miss Pat Enslin (head physiotherapist, Baragwanath Hospital) sent out circulars to all ten branches of the Society, suggesting the formation of a Hospital Group as a subgroup of the S.A.S.P. and asking for suggestions and support. Unfortunately there was no response whatsoever and no headway was made.

Later, in 1972, senior hospital members of the Northern and Southern Transvaal branches held a meeting at the H. F. Verwoerd Hospital under the guidance of Mrs. Margaret Beattie (H. F. Verwoerd) and Miss Pat Enslin (Baragwanath). Due to the general lack of interest, it was then decided that senior physiotherapists of the Transvaal hospitals should meet regularly to discuss general problems.

Subsequently informal meetings were held on a two-monthly basis at different central hospitals. During this time Miss Enslin acted as secretary and the head of the department where meetings were held acted as chairman. During these first meetings it became very obvious that

physiotherapy staff were often uninformed and ignorant about regulations and benefits applicable to permanent as well part-time service. Furthermore, conditions of service varied considerably in different hospitals. These various differences were brought to the notice of the authorities and many differences rectified.

Much discussion took place on the following subjects:

1. Shoe allowance,
2. Uniform allowance,
3. Transport allowance,
4. Leave, sick leave and study leave,
5. Salary scales,
6. Senior posts.

Looking back on past minutes, the subject of shoe allowance came up no fewer than eight times. However, it was all worth it because T.P.H. and Department of Health hospitals now have a shoe allowance.

In 1973 it was decided to open the meetings to all Hospital Physiotherapy Society members and meetings were held regularly, rotating amongst the most central hospitals in the Northern and Southern Transvaal area. These hospitals were: Edenvale Hospital, J. G. Strydom, Johannesburg General, H. F. Verwoerd, Kalafong, Tembisa and Tara Hospitals.

However people have attended meetings from as far away as Vereeniging Hospital, Far East Rand, South Rand, Germiston, Ga-Rankuwa, Baragwanath, Boksburg-Benoni, Natalspruit and Westfort Hospitals.

1975 started off with great enthusiasm at a meeting at Edenvale Hospital with an attendance of 48 physiotherapists. At this stage another request from N.E.C. was received to investigate the possibility of forming an official Hospital Group as a subgroup of the Society. At this particular meeting an idea of just forming a Transvaal Hospital Group was discussed. However it was finally decided to form a National Hospital Group for the following reasons:

1. In order to carry official powers it had to be under the auspices of the S.A.S.P., in which case it had to be a National Group.
2. It was also found that conditions of service varied considerably from province to province.

An executive committee was subsequently elected as follows: Chairman, Mrs. M. Beattie (H. F. Verwoerd); secretary, Miss P. Bowerbank (Kalafong).

Two subgroups were elected to discuss the following:

1. Training of non-European orderlies,
 2. Constitution.
- A memorandum on the training of non-European physiotherapy aides has been drawn up and submitted to N.E.C.

Similarly, a constitution was also sent to N.E.C. for ratification.

On July the 28th, 1975, an inaugural meeting was held at the Workmen's Rehabilitation Hospital, chaired by Miss Margaret Emslie, a past chairman of S.A.S.P. This meeting was attended by 46 representatives from all the provinces.

A National Executive Committee was elected: Chairman, Mrs. M. Beattie (H. F. Verwoerd), vice-chairman, Miss L. Pretorius (Ga-Rankuwa), secretary, Miss P. Bowerbank (Kalafong), treasurer, Miss P. Enslin (Baragwanath). The office-bearers were elected from Transvaal members.

The aims of the group were discussed and in short are:

1. To co-ordinate and improve conditions of service.
2. To improve the standard of and research in physiotherapy in hospitals
3. To improve communication between various physiotherapy departments.

The immediate aim was to stimulate interest in all centres to form branches of the Hospital Group.

In 1976 the Executive Committee combined with members of the N.E.C. to draw up a memorandum on salaries

and conditions of service. This has subsequently been sent to all Directors of Hospital Services, the Secretary of Health, and other appropriate authorities.

During the past eighteen months the Transvaal branch of the Hospital Group has been exceptionally well attended and, apart from the general meetings, the Group decided to have discussions on various subjects and the following topics of interest were discussed: Surgical chests, medical chests, frozen shoulders, back pain and for the next meeting amputations. These have been very helpful and stimulating as they encouraged very lively discussion and exchange of ideas. In 1977 the Transvaal branch are going to embark on a survey of the treatment of hemiplegia. This will be carried on throughout all the physiotherapy departments in the Transvaal.

Following the success of the Transvaal branch, why is it that no other branches are prepared to take up this satisfying challenge?

BOOK REVIEW

Rehabilitation Medicine—The Management of Physical Disabilities, by P. J. R. Nichols, M.A., D.M. (Oxon.), F.R.C.P., D.Phys. Med. (London). Supplied by Butterworth & Co. (South Africa) (Pty) Ltd., P.O. Box 792, Durban. Cost R16,95 plus R0,15 delivery.

In this book the rehabilitation approach to common clinical problems is discussed and the contribution of Physiotherapists and Occupational Therapists is considered.

The author deals more with the moderately disabled person and compares him with the patient severely disabled.

The book is directed particularly to the General Practitioner as they are so frequently co-ordinators in the Home Rehabilitation Team.

Chapter I deals with Organization of Rehabilitation Services and discusses Rehabilitation in every facet, laying stress on the importance of physiotherapy, occupational therapy, industrial rehabilitation, and social services.

In Chapter II physiotherapy and the various modalities used by physiotherapists are discussed.

Chapter III deals with occupational therapy in much the same manner.

These general information chapters are followed by much more detailed discussions and demonstrations. Rheumatoid Arthritis is used as an example to demonstrate Total Rehabilitation. The full treatment of the patient is described, commencing with an assessment of his general condition.

Having used this condition as an example the author goes on to the various other crippling conditions including backache, neck and shoulder pain, osteo-arthritis, injuries, strokes and amputee problems, chest and heart conditions etc., and deals with each in turn relating to the original example of Rheumatoid Arthritis. Suggestions for physiotherapy and occupational therapy are made where the need calls for it.

This is a very practical book and will be of interest to both the physiotherapist in General Practice and the General Practitioner or family doctor.

A good index makes reference most convenient and each chapter is supplied with well documented notes and Bibliography and References.

The "Total Care of the Patient" is the main aim of this volume and this has been clearly emphasised and described in a most practical manner and related to many of the more common conditions met with in General Practice.

SOUTH AFRICAN SOCIETY OF PHYSIOTHERAPY TWELTH NATIONAL COUNCIL MEETING DURBAN, MAY 10th, 11th and 12th, 1977

The Natal Coastal Branch of the South African Society of Physiotherapy is hosting the National Council meeting on the 10th, 11th and 12th May, 1977. This will be preceded by a stimulating and topical Post Registration Course.

The title of this one-day course is "Modern Trauma and the Physiotherapist". Subjects will include:

1. Massive trauma,
2. High velocity injuries,
3. Burns,
4. Shock,
5. Blast trauma,
6. Mental and physical rehabilitation.

The venue is the Edenroc Hotel, where provisional accommodation has been arranged.

Costs will be kept to a minimum and will depend on the final numbers.

Further details will be circularized to the branches.

TEN COLOURFUL BIRDS ON NEW EASTER STAMPS

The new series of Easter Stamps, which the National Council for the Care of Cripples in South Africa will release during its Easter Stamp Fund campaign next year, depict ten different South African birds in full colour. These striking stamps will undoubtedly help many more people, particularly schoolchildren, to become better acquainted with this country's bird wealth by identifying some of the most beautiful specimens.

Sets of the new stamps, which will be sold at only two cents per stamp, are available in strips of 10 and in sheets of 50 or 100 stamps. Every set is supplied together with information strips containing interesting facts about each of the birds in the series.

The following birds appear on the stamps: Crested barbet, black-shouldered kite, bishop-bird, masked weaver, Cape glossy starling, lilac-breasted roller, black-headed oriole, greater double-collared sunbird, Cape robin and the African hoopoe.

Several of the birds are fairly common throughout the country in gardens and urban areas, but a few are found only in certain parts.

Although the information accompanying the stamps in strip form has been cryptically compiled, the description of each bird's peculiarities, together with the colourful stamps, will stimulate the interest of more people in the types of birds encountered in their garden during different seasons.

The new Easter Stamps will be released early in 1977, throughout the Republic and South West Africa, for sale to the general public in support of the Easter Stamp Fund. Although the campaign will officially commence on 1st March, 1977 stamps will be released before the time during February in some areas because of local circumstances. The campaign is the sole fund raising effort of the National Council for the Care of Cripples in South Africa.

The organisers of the campaign, all over the country, urgently need assistance with the distribution and sale of Easter Stamps during these difficult times. They will be most grateful to readers and other interested supporters for any help received before or during the campaign. The addresses and telephone numbers of the nine regional Easter Stamp Fund organisers appear on page 11 of this issue. Your sympathetic co-operation is vital in helping cripples of all ages and races to help themselves.

Reproduced by Scabinet Gateway under licence granted by the Publisher (dated 2011)